



RESEARCH REPORT

**NURSES' PERSPECTIVES IN THE IMPLEMENTATION OF STRATEGIES TO
AVOID LITIGATIONS AT PUBLIC HOSPITALS IN THABA CHWEU LOCAL
MUNICIPALITY MPUMALANGA PROVINCE, SOUTH AFRICA**

by

RENEILWE PHEMLA LESESE

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SUPERVISOR: PROF. MA BOPAPE

CO-SUPERVISOR: DR. C NGOATLE

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DECLARATION

I, Reneilwe Phemla Lesese, declare that the research reported in this dissertation, **“Nurses’ Perspectives in the Implementation of Strategies to avoid Litigations at Public Hospitals in Thaba Chweu Local Municipality Mpumalanga province South Africa”** is my original work in design and execution, and that all the sources I have quoted have been indicated and acknowledged by means of complete references. The dissertation submitted to the University of Limpopo for the degree of Master of Nursing Sciences (MNurs) has not been submitted for a degree at any other University or institution.

Signature:



Date: 10 January 2024

Lesese R.P (Mrs)

DEDICATION

The study is dedicated to:

- My mother Kgorwane Idah Marape, who supported me throughout the study period, praying for me while taking care of my daughter, encouraging me to work hard, her unconditional support gave me strength.
- My daughters, Taelo and Bokang who missed me during my absence, but then understood and still appreciated me as a good mother.
- To my beloved and understanding husband Daniel Lesese, who never gave me a reason to quit but instead provided me with generous support throughout the period of my study.
- My late father Swarang Joseph Mmaboko and my granny Maremane Modipadi Marape, who taught me to be humble no matter my accomplishments, may their souls Rest in Peace.
- To my father's 46 children, thank you for your support.
- To my sister Gift Marape, your support is much appreciated.
- To my friend Yvonne Matjie-Ntsako thank you for the encouragement.

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ABSTRACT

Background: The public continues to lodge complaints or even file charges of medical malpractice on services rendered by nurses, resulting in litigation. The study aimed to determine the perspectives of nurses in the implementation of strategies to avoid litigation in public hospitals in Thaba Chweu Local Municipality Mpumalanga province, South Africa. The objectives were to explore and describe the perspectives of nurses in the implementation of strategies to avoid litigation and to explore the challenges faced by nurses in the implementation of strategies to avoid litigation.

Methodology: Qualitative descriptive and explorative research designs were used to describe the perspectives of nurses in the implementation of strategies to avoid litigation in the Thaba Chweu Local Municipality of Mpumalanga province, South Africa. Purposive sampling was used to sample 10 professional nurses who knew strategies to avoid litigation. Data were collected using a predetermined set of questions and analysed using the reflexive thematic analysis method with the assistance of an independent coder.

Results: The study findings revealed the perspectives of nurses in the implementation of strategies to avoid litigation in public hospitals. The results were found to be the following: Nurses' perspectives on the implementation of strategies to avoid litigation, the challenges nurses face when implementing strategies to avoid litigation, nurses' coping strategies when implementing strategies to avoid litigation, and suggestions to improve the implementation of strategies to avoid litigation.

Conclusions: In conclusion, Nurses implement various strategies to avoid litigation which include policies and guidelines, the use of triage to prioritise patients, working according to scope of practice, and record keeping. Nurses' perspectives promote the principle of beneficence and non-maleficence to avoid litigation.

Keywords: Nurses, Perspectives, Litigations

LIST OF ACRONYMS AND ABBREVIATIONS

CPAP	Continuous Positive Airway Pressure
ESMOE	Essential Steps for Managing Obstetric Emergencies
HAI	Healthcare-Acquired Infections
IPC	Infection Prevention and Control
MDoH	Mpumalanga Department of Health
MHCU	Mental Health Care Users
NCS	National Core Standards
NDoH	National Department of Health
OHSC	Office of Health Standards Compliance
OPD	Outpatient Department
PMTCT	Prevention of Mother-to-Child Transmission
RSA	Republic of South Africa
SANC	South African Nursing Council
TREC	Turfloop Research Ethics Committee
WHO	World Health Organization

DEFINITION OF CONCEPTS

Hospital	Hospital is defined as an institution that is built, staffed, and equipped for the diagnosis of disease, treatment for both medical and surgical sick, and for their housing during this process (Scarborough, Fralick, & Piercey, 2020). In this study, hospital refers to an institution where nurses provide healthcare services and implement strategies for patients and relatives to avoid litigations.
Implementation	Implementation is the process of making something active or effective (Merriam-Webster, 2022). In this study, implementation refers to the duties carried out by nurses through guidelines, policies, regulations, or protocols to avoid litigations in public hospitals.
Litigation	Litigation refers to the process of taking a case to a court of law so that judgment can be made (Cambridge advanced learners dictionary, 2023). In this study, litigation refers to malpractice charges laid before a court of law by patients and relatives against nurses due to the improper implementation of strategies by nurses.
Nurse	According to the South African Nursing Council Act 33 of 2005, nurse refers to a person registered in a category under Section 31(1) in order to practice nursing and midwifery. In this study, nurses refer to quality assurance nurses, professional nurses, operational managers and nursing services managers registered with South African Nursing Council working in public hospitals in Thaba Chweu Local Municipality, Mpumalanga province.
Perspective	Cambridge academic content dictionary (2022) defines perspective as a particular way of viewing things that depends on the experience of the individuals and the personality of the

	<p>individuals. In this study, perspectives refer to the views of nurses based on their experience in the implementation of strategies to avoid litigation in public hospitals.</p>
<p>Strategies</p>	<p>Strategy is a high-level plan to achieve one or more goals under the condition of uncertainty (Barad, 2018). In this study, strategies are plans formulated by the government and implemented by nurses to avoid litigation in public hospitals.</p>

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 Introduction and background

Nurses practice their art and science within highly complex healthcare settings and face unexpected patient outcomes. Avoiding complications is a major goal of all patient safety efforts; however, medical errors and adverse events are likely part of the medical system due to the universal nature of human fallibility (Wienke, 2013). Medical malpractice litigation is an increasing phenomenon around the world, and this is a concern as it has a significant impact on nurses and the patients involved, as well as on the healthcare system and society in general (Hanganu, Lorga, Muraru, & Ioan, 2020). Patients filed malpractice charges against nurses because of a feeling that they were not heard, their needs were not attended to and that nobody seemed to care, as a result a bad outcome resulted in a mistake or negligence (Oyebode, 2013). In a report by Morris (2023) roughly 18% of medical lawsuits from 2018 to 2021 included registered nurses, nursing assistants and student nurses. Common allegations against nurses included lack of patient monitoring, medication errors, patient falls or pressure injuries.

The World Health Organization (WHO) (2019) reported that every year millions of patients suffer injuries or die from poor and unsafe health care. Many medical practices and risks associated with health care are emerging as a major challenge to patient safety and contribute significantly to the burden of harm due to unsafe care. The occurrence of adverse events due to unsafe care is likely one of the 10 leading causes of death and disability in the world. In high-income countries, it is estimated that one in 10 patients is harmed while receiving hospital care. The WHO (2019) says harm can be caused by a range of adverse events, with nearly 50% of them preventable. In a study conducted in India by Baskaran (2019) it was found that the most notable litigation charged against nurses included permanent brain damage and partial disability of leg due to administration of medication.

In the United Kingdom, Clarkson Wright and Jakes (2022) indicated that nurses were faced with negligence following an undiagnosed breech at a late stage which resulted into cerebral palsy. The parents were not given choices regarding mode of delivery.

The delivery was lengthy and complicated and the baby's heart was distressed. The baby was born in poor condition and needed resuscitation, and was subsequently diagnosed with brain damage as a result of hypoxia prior to his delivery (Clarkson Wright and Jakes, 2022). The Global Patient Safety Action Plan 2021-2030 at WHO (2021) developed improvement strategies for nurses to avoid litigations that include the development of policies to eliminate avoidable harm in healthcare care and ensuring the adoption and accountability of following safe clinical processes.

According to the United States report by Sweeney, LeMahieu and Fryer (2017) found that there are 1715 malpractice claims against nurses which are increasing frequently over time. The greatest proportion of malpractice litigation involving nurses were diagnosis related at 41, 6% and treatment related at 30, 79%. The American Nurses Association (2023) reported that some of the strategies to avoid medical malpractice and litigation include protocols and policies, by taking precautionary measures such as fall prevention, safe medication management and infection control. Furthermore, nurses should have patient-centered care approach by considering patient's medical needs, personal and cultural values, and their comfort and emotional health.

Prinsen (2022) discussed that medico legal claims based on medical negligence or malpractice have skyrocketed in Ghana and Malawi. Recent figures indicate a growth rate of 23% for medico legal claims in the public sector since 2014. In the past financial year, more than R6.5 billion in medico legal claims was awarded. In a study conducted in Egypt, it was found that the prevalence of malpractice litigation was significantly higher among junior nurses at 40, 6% (Abed, 2019). While the most frequent form of litigation included wrong dose of medications, and inadequate training of the nurses. Bayuo and Kuduah (2022) reported that most of malpractice litigation against nurses included nurses practicing without licences and out of scope.

In a study conducted in Nigeria by Oyetunde and Ofi (2015) it was found that nurses to avoid medical malpractice litigation they should have knowledge about the law that establishes their practice by the professional body, which is their scope of practice. The Midwifery Council of Nigeria (2022) indicated that another strategy to avoid litigation nurses need to know their code of professional conduct, which places the patient at the centre of nursing activities. The purpose of the Code of Professional Conduct is to inform nurses about the standards of professional conduct required in

the exercise of their professional accountability and practice to avoid litigation. Time Magazine (2014) reported that a Ugandan nurse was sentenced to three years in jail for criminal negligence involving HIV (Human Immuno-deficiency Virus) exposure. The nurse who was HIV positive accidentally pricked herself with a needle, then used it to give a baby an injection. The child's mother realised that the needle had not been changed and alerted the authorities. The tests have shown that the child was not infected. The nurse was arrested and was denied bail as she posed danger to the public (Time Magazine, 2014).

Pepper and Slabbert (2011) reported that South Africa is still witnessing a sharp increase in medical malpractice litigation against nurses, as patients are becoming aware of their rights in the setting of an overburdened health system with limited resources. South Africa (SA) is well known for having a progressive constitution with strong protection of patients' rights and the rights of all its citizens to access quality health services (RSA, 1999), but challenges in quality health services still exist. The challenges facing the healthcare system in SA include unequal distribution of resources, leadership and management crisis, increased burden of disease, and slow progress in restructuring the healthcare system exposing nurses to litigation (Maphumulo & Bhengu, 2019).

In 2017, the South African National Department of Health incurred an amount in excess of R55 billion in contingent liabilities for alleged medical negligence (Taylor, Van Waart, Ranchod & Taylor, 2018). Bateman (2016) reported that nurses were faced with litigation after they tried in vain to deliver a footling breech neonate. The baby was decapitated and the mother was sent to theatre to deliver the head. The mother's uterus had ruptured and hysterectomy was done. Bateman (2016) further indicated that nurses thought clinical protocols were optional, treating them like multiple-choice questions. It was illustrated that in South Africa there is no defence against litigation if a nurse did not follow protocols and guidelines. The safety and quality of care are determined by the environment in which nursing care is provided (Lacer, 2010). Nurses are expected to apply their knowledge, skills, and experience to care for the patient's needs to avoid litigation. When care falls short of standards, due to resource allocation or lack of understanding of relevant policies and legislation, the nurse bears this responsibility (Lacer, 2010). A study conducted by Dorse (2008) revealed that nurses operate outside their scope of practice, do not operate within the

legal guidelines of the profession, and do not always adhere to the patient's rights, exposing themselves to lawsuits. Nurses must be able to understand the law that governs their practice in order to avoid risks and litigations; these include the legal environment, regulation of nursing practice, standards of care, prevention of malpractice, professional liability, insurance, and issues related to nurses (Singh & Mathuray, 2018).

Malherbe (2013) indicated that nurses are struggling to reconcile their ethical duties towards patients with a growing aversion to risk of liability and related fear of being sued. This fear leads many to engage in defensive practices that affect the cost and quality of healthcare interventions. In a study conducted by Stellenberg, Whitaker and Williams (2018) it was found that 122 nursing malpractice cases raised red flags about the number of civil claims at private hospitals in South Africa. The study found that nursing malpractice litigation affected the quality of life for almost seven out of ten patients, many of which needed extra surgery and some were left disabled. The registered nurses were found to be involved in 87% of the malpractice cases (Stellenberg et al., 2018).

According to the South African Government News Agency (2020), the quality of care is insufficient, the increase in claims is inconsistent with certain indicators of health outcomes in the public sector. Stellenberg et al. (2018) indicated that some of the factors that contribute to litigation against nurses include failure to follow guidelines, lack of knowledge, poor monitoring of patients, and failure to administer prescribed medication. Child (2014) reported that nursing malpractice litigation experienced in South Africa is caused by nursing staff displaying characteristics of poor training and negative attitude. It was further reported that underqualified nurses are working in intensive care units, and specialised care is not up to standard. The National Health Act, 61 of 2003 addressed the need to foster good quality health services by developing strategies to monitor the compliance of health establishments and agencies with health care standards to avoid litigation among nurses. Some of the strategies implemented by nurses to avoid litigation include scope of practice and code of ethics as outlined by the South African Nursing Council (2005). Guidelines, Patients' Rights Charter, Batho Pele principles, and National Core Standards are also implemented by nurses to avoid litigation as outlined by the National Department of Health.

In Mpumalanga province, medical negligence litigations have escalated, Times live (2019) reported that the Mpumalanga Department of Health (MDoH) had to be placed under administration after it recorded 29 new medical negligence claims, totalling R580 million in its third quarter report for the 2018/2019 financial year. Inadequate infrastructure, shortage of personnel and specialists in health facilities, and unserviceable machines and equipment were some of the reasons attributed in negligence claims against nurses (Times live, 2019).

Mahopo (2018) reported that a woman from Mpumalanga province wants nurses to pay for what they did to her, as she was beaten up and left her to deliver on her own. She opened a criminal case against nurses for beating her up, and leaving her face swollen with bruises. Nonetheless, Sowetanlive (2021) reported that a nurse was suspended after a negligence which lead to amputation of new-born's hand in Mpumalanga province. The baby was admitted to the hospital after the mother complained that the baby had diarrhoea. The baby was inserted a drip on the hand, which the nurse failed to monitor it. Behind this background the study sought to determine nurses' perspectives on the implementation of strategies to avoid litigation in public hospitals.

1.2 Problem statement

The number of medical malpractice cases continues to increase, despite the strategies employed by the government to prevent litigation in public hospitals. According to Aikman (2019), the South African healthcare system is failing its patients as a result of multiple failures within the system, including a lack of funding, poor staff morale, and a low staff-patient ratio. Apparently in public hospitals in Thaba Chweu Local Municipality Mpumalanga province, nurses encountered challenges during the implementation of strategies to avoid litigation, such as shortage of ambulances resulting in poor turnaround time, shortage of medical equipment, and shortage of nurses and doctors.

Nurses are also not developed to prepare them for work in units that require specialized emergency care skills such as trauma, maternity, theatre, or paediatrics, affecting the proper implementation of those strategies. Hardcastle and Oteng (2011) said that due to the shortage of nursing staff, limited specialty training, the

overwhelming number of patients and stressful working environments, the emergency nursing role is particularly challenging.

The researcher believes that nurses are regarded as advocates for patients, but the challenges they encounter during the provision of care sometimes make it not possible to carry out that role. Nurses also pledge not to cause harm to patients under their care during the oath taking when they declare their intentions. However, the public continues to lodge complaints or even charge medical malpractice for services rendered by nurses, resulting in litigation. Williams (2018) reported that nurses are responsible for 41.5% of adverse events that resulted into litigation in South Africa.

In a public address, Motsoaledi (2015) said that medical litigation has reached crisis levels, calling it an 'explosion' of medical malpractice litigation. These change expectations and relationships with patients, by which nurses work with stress and fear of losing their jobs. The researcher observed that due to the challenges experienced such as shortage of staff, work load, lack of material resources, and the high influx of patients in the hospital makes it difficult for nurses to implement strategies, which exposes them to litigation. Therefore, the study aimed to uncover nurses' perspectives in the implementation of strategies to avoid litigation in public hospitals.

1.3 Theoretical framework

Adom, Huissen, and Adu-Agyem (2018) defined the theoretical framework as a framework that provides a general or broader set of ideas within which a study belongs, and it is based on existing theories in the literature that have been tested and validated by other scholars. In this study, the theory of planned behaviour by Ajzen (1991) was employed and applied. This theory trace attitudes, subjective norms, and perceived behavioural control to an underlying foundation of beliefs about nurses' perspectives on the implementation of strategies to avoid litigation. The theory is discussed in Chapter 2 and applied in Chapter 4.

1.4 The aim of the study

The aim of the study is to determine nurses' perspectives in the implementation of strategies to avoid litigation in public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province, South Africa.

1.5 Research Question

The following questions guided the study:

What are nurses' perspectives on the implementation of strategies to avoid litigation in public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province, South Africa?

What are the challenges nurses face in the implementation of strategies to avoid litigation in public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province, South Africa?

1.6 Objectives of the study

The objectives of the study were the following.

- Explore and describe the perspectives of nurses in the implementation of strategies to avoid litigation in public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province, South Africa.
- Explore the challenges facing nurses in the implementation of strategies to avoid litigation in public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province, South Africa.

1.7 Overview of Research Methodology

In this study, a qualitative research method was used. This method is appropriate as the researcher intends to determine the perspectives of nurses in the implementation of strategies to avoid litigation in Public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province, South Africa.

An exploratory and descriptive research design was used to describe the perspectives of nurses in the implementation of strategies to avoid litigation. The descriptive research design allowed the researcher to describe in depth the perspectives of nurses in the implementation of strategies to avoid litigation. Purposive sampling was used to sample participants. Ethical considerations of informed consent, confidentiality, and anonymity were observed. Data was collected from participants

through one-on-one interview sessions with the interview guide. Thematic method of data analysis was used to analyse data. Measures to ensure trustworthiness included credibility, transferability, confirmability, and dependability. The details of the research methodology are discussed in Chapter 3.

1.8 Significance of the study

The study might benefit the following.

1.8.1 Department of Health

The study might benefit the department of health about the importance of reviewing and amending policies and guidelines. The study might also alert the department of health about the challenges nurses face in the health sector, and possible measures to improve the implementation of strategies to avoid litigation.

1.8.2 Nursing care

The perspectives of nurses might remind nurses about their commitment and the importance of adhering to their autonomous nursing practice to avoid litigation.

1.8.3 Nursing Education

The study might serve as a foundation for further research by nursing students. The study might also benefit nurses working in specialized units to be developed and obtain more knowledge and skills to provide quality healthcare services to avoid litigation.

1.8.4 Community

This study may also benefit the public by minimising risks, harm to the patients, reducing the rate of lawsuits, and improving patient care quality.

1.9 Ethical consideration

To conduct this study, an ethical clearance certificate was granted by the University of Limpopo Turfloop Research Ethics Committee (TREC/618/2022, Appendix A). A permission letter was also granted to collect data from the Mpumalanga Department of Health (Appendix B), Matibidi Hospital (Appendix C) and Lydenburg Hospital (Appendix D). Informed consent was obtained before data collection (Appendix E). Participants were guaranteed that their names would not be divulged in the study to ensure anonymity. Privacy and confidentiality were maintained throughout the study and the participants were also informed that they were not forced to participate and that they can withdraw from the study at any time.

1.10 Outline of the dissertation

This study is structured according to the following chapters.

1.10.1 Chapter 1: Overview of the Study

This chapter provides an overview of the study by discussing the context of the study, stating the problem under study, the purpose of the research, the research question, and the objectives. Furthermore, it outlined the theoretical framework that guided the study, the significance of the study, and bias.

1.10.2 Chapter 2: Literature review

This chapter describes a review of the literature based on the knowledge and ideas of what is already known about the perspectives of nurses in the implementation of strategies to avoid litigation. It is used to establish an understanding of the phenomenon studied. This chapter also explains the theoretical framework in detail.

1.10.3 Chapter 3: Research methodology and design

This chapter provides the research methodology and the research design which includes data collection, population and sampling, data analysis, ethical considerations, and significance of the study.

1.10.4 Chapter 4: Presentation and discussion of the research findings

This chapter presents and discusses the research findings in relation to the objectives of the study.

1.10.5 Chapter 5: Summary, Limitations, Recommendations, and Conclusions

In this chapter, the researcher discusses the summary, indicates the limitations of the study, and makes recommendations and conclusions based on the findings.

1.11 Summary

This chapter described the introduction and background of the study, the problem statement, the aim and objectives of the study, the research question, and the theoretical framework. However, it focused on the methodology and descriptions of the research design, ethical considerations, the significance of the study, and bias. The next chapter focuses on the literature review that supports the background of the study.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Polit and Beck (2017) defined a literature review as a critical summary of existing knowledge on a topic, often prepared to contextualise the research problem. Literature reviews are performed to conduct a critical and analytical assessment of previous scholarly work on the topic. To determine what is already known about the topic, the researcher obtains a complete picture of the current knowledge base (Brink, Van Rensburg, & Van der Walt, 2018). This chapter includes a review of the literature on the perspective of nurses to avoid litigation, the strategies to avoid litigation, guidelines to avoid litigation, and quality improvement plans to avoid litigation. The literature review enabled the researcher to gain a large perspective on what is already known about the phenomenon under study. According to LoBiondo-Wood and Haber (2018), the objectives of literature review are to acquire the ability to critically evaluate published reviews of literature based on accepted standardized critical evaluation criteria and to determine applicability to answer the research question.

2.2 Nurses' perspectives on how to avoid litigations.

The literature below discusses the views of nurses on how to avoid litigation.

2.2.1 Competent nurses

According to Kieft, de Brouwer, Francke & Delnoij (2014), to avoid litigations nurses need to act in a professional manner by having certain competencies like social skills, expertise, experience and priority setting. Social skills are also important as they establish a relationship with patients. The experience and expertise of nurses is proven through knowledge, technical skills, and conversable abilities to provide effective safe care. Priority setting, patients need nurses who have clinical experience to coordinate care. However, nurses still lack knowledge and skills because they are not trained or developed.

The WHO (2021) emphasized the education and skill of healthcare workers by incorporating induction and orientation programs, as well as in-service trainings for staff to prevent litigation. Encourage staff to take online and on-site courses on patient safety as part of ongoing professional development. Design specialized training programs for staff working in high-risk areas such as intensive care and emergency units (WHO, 2021). To improve the quality of care to prevent litigation, Nizar and Vico (2020) indicated that learning and teaching strategies that drive nurses to develop their critical skills and competence are required, and the design of education programs should be advanced.

2.2.2 Collaborative working relationship

Kieft et al. (2014) stated that the existence of collaborative working relationships helps nurses avoid litigations, especially when all involved healthcare workers interact and function in a complementary manner and illustrate mutual respect based on knowledge and expertise. Healthcare professionals need to exchange thoughts and ideas to solve problems. The multidisciplinary team is very important, it gives healthcare professionals the opportunity to identify and solve some of the problems patients face.

2.2.3 Medical law and practice in the nursing curriculum

In a study conducted by Singh and Mathuray (2018) to avoid litigation, nurses are required to act within their scope of practice, be competent, and have legal boundaries. Their primary responsibility is to protect the patient and his family from harm, abuse, and deprivation. Therefore, it is submitted that knowledge of medico legal responsibilities will better prepare student nurses and encourage accountability for their actions. It is proposed that this will equip the nurse with applicable knowledge and understanding of aspects relevant to their daily practice (Singh & Mathuray, 2018). Oyetunde and Ofi (2015) reported that if nurses are knowledgeable about the laws of the land and that which governs their practice, there will be no litigation in nursing practice, because laws guide nurses' conduct. With the current shortage of nurses,

nurses perform duties beyond their scope of practice. Junior nurses are assigned to run the wards due to their experience and not due to their job descriptions.

2.2.4 Respectful care

According to West, Lippman, Twine, Maritze, Kahn, and Leslie (2021), positive staff behavior, including communicating in a positive and open manner, explaining treatments, and conducting adequate counselling, are indicators of quality care to avoid litigation. Respectful care also includes maintaining patient confidentiality as a factor that allows patients to adhere to medications, because a lack of empathy for patients indicates poor quality (West et al., 2021). In addition to this, nurses should behave professionally by maintaining confidentiality, privacy, and respect. Patients have the right to make malpractice charges if they are ill-treated. The community usually complain about the attitude of nurses, which include lack of respect and poor communication. Nurses should improve their behaviour towards patients.

2.2.5 Advocacy for the patients

Nyelisani, Makhado, and Luhalima (2023) indicated that advocacy for the patient is essential to quality care as professionals to avoid litigation. During patient care, professional nurses should advocate on behalf of the patient to meet their needs. Furthermore, Alexis, Cooke, Shimumbi and Worsley (2022) confirmed that nurses should use the skills of an advocate to maintain the rights and dignity of patients and their families who may not have the necessary knowledge, skills, and the ability to speak for themselves. Therefore, nurses have the responsibility to always protect all patients in all health and social care settings. Failure to advocate for patients, nurses could be seen to be in breach of their code of professional conduct and potentially breaking the law (Alexis et al., 2022).

2.3 The Impact of Litigations on Nurses

The following literature highlight the impact of litigation on nurses as the second victims of medical malpractice litigation. Although Evans (2021) reported that litigation against nurses has a positive impact because it allows nurses to overcome their

mistakes and learn from them, therefore without it nurses would not be able to continue learning and improving their quality of care.

2.3.1 Lack of trust in colleagues

According to Peyman, Nayeri, Bandboni, and Moghadam (2017), one of the manifestations of obsession was the lack of trust in the interventions carried out by other colleagues, to avoid litigation. Some of the participants stated that even after several years since their lawsuits, they still cannot trust any doctor or colleague, and since the healthcare service requires teamwork, this behaviour could cause conflicts with their colleagues. Henaghan (2012) indicated that the erosion of trust among nurses after litigation has the potential to dehumanise the unique relationship that has traditionally existed, but turning a healthcare system into an enterprise controlled by management processes. Lack of trust in colleagues still exists after medical malpractice litigation; some midwives prefer to get their own findings because they believe that their colleagues are lazy in assessing patients. Nurses do not assume that what is written is done to avoid litigation.

2.3.2 Prolonged mental health sequelae

Zeeman, Schouten, Seys, Coeckelberghs, Weijenborg, Bruyneel, and Vanhaecht (2020) indicated that nurses involved in patient safety incidents experience prolonged mental health sequelae, which is a probable obstacle to patient safety. Zeeman et al. (2020) further stated that formal complaints and lawsuits put an extra layer of stress on healthcare providers. Although much progress has been made in several organizations in providing peer support to healthcare providers in the aftermath of safety incidents, more explicit attention must be paid to the needs of healthcare providers (Zeeman et al., 2020). According to Paterick, Patel, Chandrasekaran, Tajik, and Paterick (2017) Medical malpractice litigation is emotionally traumatic and is a hazard of medical practice. No health worker is immune from an allegation of medical negligence and is primarily affected directly or indirectly. Health workers may develop a feeling of shame, guilt, distrust, loneliness, and decreased self-esteem. This stress-type syndrome can escalate to severe depression, which may even lead to suicide.

Paterick et al. (2017). Nurses need to focus when treating patients, loss of focus might result in giving patients wrong medication or even not completing tasks due to stress. These puts patients at risk of being the victim of medical malpractice due to the poor care that nurses will provide.

2.3.3 Psychological impact

Van Gerven, Bruyneel, Panella, Euwemma, Sermeus, and Vanhaecht (2016) said that individual, situational, and organizational aspects influenced the psychological impact and recovery of the patient's safety incident. Psychological impact is greater when the degree of harm to the patient is more severe than death to the patient, and when the healthcare professional feels responsible for the incident. Van Gerven et al. (2016) further indicated that a higher psychological impact is related to the use of a more active coping and planning strategy that is not related to support seeking coping strategies. Rendered support and a support culture reduce psychological impact, while a blame culture increases psychological impact (Van Gerven et al., 2016).

In a study conducted by Ricciardelli, Johnston, Bennett, Stelnicki, and Carleton (2022), some potential psychological traumatic events involve potentially moral injurious events identified by nurses as affecting their mental health and their patient care responsibilities. Participants reported feeling of helplessness caused by lack of professional agency coupled with undue responsibilities Ricciardelli et al. (2022). Being involved in a medical malpractice is very stressful, especially when you realize that you did not follow proper protocols to nurse the patient; obviously, you will be charged for negligence. Also, seeing a patient who is crippled and suffering because of your medical malpractice, it is depressing and does not give you peace unlike if the patient was dead. Nurses must be supported in whatever situation they find in the workplace, so that they do not become the second victim of medical errors.

2.4 Guidelines to prevent litigations

Guidelines are described as tools which guide nurses to standardise and implement care, and determine clinical decision making to avoid litigation (Wilkinson, Wilkinson, Kredo, MacQuilkan, Mudara, Winch, Pillay & Hofman, 2018). In a study conducted by

Ngcobo (2021) it was indicated that when nurses follow guidelines, they will be able to justify their actions and will be able to avoid litigation. This is because ethical guidelines give nurses an established framework or strategy of values which serve as a reference point from which they can determine which course of action is most justifiable in the circumstances.

2.4.1 Guidelines for Maternal and newborn care

The WHO (2022) consolidated a guideline of new and existing recommendations on routine postnatal care for women and newborns who receive a facility or community-based postnatal care in any resource setting. The WHO recommended a maternal and newborn care guideline to avoid medical malpractice and to improve the quality of maternal and newborn care. The key element is to achieve maternal and child health, including targets to reduce maternal mortality rates and end preventable deaths of newborns (WHO, 2022). To end preventable maternal and newborn morbidity and mortality, the Independent Expert Review Group (2013) said that all pregnant women and newborns need skilled care at birth with evidence-based practices delivered in a supportive environment. Furthermore, good quality care requires the appropriate use of effective clinical interventions. The guidelines for maternal and newborn care assist nurses to render quality antenatal, intrapartum and postpartum care including neonatal care. With shortage of material resources it is difficult for nurses to effectively implement these guidelines to avoid litigation.

2.4.2 Guidelines for Maternity care in South Africa

The NDoH (2016) has identified maternal health care as a priority in South Africa. Guidelines for Maternity Care in South Africa is a manual for clinics, community health centres and district hospitals, which was developed in 2016. The guidelines contain the basic minimum that must be known by all professional nurses and doctors. Their use will lower high mortality rates and improve the quality of care of women, their babies, and their families, and prevent medical malpractice litigations. According to Asadi, Beigi, Valiani, and Mardani (2017) a practical draft of guidelines prevents clinical errors of midwifery in the fields of prenatal care, delivery, and postpartum period. Integration into maternal healthcare during pregnancy, the first ultrasound is recommended during 16-18 weeks, because this has led to undiagnosed cases of

obstetric complications such as ectopic pregnancy and molar pregnancy (Asadi et al., 2017). The guidelines for maternity care in South Africa is very helpful to as it guides nurses to prevent and manage complications as they arise during pregnancy, labour and puerperium period. This guidelines provide nurses with knowledge and skills required to render quality care to expectant mothers.

2.4.3 Infection prevention and control guidelines

Infection Prevention and Control (IPC) guidelines were also adopted by NDoH (2016) to avoid medical malpractice litigation as a result of healthcare-acquired infections. The introduction of this guideline was to reduce to a minimum the transmission of infection at all levels of the health care system. The IPC is concerned with patient safety and is part of a multidisciplinary approach to strengthening the health care system. National evidence-based IPC guidelines and strategies ensure that practices and procedures are implemented and adhered to with the goal of reducing healthcare-acquired infections (HAI) and achieving the best health outcomes (NDoH, 2016). Puro, Coppola, Frasca, Gentile, Luzzaro, Peghetti, and Sganga (2022) reported that infection prevention and control guidelines decrease the number of nosocomial infections such as catheter-associated urinary tract infections, surgical site infection, care-related skin and soft tissue infection. Hand hygiene campaigns have been reported to reduce infection rates, and minimizing the duration of use of an indwelling catheter is an effective measure to reduce infections (Puro et al., 2022). The infection prevention and control guidelines are very crucial for nurses to comply with, in order for patients not to contract nosocomial infection during their hospital stay. This include wearing of personal protective equipment, and hand washing to avoid litigation.

2.5 Strategies to avoid litigation

Medical malpractice litigation can be avoided by employing strategies to keep patients satisfied such as adhering to policies and procedures, following scope of practice, and developing patient-centered care (Raveesh, Nayak and Kumbar, 2016).

2.5.1 Scope of practice

According to the South African Nursing Council Act 33 (2005) regulation 521 described the scope of practice for nurses to avoid litigation. Nursing is a regulated profession comprising of scientific knowledge and skills practiced by persons to promote, support and restores health status to avoid malpractice and litigation. Performing duties outside the scope of practice may result into malpractice and litigations. The Nursing and Midwifery Board of Ireland (2024) indicated that scope of practice ensure that nurses keep to the fore the rights, needs and overall benefit to the patient and the importance of promoting and maintaining the highest standards of quality in the health services to avoid litigation. Nurses are empowered to practice to the full extent of their education, training and expertise by providing quality patient care to avoid litigations. The scope of practice enable nurses to work within the legal and ethical boundaries as defined by the South African Nursing Council to avoid misconduct which may expose them to litigation.

2.5.2 Code of Ethics

Code of ethics reminds all nurses of their responsibilities towards individuals, families, groups and communities to protect, promote and restore health, to prevent illness, preserve life and alleviate suffering to avoid litigation (SANC, 2005). This Code of Ethics serves as a declaration by nurses that they will always provide due care to the public to the best of their ability to avoid malpractice and litigation. This include justice, non-maleficence, beneficence, veracity, fidelity, altruism, autonomy and caring (SANC, 2005). The International Council of Nurses (ICN) (2012) indicated that nurses have the responsibilities to promote health, prevent illnesses, to restore health and to alleviate suffering to avoid medical malpractice and litigation. The ICN (2012) further indicated that nursing care is respectful of and unrestricted by considerations of age, colour, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status. The national and international code of ethics for nurses emphasise on the provision of healthcare on patients to the best of their interest to avoid litigation. However, challenges experienced by nurses such as work load and shortage of staff demoralise nurses and change their attitude to not value the health of patients exposing them to litigation.

2.6 Quality improvement plans to prevent litigations

Quality improvement plans are a continuous process of innovation, error prevention, and staff development used by nurses to avoid litigation (Mtshali, 2020). It was further reported by Jones, Kwong and Warburton (2021) that the department of health need to ensure that healthcare services are appropriately resourced to deliver an agreed standard of quality to avoid litigation.

2.6.1 Patients' Rights Charter

The NDoH (1999) established the Patients' Rights Charter for South Africa to promote and protect the rights of patients in the health sector to avoid litigation. This charter reminds nurses to be respectful towards patients at hospitals.

- ✓ A healthy and safe environment: everyone has the right to a healthy and safe environment that will ensure their physical and mental health, including adequate water supply, sanitation and waste disposal as well as protection from all forms of environmental danger.
- ✓ Participation in decision making: every citizen has the right to participate in the development of health policies and has the right to participate in decision-making on matters affecting one's health.
- ✓ Access to healthcare: everyone has the right of access to health care services that include receiving timely emergency care at any healthcare facility that is open regardless of one's ability to pay.
- ✓ Knowledge of one's health/medical aid scheme: a member of health insurance or medical aid scheme is entitled to information about that insurance or medical aid and to challenge, where necessary, the decisions of such health insurance or medical aid scheme relating to the member.
- ✓ Choice of health services: everyone has the right to choose a particular health care provider for services or a particular health facility for treatment provided that such choice shall not contrary to the ethical standards applicable to such health care providers or facilities, and the choice of facilities in line with prescribed service delivery guidelines.
- ✓ Be treated by a named health care provider: everyone has the right to know the person that is providing health care and therefore must be attended to by clearly identified health care providers.

- ✓ Confidentiality and privacy: information concerning one's health, including information concerning treatment may only be disclosed with informed consent, except when required in terms of any law or an order of the court.
- ✓ Informed consent: everyone has the right to be given full and accurate information about the nature of one's illnesses, diagnostic procedures, the proposed treatment and the costs involved, for one to make a decision that affect any one of these elements.
- ✓ Refusal of hospital treatment: a person may refuse treatment and such refusal shall be verbal or in writing provided such refusal does not endanger the health of others.
- ✓ Be referred for a second opinion: everyone has the right to be referred for a second opinion on request to a health provider for one's choice.
- ✓ Continuity of care: no one shall be abandoned by a health care professional worker or health facility which initially took responsibility for one's health.
- ✓ Complain about health services: everyone has the right to complain about health care services and to have such complaints investigated and to receive a full response on such investigation.

To avoid litigation nurses need to fully understand and respect the rights of the patients as indicated. Furthermore, nurses need to involve patients in decision making about their healthcare to maintain their rights to avoid litigation.

2.6.2 Batho-Pele principles

Batho Pele was launched because democratic South Africa inherited a public service that was not people-friendly and lacked the skills and attitudes to meet the alarming rate of medical malpractice litigation (RSA, 1997). Batho Pele is an approach to get healthcare professionals to commit to serving people and to find ways to prevent litigation. Batho Pele is based on the following eight principles:

- Consultation: Citizens should be consulted about their needs.
- Standards: All citizens should know what service to expect.
- Redress: all citizens should be offered an apology and solution when standards are not met.
- Access: All citizens should have equal access to services.

- Courtesy: All citizens should be treated with respect.
- Information: All citizens have the right to complete and accurate information.
- Openness and transparency: All citizens should know how decisions are made and how departments are run.
- Value for money: All services provided should offer value for money.

James and Miza (2015) said that to prevent litigation, nurses must maintain a culture of openness and transparency and provide patients with correct information. Nurses need to prioritise the needs of patients, and provide effective service. This include communicating clearly with patients and their families, and adhering to guidelines to avoid litigation. At times it is difficult for patients to access effective healthcare services because of shortage of material resources such as medication exposing nurses to litigation.

2.6.3 National Core Standards

NDoH (2012) established the National Core Standards (NCS). The main objective was to develop a common definition of quality care which should be found in all health establishments in South Africa, as a guide for managers and nurses at all levels to avoid litigation. Another purpose of NCS was to establish a benchmark against which health establishment can be assessed, gaps identified, and strengths assessed to avoid litigation. According to Maphumulo and Bhengu (2020), to improve quality of care, compliance with national core standards enables nurses to identify risks and helps the health establishment determine the needs of patients to avoid litigation. The establishment of the National Core Standards is a good approach to improve the quality of health care services provided by nurses to avoid litigation. Regular assessments are done at the hospitals, but there are no improvements from the identified gaps. The budget constraints faced by the department of health makes it difficult for nurses to comply because of inadequate training, and hiring of more nurses to enable them to implement strategies to avoid litigation.

2.7 Theoretical framework (theory of planned behaviour)

Theoretical framework refers to a structure that provides guidance for research or practice, and also identifies key concepts and describes their relationships to each

other and to phenomena (LoBiondo-Wood & Haber, 2018). In this study, the researcher was guided by Ajzen's theory of planned behaviour (1991) to analyse the perspectives of nurses in the implementation of strategies to avoid litigation. The theory of planned behaviour is an extension of the theory of reasoned action. According to Ajzen (1991), intentions to perform behaviours of different kinds can be predicted with high accuracy from attitudes toward behaviour, subjective norms, and perceived behavioural control. Ajzen (1991) further stated that the theory of planned behaviour traced attitudes, subjective norms, and perceived behavioural control to an underlying foundation of beliefs about behaviour.

2.7.1 Perceived behavioural control

Ajzen (1991) said that the importance of actual behavioural control is self-evident. The resources and opportunities available to a person must to some extent dictate the likelihood of behavioural achievement. Perceived behavioural control refers to the perception of people of the ease or difficulty in performing the behaviour of interest. An important factor in this theory is the expectation of success, defined as the perceived probability of succeeding at a given task, according to Ajzen (1991). According to Ajzen (1991), perceived behavioural control together with behavioural intention can be used directly to predict behavioural achievement.

In this study, this theory guided the researcher to obtain the nurses' perspective on the availability of resources such as equipment and staff, and their skills in providing quality nursing care. Nurses were also able to express their views on the effectiveness of the strategies used to avoid litigation and the challenges they encountered when implementing these strategies.

2.7.2 Predicting intentions: Attitudes, subjective norms, and perceived behavioural control

According to (Ajzen, 1991), the theory of planned behaviour postulates three conceptually independent determinants of intention.

- Attitudes

The first predictor is the attitude towards the behaviour and refers to the degree to which a person has a favourable or unfavourable evaluation or appraisal of the behaviour in question.

- Subjective norm

The second predictor is subjective norm; it refers to the perceived social pressure to perform or not perform the behaviour (Ajzen, 1991).

- Perceived behavioural control

The third antecedent of intention is the degree of perceived behavioural control, which refers to the ease or difficulty of performing the behaviour, and it is assumed to reflect past experiences and obstacles. Ajzen (1991) said that the more favourable the attitude and subjective norm with respect to a behaviour, the greater the perceived behavioural control, the stronger should be the individual's intention to perform the behaviour considered.

In this study, the researcher was able to describe the perspectives of nurses about what motivated them or what demoralized them during the implementation of strategies to avoid litigation. This theory helped the researcher explore the negative and positive influences during care provision for patients or conditions in which nurses worked.

The figure below illustrates the aspects of Ajzen's theory of planned behaviour.

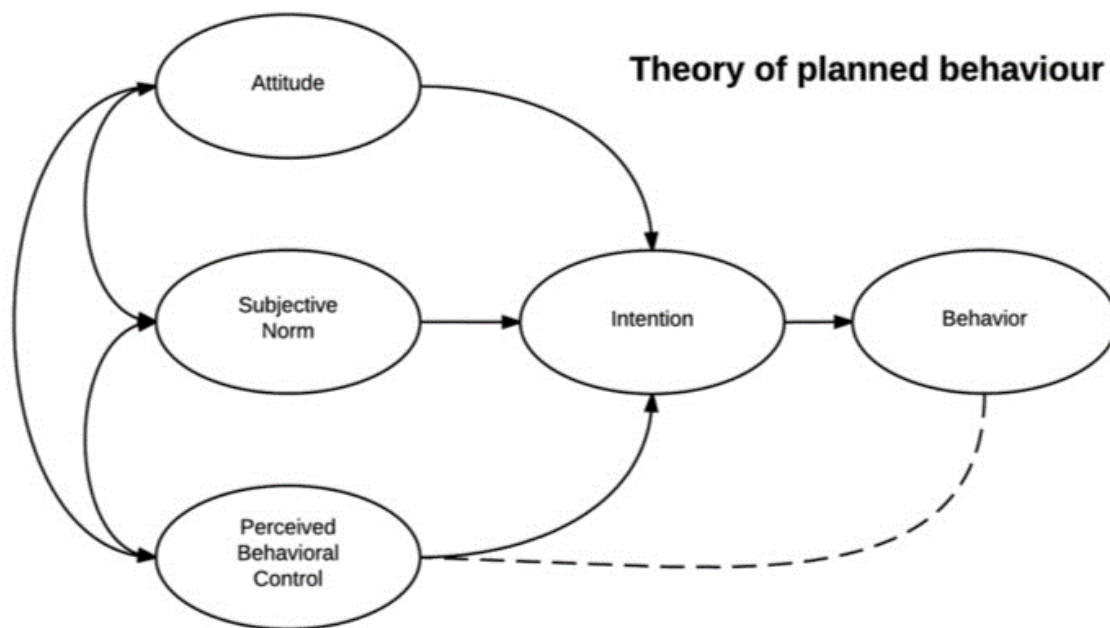


Figure 2.7 Ajzen theory of planned behaviour (1991)

2.8 Summary

The literature review covered several perspectives on how nurses can avoid litigations, the impact of litigations on nurses, policies, and guidelines to avoid litigations. This chapter also discussed the theoretical framework and quality improvement plans adopted by the Department of Health to avoid litigation.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research method and design that were used in the study. These included the research setting, the research design, the population, the sampling method, data analysis, and ethical considerations.

3.2 Research method

A qualitative research approach was used to collect and analyse non-numerical data to understand the perspective of nurses in the implementation of strategies to avoid litigation in public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province, South Africa. Qualitative research is a systematic approach used to describe experiences and situations from the perspective of persons in the situation (Grove & Gray, 2018). LoBiondo-Wood and Haber (2018) stated that qualitative research is generally conducted in natural settings and uses data that are words or text rather than numeric to describe the experiences being studied. The researcher chose the qualitative research approach in order to explore and describe the perspectives of nurses in the implementation of strategies to avoid litigation in public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province, South Africa. Furthermore, to explore the challenges facing nurses in the implementation of strategies to avoid litigation in public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province, South Africa. The researcher conducted a study at the public hospitals in Thaba Chweu Local Municipality. Data were collected through one-on-one interviews and were audio recorded. Each interview were transcribed. The researcher conducted individual interviews which lasted about 45-60 minutes each, allowing participants to share their perspectives and challenges during the implementation of strategies to avoid litigation.

3.3 Research setting

The Mpumalanga province is located in the easternmost part of South Africa and is bordered by four of the nine provinces, namely Gauteng, Free State, KwaZulu Natal, and Limpopo. It also shares international borders with Swaziland and Mozambique. It comprises of three districts, namely Ehlanzeni, Gert Sibande, and Nkangala, with rural and urban areas. It is the second-smallest province in the country and is popularly known as a tourist destination. Due to its location, the province faces an influx of patients from both neighbouring provinces and the two neighbouring countries.

The study was carried out in public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province. Both hospitals are level one district hospitals located in Ehlanzeni district, under Thaba Chweu local municipality. The researcher selected the district public hospitals because they have limited services and resources, and they far from referral hospitals making it difficult for nurses to implement strategies to avoid litigation. The researcher has observed some challenges while providing care, which expose nurses to litigations, and wanted to explore more about their perspectives to avoid litigations.

The following is the geographical map of hospitals located in the Thaba Chweu Local Municipality.



Figure 3.3: Map of Thaba Chweu Local Municipality of Mpumalanga Province

3.4 Research design

Research design refers to a plan for conducting a study that maximizes control over factors that could interfere with the desired results of the study (Grove & Gray, 2018). The research design in this study was exploratory and descriptive.

3.4.1 Exploratory research design

Explorative design is defined as the study that seeks to develop an understanding of lived experiences, as described by participants (Boswell & Cannon, 2020). The researcher used an exploratory research design to explore detailed information from participants on the perspectives of nurses in the implementation of strategies to avoid litigation in public hospitals in Thaba Chweu Local Municipality Mpumalanga province by asking a predetermined set of questions. Exploratory designs are often used to establish an understanding of how best to proceed with studying the phenomenon (Indu & Vidhukumar, 2019). The design was used to explore the challenges faced by nurses in the implementation of strategies to avoid litigation in public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province, South Africa.

3.4.2 Descriptive research design

The descriptive design is defined as a study that is designed to gain more information about concepts, variables, or elements in a particular field of study; the purpose of these studies is to provide a picture of a situation as it naturally occurs (Grove & Gray, 2018). The researcher provided participants with time to describe their perspectives on the implementation of strategies to avoid litigation in public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province. This enabled the researcher to gain thick and detailed information about the phenomenon.

3.5 Population

According to Grove and Gray (2018), population refers to all elements that include individuals, objects, or substances that meet certain criteria for inclusion in a study.

Population refers to the entire group of persons or objects that is of interest to the researcher, who meet the criteria the researcher is interested in studying (Polit & Beck, 2017). The population in this study refers to all professional nurses registered with the South African Nursing Council and employed at the public hospitals in Thaba Chweu Local Municipality. The study population was 111 professional nurses employed at the public hospitals in Thaba Chweu Local Municipality Mpumalanga province.

3.6 Sampling

Sampling refers to the process of selecting a portion of the population that will represent the entire population (Polit & Beck, 2017). The researcher used purposive sampling, which is a nonprobability sampling. Purposive sampling is also called 'judgemental' sampling because it is based on the researcher's judgement regarding participants or objects that are typical or representative of the phenomenon, or who are knowledgeable (Brink et al., 2018). The researcher used purposive sampling method to select available participants based on their characteristics, which are knowledge of strategies to avoid litigation. The number of participants was not determined before the interviews. Data were collected until saturation was reached, that is until when no new information emerge.

3.6.1 Inclusion criteria

Inclusion criteria refer to characteristics that must be met to be considered for participation in a study (Boswell & Cannon, 2020). The selected participants were quality assurance nurses, professional nurses, operational managers, and nursing services managers. The participants had more than two years of work experience; the researcher was convinced that work experience counts the most in terms of the challenges the participants encountered.

3.6.2 Exclusion criteria

Exclusion criteria identify factors that prevent a person from being included in the study (Gray, Grove, & Sutherland, 2017). The individuals who were excluded were those

who did not give their consent to participate in the study, those who worked the night shift, and those who were on vacation during the data collection period.

3.7 Data collection

According to Grove and Gray (2018), data collection is defined as a precise systemic collection of information relevant to the purpose of the research or the specific objectives, questions, or hypothesis of a study.

The researcher visited the selected hospitals after receiving the permission letter to explain to the population the purpose of the study through the permission of the Nursing Services Manager. The Nursing Services Manager introduced the researcher to the unit operational managers and the professional nurses. The researcher explained the purpose of the study, the study objectives and the importance of the study to all professional nurses and further explained the inclusion criteria. The researcher set an appointment with the available nurses who voluntarily wanted to participate in the study. Consent forms were given, those who were willing to participate signed consent forms as an agreement, venue, date, and time were indicated to them. Privacy, anonymity, and confidentiality were maintained.

Data were collected from May 2023 to July 2023. The interviews were conducted when the participants were on duty, but free to not disturb the delivery of the service at lunch time. The researcher conducted one-on-one interviews using an interview guide to collect data from participants, and each interview lasted about 45-60 minutes until data saturation was reached. Open-ended questions were used to allow participants to speak freely and describe their perspectives on the implementation of strategies to avoid litigation. There was a predetermined set of questions to ask the participants. The central question which guided the study was: Kindly describe your perspectives in the implementation of strategies to avoid litigation? Then followed by probing questions, to allow participants to elaborate more about their perspectives in the implementation of strategies to avoid litigation. Participants were recorded during each interview using a voice recorder. Field notes were written to capture non-verbal signals. The interviews were conducted away from noise and distractions, in a private consulting room of the public hospitals in Thaba Chweu Local Municipality. The

researcher interviewed 16 participants were data saturation were reached, and all data were transcribed.

3.8 Pilot study

A pilot study is the initial step of the entire research protocol and is often a smaller study that helps in the planning and modification of the main study (In, 2017). The pilot study was conducted at a public hospital in the Thaba Chweu Local Municipality of Mpumalanga province, in preparation for the data collection of the main study. The purpose of conducting a pilot study was to investigate the effectiveness of the data collection instrument of the proposed study in detecting flaws. The researcher visited the selected hospital after receiving the permission letter from the Mpumalanga Department of Health to explain to the population about the purpose of the study. The researcher requested permission from the Chief Executive Officer and Nursing Services Manager. The Nursing Services Manager introduced the researcher to the unit operational managers and the professional nurses. The researcher explained the purpose of the pilot study, the study objectives and the importance of the study to all professional nurses and further explained the inclusion criteria. The researcher set an appointment with the available nurses who voluntarily wanted to participate in the pilot study.

The pilot study comprised of four participants and had the same characteristics as those in the main study. Participants were informed about the purpose and objectives of the study, consent forms were given to sign and it was explained that they are not forced to participate in the study. The interviews were conducted one-on-one in a private room to avoid distractions, and maintained privacy. The researcher had an audio recorder and notebook to record the data. The interview guide consisted of four self-predetermined sets of questions that the participants understood. However, participants were not able to express more about their perspectives in the implementation of strategies to avoid litigation; then two more questions were added so that new rich information can emerge. Then participants were able to express their perspectives about the implementation of strategies to avoid litigations. The researcher learned that listening skills and observation are needed to obtain quality information. This allowed the researcher to come with some practical aspects of

establishing access, and conducting the semi-structured interviews, as well as becoming alert to the level of interviewing skills.

3.9 Data analysis

Data analysis is defined as the organization and interpretation of narrative data for the purpose of discovering important underlying themes, categories, and patterns of relationships (Polit & Beck, 2018). The data analysis process is fundamental to determining the credibility of the qualitative study findings and involves the transformation of raw data into a final description or narrative (LoBiondo-Wood & Haber, 2018). According to Braun and Clarke (2021), thematic analysis is the method of generating, analysing and translating patterns across a qualitative dataset, which involves a systematic process of data coding to develop themes. Its purpose is to generate contextualised and situated knowledge. Data were analysed using the reflexive thematic analysis approach as follows (Braun & Clark, 2021):

- First phase: Familiarization of the data set.

The researcher read and reread thoroughly the transcribed data until the researcher developed sense out of the data of each participant. Notes were made to reflect similarities and differences about nurses' perspectives in the implementation of strategies to avoid litigation.

- Second phase: Data coding.

The researcher organized the data in a meaningful and systemic way, identified similarities and patterns based on the research questions, and coded the entire data.

- Third phase: Initial theme generation.

The researcher developed themes in a draft version that were open to change by combining several codes into meaningful patterns.

- Fourth phase: Theme development and review.

The researcher ensured that the themes worked well in relation to the coded data, the data set, and the research questions. For codes that did not fit the themes, the researcher determined if the theme itself was the issue, codes, or information for

that specific theme. The researcher then collected all the data relevant to each theme.

- Fifth phase: Refine the theme, define it, and name it.

The researcher wrote a detailed analysis for identified themes and how each theme fit to the entire data set based on research questions. The researcher made the field notes, audio recordings and the transcribed data of 16 participants available to the supervisor and independent coder to verify the themes and subthemes that emerged from the data. The independent coder also analysed the data. Data saturation was reached at participant number seven and three more transcripts were analysed to ensure that no new information can emerge, and a consensus was reached about the findings of ten participants.

- Sixth phase: Writing up.

The researcher interpreted and wrote a narrative about the data in a concise, coherent, logical, and non-repetitive form and also made an argument based on research questions.

3.10 Measures to ensure trustworthiness

Trustworthiness refers to the use of procedures to ensure accuracy (Brink et al., 2018). Measures which were adhered to are credibility, dependability, conformability, and transferability.

3.10.1 Credibility

Credibility refers to confidence in the truth of the data and translation thereof (Brink et al., 2018). LoBiondo-Wood and Haber (2018) referred credibility as steps in qualitative research to ensure accuracy, validity, or soundness of data. In this study, the researcher ensured credibility by doing the following:

- Prolonged engagement, the researcher conducted the interviews for a period of three months, from May 2023 to July 2023 to gain adequate understanding and established rapport with the participants.

- Triangulation, the researcher involved the use of different methods which included observation, field notes and individual interviews.
- Member checking, the analysed and interpreted results were read to the participants to suggest changes if they were not happy with the interview.
- An independent Coder was consulted with transcripts, audio recordings and field notes for coding, themes and subthemes were also submitted. The researcher and Independent coder discussed the findings and agreed on the final results.

3.10.2 Confirmability

Confirmability refers to the potential for congruency of data in terms of certainty, relevance, or meaning (Brink et al., 2018). It is concerned with establishing whether the data represent the information provided by the participants and whether the interpretations of the data were not fueled by the imagination of the researcher (Brink et al., 2018). Confirmability also refers to an extent to which other researchers can review audit trail of a study and agree that the authors' conclusions are logical (Grove and Gray, 2019). In this study confirmability was ensured as follows:

- Audit trail, the researcher made an audio recording and wrote field notes during data collection which were made available to the supervisor and the Independent coder to verify the data.
- Triangulation, the researcher submitted the audio recordings and the field notes to the Independent coder to verify data and for analysis.
- The research proposal, research results and the project report were presented to the peers and research committee for critiquing.

3.10.3 Transferability

Transferability refers to the ability to apply the findings in other contexts or to other participants (Brink et al., 2018). In this study, transferability was ensured as follows:

- The researcher used qualitative research method to collect a thorough in-depth description of data about nurses' perspectives in the implementation of strategies to avoid litigation.
- The researcher used purposive sampling to select participants of the study based on their knowledge of strategies to avoid litigation.

3.10.4 Dependability

Dependability refers to the provision of evidence such that if it were to be repeated with the same or similar participants in the same or similar context, its findings would be the same (Brink et al., 2018). In this study, dependability was ensured by doing the following:

- Qualitative research method was used to gain in-depth description of data about nurses' perspectives in the implementation of strategies to avoid litigation.
- Transcripts, field notes and audio recordings are kept under lock and key for audit trail. The researcher submitted the field notes, audio recordings and field notes to independent coder for verifications and analysed the data.

3.11 Ethical considerations

The researcher adhered to the following ethical standards to fulfill the objective of the study:

3.11.1 Permission

The ethical clearance certificate was obtained from the Turfloop Research Ethics Committee (TREC) of the University of Limpopo. Permission to conduct a study was obtained from the Mpumalanga Department of Health, as well as from the Chief Executive Officers of the public Hospitals.

3.11.2 Informed consent

Informed consent is one of the founding principles of research ethics. According to Brink et al. (2018), to obtain the participant's consent, the researcher must provide

them with comprehensive information on their participation. The researcher thoroughly explained the purpose and objectives of the study to the participants and informed them that they are not forced to participate, and they can withdraw to participate from the study at any time if they are not comfortable and without being punished. The researcher obtained permission to use an audio recorder and field notes to collect data from the participants. An informed consent form was provided for participants to read and sign as a means of agreement between the researcher and participants.

3.11.3 Confidentiality and privacy

Confidentiality refers to the researcher's responsibility to prevent data from being linked or distributed for purposes other than research, and if information is published, the researcher informed participants and assured them that their anonymity is maintained (Brink et al., 2018). Participants were ensured that only the researcher and the supervisor will have access to the information and will be stored on a computer with password for security purposes.

According to Brink et al. (2018), participants' privacy rights must be respected, the participant has the right to determine the extent and circumstances under which his private information is shared. In this study, the interviews were conducted one-on-one in a private room, and during data collection, the researcher made a tag with the message "Do not disturb, the interviews are in progress" displayed on the door to avoid interruptions.

3.11.4 Anonymity

Anonymity refers to when the researcher cannot link participants to their data (Polit & Beck, 2017). Participants were referred in terms of numbers instead of their names. The researcher guaranteed the participants that they would not be identified by the reader. The names of the participants were not mentioned, recorded, or written during the interview sessions.

3.11.5 Principle of justice

The principle of justice refers to the participant's right to equal selection and treatment (Brink et al., 2018). The principle of justice was ensured by selecting participants for reasons directly related to the research problem, and not because they were readily available or can be manipulated easily. The participants were treated equally and received the same information about the research. The opportunity was provided to all participants to ask questions about the research, and exploitation of the participants was avoided. The researcher implemented the principle of justice listening to each participant.

3.11.6 Principle of beneficence and non- maleficence

The principle of beneficence guides the study to do what is good. According to Brink et al. (2018), participants have the rights to be protected from discomfort and harm, either physical, psychological, emotional, economic, social, or legal. In this study, the researcher avoided harm by collecting data in a safe and healthy environment. Covid-19 protocols, such as mask wearing, social distancing, and sanitizing of hands, were observed. The researcher monitored for signs of distress and asked questions that are comfortable to answer and relevant to the study. The researcher collected data on days the participants were on duty to avoid travel costs.

3.12 Bias

Bias refers to an impact that produces an error or distortion that can affect the quality of evidence in qualitative studies (Brink, Van Rensburg & Van der Walt, 2018). In this study, bias was minimised by asking all participants the same predetermined set of questions which were followed by probing questions and the interviews were conducted in English. The researcher ensured that the participants understood the questions and allowed them to ask questions for clarity. Leading questions were avoided during data collection, and probing questions were asked for clarification of unclear responses. To avoid bias, the researcher suspended all her preconceived ideas about the perspectives of nurses in the implementation of strategies to avoid litigation. Participants were observed during data collection to capture non-verbal cues. To avoid bias, the researcher made the field notes, audio recordings and the transcribed data available to the supervisor to ensure that indeed data was collected.

3.13 Summary

This chapter describes in detail the qualitative, exploratory, and descriptive research design used in the study. Semi-structured, in-depth interviews with an interview guide were used to collect data until data saturation was reached. Field notes and a voice recorder were also used during data collection. Data were analysed according to the reflexive thematic analysis approach as outlined by Braun & Clark (2021).

CHAPTER 4

PRESENTATION AND DISCUSSION OF RESEARCH FINDINGS

4.1 Introduction

This chapter presents and discusses the research findings of nurses from the public hospitals in Thaba Chweu Local Municipality Mpumalanga province, where one-on-one interviews were conducted in depth. The purpose of the study was to describe and explore the perspectives of nurses in the implementation of strategies to avoid litigation in the Thaba Chweu Local Municipality of Mpumalanga province, South Africa. The objectives were to explore and describe the perspectives of nurses in the implementation of strategies to avoid litigation in public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province, South Africa, and also to explore the challenges facing nurses in the implementation of strategies to avoid litigation in public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province, South Africa.

4.2 Presentation of results

The data collected was analysed using the six phases of the Reflexive Thematic Analysis method by Braun and Clarke (2021) as discussed in the research methodology in Chapter 3. Individual interviews were transcribed from audio recordings and analysed by the researcher and independent coder to ensure the dependability of the data (Brink et al., 2018). The participants were interviewed for a duration of approximately 45-60 minutes each. The researcher was guided by predetermined set of questions (Appendix F).

4.2.1 Demographic description of the participants

In this study, the population was professional nurses employed at the public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province. The sample size was ten participants. The demographic description is summarized in Table 4.1 below, arranged as follows: participant code, age, sex, highest qualification, category, years of experience as a professional nurse, and unit where sampling was performed.

All participants involved in the study were professional nurses working at the district hospitals in medical, surgical, maternity ward, casualty department, and quality. There were two male professional nurses aged 30 and 45 years, and eight female professional nurses aged between 26 and 58 years. The highest qualification of the participants varied among them as follows: five = nursing diploma, two = nursing master, one = postgraduate diploma in midwifery, one = postgraduate diploma in mental health and one = postgraduate diploma in health service management. The years of experience of the participants as professional nurses ranged from three to 28 years.

Table 4.1: Demographic data of the participants

Participant code	Age	Gender	Highest qualification	Nursing category	Years of experience as a professional nurse	Unit where sampling was done
P1	34	Female	Bachelor in nursing	Professional nurse	07	Casualty
P2	45	Male	Post Graduate diploma in mental health	Quality assurance practitioner	14	Quality office
P3	26	Female	Bachelor in nursing	Professional nurse	03	Casualty
P4	38	Female	Post graduate diploma in Midwifery	Professional nurse	13	Maternity ward
P5	50	Female	Diploma in Nursing	Professional nurse	15	Female ward
P6	31	Female	Diploma in Nursing	Professional nurse	06	Female ward
P7	30	Male	Diploma in Nursing	Professional nurse	04	Casualty
P8	33	Female	Diploma in Nursing	Professional nurse	05	Female medical ward
P9	58	Female	Post graduate diploma in health service management	Acting operational manager	28	Male surgical ward
P10	38	Female	Diploma in nursing	Professional nurse	08	Maternity ward

4.3 The presentation of themes and subthemes

Four themes and subthemes emerged during the data analysis using the reflexive thematic analysis method and are summarised in the table below. 4.2. The themes were nurses' perspectives on the implementation of strategies to avoid litigation,

nurses' challenges when implementing strategies to avoid litigation, nurses' coping strategies when implementing strategies to avoid litigation, and suggestions for improving the implementation of strategies to avoid litigation. These themes are presented and supported by direct quotes indicated in italics from the transcripts below.

Table 4.2 Presents the final themes and subthemes of the study findings identified by data analysis by the researcher and the independent coder.

Themes	Sub-themes
1. Nurses' perspectives about implementation of strategies to avoid litigation	1.1 Importance of Policies and Guidelines 1.2 Nurses use triage to prioritize patients. 1.3 Nurses must work according to their scope of practice. 1.4 Importance of Record-Keeping
2. Challenges experienced by nurses when implementing strategies to avoid litigation	2.1 Poor infrastructure 2.2 Shortage of medical equipment and medication 2.3 The lack of staff development opportunities 2.4 Overcrowding of patients 2.5 Shortage of staff and work overload
3. Nurses' coping strategies when implementing strategies to avoid litigation	3.1 Support from managers 3.2 Peer support 3.3 Support from patients' families 3.4 Faith-based practices
4. Suggestions to Improve the Implementation of strategies to avoid litigation	4.1 Improvement of the Infrastructure 4.2 Hospital management should prioritize medical equipment and patient transport. 4.3 Employment of more staff

	<p>4.4 Involvement of Patients and Staff during Policy Development</p> <p>4.5 Training and development for staff members</p>
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4.3.1 Theme 1: Nurses’ perspectives about the implementation of strategies to avoid litigation

Theme 1 describes nurses’ perspectives about the implementation of strategies to avoid litigation, the following 4 subthemes emerged: Importance of policies and guidelines, nurses use triage to prioritise patients, nurses must work according to their scope of practice and importance of record keeping. The study findings indicate that based on the work experience of the participants, they have knowledge about strategies on how to avoid litigations and can implement them. The subthemes are presented in Table 4.2 above and reported below.

4.3.1.1 Subtheme: Importance of policies and guidelines

The participants highlighted the importance of adhering to policies and guidelines to avoid litigations and avoid mismanagement of patients. They indicated that both policies and guidelines help them in decision making and how to care for patients without omissions. They emphasised the importance of reviewing policies to keep them updated at all times according to the national standards and frameworks, hence the quotes below:

'I think what needs to be done is the availability of policies and guidelines in the facility and also the issue of adherence to policies, the issue of review of policies, and also the issue of analysis of policies from time to time.'

(Participant 2)

Another participant reported that the use of maternity guidelines and familiarization is very important, as it guides them on how to manage pregnant women and new-borns.

'As a midwife, whether you are a registered nurse or a community service nurse, you need to be familiar with the national obstetric guidelines and know

them by heart... It is very important to comply with the guidelines given, you will never go wrong, the guidelines book is accessible, and it is within reach of everyone on the ward.' **(Participant 4)**

The participants also indicated that the availability and accessibility of updated guidelines is very essential as it helps them to always treat patients without failure. This guidelines instil nurses with knowledge and skill to provide effective care to avoid litigation.

'I would like to talk about access to updated guidelines as they change from time to time, this will help nurses to treat patients accordingly without omissions.' **(Participant 7)**

From this subtheme, it was proven that policies and guidelines are useful, as their availability and accessibility help them treat patients without omissions. Emphasis was placed on familiarisation and adherence to policies and guidelines to avoid litigation at all times. Proper decisions are taken based on the latest updated versions of policies and guidelines which align with the national framework.

4.3.1.2 Subtheme: Nurses use triage to prioritize patients.

Nurses gave different views to show that they prioritize patients when providing care to avoid negligence and expose themselves to litigation. Participants explained that they are using a triage scoring tool to assess the patient so that they can offer immediate care to those in need based on the scoring. The statement above is supported by the following quotations:

'Ok my view is that we have to prioritize patients especially when working in the casualty department, because we use the triage scoring assessment tool and there are colour coding such as red that represents emergency or immediate care, meaning that patient must be attended immediately, then green is for minor ailment, then yellow is delayed care, and black is for the deceased.'
(Participant 6)

One participant explained that triaging patients alerts nurses to select patients who should be given first preference according to the colour coding to avoid medical negligence and litigation.

'You start by triaging your patients according to colour codes, i.e. red, orange, green, and yellow, so these colours will help you triage all patients and to know which patient to start with, which one should be given the first priority. For example, let's say a patient comes and has been involved in a car accident and is severely injured, you already know that it is an emergency.' **(Participant 3)**

Participants continued to say that there are time frames for patients who are triaged according to the colour codes, but due to the shortage of doctors, sometimes patients are not seen within the stipulated time frames, resulting in poor compliance.

'According to the time management protocols after evaluating patients, there are stipulated time frames within which patients should be seen, but due to a shortage of doctors, we are not meeting those limits.' **(Participant 5)**

Other participants indicated that they prioritize patients according to their conditions, critical conditions such as asthma receive immediate attention compared to those with minor ailments such as mild flu.

'We prioritize our patients based on their conditions, say, for instance, we have a patient involved in a car crash, asthmatic, and another patient with a minor ailment such as mild flu. If we follow the right protocol, we cannot prioritize a patient with mild flu over a patient involved in a car accident and bleeding.' **(Participant 1)**

Another participant said prioritisation is an important practice, as nurses can take decisions based on their judgement when nursing patients and discharged patients. This is supported by the following quote:

'So, we just prioritise saying that this is terminally ill, this one is not terminally ill, we are trying to classify those who are stable and can go home and manage without medication for 2 days.' **(Participant 2)**

In this subtheme, it is evident that triage is the best scoring assessment tool which assists nurses in prioritising patients and managing patients according to the stipulated time frames to avoid litigation. Participants know their autonomous nursing practice; they are able to make decisions based on their judgement of prioritising patients and providing emergency care to those in need to avoid negligence.

4.3.1.3 Subtheme: Nurses must work according to their scope of practice

The participants explained the importance of knowing the scope of practice, which means performing duties as prescribed by the statutory body, the South African Nursing Council. This statement is confirmed by the following quotations.

'My perspective will be to keep or follow your scope of practice as a professional nurse, knowing what to do and what not to do at the right time, and also following doctor orders.' **(Participant 3)**

Participants indicated their responsibilities when providing care to patients, so that they can account for their actions by following their scope of practice, as some activities are meant for doctors, not nurses.

'Stay on your way, do not act like a jack of all traits, for further clarity, always refer to the doctor because they are the ones who know more about the condition, the investigations that are performed and which treatment to give.' **(Participant 5)**

Participants reported that adhering to their scope of practice is of importance and has always been because doctors are always available and accessible telephonically for the further treatment of patients.

'Professional nurses should stick to their scope of practice, remember that we have doctors on call, and they are always available to respond and provide emergency services, so doctors are always accessible when needed telephonically.' **(Participant 8)**

Nurses emphasised on working according to the scope of practice regardless of experience you might have on certain procedures, because during court of law you may be charged for malpractice as it is not your responsibility and those procedures are not stipulated under your scope of practice; nurses should refrain from practicing beyond their scope of practice.

'Lastly, I would like to mention the importance of performing within our scope of practice, or we can say job descriptions. Nurses have experience with many procedures, but it is not our responsibility to perform them.' **(Participant 10)**

In this subtheme, it was conclusive that the scope of practice is an autonomous ethical practice that should be known by all nurses registered with the statutory body. Performing duties within the scope of practice allows nurses to be responsible and accountable for their actions, without being charged for malpractice or litigations.

4.3.1.4 Subtheme: Importance of record keeping

Nurses continued to describe some of their views that included record keeping, to say that in nursing if it is not recorded, then it is not done. Documentation has saved many healthcare workers in court of law, it shows that the patient was not neglected but was diagnosed, given treatment, investigations performed, vitals performed, etc., and it is important to record everything in the patient's file and also to perform a self-audit to avoid omissions, hence the statement below.

'Most nurses are found guilty in court of law due to poor record keeping, especially when there is no evidence to show that you attended the patient and the doctor gave you orders. Everything you do to the patient should always be recorded and do not forget to tell the patient what you are doing to him as they have the right to information which is very important.' **(Participant 8)**

One of the participants indicated that nurses perform their tasks, but recording is omitted and without proof of records you can be charged and found guilty because it means nothing was done to the patient.

'First, I would like to talk about the importance of record keeping, what I have observed is that nurses do not record, and this is the main problem that exposes us to litigation.' **(Participant 7)**

During data collection, participants said that patients' record is a legal document that is used in court of law when the patient is making malpractice charges. Therefore, it is important to record everything that is done to the patients, never undermine small tasks executed.

'One other thing that sister has is about the importance of record keeping. I just don't know if nurses are lazy to write or what, in nursing, anything that is not recorded is not done. If you did not write something to support you, it can be

vital signs, doctor orders, evaluations, or anything related to the patient in the file, it means that you did not do anything. Records of patients are legal documents used in court of law.' **(Participant 6)**

Documentation is very important in nursing; participants described that it does not matter what procedure is performed on a patient, it should be recorded in the patient's file. It can be medication administration, inserting a urinary catheter, or the patient's condition is deteriorating and should be recorded.

'Furthermore, I would like to talk about the importance of record keeping, with anything we do to our patients, we need to record, whether you are giving a paracetamol as prescribed by the doctor, inserting a urinary catheter, or if you encounter a challenge, you need to record that.' **(Participant 3)**

Participants emphasised that record keeping is very crucial and it is not just about recording, but this includes the logic of records proven by date and time, also indicate a clear recognisable signature for health worker identification.

'I would like to emphasise the importance of keeping records, it is very crucial in maternity or nursing in general. You need to record all the events in patient's file, write the dates and time with each entry, and attach your signature.'

Participant 4

From this subtheme, the participants have proven that patient records are legal documents, therefore, it is very important to document everything as it can jail out nurses in court of law. Everything that is done to the patient should be recorded starting from assessment, carrying out orders, when the condition of the patients is deteriorating, etc. The participants also highlighted the logic of records that must be witnessed by date, time, and patient events.

4.3.2 Theme 2: Challenges experienced by nurses when implementing strategies to avoid litigation

This section covers the challenges nurses face during the implementation of strategies to avoid litigation. The challenges covered poor infrastructure, shortages of medical

equipment and medication, lack of opportunities for staff development, overcrowding of patients, and shortages of staff and workload. The subthemes were presented in Table 4.2 above and are reported below:

4.3.2.1 Subtheme: Poor infrastructure

Participants indicated that their health facility is too old and that during the rainy season the roof and ceiling leak, putting the lives of patients at risk. It is difficult to maintain infection prevention and control because medically ill patients with infectious conditions are mixed with vulnerable patients, exposing other patients to nosocomial infections. This is evident in the following quotes:

'Yes, this is about our infrastructure, the building is too old. We are trying very hard to keep it clean, but during the rainy season the roof and ceiling leak everywhere. Patients are not safe, if there could be severe thunderstorms with this type of building, we will be trending on social media about poor infrastructure as the chances of damage are high, which can affect the lives of patients.' **(Participant 9)**

Participants reported that their wards are not designed to accommodate mental health users, which makes it difficult to work in that ward. As the wards do not have seclusion rooms and mental health care users are mixed with medical ill patients.

'Working in that ward is very difficult, I cannot lie, because that ward is not designed for mental healthcare users, no seclusion rooms, but we try to put mental healthcare users inside the wards, sometimes it is not possible when the ward is full.' **(Participant 3)**

Participants reported that patient privacy is compromised and this is due to infrastructure. The private rooms are very limited or few, then curtains are used to screen for the patients, making it easy for the next patients to hear what is discussed about the other patient.

Our privacy is greatly compromised due to poor infrastructure. We become blamed and fall for things we don't know. **(Participant 1)**

The hospital setting makes it difficult to maintain infection prevention and control because medically ill patients, gynaecological patients, and mental health users are

admitted to the same ward. Only the gender of the patient determines whether the patient is admitted to the female or medical ward.

'I also want to talk about poor infection prevention and control, our facility is a district hospital with a female ward and a male ward, so in these wards we admit and mix all patients from surgical, medical, gynaecological, and psychiatric patients, it is difficult to segregate patients.' **(Participant 7)**

One of the participants indicated that the personnel and medically ill patients are not safe because mental healthcare users do not have seclusion rooms. This poses risks to vulnerable patients and nurses because of aggressive mental healthcare users who can harm them.

'Our institution does not provide complete services to mental health users, such as not having seclusion rooms, staff members, and other medically ill patients are at risk of harm.' **(Participant 5)**

Nurses indicated that the mental health Act policy contradicts common healthcare practice, because there are no seclusion rooms and restrictions. The following quote confirms their concern:

'Returning to the policy of the Mental Health Act, it says that the patient must be secluded, but you find that in the medical ward there is no seclusion room and restrictions that need to be there, and also the issue of the designation of information.' **(Participant 2)**

This subtheme indicates that patient safety is compromised due to poor infrastructure. The lives of staff and patients are at risk as they are exposed to mental health users who do not have seclusion rooms. In this situation, it is difficult to maintain infection prevention and control because all patients with different conditions are admitted to the same ward.

4.3.2.2 Subtheme: Shortage of medical equipment and medication

The participants gave a list of some of the material resources they lack, including medication, CPAP machines, faulty or subserviced equipment. Patients sometimes return home without medication, especially during the weekends because the

pharmacy is closed, and sometimes patients are admitted to the wards to substitute oral medication for intravenous treatment. This was evidenced by the following quotes:

'One other challenge is that we do not have the material resources to handle high-risk new-borns such as continuous positive airway pressure (CPAP) machines; we still use nasal prongs, so the calibrations are not correct. If we used CPAP machines, it would be better because it regulates a certain amount of oxygen for the new-born, unlike using nasal prongs.' **(Participant 4)**

Participants discussed that un-serviced medical equipment puts the lives of patients at risk because they produce wrong readings. This exposes them to litigations because the patient will be misdiagnosed.

'With regard to poor equipment maintenance, equipment should normally be serviced every year, but you find that 3 years pass without our equipment being serviced. Then we will start experiencing wrong readings, once you have wrong readings, then the diagnosis will be wrong, this is putting the lives of our patients at risk and the chances of being sued are high as the patient will be taking a treatment that she is not supposed to take.' **(Participant 9)**

The participants said that the shortage of medications is a concern, especially oral medications to take over. Some patients were forced to be admitted, replacing oral medication with intravenous medication, resulting into overcrowding caused by unnecessary admissions.

'First, there is a shortage of medications, there are times when our pharmacy does not have certain medications, and some patients are forced to be admitted to the wards to receive intravenous medication as a substitute for the oral medication that was supposed to be administered and the patient discharged. Although we are fortunate that our pharmacy is open during weekends and holidays, most of the time we improvise with what we have to avoid patients complicating.' **(Participant 8)**

Another participant said that they improvise by admitting some patients who did not receive medication in the pharmacy because it was closed until the working days. In this case, the patients are unnecessarily exposed to nosocomial infections which may lead to medical malpractice litigation.

'What I am trying to say is that drug availability can cause a person to develop complications from the fact that let us admit the patient so that he can get stock medication for the ward in the meantime, until the pharmacy opens on Monday.'

(Participant 1)

The pharmacy only operates Monday through Friday from 07H00 to 16H00, during weekends it is closed. It was found that this is because of financial constraints as there is no budget to pay overtime for the pharmacists on standby.

'The pharmacy closing time and that is not working on weekends, holidays and during the week is closed after 16H00 and we don't have enough pocket pharmacies for emergency purposes.' **(Participant 1)**

Pharmacists and radiographers do not work after hours, they only come on request. This only happens during serious emergencies because the radiographers stay within the hospital premises, and they sacrifice to assist in critical situations.

'Pharmacists and radiographers were called that late to cover because they only work 07H00 to 16H00 Monday to Friday.' **(Participant 2)**

This subtheme discussed a challenge of medical equipment and medications that compromise service delivery and quality care. Public hospitals still lack material resources that should be a major concern for management in order to improve the health system.

4.3.2.3 Subtheme: Lack of staff development opportunities

Lack of staff development opportunities remains a concern for nurses because, since the change in nursing curriculum, it is difficult to enrol further in higher education institutions. According to the participants, lack of knowledge and skill exposes them to litigations because of inability to apply knowledge into practice, this was confirmed by one of the participants, who said:

'I am very concerned about the development of staff because I work in a specialised unit that needs advanced skill and knowledge, without those I am exposing myself to litigation.' **(Participant 10)**

The casualty department as a specialised unit does not have a single nurse trained for a post-graduate diploma in emergency care, the management does not take staff development into account, and this is supported by the following quote:

'The development of nurses is very poor, especially for a unit like casualty, remember that it is a specialized unit that needs advanced skills to handle emergency cases. In this hospital, within all the nurses assigned in the casualty, there is no trauma nurse, a nurse who has undergone a postgraduate diploma in emergency care, who has been trained how to handle emergency cases.'

(Participant 3)

Participants indicated that they only attend in-service trainings, but are not sent to workshops. This is because most workshops are attended outside the hospital premises, then with shortage of staff it is difficult for nurses to be released to attend the workshops while patients are deprived healthcare services.

'We attend in-service trainings during morbidity and mortality meetings that are held quarterly, and we are rarely sent for workshops, of which I don't know why.'

(Participant 7)

One of the participants indicated that they are not appointed much of things that need mental attention, therefore they lack knowledge. This include workshops or training on mental healthcare policies and guidelines because the institution does not render mental healthcare services in totality.

'In our general hospitals, we are not appointed much of things that need mental attention, it means that we lack knowledge in terms of implementing such policies.' **(Participant 2)**

The participants explained that they are hardly sent for workshops, and this keeps them outdated with updated information. This poses risks to patients because the patients will be receiving poor healthcare services as nurses do not have adequate knowledge and skills.

'The unfortunate part is that we do not attend workshops on a regular basis, which are very important to update us about new changes in our protocols and guidelines. So, if you are outdated, for example, according to the PMTCT guidelines, now we are no longer considering the viral load of HIV taken during

pregnancy, but the viral load taken at delivery or after birth, which will guide us on which prophylaxis to give to the new-born. **(Participant 4)**

In this theme, the lack of opportunities for staff development is a concern because nurses cannot apply knowledge into practice as they are rarely sent for workshops and also since the change in nursing curriculum, the specialization training has been postponed. Participants indicated that they only attend in-service trainings in the facility that are not enough, and they work in specialised units without advanced skill.

4.3.2.4 Subtheme: Overcrowding of patients

One of the challenges faced by nurses in public hospitals is overcrowding which exposes them to litigations, the participants discussed some of the factors that lead to overcrowding which included shortage of resources, and this is evidenced by the following quotes.

'The challenge we actually experience when we have patients who are not supposed to be admitted under the circumstances where we do not have treatment to take over, we usually have overcrowding.' **(Participant 1)**

One of the participants raised concerns about the overcrowding in the casualty department, which is a small space that accommodates both casualty patients and cases of OPD.

'All casualty cases and OPD cases are seen in casualty, and the space is too small to accommodate all patients, then we experience overcrowding, when we are overcrowded, you cannot even observe patients in queue well.' **(Participant 6)**

From this subtheme, it was clear that participants faced a challenge of overcrowding due to patients who were not supposed to be admitted to the wards. Furthermore, due to poor infrastructure, OPD does not have a waiting area, they share a waiting area with casualty patients, which makes it difficult to identify when patients complicate.

4.3.2.5 Subtheme: Shortage of staff and work overload

The shortage of staff is a burning issue in hospitals, nurses described that the shortage is not only within the nursing staff, but also in other sections such as administrative clerks and mortuary attendants. They are forced to perform non-nursing duties, which makes them to neglect patients, and they become overburdened by the workload leading to diminished quality care to patients. Nurses continued to say that when they work in the casualty department, they also manage outpatient patients, which demoralises them because they are overworked. This is confirmed by the following quotations.

'The reason we work as two professional nurses is because of a shortage of staff, and this exposes us to litigations as we are not nursing our patients in total. We become exhausted, overworked, or overwhelmed by the workload.'

(Participant 7)

In this study, the participants indicated that due to the shortage of staff and workload, they were beginning to develop a negative attitude. This has resulted because participants feel that they are overworked and demoralised, nothing motivates them.

'Not all of them, but I think the factor that most contributes to their negative attitude is workload, nurses perform non-nursing duties.' **(Participant 10)**

One of the participants said that they were not sent to workshops because of the shortage of staff, that services were not compromised, but needed to continue as usual.

'But with staff shortage, sometimes it is not possible to send nurses to workshops, as we cannot compromise service delivery, and also it is not possible to send someone who is working on nights, they need to rest during the day.' **(Participant 9)**

The participants mentioned that they are always tired because the main providers of the services to both casualty and OPD are two professional nurses and an assistant nurse.

'There is a shortage of personnel, in casualty we work with 2 professional nurses and 1 assistant nurse, and we don't attend casualty cases only but also

OPD cases, there is too much workload and we are forever tired.' **(Participant 6)**

In the maternity ward it is found that from September to December women deliver in large numbers, making it difficult for midwives to cope. This affects nurses negatively because they are overburdened by the workload.

'We are working as two professional nurses due to staff shortage, when the ward is busy, it becomes hectic and strenuous, especially in peak months like September because I have noticed that in our statistics September is a busy month, most women deliver from September to December.' **(Participant 4)**

The participants indicated that they perform more than they are supposed to because of the shortage of personnel. This is because there are no administrative clerks in the ward, nurses are expected to perform clinical practice and administrative work.

'There are many challenges, the most important one I can talk about is the shortage of staff, because we always do more than what we are supposed to do.' **(Participant 3)**

The nurse-patient ratio does not balance because they work as two professional nurses in a busy casualty department. This impact nurses negatively as they become exhausted and can no longer provide quality care, and this poses risks to patients.

'The challenges we are still experiencing are the shortage of personnel.... in our institution the ratio of staff to patients is not proportional because in our casualty department we only have two professional nurses on duty and one doctor on call to help there.' **(Participant 2)**

Nurses indicated that they are not the only professionals experiencing a shortage of staff but also medical officers, as they mostly carry telephonic orders. This is because doctors also become exhausted of the workload, and they mostly give telephonic orders to patients with minor ailments.

'There are many challenges that we are experiencing, first of all the shortage of staff. This shortage of staff is not only about nurses but also about doctors; as I said earlier, a patient comes at a casualty, you monitor vital signs, and you call the doctor, then he gives you telephonic orders.' **(Participant 5)**

Due to the workload, participants reported that they had struggled to take breaks. Nurses would stand the whole day, especially Mondays because are busy days and this affect their health resulting into non-productivity.

'You find that the workload is too high and you struggle to go for lunch or just drink water and you put your own health at risk.' **(Participant 3)**

In this subtheme, it has been found that the shortage of staff and workload is a major challenge for participants, explaining that they cannot be expected to provide quality care to patients as they are multitasking at their workplace. A professional nurse is expected to perform duties of three to four people, and some patients are neglected due to exhaustion and lack of concentration.

4.3.3 Theme 3: Nurses' coping strategies when implementing strategies to avoid litigation

In this theme, the participants discussed their coping strategies when implementing strategies to avoid litigation. The study findings revealed four subthemes: management support, peer support, family support for patients, and faith-based practice. The subthemes of this theme are presented in Table 4.2 above and are reported below:

4.3.3.1 Subtheme: Support from managers

Participants in this study acknowledge the support they receive from their managers that motivates them and keeps them going regardless of the difficult working conditions. They also discussed that they shared ideas or opinions during unit meetings, which is very important in decision making to improve patient care and staff satisfaction. This statement was confirmed by the following quotes:

'We get support from our managers, if the casualty is full, obviously, we cannot manage our operational manager leaves the office work and comes to help us and always tells us to shout for help.' **(Participant 6)**

One of the participants indicated that because they are short-staffed, their operational managers assist them during busy times. This really indicates that managers are supportive towards the staff, regardless of challenges experienced.

'We always receive support from our operational managers, who always assist us during busy days because we are assigned as two professional nurses with one assistant nurse.' **(Participant 7)**

Managers encourage nurses to do their best regardless of difficult working conditions and limited resources. This is very crucial because services should be rendered in the best interest of the patient to avoid litigation.

'The support of the nurse manager is very important, is the one that keeps us going even under these difficult conditions. Our managers keep on encouraging us to do our best even in difficult situations, because that's all we have.' **(Participant 5)**

Participants indicated that at times they request doctors and their managers to motivate for them to increase stocks so that they don't run out of medication.

'We sometimes ask medical professionals and operational managers for motivation for an additional stock of medication so that we do not run out of treatment to take over, especially on weekends.' **(Participant 1)**

Another participant reported that district-level managers support them by providing updated versions of policies and guidelines. The updated policies and guidelines assisted nurses to manage patients accordingly in order to improve the quality of care to avoid litigation.

'We have received support from our district and sub district who provided us with new policies and guidelines, the latest revised versions.' **(Participant 2)**

During busy days, their operational manager leaves office work and assists them in performing their duties as they are short-staffed and cannot handle this large number of patients.

'The support we get is from our operational manager, who always volunteers, especially on Mondays because there are busy days in casualty and OPD.' **(Participant 3)**

The participants explained that the operational manager and the nursing services manager become part of them when the ward is full. This is done in order to relieve nurses from the workload, and to show support in the workplace.

'The support we usually receive is from our Nursing Services Manager and our Operational Manager, when the ward is extremely busy, our Operational manager become part of us, she works like us.' **(Participant 4)**

From this subtheme, it is apparent that nurses get enough support from their managers who assist them during hectic days, this shows that they recognise the burnout nurses develop from workload. This kind of support motivates nurses to always do their best, regardless of the challenges they face.

4.3.3.2 Subtheme: Peer support

Participants indicated that the support they receive is not only from their managers, but also from their fellow colleagues, such as nurses, as they promote and maintain teamwork at all times. The following quotes confirmed their unity:

'We promote teamwork, which is the most effective support to carry out our duties on a daily basis.' **(Participant 8)**

Midwives indicated that without teamwork, they cannot carry out their duties in maternity. Teamwork is required in order to execute tasks in maternity ward.

'We support each other as midwives by promoting teamwork because without teamwork you cannot make it in the maternity ward.' **(Participant 10)**

Participants reported that they support each other as nurses in general from different wards, because with disasters such as motor vehicle accidents where many people are involved, nurses from different wards gather in casualty to help their colleagues.

'Even our colleagues on other wards always tell us to shout for help, especially with cases like MVA where many people are involved in a car accident.' **(Participant 6)**

Participants promote and maintain team work at all times to perform their duties, and this shows a positive team spirit. When nurses support each other and assist each

other to execute their duties, then their care will always be effective and patients will always have a good hospital stay experience preventing chances of litigation.

'We always promote and maintain teamwork to accomplish our daily tasks, which is very important because we have the same spirit and our patient will always find us in a positive mood as a team.' **(Participant 3)**

Another participant emphasised that if they continue to assist each other when a need arises, they will always win. The participant also reported that they held unit meetings to share ideas and opinions on how to overcome some of the challenges.

'If we can help each other during emergencies, we will always achieve this. We hold unit meetings monthly and voice our challenges and share opinions with each other on how we can face these challenges.' **(Participant 5)**

This subtheme has confirmed that peer support is more effective in team building. Participants mentioned that teamwork helps them perform their duties as they are able to share ideas and make decisions when faced with challenges, and this brings about a positive team spirit.

4.3.3.3 Subtheme: Support from the patient's families

Family support is very effective in the recovery of the patient, especially when the patient has visitors to the hospital and the family appreciates the good work that nurses do in supporting their patient. Nurses are motivated to do more because it shows that they are being appreciated, and even the patient's condition will improve because he can see that his family has not abandoned him. One of the participants said:

'Some families are really doing their job to support their patients and the staff here, they will always visit the patient, inform the nurses that they are happy about the progress of the patients, those are the ones who make us strong, we survive because of them.' **(Participant 4)**

Another participant explained that it is of great importance to involve the most trusted family member but with the permission of the patient, especially when it is concerned with making decisions about his health and support.

'You can also involve family members but with the permission of the patient, to promote support.' **(Participant 6)**

Families care a lot about their patients regardless of their mental state, if something wrong happens to their loved one while admitted to the hospital, they will always seek closure to understand what happened because they trusted nurses with their patient.

'I have realized that there are some families that support their loved ones who are admitted, so once the mental healthcare user absconds and something happens to him while out of the institution and roaming the streets, the relatives are going to accuse us of negligence because they know that their patient is admitted to the hospital not roaming the streets.' **(Participant 8)**

In this subtheme, it is evident that family support contributes to the recovery of the patient in the hospital and also inspires nurses to do their best. Patients' return to health is promoted by family's regular visits to show that he is not neglected or abandoned.

4.3.3.4 Subtheme: Faith-based practices

Participants discussed that their religious beliefs keep them going, because regardless of the lack of knowledge and skills and challenges, they still manage to survive malpractice and litigations by the grace of the Lord. This statement is supported by the following quotes:

'We are putting our patients at risk due to the shortage of personnel; mostly we are covered by the grace of the Lord against litigation.' **(Participant 4)**

The participants said that prayer is the most powerful weapon, they believe that it will help them overcome workplace challenges, and that it will also help patients heal from their ill health because they pray on a daily basis before starting their daily routine.

'The only thing that keeps me going or makes me strong is that every morning before we start with anything, we pray.' **(Participant 9)**

The current theme confirms that faith-based practice still exists. Participants believe that prayer is used to interact and plead with God to protect them from litigation. They

trust that God guides them in every way to care for the sick until recovery. They mentioned that the grace of Almighty God has saved their jobs because they survived malpractices.

4.3.4 Theme 4: Suggestions to Improve the Implementation of strategies to avoid litigation

This section covers the suggestions of the participants on how to improve the implementation of strategies to avoid litigation. They spoke about improving infrastructure, hospital management should prioritize medical equipment and transport, the employment of more staff, the involvement of patients and staff during policy development, and training and development of staff members.

4.3.4.1 Subtheme: Improvement of the infrastructure

The improvement of infrastructure is one of the suggestions raised by the participants because they felt that the working environment is not conducive and safe for both nurses and patients. Participants indicated that their institutions are level one district hospitals and they are struggling to transfer mental healthcare users to the mental healthcare institution; they wish the government could consider improving the infrastructure of mental healthcare institutions to accommodate all MHCUs who need such services. This statement is confirmed by the following quotes:

'I wish the Department of Health could improve the infrastructure of mental health facilities, so that there will be no challenge of availability of beds.'

(Participant 4)

The lives of staff and patients are at stake, and a new hospital should be built to raise their morale. Construction of a new hospital will lift the morale of patients, in a sense that the department of health cares about their health and safety.

'Our government should consider building a new hospital for our community to raise morale, at this moment we are not safe at all.' **(Participant 9)**

In this subtheme, the participants proposed an improvement of infrastructure to promote the safety of patients and staff through face lifting and the construction of new

hospitals. They indicated that this initiative may solve the issues of overcrowding and dilapidated infrastructure that compromise the well-being of patients.

4.3.4.2 Subtheme: Hospital management should prioritise medical equipment and patients' transport

In this study, the participants wish that the Department of Health and Hospital Management can prioritise some of the services that are very crucial in the health system. This included medical supplies and the purchase of more ambulances to always ensure availability and accessibility, this is confirmed by the following statement:

'Our hospital management should consider pharmaceutical services as a priority; they should try to place pharmacists on standby so that the community can have access to medications at all times.' **(Participant 1)**

Another participant shared the idea of purchasing new ambulances, which should be distributed to health facilities to overcome the prolonged turn-around time of emergency services.

'I think the Mpumalanga Department of Health should buy more ambulances and distribute 2 or 3 ambulances in each hospital so that we do not experience such challenges.' **(Participant 10)**

The subtheme indicated that if priority can be given to medical equipment and transport of patients, patient conditions will not deteriorate due to lack of such services. Emergency services response time may improve, especially in hospitals located in rural areas far from referral hospitals, and patients will not be returned home without medication because the pharmacy is closed.

4.3.4.3 Subtheme: Employment of more staff

During data collection in public hospitals, nurses gave different opinions about the filling of vacant posts that they believe will bring about a change to the challenge of staff shortages in healthcare facilities. Nurses may not be overworked unnecessarily because of non-nursing duties, cancer patients will not be placed on a long waiting list

if more specialists can be hired in referral hospitals, and the nurse-patient ratio will be balanced. The following quotes confirm the ideas:

'My wish is for the department to hire more staff who will work during the night in the pharmacy and on X-ray.' **(Participant 2)**

Another participant reported that the government should consider training and hiring more nurses to overcome the challenge of shortage of nurses.

'This is a burning national issue in the health sector, training and hiring more nurses I think will bring relief.' **(Participant 7)**

The participants mentioned that more specialists should be hired so that patients do not have to be placed on a waiting list for a long time. This is because patients' condition deteriorates and some die while awaiting care.

'I think the department of health should investigate that by hiring more specialists.' **(Participant 6)**

Participants indicated that to alleviate burnout, more nurses should be employed as they are overloaded by the workload. This will enable nurses to effectively implement strategies to avoid litigation.

'I wish the employer could increase the staff by employing more nurses, so that we are not overwhelmed by the workload.' **(Participant 3)**

From this subtheme, the participants voiced their ideas to overcome the staff shortage. It is believed that hiring more staff may relieve nurses from burnout. The hiring of more specialists in referral hospitals may benefit patients who are placed on the waiting list for a long time, of which some died while waiting and some their conditions deteriorated to such an extent that the prognosis was poor, can recover.

4.3.4.4 Subtheme: Involvement of patients and staff during policy development

The participants stated that they have policies in their facilities that help them manage the patients accordingly. They wish to be part of the policy formulation group so that they can share their views or opinions because they are the ones implementing these policies. The statement above is affirmed by the following quotations:

‘Actually, at least the end users, which are clients and also the employees, need to be part of the policy formulation group to say that we are formulating a certain policy, but we want the inputs to come in and the employees because they are the ones who are facing these situations on a daily basis and they are the ones who are facing these frustrations. If they become part of these policies when they are being formulated, I think we will go somewhere.’ (Participant 2)

One participant indicated that managers are not involved in the implementation of policies, making it difficult to implement such policies. Being part of the policy formulation group may help nurses understand much better the indication of such policies.

‘The problem of our managers is that they do not want to involve us, as nurses who are going to implement the policies that they have developed, I mean how do you implement something you did not develop yourself.’ (Participant 9)

The above subtheme suggests the involvement of patients and staff during policy development. Participants discussed that being part of the policy formulation group may improve implementation because they may have shared their opinions on how better that can be done. Additionally, they may have known the reason behind the initiative of such a policy and how that policy would benefit them and the patients.

4.3.4.5 Subtheme: Training and development for staff members

During data collection, it was found that education and training are very important for nurses to provide quality nursing care and to improve their knowledge and skills. Participants indicated a concern about poor staff development, of which they thought that training and staff development should be taken into consideration; hence the following quotations:

‘We only send nurses to workshops and provided that we received an invitation on time so that I can arrange with the staff available to go attend.’ (Participant 9)

Participants indicated that they are registered nurses without midwifery, they wish to be sent for training so that they do not appear helpless to pregnant women and their new babies.

'I wish the employer could train more nurses to avoid staff shortages, I also wish registered nurses like us who do not have a midwifery course could be trained to avoid disappointment of our patients.' **(Participant 5)**

During data collection, participants indicated that midwives should be trained for short courses such as Essential Steps in Managing Obstetric Emergencies because not all are trained and they always encounter complications, of which they should know how to manage them during emergencies.

'We also undergo workshops such as ESMOE trainings; this is a training in which we are taught how to handle obstetric emergencies. It is a helpful training, but not all midwives are trained in it.' **(Participant 10)**

Another participant said that continuous in-service training is useful because it reminds them how conditions are managed. This will also sharpen the skills of nurses to provide quality care to avoid medical malpractice litigation.

'Continuous training in service should be provided, so we keep reminding each other about how conditions are managed.' **(Participant 8)**

To resolve an issue of staff development in the health sector, more nurses should be trained, one of the participants said. This is because nurses are working in specialized units without the necessary knowledge and skill.

'This is a burning national issue in the health sector, training and hiring more nurses I think will bring relief.' **(Participant 7)**

An emphasis was placed on the fact that in-service trainings and disaster drills should be conducted on a regular basis. Protocols should always be in reach for referral to guide how to treat patients.

'In-service training and disaster drills should be performed regularly, to sharpen our skills and improve our knowledge. Protocols should be posted on the walls and always accessible to everyone working in casualty, which guide us on how to manage patients.' **(Participant 6)**

The participants mentioned that those lacking skills need to be empowered by giving them knowledge to show support and empower them with training. This indicates that

training should be continuous so that all nurses are always trained about the new and amended guidelines.

'The issue of support that we are trying to do is to empower them with training and education, we just support them and give them the latest information about the program to say what it is that the legal framework needs us to do and also empower those who are not having skills by giving them knowledge.'

(Participant 2)

Participants reported a requirement for monthly perinatal meetings in which there will be discussions between doctors and nurses about certain conditions to sharpen their skills. This also involves the discussion of mismanaged cases, whereby nurses learn from their mistakes in order to improve the quality of care.

'I still consider myself very fortunate because we have monthly perinatal meetings in which one topic is discussed, then by a doctor or a midwife. I think it will be to refine or improve the skills of nurses and remind them of how other conditions are managed if done in other institutions.' **(Participant 4)**

It was discussed that there is still a need for further educational training for nurses who work in a specialized unit and to be up to date with new guidelines and developments. This include personal and professional growth of nurses to improve their knowledge and skill.

'Further educational training is very important; we need knowledge and skill to do better and we need to always be up-to-date on new developments or guidelines.' **(Participant 3)**

This subtheme indicated that training and staff development is required because there are registered nurses without midwifery, and professional nurses who work in a specialized unit do not have a speciality and advanced skill to work in that unit. Training and development of staff can instil nurses with knowledge and skills that can provide quality care to avoid litigation.

4.4 Discussion of the study findings

The discussion of the study findings was done according to the themes.

4.4.1 Theme 1: Nurses' perspectives about the implementation of strategies to avoid litigation

Participants described their different views on the implementation of strategies to avoid litigation that help them provide quality care and guide them to perform their duties without omissions or mismanagement of patients. To support the findings of the study, Rogers (2022) indicated that healthcare policies are plans, decisions, actions, and goals that govern the provision and accessibility of healthcare to the public to avoid medical malpractice litigation. Awareness and adherence to policies help healthcare professionals provide the best possible care to patients to avoid litigation (Rogers, 2022).

Furthermore, in a study conducted by Gagliardi, Marshall, Huckson, James, and Moore (2015), guidelines were found to help nurses in decision making during clinical practices and improve quality care to avoid litigation. However, Irving (2014) reported that policies and procedures facilitate adherence to recognised professional practices, promote compliance with regulations, and standardize practices between multiple entities within a single health system. The participants emphasised that as much as policies and guidelines are accessible in the facility or units, they will always refer to them when providing nursing care, until they know them by heart to avoid litigation.

The study findings revealed that classification is the best assessment tool to classify patients who need emergency care. Furthermore, participants indicated that it also assists them in not neglecting patients to avoid litigation. The study results correlate with a study conducted by Hinson, Martinez, Cabral, George, Whalen, Hansoti & Levin, (2019) that triage remains a central process for safe management of patients under circumstances of excess demand common in many emergency departments to avoid litigations. It is evident that the use of triage assists in prioritising patients who need immediate care without delay, because the colour coding of the triage scoring tool indicates how serious the condition of the patient is. To support the study findings, Varndell, Hodge, and Fry (2019) indicated that triage is considered one of the strategies to improve patient care throughout, improving the speed and appropriateness of treatment delivered in the emergency department to avoid malpractice.

Some of the nurses' perspectives included the scope of practice, which is one of the autonomous practices of nurses. Participants have explained that working according to the scope of practice allows them to perform their duties without malpractice. The South African Nursing Council (2014) indicated that the scope of practice provides a general description of the services its practitioners are qualified to provide, and establishes the boundaries and limitations under which their services can be provided to avoid medical malpractice litigation. Ajzen (1991) indicated that the attitude towards behaviour refers to the degree to which a person has a favourable evaluation or appraisal of the behaviour in question. The study findings have shown that the nurses' perspectives are favourable attitudes that enable nurses to implement strategies to avoid litigation.

Participants indicated that the scope of practice gives them the responsibility for their own actions, as described by the SANC to avoid litigation. Whitehead (2023) reported similar findings that nurses have an autonomous scope of practice with authority for decision making granted by the regulatory body. Randall, Hudspeth, and Klein (2019) reported that individual nurse practitioners have the responsibility to know their current scope of practice limitations as defined by the education and certificates they hold, and their state regulatory board to avoid malpractice litigation. Furthermore (Randall et al., 2019) indicated that nurse practitioners should not seek employment in positions that could place them in the situation of breaching their scope of practice and should not rely on employers or physician supervisors to determine their scope of practice. The study findings revealed that nurses should refrain from performing duties beyond their scope of practice regardless of their experience.

Nurses' perspectives have proven to have jailed out nurses in court of law. Patients' records are legal documents used in court of law. Nurses said that it is important to document everything related to the patient's condition, such as performing procedures, and when the patient's condition changes, and there should be logic of events evidenced by date and time to avoid litigation. According to a study conducted by Indian (2019), the documentation of each patient is of utmost importance, cases are won or lost with careful deliberation of patient records, which must preferably be monitored daily by the nurse. To avoid litigation, appropriate entries regarding

investigations, diagnosis, treatment, etc. should be carried out in a proper manner by nurses. Participants indicated that documenting everything in the patient's bed letter is very crucial because it indicates that the tasks were completed. A study conducted by Mutshatshi and Mothiba (2020) confirms that recording is an important aspect of the implementation of the strategies to avoid litigation, and it is believed that “what is not documented has not been done” which exposes nurses to litigation. To support the study results, Asmirajanti, Hamid, and Hariyati (2019) indicated that every nursing activity should produce critical thinking documentation to avoid litigation, when nursing documents are not clear and accurate, interprofessional communication, and an evaluation of nursing cannot be optimal, but expose nurses to litigation.

4.4.2 Theme 2: Challenges experienced by nurses when implementing strategies to avoid litigation

Participants raised concerns about the challenges they have faced in implementing strategies to avoid litigation. They reported that poor infrastructure compromises quality of care and patient safety, exposing them to litigation. The study conducted by Mukwena and Manyisa (2022) indicated that poor and dilapidated infrastructure was a strong sentiment that was repeated when they deliberated on the readiness of the hospital for the implementation of strategies to avoid litigation. Such facilities included waiting areas, wards, specialist rooms, theatres, and surgical rooms that require urgent repair to better meet patient needs (Mukwena & Manyisa, 2022).

In support of study findings, Manyisa and van Aswegen (2017) reported that some of the institutions in the public sector were old, dilapidated, and falling apart with ceilings that are collapsing and with gaping walls. Furthermore, the lack of space compromises not only patients' rights to privacy, but quality of care, exposing nurses to litigation (Manyisa & van Aswegen, 2017). In a study conducted by Ajzen (1991) the attitude toward the behaviour refers to the degree to which a person has an unfavourable evaluation or appraisal of the behaviour. The challenges experienced by nurses, such as broken windows and lack of security gates in certain wards, had a negative impact on patient safety and exposed nurses to litigation (Abraham, Meyer, Godman, & Helberg, 2022). These results are supported by West, Lippman, Twine, Maritze, Kahn, and Leslie (2021), who said the facility infrastructure and limited space impact the

ability of nurse practitioners to avoid litigation and this is an indication of the lack of government concern for its constituents. Participants reported that they are more vulnerable to litigation due to the challenges experienced when implementing strategies to avoid litigation.

The challenges experienced by nurses remain the main issues described by the participants. Patients are delayed proper care because the pharmacy closes at 16:30 during the week and on weekends are not functional. This report is supported by Mokoena (2017) who said that a shortage of material resources, equipment, and supplies such as a glucometer to monitor blood glucose, lumbar puncture needles to investigate or diagnose meningitis results in a prolonged stay in the hospital. According to Ajzen (1991), the attitude towards the behaviour refers to the degree to which a person has an unfavourable evaluation or appraisal of the behaviour. The shortage of material resources exposes nurses to litigation because neonates who need CPAP machines are transferred to the next level of care with enough resources to avoid further complications, although management is delayed due to shortage of ambulances to the referral hospital.

According to Times Live (2018), challenges such as the work backlog cause extended delays for some patients awaiting treatment, such as cancer patients who are affected by the lack of equipment and long waiting lists for surgery. According to the report, long waiting times for medical intervention potentially exposed patients to the development of complications or even loss of life, exposing nurses to litigation. Participants reported that the triaging and diagnosing of patients is done but without medication, there is no health, and patients will take time to recover from their illness. The results of the study are supported by a study conducted by Rikhotso (2023) that revealed that the shortage of medications is a serious concern because patients relapse when they have not taken medication, and these patients take a long time to recover from the relapse which delays their entire recovery journey. It is clear from the study findings that the challenges experienced by nurses have a negative impact on the health of patients that expose them to litigation. The findings of the study findings correlate with a study by West et al. (2021) showing that insufficient equipment and lack of medication are associated with less ability to avoid litigation; some of the equipment included haemoglobin meters, beds with stirrups, incubators, and an autoclave to sterilize equipment. Participants also indicated that a shortage of medical

equipment and faulty equipment puts patients' lives at risk because they end up misdiagnosing patients, exposing them to litigation.

The study findings revealed that the lack of opportunities for staff development remains a concern since the change in the nursing curriculum because they lack knowledge and skills that expose them to litigation. In a study conducted by Tamata, Mohammadnezhad, and Tamani (2021) it was found that the lack of development opportunities to advance nursing practices and career paths are common problems that result in disappointment within the workplace. When opportunities to advance are left too long, it causes low motivation that leads to poor performance that certainly allows nurses to be dismissed due to medical malpractice (Tamata et al., 2021). Mathuray (2017) said that nurses apply their knowledge, skills, and experience to care for the patient, when care falls short of standards, the nurse bears this responsibility, and nurses need to understand the safe measures and effective practice to avoid litigation. Working in specialized units such as casualty and maternity is a challenge for nurses because patients need specialized care and advanced skills. Lack of staff development demoralise nurses, as they are unable to provide quality care and this exposes them to litigation because of insufficient knowledge and skill. To support the study results, Malelelo-Ndou, Ramathuba, and Netshisaulu (2019) indicated that intensive care unit patients need specialized care and specially trained staff to provide quality care to avoid litigation. Patient care is compromised because of the inadequate number of trained staff, which resulted in delays in the implementation of doctor's orders that expose nurses to litigation.

The participants also discussed the challenges experienced on the wards and emergency department, which expose them to litigation. Nurses indicated that when the wards are overcrowded, patients are not nursed in totality and some emergency cases are missed. According to a study conducted by Van Ruit, Lahri, and Wallis (2020), the Cape Town health system has a chronic space shortage, armchairs were introduced for patients who need to be admitted when bed occupancy is limited. When the emergency department is crowded, they experience a shortage of medication, which in turn prolongs the time it takes to stabilize or transfer a patient (Van Ruit et al., 2020). Bentz, Brundisini and MacDougall (2023) found that overcrowding and access block expose nurses working in the emergency department to litigation, as these phenomena led to increased exposure to emotional and moral distress and

dimensions of burnout. On the other hand, overcrowding led to patients experiencing delayed, missed, and inappropriate care that resulted in potential or physical harm, exposure to secondary suffering, reduced satisfaction, and worsening emotional and psychological states (Bentz et al., 2023). The challenge of overcrowding in the facility affects patient waiting time and exposes nurses to litigation because they are short-staffed.

Challenges still exist in public hospitals; participants indicated that the shortage of personnel is not only on their nursing side but also on other sections because they perform non-nursing duties, which exposes them to litigation. Fallahnezhad, Norouzadeh, Samari, Ebadi, Abasinia, and Aghale (2021) explained that the shortage of nurses and nursing assistance was a significant barrier to the presence of nurses at the patient's bedside, and spending more time answering doctor's phone orders increasing nurses' workload. These challenges caused nurses to suffer from mental and physical fatigue and not spend enough time at the patient's bedside, exposing them to litigation (Fallahnezhad et al., 2021). Thapa, Ekstrom-Bergstrom, Krettek and Areskoug-Josefsson (2021) said that high workload is defined as an imbalance between the number of patients and the number of personnel as challenging for maintaining their health, and such an imbalance is associated with a feeling of frustration and tiredness exposing nurses to litigation. Staff shortage in some departments was found to be one of the main risk factors for medical malpractice litigation. The presence of an increase in workload, especially in units such as intensive care, emergency or maternity plays a critical role in the committing errors or malpractice (Afewerk, Tamene, Tesfaye, Tafa and Gemedede, 2023). Participants reported that they are overwhelmed by the workload that leads to a decrease in quality care for patients due to shortage of staff. To support the results of the study, Alshowkan and Gamal (2019) found that the workload of staff is also a concern in patient safety, the number of patients assigned to each nurse and staff member depends on many factors that include the experience and qualification of staff and the patient's condition. However, nurses who lack experience dealing with critical patients negatively impact the quality of care provided. This should be taken into account when the number of people assigned to a shift is decided to avoid medical malpractice litigation (Alshowkan & Gamal, 2019). The participants further indicated that the nurse-patient ratio does not balance because one nurse is forced to perform the duties of 3

to 4 nurses, making it difficult to provide quality care as some patients are neglected, exposing them to litigation.

4.4.3 Theme 3: Nurses' coping strategies when implementing strategies to avoid litigation

The study findings revealed that nurses had coping strategies when implementing strategies to avoid litigation, which were deemed important. Yu, Huang and Liu (2022) indicated that nurse leaders should create a positive workplace culture and provide flexible work practices for nurses to balance their professional and personal lives. Managers should take into account the professional situations of nurses and their real needs and provide support for their access to continuous professional development (Yu et al., 2022). A subjective norm is the perceived social pressure to perform the behaviour (Ajzen, 1991). Participants described that they also receive support from district managers who always come to offer trainings and update them with the latest revised versions of the guidelines to avoid litigation.

During data collection, the researcher received more and more positive responses regarding the coping strategies when implementing strategies to avoid litigation. Participants indicated that when the wards are full, the managers become part of them and work like them, and they really appreciate that. To support the results of the study, Farokhzadian, Nayeri and Borhani (2018) reported that managers should be concerned with the psychological and emotional care of their staff, as their supportive behaviour inspires nurses to promote their abilities and apply safety culture measures to avoid litigation. Jeffery, Rogers, Redley, and Searby (2023) indicated that the role of nurse manager is to ensure that all staff feel valued, welcomed, appreciated, and belonging to the team.

Participants indicated that they do not only get support from their managers but also from their fellow colleagues as nurses, as they promote and maintain teamwork to avoid litigation. In support of the study results, Rikhotso (2023) said that having a good working relationship as colleagues helps nurses provide good care to patients, and they are able to protect each other and fight for each other to avoid litigation. Positive relationships with colleagues encouraged beneficial feelings and a greater sense of safety in the workplace, thus improving a more harmonious work atmosphere (Thapa

et al., 2021). To support the research findings, Nyelisani et al. (2023) said that a good working relationship between nurses is viewed as an essential aspect of quality care to avoid litigation. Participants indicated that their coping strategies help them achieve their daily tasks and that they can share ideas or opinions when problems arise to avoid litigation.

In this study, it was found that nurses' coping strategies are very effective in patient recovery, especially when patients had visitors to the hospital, and also relatives applaud the good work done by nurses in patient care. To support the results, Davidson, Aslakson, and Long (2017) said that family-centered care is desired by patients and families to improve their outcomes and also nurses to avoid litigation. Some studies conducted by Hart, Turnbull, Oppenheim and Courtright (2020) indicated that nurses should establish a communication plan with the patient and family members shortly after admission or transfer within the hospital to avoid litigation. Furthermore, Cypress (2013) said that nurses should contact family members directly with the patient's permission when necessary and should also aim to establish a primary contact designated by the patient to avoid litigation. Participants indicated that they also involve a family member with the patient's permission to discuss health issues to avoid litigation.

The participants discussed that their coping strategies keep them going regardless of the lack of knowledge, skills, and challenges because they still survive malpractice litigation by the grace of the Lord. This is supported by a study conducted by Gage (2023) that spiritual care for the Christian nurse is based on vital faith and prerequisite knowledge of God as the creator of the universe. The integration of faith in the task of providing spiritual care is expressed by the nurse, evidenced by authentic relationships, prayer, and modelling faith, hope, and love empowered by the Holy Spirit. Christian nurses establish therapeutic relationships with patients by demonstrating the kingdom of Christ through faith that only God can protect and save them from litigation (Gage, 2023). Spiritual care as a concept is related to the implementation of spirituality and is grounded in the presence of nurses, which brings hope and peace to patients and their families to avoid litigation (Gijsberts, Liefbroer, Otten & Olsman, 2019). Subjective norm refers to perceived social pressure to perform the behaviour (Ajzen, 1991). The participants indicated that they pray every day

before starting their duties and invite God to protect them from litigation. Nurses' coping strategies are subjective norms that protect them from litigation.

4.4.4 Theme 4: Suggestions to Improve the Implementation of strategies to avoid litigation

The improvement of infrastructure is one of the suggestions raised by the participants because they felt that the working environment must be conducive and safe for patients to avoid litigation. To support the results of the study, Dalinjong, Wang, and Homer (2018) found that infrastructure development is an important component of a well-functioning healthcare system. The infrastructure of the health system ranges from physical facilities to medical equipment and involves the construction of new infrastructure as a strategy to avoid litigation. The participants wish that the government can build new hospitals for the communities to improve the implementation of strategies to avoid litigation.

The participants suggested that the department of health and hospital management should prioritize some of the services that are very crucial in the health system, including medical supplies and the purchase of more ambulances to avoid litigation. To support the study results, a study conducted by Corciova, Fuior, Andritoi, and Luca (2022) highlighted a similar desire on prioritising medical equipment that healthcare facilities need to implement evidence-based maintenance strategies to avoid litigation. Nurses also suggested that pharmacists should be on standby so that patients can access medication after hours and on weekends. It was further suggested that moving ambulances closer to ambulance demand areas reduces ambulance response time, and dynamic ambulance deployment is an effective strategy to improve the implementation of strategies to avoid litigation (Swalehe & Aktas, 2016). The health and well-being of each individual depend on the availability of facilities serving society, which are the emergency medical services facilities to avoid litigation (Shetab-Boushehri, Rajabi & Mahmoudi, 2022). Participants suggested that it would be better if management could purchase and distribute more ambulances to facilities so that when it is necessary to transfer patients to the next level, there will be no delay in terms of response time to avoid litigation.

The participants indicated that it would make a big difference if the health department could train and employ more nurses as a strategy to improve the shortage of staff in health facilities to avoid litigation. Mahada, Tshitangano, and Mudau (2023) highlighted a similar desire that more professionals should be employed to serve as a strategy to improve the implementation of strategies to avoid litigation. Additionally, retiring, passing away, and resigning should be replaced to avoid work overload that leads to medical malpractice litigation (Mahada et al., 2023). The study findings correlate with a study conducted by Shamsi and Peyravi (2020), who said that to improve the implementation of strategies to avoid litigation, admissions of nursing students at universities should be increased and a greater number of graduated nurses should be recruited according to the needs of the healthcare system. Furthermore, Lumadi and Matlala (2019) highlighted that more midwives should be employed because the shortage of midwives is related to poor quality care provision as an increased workload leads to medical malpractice and litigation. Ajzen (1991) indicated that the more favourable the attitude and subjective norm with respect to a behaviour, the greater the perceived behavioural control, the stronger should be the individual's intention to perform the behaviour considered. The study findings revealed that litigation can be avoided by improving the implementation of strategies to avoid litigation because there is an intention.

The participants proposed to be part of the policy formulation group so that they can share their views or opinions because they are the ones implementing these policies to avoid litigation. In support of study findings, a study conducted in Cape Town by Rasesemola (2023) reported a similar idea about partnership between NDoH, government, and non-government stakeholders in the policy-making process to avoid litigation in South Africa. Furthermore, the policy making process involves how solutions are formulated and the best solutions to avoid medical malpractice litigation (Rasesemola, 2023).

WHO (2022) emphasised that when agreement is reached with workers about the policy, it should be posted in a visible area of the facility. Some studies conducted by O'Cathan, Croot, Duncan, Rousseau, Sworn, Turner, Yardley and Hoddinott (2019) suggested the identification of the best ways of working with each type of stakeholder, from consultation to co-production of policies, and acknowledging different ways that may be relevant to policy development to improve the implementation of strategies to

avoid litigation. Participants reported that being part of the policy formulation group may simplify the implementation of strategies to avoid litigation.

To improve the implementation of strategies to avoid litigation, participants suggested that training and staff development is required, and nurses should have the opportunity to continue their studies for professional growth. To support the research findings, Afework et al. (2023) indicated that a professional development program is essential to provide and maintain professional competency to avoid malpractice litigation. Some studies conducted in Saudi Arabia by Alluhidan, Tashkandi, Alblowi, Omer, Alghaith, Alghodaier, Alazemi, Tulenko, Herbst, Hamza, and Alghamdi (2020) indicated the creation of a mix of nursing skills beyond the bachelor's level, such as speciality certificates, master's and doctorate degrees to improve the implementation of strategies to avoid litigation. A similar idea of staff meetings, mortality and morbidity meetings, and monitoring and reporting feedback meetings was found to be very crucial in order to reflect on the existing mistakes and learn from them to improve the implementation of strategies to avoid litigation (Tenza, Attafuah, Abor, Nketiah-Amponsah & Abuosi, 2022). However, nurses' professional development should be a continuous process throughout their professional career, and it is important to update their knowledge and skills to improve the implementation of strategies to avoid litigation (Yu et al., 2022). Participants suggested that all nurses should have the opportunity to attend workshops and in-service trainings, to be able to work in specialized units to improve the implementation of strategies to avoid litigation.

4.5 Summary

This chapter discussed the findings obtained from nurses about their perspectives in the implementation of strategies to avoid litigation. The themes include nurses' perspectives on the implementation of strategies to avoid litigation, nurses' challenges when implementing strategies to avoid litigation, nurses' coping strategies when implementing strategies to avoid litigation, and suggestions for improving the implementation of strategies to avoid litigation. The integration of theory into results was discussed. The next chapter summarises the study, making specific recommendations and limitations based on the findings.

CHAPTER 5

SUMMARY, LIMITATIONS, RECOMMENDATIONS, AND CONCLUSION

5.1 Introduction

The previous chapter discussed the findings regarding the perspectives of nurses in the implementation of strategies to avoid litigation in public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province, South Africa. This chapter presents the summary, limitations, recommendations, and conclusions of the research study. It also discusses the extent to which the objectives of the study have been achieved and the limitations of the study. Recommendations were drawn from the study findings as discussed in Chapter 4.

5.2 Summary of the study

The study is summarised below as follows:

5.2.1 Restatement of the Research Aim

The current study aimed to determine the perspectives of nurses in the implementation of strategies to avoid litigation in public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province, South Africa.

5.2.2 Restatement of Research Objectives

- Explore and describe the perspectives of nurses in the implementation of strategies to avoid litigation in public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province, South Africa.
- Explore the challenges facing nurses in the implementation of strategies to avoid litigation in public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province, South Africa.

5.2.3 Achievement of the study objectives

The objectives of the study were achieved by adopting the following.

- A qualitative research approach was used to carry out the study procedure. An explorative and descriptive research design was used to determine nurses' perspectives on the implementation of strategies to avoid litigation in public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province, South Africa. Participants who assisted in achieving the objectives were purposively selected from the population of professional nurses with more than 2 years of work experience and who had knowledge about strategies to avoid litigation.
- One-on-one interviews with an interview guide were used for data collection to obtain information about nurses' perspectives in the implementation of strategies to avoid litigation. The sample size of ten participants was determined by data saturation. Data were analysed using the reflexive thematic analysis method with the assistance of an independent coder who is proficient in qualitative studies.

5.2.4 Study findings

The findings of the study are summarized below according to the themes discussed in Chapter 4:

- **Theme 1: Nurses' perspectives about the implementation of strategies to avoid litigation**

The study findings revealed that nurses still adhere or comply with autonomous ethical nursing practices that enable them to make good decisions about patient care to avoid litigation. Participants discussed the importance of policies and guidelines, the use of triage to prioritise patients, working according to the scope of practice, and the importance of record keeping. Nurses' perspectives have proven to promote the principle of beneficence and non-maleficence to avoid litigation.

- **Theme 2: Challenges experienced by nurses when implementing strategies to avoid litigation**

The study findings reported on the challenges experienced by nurses during the implementation of strategies to avoid litigation. The challenges were poor infrastructure, shortage of medical equipment and medication, lack of staff development, overcrowding of patients, and staff shortage and overload of work. It is obvious that nurses are not satisfied with working conditions due to the challenges they faced when implementing strategies to avoid litigation.

- **Theme 3: Nurses' coping strategies when implementing strategies to avoid litigation**

Participants discussed their coping mechanisms that keep them going even in stressful situations, which are: support from managers, peer support, support from patient families, and faith-based practices. From this theme, it is evident that participants are coping when implementing strategies to avoid litigation regardless of the challenges they have encountered.

- **Theme 4: Suggestions to Improve the Implementation of strategies to avoid litigation**

The participants proposed the following: improvement of the infrastructure, hospital management should prioritise medical equipment and patient transport, the employment of more staff, the participation of patients and staff during policy development, and training and development of staff members. In this theme, participants believe that if their suggestions can be taken into account, the implementation of strategies to avoid litigation will be smooth.

5.3 Limitations of the study

The study was carried out in public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province. Therefore, the findings of this study cannot be generalized to other hospitals in Mpumalanga province. The findings should also be established

on the perspectives of patients as recipients of healthcare, as the study focused only on the perspectives of nurses.

5.4 Recommendations on study findings

Recommendations were made to improve the implementation of strategies to avoid litigation in public hospitals, based on the findings of the study as follows.

5.4.1 Theme 1: Nurses' perspectives about the implementation of strategies to avoid litigation

The study findings recommend the following.

- Nurses took an Oath that is the Nurses' pledge of service that contains the shared norms and values that members of the profession cherish; it is recommended that nurses should continue to comply with the autonomous ethical practices to avoid litigation.
- The scope of practice of nurses should be reviewed by the South African Nursing Council and amends made by expanding tasks such as prescribing emergency drugs to patients with an urgent need to save lives.

5.4.2 Theme 2: Challenges experienced by nurses when implementing strategies to avoid litigation

The study findings recommend the following.

- With each piece of equipment purchased, the manufacturer must provide healthcare workers with in-service training on how to use it.
- Healthcare workers should always ensure safe handling of equipment to avoid unnecessary damage to medical equipment.
- Medical technicians should service medical equipment annually as recommended and condemn dysfunctional equipment.

- Nurses should continue attending workshops and in-service trainings in their institutions to improve their knowledge and skills.
- Hospital management should consider placing pharmacists on standby after hours and during weekends so that patients can have access to medication at all times and be discharged home to avoid overcrowding on the wards.
- Pharmacists should order pharmaceuticals in the store on time to ensure the availability of medication.
- Patients should use their local clinics for minor ailments to avoid overcrowding in hospitals, all other patients should have referral letters from the clinics with a clear indication.
- The NDoH should come up with strategies of retaining staff working in rural health facilities by increasing the rural allowance, and danger allowances because they also care for aggressive mental healthcare users.
- The NDoH should find a resolution to the backlog of patients put on the waiting list for surgery, which might be hiring more specialists at referral hospitals.
- Managers should consider the request of nurses when drafting monthly off-duty to avoid unnecessary absenteeism that worsens the shortage of staff.
- Operational managers should consider the nurse-patient ratio when drafting daily delegation to avoid work overload.

5.4.3 Theme 3: Nurses' coping strategies when implementing strategies to avoid litigation

The study findings recommend the following.

- Managers should always consider a performance management and development system to assess staff, and where support and training are needed, poor performance staff should be provided.
- The study recommends that patients and their families use the suggestion/ recommendation/ complaint box in healthcare facilities to have their voices heard to improve healthcare services.

- Patients and their families should exercise their rights with responsibility before signing consent forms for any procedure performed by healthcare workers.
- Priests should have time to provide spiritual care services to patients and nurses to promote rapid recovery.

5.4.4 Theme 4: Suggestions to Improve the Implementation of strategies to avoid litigation

The study findings recommend the following.

- The NDoH should consider renovating or constructing new health facilities to promote patient safety, because the privacy of patients is compromised and mental healthcare users do not have enough seclusion rooms or beds in referral hospitals.
- More ambulances should be purchased and distributed in rural facilities far from referral hospitals to improve the availability and accessibility of patient transport within the stipulated turnaround time.
- The Department of Health should purchase new equipment and supplies in district hospitals to solve the problem of shortages and defective medical equipment.
- The NDoH should consider developing nurses working in specialised units like maternity, emergency unit, paediatrics, etc. by furthering their studies to improve their knowledge and skills.
- The NDoH should engage with SANC and higher education about the high demand for nurses with specialties so that they can increase the number of admissions per institution.
- More nurses of all categories must be recruited and trained to avoid a shortage of hospital personnel and relieve nurses from being overwhelmed by the workload.
- The NDoH should allocate enough funds to health care facilities in each financial year, as not enough funds are depleted early, leading to a lack of resources.

5.5 Conclusion

Nurses implement different strategies to avoid litigation including policies and guidelines, the use of triage to prioritise patients, working according to scope of practice and record keeping. However, nurses experience challenges during the implementation of strategies to avoid litigation which include poor infrastructure, shortage of medical equipment and medication, lack of staff development, overcrowding of patients, and staff shortage and overload of work. Nurses use different coping strategies when faced with difficult situations during the implementation of those strategies with the aim of avoiding litigation. Nurses proposed the following strategies to improve the implementation of strategies to avoid litigation: improvement of infrastructure, hospital management should prioritize medical equipment and transport, employment of more staff, the involvement of patients and staff during policy development, and training and development of staff members. The recommendations derived from the study findings could be used to improve the implementation of strategies to avoid litigation in district hospitals.

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APPENDIX A: TREC CERTIFICATE



University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE
ETHICS CLEARANCE CERTIFICATE

MEETING: 29 November 2022

PROJECT NUMBER: TREC/618/2022: PG

PROJECT:

Title: Nurses' Perspectives in the Implementation of Strategies to Avoid Litigations at Public Hospitals in Thaba Chweu Sub-District Mpumalanga Province, South Africa.

Researcher: RP Lesese
Supervisor: Prof M.A Bopape
Co-Supervisor/s: Dr. C Ngoatle
School: Health Care Sciences
Degree: Master of Nursing

PROF D MAPOSA
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:

- i) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.
- ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.
- iii) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

APPENDIX B: MDoH PERMISSION LETTER



health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

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

Litiko Letemphilo

Departement van Gesondheid

UmNyango WezeMaphilo

Enq: 013 766 3766
Ref: MP_202212_005

Research Permission Letter

**MRS R LESESE
PRINCIPAL INVESTIGATOR
P O BOX 2014
POLOKWANE, 1154**

Dear Mrs Lesese

***STUDY TITLE: NURSES' PERSPECTIVES IN THE IMPLEMENTATION OF STRATEGIES TO
AVOID LITIGATIONS AT PUBLIC HOSPITALS IN THABA-CHWEU SUB-DISTRICT
MPUMALANGA PROVINCE, SOUTH AFRICA***

The Mpumalanga Provincial Health Research and Ethics Committee (MPHREC) has approved your research proposal in the latest format you sent, and hereby grant you permission to conduct your research as detailed below.

- Approval Reference Number: **MP_202212_005**
- Data Collection Period: **15/02/2023 to 30/12/2023**
- Approved Data Collection Facilities:

*LYDENBURG HOSPITAL & MATIBIDI HOSPITAL

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


Conditions:

- Researchers not allowed to make copies, take pictures of medical records or administer medicine to patients at the facility.
- Kindly notify the facility manager **a week BEFORE** you start with data collection to ensure that conditions are conducive in the facility.
- The FINAL RESEARCH FINDINGS must be uploaded on the NHRD website

Kind regards

**DR C NELSON
MPHREC CHAIRPERSON
DATE: 14/02/2023**

APPENDIX C: MATIBIDI HOSPITAL PERMISSION LETTER

 **health**
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

Matibidi Hospital, R532 Graskop – Ohrigstad Road, Next to Forever Resort Aventura
Blydepoort, Republic of South Africa, Mpumalanga Province.

Private Bag X403, Graskop, 1270, Mpumalanga Province
Tel: +27 (13) 769 7000, Fax: +27 (13) 769 8909

Libiko Letemphilo Departement van Gesondheid UmNyango WezeMaghili

ENQ: MR KT MACAVELA
TEL: 013 769 7061

TO: MRS R LESESE
PRINCIPAL INVESTIGATOR


FROM: DR SP LEBEA
CLINICAL MANAGER CEO
MATIBIDI HOSPITAL

DATE: 28 FEBRUARY 2023


SUBJECT: APPROVAL TO CONDUCT RESEARCH: MRS R LESESE

1. The above matter has reference.
2. **The study title: Nurses perspectives in the implementation of strategies to avoid litigations at public hospitals in Thaba Chweu sub-district, Mpumalanga Province, South Africa**
3. I hereby grant you the permission to conduct your research as per your proposal submitted.
4. I wish you well in your studies.

Kind regards

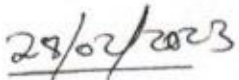


DR SP LEBEA
CLINICAL MANAGER CEO
MATIBIDI HOSPITAL


**DEPARTMENT OF HEALTH**
MATIBIDI HOSPITAL

2023 -02- 28

PRIVATE BAG X403
GRASKOP, 1270



DATE

**MPUMALANGA**
THE PLACE OF THE RISING SUN

APPENDIX D: LYDENBURG HOSPITAL PERMISSION LETTER



health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

32 Berg Street, Lydenburg 1120, Mpumalanga
Private Bag X 1076 Lydenburg 1120, Tel: 013 235
2236, int: +27 13 235 2236,
Fax: 013 235 3381, int: +27 13 235 3381

LitikoLetemphilo

Departement van
Gesondheid

UmNyangoWezeMaphilo

Enq: G. Mbhanyele
Tel: (013)2352233 ext 1083

**TO : MRS. R. LESESE
PRINCIPAL INVESTIGATOR**


**FROM : DR. R.A. MULELU
CHIEF EXECUTIVE OFFICER
LYDENBURG HOSPITAL**

DATE : 07 JUNE 2023

SUBJECT : APPROVAL TO CONDUCT RESEARCH: MRS. R. LESESE

1. The above matter has reference
2. **The study title: Nurses perspectives in the implementation of strategies to avoid litigations at public Hospitals in Thaba- Chweu sub – district Mpumalanga Province, South Africa**
3. I hereby grant you the permission to conduct your research as per your proposal submitted.
4. I wish you well in your studies

Kind Regards


DR. R.A. MULELU
CHIEF EXECUTIVE OFFICER
LYDENBURG HOSPITAL

07/06/2023
DATE:



APPENDIX E: CONSENT FORM

DEPARTMENT OF NURSING SCIENCE CONSENT FORM

Study tittle: NURSES' PERSPECTIVE IN THE IMPLEMENTATION OF STRATEGIES TO AVOID litigation in PUBLIC HOSPITALS in the THABA CHWEU LOCAL MUNICIPALITY of MPUMALANGA PROVINCE, SOUTH AFRICA

I have read the information and understood the aims and objectives of the proposed study and was provided the opportunity to ask questions and was given time to rethink the issue. The aim and objectives of the study are clear to me. I was not pressurized to participate in the study in any form.

I am aware that the data provided during the interview may be used in publications which will be electronically available throughout the world. I consent to this provided I remain anonymous i.e. my name and surname not be revealed.

I understand that participation in this study is completely voluntary and I may withdraw from it at any time and without reasoning. Any question that I may have regarding the research will be answered by the researcher.

I hereby give consent to participate in this study

Signature of participants.....

Signature of researcher.....

Signed at.....on the.....of20

Contact number:

APPENDIX F: INTERVIEW GUIDE

Section A

1. Participant code:
2. Age:
3. Gender:
4. Highest qualification:
5. Nursing category:
6. Years of experience as professional nurse:
7. Unit where sampling was done:

Section B

Central question: Kindly describe your perspectives in the implementation of strategies to avoid litigation?

Probing questions

- What kind of challenges are you experiencing during provision of care to the patients?
- How do you manage to cope with such challenges?
- What do you think can be the solution?
- How are you developed in order to improve your knowledge and skill so that you can continue providing quality nursing care?
- How is the support system at your work environment?

APPENDIX G: CO-CODING CERTIFICATE



P.O. Box 1416

Mafikeng

2745

23 October 2023

To whom it may concern,

Co-coding for a Research conducted by Ms Reneilwe Lesese (Master of Nursing Science)

This letter serves as a confirmation that I was requested by Ms R. Lesese to act as a co-coder and that I co-coded data collected in the study entitled ***“Nurses’ perspectives in the implementation of strategies to avoid litigation at public hospitals in Thaba Chweu Sub-district Mpumalanga Province, South Africa”*** From the analysed data, four main themes emerged namely: nurses perspectives about implementation of strategies to avoid litigation, challenges experienced by nurses when implementing strategies to avoid litigation, nurses coping strategies when implementing the strategies to avoid litigation as well as the suggestions to improve implementation of strategies to avoid litigation.

Yours sincerely

Prof LA Sehularo (PhD, MNSc, BNSc, PG Dip Labour Law)

Professor: Psychiatry/Mental Health Nursing

Tel: 0183892642 Cell: 0603470183

Email: Leepile.Sehularo@nwu.ac.za

APPENDIX H: TRANSCRIPT

Participant 3

R=Researcher P= Participant

R: Good day sister how are you?

P: I am good and you sister how are you?

R: I am also good, thank you for asking. I am Sister Reneilwe Lesese a student at the University of Limpopo doing research, the title of my study is “nurses’ perspectives in the implementation of strategies to avoid litigation in public hospitals in the Thaba Chweu Local Municipality of Mpumalanga province, South Africa”.

P: Ok sister.

R: The aim of my study is to determine your perspectives in the implementation of strategies to avoid litigation. One of my objectives is to explore your challenges in the implementation of strategies to avoid litigation.

P: Mmm mmhh “nodding the head”

R: I am requesting you to be my participant, it is not compulsory for you to participate in my study and you can withdraw at any time without being questioned. Here is the consent form for you to read, then you will sign if you agree to take part in my study.

P: Ok sister, I understand.

R: Data will be collected through one-on-one interviews, I am going to record our conversation using my phone. Data provided will be analysed and maybe published for the department of health to see what challenges you are facing, and may also be used by other students like me who will be conducting the same study as reference, and I assure you that your name and surname will not be revealed. Do you agree to take part in my study?

P: Yes, I agree.

R: Thank you, may you please switch your phone to silence to avoid distractions and if you have any question please feel free to ask.

P: Ok sister.

R: I am going to ask you this few quick questions before we continue with our questions of the study. In which unit are you working?

P: At casualty.

R: What is your highest qualification?

P: B Cur degree.

P: What is your nursing category?

R: I am a Professional nurse.

R: What is your gender?

P: I am a female.

R: How old are you?

P: I am 26 years old

R: How long have you been working as a professional nurse?

P: 3 years

R: Thank you! My first question is kindly describe your perspectives in the implementation of strategies to avoid litigation?

P: Ok, my perspective will be sticking or following your scope of practice as a professional nurse, knowing what to do and what not to do at the right time also following doctors' orders. For example, if a patient comes and you know what to do and because you have been in the profession for long and you just prescribe medication on your own without consulting with the doctor is actually wrong because if anything happens to that patient or patient gets harmed you will be held accountable for it.

R: Mmmh

P: Furthermore I would like to talk about the importance of record keeping, with anything that we do to our patients we need to record, whether you are giving a

paracetamol as prescribed by the doctor, you are inserting a urinary catheter or you encounter a challenge you need to record that.

R: Mmmh

P: Let's say you are calling a doctor regarding a patient and the doctor says give the patient so and so the medication, you need to record and have someone to witness you especially because the doctor is not there it is a telephonic prescription you need someone next to you to witness you. And you also monitor any allergic reactions while waiting for the doctor, and remember that the doctor has to sign the prescription within 24 hours. By doing that you protect yourself from litigations, meaning those records will serve as proof of carrying-out orders and also it shows that the patient was attended on arrival to the hospital and was not neglected.

R: Ok sister thank you, you can continue with your views

P: What is also important is giving our patients information, for example you are doing a procedure to the patient, you need to explain to the patient what you will be doing so that they know why the procedure is done and state the possible side effects and what to expect in future. Sometimes you find the patient comes back to the hospital complaining about the procedure that was done 3 years back, like family planning. A lot of women complain about family planning saying that it affected their fertility, some they say it affected their menstrual cycles, so give enough information about the side effects of whatever family planning method that you chose or the patient chose. It will be easier for them to notice any side effects or any challenge and also be easier for you to deal with whatever the patient comes back with.

R: I hear you talking about giving patients information, how do you ensure that the patient understands what you are talking about?

P: You can explain in a language that a patient understands better, for example if a patient speaks Swati, please try to speak Swati or look for someone who will translate all the information in Swati.

R: Mmmh

P: If still a patient does not understand what you are talking about you can still demonstrate as a nurse maybe by using a doll, let's assume the patient is going to

theatre for operation, then you demonstrate to say this is how the procedure is going to be done. You need to explain the procedure further for the patient to understand before signing the consent form, if they want to ask more give them the platform or opportunity to ask questions. If they want to consult more, allow them to consult other people, especially family members the most interested person that the patient trusts.

R: You just mentioned involving family about patient's condition, how do you do that?

P: Ok sister remember patients also need support, but you first ask permission from patient first to say can I share this information with your family members? If he says no, then I stop there. Then if he says yes, then I will ask him to name the most trusted person in the family to come to the hospital and allow them to talk in a private space where they will discuss the state of health to each other without interfering, then I will only in between if that family member seeks further clarity.

R: Ok, thank you sister. You just said that you are working at casualty, so I would like to know how did you acquire skill to work in that emergency unit?

P: You start by triaging your patients according to colour codes i.e. red, orange, green and yellow, so this colours will help you to triage every patients and to know which patient to start with, which one should be given first priority. For example, let's say a patient comes, and has been involved in a car accident and severely injured, you already know is an emergency. Firstly you will monitor vital signs, while the other sister is assisting you by calling a doctor so that the management of the patient is not delayed.

R: What motivates you to continue doing your best at your work place?

P: What motivates me is seeing a patient coming here sick and leave the hospital feeling better, I don't know if I am making any sense. I mean like seeing people progress from their illness to healthier or well-balanced lifestyle I can put it like that.

R: What kind of challenges are you experiencing during the provision of care to the patients?

P: There's a lot of challenges, the most major one I can talk about is shortage of staff, because we always do more than what we are supposed to do. As you know that casualty department is a very busy unit whereby each and every patient who enters

the facility need to be seen at casualty first, and what I can tell you is that we as nurses allocated at casualty we also monitor out-patient department cases. Meaning that out-patient department doesn't have its own allocated staff to work there, so we render services to both casualty and out-patient department.

R: Mmmh

P: Yes sister, so as I say at casualty we are allocated in this way two professional nurses and 1 enrolled assistant nurse, and you find that there is 100 patients that you need to see per day and those patient remember are mixed i.e. casualty cases and OPD cases. So the assistant nurse has to do vital signs to all the patients: BP's and urine testing and also need to attend emergencies at the same time, and other people don't like queuing and they end up disrespecting you and we get poor treatment from them, either physical or emotional and that can causes emotional instability and it affects your energy levels and you can't do anything more for the patients than what you are willing to do. Another thing is the physical demands, like standing for long hours can be tiring not only for me but for everyone. You find that the workload is too much you struggle to go for lunch or just to drink water and you are putting your own health at risk.

R: What do you think can be the solution?

P: I wish the employer can increase the staff by employing more nurses, so that we are not overburdened by the workload

R: Ok, is there any other information that you would like to share with me further?

P: Yes, according to me I think nurses need to advocate for their patients. I once had an incident whereby a patient came with burns at casualty, the patient was assessed by the doctor and discharged the patient home with treatment without further management. So that patient came about after a week with septic wounds, in which I think I could have prevented that by convincing the patient to stay and get extra care.

R: How did you feel when you realised that the patient was under your care, you were the same nurse who attended the patient at first with the doctor and discharged home, and she came back she finds you again?

P: I was frustrated and demoralised because felt like I failed the patient, I should have advocated or spoke for the patient. I failed to render proper care, if I advised the doctor to admit the patient we could have prevented that, as most caregivers do not know much about wound care. Treating wounds needs aseptic technique to promote healing, which was supposed to be done at the hospital and also getting antibiotics to prevent further infections.

R: Ok sister you can continue with your views.

P: I would like to talk about patient safety, this is the most crucial point that we as nurses we should always practice to save the lives of our patients. Firstly identification of the patient, it is very important that you identify a patient with an identify belt which corresponds with the bed letter. For instance doctor prescribe a treat for the patient, ensure that you follow the five R's of medication safety i.e. the Right patient by making sure that you compare the file number with the name band at the same time you talk to the patient ask the name to verify that, ensure that the Right treatment is given, the Right dose, at the Right time, and lastly the Right route. This will forever reduce the risks of harm to the patient.

R: Mmmh

P: Further more still on patient safety which is compromised, I was once allocated in one of the medical wards, remember Matibidi hospital is a district hospital with only five units namely; casualty, maternity, female medical, male medical and paediatric ward. As I say I was allocated in male medical ward where we admit surgical, medical and mental healthcare patients. Then the unit becomes unpleasant or not conducive, like for example the mental healthcare users are busy making noise maybe due to some hallucinations, physically or verbally aggressive, sometimes is because the medications are not so effective to can stabilise or calm the patient which makes the other medical patients not to rest at night and are anxious.

R: How do you manage to cope with such a challenge?

P: Working in that ward is very difficult I cannot lie, because that ward is not designed for mental healthcare users, no seclusion rooms, but we try to put the mental healthcare users in side wards, sometimes it is not possible when the ward is full

because those side wards are mostly used for terminally ill patients or for patients with infectious conditions such as pulmonary tuberculosis.

R: What measures are put in place to reduce the risks to other patients, as you mentioned that mental healthcare users are sometimes physically aggressive?

P: When we realise that the patient is physically aggressive, we request the doctor to order restraints and sedatives for the mental healthcare users. We also request the security guards to control in the ward.

R: How does a situation like this affects you?

P: I get very demoralised and stressed, because sometimes you find that the mental healthcare user is busy provoking the medical ill patients then you try to come in to calm the patient, the Mental healthcare user can get angry worse and harm you or that patient. In this case as a nurse you will have to account why a mental healthcare user killed another patient under your care, these are things that are beyond our control. Firstly you must know that the patient is not fit for discharge, then you are left with no choice, but to care for the patient. This exposes us to litigations and we always have the fear of losing our jobs.

R: Ok I hear you very well sister, why do you admit mental healthcare users in a medical unit?

P: This is because of the infrastructure of the hospital, the wards are too limited, is a challenge sister, you find that the psychiatric facility that is supposed to admit the mental healthcare users doesn't have extra vacant beds to admit them, and then patients will have to wait until few are discharged home before they can accept them.

R: Ok thank you sister, so how are you developed in your area so that you can continue rendering quality nursing care?

P: Development of nurses is very poor especially for a unit like casualty, remember it is a specialised unit that need an advanced skill to can manage emergency cases. In this hospital, within all nurses allocated in casualty, there is no trauma nurse, a nurse who has underwent a postgraduate diploma in emergency care, who has been trained about how to manage emergency cases.

R: Mmmh

P: We are all undergraduate nurses, we only attend in-service trainings and workshops but they help us a lot we are learning, but are not done on a regular basis. We also learn when there is morbidity and mortality meetings, whereby there's a case which is discussed to identify loopholes and what could have went wrong. Further educational training is very much important, we need knowledge and skill to can do better and we need to always be updated about the new developments or guidelines.

R: Ok sister we are almost done with the interview, how is the support system at your work environment?

P: The support that we get is from our operational manager who always avail herself especially on Mondays because are busy days at casualty and OPD. We hold unit meetings and share ideas or opinions on how we can overcome some challenges that we come across to improve service delivery. Also from my colleagues, we always promote and maintain team work in order to achieve our daily tasks, which is very much important because we have the same spirit and our patient will always find us with the positive mood as a team. We also get emotional support, I remember one day a patient came at casualty who was drunk and assaulted, the patient was swearing at me while I was assisting him, the way he spoke to me was not good, it might be because he was under the influence of alcohol that made him to behave the way he did, and I was emotionally hurt.

R: Mmmh

P: How can you assist someone who is not talking to you in a polite way? Some of his words were saying "le gola ka rena", meaning that you got this job because of us, if it wasn't for us you were not going to be paid, like really if you need help can you talk to your health provider like that. I was emotionally drained that day, I felt like I took a wrong profession because I can't tolerate such behaviours, our rights are being violated by patients we are not respected.

R: How did you feel?

P: My colleagues gave me emotional support, to say that casualty is a different unit that you meet different people so I must just get used to that, and my colleagues even told me that I am still going to come across different challenges that are going to demoralise me, I must just be patient.

R: Ok, thank you so much for the precious time you have given me.

P: I also thank you for the opportunity you gave me to express my views.