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**LIST OF ABBREVIATIONS**

AIDS	Acquired Immune Deficiency Syndrome
DoE	Department of Education
DoH	Department of Health
EPI	Expanded Programme on Immunisation
HIV	Human immunodeficiency virus
HSHDC	Health Studies Higher Degrees Committee College of Human Sciences
RDP	Reconstruction and Development Programme
SANC	South African Nursing Council
SA	South Africa
SPSS	Statistical Package of Social Sciences
UNISA	University of South Africa



# CHAPTER 1

## ORIENTATION TO THE STUDY

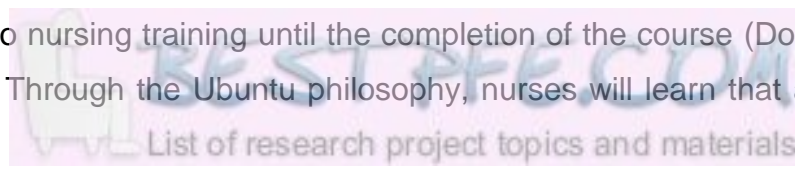
### 1.1 INTRODUCTION

Ubuntu can be described as an African humanist philosophy in the sense that it is a way of thinking about what it means to be human and how we, as humans, should behave towards others (Abaunza 2013:10). It is both a philosophy and a way of life. Ubuntu is a distinctive African system of teaching each individual to appreciate and enjoy their life while caring, sharing and respecting others (Broodryk 2006a:2). Therefore, Ubuntu does not belong to one tribe or one religion or teaching. The core defining values of the Ubuntu philosophy are caring, compassion, unity, tolerance, respect, closeness, generosity, genuineness, empathy, hospitality, conscience, conformity, sharing, and communitarianism (Mulaudzi, Libster & Phiri 2009:45).

Broodryk (2006a:2) also defines Ubuntu as an ancient African worldview based on the primary values of intense humanness, caring, sharing, respect, compassion, and associated values, ensuring a happy and qualitative human community life in the spirit of a family. Broodryk (2006a:2) further asserts that an Ubuntu personality is a reference to the ideal human being as it is manifested in the living of ancient Ubuntu values of kindness, generosity, living in harmony, friendliness, modesty, helpful, humble, and happiness.

The philosophy of Ubuntu is derived from an African idiom that states 'Umuntu ngu muntu nga ngabantu'. Literally translated, the saying means 'I am because you are and you are because I am'. The term 'Ubuntu' is derived from a Nguni word language (Mulaudzi et al 2009:46).

Nurses work with patients who need to be cared for. As a result, they should reflect all features of Ubuntu (Ubuntu 2011:7; Prinsloo 2001:59). To achieve this, the philosophy of Ubuntu should be inculcated to the mind-set and work ethic among all student nurses from their entry into nursing training until the completion of the course (Doddy, Tuohy & Deasy 2012:685). Through the Ubuntu philosophy, nurses will learn that a person is a



person through others (Mulaudzi et al 2009:45). This is likely to ensure that nurses treat patients with respect that all human beings deserve. Since nursing emanated from the philosophy of science, and also the fact that the curriculum for all nurse training programmes was developed following the western culture (Mogale 2012:242) it does not reflect the Ubuntu philosophy. The Ubuntu philosophy would enable student nurses to be familiarised during training on how to treat patients with the utmost respectful dignity and humanity that it emphasises. This is supported by Thomas (2008:46) indicating that Ubuntu values human dignity, respect, inclusivity, compassion, concern for others, honesty and conformity. The values when taught to the students.

An Ubuntu-based curriculum addresses the cultural values and beliefs of the communities that are served by the nurses (Quan-Baffour & Romm 2015:12). The curriculum is designed to benefit the community that is being served. It serves as a foundation on which nurses are trained following the curriculum (Limpopo College of Nursing Curriculum 1997:71). Furthermore, it is expected that nurses should be able to meet the needs and expectations of their communities by providing nursing care considering the communities' cultural values and beliefs. One of the Batho Pele principles, that is, the principle of access, stipulates that departments will have targets for extending access to public servants and public services. According to Batho Pele principles (1997:11), nurses are expected to implement special programmes for improved service delivery to physically, socially, and culturally disadvantaged persons since the successful strategy for implementing primary health care is accessibility. Primary health care re-engineering was launched by South Africa's Minister of Health, Dr Aaron Motsoaledi, in, 2010. The aim of the PHC re-engineering was to:

- strengthen District Health Care systems effectiveness
- place greater emphases on population –based health outcomes, focusing on:
  - a new strategy for strengthening community –based services (including communities, households and schools
  - a team approach to healthcare that includes all the PHC teams
  - more preventive strategies (Dennill and Rendall-Mkhosi (2012:6)

Dennill and Rendall-Mkhosi (2012:6) argue that in order to implement a successful Primary Health Care system, the services should be extended to within reach of all people in the country. Furthermore, special attention should be given to disadvantaged

regions of the country. To have an impact on cultivating a caring spirit among nurses, the values of Ubuntu should be imparted from a senior professional nurse to a junior nurse as this will have a greater impact on the nursing practice in the long run (Mulaudzi et al 2009:47; Idoniboye-Obu 2013:230). This requires the teaching programmes done in the wards to also include aspects of Ubuntu for junior nurses. The basic curriculum for nurse training should also include aspects of culture competent care in nursing education and nursing practice (Manganyi 2013:101).

Nussbaum (2003:8) highlights that Ubuntu is also recognised internationally. In this regard, people in America have an opportunity to express humanity and desire to help community members particularly during disaster. Nussbaum (2003:8) further indicates that in the reported incident, doctors and nurses went a step further, beyond their limits of their job descriptions, to carry patients out of flooded hospitals to dry places of safety without worrying about whether the hospital insurance will cover them should they have been injured.

Ubuntu has long been recognised in sub-Saharan countries (Murithi 2009:231). The latter author reports that after the genocide in Rwanda, efforts had been made to revive an indigenous system of restorative justice known as *gacaca* to address the issue of reconciling large number of suspected perpetrators with their erstwhile victims.

Currently, the nursing profession faces many challenges as reported in various media. The community members are always complaining of poor morals among the nurses of all categories in health facilities. The reports show that nurses' lack of empathy, inadequate caring of patients owing to nurses' lack of professional values and morals when rendering nursing care was among their complaints.

According to Oosthuizen (2012:49), media coverage of poor nursing care and misconduct referred to alleged incidents being investigated by the higher authority of the institution in which such cases happened. In addition, some cases were referred to the South African Nursing Council (SANC) for investigation has been reported. This implies that cultural beliefs were not considered if patients are seen as indicated by the disgraceful conduct of nurses. This resulted in more than 200 nurses were found guilty of professional misconduct from 2005 to 2008.

Ubuntu emphasises the spirit of caring and it is about h humanness as it cultivates the spirit of respect, responsibility and compassion. The principles of Ubuntu are based on ethics such as respect for other persons. If a person is human, he/she ought to strive to do good to the next person, which is the ethical principle of beneficence, the right to protection from discomfort and harm (De Vos, Strydom, Fouché & Delpont 2005:67).

The philosophy of Ubuntu needs nurses who will understand cultural change in all societies, nurses who are sensitive to existing cultural changes in the environment in which they live. In Ubuntu, culture becomes a carrier among the nurses' morals, aesthetic and ethical values (Lutz 2009:313). The philosophy of Ubuntu requires courage because it creates the power to initiate, act and take risks (Dolamo 2014b:10).

## **1.2 BACKGROUND INFORMATION ABOUT THE RESEARCH PROBLEM**

### **1.2.1 Source of the research problem**

As a lecturer at Limpopo College of Nursing at Giyani Campus, the researcher observed that caring of patients by nurses in many hospitals and clinics across the Limpopo Province was deteriorating at an alarming rate. While interacting with nurses, the researcher observed that in many wards and clinics, nurses lack the zeal to do their job diligently. There seemed to be no concern about the well-being of patients. Therefore, the spirit of Ubuntu was lacking among the majority of the nurses as they took time to attend to patients.

In cases where they did attend to the patients, they showed little empathy towards the suffering patients. By so doing, the nurses seemed to call for the need for more information about the implementation of Ubuntu philosophy and caring because the two are inseparable. Ubuntu calls upon individuals to believe and feel that other people's pain is my pain because a person is a person because of others (Mulaudzi et al 2009).

Ubuntu is more than just a philosophy; it is a theophany that means the presence of God (Mcunu 2004:84). It then becomes pivotal that the value of Ubuntu should be revitalised. Ubuntu should become a cornerstone of the nursing profession for caring to be implemented by all categories of nurses in all health facilities in Limpopo Province.

Health faculties are important institutions in the community because they have been constituted to serve patients. In order to attain this requirement, the nurses need to have empathy towards the suffering patients. However, empathy is not acquired overnight or spontaneously but rather, a mechanism or process should be put in place to educate nurses to that end. Therefore, there is a dire need to incorporate the philosophy of Ubuntu in the curriculum of nursing education.

### **1.3 STATEMENT OF THE RESEARCH PROBLEM**

Limpopo College of Nursing consists of student nurses from diverse cultures most of which are: Tsonga, Venda and Northern Sotho. They render nursing care to people of diverse cultures as globalisation has encouraged people to travel to different places. Media portrayal of the nursing care in public hospitals and clinics in South Africa is that of negativity. This is partially valid because, for example, the deterioration in nursing care in the public hospitals and clinics is as well evident in Limpopo Province in Mopani District (Bond 2002:1; Mohale & Mulaudzi 2008:61).

Ubuntu concerns, among other principles, caring. Nursing is about caring for the sick. As a result, nurses are expected to be caring for the sick in all health facilities. Caring by nurses seems to be a challenge in many health facilities. This is indicated by poor nursing care and poor environmental hygiene in most of the wards in many health facilities.

According to Mokoka, Oosthuizen and Ehlers (2010:8), the standard of nursing has deteriorated to the extent that most of the patients are even afraid to be referred for admission owing to their bad experiences with nurses. These experiences include being shouted at by the nursing staff, including the cleaners and poor environmental hygiene in the hospitals in public hospitals.

The nurses have lost focus that nursing is about caring and the student nurses seem to be not receiving adequate theoretical knowledge during their training because the philosophy of Ubuntu was not included in their curriculum. Nkondo (2007:98) supported this when indicating that for Ubuntu to be effective, it must tie together all the principles of Reconstruction and Development Programme (RDP). The author further indicated that educational system needs to play a more effective role by articulating the

methodology for developing Ubuntu's social disposition to respond to the society's needs. Hence, the researcher felt that the study should be conducted.

## **1.4 AIM THE STUDY**

### **1.4.1 Aim/purpose of the study**

The aim of the study was to develop a short course to inculcate the spirit of Ubuntu among the student nurses at Limpopo College of Nursing, Limpopo Province.

### **1.4.2 Research objectives**

The objectives used to guide this research study were as follows:

- To describe the aspects that could be included to develop short course to inculcate the spirit of Ubuntu amongst the student nurses.
- To explore the student nurses and lecturers experiences regarding Ubuntu in the health facilities they are exposed to.
- To identify aspects of Ubuntu that being practised at the Limpopo College of Nursing to address Ubuntu.
- To determine the strategies that should be used to inculcate Ubuntu amongst the nurses.
- To develop a short course that could be used to inculcate the spirit of Ubuntu amongst the student nurses.

## **1.5 SIGNIFICANCE OF THE STUDY**

The study sought to improve the delivery of the nursing care and also to reduce the number of complaints from the community through the inculcation of Ubuntu among professional nurses. The study was also intended to encourage and educate nurses in treating patients with dignity and respect.

The Department of Health might benefit from this study by employing professional nurses that will revive the spirit practice of Ubuntu in the nursing profession, therefore resulting in patients receiving optimum quality nursing care. It was envisaged that the

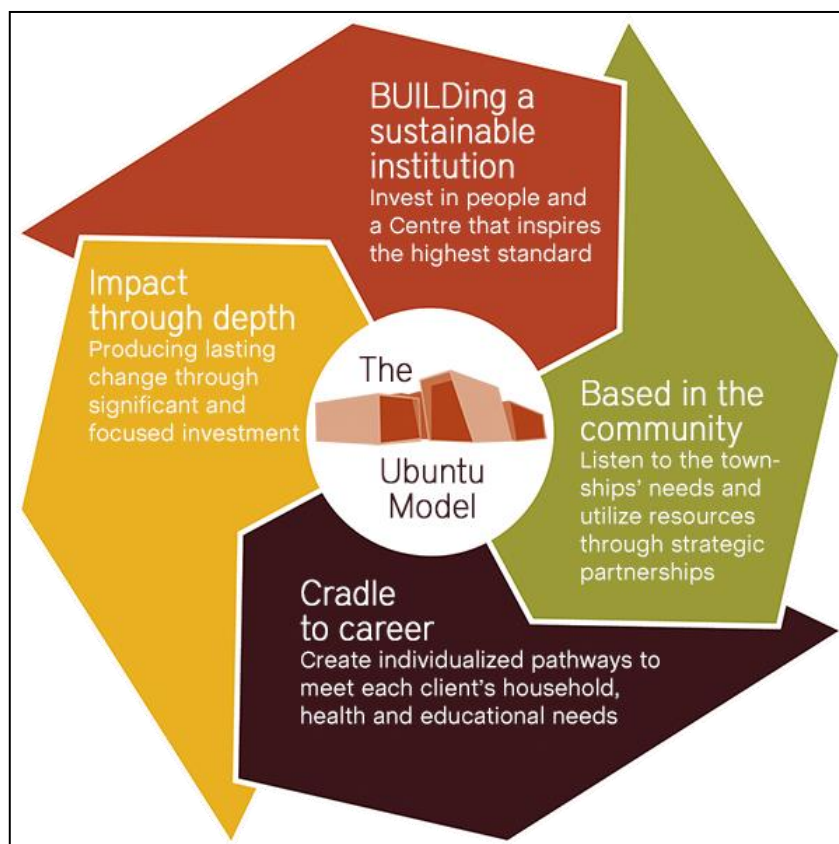
short course, which will be about inculcating the Ubuntu principles, will aid in conscientising student nurses at Limpopo College of Nursing about the spirit of Ubuntu.

## 1.6 THEORETICAL FRAMEWORK OF THE STUDY

A framework is the abstract, logical structure of meaning that guides development of the study and enables the researcher to link the findings to the body of knowledge for nursing (Burns & Grove 2009:701).

The Ubuntu Model was used to guide this study. The model was intended to change the development landscape across Africa. Ubuntu Model operates at society's most basic unit, which is the family. The success of Ubuntu Model is inextricably linked to comprehensive household stability, health, and education services (<http://www.Ubuntufund.org>).

The goal of using the theory in this study was to bring back Ubuntu philosophy among the nursing profession and advance the quality of nurse education programmes.



**Figure 1.1 The Ubuntu Model**

(<http://www.Ubuntufund.org>)

The Ubuntu Model comprises four constructs namely, building a sustainable institution; based in the community; cradle to career; and impact through depth. The four constructs are described.

### **Building a sustainable institution**

The Ubuntu philosophy has been invested in the student nurses by including it as a short course during the course of nursing training from nursing students' entry into the training programme until completion. This will aid in producing professional nurses that will be caring for patients with empathy - feeling that a patient's pain is their pain because "*Umuntu umuntu ngumuntu ngabantu*", (that is, a person is a person through others).

### **Based in the community**

The short course was intended to improve patient care within health facilities since a nurse with Ubuntu will have sympathy and respect to patients as human beings.

### **Cradle to career**

The short course on Ubuntu philosophy was intended to socialise student nurses in phases so that they can be able to meet the health needs of patients and their communities. The phases were to be implemented from entry into nurse training until completion of training.

### **Impact through depth**

The short course presented to the student nurses during training was expected to produce professional nurses who would have empathy to patients under their care, the capacity to connect with their patients, to be touched and moved by another person, especially if he is in difficult situation or illness as suggested by Gade (2012:489).



### **1.6.1 Originators of the model**

The model was intended to change the development landscape across Africa. Ubuntu Model operates at society's most basic unit, which is the family. The success of Ubuntu Model is inextricably linked to comprehensive household stability, health, and education services ([http://www. Ubuntufund.org](http://www.Ubuntufund.org)).

The model was extracted from internet in the website above and the originators were not identified within the website as no study identified that used the model before.

### **1.6.2 Discussion of other contexts of the study**

The model was not used in other contexts as it was not identified in literature search.

### **1.6.3 Studies where the model was applied and the data generated thereof.**

The studies that applied the model were not identified during literature search hence the data generated were not available.

## **1.7 DEFINITION OF CONCEPTS**

The following concepts are relevant to this study:

### **Development**

Development is a gradual growth of a thing so that it becomes more advanced and stronger (Hornby 2010:400). In this study, development refers to creating something new. This was a short course to inculcate the spirit of Ubuntu among the student nurses at Limpopo College of Nursing.

### **Inculcate**

The concept means to learn and remember the moral principles (Hornby 2010:762). In this study, inculcate meant to cultivate the philosophy of Ubuntu which the student

nurses and professional nurses always remembered that a person is a person through others and patient's pain should be recognised.

## **Nursing**

A caring profession practiced by a person registered under section 32, which supports, cares for and treats a health care user to achieve or maintain health and where this is not possible, cares for health care user so that he or she lives in comfort and with dignity until death (South Africa 2005). In the study, nursing was an act of rendering care to the sick.

## **Professional nurses**

A professional nurse is a person registered as such in terms of section 31 of The Nursing Act (South Africa 2005). Professional nurse in the study is a person who has been trained and qualified to provide quality patient care.

## **R425 programme**

Diploma in Nursing (General, Community, Psychiatric) and midwifery (South Africa 2005). In the study the R425 programme is a four year diploma in nursing.

## **Student nurse**

A student nurse means a person registered as such in terms of section 32 of The Nursing Act (South Africa 2005). In the study, a student will be someone who studies and provide patient care under the supervision of the qualified health practitioners from Limpopo Province.

## **Short course**

A short course is defined as an educational endeavour, typically of lecture format, generally in which up to four prominent instructors introduce both the fundamental tenants and state-of the-art practice of a particular or technique in a short period of time

(<https://www.aaps.org> 19.11.2015). In the context of this study, a course refers to a short course that will be developed to inculcate the spirit of Ubuntu among the student nurses at Limpopo College of Nursing.

## **Ubuntu**

Ubuntu is both a philosophy and a way of life. It is a cosmological system of teaching each individual to appreciate and enjoy their life while caring, sharing and respecting others. The term is derived from an African idiom that states “Umuntu umuntu nga bantu” meaning “I am because you are and you are because I am - A person is a person through others” (Mulaudzi et al 2009:46). In the study, Ubuntu is a way in which both student nurses and professional nurses are expected to relate and provide caring to patients in the health facilities.

## **1.8 RESEARCH APPROACH AND RESEARCH DESIGN**

### **1.8.1 Research approach**

The study followed mixed methods research approach where the researcher used both quantitative and qualitative approaches. Sequential explanatory design guided data collection and the approach through which the researcher sought to elaborate on or expand the findings of one method with another. This involved beginning with a qualitative method for exploratory purposes and following up with a quantitative method with a large sample to enable the researcher to generalise results to a population (Finallay & Sparks 2007:10). Alternatively, the study could have begun with a quantitative method in which theories or concepts are tested, to be followed by a qualitative method involving a detailed exploration with a few cases or individuals (Creswell 2014:14). Qualitative research is the investigation of phenomena, typically in an in-depth and holistic fashion, through the collection of rich narrative materials using flexible research design (Polit & Beck 2008:763). Conversely, quantitative research is a formal, objective, systematic process in which numerical data is used to obtain information about the world. The study began with quantitative method followed by qualitative method; hence sequential explanatory research design was followed in the study.



The researcher used the sequential explanatory research design because it is characterised by the collection and analysing of quantitative data in a first phase of research followed the collection and analysis of qualitative data in a second phase that builds on the results of the initial quantitative results. The sequential explanatory research design explains and interprets quantitative results by collecting and analysing follow – up qualitative data.

The quantitative data used a survey on a sample of 125 student nurses. Burns and Grove (2009:22) define qualitative research as a systematic, interactive, subjective approach used to describe life experiences and give them meaning. In this study, the qualitative approach used reflective diaries on selected participants per campus. Focus group discussions were held with student nurses and lecturers separately.

**Phase 1:** For the quantitative approach, data were collected from a sample of respondents, student nurses, using a survey. The instrument used was a questionnaire which was designed from extensive and intensive literature review. The questionnaire was used to ensure that data to be collected answered the research questions and were understandable in such a way that the respondents would answer them with ease. Questionnaires were issued by the researcher during teatime and lunch intervals so as not to disturb the daily schedule of the college.

**Phase 2:** For qualitative research, the researcher requested that the participants keep reflective diaries in which they wrote their experiences regarding Ubuntu during their tenure at the clinical areas to which they were assigned. Later on, focus group discussions were held with the participants on the identified findings from the reflective diaries. Focus groups were also held with level three lecturers in order to synthesise the educational programme.

Students were required to keep their reflective diaries during their exposure in the clinical areas so that they could record all the work they undertook, note any existing skills they developed, new skills that were learned and identify areas that they would have liked to improve. The writing in their diaries was related to their observation of the spirit of Ubuntu among the nurses in the clinical areas as suggested by Lawrence-Wilkes and Chapman (2015:18).

## 1.8.2 Research design

A research design is a blueprint for conducting the study that maximises control over factors that could interfere with the validity of the findings (Burns & Grove 2005:696). The study was guided by the mixed method sequential explanatory design which consists of two distinct phases: quantitative followed by qualitative (Creswell 2014:44).

## 1.8.3 Sample and sampling methods

According to De Vos et al (2005:223), a sample comprises elements of the population considered for actual inclusion in the study or it can be viewed as a subset of measurements drawn from a population in which we are interested. The probability sampling method was used. Probability sampling means that each unit in the target population has a known chance of selection (Brink 2012:134).

Nurses in the study had an equal chance for participation in the study. The respondents were drawn randomly from a sampling frame. Each of the elements in the sampling frame was listed separately and therefore had an equal chance of being included in a study (Brink 2012:135). Researchers used eligible criteria, inclusion criteria, or distinguishing descriptors to carefully define and describe the study population.

Simple random sampling was selected for the quantitative phase because each member on the sampling frame had an equal chance of being selected for the sample (Brink 2012:135). The estimated sample size was 125 which was drawn from a population of 330 student nurses.

The formula that was used was:

$$n = \frac{N}{[(1 + N(e)^2)]}$$

Where:

n = sample size of adjusted population size and

e = accepted level of error taking alpha as 0.05.

For the qualitative sample 30 student nurses, 10 from each campus, and 10 level 3 lecturers, from each campus formed part of the focus group.

#### **1.8.4 Data collection methods and procedures**

Data collection is the precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions, or hypothesis of a study (Burns & Grove 2009:43).

### **1.9 VALIDITY AND RELIABILITY OF THE QUANTITATIVE APPROACH**

#### **1.9.1 Phase 1**

##### **External validity**

In this phase, external validity was concerned with the extent to which the study findings can be generalised beyond the sample used in the study (Burns & Grove 2009:218). The simple random sampling method used in the study to select the respondents ensured that all members had equal chance access to the study. Hence, the study findings could be generalised.

**Internal validity** is the extent to which the effects detected in the study are true reflection of reality rather than the results of extraneous variable (Burns & Grove 2009:215). The results of the study were a true reflection of Ubuntu among the student nurses at Limpopo College of Nursing because the sample in the study was only the student nurses and they were requested to sign the informed consent document.

**Reliability** is the degree of consistency or dependability with which an instrument measures an attribute. It refers also to the accuracy and consistency of information obtained in a study (Polit & Beck 2008:764). In this regard, the instrument was piloted on 10 student nurses who were then excluded from the bigger group. The instrument was reliable as all the level III students were able to fill the research instrument. Moreover, reliability is important in interpreting the results of statistical analysis. Therefore, statistical reliability refers to the probability that the same results would be obtained with a completely new sample of respondents.

## 1.9.2 Phase 2

### Measures to ensure trustworthiness in qualitative study

Trustworthiness is the degree of confidence qualitative researchers has in their data assessed using criteria of credibility, transferability, dependability, conformability and authenticity (Polit & Beck 2008:768). Qualitative researchers are required to ensure trustworthiness of their research. In addition, Polit and Beck (2008:196) proposed four criteria for developing the trustworthiness of qualitative study. Based on these criteria, the quality of the data collected in this study was ensured in the following ways:

**Credibility** refers to confidence in the truth of the data and interpretation of them. It addresses the truthfulness of the findings. Credibility involves two aspects, namely, the study was carried out in a way that enhanced belief in the findings and steps taken to demonstrate credibility in the research report. Qualitative research is credible when it presents such accurate descriptions or interpretations of human experiences that people who also share that experience would immediately recognise the description (Polit & Beck 2008:539).

**Dependability** is another aspect which was also dealt with in this study. According to Polit and Beck (2008:539), dependability refers to the stability (reliability) of the data over time and conditions. Accordingly, this criterion was met once the researcher had demonstrated the credibility of the findings. The dependability question was: "Would the findings of a study be repeated if it were replicated with the same or similar participants in the same context?" In this context, dependability related to consistency of findings and was enhanced by single audit and or external audit where an outside expert assessed the quality of the study. To ensure dependability, the researcher adhered to the methods closely; review the interview transcription to refine the follow-up questions and probes, and reviewing the tapes to ensure that the interview techniques were consistent. The researcher also included a thick description of the methodology as well as using different methods of collecting data (Polit & Beck 2008:539).

**Confirmability** refers to objectivity, the potential for congruence between two or more independent people about the data's accuracy, relevance or meaning (Polit & Beck 2008:539). This criterion was concerned with ensuring that the data collected

represented the information the participant provided and the researcher did not invent the interpretation thereof. The researcher kept all the memos and detailed records of the study methods as well as minutes of meetings with the participants (Polit & Beck 2008:539). For this criterion to be achieved, the findings were to reflect the participant's voice and the conditions of the inquiry, and not the biases, motivations, or perspectives of the researcher (Polit & Beck 2008:539).

**Transferability** refers essentially to the generalisation of data. Specifically, it refers to the extent to which the findings could be transferred to or have applicability in other settings or groups. This is the ability to generalise from the findings to larger populations (Brink 2012:131). In this study, transferability meant fittingness, which is, determining whether the findings fit with potential users of the findings not the research. Therefore, the researcher ensured that data were collected until there was saturation of information and ensured that a thick description and the actual quotes of the participants were provided (Polit & Beck 2008:539).

**Authenticity** refers to the extent to which researchers fairly and faithfully saw a range of realities (Polit & Beck 2008:540). It emerged in a report when it conveyed the feeling and tone of the participants' lives as they lived. In the study, authenticity was achieved by reporting on the mood, feelings and experiences, language and context of those lives identified during the data collection activities.

## **1.10 DATA MANAGEMENT AND ANALYSIS**

### **Quantitative approach**

Data management is the plan that is done after the completed questionnaires have been returned. It involves data entry, data verification and data analysis. Data analysis was conducted to reduce, organise, and give meaning to the data (Burns & Grove 2009:343). In this study, the quantitative research was one of the approaches followed. Hence descriptive statistics was used to analyse data. Descriptive statistics allowed the researcher to organise the data in ways in which it gave meaning and facilitated insights and to the examining a phenomenon using frequency distributions, internal consistency reliability indexes and factor analysis (Burns & Grove 2009:696). In this study, statistical



analysis was performed using Statistical Package for Social Sciences (SPSS) version 23.

## **Qualitative approach**

In qualitative research, data analysis usually occurs simultaneously with data collection. The researcher transcribed all the data from the reflective diaries and focus groups into a text format. Thereafter, the researcher then searched for themes and concepts among the data from the onset of the data collection process. All the non-verbal information such as sighing, laughing or moments of silence was analysed as written on the field notes (Polit & Beck 2008:508). Validating the findings was done by returning to some participants to ask how it compares with their experiences, and incorporating any changes offered by the participants into the final description of the essence of the phenomenon (Polit & Beck 2008:520).

### **1.10.1 Ethical considerations**

Ethical considerations meant that the respondents' rights and the rights of others in the setting were protected in this study. If the purpose appears to infringe on the rights of the respondents, it should be re-examined and may have to be revised or abandoned (Burns & Grove 2009:83). The following ethical considerations were adhered to: The proposal was presented to the Higher Degrees Committee in the Departments of Human Sciences, Unisa for approval. Subsequently, the ethical clearance was granted (see Annexure B) and the proposal together with the ethical clearance was submitted to the Department of Health Research Committee, Limpopo Province (see Annexure C).

#### ***1.10.1.1 The rights to privacy***

The right to privacy meant that every individual had the right to privacy and it was his or her right to decide when, where, to whom and to what extent his or her attitudes, beliefs, and behaviour would be revealed (Brink 2012:119). The information was secure enough so that unauthorised persons would not access it. The respondents were first made aware of the information that was required from them and they were also informed that they had the right to access records and prevent others from having access to information.

### ***1.10.1.2 The right to anonymity and confidentiality***

#### **Anonymity**

Anonymity exists if the respondent's identity cannot be linked, even by the researcher, with his or individual responses (Burns & Grove 2009:188). In this study, the researcher ensured that data collected be kept anonymous. In this regard, respondents use pseudonyms or letters to ensure anonymity.

#### **Confidentiality**

Confidentiality exists if only the study investigators know the respondents' identity (Brink 2012:209). For this study, researcher ensured that information given by the respondents was kept confidential and not shared with other respondents. More importantly, the information was not linked to the respondents. Furthermore, the respondents were requested not to write their names in the questionnaires to ensure confidentiality. The findings were written in the research projects where the individuals can read but not linked to respondents that participated in the study. The respondents can request the findings from the researcher through emails.

### ***1.10.1.3 The right for fair treatment***

The researcher in the study ensured fair selection and treatment of respondents (Brink 2012:35). No one received special attention more than the respondents. All the student nurses at Limpopo College of Nursing where the researcher conducted the study had equal access to participate in the study. The inclusion criterion was used for all first year student nurses on the site.

### ***1.10.1.4 The rights to protection from discomfort and harm***

The right to protection from discomfort and harm is based on the ethical principle of beneficence, which holds that one should do good and, above all, do no harm (Burns & Grove 2009:190). Accordingly, the researcher in the study ensured that respondents are protected from any form of discomfort and harm by explaining to respondents all the

details of the study and allow the respondents to choose to take part in the study or to refuse.

### **Informed consent**

An informed consent is a clinical principle that requires researchers to obtain the voluntary participation of participants after informing them of possible risks and benefits (Polit & Beck 2008:755). The respondents were given adequate information about the study and an information leaflet to read to understand the study. The purpose of the study was explained. Essentially, the researcher explained to the participants that participation was voluntarily and that they would not be penalised should they wish to withdraw.

### **The principle of autonomy**

The principle holds that humans are capable of controlling their destiny. They should be treated as autonomous agents who have the freedom to conduct their lives as they choose without external controls (Burns & Grove 2009:180). The study will ensure that respondents were treated with respect because they were expected to control themselves without any external stimuli.

## **1.11 SCOPE AND LIMITATIONS**

### **Scope**

The study was conducted at the Limpopo College of Nursing in Limpopo Province.

### **Limitations**

The participants were student nurses and level three lecturers from Limpopo College of Nursing only.

## **1.12 LAYOUT OF THE STUDY**

The study is divided into six chapters:

Chapter 1	Overview of the study
Chapter 2	Literature review
Chapter 3	Research design and methodology
Chapter 4	Presentation and discussion of findings
Chapter 5	Development of a short course
Chapter 6	Summary of findings

### **1.13 CONCLUSION**

The student nurses on training are expected to learn the Ubuntu philosophy to be able to articulate that a person is a person through others. They are expected to appreciate that nursing is about caring of patients, and that caring and Ubuntu are inseparable, and complement each other. Ubuntu is about the capacity of empathy for others. 'Umuntu ngu muntu nga bathu'. The study intended to rejuvenate the ability of professional nurses to connect with patients. Through the Ubuntu philosophy, nurses should be empathic to patients and have compassion to help the patients.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 INTRODUCTION

This chapter discusses literature review for the study. Specifically, the literature review covers the concept Ubuntu, Ubuntu Model, nursing, student nurses, community, patients, family, professional nurses, and culture. Literature review is the critical summary of research on a topic of interest, often prepared to put research problem in context. Literature review helps researchers to determine how best to contribute to the existing base of evidence (Polit & Beck 2008:106). More importantly, literature review helps to orientate the researcher about what is known and not known about an area of inquiry and then compare the information to the researcher's study (Polit & Beck 2008:106). According to Burns and Grove (2009:92), literature review is an organised written presentation of what has been published on a topic by scholars and includes a presentation of research conducted in your selected field of study. By conducting a literature review, the researcher is able to determine what is known and not known about the research problem. Moreover, the researcher should conduct literature review in order to locate existing similar or related studies that can serve as basis for the study at hand (Brink 2012:52). The researcher used Ubuntu model, the cumulative Index to Nursing and Allied Health Literature (CINALHL) database, Medical Literature On-line (Medline) and the Institute for Scientific Information (ISI) to search for appropriate literature (Polit & Beck 2008:111).

##### **2.1.1 The current state of nursing education training in South Africa and a gap in ethos training underpinning a humanistic/Ubuntu in the curriculum**

The current state of nursing education training in South Africa in South Africa still need to be revisited looking at the state of service delivery within our health facilities today. Nurses during training are taught about ethos of nursing as a module that is appearing in their curriculum. The patients' rights are also taught to student nurses. On completion of training the nurses are absorbed in the health services as the workforce. The trained nurses are expected to render quality nursing care to patients and respect each patient

she is providing nursing care. In most of the health facilities patients are not respected. They are shouted by the very nurses that were taught ethos of nursing and patient's right. Nurse come from different family backgrounds when they enter into nurse training programmes. They were raised in different forms. Some of the nurses were brought up without proper socialization about respect to other human being. Hence, ethos of nursing need to be combined with Ubuntu philosophy to be able to bring in change of a nurse and bring in respect, empathy and sympathy to patients. Ubuntu philosophy can be facilitated as a short course on entry into training programmes and also incorporated during facilitation of ethos of Nursing and social science subjects.

### **2.1.2 The impact of introducing short course on improving attitudes and behaviour amongst the student nurses at Limpopo College of Nursing**

The nurses that enter in nurse training programmes come from different family backgrounds. They were socialised differently. According to Mulaudzi, Libster and Phiri (2009:47), Ubuntu and nursing are complementary. They both emphasise caring. A nurse with Ubuntu will have respect, sympathy, empathy, compassion and always ready to assist the patients and not expecting gain or complements from patients and managers. The health facilities, hospitals and clinics need nurses with Ubuntu to be able to change the situation that is being experienced by patients in our communities especially in public health facilities. Patients are provided nursing care according to their social class according to the research findings. The poor patients are the most affected because they do not have money to visit private health facilities.

The introducing of a short course on Ubuntu will empower student nurses with knowledge on Ubuntu to be able to change their attitudes and behaviour and understand that Nursing and Ubuntu complement each other. The nurses will understand that Ubuntu is a "Nguni" word and means that "a person is a person through others" (Nussbaum 2003:2). The Short course on Ubuntu will inculcate the spirit of Ubuntu and build an understanding to nurses on training that a patient is a human being who need to be respected and she need to understand that " a patient's pain is her pain" (Nussbaum 2003: 2), hence she need to have empathy to the patient and not shout at the patient when the patient need care from a nurse. The nurses guided by the principles of Ubuntu will demonstrate respect for human dignity, accepting

and understanding the patient as he really is and maximising the power of the patient to control his or her own care (Mulaudzi et al 2009:48).

### **2.1.3 Short explanation on suggesting a short course on Ubuntu instead of a full course**

The short course is to be facilitated during orientation of student nurses on entry into the nursing training programmes for five (5) days. The full course will need a lot of time. The short course was agreed upon during a collaborative and consensus discussion following a workshop held on the 06.07.2017 for feedback report of summary of the research findings and input of what must be included in the development of the short course. The stakeholders which were the Vice principals, the managers of hospitals and clinics that were present in the workshop agreed that the short course will be slotted in the programme during orientation of student on entry into student nurse training programmes. This will ensure sustainability of the short course.

## **2.2 UBUNTU – HUMANITY**

### **2.2.1 Explanations of the concept Ubuntu**

Ubuntu is an ancient African worldview based on the primary values of intense humanness, caring, sharing, respect, compassion and associated values, ensuring a happy and qualitative human community life in the spirit of a family (Broodryk 2006a:2; Gade 2012:485). Manda (2009:3) defines Ubuntu as one of the African approaches of understanding the humanity as a process of building cohesion and humanness when it comes to philosophical dimensions, which will allow grasping its foundation being based on the emphasis of promotion of ethics for the humanity. Ubuntu is derived from a Nguni (IsiZulu) aphorism: Umuntu Ngumuntu Ngabantu, which can be loosely translated as “a person is a person because of or through others”. Ubuntu is also described as the capacity in an African culture to express compassion, reciprocity, dignity, humanity and mutuality in the interests of building and maintaining communities with justice and mutual caring (Bamford 2007:85). Kehoe (1997:3) mentions that the term Ubuntu is derived from the word “muntu” meaning a person or a human being. Kehoe (1997:3) further mentions that according to African traditional wisdom, each individual possesses positive loving qualities and these qualities represent our natural internal state of being,

and when we express them, we are being human beings. The values of Ubuntu are expressed in good deeds, being sensitive to the needs of others, being compassionate, forgiving, caring, and generous. Kehoe (1997:4) further asks the following questions regarding Ubuntu: Do we practice Ubuntu, do we live in harmony with ourselves and others. Therefore, Ubuntu forces us to introspect our actions and to see if they match our values. Ubuntu is measured in actions and not just good intentions.

According to Mulaudzi et al (2009:46) and Dolamo (2014b:6), Ubuntu is both a philosophy and way of life. It is a distinctive African cosmological system of teaching each individual to appreciate and enjoy their life while caring, sharing and respecting others. Gade (2012:484) supports this when he indicated that Ubuntu is a moral quality of a person according to which persons are interconnected. The behaviour of an individual is determined by a social system. Gade (2012:484) further indicates that the upbringing of a child is rooted in the philosophy known as Ubuntu. Essentially, Ubuntu acknowledges the practical and conceptual interdependence of persons taking relationships, rather than properties, as fundamental. Therefore, understanding Ubuntu seems to require an appreciation of its connection to and relevance for notions of self, urgency and personal identity (Chibba 2013:3).

Ubuntu is characterised by respect, professional maturity, cultural sensitivity, solidarity, empathy, and caring for others. The future nurse leaders should embody ethical principles, be realistic and technically savvy. Such leaders should be influential and be able to motivate and inspire, possess the gift of superb communication, be transformational, and practice liberational governance (Dolamo 2014b:2). According to Nussbam (2003:3), the general principles of Ubuntu are as follows:

- Listening to and affirming others with the help of processes that create trust, fairness, shared understanding, dignity and harmony in relationships.
- Desire to build a caring, sustainable, and just response to the community.
- Humanity and ethical call to embody our communal responsiveness in the world.
- Sharing wealth and making basic services such as food, housing, and access to health and education accessible and visible to all members of our global community.



It is through others that one attains selfhood. Ubuntu is interconnected with self and community. A person needs other human beings in order for them to be human. Ubuntu sees community rather than self-determination as the essential aspect of personhood. Moreover, people are able to recognise and acknowledge one another through mutual encounter and cultural integration (Nussbam 2003:4).

According to Makhele and Mulaudzi (2012:109), Ubuntu plays an important role among the nursing personnel as it is indicated in the study conducted in Bophirima District in North West Province where the hospitals were overwhelmed by high number of HIV positive patients. The HIV patients were not well cared. Their emotional beings were not considered as Ubuntu philosophy was not considered when rendering nursing care. Patients were sent to Hospice care for recovery since caring was compromised and nurses were not considering the fact that Ubuntu and caring are the basics to be considered when rendering nursing care. Mchunu (2004:84) and Downing and Hastings-Tolsma (2016:216) concur with the above assertion. They pointed out that Ubuntu abounds with values such as love, compassion, peace but today this is plagued by poverty, HIV/AIDS, individualism, and globalisation and other current socio-political ills.

Understanding Ubuntu requires an appreciation of its connection to notions of self, agency, and personal identity, as well as notions of humanity, dignity and respect and the complex interplay between these on a cultural level. The person should be able to respect others and have dignity to be able to be respected and be said to be having Ubuntu. Humanness finds more moral tone as respect and dignity (Bamford 2007:85). According to Metz and Gaie (2010:274) and Engelbrecht and Kasiram (2012:441), a person has to develop one's humanness by communing with those who have dignity in virtue of their capacity of communing. It is further indicated that communal nature is the inherent capacity to exhibit identity and solidarity with others. Bimray and Jooste (2014:197) and support this when they indicate that nurse practitioners have to comply with professional values that require nurses to base their practice on relevant and current knowledge and to show respect for the well-being, dignity, and autonomy of persons who receive their care. Netshitomboni (1998:16) and Mnyongani (2010:142) allude that the Constitution of the country seeks to promote Ubuntu as a constitutional value because it is striving to ensure that all the people of the country are respected and treated equally. The constitution is grounded on Ubuntu. It provides protection of

people's legitimate expectations and function according to policies of the country which are embedded on Ubuntu.

Ubuntu is based on the value of a person as a human being. The nurses guided by the principles of Ubuntu will demonstrate respect for human dignity, accepting and understanding the patient as he really is and maximising the power of the patient to control his or her own care (Mahlungulu & Uys 2004:20). Jolley (2011:2) concurs teaching Ubuntu or humanness could begin with lower and higher education, organisations and businesses. It is further asserted that Ubuntu can be taught in a religious environment, in families, in communities, and it can be effective. The student nurses come from families and communities.

According to Merz and Gaie (2010:277) and Metz (2011:536) personhood, identity and humanness in characteristic sub-Saharan language and thought are value-laden concepts. This indicates that one's ultimate goal should be to become a full person, a real self or a genuine human being. During training, the student nurses should ensure that they learn humanness to be able to provide nursing care that is individualised to each patient considering cultural differences and respecting the needs of patients. Gade (2012:490) indicates that Ubuntu is essentially about empathy to other person. It is explained that when you meet somebody who needs help should be assisted as a means of showing Ubuntu.

Abaunza (2013:83) indicates that South Africa is promoting the use of Ubuntu as a moral regeneration and a national branding tool. It is further mentioned that South Africa is marketing Ubuntu in order to drive business to South Africa. Ubuntu philosophy promotes respect and dignity to other fellow human being. In propagating Ubuntu, South Africans speak of respecting fellow human beings. The study was conducted among level three student nurses. The sample was considered relevant for the study because they have been exposed to the clinical areas several times and renders nursing care to patients and observing how patient care is being rendered.

Archbishop Desmond Tutu defines Ubuntu as follows:

Ubuntu is the essence of being human. A person with Ubuntu is open and available to others, affirming of others, does not feel threatened that others are able and good, for

he or she has a proper self-assurance that comes from knowing that he or she belongs in a greater whole and is diminished when others are humiliated or diminished, when others are tortured. Archbishop Desmond Tutu further accentuates that Ubuntu speaks about our own interconnectedness. He explains that a person cannot be human being by himself. He mentions that people think of themselves far too frequently as just individuals, separated from one another, whereas we are connected and what you do affects the whole world. When you do well, it spreads out; it is for the whole humanity. He buttresses that the concept is being used when people want to give high praise to someone and people would say, “Yu u nobuntu”, “Hey so and so has Ubuntu”. It means that person is generous, hospitable, friendly, caring, and compassionate. The person shares what he has. Archbishop Desmond Tutu further asserts that Ubuntu means that “My humility is extricable bound up in yours”, “We belong in a bundle of life” (Varty 2013:2).

The former President of South Africa, Dr Nelson Mandela was asked by a journalist Tim Modise in 2006 to define the concept Ubuntu and he defined it as follows:

“In the olden days when we were young, a traveller through a country would stop at a village and he didn’t have to ask for food or water. Once he stops, the people give him food, entertain him. That is one aspect of Ubuntu, but it will have various aspects. Ubuntu does not mean people should not address themselves. The question therefore is, are you going to do so in order to enable the community around you, and enable it to improve? These are important things in life. And if you have done that, you have done something very important.” (Varty 2013:2).

### **2.2.2 Importance of Ubuntu**

Broodryk (2006:2) describes the importance of Ubuntu as being:

- The value base of the Constitution of the Republic of South Africa, which is generally regarded as a recommendable constitutional model in the modern world.
- Part of the vision and mission of the transformation of the new public service in the spirit of Batho Pele (People First).

- A principle upon which, as stated in the appropriate White Paper, all future policies on welfare will be based.
- Part of the White Paper of various government departments like Department of Social Development, Education, Safety and Security.
- Part of the mission of the National Library of South Africa.
- The business philosophy of various companies in the private sector.
- Taught at tertiary institutions under disciplines like Education, Welfare, and Philosophy. Philosophy of Education, Anthropology, Sociology, Criminology, Public Administration, Law and Commercial Studies.
- The value base of National Education and being lectured in schools as part of the subject Guidance (Broodryk 2006b:3; Bennet 2011:31).

### **2.2.3 Ubuntu life coping guidelines**

Broodryk (2006a:5) explains Ubuntu life coping guidelines as follows:

- My neighbour and I have the same origins, same life experience and a common destiny. The emphasis is on sameness.
- Ubuntu brotherhood is based on the expression of umuntu u muntu nga Bantu.
- We are unchanging equals. In Africa, all people are equal. There is absence of material class forming.
- We are mutually fulfilling complements. Sharing is an important African value. People support each other in terms of needs.
- My neighbour's sorrow is my sorrow. Sympathy is vital in Ubuntu life and it is practiced especially in times of sorrow.
- My neighbour's joy is my joy. Life is about experiencing the greatest true form of happiness possible at all times.
- He and I are mutually fulfilled when we stand by each other in moments of need. Empathy is to be able to put yourself in the place and situation of another.
- His survival is a precondition of my survival. In order to survive in the natural disaster, poverty and unforeseen disasters, man is dependent on the survival of all.
- No community has the right to prescribe destiny for other communities and never prescribe destiny for any person. Respect for other persons, their spiritual,

religious, political, economic, cultural beliefs, and customs are of cardinal importance in all encounters of life.

- All that one lives for is to be the best that one can be. It is an encouragement for a person to endeavour in whatever one is doing, and not to stress if about irrelevant issues.
- Wealth must be shared and your neighbour's poverty is your poverty. The Ubuntu personality is focused on sharing, and does not accommodate the qualities of greed and selfishness (Broodryk 2006a:5).

#### **2.2.4 Ubuntu personality values (elements)**

Broodryk (2002:160) and Broodryk (2006a:26) identify Ubuntu personality values as follows:

- Togetherness: means improved teamwork and moral support.
- Brotherhood: means unity and commitment to assist each other.
- Equality: practiced non-discrimination and acceptance by all.
- Sharing: created different responsibilities.
- Sympathy: applied listening, problem analysis and consolation.
- Empathy: established open-mindedness and understanding.
- Compassion: means valued peace, cohesion and warmth.
- Respect: means structured order, discipline and dignity.
- Tolerance: means self-controlled calmness, coolness and forgiveness.
- Humanness: means lived softness and helpful.
- Harmony: means resulted steadiness, non-chaos and clarity of vision.
- Redistribution: obtained sustainability, cooperation, capacity and empowerment.
- Obedience: means justified relationship, custom, values and norms.
- Happiness: friendliness.
- Wisdom: means executed resolution, decision, and evaluation.

According to Kehoe (1997:2), four pillars of Ubuntu (core elements) are

- caring
- empathy

- sharing
- respect

### **2.2.5 Batho Pele principles**

Ubuntu should be addressed together with the Batho Pele, that is, “People first”. According to the White Paper on Transforming Public Service Delivery (1997), Ubuntu means that Umuntu u muntu nga bathu “a person is a person through others and Batho Pele” means People First” and is based on 11 Batho Principles. The Batho Pele principles were formed to act as a guideline principles of the public service in South Africa in service delivery. The 11 Batho Pele principles were formed and communicated to all the public servants and public as the beneficiaries of the Bath-Pele principles so that they should know how public servants function. Moreover, 11 Batho Pele principles are pasted in the walls in the offices where public services are offered, including hospitals and clinics. There should be posters and notices about Ubuntu in all the health facilities to remind health workers, including student nurses about Ubuntu. The nurses in nursing profession should put their patients/clients first because nursing is about caring. Downing and Hastings-Tolsma (2016:220) assert that caring forms the core business of nursing and comprises the fundamental building blocks of the philosophy and science of caring. The essence of being there for the individual and sharing the moment of enlightenment and movement to a deeper connection with self takes place during caring moment when the patient can no longer take care of himself. At the clinics or hospitals, the nurses should have Ubuntu incorporated with Batho Pele principles to be able care for the patients.

### **2.2.6 Nurses pledge of service**

According to Mellish, Oosthuizen and Paton (2010:12), the nurses light a lamp and take a pledge of service on entry into professional ranks (SANC 2004-2013). The lamp has a meaning in the philosophy of nursing. The lamp symbolises that the nurse must be light along the path of those who are experiencing dark and difficult days as a result of a breakdown in health, or who have a need for special insight into their health problems or the prevention of such problems. Mellish et al (2010:1) further maintain that persons in need of health care and those near and dear to them need constant help and support of the nurse when they face discomfort, severe pain, or actual or impending death. The

nurse-trusting relationship with the patient, the nurse's approachability, her being there is a light to those going through a crisis in health. The nursing profession must be a light to humankind during crises related to health. Ubuntu should be reinforced during nurse's pledge so that nurses should have the Ubuntu values and be the light to patients when they need a nurse to assist them during their illness. Therefore, the Department of Education (DoE) and Department of Health (DoH) should ensure that Ubuntu can be inculcated among the student nurses during training to be able to produce professional nurses that understand and have knowledge about Ubuntu. Analogically, on completion of training, nurses should do Nurse Pledge of Service to be able to understand that a nurse is a light to patients during darkness of illness.

## **2.3 THEORETICAL FRAMEWORK**

The Ubuntu Model guided the literature review. The model comprises four constructs, namely, building a sustainable institution (Ubuntu and training programmes), based in the community (health facilities support to Ubuntu), cradle to career (Ubuntu and mentoring) and impact through depth (Ubuntu enhancement to student nurses).

### **2.3.1 Building a sustainable institution**

#### **(Ubuntu and training programmes)**

Facilitation of learning in Limpopo College of Nursing is being guided by the curriculum, which has been approved by the South African Nursing Council. Limpopo College of Nursing as guided by Limpopo College of Nursing Curriculum (1997) does not address Ubuntu as a Philosophy in facilitation of learning both in theory and practice. As a result, there is no Ubuntu Module in the training of student nurses in all the programmes at Limpopo College of Nursing. Nurses come to nursing profession with different cultural norms and values. Nursing requires nurses to care for the patients. Ubuntu refers to taking care of others or helping other people that are stuck or directionless. Ubuntu postulates that people should be caring to others as nurses are to care for people that are sick (Gade 2012:492).

Nkondo (2007:98) indicates that the educational system needs to articulate a methodology for developing an Ubuntu social disposition. An Ubuntu-orientated

framework could be the engine and elixir for transformation, particularly if a clear methodology existed for integration of its principles into a national system of education and training. The South African educational institutions are required to respond to industrial societies for qualified new generation of graduates. More importantly, training institutions should be required directly or indirectly to educate for sensibility, compassion and caring. Nkondo (2007:98) further posits that it may be difficult to integrate Ubuntu principles in the curriculum, but it may be transmitted through orientation processes through a hidden curriculum. The Ubuntu principles can be inculcated to student nurses during orientation period on entry to the profession and be reinforced when facilitating Ethos of Nursing, General Nursing Science, Art, and Social Science.

### **2.3.2 Based in the community**

#### **(Support for Ubuntu by health facilities)**

Health facilities need to support Ubuntu. For the nursing staff and student nurses to be able to observe that management of facilities, they require nurses and student nurses to practice nursing care that inculcates Ubuntu. This is supported by Dolamo (2014b:2) indicating that young and upcoming nurses are not encouraged by the experienced nurse managers in the wards instead the new nurse is discouraged to prosper in the nursing profession. In addition, Dolamo (2014b:2) further indicates that its time Ubuntu need to inform management practices in South Africa. Ubuntu is characterised by respect, professional maturity, cultural sensitivity, solidarity, and empathy and caring for others. As a management strategy, Ubuntu implies the ability of health facilities to develop an African identity and to use it to maximise their internal strengths and external opportunities.

### **2.3.3 Cradle to career**

#### **(Ubuntu and mentoring)**

Student nurses need mentoring about Ubuntu on entry into the nursing profession to be able to provide nursing care that inculcates Ubuntu principles and values. Baingana, Nakusijja, Galukande, Omona, Mafigiri and Sewakambe (2010:9) concur that that



student nurses need mentoring about professionalism as indicated on the student doctors that indicated that their curriculum did not explain much about attitudes and behaviours. The students indicated that they learnt some of the good attitudes from colleagues. The study reports that the students were taught about morals in informal curriculum which is the orientation that is being given to the students and not included during assessment of students. Furthermore, Mulaudzi et al (2009:50) concur that mentoring enables smooth transition from novice nurse to a knowledgeable practitioner who is self-reflective and self-confident and able to negotiate professional and patient relationship well. In addition, Mulaudzi et al (2009:50) further maintain that a mentor is expected to enable a mentee to navigate the work environment, to offer vision, to encourage, develop trust, to care, and to provide protection. Mulaudzi et al (2009:50) underscore that inherent in Ubuntu Philosophy is the notion of mentoring and building the capacity of nurses to create community. It is further mentioned that young nurses entering nursing profession need to be supported, nurtured and guided by mentors. The student nurses at Limpopo College of Nursing are not having mentors to orientate them about Ubuntu. In the health facilities, there are no mentors about Ubuntu since Ubuntu Model is not included in the Limpopo College of Nursing Curriculum.

#### **2.3.4 Impact through depth**

##### **(Ubuntu enhancement to student nurses)**

There is no formal course to enhance Ubuntu in Limpopo College of Nursing. The students are taught about clinical competency and other aspect of nursing care but Ubuntu is not included in facilitation of learning in both theory and practice. In addition, Nkondo (2007:98) argues that the South African educational institutions need to educate for sensibility, compassion and caring. Nkondo (2007:98) further maintains that it may be difficult to integrate these competencies into the formal curriculum but they can be transmitted through socialisation processes. Nkondo (2007:50) further indicates that educational system needs to articulate a methodology for developing Ubuntu social disposition. He argues that Ubuntu could be the engine and elixir for transformation, particularly if a clear methodology existed for the integration of its principles into national system of education and training.

Letseka (2012:37a) concurs that there should be Ubuntu facilitation in the higher education to be able to empower the students with Ubuntu Philosophy. The study further indicates that Ubuntu remained in the policy level and scholarly discussion but it has not been acted upon at ground level at schools and classrooms. The study recommends that South African education system should include Ubuntu principles and values. The study further recommends that South Africa needs to take note of the contributions that African Philosophy can make to the transformation of theory and practice (Letseka 2012:37a).

## **2.4 NURSING**

Nursing is an art and science. The art that is manifested in the caring and compassionate provision of care and the scientific knowledge base that validates nursing actions. Nursing embraces, a specific body of knowledge concerning health care needs of people in all phases of life from birth until death. The unique function of a nurse is primarily assisting the individual (sick or well) in performance of those activities contributing to health or its recovery (or to peaceful death) that would perform unaided if he had necessary strength, will or knowledge (Mellish et al 2010:2). Nursing is a job or skill for caring for the sick or injured (*Oxford Advanced Learner's Dictionary* 2010:1009). Bimray and Jooste (2014:197) note that nurse practitioners have to comply with the professional values to base their practice on relevant and current knowledge and to show respect for the well-being, dignity and autonomy of persons who receive their care. These values promote safe, ethical and competent nursing care. Bimray and Jooste (2014:200) further mention that professional knowledge, skills, and values are developed during theoretical and practical training of the nurse in the ambit of legal framework and standards of practice. More importantly, the process prepares a novice nurse to become a competent professional practitioner. When entering the nursing profession, student nurses are trained to become nurses that are able to render nursing care. They are being taught theory and practice following the SANC guidelines and curriculum for the approved programme. The student nurses are allocated in the health facilities to be able correlate theory and practice.

However, during nurse training, Ubuntu is not included in theory and practice. Dennil and Rendall-Mkosi (2012:36) indicate that in-service and multidisciplinary training must be ongoing so that nurses function as part of the team necessary to meet the

requirements of the communities. The study conducted by Makhele and Mulaudzi (2012:105) about the experiences of Batswana families regarding hospice care of AIDS patients in the Bophirima District, North West Province, South Africa indicates that Batswana culture believe in family members taking care of their sick family members during their last days instead of sending them to institutions. The findings indicated that people are working and very ill patients need to be institutionalised for family members to continue working. More importantly, the study supported that nursing needs to be rendered by nurses for family members who cannot manage to take care of their own family members. Therefore, nurses need to have Ubuntu to be able to take care of the sick, especially in their last days of life. The study further indicates that hospitals are stretched beyond their limits about a large number of patients with Acquired Immune Deficiency Syndrome (AIDS). Hospice care is used to care for the patients suffering from AIDS and Ubuntu should also be part of nursing care for the patients to be cared (Makhele & Mulaudzi 2012:105).

## **2.5 STUDENT NURSES**

A student is a person who is studying at a university or a college (Hornby 2010:1484). Student nurses are people that are studying at a university or college to become qualified in a specific nursing programme. Limpopo College of Nursing trains student nurses that are being facilitated in theory and practice and they are allocated to different health facilities at the hospitals and clinics for clinical exposure. Essentially, the student nurses need to have Ubuntu to be able to function and provide nursing care for patients with the knowledge that the pain that the patient is feeling need to be attended and not ignored owing to empathy characterised by Ubuntu principles. The student nurses need to understand that nursing is about caring for patients. Caring means to be concerned about or interested in, to have regard for and to show solitude for (Hornby 2010:215).

## **2.6 COMMUNITY**

A community is defined as a group of people in a defined geographical area with common goals and objectives and the potential for interacting with one another. A community can be small or large; the student nurse has to provide nursing care at the clinics and hospitals to the community members. Community members have norms and values that need to be respected by the nurses. Ubuntu entails respect for others.

Therefore, student nurses need to be socialised on 'Ubuntu' to be able to respect the norms and values of the community members that they serve.

## **2.7 PATIENT**

A patient is a person receiving care. They are also referred as a patient or a client. He or she is a unique human being with values and attitude that differ from those of a nurse. Even if he or she is totally helpless or unconscious, they have fundamental human rights. He or she needs to be respected, protected and human dignity maintained. A nurse with Ubuntu would be able to treat the patient with respect and dignity (Melish et al 2010:7). In the study conducted by Makhele and Mulaudzi (2012:105) at Bophirimi District, Northwest, it was identified that the hospitals were overstretched with people suffering from Acquired Immune Deficiency Syndrome (AIDS). The hospital came with the option of sending the AIDS terminal ill patients hospice care. The hospice approach ensures that patients spend their last days of life in the environment where their pain is minimised and comfort maximised. The community nurses in hospice care were to have Ubuntu to be able to care for the terminally ill patients to ensure that they spent their last days in dignity. The Batswana contend that terminally ill AIDS patients were to be cared by members of their own families. The findings indicate that family members of today are working; hence, it becomes difficult for members of the family to take care of terminal ill patients. It was indicated that Ubuntu should also prevail within the family members and community to be able to assist their family members that are sick at home because in Setswana it is said "Motho ke motho ka batho ba bangwe", which means that 'a person is a person through others'. Caring is one of the elements of Ubuntu and it means embracing others where their needs become your needs and their joy becomes your joy (Kehoe 2015:3).

## **2.8 FAMILY**

A family is a small group of people who associate and interact with one another and share common beliefs or activities. The family has a kinship with one another and form a unit of care within a specific society, community and environment (Hattingh, Dreyer & Roos 2012:215). When they enter nursing profession, student nurses come from different family background. Nursing is about caring. The student nurses need to be oriented about Ubuntu because they need to have Ubuntu in order to provide nursing

care. More importantly, a student nurse needs to understand that Ubuntu means that “a person is a person through others”. She needs to have the elements of Ubuntu such as respect to the patient, empathy, caring, and sharing. This element may not have been taught in the family where the student nurse is coming from. The Ubuntu elements need to be formally inculcated by the facilitators. A family needs to cultivate the accepted norms of the society to the child so that the child can be accepted in the society (Idoniboye-Obu 2013:229).

## **2.9 PROFESSIONAL NURSE/REGISTERED NURSE**

Professional nurse/registered nurse is a nurse who has passed an exam and obtained a qualification to be registered with SANC under The Nursing Act (South Africa 2005). The individual has accepted the culture, values, norms, and behaviour of the profession. The professional nurse works within her scope of practice as a professional nurse (Mellish et al 2010:125). The professional nurses provide nursing care and teach student nurses allocated in their unit clinical practice so that the student nurses can be able to correlate theory and practice. According to Baingana et al (2010:8), student nurses need to be orientated on professional values including Ubuntu philosophy from entry into the profession. Moreover, professional nurses should act as mentors to the student nurses. Lack of Ubuntu from the student nurses reflect negatively on lecturers and professional nurses as role models and on the educational system. Mogodi, Jooste and Botes (2003:11) assert that students learn by precept and example. The student nurses need mentors on Ubuntu and lecturers need to orientate the student nurses as a module or short course to inculcate the spirit of Ubuntu among the student nurses.

## **2.10 CULTURE**

Culture is defined as that complex whole which includes knowledge, beliefs and morals, law, custom and any other capabilities and habits acquired by man as a member of the society. Culture is not an individual phenomenon but is shared by the members of a group and has developed in reaction to their need to adapt to their natural environment and to other members of their group (Tjale & De Villiers 2004:66). In addition, Giger and Davidhizar (2004:3) define culture as a patterned behavioural response that develops over time as a result of imprinting the mind through social and religious structures and

intellectual and artistic manifestations (Leininger 1991:47). Furthermore, Giger and Davidhzar (2004:3) aver that culture is also the result of acquired mechanisms that may have innate influences primarily affected by internal and external environmental stimuli. Culture is shaped values, beliefs, norms, and practices that are shared by members of the same cultural groups. Nursing care should be provided considering the cultural norms and values of the community that is being served. Globalisation, meaning the fact that different cultures and economic systems around the world are becoming connected and similar to each other because of the influence of large multinational companies and improved communication, should also be considered when rendering nursing care (Hornby 2010:636). A nurse with Ubuntu should be able to provide nursing care considering the cultural norms and values of patients.

## **2.11 CONCLUSION**

This chapter described Ubuntu Model that formed the theoretical framework for the study and the literature review undertaken for the study. Chapter 3 describes methodology of the study.

## CHAPTER 3

### RESEARCH DESIGN AND METHODOLOGY

#### 3.1 INTRODUCTION

This chapter describes methods used in the study to achieve the aim of the study, which was to develop a short course to inculcate the spirit of Ubuntu among the student nurses at Limpopo College of Nursing, Limpopo Province. The chapter also describes the research methodology employed to answer the research question: What aspects could be included in the development of a short course to inculcating the spirit of Ubuntu among the student nurses at Limpopo College of Nursing, Limpopo Province? The study followed a mixed methods approaches using both the quantitative and the qualitative approach. This chapter is structured as follows:

#### 3.2 THE RESEARCH SETTING

A research setting is a specific area where data collection took place. Data were collected at Limpopo College of Nursing, in Limpopo Province at the three campuses, namely, Giyani Campus at Mopani District, Thohoyandou Campus at Vhembe District and Sovenga Campus at Capricorn District. The three campuses train the R425 programme which is Diploma in Nursing (General, Community. Psychiatry) and midwifery.

#### 3.3 RESEARCH METHODOLOGY

Polit and Beck (2008:765) define research methodology as the techniques used to structure a study and to gather and analyse information in a systematic fashion. In addition, Burns and Grove (2009:719) define research methodology as the process or plan for conducting the specific steps of a study. Furthermore, Brink (2012:191) defines research methodology as the investigations or what the researcher did to solve the research problem or to answer the research question. It involves the forms of data collection, analysis and interpretation that researchers propose for their studies. The researcher has adopted a mixed method, used both quantitative and qualitative method

to conduct a study to develop a short course to inculcate the spirit of Ubuntu among the student nurses at Limpopo College of Nursing. The sequential explanatory research design was chosen because it is characterised by the collection and analysis of quantitative data in the first phase followed by the collection and analysis of qualitative data in the second phase that builds on the results of the initial quantitative results (Creswell 2014:234). The research design will be able to assist the researcher to be able to collect the quantitative data and analyse the findings and from the results of quantitative findings to obtain a follow-up data of qualitative.

### **Quantitative approach**

Quantitative research is a formal, objective, systematic process in which numerical data is used to obtain information about the world (Burns & Grove 2009:22). Furthermore, Polit and Beck (2008:763) define quantitative research as the investigation of phenomena that lend themselves to precise measurement and quantification, often involving rigorous and controlled design. In addition, the quantitative approach is a means of testing objective theories by examining the relationship among variables (Creswell 2014:295; Fillany 2007:20). Quantitative approach with sequential explanatory research design was used by the researcher to be able to obtain information about the aspects that are required to be able to obtain aspects that could be included in the development of a short course to inculcating the spirit of Ubuntu among the student nurses at Limpopo College of Nursing, Limpopo Province.

#### ***3.3.1.1 Research design***

A research design is an overall plan for addressing a research question including specifications for enhancing the study's integrity (Polit & Beck 2008:765). Research design is a plan and procedure for research that span the decisions from broad assumptions to detailed methods of data collection and analysis. It involves the intersection of philosophical assumptions, strategies of inquiry and specific methods (Creswell 2014:233). Brink (2012:207) defines research design as the overall plan for gathering data in a research study. Burns and Grove (2009:218) describe a research design as a blueprint for conducting a study.



The sequential explanatory research design guided the study. More specifically, the sequential explanatory research design is characterised by the collection and analysis of quantitative data in the first phase followed by the collection and analysis of qualitative data in the second phase that builds on the results of the initial quantitative results (Creswell 2014:234).

### **3.3.1.2 Population**

A population is the entire set of individuals or objects having some common characteristics (Polit & Beck 2008:761). Similarly, a population is a complete set of persons or objects that possess some common characteristic that is of interest to the researcher (Brink, Van Der Walt & Van Rensburg 2011:206). The population were 330 student nurses undergoing training at Limpopo College of Nursing. The student nurses should have been allocated in the clinical areas to render nursing care.

### **3.3.1.3 Sample and sampling method.**

A sample comprises elements or a subset of the population considered for inclusion in the study or it can be viewed as a subset of measurements drawn from a population in which we are interested (De Vos et al 2005:223). Similarly, Polit and Beck (2008:765) define a sample as a subset of a population, selected to participate in a study.

The probability sampling method was used. The probability sampling method means that each unit in the target population has an equal chance of being included in the study (Brink 2012:135). Simple random sampling was selected for quantitative phase because each member has an equal chance for selection for the sample. The researcher has used a fishbowl technique by assigning numbers written “yes” and other numbers written “No” to all the respondents within the population. The numbers allocated for ‘yes’ were “125”, that was a sample of the population that was selected to participate in the study.

A sampling frame for the population was drawn in the three campuses to be able to select the respondents. The entire respondents had an equal chance to be selected to participate in the study.



## **Calculation of sample size**

The estimated sample size was 125 student nurses drawn from a population of 330 student nurses.

The formula that was used was:

$$n = \frac{N}{[(1 + N(e)^2)]}$$

Where:

n = sample size of adjusted population size and

e = accepted level of error taking alpha as 0.05.

The percentage of the sample of the total population was approximately 37.9%.

## **Inclusion criteria**

Inclusion criteria are the specific characteristics that define a population (Polit & Beck 2008:338). In the study, the inclusion criteria were the student nurses that were in level III in the three campuses at Limpopo College of Nursing.

## **Exclusion criteria**

Conversely, exclusion criteria are defined as the characteristics that the population may not possess (Polit & Beck 2008:338). In the study, the exclusion criteria were the student nurses that were not in level III and not registered at Limpopo College of Nursing in the three campuses at Limpopo College of Nursing.

## **External validity**

External validity is concerned with the extent to which the study findings can be generalised beyond the sample used in the study (Burns & Grove 2009:218). More specifically, the simple random sampling method was used in the study to select the

respondents because all members have equal access of being included in the study, hence the study findings can be generalised.

### **Internal validity**

Conversely, **internal validity** is the extent to which the effects detected in the study are true reflection of reality rather than the results of extraneous variable (Burns & Grove 2009:215). The results of the study are a true reflection of Ubuntu among the student nurses at Limpopo College of Nursing because the student nurses were the sample in the study were requested to sign the informed consent

### **Threats to internal validity**

In campus 1, the response was low because the respondents were busy attending school activities when fishbowl sampling technique was done, hence the research assistant manage to obtain few sample due to few “yes” number of labels picked up during fish bowl technique and the time frame affected by other activities in campus 1. It was difficult to obtain the rest of the questionnaire due to activities that were taking place in class. Hence it affected the response rate of the respondents.

#### ***3.3.1.4 Data collection instrument***

A self-designed questionnaire was used to collect data. A questionnaire was developed from extensive literature review. Nevertheless, it was not translated to the vernacular of the respondents because all the respondents were able to read and write in English. The questionnaire items were structured in a way that data collected answered the research question and were understandable in such a way that the respondents answered them with ease. The researcher gave the instrument to the supervisor and the statistician to supervise and comment. The questionnaire was revised accordingly following constructive comments received. The researcher issued questionnaires during tea time and lunch time so as not to disturb the college routine. The questionnaire took approximately 30 minutes to complete. The questionnaire consisted of two sections.

## **Section 1: Biographic data**

Section 1 covered respondents' age, campus, gender, marital status, and religion and they were reflected in questions 1.1 to 1.5.

## **Section 2: Ubuntu constructs**

- 2.1 Building a sustainable institution: There were fifteen closed-ended questions (2.1 to 2.15).
- 2.2 Support that could be incorporated in training programmes in order to develop Ubuntu in nursing profession at Limpopo College of Nursing: There were fifteen closed-ended questions (2.2.1 to 2.2.15).
- 2.3 How the spirit of Ubuntu can be fostered amongst student nurses during training? There were fifteen closed-ended questions (2.3.1 to 2.3.15).
- 2.4 Impact through depth: Develop a short course that could be used to inculcate the spirit of Ubuntu in the in-service training of student nurses. There were four closed-ended questions: (2.4.1 to 2.4.5)

### ***3.3.1.5 Reliability and validity of the questionnaire.***

**Reliability** is the degree of consistency or dependability with which an instrument measures an attribute. It refers also to the accuracy and consistency of information obtained in a study (Polit & Beck 2008:76). Brink (2012:163) defines reliability as the degree to which the instrument can be dependent upon to yield consistent results if used repeatedly over time on the same person, or used by two researchers.

**Validity** of an instrument determines the extent to which the instrument actually reflects the abstract construct being examined (Burns & Grove 2009:380). Burns and Grove (2009:380) posit that validity is considered a single broad method of measurement evaluation that is referred to as construct validity and includes content and predictive validity. The study used face, content and construct validity to determine the validity of quantitative instrument.

**Construct validity** measures the relationship between the instrument and the related theory. Construct validity is concerned with this question: What construct is the instrument actually measuring? In the study construct validity was enhanced by giving the research supervisor the instrument to the supervisor to check and the statistician.

**Content validity** is an assessment of how well the instrument represents all the components of the variable to be measured. When one component or more components are neglected the researcher cannot claim to be measuring whatever he/she is interested in (Brink 2012:160). In the study, the supervisor and the statistician examined the instrument. Some of the variables were removed while others were added to ensure that the components are represented in the instrument.

**Face validity** means that the instrument looked like it was valid or gave the appearance of measuring the content it is supposed to measure (Burns & Grove 2009:381). In the study face validity was enhanced by ideas from literature and the objectives of the study. The content of the instrument ensured that there was face validity as the variables matched the content of the study. The supervisor and the statistician also examined the instruments.

#### **3.3.1.6 Pilot study**

A pilot study is defined as a smaller version of a proposed study conducted to refine the methodology (Burns & Grove 2009:44). Polit and Beck (2008:213) define pilot study as a small-scale version or trial run designed to test the methods to be used in a larger, more rigorous study which is referred to as a parent study. A pilot study was conducted to ten (10) level III student nurses at Limpopo College of Nursing in Campus 3 after obtaining permission from the Department of Health, Limpopo College of Nursing Management. The ten (10) respondents signed the informed consent and they did not form part of the bigger group. The aim of the pilot study was to determine the feasibility of the study, to identify problems with study design, to determine whether the sample is representative of the population, examine the reliability and validity of the research instrument and refine data collection instrument and analysis plan (Burns & Grove 2009:44). The pilot study revealed that the instrument was fine and respondents successfully completed the instrument. There were no major changes on the

instrument. The researcher was able to proceed to collect data to the major group of respondents.

### ***3.3.1.7 Recruitment of research assistant and issuing of information leaflet to the respondents***

The researcher recruited one (1) person to be used as research assistant. The research assistant was a student from Nelson Mandela University of technology who was on school holidays. She had background knowledge of research from her University study modules. The research assistant was given information about the overview of the study, ethical considerations to be adhered to throughout the study and how to ensure consistent quality of data. The research assistant was required to assist in collection of data during quantitative and qualitative phase. In quantitative phase the research assistant assisted the researcher to issue informed consent and the information leaflet for the respondents to read and sign the informed consent after the researcher has explained the purpose of the study and the importance of signing the informed consent. The information leaflet sheets was given to the research assistant to read and informed consent were given to research assistant to sign after the explanation were given about the purpose of the study and importance of signing the informed consent. The research assistant was understanding the study and was able to assist in explaining questions that were asked by respondents when the researcher was busy attending other participants.

### ***3.3.1.8 Data collection method***

Data collection means precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions, or hypothesis of a study (Burns & Grove 2009:43). In the study, a structured questionnaire was used to collect data.

### ***3.3.1.9 Data collection process***

Data were collected for a period of three (3) days (June 2016). Each campus was allocated one (1) day for data collection. Ethical Clearance Certificate was obtained from the Higher Degrees Committee of the College of Human Sciences at the University of South Africa (see Annexure B). The ethical clearance certificate number is

HSHDC/472/2015. In addition, permission to conduct the study was obtained from Department of Health, Limpopo Province (see Annexure D), the Acting Principal, Limpopo College of Nursing and the Vice Principals of the three (3) campuses. The respondents signed the informed consent. The respondents were given numbers to be able to mark the questionnaires after data collection. The three (3) campuses were identified as Campus 1, Campus 2 and Campus 3 to be able to separate the questionnaires.

#### ***3.3.1.10 Data management.***

The completed questionnaires were checked during collection for comprehensiveness and completeness. The researcher went to the campuses being accompanied by the research assistant, and then both the researcher and the research assistant were inspecting the questionnaires during collection from respondents to ensure that they are completed in full. The incomplete questionnaires were discarded as the respondents were not linked to questionnaires.

#### ***3.3.1.11 Data analysis***

Data analysis was conducted to reduce, organise, and give meaning to the data (Burns & Grove 2009:695). Descriptive statistics were used to analyse data. Descriptive statistics allow the researcher to organise data in ways that give meaning and insight and to examine a phenomenon from a variety of angles (Burns & Grove 2009:470). A statistician analysed the data using the Statistical Package for Social Sciences (SPSS) Programme version 23. The results were presented in frequencies, tables and charts.

### **3.3.2 Phase 2**

#### ***3.3.2.1 Qualitative approach***

Qualitative approach is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. The process of research involves emerging questions and procedures, data building from particulars to general themes, and the researcher making interpretations (Creswell 2014:4). In the study, the researcher used focus group interviews and reflective diaries to explore and understand

individuals and groups experiences. During qualitative research, the researcher is interested in the subjective meanings and perceptions of participants.

### **Population selection**

The population was selected randomly from a sampling frame since all the participants were eligible to participate in the study.

### **Target population of student nurses**

The target population was the student nurses on level III at the three campuses at Limpopo College of nursing.

### **Target population of nurse educators**

Lecturers that were facilitating learning at the three campuses at Limpopo College of Nursing.

### **Inclusion criteria**

Level III students at Limpopo College of Nursing at the three campuses.

### **Exclusion criteria**

Students nurses that were not registered by Limpopo College of Nursing.

#### ***3.3.2.2 Research design***

Qualitative research designs explore the meaning, promote understanding of human experiences such as pain, grief, hope or caring, or unfamiliar phenomena. The study followed sequential explanatory research design, which is a strategy in which the researcher explores a relatively unknown research area to gain new insights into the phenomena under study, rather than collecting accurate and replicable data (Babbie 2013: 90). In this study, the researcher went to the three campuses to explore the



student nurse's experiences regarding Ubuntu in the health facilities they are exposed to.

### **3.3.2.3 Research method**

Mixed method was used in the study.

The research was conducted in two phases.

Phase 1 – Quantitative method

Phase 2- Qualitative method.

### **Sample**

The non-probability sampling was used in the study. Non-probability sampling is a sampling process in which a sample is selected from elements or members of a population through non-random methods. It includes convenience, quota and purposive sampling (Brink 2012:204). Elements were chosen from the population using purposive sampling. Purposive sampling technique is based on the judgement of the researcher regarding subjects that fall within the population of interest and is conveniently accessible to the researcher. Purposive sampling was utilised in the study based on researcher's knowledge about the population (Polit & Beck 2008:362).

### **Sampling of campuses**

The Limpopo College of Nursing has five (5) campuses. The three campuses are facilitating learning from level 1 (one) to level 4 (four). The other 2 (two) campuses are facilitating learning to level 1 (one) students only. The researcher has conducted the study to the three (3) campuses that are facilitating learning to level 3 (three) students. Hence it was campus 1, campus 2 and campus 3 that were facilitating learning to level III students at Limpopo College of Nursing.

### **Sampling of students**

The sample size of the students was thirty (30). Ten (10) students per campus, campus 1, campus 2 and campus 3 as all the students had an equal chance for inclusion in the study. They were all selected randomly from a sampling frame.

## **Sampling of lecturers**

The lecturers were selected randomly as all the lecturers were facilitating learning at Limpopo College of Nursing at the three (3) campuses and had an equal chance for inclusion in the study. The sample size of lecturers was thirty (30). Ten (10) lecturers per campus, campus 1, campus 2 and campus 3. Ten (10) students per campus, campus 1, campus 2 and campus 3.

## **Sample size**

Sample size depends on data saturation. Saturation means repetition of data obtained during the course of a qualitative study. It signifies completion of data collection on a particular culture or phenomenon (Speziale & Carpenter 2007:460). The sample size of students was thirty (30), ten (10) students per campus. The sample size of lecturers was thirty (30), ten (10) lecturers per campus.

## **Criteria**

The participants were included in the study because they were level III student nurses at Limpopo College of Nursing at the three (3) campuses. The lecturers were facilitating learning at the three campuses at Limpopo College of Nursing.

### ***3.3.2.4 Data collection instrument.***

Data collection entails precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions, or hypotheses of a study (Burns & Grove 2009:43). In the study, focus group interviews and field notes were used to collect data.

## **Focus group discussions.**

The focus group discussions are discussions in which groups of about 5 to 15 people are assembled together and their opinions and experiences are requested simultaneously (De Vos et al 2005:308). This method is useful in allowing participants to

share their thoughts with each other. They generate new ideas and consider a range of views before answering the researcher's questions (Brink 2012:152). In this study, the focus group interviews comprised of 10 student nurses per campus and 10 lecturers per campus. The student nurses and the lecturers were interviewed separately. The grand tour question that was asked was:

What are your experiences regarding Ubuntu in the health facilities?

### **Field notes**

Field notes are the notations researchers generally make to document observations in the research setting. These notes become part of data analysis. The researchers in the field notes document what they have heard, seen, thought, or experienced (Speziale & Carpenter 2007:42). In this study, the researcher used the field notes to describe what she had heard, seen, experienced and thought in the course of data collection. The researcher also used field notes to describe own reflections, feelings, ideas, moments, and interpretations of all the events related Ubuntu from the participants.

### **Reflective diaries**

Reflective diaries are useful tools in facilitating reflection. Moreover, reflective learning requires the writer to think back on events that have taken place, and provides opportunity for expression of personal thoughts (Langley & Brown 2010:12; Tang 2002:4). Thirty (30) level three (3) student nurses were randomly selected from the samples in the three (3) campuses, ten (10) from each campus at Limpopo College of Nursing were given diaries to reflect on themselves and their observations if Ubuntu is being practiced while rendering nursing care in the health facilities where they were allocated. The reflective diaries were given to the participants for the period of four weeks.

#### **3.3.2.5 Data analysis**

Data analysis is the systematic organisation and synthesis of the research data (Polit & Beck 2009:751). In the study, Tesch's eight steps in Creswell (2014:186) of data analysis were used. Tesch's eight steps were described as follows:

- Step 1: Get a sense of the whole. This involves reading all the transcripts carefully. The researcher went through all the transcriptions carefully in order to get a sense in the transcriptions.
- Step two: Involves pick up one interview document and checking the meaning and writing thoughts in the margin. The researcher picked one interview document went through it and in order to check the meaning.
- Step three: Entails making topics after completing checking interview documents. Similar topics clustered together. Known as major topics. The researcher formed topics from the data obtained.
- Step 4: The topics formulated were abbreviated as codes and written next to the to the appropriate segments of the text. Checking was done to see whether new themes and codes emerge.
- Step 5: This step entails finding the most descriptive wording for the topics identified and turn them into themes by grouping topics that relate to each other.
- Step 6: A final decision on the abbreviation for each themes and codes were written alphabetically.
- Step 7: Data material belonging to one theme were assembled in one place.
- The existing data was recorded.

(Creswell (2014:186)

Themes and subthemes were developed according to the data obtained from focus group interviews, field notes and reflective diaries. In each focus group interview session, a tape recorder was used to record information.

During data analysis, **bracketing, intuition and reflection** were used. **Bracketing** refers to the process of identifying and holding in preconceived beliefs and opinions about the phenomenon under study (Polit & Beck 2008:228). The researcher entered the project with open mind to avoid misinterpreting the phenomenon as interpreted by the participants.

**Intuition** occurs when the researchers remain open to the meanings attributed to the phenomenon by those who have experienced it (Polit & Beck 2008:228). The researcher reviewed data several times until there was understanding of the meaning of information.

**Reflective thoughts** are thought or insight that often emerges into the consciousness of the researchers while they are analysing qualitative data and recording notes (Burns & Grove 2009:718). In the study, the researcher included all the reflective thought in the field noted. The steps used to analyse data according to Creswell (2014:186) are as follows:

### **3.4 MEASURES TO ENSURE TRUSTWORTHINESS IN QUALITATIVE STUDY**

Trustworthiness is the degree of confidence qualitative researchers have in their data, assessed using criteria of credibility, transferability, dependability, conformability, and authenticity (Polit & Beck 2008:768). Qualitative researchers are required to ensure trustworthiness of their research. Polit and Beck (2008:196) proposed four criteria for the developing the trustworthiness of qualitative study. Based on these criteria, the quality of the data collected in this study was ensured in the following ways:

**Credibility** refers to confidence in the truth of the data and interpretation of them. It addresses the truth of the findings, indicated that credibility involves two aspects viz. the study was carried out in a way that enhanced belief in the findings and steps taken to demonstrate credibility in the research report. Qualitative research is credible when it presents such accurate descriptions or interpretations of human experiences that people who also share that experience would immediately recognise the description (Polit & Beck 2008:539).

**Dependability** refers to the stability (reliability) of the data over time and conditions (Polit & Beck 2008:539). This criterion is met once the researcher has demonstrated the credibility of the findings. The dependability question is: "Would the findings of a study be repeated if it were replicated with the same or similar participants in the same or similar context?" Dependability relates to consistency of findings and can be enhanced by single audit and or external audit where an outside expert will be used to assess the quality of the study. To ensure dependability, the researcher adhered to the methods closely; reviewed the interview transcription to refine the follow-up questions and probes, and reviewing the tapes to ensure that the interview techniques were consistent. The researcher also included a thick description of the methodology as well as using different methods of collecting data (Polit & Beck 2008:539).

**Confirmability** refers to objectivity, the potential for congruence between two or more independent people about the data's accuracy, relevance or meaning (Polit & Beck 2008:539). This criterion is concerned with ensuring that the data collected represent the information the participant provided and the researcher does not invent the interpretation thereof. In this regard, the researcher kept all the memos and detailed records of the study methods as well as minutes of meetings with the participants (Polit & Beck 2008:539). For this criterion to be achieved, the findings reflected the participant's voice and the conditions of the inquiry, and not the biases, motivations, or perspectives of the researcher (Polit & Beck 2008:539).

**Transferability** refers essentially to the generalisation of data, refers to the extent to which the findings can be transferred to or have applicability in other settings or groups. This is the ability to generalise from the findings to larger populations. Transferability means fittingness, determining whether the findings fit with potential users of the findings not the research. The researcher ensured that data were collected until there was saturation of information and ensure that a thick description and the actual quotes of the participants was provided (Polit & Beck 2008:539).

**Authenticity** refers to the extent to which researchers fairly and faithfully show a range of realities (Polit & Beck 2008:540). It emerges in a report when it conveys the feeling tone of the participants' lives as they are lived. In the study, authenticity was achieved by reporting on the mood, feelings and experiences, language and context of those lives identified during the data collection activities.

### **3.5 DATA ANALYSIS**

In the study, the quantitative research was followed; hence, descriptive statistics will be explained. Descriptive statistics allow the researcher to organise the data in ways in which it give meaning and facilitate insight and to examine a phenomenon using a frequency distribution, internal consistency reliability indexes and factor analysis (Burns & Grove 2009:696). In the study, statistical analysis was performed using SPSS version 23.

In qualitative research, data analysis occurs simultaneously with data collection. The researcher transcribed all the data from the reflective diaries and focus groups into a

text format. The researcher searched for themes and concepts from the moment data collection starts. All the non-verbal information such as sighing, laughing or moments of silence were analysed as they were written on the field notes (Polit & Beck 2008:508). Validating the findings by returning to some participants to ask how it compares with their experiences, and incorporating any changes offered by the participants into the final description of the essence of the phenomenon was done (Polit & Beck 2008:520).

### **3.6 ETHICAL CONSIDERATIONS**

Ethical considerations mean that the respondents' rights and the rights of others in the setting are protected. If the purpose appears to infringe on the rights of the respondents, it should be re-examined and may have to be revised or abandoned (Burns & Grove 2009:83).

The researcher obtained permission to conduct the study from the following institutions and individuals alike:

- Ethical and Higher Degrees committee of University of South Africa.
- Department of Health Research committee in Limpopo Province.
- The Principal of the Limpopo College of Nursing.
- The participants who were the student nurses.
- Lecturers teaching the students.

#### **The right to privacy**

The right to privacy means that every individual has the right to privacy and it is his or her right to decide when, where, to whom and to what extent his or her attitudes, beliefs, and behaviour will be revealed (Brink 2012:119). The information was inaccessible to unauthorised. The respondents were first be made aware of the information that was required from them and they were informed also that they have the right to access records and prevent others from having the access to information.

## **The right to anonymity**

Anonymity exists if the respondent's identity cannot be linked, even by the researcher, with his or individual responses (Burns & Grove 2009:188). The researcher ensured that data collected were kept anonymous. More importantly, the names of the respondents were not written to ensure anonymity.

In focus group discussions anonymity was maintained by not using names of participants during focus group discussions. Participants were given numbers to be able to identify themselves. This ensured that the information be not linked to participants.

## **Confidentiality**

The researcher in the study ensured that information given by the respondents was kept confidential and not be shared with others unless the respondent gives the permission. Essentially, the information were not linked to the respondents. The respondents were requested not to write their names in the questionnaires to ensure confidentiality. The findings were written in the research project where the individuals could read but not linked to respondents.

In focus group discussions the information was kept by the researcher in the form of field noted and tape recordings so that she keeps the information in a safe place and the information be used by the researcher for data analysis. The findings were to be shared to all but not linked to any participants.

## **Special consideration in terms of facilitating equal contribution of focus group discussions**

The researcher was using the numbers issued to participants to pick up participants to answer the questions as stated in the interview schedule. This prevented other participants to dominate others.



### **The right for fair treatment**

The researcher in the study ensured fair treatment of respondents. No one received special attention more than the others. All the student nurses at Limpopo College of Nursing where the researcher conducted the study had equal access to participate in the study.

### **The rights to protection from discomfort and harm**

The right to protection from discomfort and harm is based on the ethical principle of beneficence, which holds that one should do good and, above all, do no harm (Burns & Grove 2005:190). The researchers in the study ensured that respondents were protected from any form of discomfort and harm by explaining to respondents all the details of the study and allowed the respondents to choose to take part in the study or to refuse.

### **The principle of autonomy**

The principle postulates that humans are capable of controlling their destiny. Therefore, they should be treated as autonomous agents, who have the freedom to conduct their lives as they choose without external controls (Burns & Grove 2005:180). The study ensured that respondents are treated with respect because they can be able to control themselves without any external stimuli.

### **The informed consent**

The principle holds that participation in the study will be voluntarily and are formalised by informed consent. The individual has the right to either participate or not to participate in the study. The individual has to be given explanation before signing an informed consent to participate in the study.

### **3.7 CONCLUSION**

This chapter discussed the research design and methodology of the study. Ethical consideration was emphasised to ensure that scientifically sound findings could be attained. The next chapter discusses research findings and discussions of the findings.

## CHAPTER 4

### PRESENTATION AND DISCUSSION OF FINDINGS

#### 4.1 INTRODUCTION

This chapter discusses the research findings of the study. The purpose of the study was to develop a short course to inculcate the spirit of Ubuntu among the student nurses at Limpopo College of Nursing, Limpopo Province. The study followed mixed method research where the researcher used both quantitative and qualitative approaches. Sequential explanatory research design guided the discussion of the findings. Sequential explanatory research design is characterised by collection and analysis of quantitative data in first phase of research followed by the collection and analysis of qualitative data in a second phase that builds on the results of the initial quantitative results (Creswell 2014:14). The research findings were discussed in two phases. Phase 1 – Quantitative data and phase 2 – Qualitative data which were focus group discussions and reflective diaries. Literature control was conducted to validate the study.

#### 4.2 PHASES OF RESEARCH FINDINGS

##### 4.2.1 Phase 1: Quantitative findings

###### **Response rate and frequency statistics**

From the total one hundred and twenty-five (n=125) questionnaires distributed to students across three campuses, 115 questionnaires were duly completed and returned to the researcher. They yielded an effective 92% response rate. The report findings were reported in two sub-sections. Sub-section 5.1.1 provides a report on respondents' demographic profiles, and sub-section 5.1.2 presents a report of respondents under the four distinct dimensions, namely, "nurse training programmes address Ubuntu", "based in the community", "cradle to career", and "impact through depth".

## Respondents' demographic profiles

The demographic characteristics of the respondents were described according to age, campus, gender, religion, marital status, and religion. Table 4.1 provides a summary of findings of demographic characteristics.

**Table 4.1 Demographic characteristics of the respondents (N=115)**

Demographic characteristics	Frequency (n)	Proportion (%)
<b>Gender</b>		
Male	37	32
Female	78	68
<b>Age (years) group</b>		
18-20 years	11	10
21-23 years	83	72
24-26 years	15	13
27-29 years	5	4
>= 30 years	1	1
<b>Campus of residence</b>		
Campus 1	12	10
Campus 2	61	53
Campus 3	42	37
<b>Marital status</b>		
Single	111	97
Married	4	3
<b>Religion</b>		
Christianity	109	95
Ancestral worship	4	3
Other	2	2

### 4.2.2 Demographic characteristics of the respondents

The frequency statistics on the respondents' demographic profiles indicate that 68% (n=78) of the respondents were females, while the remaining 32% (n=37) were males. Concerning age group, 83% (n=72) of the respondents were in the age range of 21-23 years. This indicates that student nurses on training are of young age. In addition, 13% (n=15) were in the age range 24-26 years. Respondents who were in the age group of 18-20 years accounted for 10%. The majority of respondents 95% (n=109) were Christians.

The findings indicate that the majority 68% (n=78) of the respondents were females. Evidently, this indicates that females dominate nursing profession as the first nurse was Florence Nightingale, a female and she was called the lady with a lamp (Mellish et al 2010:16). The findings in age of the respondents indicate that the majority 83% (n=72) were ranging between 21–23 years. This indicates that nurses on training are of a young age. The majority 95% (n=109) were Christians. Nursing originated as a call by people that were determined to help the sick. Caring need a person to have Christianity within herself.

Mahlungulu and Uys (2004:20) support this in the study entitled, Spirituality in nursing: An analysis of the concept indicating that nurse needs to have spirituality which is relationship with God. The study further mentions that if a nurse has spirituality will be able to understand if a patient needs a priest to pray for her because spirituality manifests mostly when an individual is challenged e.g. illness.

#### **4.2.3 Scale reliability**

The internal consistency of the research instrument's items was examined based on 0.7 Cronbach's alpha criterion. Technically, the scale reliability test was undertaken to statistically determine the degree to which the selected set of survey items measured one-dimensional latent construct. Therefore, the Cronbach's alpha coefficient was statistically measured to assess the extent to which if the same set of questions were to be asked to same group of respondents several times in similar settings, identical responses could be obtained. Both the disaggregated and overall scale reliability results on the four primary dimensions of the research instrument were presented in Table 4.2. The four dimensions covered in this research study include nurse training programmes addressing Ubuntu, based in the community, cradle to career, and impact through depth.

**Table 4.2 Scale reliability of the questionnaire (n=49)**

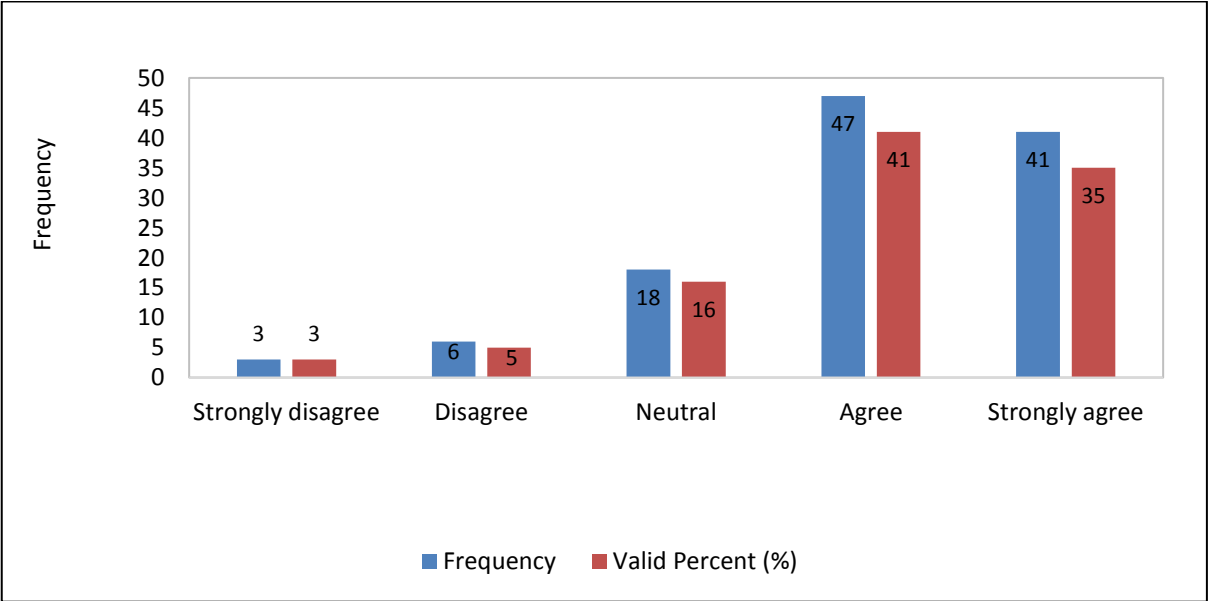
Dimension	No of items	Cronbach's alpha ( ) value
Nurse training programmes address Ubuntu	15	0.782
Based in the community	15	0.846
Cradle to career	14	0.747
Impact through depth	5	0.711
<b>Overall scale reliability</b>	<b>49</b>	<b>0.872</b>

The overall scale reliability Cronbach's alpha coefficient value (=0.872) for the forty-nine survey questionnaire items exceeded the minimum acceptable (=0.700).

**4.2.4 Report of respondents under the four distinct dimensions of Ubuntu model**

The four distinct dimensions were nurse-training programmes addressing Ubuntu, based in the community, cradle to career, and impact through depth. The report was provided for only questionnaire items that had statistical significance based on factor loadings  $\geq 0.6$  under distinct dimensions.

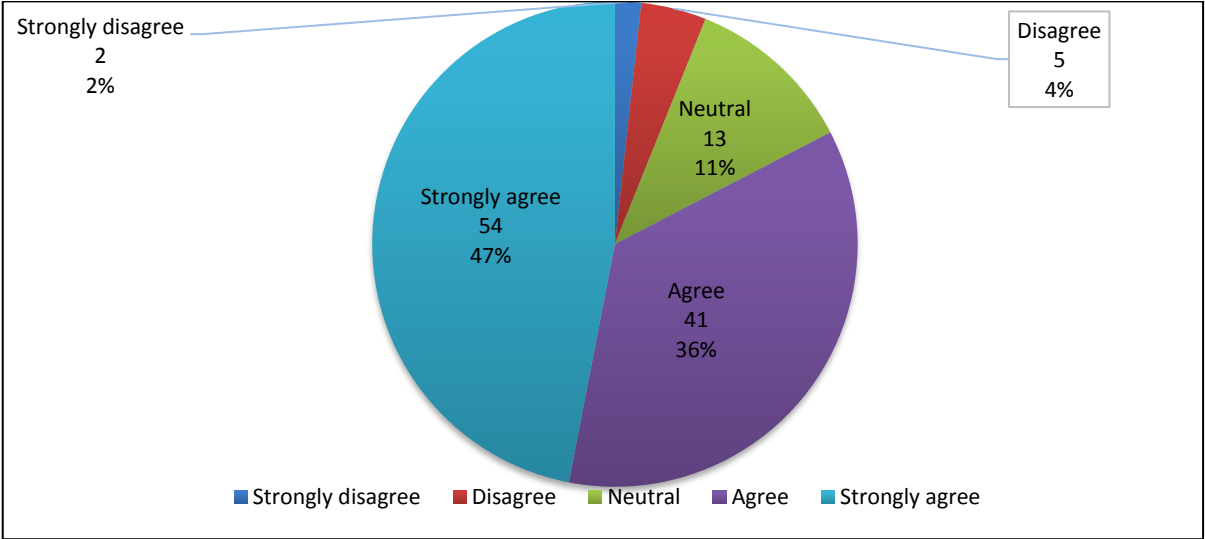
**4.2.4.1 Building a sustainable institution (nurse training programme addressing Ubuntu)**



**Figure 4.1 Students are taught to care about the well-being of other fellow students (N=115)**

Figure 4.1 shows that the majority 41% (n=47) of the respondents agreed that students are taught to care about the well-being of other fellow students, while 35% (n=41) strongly agreed with the statement. From the remaining respondents, about 16% (n=18) remained neutral, while only 5% (n=6) disagreed with the notion that students are taught to care about the well-being of other fellow students.

The findings of the study revealed that the majority 41 % (n=47) of the respondents agreed that students are taught about the well-being of other students. The student nurses are being taught as groups in the classroom situation and also in simulation of skills. The student nurses tend to know each other and start to care about the well-being of each other. Mulaudzi et al (2009:46) support this in the study entitled, Suggestion for Creating a Welcoming Nursing Community: Ubuntu, Cultural Diplomacy, and Mentoring indicating that one nurse alone is not able to fulfil achieve the goal or vision of the profession. Nursing needs teamwork and teamwork encourages nurses to care for the well-being of others. The student nurses are taught about norms and values of the profession in Ethos of nursing, which embraces caring for the well-being of fellow students (Mellish et al 2010:13).

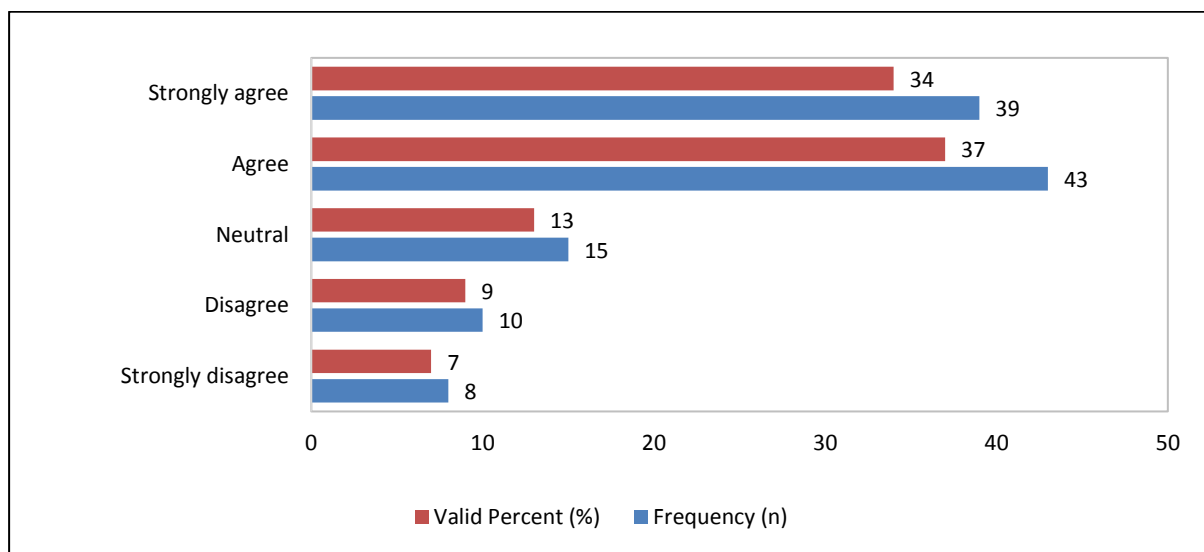


**Figure 4.2 The curriculum teaches students to respect beliefs and customs of other students and college staff (N=115)**

Comparatively, the highest proportion of 47% (n=54) of respondents reported that they strongly agreed that the curriculum teaches students to respect beliefs and customs of other students and College staff; followed by 36% (n=41) who agreed with the same

opinion. However, 11% (n=13) remained neutral while 4% (n=5) disagreed and 2% (n=2) strongly disagreed with the respective view that the curriculum teaches students to respect beliefs and customs of other students and college staff.

The findings of the study in item 4.2 revealed that the majority of the respondents 41% (n=47) of the respondents agreed that students are taught about the well-being of other students. The student nurses are being taught as groups in the classroom situation and also in simulation of skills. The student nurses tend to know each other and start to care about the well-being of each other. Mulaudzi et al (2009:46) support this in the study entitled, Suggestion for Creating a Welcoming Nursing Community: Ubuntu, Cultural Diplomacy, and Mentoring indicating that one nurse alone is not able to fulfil or achieve the goal or vision of the profession. Nursing needs teamwork and teamwork encourages nurses to care for the well-being of others. The student nurses are taught about norms and values of the profession in the Ethos of Nursing module that embraces caring for the well-being of fellow students and their patients (Mellish et al 2010:13).



**Figure 4.3 Ubuntu should be taught just like any subject in the nursing colleges (N=115)**

In figure 4.3, approximately 37% (n=43) of the participants agreed that in order to adequately cater for Ubuntu. It should be taught just like any subject in the nursing colleges, and 34% (n=39) strongly agreed with the respective statement. Collectively, 71% (n=82) of the respondents were in the category of those who generally agreed,

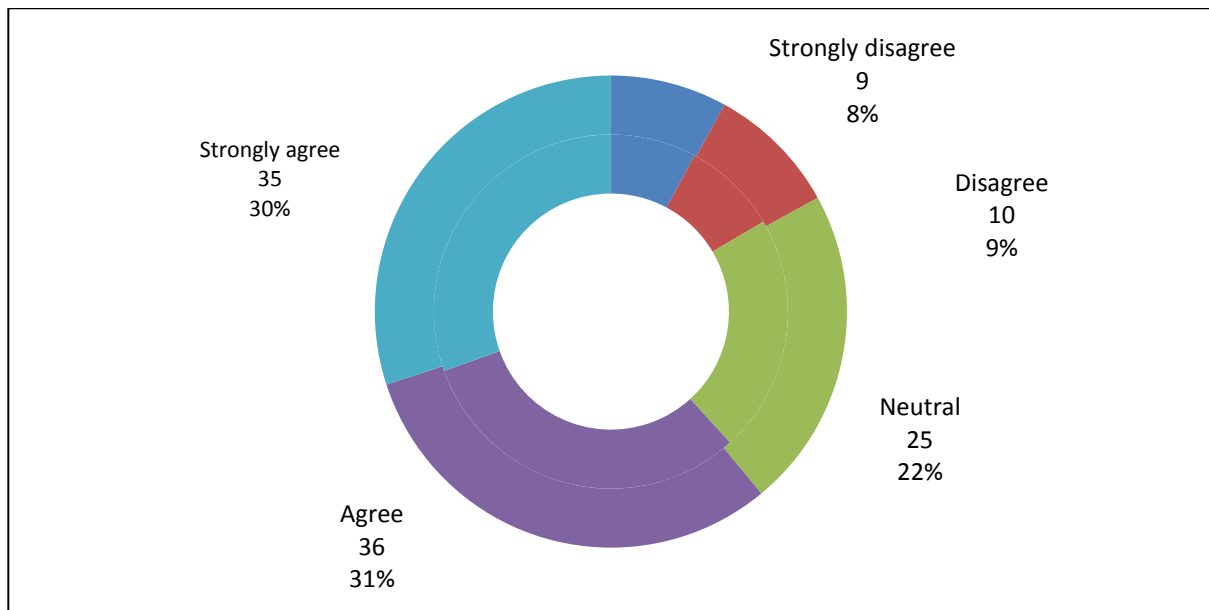


while 16% (n=18) generally disagreed with the opinion that in order to adequately cater for Ubuntu, it should be taught just like any subject in the nursing colleges.

The findings revealed that the majority 71% (n=82) agreed that Ubuntu should be taught just like any other subject in the colleges. This is supported by Letseka (2012:42a) in the study entitled, An analysis of Undergraduate Philosophy of education students's perception of African Philosophy contending that Ubuntu should be included in the curriculum and be taught like other subjects. This is further supported by Nkondo (2007:98) indicating that education institutions need to educate for sensibility, compassion and caring, which are Ubuntu principles. This will enable the professional people that are having humanity to function well in the work environment and in the society.

In the study entitled, Educational Research for Social Change with Living Educational Theories, Whitehead (2012:10) asserts that through Ubuntu way of life, an academic should be able to bring change to the other human beings by other teaching them in education institutions or being human so that others can learn about Ubuntu.

Furthermore, Mulaudzi and Peu (2014:7) and Mulaudzi et al (2009:51) suggest that Ubuntu can also be taught during school health services where even the student nurses are visiting to render health service following the programme of school health service. This may be beneficial to both the student nurses and the primary and secondary school children. Based on the findings, there is a need for Ubuntu to be facilitated as a short course module and be included during facilitation of General Nursing Science in Ethos of Nursing and also in Social Science subjects which include cultural norms and values of the society. Therefore, in the absence of Ubuntu, a nurse will have a negative impact on patients because she will not have caring, respect, compassion and empathy towards patients (Murithi 2009:225).



**Figure 4.4 The college can effectively address Ubuntu by introducing a module for Ubuntu (N=115)**

The relative combined majority of 31% (n=36) of respondents agreed, and 30% (n=35) strongly agreed that the College can effectively address Ubuntu by introducing a module for Ubuntu. On the contrary, 22% (n=25) remained neutral, only 9% (n=10) disagreed and 8% (n=9) strongly disagreed that the College can effectively address Ubuntu by introducing a module for Ubuntu.

The findings indicate that the relatively combined majority 31% (n=36) agreed that the college can effectively address Ubuntu by introducing a module for Ubuntu. This confirms that Limpopo College of Nursing is presently not having a module for Ubuntu in the curriculum. As a result, Ubuntu is not addressed as a subject. Student nurses are taught about norms and values of the nursing profession in Ethos of nursing and Social Science subject.

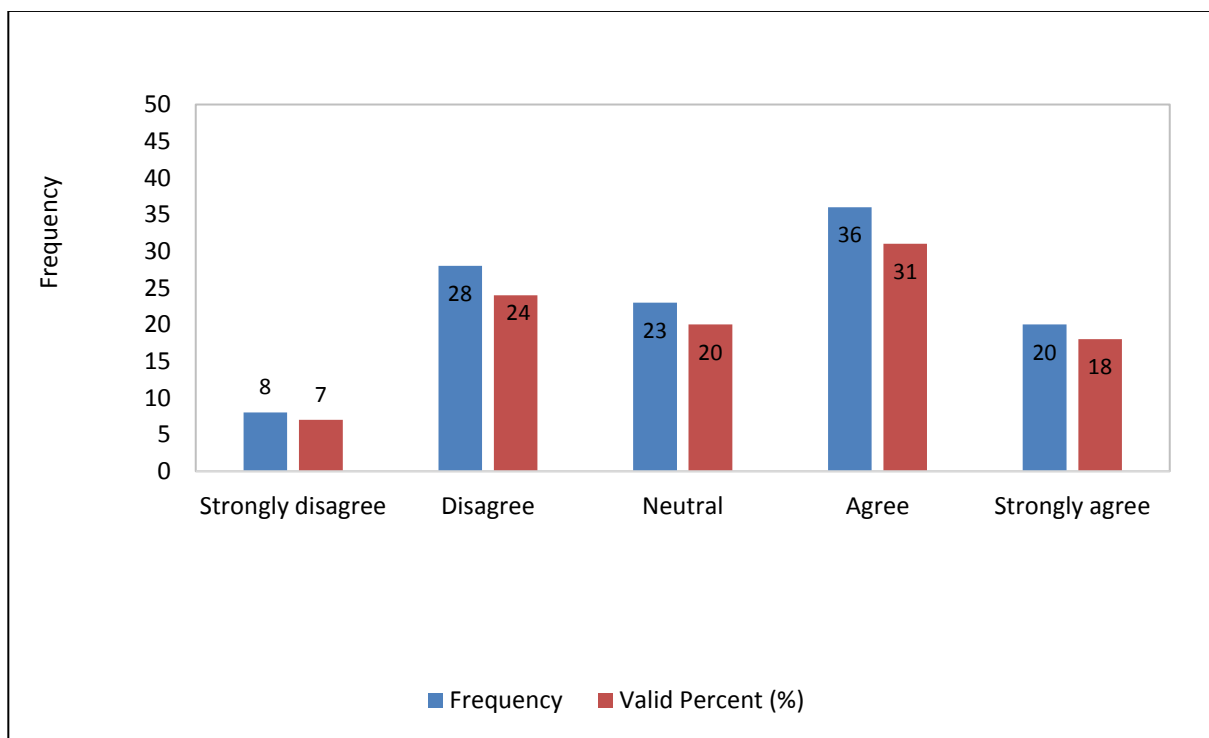
Letseka (2012:42a), Whitehead (2012:10), Mulaudzi and Peu (2014:7) and Mulaudzi et al (2009:51) support this. The module on Ubuntu will be evaluated in the clinical areas by the professional nurses because they observe the student nurses performing all the nursing care on daily basis when allocated in the clinical areas. Abaunza (2013:36) notes that the passage to democracy needed new curriculum which was to embrace Ubuntu.

The DoE committed to transform education system to the full personal development of each student and to the moral, social, cultural, political and economic development. Letseka (2012:50a) contends that the education system is still having a challenge to implement Ubuntu to be facilitated at grassroots level as indicated by students not having knowledge on Ubuntu.

Based on these findings, there is a need for a short course to be facilitated on entry of student nurses in the nurse training programmes and also integrated with other subjects during facilitation of learning. Ubuntu should also be reinforced on completion of training to ensure that the knowledge is inculcated to the nurses on going to the clinical environment as a working force.

#### 4.2.4.2 *Based in the community*

**(Support that could be incorporated in training programmes in order to develop Ubuntu)**



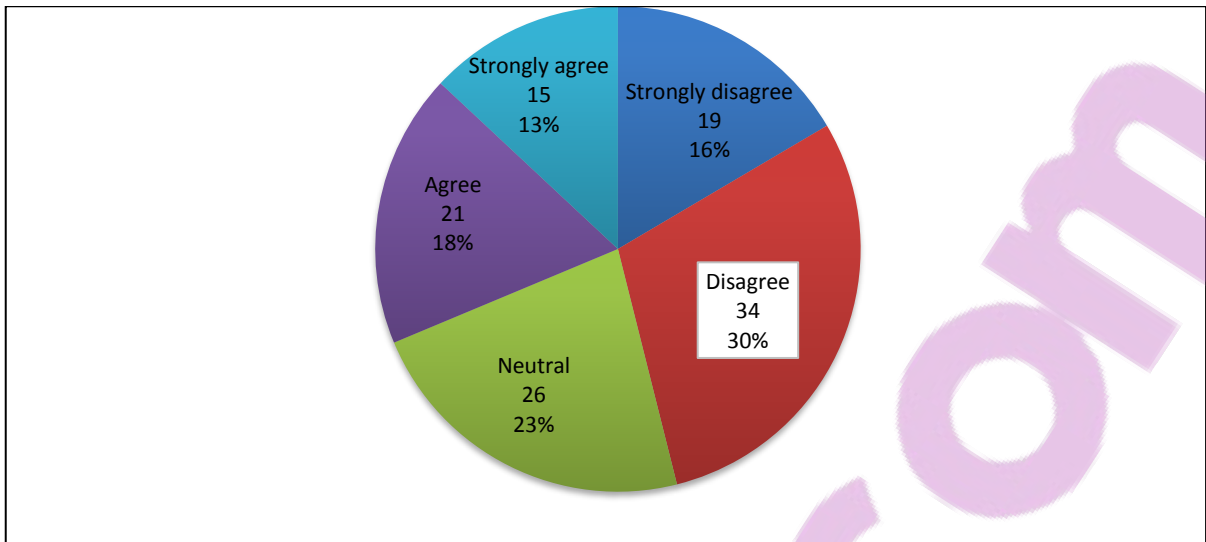
**Figure 4.5 It is fact that nurses practice Ubuntu when rendering nursing care in primary health care (N=115)**

Figure 4.5 reveals that the relatively largest proportion of 31% (n=36) of the student respondents agreed that it is a fact that nurses practice Ubuntu when rendering nursing care in primary health care. Furthermore, 18% (n=20) strongly agreed with the respective opinion that nurses practice Ubuntu when rendering nursing care in primary health care. However, 20% (n=23) remained neutral while 24% (n=28) disagreed that it is fact that nurses practice Ubuntu when rendering nursing care in primary health care.

The findings indicate that 31% (n=36) agreed that they practiced Ubuntu while 24% (n=28) disagreed that Ubuntu is practiced when rendering nursing care in primary health care. Mulaudzi et al (2009:50) indicate that nurses need mentoring on Ubuntu principles when entering nursing profession and when they are allocated in the clinical areas. Mulaudzi et al (2009:50) further maintain that a mentor is expected to enable a mentee to navigate the work environment, to offer vision, to encourage, developing trust, to care, and to provide protection. The mentee also should have knowledge of Ubuntu principles to be able to mentor the mentee. Currently, Limpopo College of Nursing does not have a module on Ubuntu.

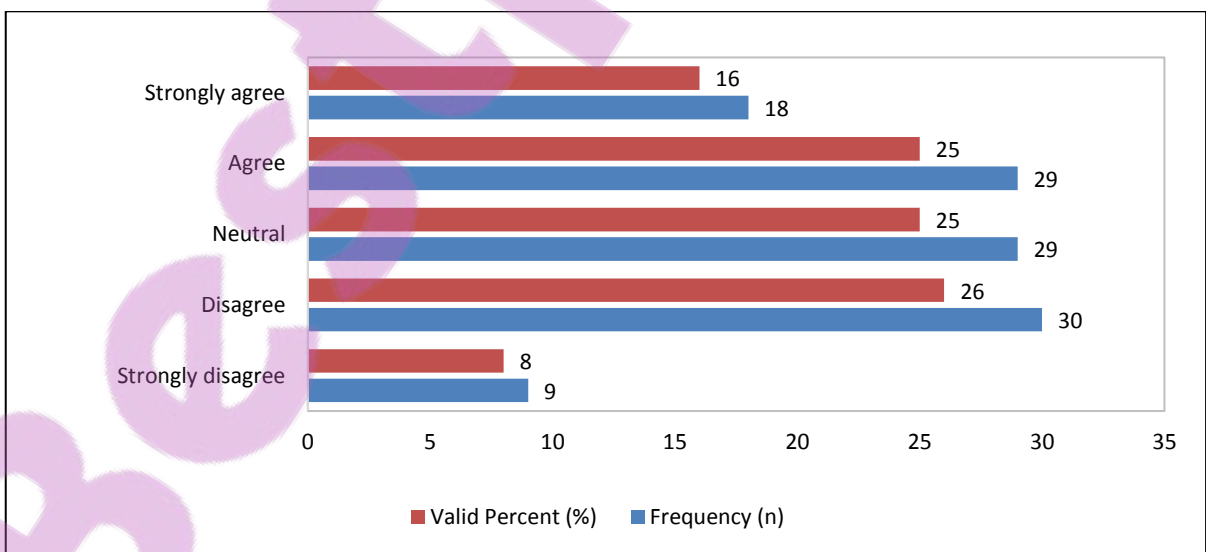
Lack of mentoring on Ubuntu may have negative impact to the student nurses and nurses on practice since clinical competence and Ubuntu need to be integrated for quality patient care. This is supported by the high statistics of litigation for Limpopo Province from SANC.

The study conducted by Oosthuizen (2012:59) reports that South African nurses are mostly visible in the print media through negative reports. This is supported by high statistics litigation from Limpopo Province in 2013. Ubuntu needs to be facilitated as a short course and also integrated during facilitation of General Nursing Science and Social Science subjects (Letseka 2012:42a; Mulaudzi & Peu 2014:7 and Nkondo 2007:28).



**Figure 4.6 All nurses practice Batho Pele principles (N=115)**

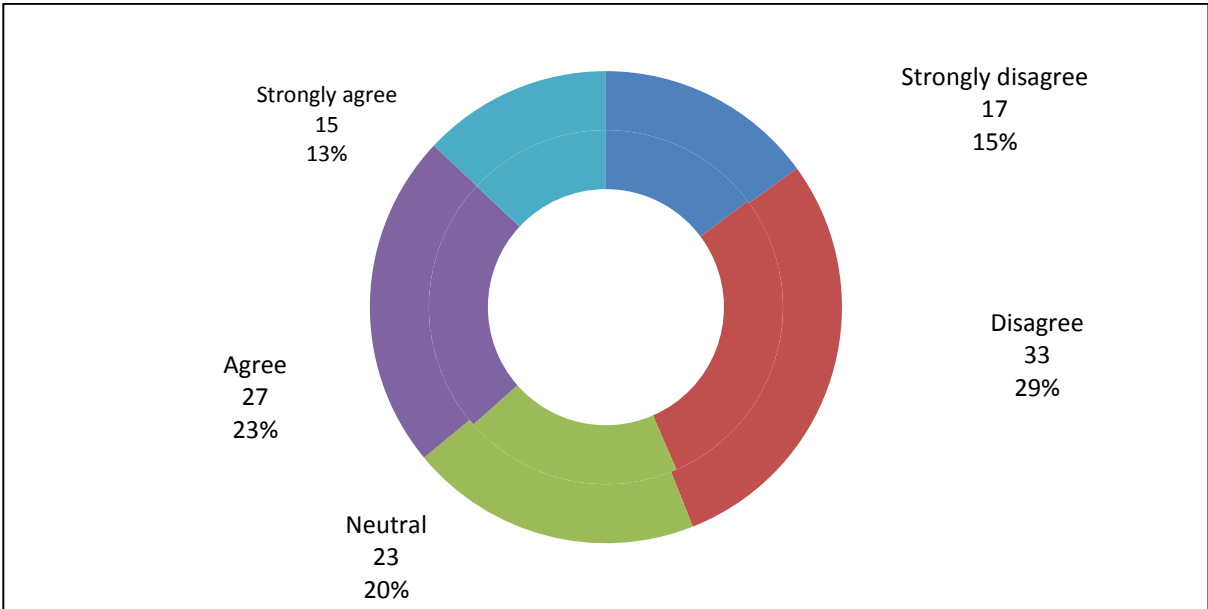
Relatively, the largest proportion of 30% (n=34) of respondents disagreed that all nurses practice Batho Pele principles while 16% (n=19) strongly disagreed with the respective statement. On the contrary, 23% (n=26) remained neutral, whereas 18% (n=21) agreed and 13% (n=15) strongly agreed with the respective opinion that all nurses practice Batho Pele principles. The findings revealed that the majority 30% (n=34) disagreed that all nurses practice Batho Pele principles. Batho Pele means "People First". This means that people should be given services in all the departments in the public sectors, especially in health facilities. There are 11 principles of Batho Pele that should be integrated with Ubuntu. The majority of the respondents reported that Batho Pele is not considered by nurses when providing nursing care.



**Figure 4.7 Nurses readily respect patients' choice based on religion (N=115)**

As revealed by Figure 4.7, about 25% (n=29) of the participants agreed that nurses readily respect patients' choice based on religion, while 16% (n=18) strongly agreed with this opinion. On the contrary, 25% (n=29) of respondents remained neutral while 26% (n=30) disagreed that nurses readily respect patients' choice based on religion.

The findings reveal that 26%(n=30) disagreed that nurses respect patient's choice based on religion. The study conducted by Mahlunqulu and Uys (2004:20) accentuates that nurses should have spirituality, which is something that is within a person and therefore a unique relationship with God. Patients need their religion to be respected since they would like the members of their churches to come and pray for them. They can also request nursing staff to pray.



**Figure 4.8 Health workers maintain privacy and confidentiality at all times (N=115)**

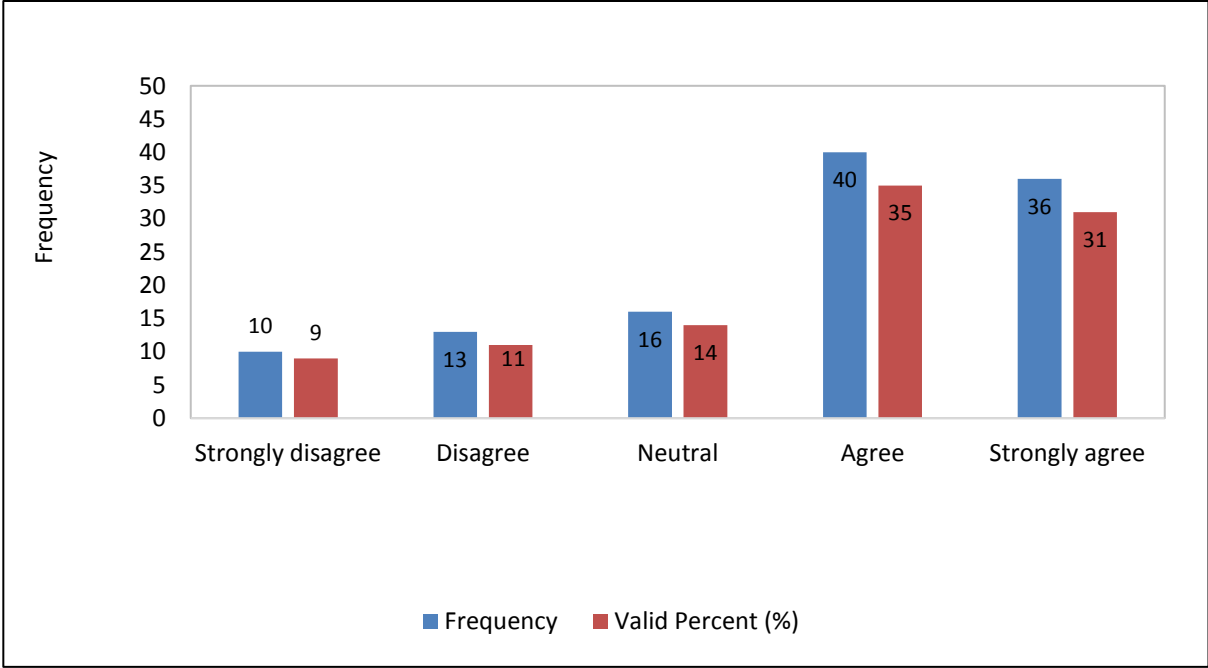
The comparative total majority of 29% (n=33) of the respondents generally disagreed that health workers maintain privacy and confidentiality at all times while 23%(n=27) agreed, 20% (n=23) remained neutral, 15% (n=17) strongly disagreed, while 13%(n=15) strongly agreed that health workers maintain privacy and confidentiality at all times.

The findings reveal that the majority 29% (n=33) of the respondents disagreed that health workers maintain privacy and confidentiality at all times. Gallagher (2013: 3) concurs that nurses have a major role to play since patients are depending on nurses

for everything including to drink water. The nurses have to ensure that privacy for the patient is maintained and confidentiality maintained since the patient depends on the nurses for everything (Gallagher 2013:4).

**4.2.4.3 Cradle to career**

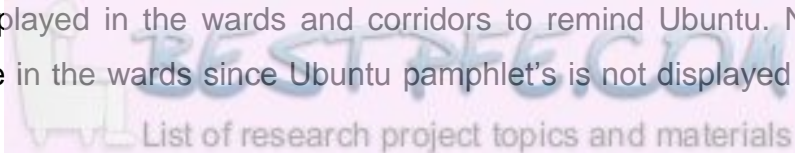
**(Ubuntu and mentoring)**



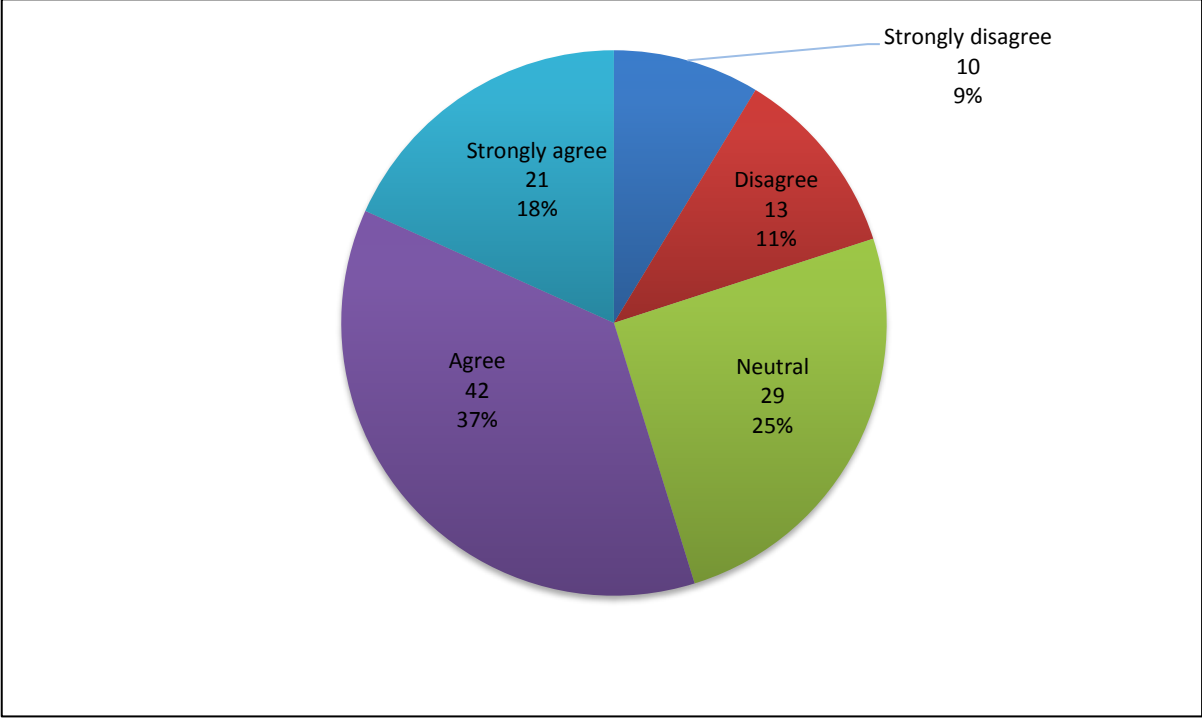
**Figure 4.9 Pamphlets are displayed in the wards and corridors to remind about Ubuntu (N=115)**

Figure 4.9 reveals that the comparatively largest proportion of 35% (n=40) of student respondents agreed that pamphlets are displayed in the wards and corridors to remind nurses about Ubuntu. In addition, 31% (n=36) strongly agreed with the respective opinion that pamphlets are displayed in the wards and corridors to remind nurses about Ubuntu. However, 14% (n=16) remained neutral, while 11% (n=13) disagreed, and 9% (n=10) strongly disagreed that pamphlets are displayed in the wards and corridors to remind nurses about Ubuntu.

The findings revealed that the majority of the respondents 35% (n=40) agreed that pamphlets are displayed in the wards and corridors to remind Ubuntu. Nevertheless, this is not the case in the wards since Ubuntu pamphlet's is not displayed in the health



facilities. This calls for further empowering of student nurses during training in the form of short course so that they may display them in future. Letseka (2012:51a) concurs that Ubuntu is discussed in conferences and higher meetings but does not reach the grassroots at the operational level.

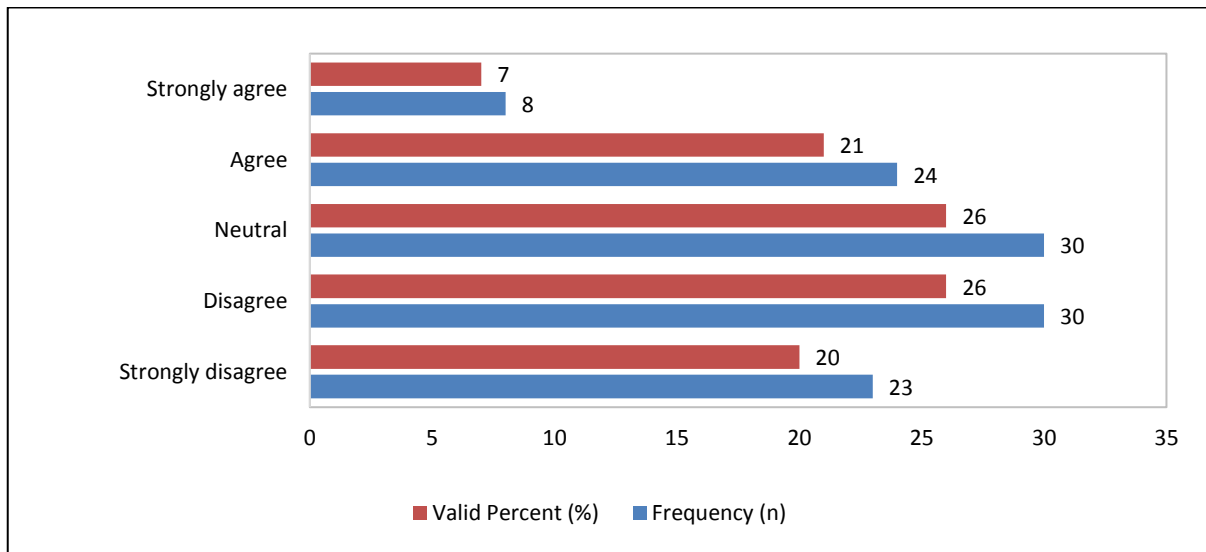


**Figure 4.10 Work-related learning in the hospital includes Ubuntu philosophy (N=115)**

Comparatively, the largest proportion of 37% (n=42) of student participants agreed that work-related learning in the hospital include Ubuntu philosophy, while 18% (n=21) strongly agreed with the respective statement that work-related learning in the hospital include Ubuntu philosophy. Conversely, 25% (n=29) remained neutral, whereas 11% (n=13) disagreed and 9% (n=10) strongly disagreed with the respective opinion that work-related learning in the hospital include Ubuntu philosophy.

The findings revealed that 37% (n=42), agreed that work-related learning in the hospital includes Ubuntu philosophy. On the contrary, the evidence in the wards does not support this since in the health facilities the in-service programme does not include Ubuntu. The principles are not covered and these calls for more information to be inculcated among the student nurses to be able understand the concept Ubuntu and differentiate it from the other norms and values taught in other subjects.

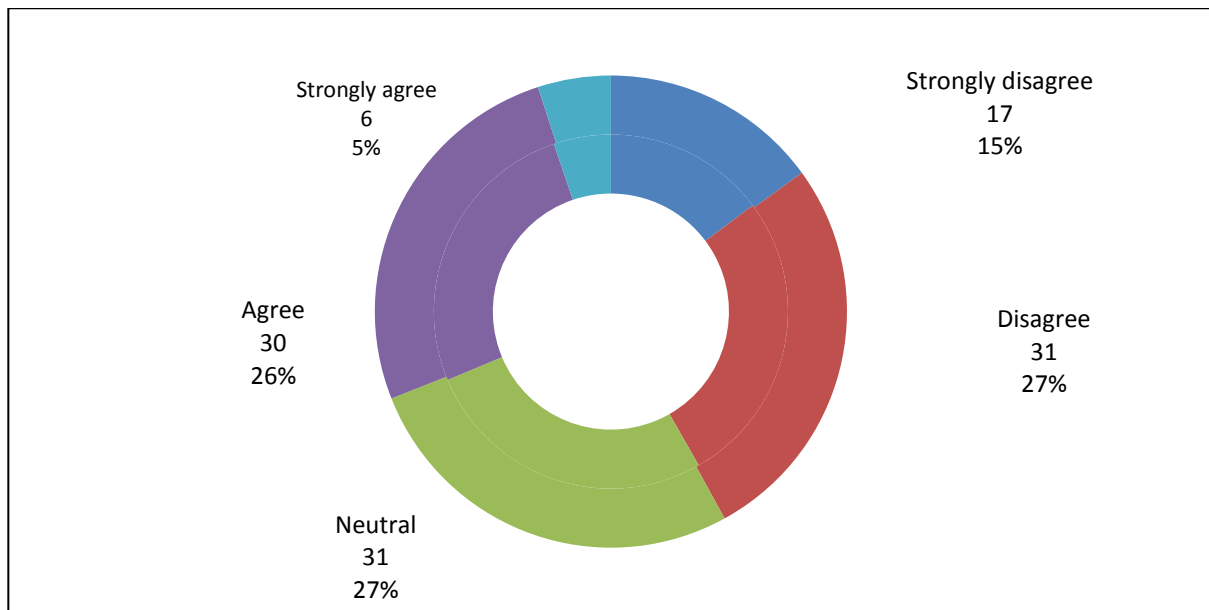




**Figure 4.11 Observation on Ubuntu as displayed by nurses is included in the report (N=115)**

As indicated by Figure 4.11, the relatively largest proportion of 26% (n=30) of the respondents disagreed that student nurses complete end of clinical exposure report, which include observation on Ubuntu displayed by nurses, and 20% (n=23) strongly disagreed with the respective opinion. While 26% (n=30) remained neutral, 21% (n=24) agreed, and merely 7% (n=8) strongly agreed that student nurses complete end of clinical exposure report, which include observation on Ubuntu displayed by nurses.

The findings revealed that the majority of the respondents, 26% (n=30) disagreed that they complete end of the clinical exposure report, which include observation on Ubuntu displayed by nurses. Currently, Limpopo College of Nursing has no tools designed to assess Ubuntu; hence, student nurses are not assessed on Ubuntu both in theory and practice. The student nursees need to be assessed by the professional nurses mostly because they spend more time observing and supervising student nurses while they provide nursing care to the patients. The student nurses need to be assessed for Ubuntu if the module for Ubuntu is facilitated in the form of a short course and evaluated both in theory and practice (Letseka 2012:56b; Nkondo 2007:98).



**Figure 4.12 In-service education on practising Ubuntu is conducted (N=115)**

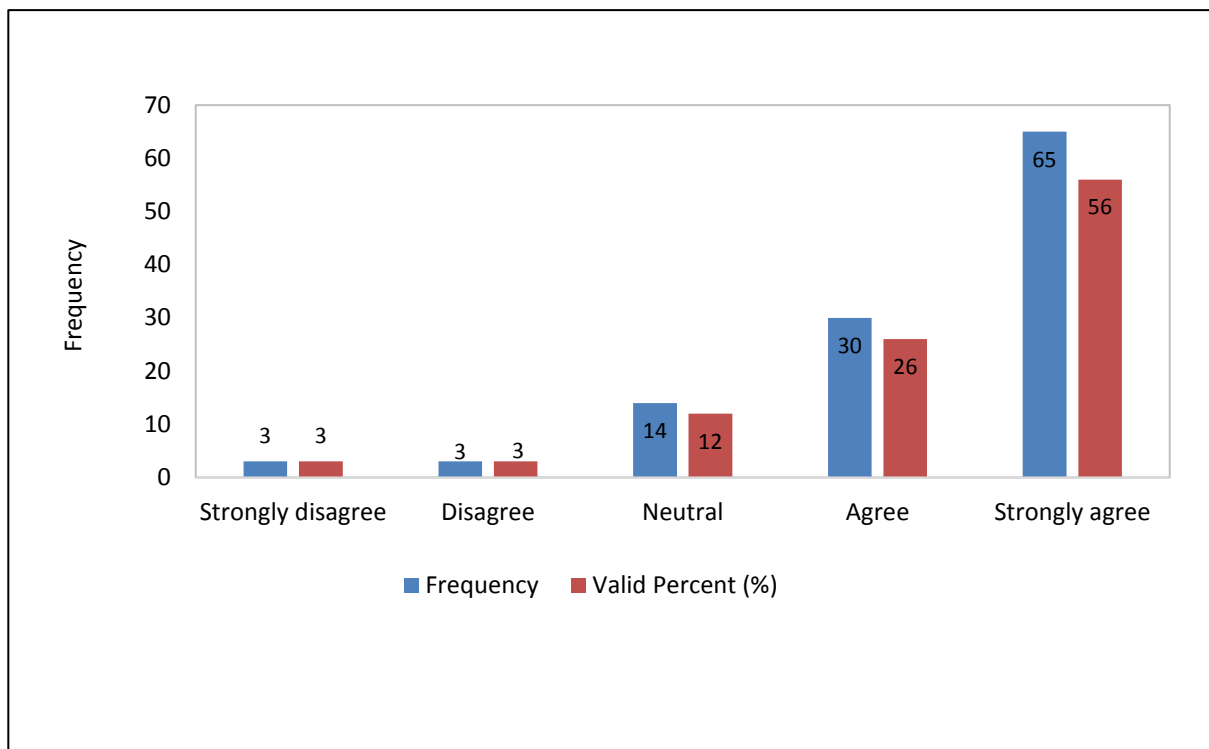
The comparative total majority of 31% (n=27) of the student respondents surveyed generally disagreed, out of which 31% (n=27) remained neutral, 26%(n=30) agreed that that in-service education on practising Ubuntu is conducted. While 15% (n=17) strongly disagreed and 15% (n=17) strongly disagreed and 5%(n=6) strongly agreed that in-service education on practising Ubuntu is conducted.

The findings indicate that the majority, 31% (n=27) disagreed that in-service education on practicing Ubuntu is conducted. Limpopo College of Nursing is not having a module on Ubuntu in the curriculum for all the programmes. In-service education is not being given to the student nurses about Ubuntu. The health facilities do not have in-service education on Ubuntu since student nurses do not have mentors on Ubuntu. This is supported by findings in Figure 4.12 where the majority of the respondents indicated that 31% (n=27) of the respondents reported that they are not given end of clinical exposure forms to complete as a means of evaluating Ubuntu in the wards.

Based on these findings, there may be negative impact to patient care since there are no mentors to student nurses in the clinical area and professional nurses do not evaluate nurses on Ubuntu principles but letting them complete end of the clinical exposure assessment form.

#### 4.2.4.4 Impact through depth

##### (Ubuntu enhancement to student nurses)



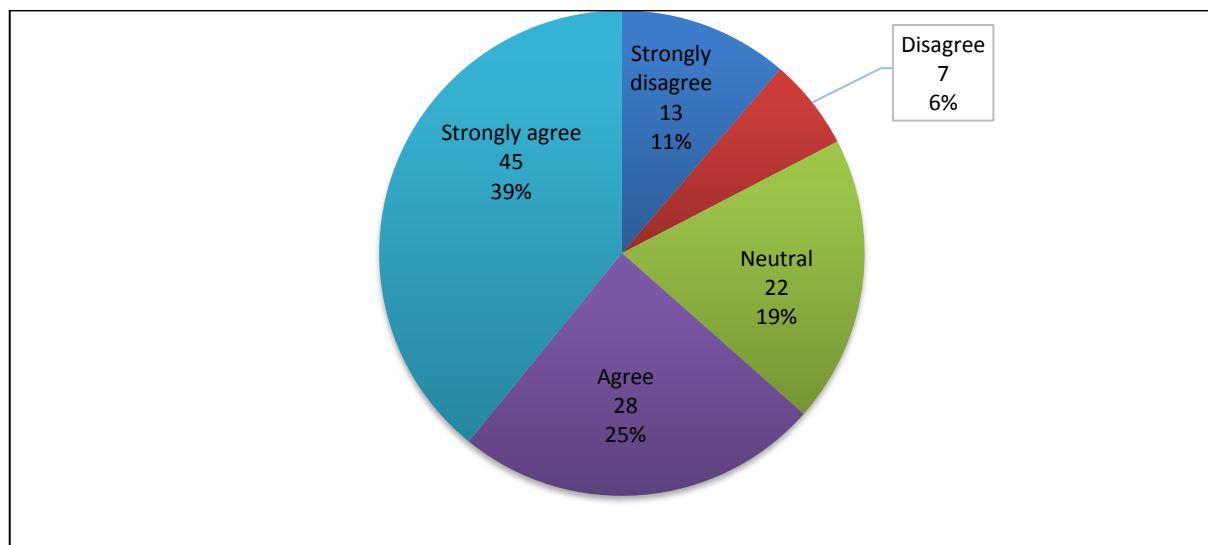
**Figure 4.13 A short formal course on Ubuntu principles would increase the practice of Ubuntu (N=115)**

Figure 4.13 illustrates that the majority 56% (n=65) of the respondents strongly agreed that a short formal course on Ubuntu principles would increase the practice of Ubuntu, while 26% (n=30) agreed with the same opinion. On the contrary, approximately 12% (n=14) remained neutral, whereas merely 3% (n=3) disagreed, and 3% (n=3) strongly disagreed with the respective notion that a short formal course on Ubuntu principles would increase the practice of Ubuntu.

The findings revealed that the majority 56% (n=65) of the respondents strongly agreed that a short formal course on Ubuntu principles would increase the practice of Ubuntu. Mulaudzi et al (2009:46) support this finding and concur that nurses need to be taught about Ubuntu owing to the complimentary nature it has with nursing care. The Ubuntu principles need to be inculcated among the student nurses from entry level into the profession. The notion is that a person is a person through others as asserted by “Umuntu u muntu nga bantu” (Mulaudzi et al 2009:46). Several researchers’ findings

corroborate the findings of this study indicating that Ubuntu needs to be facilitated in the form of a short course and be evaluated in the clinical areas in the form of completing end of the block clinical report (Abaunza 2013:79; Letseka 2012:56b; Whitehead 2012:18).

Based on the findings, there is a need for a short course to inculcate the spirit of Ubuntu among the student nurses to be able to provide nursing care that is being complemented by Ubuntu. Patients will be able to be nursed holistically. As a result, lack of Ubuntu among the student nurses has negative impact on patient care.

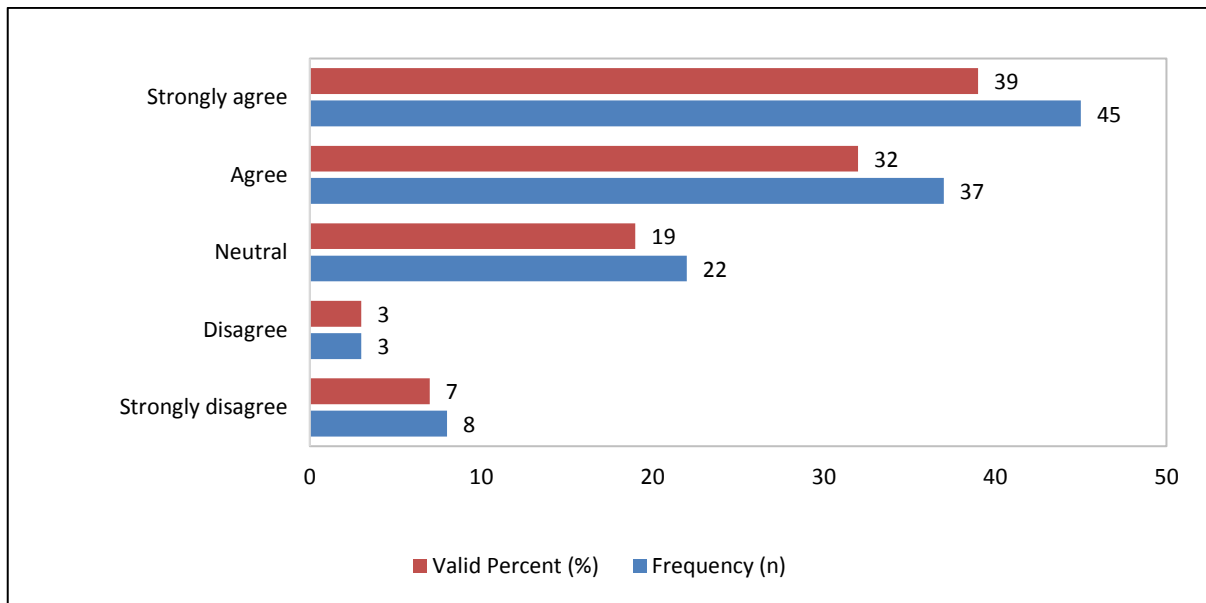


**Figure 4.14 A compulsory short course in Ubuntu will be necessary as students are already overloaded with work (N=115)**

Relatively, the largest proportion of 39% (n=45) of the respondents reported that they strongly agreed that a compulsory short course in Ubuntu will be necessary as students are already overloaded with work; followed by 25% (n=28) who agreed with the same opinion. Nonetheless, 19% (n=22) remained neutral, whereas 11% (n=13) strongly disagreed and merely 6% (n=7) disagreed with the respective view that a compulsory short course in Ubuntu will be necessary as students are already overloaded with work.

The findings revealed that the largest majority agreed that compulsory short course in Ubuntu will be necessary as students are overloaded with work. This is supported by Figure 4.14 with the largest majority of 56% (n=65) indicating that a short course will be necessary as students are already overloaded with work. Ubuntu need to be facilitated in the form of a short course and be evaluated in the clinical areas in the form of

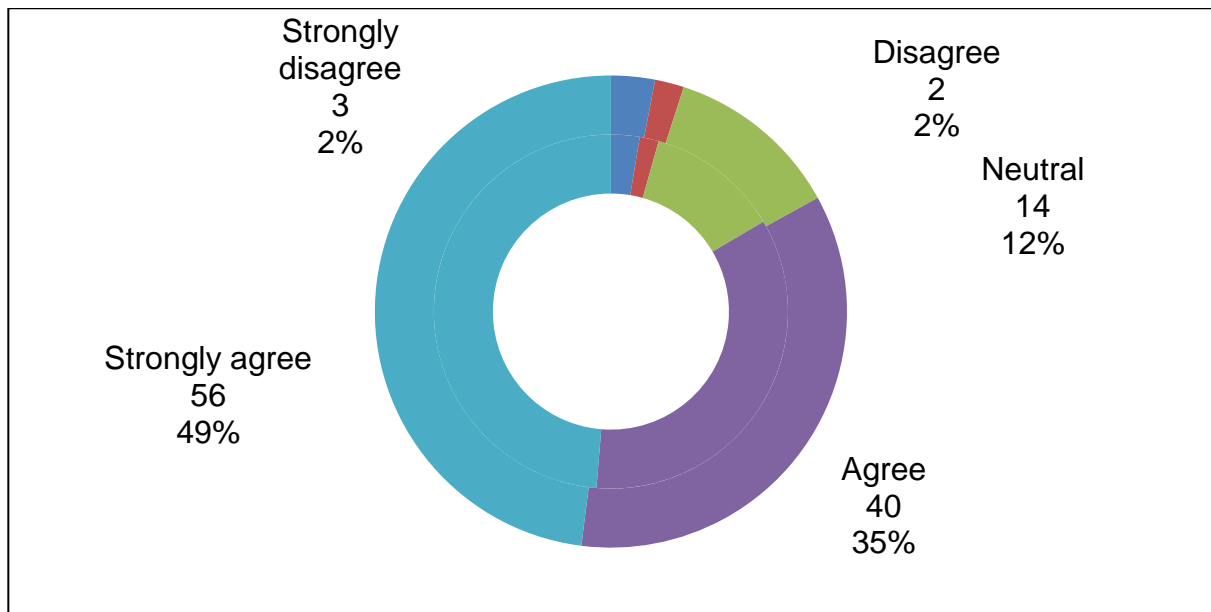
completing end of the block clinical report. This finding is supported by Abaunza (2013:79), Letseka (2012:56b); Nkondo (2007:98) and Whitehead (2012:18).



**Figure 4.15 Students should be involved in content selection of the short course on Ubuntu (N=115)**

As presented by Figure 4.15, the relative majority of 39% (n=45) of the respondents strongly agreed that students should be involved in content selection of the short course on Ubuntu, followed by 32% (n=37) who agreed with the respective statement. Collectively, 71% (n=82) of the respondents were in the category of those who generally agreed, while merely 10% (n=11) generally disagreed with the opinion that students should be involved in content selection of the short course on Ubuntu.

The findings revealed that the majority 71% (n=82) agreed that student should be involved in content selection of the short course. This is not possible because the course selection should be selected by the facilitators to guide the students regarding the content to learn about. The module will be given to the learners after it was looked at by the compilers that all the key aspects have been covered. The students may not know the key aspects that need to be covered. Abaunza (2013:79), Nkondo (2007:98) and Letseka (2012:56b) concur that Ubuntu should be taught as a module or a short course designed to assist the students to learn about Ubuntu principles.



**Figure 4.16 A short course on Ubuntu should be added during orientation (N=115)**

Figure 4.16 illustrates that the relative total majority of 49% (n=56) of respondents strongly agreed, out of which 35% (n=40) agreed and 12% (n=14) remained neutral that a short course on Ubuntu should be added during orientation. Only 2% (n=3) strongly disagreed and another 2% (n=2) disagreed with the opinion that a short course on Ubuntu should be added during orientation.

The findings revealed that an overwhelming majority, that is, 49% (n=56) of the respondents strongly agreed that a short course should be added during orientation. This is supported by Mulaudzi, et al (2009:47) who concur that a nurse enters into the nurse training programme coming from a different family background. Therefore, a nurse needs to be orientated about values and norms of the profession and also Ubuntu needs to be included in the orientation programme because Ubuntu and nursing are complementary and inseparable.

Based on the findings, Ubuntu needs to be included in the orientation programme since failure to inculcate Ubuntu principles may eventually have negative impact on patient care.

#### **4.2.4.5 Summary of the findings for quantitative method**

- The Curriculum at Limpopo College of Nursing does not include Ubuntu aspects. Hence, Ubuntu is not facilitated as a module.
- The student nurses do not have mentors in the clinical areas on Ubuntu.
- Student nurses are not evaluated on Ubuntu as part of clinical practice training.
- Patients in the wards are nursed according to their social class.
- Nurses are not sympathetic towards patients and colleagues.
- Student nurses are not socialised on Ubuntu from entry into the nursing training programmes.
- Student nurses do not complete end of the clinical exposure report, which include their observation on Ubuntu.
- The wards are not having documents to support Ubuntu in the wards.
- Lecturers not assessing Ubuntu during clinical accompaniments.

### **4.3 PHASE 2: QUALITATIVE RESULTS**

#### **4.3.1 Introduction**

The purpose of this section was to discuss the results of the focus group discussions that were obtained from the student nurses at the 3 (three) campuses. In addition, focus group discussions were held with the lecturers at the three campuses and findings of the reflective diaries that were issued to the level III student nurses to reflect on themselves and their observations from the staff if they consider Ubuntu when providing nursing care (Fakude & Bruce 2003 52). The qualitative method was used for exploratory purposes following a quantitative method in the study. The triangulation of data of the reflective diaries and focus group discussions was done to be able to get in-depth information from participants. The information obtained from the reflective diaries and the focus group discussions were almost the same. The information were supporting each other.

The objectives of the study are to:

- Explore the student nurses and lecturers experiences regarding Ubuntu in the health facilities they are exposed to.
- Identify aspects of Ubuntu that are being practiced at the Limpopo College of Nursing to address Ubuntu.
- Determine the strategies that should be used to inculcate Ubuntu amongst the nurses.
- Develop a short course that could be used to inculcate the spirit of Ubuntu amongst the student nurses.

The researcher asked the following questions in order to meet the research objectives mentioned above:

- What do you understand by the concept Ubuntu?
- What are your experiences regarding Ubuntu in the health facilities?
- How do nurses display Ubuntu to patients in the health facilities?
- What do you think can be done to ensure that Ubuntu is inculcated among the student nurses?
- Kindly share anything you feel we have missed.

#### **4.3.2 Discussion of qualitative findings**

The discussion of qualitative findings was started with the discussion of the reflective diaries, followed by the discussion of focus group interviews of the lecturers and the last discussion of qualitative findings was the focus group with the students.

##### ***4.3.2.1 Discussion of findings of the reflective diaries***

Diaries are an innovative method of capturing the work experiences and they allow confidentiality and anonymity, often not possible with other qualitative data collection methods (Munyewende & Rispel 2014:93). The participants reflect on their work experiences and their observations and identify the strength and weaknesses of performance on their work place (Munyewende & Rispel 2014:93). The diary entries



were carried out in the three campuses at Limpopo College of Nursing. The three campuses were Campus 1 = Sovenga, Campus 2 = Thohoyandou and Campus 3 = Giyani. The population were the level III student nurses that participated in the study. The reason for selecting reflective diaries was to get in-depth information on Ubuntu events and how do nurses display Ubuntu in the health facilities. Ten level III students from each campus participated in the study.

The students were requested to record on daily or weekly basis their reflection on Ubuntu in the wards. They were reflecting on themselves whether they were providing nursing care considering Ubuntu and the observations from the staff if they consider Ubuntu when providing nursing care. The reflective diaries were recorded for a period of four weeks when they were allocated in different clinical areas. The diaries were collected from participants. In Campus 1 = Sovenga Campus, out of ten (10) reflective diaries only five = 50% were filled and submitted for analysis. In Campus 2 = Thohoyandou Campus, out of ten (10) reflective diaries, eight (8) = 80% were submitted for analysis. In Campus 3 = Giyani campus, out of ten (10) reflective diaries, eight (8) = 80% were submitted for analysis.

**Table 4.3 Demographics of focus group discussion of student nurses and reflective diaries (n=30)**

Demographics of focus group discussion	Frequency (n)	Proportion (%)
<b>Gender</b>		
Male	10	33.3
Female	20	66.7
<b>Age (years) group</b>		
18-20 years	0	0
21-23 years	12	40
24-26 years	18	60
27-29 years	0	0
>= 30 years	0	0
<b>Campus of residence</b>		
Campus 1	10	33.3
Campus 2	10	33.3
Campus 3	10	33.3
<b>Marital status</b>		
Single	30	100
Married	0	0
<b>Religion</b>		
Christianity	30	100
Ancestral worship	0	0
Other	0	0



The student nurses at the three campuses were 30, that is, ten from each campus. The student nurses participated in focus group discussions and were given reflective diaries to reflect on themselves whether they were displaying Ubuntu when rendering patient care and also their observations in the health facilities regarding Ubuntu by the nursing staff. The response was 100% (n=30), 33.3% (n=10) were males and 66.7% (n=20) were females. Their age ranges, the response rate was 100% (n=30), 40% (n=40) were ranging between 21–23 years, 60% (n=18) were ranging between 24–26 years. Related to their marital status, all the participants are single. The demographic data indicates that student nurses enter basic nurse education programme at an early age and most of them as indicated by the majority 100% (n=30) being single. The majority 100% (n=30) were Christians.

Two (2) themes and 12 (twelve) subthemes emerged from the diary entries. The themes and subthemes are summarised in Table 4.4. Themes in qualitative data analysis are theoretic relationships that emerge after the researchers have spent extensive time examining data, categorising and sorting of elements into groups to look for patterns (Burns & Grove 2009:725).

**Table 4.4 Themes and subthemes from the reflective diaries**

<b>Themes</b>	<b>Subthemes</b>
1 Aspects impacted on displaying Ubuntu	1.1 Lack of respect <ul style="list-style-type: none"> <li>• Patients treated according to their socio-economic status</li> <li>• Patients called by their medical diagnoses</li> <li>• Nurses shouting at patients</li> <li>• Socio-economic factors influence displaying of Ubuntu</li> <li>• Workload and burnout</li> <li>• Aggression of patients due to stigma of some chronic disease eg HIV/AIDS, mental illness</li> </ul>
	1.2 Lack of resources <ul style="list-style-type: none"> <li>• Lack of equipment</li> <li>• Shortage of staff</li> </ul>
2 Participant views regarding support system	2.1 Lack of support <ul style="list-style-type: none"> <li>• Support from the professional body</li> <li>• Support from managers</li> <li>• Patients 'attitudes.</li> </ul>

## **Theme 1: Aspects impacted on displaying Ubuntu**

Diary entries revealed aspect impacted on displaying Ubuntu as the first theme. The idea has been evident by the following subthemes.

### **Subtheme 1.1: Lack of respect**

Patients need to be respected when the nurses admit them in the hospital because their dignity and humanity should not be compromised by the sickness. The finding of the reflective diaries revealed that nurses do not respect the patients. This was evident by the following:

- ***Patients treated according to socio-economic status***

The diary entries revealed that patients are mostly treated according to their socio-economic status. Poor patients are not considered by most of the nurses. This is evidenced by the following findings:

Participant 2 Campus 1 said:

“Wealthy people are given much respect than the poor. Ubuntu is not well practiced. Being a person of higher status means you are well honoured and respected. Patients with no medical aids and unemployed are treated no proper treatment respect and dignity. Unemployed patients are treated with no application Ubuntu principles put into action. Being a patient of higher status or middle class means you are treated with Ubuntu.”

Participant 7 Campus 2 said:

“Ubuntu is shown to patients with good social status and educated by most of the nurses. Nurses do not show Ubuntu to pregnant teenagers. They are harsh to them.”

The abovementioned responses revealed that nurses are not treating patients equally. The ones that are wealthy and having high status in the community are suffering. Broodryk 2006:16) indicates that Ubuntu means that people should be treated equally and not separated or undermined owing to other factors. In addition, (Broodryk 2006: 8) further maintains that in Africa, all people are equal, there is an absence of material class formation and social based on material things should not be allowed. This is further supported by Bimray and Jooste (2014:211) mentioning that nurse practitioners need to comply with the professional values that require nurses to base their practice on relevant and current knowledge to show respect for well-being, dignity and autonomy of persons who receive their care. It is further mentioned that these values promote safe, ethical and competent nurse practitioners.

Based on the findings, consideration of social class during provision of nursing care may have negative impact in the health facilities. The poor will suffer and will not have anywhere to go to receive health care.

- ***Patients called by their medical diagnose***

The diary entries revealed that some nurses call patients by their nursing diagnoses as evidenced by the following statements:

Participant 8 Campus 1 said:

“Patients are not treated equally. This is based on their race, medical and psychological conditions. Patients are not treated with humanity. Patients are called by their psychological conditions. The patients’ feelings are not taken into consideration. Patients are called by diagnosis e.g. RVD.”

The above mentioned response indicates that Ubuntu among the nurses is fading. Patients are called by their medical diagnosis and confidentiality is not observed. Ubuntu is about humanity. A person needs to be human to treat others well. Calling patients by their medical diagnosis is a means of dehumanising patients. Other patients in the ward will know the diagnosis of their fellow patients. According to Mellish et al (2010:182) and Ethics (2000: 70, the nurse’s moral obligation or duty to her patients is

to promote, as far as humanly possible their total well-being in circumstances in which they find themselves. To ensure that the patients dignity is maintained.

Nurses do not show caring to patients as alluded by Participant 8 (student) Campus 1 indicating that patients are called by their medical diagnosis. A nurse with Ubuntu has empathy and compassion to patients. A nurse needs to have empathy, compassion and caring elements of Ubuntu to be able to provide nursing care and to be able to care for the very ill patients and support the family and of a patient with any medical diagnose leg. RVD (Engelbrecht & Kasirani 2012:445, Haegert 2000: 7 and March 2010: 25).

Letseka (2012:56b) and Mulaudzi et al (2009:47) indicate that schooling system should equip young people with values such as respect compassion, integrity and compassion in order to function well in the society. In addition, a nurse needs to be the values of Ubuntu on entry in nurse training programme to be able to respect a patient on the basis of Ubuntu considering the fact that Ubuntu means that “Umuntu u muntu nga bathu”, “a person is a person through others. Your pain is my pain, my wealth is my wealth, your salvation is my salvation” (Nussbaum 2003:10). Ubuntu needs to be inculcated to the student nurses and also to the other categories of nurses to promote quality patient care.

Based on the findings, it is clear that nurses the health facilities do not properly care for patients with medical diagnosis that has stigma to patient and family. Consequently, this has a negative impact on patient care. Nurses are not supposed to discriminate patients on their diagnoses. Patients are also not supposed to be called by their diagnosed because it makes them feel dehumanised and their dignity not respected.

- ***Nurses shouting at patients***

The diary entries revealed that some nurses do not communicate well with patients when providing nursing care as evidenced by the following responses:

Participant 1 Campus 2 said:

“Other nurses do not show respect to patients. A nurse administers an intramuscular injection on the buttock of the patient in front of other. When one patient suggested that she closes, she shouted at the patient.”

Participant 5 Campus 1 said:

“Nurses attitude are unacceptable as they shout at patients. They do not listen when patients needs them.”

“Nurses reveal Ubuntu to patients in a negative manner. Nurses shout at patients at times. Respect is not shown or given to patients. Nurses make patients feel small. They think they are better than patients.”

The abovementioned responses revealed that nurses are not displaying Ubuntu when providing nursing care as evidenced participant 1 Campus 2 and participant 5 campus 1 (student) mentioning that nurses are shouting at patients when providing nursing care.

In the study on the portrayal of nursing in South African newspaper, Oosthuizen (2012:57) asserts that newspaper coverage indicates that nurses are inhumane, unprofessional, demotivated, and incompetent. This is further supported statistic of litigation from SANC indication high number of litigation by the nurses (SANC 2004–2013). Batho Pele principles (1997) elaborate that “People First”, which means that patients should be treated with courtesy and consideration. Their privacy should be maintained. Patients’ Rights Charter (Mellish et al 2010:170) postulate that a patient has the right to privacy and confidentiality.

Based on the findings patient care has impact to patient since patients are shouted by the nurses within the health facilities.

- ***Socio-economic factors influence displaying of Ubuntu***

Socio-economic factors were revealed by the diary entries as the factors impacting displaying of Ubuntu as revealed by the following findings:

Participant 6 Campus 2 said:

Nurses nurse patients according to their socio-economic status. Relatives that are working as nurses expect a special nursing care .”

Participant 7 Campus 2 said:

“Ubuntu is shown to patients with good social status and educated by most of the nurses. Nurses do not show Ubuntu to pregnant teenagers. They are harsh to them.”

The findings indicate that patients are treated differently according to their background. As alluded by Participant 6 Campus 2 (student) and participant 7 campus 2 that if a patient is from a better background and educated is treated better but poor patients are not considered. A nurse with Ubuntu cannot differentiate nursing care according to socio-economic status but will strive to provide quality patient care equally to all patients.

Based on the findings, the nurses care for the patients considering their socio-economic factors. The findings reveal that the poor patients are suffering within the health facilities. The majority of patients especially in the public health hospitals and clinics are poor. Most of them are unemployed. Others cannot read and write nor speak English as the medium of instruction. The findings portray negative impact to patient care within health facilities.

- ***Workload and burnout***

The diary entries revealed that some nurses have a lot of workload as evidenced by the following statements:

Participant 2 Campus 1 said:

“There is shortage of staff, patients are tired to show Ubuntu, media may influence patients to behave in a manner that does not show value of Ubuntu.”

The response mentioned above reveal that nurses are also frustrated owing to shortage of staff and bad attitude of patients as alluded by Participant 2 Campus 1(student). The nurses are also faced with challenges of shortage of staff that affects health facilities presently, especially in the public sector. Most of the staff members retire early owing to personal reasons while others join private sectors to look for better salaries. The management within the health facilities need to ensure that the hospitals and clinics are well staffed by motivation of posts for all categories of staff. The nurse managers need to motivate for the posts to ensure that posts are advertised and nurses employed to be able to solve the burnout to nurses owing to shortage of staff.

Ubuntu principles need to be inculcated amongst the student nurses and also given in the form of in-service education to the nurses in the clinical areas to be able to cope with patient's attitudes.

- ***Aggression of patients owing to stigma of some chronic disease e.g. HIV/AIDS, mental illness***

The diary entries revealed aggression of patients owing to stigma of some chronic disease e.g. HIV/AIDS, mental illness as evidenced by the following findings:

Participant 6 Campus 3 said:

“Patients that are positive HIV are aggressive to nurses, hence it affects Ubuntu among the nurses.”

The response mentioned above indicates that nurses are also affected by the attitudes of patients, especially the HIV positive patients. The patients are aggressive and nurses turn to be frustrated and fail to display Ubuntu in the provision of nursing care. Patients that diagnosed with human immunodeficiency virus tend to feel as if nurses are not treating them well. Others tend to seek mistakes from nurses and report them to managers. Most of the mentally ill patients also has negative attitude towards nurses. This also led to nurses failing to display Ubuntu because nurses fear to be assaulted or reported to management when they provide nursing care considering Ubuntu.



Engelbrecht and Kasiram (2012:441) concur that community members reject mental ill patients and put the responsibilities among the nursing staff. Patients are frustrated because they do not have family support and they look upon the caring from nursing staff. Nurses also are not displaying Ubuntu to mental ill patients as alluded by Participant 6 Campus 3 (student).

### **Subtheme 1.2: Lack of resources**

- ***Lack of equipment***

The diary entries revealed lack of equipment to display Ubuntu as evidenced by the following findings:

Participant 1 Campus 1 said:

“Some nurses treat patients with respect and dignity. Other nurses do not show respect to patients. A nurse administered an intramuscular injection on the buttocks of the patient in front of other patients. When one patient suggested that she closes, she shouted at the patient.”

Participant 2 Campus 2 said:

“There is lack of resources hence the department is failing nurses to maintain privacy to patients hence Ubuntu is compromised. Nurses need to improve their behaviour, always use their communication skills. Other nurses are treating patients well in the clinical areas while others do not treat patients well. Privacy is not adequately achieved due to lack of resources.”

Participant 5 Campus 2 said:

“The nurse does not respect patients, there is lack of privacy and patients’ needs are neglected. Ubuntu should be included in the curriculum. Ubuntu is about practising what you would like others to do unto you”.

The responses mentioned above indicate that nurses are failing to display Ubuntu owing to lack of equipment within the health facilities. Most of the treatment performed

to the patients in the health facilities needs equipment to be available. Each patient needs to be checked by equipment were supposed to be available at the health facilities especially in the public health facilities such as blood pressure machine and be weighed with scales. Nurses fail to perform the nursing tasks due to shortage of equipment.

Based on the findings, there is evidence that the managers within the health facilities are having a challenge in providing enough equipment for providing nursing care. Ubuntu is about caring. The findings reveal that lack of equipment limit nurses to display Ubuntu when providing nursing care. Patients and relatives will not be satisfied about the patient care if some of the equipment are not available within the health facilities.

- ***Shortage of staff***

The diary entries revealed shortage of staff impacting displaying of Ubuntu by the nurses to patients.

Participant 2 Campus 2 said:

“Sometimes patients come to the ward and refuse to take treatments and that makes nurses to be angry. Patients come to the hospital with the attitude that nurses are bad whereas it’s not true. Some male patients refuse to be nursed by female patients, especially in surgical wards where you find that the person is not sick but on traction”.

Participant 8 Campus 2 said:

“Ubuntu is not practiced since a nurse told a patient to go home since she is knocking off. The person that was told to go home was a nurse working in another wards. The nurse later apologised as she did not know that she person who was send home was a nurse”.

Participant 8 Campus 1 said:

“Department to employ more nurses to enhance more patient ratio”.

Participant 9 campus 1 said:

“Nurses rights to be considered. Employ adequate staff. Increase salaries of nurses so that it’s in line with their workload”.

The responses above revealed that nurses fail to practice Ubuntu owing to shortage of staff as evidenced by the participant.

Oosthuizen (2012:54) alludes that South African nursing profession is currently suffering from shortage of nursing staff owing to emigration of nurse. She also mentions that quality of nursing care is declining owing to increased workload and lack of resources. It is further mentioned that a huge nursing shortage has reached a critical point where the quality of healthcare is threatened (Oosthuizen 2012:54).

Based on these findings, the shortage of staff will impact negatively to patient care and further challenges nurse to display Ubuntu when rendering nursing care to patients both in public and private facilities.

## **Theme 2: Participants views regarding support system**

The second theme that was revealed by the diary entries is participants’ views regarding support system.

The participants ‘observations ranged from lack of support from professional body, which is the SANC and lack of support from managers and lastly patients and relatives were prejudiced and judgemental.

The subthemes that emerged from the theme are as follows:



## **Subtheme 2.1: Lack of support**

- ***Support from the professional body***

The diary entries revealed lack of support from professional body. The South African Nursing Council is the professional body for nurses. The findings are evidenced by the following findings:

Participant 1 Campus 2 said:

“Nurses are not listened to by South African Nursing Council. Nurses ended up responding by being harsh to patients. Some nurses treat patients with respect and dignity. Other nurses do not show respect to patients. A nurse administered an intramuscular injection on the buttocks of the patient in front of other patients. When one patient suggested that she closes, she shouted at the patient.”

Participant 4 Campus 2 said:

“Department of Health should consider nurse’s rights. Patients should know that they could be charged as much as nurses can be charged.”

The response above indicates that nurses are not showing Ubuntu to patients because SANC does not support them. The participants indicate that they are frustrated. Hence, they end up displaying their frustration to the patients. SANC protects the public. The nurses feel they are being neglected. They are being disciplined when they can be found to be at fault during rendering of nursing care. No incentives are being given for nurses who performed well instead nurses are always blamed by the professional body.

- ***Support from managers***

The diary entries revealed lack of support from managers. The managers of health facilities are responsible to support the nursing staff. The findings are evidenced by the following excerpt:

Participant 3 Campus 1 said:

“In service workshops, one-to-one sessions with nurses, evaluation on cards for nurses. Complain and compliments both should be done by managers who should make sure there is a change.”

Participant 6 Campus 2 said:

“Ubuntu must be part of the curriculum in nursing education. Media newsletter to be used to educate community about Ubuntu. Media where comments are given about patient mistreatment.”

The response mentioned above indicates that there is no support from managers on Ubuntu. Participant 3 campus 1 alluded that there is no in-service education conducted to remind nurses on Ubuntu. Participant 6 campus 2 mentions that Ubuntu should be included in the curriculum to empower the student nurses with knowledge about Ubuntu so that on completion of training they may be able to provide nursing care considering Ubuntu in the health facilities.

Based on the findings, there is evidence that the managers do not support nurses on Ubuntu and this led to nurses not considering Ubuntu when nursing patients in the health facilities. This will have negative impact in patient care. This is supported by the study conducted by Mohale and Mulaudzi (2008:61) indicating that professional nurses at primary health care setting at Mopani rural settings, Greater Letaba sub-district, are experiencing burnout due to serious shortage of personnel and poor living conditions. The study further indicated that there is lack of infrastructure and the professional nurses felt that their problems did not receive consideration when raised from with the management of the facility.

- ***Patients' attitudes.***

The diary entries revealed that patients and relatives are prejudiced and judgemental. The findings are evidenced by the following findings:

Participant 4 Campus 3 said:

“Patient was shouting saying that my file is missing because I am a Venda person.”

Participant 7 Campus 3 said:

“Patients are refusing treatments saying that injection is painful, he won’t allow nurses to prick him. This will affect the nurses Ubuntu because of patient’s attitude. Patients’ attitudes determine how the nurses treat them. Some patients do not cooperate and follow orders of the nurses. Some nurses tend to be harsh on patients so that they may cooperate. This make patients feel as if they are not human.”

Some of the patients in the wards are coming in the wards with negative attitudes on the nursing staff. This supported by Participant 4 of Campus 3 indicating that a patient shouted at the nurses accusing them of taking his file and mentioning segregation owing to ethnic group since he was a Venda. Participant 7 Campus 3 indicates that some of the patients refuse to take treatments and it resulted in a nurse being harsh to patient to enable him to take treatment. The action of the nurse may indicate lack of Ubuntu. The relatives may blame the nurse and not observing that the nurse is caring for the patient so that the patient can be healed.

Based on the findings, nursing care with Ubuntu with be affected negatively because nurses will only give treatment and not display Ubuntu to patients.

#### ***4.3.2.2 Focus group discussion of lecturers***

The researcher conducted a focus group discussion amongst the level III lecturers and level III student nurses at the three (3) campuses at Limpopo College of Nursing, Campus 1 = Giyani Campus, Campus 2 = Sovenga Campus and Campus 3 = Thohoyandou Campus. The groups were 6, 1 group of lecturers and 1 group of students in each campus. Each focus group was held separately for students and also for the lecturers.

**Table 4.5 Demographics of focus group discussion with the lecturers**

Demographics of focus group discussion	Frequency (n)	Proportion (%)
<b>Gender</b>		
Male	0	0
Female	30	100
<b>Age (years) group</b>		
24-26 years		
27-29 years		
>= 30 years	30	100
<b>Campus of residence</b>		
Campus 1	10	33,3
Campus 2	10	33.3
Campus 3	10	33.3
<b>Marital status</b>		
Single	9	30
Married	21	70
<b>Religion</b>		
Christianity	30	100
Ancestral worship	0	0
Other	0	0

Thirty (30) lecturers from the three campuses participated in the focus group discussions. Regarding age ranges, 100% (n=30) were above 30 years. Related to marital status, 30% (n=9) were married, 70% (n=21) were single. 100% (n=30) were Christians. This indicates that the 100% (n=30) of the participants were females and all of them were above 30 years of age and Christians.

**Table 4.6 Themes and subthemes of focus group discussion with the lecturers**

THEMES	SUBTHEMES
1 Participants' view on Ubuntu	1.1 Consideration of social class 1.2 Poor human relationship 1.3 Not sympathetic towards the patients and colleagues
2 Low staff morale	2.1 Non-conducive working environment 2.2 Shortage of staff 2.3 Low salary levels
3 Lack of support	3.1 Support from managers 3.2 Support from the Department of Health
4 Lack of knowledge about Ubuntu	4.1 Ubuntu not included in the curriculum 4.2 Lack of role model on Ubuntu

## **Theme 1: Participants' view on Ubuntu**

The study has found that there is lack of respect by the nurses to the patients when rendering nursing care in the wards. The idea has been evident by the following subthemes which are as follows:

- Consideration of social class
- Poor human relationship
- Not sympathetic towards the patients and colleagues

### **Subtheme 1.1: Consideration of social class**

The clinical nurses are not providing nursing care practising Ubuntu because they consider the social status of the patient as evidenced by the following statements:

Participant 1 (Nurse Educator Campus 1) said:

“The first thing is looking at a person; there is that fact of generalisation. Nursing cure differ according to age groups. Young student nurses have to take care of the elder, they are to show respect. Young nurses do not show respect to elderly, not keeping promises, and being too proud to go back to patients to apologise.”

Participant 6 Campus 3 said:

“Not all nurses have Ubuntu, because some nurses you find that their personality is bad even at home. I do not know if we have to teach them this Ubuntu”.

Participant 7 Campus 3 said:

“It is difficult for nurses, because if they have not developed Ubuntu from home, you may find it difficult to transform them in order to have Ubuntu. I do not know who to be blamed, either democracy or management towards their subordination – management have to instil or transform Ubuntu. But the issue of free choices these days makes things in life to be difficult”.



The themes responses concur with the findings of Bamford (2007:85) indicating that the person should be able to respect others, have dignity to be able to be respected, and be said to be having Ubuntu. Humanness finds more moral tone as respect and dignity. Broodryk (2006:8) supports this finding indicating that in Africa people are equal. There is an absence of material class forming. Broodryk (2006:8) further indicates that the Constitution of South Africa is based on Ubuntu values and demands that human dignity of all people should not be respected and protected.

Based on the findings, there is evidence that poor patients are suffering because nursing care is provided considering social class in the health facilities. This impacts patient care negatively and disregards Ubuntu, especially to the poor with low social class.

### **Subtheme 1.2: Poor human relationship**

Poor human relationship is lack of Ubuntu because Ubuntu is about caring, compassion, sharing, and respect. Good relationship with other people associated with Ubuntu. Inability to relate well with others shows lack of Ubuntu.

Participant 2 Campus 3 said:

“Mm, It is difficult, this may include negative attitude by nurses towards patients; such as leaving patients for lunch on the queue. With such actions it’s clear that such nurses do not have spirit of Ubuntu.”

Participant Campus 3 said:

“I suggest that we have Ubuntu trained nurses at our health facilities. The training institutions should include Ubuntu in their curriculum. DoH should establish and introduce to all health care workers the so called Ubuntu, and the authors in nursing to write books about Ubuntu as a topic.”

Participants 2 and 3 Campus 3 said:

“Department of Health has lost its principles regarding their roles. There should be a way of motivating the nurses, such as awards annually. The continues doing of nurses’ pledge will assist. With the two generation of nurses today, it’s ideal that professional socialisation take place. The availability of NHI will also act as an eye-opener to all of us especially when it comes to Ubuntu. The government should also try to revisit the objective on giving the society more power. Both the training institution and health establishment should benchmark from other countries or provinces regarding the Ubuntu.”

The abovementioned responses indicate that there were poor human relationships in the health facilities as evidenced by Participant 2 of Campus 3 and Participant 3 of Campus 3 who mentioned that nurses do not have good human relationships to patients in the wards. Good human relationship is associated with the Ubuntu notion of saying “Umuntu u muntu u muntu nga bantu”. “A person is a person through others”. A person with Ubuntu have a feeling of togetherness. A person with Ubuntu feels that he is not living in an island. He has a feeling of togetherness. Ubuntu require people to feel for those that are suffering at that particular moment and time. A nurse with Ubuntu has inter-personhood will strive irrespective of all the challenges to care for the patients. All the suffering that patients are exposed to the nurse with Ubuntu will try to release the patient by giving a support through caring and being empathic to the patients (Nussbaum 2003:4). Rankin (2000: 50) in the study titled Ubuntu: An African Term Meaning Humaneness, Inclusive Community Where All Are Respected indicated that Ubuntu need to be taught to children at an early childhood so that they grow with respect and compassion for the fellow human being. It is also indicated that children need something substantive to preside lastingly as a foundation of healthy personality to be able to display Ubuntu in their fellow human being.

### **Subtheme 1.3: Not sympathetic towards the patients and colleagues**

The findings revealed that some of the nurses are not sympathetic to the patients and colleagues. The following statements support the findings:

Participant 7 Campus 1 said:

“Ubuntu is not practiced between nurse-nurse and nurse –patient. The nurses have attitude towards each other. Some nurses beat patients in maternity wards.”

Participant 5 Campus 2 said:

“Ubuntu is influenced by the environment where nurses practice. Thus the environment that is not conducive causes nurses to be frustrated and therefore end up taking frustration out of patients.”

Participant 5 Campus 1 said:

“Patients are not called by their title but instead they are called by their names. No respect.”

The findings revealed by the responses above indicate that nurses are not sympathetic towards patients and colleagues. This gives evidence that sympathy as one of the major elements of Ubuntu is not displayed by the nurses. Nurses need to have sympathy towards patients and also to be sympathetic towards the colleagues. Mulaudzi et al (2009:47) assert that nurses work as a team. There is collectivism and solidarity. One nurse alone cannot fulfil or achieve the goal and vision of the profession. Nurses need one another in order to provide patient care. There should be sympathy among the nurses because nurses work as a team. Concept communitarianism is part of Ubuntu philosophy and relates to a sense of belonging, that is, the feeling that a nurse belongs to a group of nursing profession (Mulaudzi et al 2009:47).

## **Theme 2: Low staff morale**

The findings revealed that there is low morale amongst the nurses which hampers the Ubuntu amongst the professional nurses. The subtheme identified is non - conducive working environment and shortage of staff.

## **Subtheme 2.1: Non-conductive working environment**

Non-conductive working environment refers to areas where the nurses are working and they are not good for them as indicated by the following statement

Participant 5 Campus 2 said:

“Ubuntu is influenced by the environment where nurses practice. Thus the environments that are not conducive causes nurses to be frustrated and therefore end up taking frustration out of patients.”

Participant 6 Campus 3 said:

“Government should try to establish new ways to assist nurses than blaming them. During clinical accompaniments, lecturers should try to socialise student nurses about this Ubuntu. The training institution should also have enough staff members with proper equipment”.

Participant 7 Campus 3 said:

“We can assess the health institutions by looking at law suits percentages. If one has it means the spirit of Ubuntu is not there. We can also look at mortality rate; if it's high it means there is no such spirit among the health care workers, nurses in particular. Remember Ubuntu thing was there even in olden days, such as nurses' pledge and hospital etiquette.”

Participant 1 Campus 1 said:

“Infrastructure is still dilapidated thus how best nurses can operate under this condition while we wait for government to improve infrastructure. We require clinical facilitators to be stationed at hospital.”

The findings revealed that there is non-conductive working environment as supported by Participant 5 of Campus 2, Participant 6 of Campus 3 and Participant 7 of Campus 3. Nurses should be working in the good working environment where patients will feel safe. The nurses need to be happy and display Ubuntu when rendering nursing care. As

indicated by the participants, the DoH should ensure that the working environments of nurses are safe by empowering nurses about the knowledge of Ubuntu in the form of workshops and not always blame the nurses but try to praise them if possible for the good things done. This is supported by Downing and Hastings-Tolsma (2016:220 and SANC 2013: 6) indicating that the essence of being there for the patient in an environment that is conducive promotes caring, sharing and self-actualisation in a patient.

### **Subtheme 2.2: Shortage of staff**

Shortage of staff in the clinical areas has been revealed by the study as the factor, which affects Ubuntu to be practiced in the health facilities.

The following statements confirm shortage of staff:

Participant 2 Campus 2 said:

“There is shortage staff, nurses are tired to show Ubuntu, media may influence patients to behave in a manner that does not show value of Ubuntu.”

Participant 3 Campus 2 said:

“Nurses and students practice Ubuntu but sometimes due to pressure of work, nurses end up not catering for patients 100%.”

Participant 2 of Campus 2 and Participant 3 of Campus 6 support that there is shortage of staff in the health facilities that is impacting on nurses displaying Ubuntu in the health facilities.

Based on the findings, shortage of staff may lead to nursing care being compromised by the few nurses that are allocated the health facilities. This may have negative impact on patient care and also affect nursing staff resulting in them moving to greener pastures.



### **Theme 3: Lack of support**

The study findings indicated that there is lack of support to nurses by the managers and the DoH; hence, Ubuntu is not well practiced by the professional nurses.

#### **Subtheme 3.1: Support from managers**

The study revealed that there is lack of support to nurses by the managers as indicated by the findings of the study and supported by the following statement:

Participant 5 Campus 2 said:

“In-service where nurses are reminded how they ought to behave screening to check for passion of nursing and helping others, writing essays for why they want to nurses.”

Participant 6 Campus 2 said:

“Showing of appreciation by top management. Regulate nurse-patient ratio to reduce over burden on nurses. Psychological support to nurses. Improvement of nurses.”

The participants reported that managers should regulate nurse-ratio to reduce burden of work among nurses and schedule in-service education training to empower nurses on Ubuntu. Oosthuizen (2012:540) alludes that South African nursing profession is currently suffering from shortage of nursing staff owing to emigration of nurse. Oosthuizen (2012:54) mentions that quality of nursing care is declining owing to increased workload and lack of resources. This is also supported by Dolamo (2014a:3) and Kamal (2014: 1) indicating that there is shortage of nurses because generation Y of nurses finds nursing to be uncompetitive due to low salaries and poor working conditions and negative perceptions of managers who display poor leadership attitude.

### **Subtheme 3.2: Support from the Department of Health**

The participants verbalised that there was lack of support from the Department of Health as alluded in the excerpts below:

Participant 8 Campus 1 said:

“Due to the law suit that will be filed again the nurses as seen on the media, nurses do not say something that may upset patients because of fear to be sued.”

Participant 7 Campus 1 said:

“Higher order personal e.g. directorate/SANC must come to the hospitals, schools, colleges and not only when there is litigation but must come also for motivation and improvement.”

The findings of the study revealed that there is lack of support to nurses by the DoH. The DoH protects the public. It aims at disciplining nurses if patients are mismanaged. No support visit is done. Visit to facilities is concerned with auditing. This is indicated by the findings of the study conducted at Mopani District Primary Health Care revealing that professional nurses are working in the facilities that are not conducive due to poor infrastructure and shortage of staff and their concerns were expressed to management but did not receive consideration from management ( Mohale and Mulaudzi 2008: 64)

### **Theme 4: Lack of knowledge about Ubuntu**

The findings revealed that there is lack of knowledge about Ubuntu. Hence, Ubuntu is not practiced by the nurses and is indicated by the following findings: The following subthemes were identified:

- Ubuntu is not included in the curriculum
- Lack of mentoring on Ubuntu

#### **Subtheme 4.1: Ubuntu not included in the curriculum**

Participant 1 Campus 2 said:

“To evaluate the spirit of Ubuntu is not an easy task, because we do not have policies and guidelines to assist us. Nurses can try show Ubuntu by following the Batho Pele principles.”

Participant 1 Campus 1 said:

“I suggest that we have Ubuntu trained nurses at our health facilities. The training institutions should include Ubuntu in their curriculum. DoH should establish and introduce to all health care workers the so called Ubuntu, and the authors in nursing to write books about Ubuntu as a topic”.

The findings reveal that Ubuntu module is not included in the curriculum for Limpopo College of Nursing. The participants indicated that student nurses at Limpopo College of Nursing should be taught about Ubuntu. Participants support the notion that Ubuntu should be added in the curriculum or facilitated as a short course. Moreover, Ubuntu should be inculcated so that they can display Ubuntu in the health facilities. This supported by Letseka (2012:56b) and Nkondo (2007:98) indicating that education system should include Ubuntu that teaches values such as honesty, integrity, tolerance, diligence, responsibility, compassion, justice and respect. This is supported by Mulaudzi et al (2009:46) with a notion that nurses who enter in the nursing education training comes from different background. Therefore, they need to be orientated on Ubuntu from entry into the training programmes to be able to provide nursing care displaying Ubuntu and knowing that a person is a person through others and to have respect, empathy, compassion, and sharing to patients (Broodryk 2006:5). Baingana, Nakasujja, Galukande, Omona, Mafigiri and Sewankambo (2010:6) supports that student nurses need to be orientated in the first year of life on all aspects in the nursing profession to ensure competency.



## Subtheme 4.2: Lack of role model on Ubuntu

Participant 1 Campus 2 said:

“Ubuntu cannot be taught theoretically but best way to teach Ubuntu is through role modelling because student nurses learn best what they see from professional staff.”

Participant 2 Campus 2 said:

“Starting from learning area from class. Educators must first be role models to the students. Appreciation and acknowledgement of handwork by management and not only patients and families.”

The responses have alluded that there are no mentors of Ubuntu within the health facilities. The participants further mention that lecturers and professional nurses must be mentors to the student nurses and professional nurses. This is supported by Mulaudzi et al (2009:50) indicating that mentoring of student nurses enables transition from novice nurse to a knowledgeable professional.

### 4.3.2.3 *Focus group discussions with the students*

The researcher conducted a focus group discussions amongst the level III lecturers and level III student nurses at the three (3) campuses at Limpopo College of Nursing, Campus 1 = Giyani Campus, Campus 2 = Sovenga Campus and Campus 3 = Thohoyandou Campus.

**Table 4.6 Themes and subthemes of focus group discussions with the students**

<b>THEMES</b>	<b>SUBTHEMES</b>
1 Participants' view on Ubuntu	1.1 Consideration of social class 1.2 Poor human relationship 1.3 Not sympathetic towards the patients and colleagues
2 Low staff morale	2.1 Non-conducive working environment 2.2 Shortage of staff 2.3 Low salary levels
3 Lack of support	3.1 Support from managers 3.2 Support from the Department of Health
4 Lack of knowledge about Ubuntu	4.1 Ubuntu not included in the curriculum 4.2 Lack of role model on Ubuntu

## **Theme 1: Participants' view on Ubuntu**

The study has found that there is lack of respect by the nurses to the patients when rendering nursing care in the wards. The idea has been evident by the following subthemes:

- Consideration of social class
- Poor human relationship
- Not sympathetic towards the patients and colleagues

### **Subtheme 1.1: Consideration of social class**

The clinical nurses are not providing nursing care practising Ubuntu because they consider the social status of the patient as evidenced by the following statements:

Participant 3 Campus 1 said:

“Not all nurses show Ubuntu. They treat patients however as they like. They treat patients according to their social class. Kindness diminishes as social class diminishes.”

Participant 4 Campus 3 said:

“Patients in VIP are well cared while public patients are not well cared.”

The responses above indicate that patients are treated according to their social class. Poor patients do not receive adequate care from nurse. This is supported by participant 3 of campus 1(student) mentioning that nurses are not treating patients equal, patients receives better nursing care when the social status is in good condition. When the social class diminishes, the type of treatment by nurses diminishes. Participant 4 campus 3 indicate that patients that are admitted in VIP (very important person) are treated well. The themes responses concur with the findings of Bamford (2007:85) postulating that the person should be able to respect others, have dignity to be able to be respected, and be said to be having Ubuntu. Broodryk (2006:8) supports this in indicating that

African people are equal. There is an absence of material class forming. Broodryk (2006:8) further posits that the Constitution of South Africa is based on Ubuntu values and demands that human dignity of all people should not be respected and protected.

Based on the findings, there is evidence that poor patients are suffering because nursing care is provided considering social class in the health facilities. As a result, this impacts negatively patient care and displaying Ubuntu negatively, especially to the poor with low social class.

### **Subtheme 1.2: Poor human relationship**

Poor human relationship relates to inability of a person to relate well with fellow human beings. A nurse need to have good human relationship with the colleques and patients in the health facilities to prevent conflicts and to be able to provide quality patient A nurse with good relationship is considered to have Ubuntu.

Participant 3 Campus 2 said:

“Nurses mistreat patients. Patients expect too much from nurses and do not understand their action, they think nurses are cold when in actual fact they are doing what procedures expect them.”

Participant 9 Campus 1 said:

“Ubuntu is not practiced between nurse-nurse and nurse-patient. They have attitude towards each other. Some nurses beat patients in maternity wards.”

The abovementioned responses indicate that patients expect too much from nurses hence it results in Ubuntu not displayed. Participants 9 Campus 1 indicates that there is lack of relation between nurses and patients in the health facilities. Good human relationship in the health facilities is required in the health facilities because nurses work as a team. Good human relationship is associated with the Ubuntu notion of saying “Umuntu u muntu u muntu nga bantu.” “A person is a person through others”. A person with Ubuntu has a feeling of togetherness. More importantly, a person with Ubuntu feels that he is not living in an island. He has a feeling of togetherness. Ubuntu requires

people to empathise with those that are suffering at that particular moment and time. A nurse with Ubuntu has inter-personhood will strive irrespective of all the challenges to care for the patients. All the suffering that patients are exposed to the nurse with Ubuntu will try to release the patient by giving a support through caring and being empathic to the patients (Nussbaum 2003:4). This is support by Rankin (2000:50) in the study entitled, Ubuntu: “An African Term Meaning Humanness, Inclusive Community Where All Are Respected” indicating that individuals need something substantive to preside lastingly in our interiors as a foundation of healthy personality ([http://www.safli.Org/za/journalsPer/2013\\_67.html](http://www.safli.Org/za/journalsPer/2013_67.html)), Furthermore, Rankin (2000:50), Chipeta, Chimwaza and Kalilani-Phiri (2010:38), Patients’ Rights Charter (2007) and Byrne, Phahlamohlaka and Thwinimurindzi (2010:10) maintain that Ubuntu needs respect and compassion for all people and bring dignity to all that are suffering from sickness.

### **Subtheme 1.3: Not sympathetic towards the patients and colleague**

The findings revealed that some of the nurses are not sympathetic to the patients and colleagues. The following statements support the findings:

Participant 3 Campus 1 said:

“Not all nurses show Ubuntu. They treat patients however they like. They treat patients according to their social class. Kindness diminishes as social class decrease. Nurses do not give patients’ explanation of procedures. Nurses call patients by their diagnosis.”

The findings revealed by the responses above indicate that nurses are not sympathetic towards patients and colloquies. This gives an evidence that empathy as one of the major elements of Ubuntu is not displayed by the nurses. More importantly, nurses need to have sympathy towards patients and to be sympathetic towards the colloquies. Mulaudzi et al (2009:47) accentuate that nurse work as a team, which inculcates collectivism and solidarity. One nurse alone cannot fulfil or achieve the goal and vision of the profession. Nurses need one another in order to provide patient care. There should be sympathy among the nurses because nurse work as a nurse. Concept communitarianism is part of Ubuntu philosophy and relates to a sense of belonging.

This entails the feeling that a nurse belongs to a group of nursing profession (Mulaudzi et al 2009:47).

## **Theme 2: Low staff morale**

The findings revealed that there is low morale among the nurses. This hampers the inculcation of Ubuntu among the professional nurses. The subtheme identified are non-conducive working environment and shortage of staff.

### **Subtheme 2.1: Non-conducive working environment**

Non-conducive working environment refers to areas where the nurses are working and they are not good for them as indicated by the following statement:

Participant 3 Campus 2 said:

“Shortage of resources in clinics causes frustration to nurses and patients. Patients do not understand lack of resources and take frustrations out on nurses.”

Department of Health should ensure that the working environments of nurses are safe by empowering nurses about the knowledge of Ubuntu in the form of workshops and not always blame the nurses but try to praise them if possible for the good things done. This is supported by Downing and Hastings-Tolsma (2016:220) indicating that the essence of being there for the patient in an environment that is conducive promotes caring, sharing and self-actualisation in a patient.

### **Subtheme 2.2: Shortage of staff**

Shortage of staff in the clinical areas has been revealed by the study as the factor that affects Ubuntu to be practiced in the health facilities.

The following statement indicates shortage of staff:

Participant 8 Campus 1 said:

“Department to employ more nurses to enhance more patient ratio.”

Participant 9 Campus 1 said:

“Nurses rights to be considered. Employ adequate staff. Increase salaries of nurses so that it’s in line with their workload.”

The findings indicate that there is shortage of staff in the health facilities that is impacting on nurses displaying Ubuntu in the health facilities. Based on the findings, shortage of staff may lead nursing care being compromised by the few nurses that are allocated the health facilities. This may have negative impact on patient care and also affect nursing staff resulting in them moving to greener pastures.

### **Subtheme 2.3: Low salary levels**

The study findings indicated that there are low salary levels to nurses and these lead to demotivation and affect nurses to provide nursing care considering Ubuntu in the health facilities. The findings are supported by the following statement:

Participant 9 Campus 2 said:

“Nurses rights to be considered. Employ adequate staff. Increase salaries of nurses so that it’s in line with their workload.”

The participant indicated that nurses are demotivated because of low salary levels and they only provide nursing care but not displaying Ubuntu because they are not happy about the salaries that the DoH is paying them.

### **Theme 3: Lack of support**

The study findings indicated that there is lack of support to nurses by the managers and the DoH, hence Ubuntu is not well practised by the professional nurses.

#### **Subtheme 3.1: Support from managers**

The study revealed that there is lack of support to nurses by the managers as indicated by the findings of the study and supported by the following statement:

Participant 3 Campus 3 said:

“Shortage of resources in clinics causes frustration to nurses and patients. Patients do not understand lack of resources and take frustrations out on nurses.”

The participants reported that managers should motivate for the budget to purchase equipment. Oosthuizen (2012:54) alluded that the South African nursing profession is currently suffering from shortage of nursing staff owing to emigration of nurses. Oosthuizen (2012:54) mentions that quality of nursing care is declining owing to increased workload and lack of resources.

#### **Subtheme 3.2: Support from the Department of Health**

The findings of the study revealed that there is lack of support to nurses by the DoH. The DoH protects the public. It aims at disciplining nurses if patients are mismanaged. In addition, no support visit is done. Visit to facilities are concerned with auditing. This is indicated by the findings of the study and supported by the following statement:



Participant 5 Campus 2 said:

“Management should improve workplace environment and ensure that it is user friendly for staff. Management of institutions must be nice to nurses. Suggestion boxes, acknowledge suggestions that applaud nurses, not only the ones that scold.”

#### **Theme 4: Lack of knowledge about Ubuntu**

The findings revealed that there is lack of knowledge about Ubuntu; hence, Ubuntu is not practised by the nurses and is indicated by the following findings: The following subthemes were identified:

- Ubuntu not included in the curriculum
- Lack of mentoring on Ubuntu

##### **Subtheme 4.1: Ubuntu not included in the curriculum**

Participant 6 Campus 1 said:

“Ubuntu must be part of the curriculum in nursing education. Media newsletter to be used to educate community about Ubuntu. Media where comments are given about patient mistreatment.”

Participant 1 Campus 2 said:

“Programme where Ubuntu is taught at least monthly in clinical areas. Interview, meeting, class setting. Portion of staff goes for teaching while the rest remain to teach the rest.”

Participant 10 Campus 2 said:

“Teaching Ubuntu throughout the training course. Level 1 throughout the last.”

The findings reveal that Ubuntu module is not included in the curriculum of Limpopo College of Nursing. In addition, the participants indicate that student nurses should be



taught about Ubuntu. This is supported by the study conducted by Whitehead (2012: 18) indicating that Ubuntu need to be researched further to bring in a social change within the communities.

#### **Subtheme 4.2: Lack of mentoring on Ubuntu**

The responses have alluded that there are no mentors of Ubuntu within the health facilities. The participants further mention that lecturers and professional nurses must be mentors to the student nurses and professional nurses. This is supported by Mulaudzi et al (2009: 50), Waghid and Smeyers (2012: 2) indicating that mentoring of student nurses enables transition from novice nurse to a knowledgeable professional.

#### **4.5 SUMMARY OF QUALITATIVE FINDINGS**

- The Curriculum at Limpopo College of Nursing does not include Ubuntu aspects. Hence, Ubuntu is not facilitated as a module.
- The student nurses do not have mentors in the clinical areas on Ubuntu.
- Student nurses are not evaluated on Ubuntu as part of clinical practice training.
- Patients in the wards are nursed according to their social class.
- Nurses are not sympathetic towards patients and colleagues.
- Student nurses are not socialised on Ubuntu from entry into the nursing training programmes.
- Student nurses do not complete end of the clinical exposure report, which include their observation on Ubuntu
- Lack of human and material resources resulting resulting in increased workload and stress amongst the nursing staff.
- Lecturers not assessing Ubuntu during clinical accompaniments.
- Increased workload and burnout to nurses; hence, making it difficult, if not impossible for nurses to practice Ubuntu principles and values.
- Lack of support by the nurse managers and DoH to nurses in the health facilities.
- The aggression of patients owing to stigma attached to chronic diseases e.g. HIV/AIDS impacting nurses to display Ubuntu during providing of nursing care

## **4.6 CONCLUSION**

This chapter discussed the findings according to sections of the questionnaire and Ubuntu Model in quantitative research and the findings of the reflective diaries, the focus group interviews of lecturers and focus group interviews of student nurses in qualitative research. The themes and subthemes demonstrated that there were some similarities and differences from all participants. There were also conflicting views from the same participants during qualitative and quantitative phases. The excerpts were presented to support all themes. The major findings of quantitative data that were considered to make a follow –up with qualitative findings prompted the researcher to conduct focus group discussions to participants students nurses and lecturers to get the in-depth information. Chapter 5 discusses the development of the short course.

## **CHAPTER 5**

# **DEVELOPMENT OF A SHORT COURSE TO INCULCATE THE SPIRIT OF UBUNTU AMONG THE STUDENT NURSES AT LIMPOPO COLLEGE OF NURSING**

### **5.1 INTRODUCTION**

This chapter discusses the development of a short course to inculcate the spirit of Ubuntu among the student nurses at Limpopo College of Nursing. The development of short course was divided into sections and sub-sections. Conclusion of the chapter was also presented for this chapter.

### **5.2 SHORT COURSE DEVELOPMENT PROCESS**

A workshop was conducted on 06 July 2017 at Campus 1 where the participant student nurses from the three campuses, participant lecturers from the three, the lecturers from the three campuses, the Vice-Principal of Giyani Campus and Waterberg campuses, the retired nurses, the managers from primary health care, the area managers from hospitals and other stakeholders were invited. The purpose of the workshop was to give a summary of the findings of the study and to obtain inputs from the participants and the stakeholders that were invited on the development of a short course.

Among the people that were invited two retired nurses, one being the retired nurse educator and former Acting Vice-Principal of Campus 1 presented on the concept of Ubuntu. An explanation was given to the attendants about the history and the meaning of the concept Ubuntu to bring more understanding during presentation of findings.

The second presentation was given by the retired Area Manager about the situation at the health facilities regarding Ubuntu practices.

## **The methodology used to develop the short course**

A collaborative and consensus method was used to develop the short course. After the researcher has presented the findings, discussions were invited emanating from the presentation of findings. The invited members were requested to divide into 5(five) groups to discuss and compile the inputs that were to be added in the development of a short course. After members held discussions in their groups, the groups were called back to present their input. After all the groups presentations, discussions were held and consensus reached on the format of the short course and the duration and how the short course will be assessed.

## **Things that informed the selection of stakeholders eg the Vice principals, retired nurses and practice area.**

The Vice-Principals of campuses, the managers of hospitals and primary health care services and retired nurses were invited due to their experience and expertise in the fields of nursing both in the service and nursing education. Their The Vice Principals of colleges were invited to assist in structuring and slotting the period which short course can be facilitated using their experience and expertise. The workshop on the development of a short course was to improve patient care by ensuring that nurses are being orientated on Ubuntu principles during nurse training The stakeholders were to accept and also own the development of a short course to ensure it's sustainability.

## **Data generated from phase 1 – quantitative method and phase 2 – qualitative method informed the workshop as follows:**

The findings of both quantitative phase and qualitative phase of focus group discussions and reflective diaries revealed that there is a gap in training of student nurses about faci Ubuntu . Hence the student lacked knowledge about Ubuntu in providing nursing care in the health facilities. The findings revealed that there are no mentors on Ubuntu within the health facilities. Ubuntu is also not assessed by lecturers and also by professional nurses in the wards. The in-service programmes within the health facilities were not including topics of Ubuntu. The findings revealed that there is a need for the development of a short course to be able to orientate the student nurses during entry into profession about Ubuntu. The stakeholders and all the members present in the

workshop reached a consensus that there is a need for the development of a short course to inculcate the spirit of Ubuntu amongst the student nurses at Limpopo College of Nursing.

### **Things that informed the design of a workshop**

The discussions amongst the member present at the workshop. The group presentations by the groups that were formed at the workshop. The group consensus at the end of the group presentations.

### **How results yielded from Phase 1 and 2 links with learning units of the short course.**

The results indicated that training of student nurses at Limpopo College of Nursing does not include aspects of Ubuntu as a module or short course. The students were not assessed on Ubuntu aspects by the lecturers and by professional nurses in the clinical areas.. In the clinical areas there are no mentors about Ubuntu. The findings revealed that is a need for a short course to be developed to be able to teach students nurses at Limpopo College of Nursing about Ubuntu. The short course has learning units that will be able to cub up the gap identified by the results of the findings. The student nurses will be facilitated on aspects of Ubuntu as a short course and be evaluated in the clinical areas to identify if student nurses practice Ubuntu when rendering nursing care in the health facilities.

#### **5.2.1 The retired nurse educator described the concept Ubuntu**

The **history of the concept Ubuntu** was explained as follows:

- As early as Mid-19<sup>th</sup> century reported translations covered the field of human nature and humanity.
- In the 1970s, Ubuntu was described as certain kind of “African Humanism”.
- In the 1960s, period of decolonisation. The term was used as term for a specifically African or (South African) kind of socialism or humanism found in blacks.

- The first publication dedicated to Ubuntu as a philosophical concept appeared in 1980.
- The concept Ubuntu was also used in the context of transition to black majority rule in the two countries – Zimbabwe and South Africa.
- The importance of Ubuntu is further developed as it appears in Epilogue of the Interim Constitution of South Africa, which was published in 1993.
- The Constitution postulates that Ubuntu needs understanding and reparation.

### **Definition of the concept Ubuntu**

- Ubuntu has many definitions.
- Ubuntu is a “Nguni” word which means humanity. Humanity towards others.
- Ubuntu asserts that society gives human beings their humanity.
- Ubuntu means “A person is a person through other people”.
- “Ubuntu is a recognition of another person’s uniqueness and difference.” “
- She mentioned that **Archbishop Desmond Tutu** offered a definition on Ubuntu in 1999 as follows:
  - A person with Ubuntu is open and available.
  - Does not feel threatened that others are able and good.
  - He/she belongs in a greater whole and is diminished when others are humiliated or diminished or when others are tortured or oppressed.

**The essences of being human were** also explained as follows:

- A person cannot exist as a human being in isolation.
- Ubuntu speaks about interconnectedness.
- It is an ideology that states that “humanity is dependent on others and me”.

**Humanity** was described as follows:

- A quality that we owe to each other.
- We create each other and need to sustain this otherness creation.
- We participate in our creation.

## **The elements of Ubuntu**

The elements of Ubuntu were described as follows:

### **Respect**

Respect to fellow human being was described as an important element since it will lead to good communication among human beings and harmony.

### **Humanness**

Humanity was explained as having to assist and support each other as human beings. Not to hate or being jealous when someone achieve or do better.

### **Goodness**

Goodness was explained as the ability to do good to others without expecting to be rewarded with something as a person with Ubuntu.

### **Kindness**

Kindness in Ubuntu was explained as being kind to others and willing to help without considering getting reward.

### **Love**

Love was explained as loving others and not having grudges with others. It entails forgiving to those that do not good to you since love covers everything.

### **Care**

Caring was explained as caring for others, especially the one that needs to be cared like our patients in the health facilities and people that need to be cared like the poor.

## **Concern**

Concerned was explained as being worried if others are suffering and try to assist if possible to bring people to good state of life.

## **Conclusion by the experienced nurse educator**

The experienced nurse educator supported the development of a short course to inculcate the spirit of Ubuntu to be able to improve the rendering of nursing care within the health facility. She further mentioned that as experienced people in nursing profession, we must not leave the nursing profession to forget the caring function considering Ubuntu, which is characterised by all the element described especially humanity in providing nursing care. Nursing needs to be resuscitated by orientation of nurses on entry to the profession about Ubuntu and linking Ubuntu with other subjects during facilitation of learning. She supported that professional nurses in the wards need in-service training about Ubuntu aspects so that student nurses can have mentoring in the health facilities.

### **5.2.2 The presentation by the experienced retired nurse manager**

The experienced retired nurse manager **the qualities of Ubuntu** as follows:

- Love
- Respect
- Sympathy and empathy
- Humility
- Responsibility and accountability
- Patience
- Dedication
- Positivity

The experienced nurse manager indicated that all the qualities of Ubuntu promote tranquillity, peace and hope. She further indicated that this is all what a person needs and in particular, a desperate person who in our case as nurses is a patient. She



wanted the attendants to think about the situation that is prevailing in our public health facilities presently, which includes the hospitals, health centres, clinics, and drop-in centres.

She asked the following questions to enable the attendants to think about the real situation of the public health facilities:

### **Do we find all these qualities in our health institutions today?**

The experienced nurse manager reported that a South African Nurse is regarded as the best internationally. She saluted pioneers of nursing like Professor Searle and Professor PN Nzimande and others who laid out the disciplined track in the profession theoretically and practically. The experienced nurse manager asked the following question related to the health facilities:

- What do we see in the media e.g. television, magazines and newspapers reported about nurses?
- What do we see when we go for consultation at the clinics and when we go for our chronic treatment?
- What do we see when you are dragged on a wheelchair, after experience of a mild stroke at the hospital, outpatient department or casualty department?
- What do we see when we visit our critically ill relatives and loved ones at hospitals who are lying in the beds, unable to feed themselves?

The experienced nurse manager indicated that that we cannot sit back and leave things to deteriorate. She further mentioned that the situation could be restored back to life. She emphasised that something should be done.

### **Conclusion of presentation by experienced nurse managers**

The experienced nurse manager recommended the following:

- To develop a short course on Ubuntu to inculcate the spirit of Ubuntu among the student nurses at Limpopo College of Nursing and policies be in place about the short course of Ubuntu in the health facilities.

- The policy to breakdown to the wards, health centres and clinics.
- The policy to be patterned to fit the particular ward.
- The policy must be planned around nursing education.
- Student nurses to be taught about Ubuntu during training.
- The professional nurse to act as mentors to student nurses when they are allocated in the clinical areas.
- Introduce lecturer – professional forums to exchange learning experiences to improve the standards in our clinical situation.
- Introduce forums to assist managers to understand Ubuntu learning outcomes so as to be able to understand so that quality of Ubuntu can be sustained within the health facilities.

### **5.2.3 Presentation of summary of findings of data collected from the participants was shared amongst all present**

The research findings were presented on 06 July 2017 at Giyani Campus to the participants. They were the level III group 2017 student nurses at the three campuses at Limpopo College of Nursing, the lecturers at the three campuses at Limpopo College of Nursing, retired nurses, Greater Giyani Primary Health care staff members, coordinators for HIV (Human immunodeficiency virus), EPI (Expanded Programme on immunisation). In addition, participants included Vice-Principals from Giyani Campus and Waterberg Campus and other lecturers from Giyani Campus, Thohoyandou Campus, and Sovenga Campus. The researcher's supervisor, Professor ZZ Nkosi was present during the presentation of the findings workshop at Campus 1(Giyani Nursing Campus).

#### **5.2.3.1 Introduction**

The student nurses that are selected to enter in nurse training programmes come from different family background. Nursing is about caring. Accordingly, a nurse needs to have caring, empathy sharing, and respect elements that a patient needs to be cared. The concept Ubuntu means a science and art of caring. It is a "Nguni" word meaning that "Ubuntu umuntu ngabantu", literally meaning that "a person is a person through others". "A person's pain is my pain". Ubuntu is also translated as "humanity towards others".

### **5.2.3.2    *The purpose/aim of the study***

The aim of the study was to develop a short course to inculcate the spirit of Ubuntu among the student nurses at Limpopo College of Nursing, Limpopo Province.

### **5.2.3.3    *Objectives of the study***

The objectives of the study were as follows:

- To describe the aspects that could be included to develop short course to inculcate the spirit of Ubuntu among the student nurses.
- To explore the student nurses and lecturers experiences regarding Ubuntu in the health facilities they are exposed to.
- To identify aspects of Ubuntu that are being practised at the Limpopo College of Nursing to address Ubuntu.
- To determine the strategies that should be used to inculcate Ubuntu amongst the nurses.
- To develop of a short course that could be used to inculcate the spirit of Ubuntu amongst the student nurses.

### **5.2.3.4    *Ethical considerations***

Permission to conduct a study was obtained from the following:

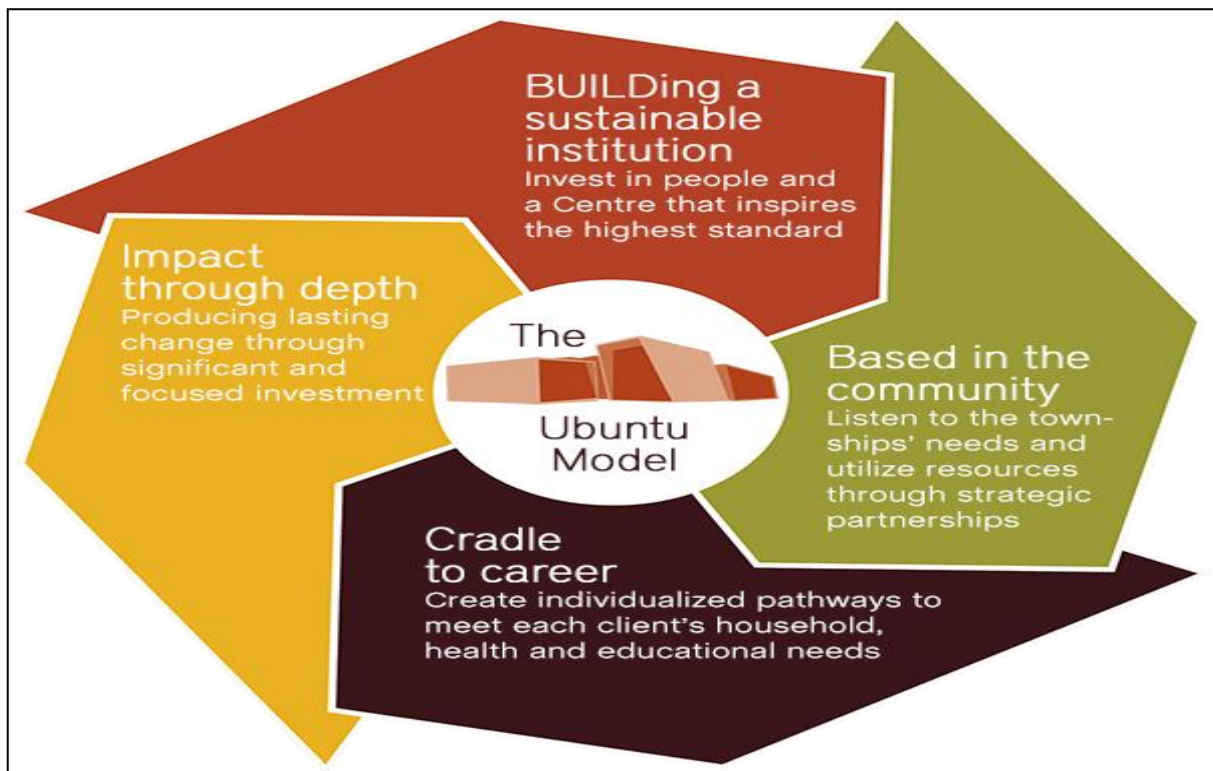
- Higher Degrees Committee of Unisa.  
Ethical clearance was obtained from the Higher Degrees Committee (Annexure B).
- Limpopo Department of Health Research Committee.  
Permission was granted to conduct a study at Limpopo College of Nursing (Annexure D).
- The Principal of the Limpopo College of Nursing.  
Permission was granted to conduct a study at the three campuses at Limpopo College of Nursing (Annexure D).

- The participants who were the level III student nurses in the three campuses and lecturers at Limpopo College of Nursing.  
The participants signed the informed consent (Annexure G).

#### **5.2.3.5 Methodology**

The study followed mixed method where the researcher used both quantitative and qualitative approaches in data collection. Specifically, sequential explanatory research design guided data collection which consists of two distinct phases: quantitative followed by qualitative. Data were collected using questionnaires, focus group and reflective diaries. Reflection relies mostly on the recall of events (Fakude and Bruce 2003: 49)

- Questionnaires were issued to level 3 Group 2014 student nurses at the three campuses at Limpopo College of Nursing.
- Data were collected in July 2016. A total of 125 questionnaires were distributed and 115 questionnaires were returned out of 125. The compliance rate was 92%.
- Focus group interviews were conducted with 10 lecturers at the three campuses and 10 level 3 student nurses at the three campuses at Limpopo College of Nursing.
- Reflective diaries were issued to 10 level III student nurses in the three campuses at Limpopo College of Nursing.



**Figure 5.1 The Ubuntu Model**

(<http://www.Ubuntufund.org>)

### **5.2.3.6 Ubuntu Model was followed in the formulation of questionnaires**

The following themes were identified in the questionnaires:

#### **The extent to which nurse training programme address Ubuntu**

##### **(Ubuntu and the training programme)**

- The nurse training programme does not orientate student nurses on Ubuntu.
- The short course can be able to address aspects related to Ubuntu to the student nurses.

## **Based in the community**

### **(Support that could be incorporated in training programmes in order to develop Ubuntu in nursing profession at Limpopo College of Nursing)**

- Wards do not have supportive documents explaining Ubuntu among the nurses.
- In-service education programmes do not include topics of Ubuntu.
- Knowledgeable people are not invited to conduct workshops on Ubuntu in the health facilities.
- Batho Pele principles and Patients' Rights Charter have to be incorporated with Ubuntu knowledge to the staff.

## **Cradle to career**

### **(Ubuntu and mentoring)**

- The professional nurses in the wards are not mentoring the student nurses about Ubuntu.
- Pamphlets are not displayed in the wards and corridors to remind nurses about Ubuntu.
- Outside presenters are not invited to teach about Ubuntu.
- Student nurses are not socialised about Ubuntu from entry into the profession until completion of the course.
- Student nurses do not complete end of the clinical exposure report which include their observation on Ubuntu.
- Lectures not assessing Ubuntu during clinical accompaniments.
- The wards are not having documents to support Ubuntu in the wards.

## **Impact through depth**

### **(Ubuntu enhancement to student nurses)**

- A short formal course on Ubuntu principles is not available.
- A short formal course on Ubuntu should be added on orientation.

### **5.2.3.7 Similarities of themes and subthemes of the focus group discussions**

The similarities of themes and subthemes of the focus group discussions with the student nurses, focus group discussions with the lecturers and reflective diaries were as follows:

**Table 5.1 Similarities of themes and subthemes**

<b>THEMES</b>	<b>SUBTHEMES</b>
1 Participants' view on Ubuntu	1.1 Consideration of social class 1.2 Poor human relationship 1.3 Not sympathetic towards the patients and colleagues
2 Low staff morale	2.1 Non-conducive working environment 2.2 Shortage of staff
3 Lack of knowledge about Ubuntu	3.1 Ubuntu not included in the curriculum 3.2 Lack of role model on Ubuntu

The theme that was identified was participant overview on Ubuntu. The subthemes were that patients were nursed considering their social class, poor relationship by the nurses to patients and that nurses were not sympathetic to patients and colleagues, which results in nurses not displaying Ubuntu when providing nursing care. Eventually, this results in negative impact towards patient care.

The theme that was identified again was low staff morale with the subthemes of non-conducive environment and shortage of staff. Non-conducive environment and shortage of staff lead to burnout and staff turnover. Most of the nurses move to greener pastures owing to increased workload and burnout from non-conducive environment. Inevitably, remaining nurses fail to display Ubuntu when rendering nursing care and this affects patient care negatively.

The other theme with similarities was lack of knowledge about Ubuntu and the subthemes of Ubuntu not included in the curriculum and lack of mentoring about Ubuntu. The findings revealed that students are not given formal lessons about Ubuntu. Furthermore, Ubuntu is not being evaluated in the clinical areas. The findings also revealed that there are no mentors on Ubuntu in the clinical areas. Moreover, the in-service education programmes do not include aspects of Ubuntu. The managers do not encourage wards to provide nursing care considering Ubuntu in the health facilities.

Student nurses are not taught about aspects of Ubuntu since it is not part of their curriculum. The study findings also revealed that there is lack of mentoring in the clinical areas hence student nurses are not having mentors on Ubuntu. This affects patient care considering Ubuntu negatively.

However, there are themes and subthemes that were identified in the focus group discussions with the lecturers only which were identified as follows:

**Table 5.2 Themes and subthemes identified in the focus group discussions with the lecturers**

THEMES	SUBTHEMES
1 Low staff morale	1.1 Low salary levels
2 Lack of support	2.1 Support from managers
	2.2 Support from the Department of Health

The theme that was identified was low staff morale and the subtheme of low salary level. The lecturers are the working force hence they expect their salaries and the professional nurses from service to be better. The student nurses receive stipend and they are not much concerned about salary levels because they receive flat rates salary ranges as students on training. Low salary level among the nursing staff at the service affect nurses negatively in rendering nursing care considering Ubuntu in the health facilities.

Another identified theme was lack of support and the subthemes were lack of support from managers and the DoH. The lecturers are experienced professional nurses. Moreover, they were working at the service and they know the working conditions at the service with the managers and the DoH. Hence, they have been able to identify that there was no support from managers and the DoH to nurses. As indicated by participants, managers always look for mistakes but do not acknowledge the good work done by nurses.

The themes and subthemes that were identified in the reflective diaries.



**Table 5.3 Themes and subthemes in the reflective diaries**

<b>THEMES</b>	<b>SUBTHEMES</b>
1 Factors affecting negatively on Ubuntu	1.1 Lack of human material resources lead to increased workload and burnout 1.2 Aggression of patients due to some stigma of chronic disease, e.g. Human Immunodeficiency Virus (HIV)

The theme that was identified was factors having a negative effect on Ubuntu and the subtheme lack of human and material resource and aggression of patients owing to some stigma of chronic diseases e.g. HIV/AIDS. The study findings from reflective diaries revealed that there is lack of human and material resources leading to increased workload and burnout. The study findings also revealed the aggression of patients owing to stigma of chronic diseases, e.g. HIV/AIDS. The study findings from reflective diaries revealed the frustrations experienced by the nurses within the health facilities that have a negative impact of them providing nursing care considering Ubuntu in the health facilities.

**5.2.3.8 The synthesis of quantitative findings, qualitative findings and findings of reflective diaries**

- The Curriculum at Limpopo College of Nursing does not include Ubuntu aspects. Hence, Ubuntu is not facilitated as a module.
- The student nurses do not have mentors in the clinical areas on Ubuntu.
- Student nurses are not evaluated on Ubuntu as part of clinical practice training.
- Patients in the wards are nursed according to their social class.
- Nurses are not sympathetic towards patients and colleagues.
- Student nurses are not socialised on Ubuntu from entry into the nursing training programmes.
- Student nurses do not complete end of the clinical exposure report, which include their observation on Ubuntu.
- The wards are not having documents to support Ubuntu in the wards.
- Lack of human and material resources resulting in
- Lecturers not assessing Ubuntu during clinical accompaniments.
- Increased workload and burnout to nurses; hence, making it difficult, if not impossible for nurses to practice Ubuntu principles and values.

- Lack of support by the nurse managers and DoH to nurses in the health facilities.
- The aggression of patients owing to stigma attached to chronic diseases e.g. HIV/AIDS impacting nurses to display Ubuntu during providing of nursing care.

#### **5.2.4 Views of participants about development of a short course**

Small group discussions were held after presentations of the findings. The attendants were divided into the following four groups:

- Group 1 – Students participants
- Group 2 – Retired nurses
- Group 3 – Participants lecturers
- Group 4 – Participant lecturers

#### **Group 1 – Students participants**

The presentation of the students was as follows:

- The short course module should be developed to empower the student nurses about knowledge of Ubuntu.
- The short course should be based on four elements, namely, caring, empathy, respect, and sharing.
- The Ubuntu short course module should include everybody. The student nurses, lecturers, managers, all categories of nurses at the service and primary health care.
- Ubuntu should be started on entry into the training programmes, reinforced at all the levels and be facilitated again on exit to the training programmes.
- The short course should be facilitated at least twice a year.
- Students can be given at least two credits on attending the short course module on Ubuntu.
- Ubuntu should be a two-way process where participants verbalise their concerns.
- Students ended up by saying “When you look good, you feel good, when you feel good, you do good”. “Good people are like candles, they burn themselves up to give others light”.

## Group 2

### Service nursing staff and retired nurses

The presentation was as follows:

- The short course module on Ubuntu should be developed.
- Duration of the short course module on Ubuntu should be two days.
- Orientation of student nurses on Ubuntu should start on the first day of entry into the training programmes.
- Content of the short course module should be as follows:
  - Concepts of Ubuntu and integration to nursing profession.
  - Explanation of the Concept Ubuntu
  - Integration of Ubuntu to:
    - Ethos of Nursing
    - Patient's Right Carter
    - Batho Pele Principles
    - Nurse's Pledge of Service
- Role modelling of Ubuntu.
- Giving of in-service training about Ubuntu in the health facilities.
- Ubuntu to be re-enforced again during the final year of nurse training programme.

## Group 3

### Participant lecturers

The presentation was as follows:

- Ubuntu short course should be developed.
- Content to be structured as follows:



#### Module 1

- Introduction to the course
- Interpersonal relationship

#### Module 2

- Support that should be given to nurses.

#### Module 3

- Humility

#### Module 4

- Maintaining Ubuntu despite challenges

### **Group 4**

#### **Participant lecturers**

- The professional nurses who are observing the student nurses when rendering the service should assess Ubuntu in the wards as part of clinical practice training.

#### **5.2.5 Inputs from the audience**

The input from the audience was as follows:

- The audience supported the development of a short course to inculcate the spirit of Ubuntu among the student nurses at Limpopo College of Nursing.
- The audience indicated that the short course should include all the categories of nurses at the service and also at the college.
- It was recommended that professional nurses and nursing managers be given in-service training on Ubuntu to be able to have knowledge and supervise to ensure that Ubuntu is practiced when rendering nursing care.
- Ubuntu in-service training should start from the college where lecturers are empowered and practice Ubuntu to mentor the student nurses in all the programmes and then be transferred to the service so that there will be

integration between College lecturers and nursing service staff about Ubuntu practices.

- The gap identified was that Ubuntu is not being assessed as part of clinical practice training at the healthcare facilities to which student nurses are deployed.
- It was suggested that a tool be designed for assessment of Ubuntu and professional nurses be orientated on Ubuntu and a tool to be able to assess the students since Ubuntu practices is observed in clinical areas.

### **5.2.6 Consensus**

- It was agreed that the short course be developed.
- The duration for the short course during orientation of student nurses on entry to the programmes in all the programmes should be five (5) days.
- General Nursing Science components to integrate Ubuntu during facilitation of Batho Pele Principles, Patients' Rights Charter, Ethos of Nursing and Nurses Pledge of Service.
- Social Science component to integrate Ubuntu during facilitation
- It was agreed that student nurses need to be informed that as they are rendering nursing care they should also observe if Ubuntu is practiced by the professional nurses in the wards.
- Professional nurses to write a report for each student nurse allocated in her unit about Ubuntu practices to ensure that it is evaluated.
- At the end of the clinical exposure, the student will have to sign report indication her performance on Ubuntu and the report will be collected at the clinical areas by the lecturers to assess if student nurses in the clinical areas are practicing Ubuntu.
- Professional nurses in charge of the wards to write report about the permanent nursing staff members about Ubuntu and all the staff members need to be given an in-service training on Ubuntu to gain knowledge before assessment.
- Performance Management System to have item on Ubuntu among the college nursing staff and service nursing staff for assessment in the Key Result Area.

### **5.2.7 The presentations by the groups**

The researcher collected the presentations and the inputs that were done by all the groups during discussions to assist in the development of a short course (see Annexure O).

## **5.3 CONCLUSION**

The chapter discussed about the development of a short course procedure, the processes, the summary of the presentation of findings of the study, and the inputs from the participants who included both student nurses, lectures and the stakeholders in the the development of a short course. The next chapter discusses the summary of the findings.

## CHAPTER 6

### CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY

#### 6.1 INTRODUCTION

This chapter presents the conclusions based on both phases of quantitative and qualitative findings. Recommendations were made so that future researchers can inculcate the spirit of Ubuntu among the student nurses. Limitations were identified and presented to enhance validity and credibility of the of the study output. The chapter ended with conclusion of the study.

#### 6.2 PURPOSE AND OBJECTIVES OF THE STUDY

##### **Purpose/aim of the study**

The aim of the study was to develop a short course to inculcate the spirit of Ubuntu among the student nurses at Limpopo College of Nursing, Limpopo Province.

##### **Objectives of the study**

The objectives of the study were as follows:

- To describe the aspects that could be included to develop short course to inculcate the spirit of Ubuntu among the student nurses.
- To explore the student nurses experiences regarding Ubuntu in the health facilities they are exposed to.
- To identify aspects of Ubuntu that are being practised at the Limpopo College of Nursing to address Ubuntu.
- To determine the strategies that should be used to inculcate Ubuntu amongst the nurses.
- To develop of a short course that could be used to inculcate the spirit of Ubuntu among the student nurses.

### **6.3 RESEARCH DESIGN AND METHODS**

The study was guided by mixed method sequential explanatory research design that consisted of two distinct phases: quantitative followed by qualitative phase. Phase 1: Quantitative phases - data collected from 115 completed questionnaires were captured on an electronic database and analysed using SPSS 23 computer program. Data were presented in frequencies, percentages, graphs, and tables.

Phase 2: Qualitative phase- focus group discussions were conducted from the student nurses and the lecturers from the three campuses which were selected to participate. The reflective diaries were given to 10 level III student nurses in the three campuses to reflect on themselves and their observations during their clinical exposure. The reflective diaries were kept with the students to record on their reflection about displaying Ubuntu when rendering care.

### **6.4 THEORETICAL FRAMEWORK OF THE STUDY**

The Ubuntu Model underpinned the study. Ubuntu Model has four constructs. Findings were summarised according to four (4) Ubuntu Model constructs. The four major constructs are as follows:

- The extent in which Ubuntu address the training programmes (Ubuntu and training programmes).
- Based in the community (Support that could be incorporated in the training programmes in order to develop Ubuntu in nursing profession at Limpopo College of Nursing).
- Cradle to career (Ubuntu and Mentoring).
- Impact through depth (Ubuntu enhancement to student nurses).



## **6.5 CONCLUSIONS FOR EACH PHASE OF THE STUDY**

Conclusions for each phase were based according to the phase 1: Quantitative phase and phase 2: qualitative phase of the study of the study. The overall conclusion of the study were presented.

### **6.5.1 Conclusion based on Phase 1: Quantitative phase**

This sub-section presented the conclusion based on the selected findings as follows:

- The majority of the students agreed that Ubuntu should be taught like just like other subjects to be able to gain knowledge about Ubuntu.
- The majority of the students strongly agreed that Ubuntu aspects be taught and just like other subjects so that they can learn and be assessed about it.
- The majority of the students agreed that the College can effectively address Ubuntu by introducing a module for Ubuntu.
- The majority of the students agreed that by nature of their work, all nurses practice Ubuntu when rendering nursing care.
- The majority of the students disagreed that pamphlets are displayed in the wards and corridors to remind nurses about Ubuntu.
- The majority of the student nurses disagreed that outsider are invited to teach student nurses about Ubuntu.
- The majority of the students disagreed that lecturers assess Ubuntu during clinical accompaniment of student nurses.
- The majority of the student nurses agreed that Ubuntu is introduced to the student nurses on commencement of training programmes.
- The majority of the student agreed that Ubuntu courses should be given as a formal workshop to the student nurses.

### **6.5.2 Conclusion based on Phase 2: Qualitative phase**

The second phase of the study will be concluded based on the findings of the focus group discussions of the lecturers from the three (3) campuses and the focus group

discussions of the student nurses and the reflective diaries that were given to the student nurse in the three campuses.

#### ***6.5.2.1 Findings based on the focus group discussion with the student nurses***

This subsection presented conclusion based on the selected findings as follows:

- Ubuntu is not displayed by nurses when rendering nursing care.
- Nurses provide nursing care considering the social class of patients.
- Patients that are poor are less considered by nurses when rendering nursing care.
- Nurses are not sympathetic to patients.
- There is lack knowledge about Ubuntu.
- Ubuntu is not included in the curriculum.
- Nurses are overworked.
- Lack of mentoring on Ubuntu.
- Patients disrespect nurses and this affect nurses in displaying nurses.
- The epidemic of HIV/AIDS affect nurses because HIV/AIDS patients are stressed and they always look for mistakes to be able to blame the nurses

#### ***6.5.2.2 Findings based on the focus group discussion with the lecturers***

This subsection presented conclusion based on the selected findings as follows:

- Ubuntu is not included in the in-service education programmes within the health facilities.
- Lack of mentoring about Ubuntu in the health facilities.
- Nurses are also affected negatively since patients and relatives are always looking for mistakes from nurses.
- The managers and DoH do not support nurses.
- The Department of Health is preoccupied with looking for mistakes done by the nurse to be able to apply disciplinary actions.

- Nurses are not rewarded for good practice; hence it affects patients negatively because nurses want to provide nursing care and not display Ubuntu for fear of being accused by patients.

### ***6.5.2.3 Findings based on the reflective diaries that were given to the student nurses at the three (3) campuses***

This subsection presented conclusion based on the selected findings as follows:

- Lack of respect by nurses to patients
- Patients called by their names and diagnosis
- Patients treated by their social class
- Nurses not maintaining privacy when rendering nursing care
- Lack of human resource leading to increased workload and burnout
- Aggression of patients due to some stigma of chronic diseases e.g. HIV
- Lack of support by nurse managers
- Lack of support by DoH
- Patients and relatives judgmental and biased

### **6.5.3 Conclusion of the findings of both quantitative and qualitative findings (focus group discussions of student nurses and lecturers at the 3 campuses and synthesis of the findings)**

- Both findings of quantitative and qualitative together with the reflective diaries indicate that there is a gap in considering Ubuntu when providing nursing care in the health facilities.
- Patients are being treated considering social class.
- Poor patients are less considered within the health facilities.
- Ubuntu means fair and equal treatment of patients with respect regardless of colour, background, economic status, financial status, gender, religion, and country of origin.
- It has been noted that Ubuntu in health facilities is lagging down and need agent attention.

- Both types of results need for development of a short course to orientate student nurses about Ubuntu.

## **6.6 RECOMMENDATIONS**

Based on the findings, the researcher makes the following recommendations for nursing education, practice and in-service education training programme.

### **6.6.1 Nursing education**

The study in both quantitative and qualitative findings found that the majority of the respondents had not received formal teaching on Ubuntu since Ubuntu is not included in the curriculum during the basic training of student nurses at Limpopo College of Nursing. It is recommended that a short course on Ubuntu be developed to be able to orientate student nurses on Ubuntu for from entry into education programmes.

### **6.6.2 Nursing practice**

The study revealed that there are no mentors on Ubuntu in the health facilities. Student nurses are not having mentors on Ubuntu. The in-service training programmes in hospitals do not include aspect of Ubuntu in their in-service education programmes. In – service education programmes should include aspects of Ubuntu. The nurse managers should be orientated on Ubuntu to be able to monitor and evaluate Ubuntu practices within the health facilities. The core elements of Ubuntu should be emphasised to ensure that philosophy is inculcated among the student nurses at Limpopo College of Nursing. The following are the core elements of Ubuntu:

- Respect for a fellow human being
- Empathy
- Compassion
- Sharing

### **6.6.3 Further research**

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

- Ubuntu facilitation within the health facilities within to all categories of staff.
- Establishment of mentors on Ubuntu within health families.
- Empowerment of managers on aspects of Ubuntu in health facilities.
- Inculcation of Ubuntu within the communities.
- Establishment of in-service training on Ubuntu within the health facilities.
- To also conduct the research in other colleges in the country.

## **6.7 LIMITATIONS OF THE STUDY**

Limitations are restrictions or problems in a study that may decrease the generalisability of the findings (Polit & Beck 2008:41). The researcher identified the following limitations in the study:

- The study was conducted at Limpopo Province only, which could limit generalisation of findings.
- Only student nurses at Limpopo College of Nursing and the lecturers participated in the study. Other colleges in other provinces were not involved although the student nurses at other colleges also provide patient care and lecturers also facilitate learning in theory and practice.
- The professional nurses in the nursing practice were not included in the study.

## **6.8 CONCLUDING REMARKS**

The study found that Ubuntu is not included in the curriculum at Limpopo College of Nursing. Inevitably, student nurses are not orientated on aspects of Ubuntu on entry into nurse training programmes and Ubuntu is not evaluated during student clinical practice assessments. The study also found that there are no mentors about Ubuntu in the health facilities. Patients are also affected negatively since nurses provide nursing care without displaying Ubuntu within the health facilities. The study also revealed that nurses do not respect patients when they are rendering nursing care. The study also revealed that nurses are also not respected by patients, especially patients with chronic conditions e.g. HIV/AIDS and this also affects patients negatively because nurses provide nursing care but not displaying Ubuntu. Development of Ubuntu Short Course should orientate student nurses on entry into the nurse training programmes would

assist student nurses to be empowered with aspects of Ubuntu and the in-service education programme. More importantly, the training of mentors should be conducted within the health facilities to empower all categories of nursing staff and mentor the student nurses can help to facilitate the process.

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## **INTERNET SOURCES**

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## **ANNEXURES**

**Annexure A: Letter for intention to submit the research project**

**NOTICE OF INTENT TO SUBMIT A DISSERTATION OR THESIS FOR EXAMINATION**

**SURNAME AND INITIALS:** MANGANYI T

**STUDENT NUMBER:** 42181933

**DEGREE:** D Litt et Phil- DPCHSO4

**FINAL TITLE OF THE DISSERTATION / THESIS UNDER WHICH IT WILL BE SUBMITTED**  
(please print and ensure that the correct wording is used)

**DEVELOPMENT OF A SHORT COURSE TO INCULCATE THE SPIRIT OF UBUNTU**

**AMONGST THE STUDENT NURSES AT LIMPOPO COLLEGE OF NURSING, LIMPOPO**

**PROVINCE.**

**I HEREBY GIVE NOTICE THAT I INTEND TO SUBMIT MY DISSERTATION / THESIS FOR EXAMINATION WITH A VIEW TO THE GRADUATION CEREMONY TO BE HELD DURING**  
(please mark with X)

APRIL / MAY 2018	or	SEPTEMBER 2018
X		



**SIGNATURE**

17.07.2017

**DATE**



## Annexure B: Ethical Clearance from the University of South Africa



**UNIVERSITY OF SOUTH AFRICA  
Health Studies Higher Degrees Committee  
College of Human Sciences  
ETHICAL CLEARANCE CERTIFICATE**

**REC-012714-039**

**HSHDC/472/2015**

Date: 25 November 2015

Student No: 4218-193-3

Project Title: *Development of a short course to inculcate the spirit of Ubuntu amongst student nurses at Limpopo College of Nursing.*

Researcher: Thokozile Manganyi

Degree: D Litt et Phil

Code: DPCHS04

Supervisor: Prof ZZ Nkosi

Qualification: PhD

Joint Supervisor: -

**DECISION OF COMMITTEE**

Approved

Conditionally Approved

**Prof L Roets**

**CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE**

**Prof MM Moleki**

**ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES**

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES

## Annexure C: Letter requesting permission from Limpopo Province Department of Health to conduct research

Enquiries: Manganyi T	P.O. Box 4423
Tel/Fax : 015 812 0330	Giyani
Cell: 0783381021	0826
Email: thokozit@webmai.co.za	16.10.2015


To: The Research Ethics  
Limpopo Department of Health

Request for approval to conduct research in Limpopo College of Nursing in order to fulfil the requirement for obtaining a doctoral degree in Health Studies, Manganyi T: 80594077

1. I am a lecturer working Limpopo College of Nursing, Giyani Campus at Community Nursing Science component and I am currently studying at the University of South of South Africa (UNISA)
2. I hereby wish to conduct my research within the Department of Health. I believe that the findings and recommendations thereof will, if implemented contribute to the body of knowledge on continuous quality improvement initiatives.
3. Permission is requested to conduct a research project on development of a short course to inculcate the spirit of Ubuntu amongst the student nurses at Limpopo College of Nursing, Limpopo Province to obtain doctoral degree in Health Studies.
4. The research report and the article will be forwarded to the Department of Health.
5. Your approval will be highly appreciated.

Thanking you in anticipation.  
Manganyi T

## Annexure D: Permission from Department of Health to conduct the study

**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

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**DEPARTMENT OF HEALTH**

Enquiries: Lalif Shamila Ref:4/2/2

Manganyi T  
University of South Africa


Greetings,

**RE: Development of a short course to inculcate the spirit of Ubuntu amongst student nurses at Limpopo College of Nursing.**

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:
  - Research must be loaded on the MHRD site (<http://hris.hcs.org.za>) by the researcher.
  - Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.
  - In the course of your study there should be no action that disrupts the services.
  - After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
  - The researcher should be prepared to assist in the incorporation and implementation of the study recommendation where possible.
  - The above approval is valid for a 2 year period.
  - If the proposal has been amended, a new approval should be sought from the Department of Health.
  - Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.

  
Head of Department Date 18/02/2016

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12 College Street, Polokwane, 0705, Private Bag #8032, P.O. BOX 1200, PRETORIA, 0001  
Tel: (+27) 283 6030, Fax: (+27) 283 6211/22 Website: <http://www.limpopo.gov.za>

The heartland of Southern Africa [www.limpopo.gov.za](http://www.limpopo.gov.za)

## Annexure E: Research questionnaire

### RESEARCH QUESTIONNAIRE:

**TOPIC: DEVELOPMENT OF A SHORT COURSE TO INCULCATE THE SPIRIT OF UBUNTU AMONGST STUDENT NURSES AT NURSES AT LIMPOPO COLLEGE OF NURSING**

#### INSTRUCTIONS:

1. Please fill the information on the appropriate spaces.
2. Mark the appropriate spaces with an X.
3. Complete all sections.

**SECTION 1: DEMOGRAPHIC DATA** (Please tick  in the box or space with the most appropriate option you would have chosen)

#### 1.1. Age range in years

1	18 - 20	<input type="checkbox"/>
2	21 - 23	<input type="checkbox"/>
3	24 - 26	<input type="checkbox"/>
4	27 - 29	<input type="checkbox"/>
5	30 and above	<input type="checkbox"/>

#### 1.2 Campus in which you reside

Campus 1	<input type="checkbox"/>
Campus 2	<input type="checkbox"/>
Campus 3	<input type="checkbox"/>
Campus 4	<input type="checkbox"/>
Campus 5	<input type="checkbox"/>

#### 1.3 Gender

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>

#### 1.4 Marital status

Single	<input type="checkbox"/>
Married	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Widowed	<input type="checkbox"/>

**1.5 Religion**

Christianity	
Catholic	
Ancestral worship	
Other	

**SECTION 2: Please select only one response using the following key**

**SA: Strongly agree A: Agree N: Neutral D: Disagree SD: Strongly disagree**

**2. 1 The extent to which the nurse training programmes address Ubuntu.**

Variables		SA	A	N	D	SD
2.1.	Students are taught to be honesty with other members of the College					
2.2.	Students are taught to care about the well-being of other fellow students					
2.3.	The curriculum teaches students to respect the beliefs and customs of other students and College staff					
2.4.	I believe that older students have more knowledge and skills than the younger students.					
2.5.	The curriculum teaches students to rely on each other for support when things in the class or at home are not going well.					
2.6.	The curriculum facilitates team work					
2.7.	Allowing teachers to impose their own beliefs on you is a good sign of respect					
2.8.	The curriculum prepares students to considerate to the team members					
2.9.	One's commitment to own work is explicitly encouraged by the College curriculum					
2.10.	It is a good idea to allow students to voice their opinions in class freely					
2.11.	The current curriculum adequately prepare students on how to voice opinion responsibly					
2.12.	The curriculum adequately prepare students to respect other members of the community.					
2.13.	I believe that Ubuntu aspects be assessed just like any other subject					
2.14.	To adequately cater for Ubuntu, it should be taught just like any subject in the nursing colleges					
2.15.	The College can effectively address Ubuntu by introducing a module for Ubuntu					

## 2.2 Based in the community

(Support that could be incorporated in training programmes in order to develop Ubuntu in nursing profession at Limpopo College of Nursing)

Variables		SA	A	N	D	SD
2.2.1	By nature of their work, all nurses practice Ubuntu when nursing patients in the wards					
2.2.2	It is an obvious fact that nurses practice Ubuntu when rendering nursing care in the Primary Health Care					
2.2.3	In all cases when rendering their duties nurses display compassion to other people					
2.2.4	Nurses are compelled to display respect to patients and their family					
2.2.5	All nurses practice Batho-Pele principles					
2.2.6	Wearing of uniforms and name tags by nurses shows understanding of Ubuntu					
2.2.7	All nurses know that Ubuntu means that a person is a person through others					
2.2.8	Nurses readily respect patients' choice based on religion					
2.2.9	All menus are prepared according to religious beliefs					
2.2.10	Wards are always clean because nurses practice Ubuntu					
2.2.11	Health workers maintain privacy and confidentiality at all times					
2.2.12	Individual patients to receive their choice to their treatment					
2.2.13	Relatives of very ill patients are allowed to stay longer.					
2.2.14	The relatives are informed when patients are in critical condition					
2.2.15	Giving professional assistance to relatives of a deceased patient in an aspect of ubuntu.					

## 2.3 Cradle to career

Variables		SA	A	N	D	SD
2.3.1	Professional nurses are responsible for socialising student nurses about Ubuntu in the wards					
2.3.2	Pamphlets are displayed in the wards and corridors to remind nurses about Ubuntu					
2.3.3	Work-related learning in the hospital include Ubuntu philosophy					
2.3.4	Outside presenters are invited to teach about Ubuntu					
2.3.5	Student nurses are socialised on Ubuntu from entry into profession until completion of course.					

2.3.6	Observations on Ubuntu when rendering patient care are documented.					
2.3.7	Student nurses complete end of clinical exposure report which include their observation on Ubuntu displayed by nurses					
2.3.8	In-service education on practising Ubuntu is conducted					
2.3.9	A programme should always be available in order to socialise student nurses of all levels about Ubuntu					
2.3.10	Patients should be interviewed by managers only if nurses displays Ubuntu in the wards					
2.3.11	Acknowledgments are done at the end of clinical exposure to nurses that were displaying Ubuntu to others					
2.3.12	Lecturers must always assess Ubuntu during clinical accompaniment					
2.3.13	Professional nurses welcome and orientate the student nurses on Ubuntu in the clinical areas					
2.3.15	Student nurses should always be given time to give feedback regarding their clinical areas					

#### 2.4 Impact through depth

Variables		SA	A	N	D	SD
2.4.1	A short formal course on Ubuntu principles would increase the practice of Ubuntu					
2.4.2	A compulsory short course in Ubuntu will be necessary as students are already overloaded with work					
2.4.3	Students should be involved in content selection of the short course on Ubuntu.					
2.4.4	Ubuntu courses should be presented as informal workshop to those who are interested					
2.4.5	A short course on Ubuntu should be added during orientation					

Thank you for completing this questionnaire

## Annexure F: Interview guide

### ANNEXURE

#### INTERVIEW GUIDE FOR DISCUSSION WITH LEVEL 1 STUDENT NURSES AT LIMPOPO COLLEGE OF NURSING

RESEARCH TOPIC: DEVELOPMENT OF A SHORT COURSE TO INCUCCATE  
THE SPIRIT OF UBUNTU AMONGST THE STUDENT NURSES AT LIMPOPO  
COLLEGE OF NURSING, LIMPOPO PROVINCE

##### Question 1

What do you understand by the concept Ubuntu?

##### Question 2

What are your experiences regarding Ubuntu in the health facilities by the nurses during your clinical exposure?

##### Question 3

How do nurses display Ubuntu to patients in the health facilities?

##### Question 4

What do you think can be done to ensure that Ubuntu is inculcated amongst the nurses?

##### Question 5

Kindly share anything you feel we have missed.

PROBING, FOLLOW-UP QUESTIONS, CLARIFICATION AND SUMMARIES WILL  
BE USED TO ELLICIT FURTHER INFORMATION WHEN NEEDED

Thank you very much



## Annexure G: Informed consent (quantitative research)

### ANNEXURE

### INFORMED CONSENT

**Research title:** Development of a short course to inculcate the spirit of Ubuntu amongst the nurses at Limpopo College of Nursing, Limpopo Province

**Researcher** T.Manganyi

**Phone:** 0783381021

**Work:** (015-812)-0330

The purpose of the study is to develop the short course to inculcate the spirit of Ubuntu amongst the student nurses at Limpopo College of Nursing, Limpopo Province. Questionnaires will be provided to you to answer. The information will not be shared with other respondents and final report containing anonymous quotations will be available to all at the end of the study.

**THIS IS TO CERTIFY THAT**

I \_\_\_\_\_

Hereby agree to participate as a volunteer in the above mentioned research.

I understand that there will be no health risks to me resulting from my participation in the research.

I hereby give my permission to participate in the study.

I understand that the information may be published but my name will not be associated with the research.

I understand that I am free to withdraw my consent and terminate my participation at any time, without penalty.

Name of Respondent \_\_\_\_\_

Name of the researcher \_\_\_\_\_

\_\_\_\_\_

Student number \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## **RESPONDENT INFORMATION LEAFLET**

### **INTRODUCTION.**

You are invited to volunteer for research study. The reason for selection is that you have experience in working in the clinical areas where Ubuntu is observed amongst the nurses and patients in the health facilities. The information leaflet is to assist you to decide if you would like to participate. Before you agree to take part you should fully understand what is involved. You are not forced to take part in this study. You have the right to participate voluntarily and withdraw if you are not satisfied with the information provided.

### **What is the purpose of the study?**

The purpose of the study is to develop the short course to inculcate the spirit of Ubuntu amongst the student nurses at Limpopo College of Nursing, Limpopo Province.

### **What is the research question?**

What is the support given to student nurses on training in inculcating the spirit of Ubuntu at Limpopo College of Nursing, Limpopo Province.

### **What are my rights as respondent?**

The respondent has the right to decide voluntarily whether to participate in the study or not. You have the right to be treated fairly before, during and after the study. You have the right to withdraw from the study anytime without any prejudicial treatment.

**May any of this study procedures results in discomfort or Inconveniancas?**

Discomfort may result since a questionnaire requires the respondents to think and write the information required in the questionnaire. It may require time from the respondents to be able to complete the questionnaire.

**Are there any warnings or restrictions concerning my participation in the study?**

The respondents will be anonymous in the study. No names will be written in the questionnaires when they are returned.

## Annexure H: Informed consent (qualitative research)

1

### ANNEXURE

**TOPIC: DEVELOPMENT OF A SHORT COURSE TO INCULCATE THE SPIRIT OF UBUNTU AMONGST THE STUDENT NURSES AT LIMPOPO COLLEGE OF NURSING, LIMPOPO PROVINCE**

#### **INFORMED CONSENT FOR RESEARCH PARTICIPANTS/INFORMANTS**

I.....agree to take part in the research project .

The research project has been explained to me.

I understand that agreeing to take part means that I am willing to:

- i. Be interviewed by the researcher as student from the University of South Africa
- ii. Allow the interview to be recorded
- iii. Make myself available for further interview should that be required, allow the researcher to have access to my records and
- iv. Be informed about the research results
- v. The purpose of the research is to fulfill the requirement for the doctoral degree in Health Studies.
- vi. I understand that the information provided by me shall remain confidential,
  - My participation is voluntary
  - I can choose not to participate in part or all of the project and
  - I can withdraw at any stage without being penalized or disadvantage in any way.

Name of participant .....

Signature .....

Date .....

Name of the researcher .....

Student number .....

Signature .....

Date .....

## **PARTICIPANT INFORMATION LEAFLET**

### **INTRODUCTION**

You are invited to volunteer for research study. The reason of being selected is that you have experience in working in the clinical areas where Ubuntu can be observed amongst the nurses and patients in the health facilities. This information leaflet is to assist you to decide if you would like to participate. You should fully understand what is involved before you take part in the study. You are allowed to ask questions which are not clearly explained in this leaflet. You are not forced to take part in this study, you have a right participate voluntarily and withdraw if you are not satisfied with the information provided.

#### **What is the purpose of this study?**

To explore the knowledge and experiences of nurses about Ubuntu in the health facilities.

#### **What is the research question?**

What is the support given to student nurses at Limpopo College of Nursing on training in inculcating the spirit of Ubuntu?

#### **Has the study received approval?**

The research proposal is approved by UNISA ethical committee ,Department of Health and social development ,Limpopo province

**What are my rights as participants?**

The participant has the right to decide voluntarily whether to participate in the study or not. You have the right to be treated fairly and equally before, during and after the study. You also have the right to refuse to give information and withdraw from the study anytime without any prejudicial treatment.

**May any of these study procedures result in discomfort or inconveniences?**

Discomfort and inconveniences may result if the investigator does not comply with the required precondition for conducting an interview. If the interviewer is not honest, sincere and warm, participants will not feel comfortable during interview and if confidentiality and privacy is not maintained.

**Are there any warnings or restrictions concerning my participation in this study?**

The participants will be anonymous in this study; your name will not be identified by any person except the researcher.

## Annexure I: Transcriptions

### TRANSCRIPTION

Sovenga Campus (LECTURERS)

#### 1 Concept Ubuntu

**Participant 1 said** 'It takes us back to our origin where we come from. Respect is instilled in someone from how they are socialised. Respect towards the next person. The family has not well brought up that child, and the child will have problems in relation of Ubuntu.

**Participant 2 said** Ubuntu is about what you are doing to the next person. What you are doing to the next person, you will like to be done to you.

**Participant 3 said** Ubuntu is respect to one another irrespective of age, colour. The way people have to treat each, to respect each other.

**Participant 4 said** Ubuntu is according to the way a person has been socialised. How to behave when you are with other people

**Participant 5 said** it's to offer help when it's needed

**Participant 6 said** It's respect or empathy towards one another. It includes in action that is socialisation. First impressions last.

**Participant 7 said** It's to treat people with respect. To have a positive attitude that allows one to see others as human beings and value them as such (pause). To have the acceptable behaviour.

**Participant 8 said** Ubuntu means interacting with other people in manne, it's a two way process, show good attributes, build mutual relationships. It's about respect and love.

**Participant 9 said** relationship with other people as well as your attitude.

#### 2. Experiences regarding Ubuntu in the health facilities

**Participant 1 said** "The first thing is looking at a person; there is that fact of generalisation. Nursing care differ according to age groups. Young student nurses have to take care of the elder, they are to show respect. Young nurses do not show respect to elderly, not keeping promises, and being too proud to go back to patients to apologise"

**Participant 2** said "There is shortage of staff, nurses are tired to show Ubuntu, media may influence patients to behave in a manner that does not show value of Ubuntu"

**Participant 3** said "patients are not treated the same, they treated according to their background and level of education. If the other one is from a better background his going to be treated well then the other person from a poor background"

**Participant 4** said "Nurses relate well with patients when there are outsiders watching"

**Participant 5** said "(pause) Ubuntu is when someone enters the ward and you greet to make them feel welcome"

**Participant 6** said "what the leaders do, the nurses and students copy. If leaders are determined and hard working the nurses will follow and patient will show a positive attitude"

**Participant 7** said "some of the nurses show Ubuntu while others do not, maybe those who do not show Ubuntu is because of work load, some maybe because the salaries are insufficient"

**Participant 8** said "due to the law suit that will be filed again the nurses as seen on the media, nurses do not say something that may upset patients because of fear to be sued"

**Participant 9** said "

### **3 How do nurses display Ubuntu in health facilities?**

**Participant 1** said "the nurses are greeting patients, smiling at patients and displaying warmth. They are teaching student nurses about certain conditions and calling them to show them how to do it"

**Participant 2** said "patients are greeted, explained about policies, and rules of the ward, assisting patients and working patiently"

**Participant 3** said "nurses are relating well with patients, explaining in details the information of their conditions"

**Participant 4** said "Nurses start to relate well with patients when there re outsiders "

**Participant 5** said "Patients are not called by title but instead they are called by names. No respect"

**Participant 5** said "Nurses do show respect to some extent. Calling patients with names."



**Participant 7** said "Nurses show respect to patients as they enter the ward. Sometimes they are inconsiderate. They take time to attend the needs of patients."

**Participant 8** said "Nurses concentrate on routine and with other concepts minimal"

**Participants 9** said "Nurses assist patients with whatever, transport patients to relevant wards."

#### **4. What do you think can be done to ensure that Ubuntu is inculcated amongst the nurses?**

**Participant 1** said "Reinforcement of principle of Ubuntu during the nurses training. Lecturers should be role model so that lecturers can learn from them"

**Participant 2** said "In-service training to students . Prioritise teaching of Ubuntu during ethical studies. Communicate with nurses in hospitals to teach student nurses. Lecturers to be role models."

**Participant 3** said "The student nurses should be given examples of how they can show Ubuntu."

**Participant 4** said "Ubuntu should be reinforced in the study of social sciences in the first year of study."

**Participant 5** said "Teach the student nurses the pledge of service yearly from first year. Teach nurses in the clinical area yearly as they are the ones who will socialise students"

**Participants 6** said "Adequate professional human and material resources as the lack will cause human to be aggravated . Upgrade their remuneration. Workshops to reinforce the spirit of Ubuntu."

**Participant 7** said "continue teaching ethics of nursing as it seems that professional have forgotten, Workshop teaching communication and Interrelation skills. Provide human and material resources. Provincial office must do that."

**Participant 8** said "There must be debriefing sessions where student nurses present their frustrations . Award ceremonies for student nurses."

**Participant 9** said "Remind a student nurse about pledge. Remind students about how patients should be treated with respect and dignity."

**Participant 5** said "treat students as your own child, so that the student nurses also treat patients as their loved ones."

#### **5. Kindly share anything you feel we have missed.**

**Participant 1** said "infrastructure is still dilapidated thus how best nurses can operate under this condition while we wait for government to improve infrastructure. We require clinical facilitators to be stationed at hospital.

**Participant 2** said "awareness campaigns, media should change the way portray nurse-patient relationship. Incentives for nurses

**Participant 3** said "media should change the way the community view nurses, so that they have more positive review.

**Participant 4** said "nurses harbour a lot of problems told by patients and end up having nowhere to dump them and end up taking that anger to patients.

**Participant 5** said "allocators must be role models to students as what they teach them they will do in the hospital".

**Participant 6** said "media should change how they present nurses"

**Participant 7** said "higher order personal e.g directorate/SANC must come to the hospitals, schools, colleges and not only when there is litigation but must come also for motivation and improvement".

**Participant 8** said "introduce drills in relation to how Ubuntu can be displayed while students are in block, as we seldom forget what you practice".

**Participant 9** said "treat students as your own child as they will treat patients as their loved ones".

## Sovanga Campus Students focus group

### 1. Concept Ubuntu

Participant 1 said "Ubuntu is when people work together with a equality and when nurses treat each other equally. Respecting their beliefs respective of race

Participant 2 said "nurse is a nurse by the patients. Nurse must respect patients according to the patients belief, race and rights".

Participant 3 said "nurse reflect Ubuntu based on principles of Bathopele".

Participant 4 said "ubuntu is about equality considering patients beliefs while disregarding race and whatever".

Participant 5 said "a person is person through other people, nurses should patient so as to cater for their psychological needs. BathoPele must be followed".

Participant 6 said "do not discriminate patients basically practice equality. Treat others as you will like to be treated.

Participant 7 said "Ubuntu means unity, working together and adhering to BathoPele principles".

Participant 8 "Ubuntu means humanity, love patients and treat them with respect. Treat them as your own.

Participant 9 said "a person is person through others, avoid conflict to encourage a peaceful environment and not holding grudges against each other.

### 2. Experiences regarding Ubuntu in the health facilities by the nurses during clinical exposure

Participant 1 said "there are different experiences according to different wards. When at clinics they find that half the nurses practice Ubuntu and do not provide adequate nursing care to foreigners. Nurses discriminate against patient who do not know their native languages.

Participant 2 said "nurses take a my way or the high way approach when it comes to patients care. Patients then feel safer interacting with students as they are more kind and empathetic.

Participant 3 said "not all nurses show Ubuntu. They treat patients however they like. They treat patients according to their social class. Kindness diminishes as social class decrease. Nurses do not give patients explanation of procedures. Nurses call patients by their diagnosis".

5

Participant 4 said "patients in VIP are well cared while public patients are not well cared".

Participant 5 said "issue of attitude with nurses, they do not wear their name tags which violates the patients' rights to know the name of their care provider. Problem of privacy, some procedures are performed in the open. Nurses do not explain procedures".

Participant 6 said "nurses do not respect patients but expect to be respected.

Participant 7 said "nurses do not maintain Ubuntu, privacy not maintained. Poor communication as nurses do not explain the use of medication to patients".

Participant 8 said "Ubuntu is not practiced as nurses sometime ignore their call of patients for assistance".

Participant 9 said "Ubuntu is not practiced between nurse-nurse and nurse-patient. They have attitude towards each other, some nurses beat patients in maternity wards".

### **3 How do nurses display Ubuntu to patients**

Participant 1 said "greet patients and check their well being, check files and if they have bathed. Some nurses show respect to student nurses irrespective of age. Some nurses are always ready for battle. Some nurses may buy food for patients should hospital kitchen run out".

Participant 2 said "managers quickly resolve conflict. Some nurses need advice related to what the patient is suffering from. Nurses know they are there to work and do not want to be ordered around by doctors. Nurses do give patients false hope.

Participant 3 said "nurses make sure patients have everything they need. Positive Ubuntu, nurses do not cater fully to the needs of the patients. Nurses cater for student as per job description and not act of love.

Participant 4 said "nurses meet all the needs of the patients, involve patient in their cause of treatment.

Participant 5 said "nurses take patients into consideration.

Participant 6 said "some nurses compromise for patients, they sacrifice their tea and lunch times to render nursing care.

Participant 7 said "managers of wards show interest in the holistic well being of patients and the progression of their sickness.

Participant 8 said "nurses evaluate what has been implemented to their patients and whether it is effective.

Participant 9 said "should some patients come in with an illness caused by illegal substances they explain kindly to the patient why its wrong, while other nurses eat them.

#### **4. What do you think can be done to ensure that Ubuntu is included amongst the nurses**

Participant 1 said "upon interviewing the students, qualities of Ubuntu should be sorted out. Workshops to educate nurses about Ubuntu and its importance. Means of discipline for nurses who violate Ubuntu principles.

Participant 2 said "workshop about Ubuntu and its importance perhaps monthly. In service education in the ward.

Participant 3 said "in service workshops, one-to-one sessions with nurses, evaluation on cards for nurses. Complains and compliments both should be done by managers who should make sure there is a change

Participant 4 said "evaluation tool for patients. In service education involving patients about Ubuntu.

Participant 5 said "Inservice training in the ward. Encourage and reward nurses who maintain Ubuntu best. Patient evaluation of nurses "

Participant 6 said "inservice education every Friday. Importance of Ubuntu. Give patients suggestion box where names of nurses who do not practice Ubuntu will be written for the nurse managers to see.

Participant 7 said "Inservice education, suggestion box"

Participant 8 said "Inservice education , evaluation tools for patients, quotes to remind nurses about Ubuntu to be put up on ward wall"

Participant 9 said workshop and inservice for nurses. Patients should be educated about their rights and when they can report. Sanctions to misperforming nurses".

#### **5. Kindly share anything you feel we have missed.**

Participant 1 said "Campaigns, t-shirts that promote Ubuntu to be worn by health providers"

Participant 2 said " nothing to be added".

Participant 3 said "Nothing to be added"

Participant 4 said " Ubuntu should be reflected in the mission, vision of the different wards"

Participant 5 said " Ubuntu should be practiced by all the multidisciplinary teams. Not nurses only"

Participant 6 said " In-service education should always include Ubuntu"

Participant 7 said " nothing to be added"

Participant 8 said " Teach patients about Ubuntu so that they can be treated as they treat nurses"

Participant 9 said " Nothing to be added"

## **Campus 2**

### **THOHYANDOU CAMPUS**

#### **LECTURERS FOCUS GROUP**

##### **1. Concept Ubuntu**

Participant 1 said " Ubuntu means that a person treats people in a human way and reaches out to other human beings to help the person reach objectives in a kind and respectful way"

Participant 2 said " Ubuntu means carrying and consideration of what the next person requires"

Participant 3 said " Ubuntu means a way in which one shows respect to other persons and equality."

Participant 4 said " Ubuntu means a long heart, empathy, treat others holistically".

Participant 5 said "People have moral, respect to cultural spheres of people you are interacting with"

Participant 6 said " Ubuntu is to show empathy, to show respect and care to other people"

## **2. What are the experiences regarding Ubuntu in the health facilities by the nurse during your clinical exposure**

Participant 1 said " Difficult to observe as lecturer is usually with the students "

Participant 2 said " Ubuntu is being practice because student nurses ended up forming good relationship with professional nurses and patients"

Participant 3 said " Nurses and students practice Ubuntu but sometimes due to pressure of work, nurses end up not catering for patients 100%"

Participant 4 said " I am a new lecturer thus I am not having clinical exposure"

Participant 5 said " Ubuntu is influenced by the environment where nurses practice. Thus the environments that are not conducive causes nurses to be frustrated and therefore end up taking frustration out of patients"

Participant 6 said " Normally nurses practice Ubuntu before 1pm. After that nurses start to be hostile because of heavy workload and shortage of staff.

## **3. How do nurse display Ubuntu to patients in the health facilities.**

Participant 1 said "Nurses show respect to patients. Listen to whatever clients presents with.

Being empathetic. Deals with patients sickness adequately"

Participant 2 said " Nurses communicate well with patients. Effective communication. "

Participant 3 said "Nurses take care of patients who cannot take care of themselves with their basic needs . Explain to the patients 'family about patient's diseases . Advocating for patients."

Participant 4 said " Nursing must be a calling not poverty alleviation "

Participant 5 said " Nurses compromise time and money to cater for patients"

Participant 6 said " Nurses refer patients to better health care. Nurses go beyond their job description time to serve patients"

## **4. What do you think can be done to ensure that Ubuntu is inculcated amongst the student nurses"**

Participant 1 said "Ubuntu cannot be taught theoretically but best way to teach Ubuntu is through role modelling because student nurses learn best what they see from professional staff.

Participant 2 said " Starting from learning area from class. Educators must first be role models to the students. Appreciation and acknowledgement of handwork by management and not only patients and families"

Participant 3 said "Taking care of patients who cannot take care of themselves with their basic needs . Explain to the patients' family about patients sickness. Advocating for patients.

Participant 4 said "Nursing must be a calling not poverty alleviation"

Participant 5 said " In-service where nurses are reminded how they ought to behave screening to check for passion of nursing and helping others, writing essays for why they want to nurses"

Participant 6 said "showing of appreciation by top management. Regulate nurse-patient ratio to reduce burdanca on nurses. Psychological support to nurses. Improvement of nurses.

5 Kindly share anything you feel we have missed.

Participant 1 said "nurses should be treated humanly, so that they can treat patients as they treat them.

Participant 2 said "have a verbal interview with the students upon admission to check weather or not student is ready".

Participant 3 said "the department releases news letters showing best caring nurses in specific institutions and encourage others".

Participant 4 said "tests for selection so that applicants thoroughly checked if they really want to be nurses".

Participant 5 said "improve workplace environment and ensure that it is user friendly for staff. Management of institutions must be nice to nurses. Suggestion boxes, acknowledge suggestions that applaud nurses, not only the ones that scold.

Participant 6 said "improve in environment of nurses".

Thoyandou campus

Students

1 Concept Ubuntu



P1 said "how you deal with other people is how those people will treat you".

P2 said "how you interact (address) or relate to those people".

P3 said "treating patients accordingly in totality, is how you will want them to treat you.

P4 said "how people treat each other and live in harmony".

P5 said "respect, treating people with dignity and never undermining others.

P6 said "show love and dignity. Reserving privacy and confidentiality.

P7 said "treating people with respect and dignity, and respect others beliefs.

P8 said "irrespective of age and adversity, treat people well.

P9 said "treating others in manner in which both parties dignity will not be compromised.

P10 said "treating others with love and respect, so that they are free to share information with health practitioners.

2. what are your experiences regarding Ubuntu in the health facilities by the nurses.

P1 said "lack of Ubuntu, patients treated differently depending on ethnicity and background.

P2 said "Ubuntu is practiced in a health facility through greeting and treated patients, but patients expect a lot from nurses by over demanding. The community does not understand that nurses treat patients according to emergency.

P3 said "nurses mistreat patients. Patients expect too much from nurses and do not understand their action, they think nurses are cold when in actual fact they are doing what procedures expect them.

P4 said "tolerate good-bad attitude of patients. Not all nurses respect patients. how nurses show Ubuntu depends on the personality of the nurses.

P5 said "nurses greet patients, addresses patients needs, respect privacy of nurses, sometimes nurses neglect needs of patients.

P6 said "sometimes nurses use non sterile gloves. Nurses transfer personal problems to patients.

P7 said "nurses treat patients with respect and dignity. Address patients needs.

P8 said "nurses respect patients decisions regarding medical care in relation to the patients beliefs.

P9 said "lower rank nurses are harsh to patients while professional experienced nurses treat patients with most care.

P10 said "there is a imbalance in the way Ubuntu is shown. Ordinary citizens are treated without zeal.

4 what do you think should be done to ensure that Ubuntu is inculcated amongst the nurses.

P1 said "program where Ubuntu is taught at least monthly in clinical areas. Interview, meeting, class setting. Portion of staff goes for teaching while the rest remain to teach the rest.

P2 said "in-service education, awareness campaign to the community so that they change attitude towards nurses.

P3 said "family must play a role in teaching Ubuntu in the persons childhood. Include teaching of Ubuntu in high school syllabus.

P4 said "awareness campaign through media changes conception of nurses.

P5 said "include Ubuntu in primary syllabus and ward teaching programs.

P6 said "must be part of the curriculum in nursing education. Media newsletter to be used to educate community about Ubuntu. Media where comments are given about patient mistreatment.

P7 said "Ubuntu to be included in primary levels of study so that nurses practice Ubuntu at an early stage of their profession.

P8 said "Ubuntu to be taught throughout the training.

P9 said "campaign where health practices voices challenges so that they are rectified. Ubuntu teaching at nursing schools and colleges.

P10 said "teaching throughout the training course. Level 1 throughout the last.

5 Kindly share anything you feel we have missed

P1 said "nothing missed.

P2 said "nothing missed

P3 said "shortage of resources in clinics causes frustration to nurses and patients. Patients do not understand lack of resources and take frustrations out on nurses.

P4 said "department should consider nurses rights. Patients should know that they can be charges as much as nurses can be charged.

P5 said: Department fails to provide resources that will help patients render adequate care.

P6 said: Ethics are too strict on nurses. Department must provide resources along with their strict rules.

P7: Nothing was said.

P8 said: Department to employ more nurses to enhance mor patient ratio.

P9 said: Nurses rights to be considered. Employ adequate staff. Increase salaries of nurses so that it's in line with their workload.

P10: Nothing was said.

### Campus 3

Limpopo College of Nursing: GIYANI CAMPUS – 01 JULY 2016

#### A. Focus Group with Nurse Educators

##### Question 1:

P<sub>1</sub>: Ubuntu is all about working together. The spirit of togetherness.

P<sub>2</sub>: It's about working together – where there is respect particularly others' idea or thoughts. Because when working together we share everything.

P<sub>3</sub>: Ubuntu is about putting self in boots of the patients in order to render quality nursing care.

P<sub>4</sub>: It's about respect, understanding that patients are also human being. Through this spirit of Ubuntu nurses are unable to call patients by their diagnosis.

P<sub>5</sub>: Ubuntu take place at home, work place – working together to achieve one common goal.

P<sub>6</sub>: It is about spirit of humanity, respect and love for others.

P<sub>7</sub>: Ubuntu is about respect, empathy, working together in harmony – feeling for others or availing self for others.

##### Question 2:

P<sub>1</sub>: Some nurses do care for their patients, such as bed bath or just normal bathing of patients in the ward.

P<sub>2</sub>: Nurses are different, some do respect their patients at the hospital, but some are not, and respect is the key in this regard as some treat patients equally.

P<sub>3</sub>: Nurses attitude varies with individuality and with the institution. Such as; in hospital A you may find that they adhere to the principles of Ubuntu while with hospital B they do not.

P4: Nurse are not practicing Ubuntu because patients are forced to do things on their own, even if are very sick. The spirit of Ubuntu is fading away bit by bit, since most nurses only give attention to patients coming from well to do families.

P6: Not all nurses have Ubuntu, because some nurses you find that their personality is bad even at home. I do not know if we have to teach them this Ubuntu.

P7: It is difficult for nurses, because if have not developed Ubuntu from home, you may find it difficult to transform them in order to have Ubuntu. I do not know who to be blamed, either democracy or management towards their subordination – management have to instill or transform Ubuntu. But the issue of free choices these days makes things in life to be difficult.

### Question 3:

P1: To evaluate the spirit of Ubuntu not an easy task, because we do not have policies and guidelines to assist us. Nurses can try show Ubuntu by following the Batho – Pele principles

P2: It is difficult, this may include negative attitude by nurses towards patients; such as leaving patients for lunch on the queue. With such actions it's clear that such nurses do not have spirit of Ubuntu.

P3: Nurses have lost the game. They do not display it at all. You find that when they write reports, they only communicate with the bed letter of the patient and not the patient. The other thing is that nurses do not use therapeutic use of self, which means no Ubuntu displayed.

P4: With Ubuntu, it's both among nurses; negative: not displaying Ubuntu and positive: displaying Ubuntu. It is well demonstrated during caring and non – caring situations.

P5: It is acquired or not acquired, it's clearly observed when as the Government fails to maintain some of its health facilities. In this case, some nurses do overtime at work without been paid and some do buy food just for the patients.

P7: We can assess the health institutions by looking at law suits percentages. If one has it means the spirit of Ubuntu is not there. We can also look at mortality rate; if it's

high it means there is no such spirit among the health care workers, nurses in particular. Remember Ubuntu thing was there even in olden days, such as nurses' pledge and hospital etiquette.

**Question 4:**

**P<sub>1</sub>:** I suggest that we have Ubuntu trained nurses at our health facilities. The training institutions should include Ubuntu in their curriculum. DoH should establish and introduce to all health care workers the so called Ubuntu, and the authors in nursing to write books about Ubuntu as a topic.

**P<sub>2</sub>:** I think if we can bring back the culture of nursing which included etiquette. The ethos of nursing to states clear the issues of respect and Ubuntu for patients in the curriculum.

**P<sub>3</sub>:** The SANC has to grant the certificate to nurses on Ubuntu after been trained on it, and after enrolled programme, e.g. R425 programme. The training institutions should teach as they included it in their curriculum. It is our role as nurse educators to also display Ubuntu in class when interacting with student nurses. During induction of new employees Ubuntu language should also be spoken to them so that everyone is abreast with it.

**P<sub>4</sub>:** Respect towards student nurses by nurse educators is ideal in this regard.

**P<sub>6</sub>:** The government has to train all public servants about Ubuntu, not only nurses

**P<sub>7</sub>:** nurses should be trained on Ubuntu and possible disciplinary measures have to be set.

**Question 5:**

**P<sub>1</sub>:** In nursing today we have two generations; old and new generation curriculum, so the old ones should try to accept the new ones in order for the new ones to be mentored positively.

**P<sub>2</sub> & 3:** DoH has lost its principles regarding their roles. There should be a way of motivating the nurses, such as awards annually. The continues doing of nurses' pledge will assist. With the two generation of nurses today, it's ideal that professional socialization take place. The availability of NHI will also act as an eye opener to all

of us especially when it comes to Ubuntu. The government should also try to revisit the objective on giving the society more power. Both the training institution and health establishment should benchmark from other countries or provinces regarding the Ubuntu.

**P<sub>4</sub>:** The nurse educators should be role models to their student nurses at the training institution and registered nurses as well at the health establishment.

**P<sub>5</sub>:** Government should try to establish new ways to assist nurses than blaming them. During clinical accompaniments, nurse educators should try to socialize student nurses about this Ubuntu. The training institution should also have enough staff members with proper equipment.

**P<sub>7</sub>:** The meaning of nursing profession should be well instilled in nurses for the benefit of patients.

#### **B. Focus Group discussions with Student Nurses**

##### **Question 1:**

**P<sub>1</sub>:** Ubuntu is about helping the next person and with respect of their views, points, and thoughts and also respect.

**P<sub>2</sub>:** it is about doing right, with respect towards others.

**P<sub>3</sub>:** Ubuntu is about treating people with respect without considering their backgrounds.

**P<sub>4</sub>:** It is all about basic human right or need. Nurses should not consider the social stand of their patients.

**P<sub>5</sub>:** it is based on respect and doing right for all people equally

**P<sub>6</sub>:** Ubuntu is about humanity, nurses should render quality care to all.

**P<sub>7</sub>:** Ubuntu it means knowing self-better in order to accommodate others.

**Question 2:**

**P<sub>1</sub>:** Nurses do not follow the principles of Ubuntu, since they normally fail to maintain privacy during rendering of care.

**P<sub>2</sub>:** Majority of nurses do not display Ubuntu, particularly with critical patients; nurses do not do bed bath.

**P<sub>3</sub>:** At the health establishment, nurses fail to show Ubuntu to patients due to lack of resources.

**P<sub>4</sub>:** There is different between nurses at the clinic and nurses at the hospital, as far as Ubuntu is concerned. The different is that at the clinic nurses interact well with their clients while with those at the hospital interact with patients cruelly.

**P<sub>5</sub>:** Nurses these days do not follow the procedures when doing a skill on a patient which resulted in decline of quality patient care.

**P<sub>6</sub>:** In some hospitals, nurses only show Ubuntu to patients when they know that auditors will visit them for assessment.

**P<sub>7</sub>:** Nurses at the clinics are still following its principles while at the hospital things are different.

**Question 3:**

**P<sub>1</sub>:** It can be done through maintenance of privacy and confidentiality regarding patients' information, as well as by putting on proper uniform at all times.

**P<sub>2 & 3</sub>:** Nurses should ensure that they put on name tags, and regard patients as their first priority irrespective of social standing.

**P<sub>4</sub>:** Patients need to be treated equally, and nurses should not follow the social standing of them.



**P<sub>5</sub>:** Nurses should always treat patients with respect, without calling them by their nursing or medical diagnosis. They also have to provide care to address patients' needs.

**P<sub>6</sub>:** It is done differently, whereby some nurses report in patients' bed letter thing or care which was not rendered, but some stick on doing the right things. You may also find some putting on unaccepted nursing uniform.

**P<sub>7</sub>:** Nurses, due to cultural variations, they fail to display Ubuntu well.

**Question 4:**

**P<sub>1</sub>:** The establishment and implementation of learning programme on Ubuntu.

**P<sub>2</sub>:** Colleges should have a module to teach students about Ubuntu. At the hospital, nurses need to be monitored regarding the compliance on corporate image and their attitudes towards patients.

**P<sub>3</sub>:** The training institution should include Ubuntu aspects in the curriculum. With the first year student nurses during orientation should be well informed about it. At the health establishments, nurses should continually do nurses pledge.

**P<sub>4</sub>:** The monitoring of nurses' movement is imperative in this regard. Patients should be granted opportunity to give feedback regarding action of nurses on Ubuntu.

**P<sub>5</sub>:** The lessons should be implemented on Ubuntu. With the corporate image, the government should stop uniform allowance for nurses and issue them uniform.

**P<sub>6</sub>:** The principles of Ubuntu should be well stated to all and any offender should be disciplined.

**P<sub>7</sub>:** The College has to teach student about the Ubuntu in nursing, at the hospital posters on the walls or notice board can be used to convey the message on Ubuntu.

**Question 5:**

**P1:** Nothing said here.

**P2:** The lessons on Ubuntu should be for all health care workers, because during medical emergencies when doctors are called by nurses they delay and when they arrive where the patient is, they only find that the patient has departed.

**P3:** I suggested we investigate or make a sort of research why nurses these days lost the good morals towards patients.

**P4:** The Ubuntu should start at the College, and then to the health establishment – service.

**P5:** The doctors should not run away from their responsibilities, because nurses are been blamed, because such or most doctors do not have Ubuntu at all.

**P6:** Ubuntu should be a two way thing; as the nurses display Ubuntu and the patients should do so as well.

**P7:** The previous speakers/ participants have spoken a mouth full; they did not miss any point.

## Annexure J: Reflective diaries transcriptions

### Reflective diaries

#### Campus i

Participant 1 said : The behaviour of nurse differ. When it comes to patients because of the observation I have done, it has come to my attention that some nurses treat patients and clients differently looking at the different background, status and level of education as well as social status.

Not all the nurses are lacking Ubuntu, most of the nurses in clinical area are able to display Ubuntu well because they are able to treat patients equally irrespective of race, gendersocio-economic status and educational status wether old or small.

Participant 2 said : Wealthy people are given much respect than the poor . Ubuntu is not well practiced. Being a person of higher status means you are well honoured and respected. Patients with no medical Aids and unemployed are treated means no proper treatment respect and dignity.

Unemployed patients are treated with no application of Batho Pele principles put into action.

Being a patient of higher status or middle class means you are treated with Ubuntu.

Patient's right are taken into account because this will lead to a person in how and where to give proper care to patients.

Participant 3 said Ubuntu is practiced in the ward as most of the nurses wore name tags so that patients may know who is providing care to them. Privacy is maintained in maternity ward where procedures were performed . Some of the nurses are using harsh words and shout at patients . I think the inservice education can be given to nurses about Ubuntu principles.

Participant 4 said: Mental care users are not respected. Some nurses assault them and insult them. Some nurses are left in the ward with mental health care users without any registered nurses.

Participant 5 said: Nurses attitude are unacceptable as they shout at patients. They do not listen when patients needs them. I treated patients in a satisfactory manner that I would like to be treated if I was a patient. Understanding how patients should be treated.

Nurses reveal Ubuntu to patients in a negative manner. Nurse shout at patients at times. Respect is not shown or given to patients. Nurses make patients feel small. They think they are better than patients.

Patients are treated in a way that one would like to be treated when they are sick by other nurses. Respect is also shown, dignity and privacy and confidentiality are prioritised.

Nurses are called by names eg RVD. Patients are not given their pain medication when they need it the most.

## Annexure K: Letter from statistician



**University of Venda**

P.O. BOX 1042

Sibasa

0970

17 NOVEMBER 2016

Dear Sir/Madam

### CONFIRMATION OF ASSISTANCE

---

I Miss Netshivhazawulu Nyawedzeni in my capacity as a junior lecture of statistics in the University of Venda, confirm that I have rendered my assistance to Miss Thokozile Manganya who is a Unisa student under health studies student number: 42181933.

I have assisted her in the following:

1. Data capturing
2. Data analyzing using the IBM SPSS statistics 23

Hope you find this in order

Yours Sincerely  
Miss Netshivhazawulu N

A handwritten signature in black ink, appearing to read 'Netshivhazawulu N'.

079 564 2318\ 015 982 8939 nyawe1@yahoo.com

## Annexure L: Workshop programme



**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA



**DEPARTMENT OF HEALTH  
LIMPOPO COLLEGE OF NURSING  
GIYANI CAMPUS**

**WORKSHOP PROGRAMME**

**FEEDBACK TO THE PARTICIPANTS AND PLANNING ON WHAT MUST BE INCLUDED IN THE DEVELOPMENT OF A SHORT COURSE**

**VENUE: GIYANI CAMPUS**

**DATE: 06.07.2017**

**CHAIRPERSON: Mr Mochaki NW**

1. Opening and welcome : Mr Mochaki NW
2. Prayer: Ms Kgatla KE
4. Purpose of the day: Professor Nkosi ZZ
3. Introductions
5. Description of the concept: Ubuntu: Ms Mahlahle D
6. Nursing Service Representative: Ms Makhubale-Nkomo P
7. Summary of the findings: Ms Manganyi T
8. Obtaining inputs in the form of group activities and presentations
9. Way forward: Professor Nkosi ZZ
10. Vote of thanks: Ms Hlongwane BR and Ms Hlaneki EN
11. Announcements: Ms Manyike MV
12. Closure: Ms Kgatla KE

**Annexure M: Attendance register for the workshop**



**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA



**DEPARTMENT OF HEALTH  
LIMPOPO COLLEGE OF NURSING  
GIYANI CAMPUS**

**WORKSHOP ATTENDANCE REGISTER**

**FEEDBACK TO THE PARTICIPANTS AND PLANNING ON WHAT MUST BE INCLUDED IN THE DEVELOPMENT OF A  
SHORT COURSE**

**VENUE: GIYANI NURSING CAMPUS**

**DATE: 06.07.2017**

BURNAME AND INITIALS	DESIGNATION	INSTITUTION	TEL NO.	EMAIL ADDRESS	SIGNATURE
Mangye MN	lecturer	Giyani Campus	018190800	mangyemnyhe@gmail.com	<i>M Mangye</i>
KANTHA KF	lecturer	Giyani Campus	018190800	kgandakel@gmail.com	<i>K Kant</i>
Morabeti P.M	Lecturer	Giyani Campus	0725210358	Morabetipm@giyani.com	<i>P Morabeti</i>
Morapungu T	Lecturer	Giyani Campus	0783381024	Morapungu@giyani.com	<i>T Morapungu</i>

## Annexure N: Letter from the editor

### **EDITING AND PROOFREADING CERTIFICATE**

7542 Galangal Street

Lotus Gardens

Pretoria

0008


06 December 2017

#### **TO WHOM IT MAY CONCERN**

This letter serves to confirm that I have edited and proofread T Manganyi's thesis entitled, "**Development of a short course to inculcate the spirit of Ubuntu among student nurses at Limpopo College of Nursing**".

I found the work easy and intriguing to read. Much of my editing basically dealt with obstructionist technical aspects of language which could have otherwise compromised smooth reading as well as the sense of the information being conveyed. I hope that the work will be found to be of an acceptable standard. I am a member of Professional Editors Guild.

Hereunder are my particulars:



Jack Chokwe (Mr)

Contact numbers: 072 214 5489

[jmb@executivemail.co.za](mailto:jmb@executivemail.co.za)

Professional  
**EDITORS**  
Guild

## **Annexure O: Ubuntu Short Course**

### **DEPARTMENT OF HEALTH LIMPOPO COLLEGE OF NURSING**

#### **SHORT COURSE ON UBUNTU**

#### **IN THE NURSING TRAINING PROGRAMMES**

**DURATION: 5 (FIVE) DAYS**

- 1. ON ENTRY TO THE TRAINING PROGRAMME**
- 2. REINFORCEMENT BY GNS AND SOCIAL SCIENCES DISCIPLINES ON OTHER LEVELS**
- 3. ON EXIT TO THE TRAINING PROGRAMME**

#### **VISION**

TO BE A CENTRE OF EXCELLENCE IN NURSE EDUCATION AND TRAINING.

#### **MISSION**

WE ARE COMMITTED TO FACILITATE COMMUNITY AND OUTCOMES-BASED SCIENTIFIC NURSING EDUCATION AND TRAINING THAT IS SENSITIVE TO HUMAN RIGHTS IN A MULTICULTURAL ENVIRONMENT.

#### **COPYRIGHT**

All rights reserved. No part of this short course may be reproduced in any way or by any means without permission in writing from the College Management.

#### **DEVELOPERS**

This short course was developed following the input obtained from the participants. They included level III student nurses, lecturers at the three (3) campuses at Limpopo College of Nursing, retired nurses, Greater Giyani Primary Health Care coordinators for



HIV(Human immunodeficiency virus), EPI (Expanded programme on immunization). Furthermore, participants included other primary health care staff members, Vice Principals from Giyani Campus and Waterberg Campus, other lecturers from Giyani Campus, Thohoyandou Campus, and Sovenga Campus.

## **1. WELCOME**

The short course outlines the subject aims, outcomes and content that will be covered. Read the Short course and familiarise yourself with the subject content and consult lecturers if you have any concerns or questions. I wish you success in this academic year.

## **2. AIM OF THE SHORT COURSE**

The aim of the short course is to inculcate the spirit of Ubuntu among the student nurses of Limpopo College of Nursing.

## **3.COURSE OUTCOMES**

The short course consists of critical, developmental and learning outcomes which should be achieved by the learners.

### **3.1 Critical crossfield outcomes**

At the end of the course, learners should be able to do the following:

- Reason critically about knowledge learned and applies it in healthcare.
- Have good interpersonal relationship.
- Organise and manage themselves and their activities responsibly and effectively.
- Collect, analyse, organise, and critically evaluate information.
- Communicate effectively with the multidisciplinary team, patients /clients, colleagues and community.
- The use of science and technology effectively and critically showing response towards the environment and health of others.
- Demonstrate an understanding of the world as a set of related systems by

recognizing that problems solving contents do not exist in isolation.

### **3.2 Developmental outcomes**

At the end of the course, learners should be able to do the following:

- To practice according to personal knowledge and skill independently with responsibility.
- To show respect and dignity.
- Maintain the ethical and moral codes of the profession.
- Evaluate personal practice continuously and accept responsibility for continuing development.
- To diagnose an individual, family, group and community health problems and be able to plan, implement and evaluate therapeutic action and nursing care at any stage of life.
- Promotion of community involvement and participation.
- Enquiring and initiating scientific approach to the problems of practice.
- To direct and control the interaction with health service consumers in a sympathetic and empathic way.
- Manage health service unit effectively.

### **3.3 Short course learning outcomes**

At the end of the short course, learners should have knowledge of the following:

- The concept Ubuntu.
- The history of Ubuntu.
- Ubuntu Philosophy.
- The elements of Ubuntu.
- Communitarianism in Ubuntu.
- Collectivism in Ubuntu.
- Solidarity in Ubuntu.
- Cultural diplomacy and nursing profession.
- Support that nurses need from:
  - Nurse managers.

- Department of Health.
- Limpopo College of Nursing.
- South African Nursing Council.
- Ubuntu and mentoring.
- Maintaining Ubuntu in nursing profession despite challenges.

## **INSTRUCTIONS ON THE USE OF SHORT COURSE SHORT COURSE**

The short course consists of explanations of the concept of Ubuntu by different authors, Ubuntu Philosophy, communitarianism and solidarity, elements of Ubuntu, and mentoring about Ubuntu in health facilities. The elements of Ubuntu are caring, empathy, sharing, and respect.

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#### **4. LEARNING OUTCOMES FOR THE SHORT COURSE SHORT COURSE**

At the end of the Short course the students should be able to:

- Define the concept Ubuntu and concepts related to Ubuntu in nursing profession
- Explain the history of Ubuntu
- Explain Ubuntu Philosophy
- Identify the elements of Ubuntu
- Explain all the elements of Ubuntu
- Discuss collectivism and solidarity in nursing profession
- Explain cultural diplomacy and nursing profession
- Support that nurses need from:
  - Nurse managers

- DoH
- Limpopo College of Nursing
- SANC
- Explain Ubuntu and mentoring
- How Ubuntu should be maintained in nursing profession despite challenges

## **5 FACILITATION /LEARNING STRATEGIES**

The following are teaching/learning strategies used to help the students to meet the learning outcomes:

- Lecture
- Group discussions
- Self-study
- Role play
- Experiential learning
- Brainstorming
- Demonstration
- Peer group teaching
- Assignments
- Projects
- Computer-assisted learning
- Any applicable methods.

## **6 ASSESSMENTS**

- The professional nurses will conduct assessment in the health facilities accredited for clinical exposure of learners at Limpopo College of Nursing in all the programmes.
- The professional nurse will be orientated about Ubuntu and the elements of Ubuntu to be able to assess the learners.
- The clinical evaluation report will be given to the professional nurse to write the report indicating the manner in which the student nurses were displaying Ubuntu when rendering nursing care to the patients.

## **7. STUDY UNITS**

### **Study Unit 7.1: Concept Ubuntu and Ubuntu related concepts**

#### **Specific learning outcomes**

At the end of the session the students should be able to define the following concepts and integrate them to nursing profession:

- Ubuntu
- Communitarianism
- Collectivism
- Solidarity
- Cultural diplomacy

### **Study Unit 7.2: Ubuntu Philosophy**

#### **Specific learning outcomes**

At the end of the session, the students should be able to:

- Describe Ubuntu philosophy and relate it to nursing profession.
- Describe the implications of Ubuntu Philosophy to nurses in the health facilities.

### **Study Unit 7.3 Elements of Ubuntu**

#### **Specific learning outcomes**

At the end of the session, the students should be able to describe the following elements of Ubuntu and integrate them to nursing profession:

- Caring
- Sharing
- Empathy

- Respect

#### **Study Unit 7.4: Support structures of Ubuntu**

##### **Specific learning outcomes**

At the end of the session, students should be able to integrate Ubuntu to:

- Ethos of Nursing
- Batho Pele principles
- Patient's right charter
- Nurses Pledge of Service

#### **Study Unit 7.5 Support by nurses in the health facilities**

##### **Specific learning outcomes**

At the end of the session, students should be able to integrate the following support required by the nurses to nursing profession:

- Support by nurse managers
- Support by Limpopo College of Nursing Management
- Support by DoH
- Support by SANC

#### **Study Unit 7.6: Ubuntu and mentoring**

##### **Specific learning outcomes**

At the end of the session, students should be able to:

- Explain the concept mentoring.
- Describe the importance of mentoring of student nurses about Ubuntu on entry to the training programme.

- Describe the importance of mentoring of student nurses about Ubuntu on exit of training programme.
- Describe the importance mentoring of newly qualified professional nurses.
- Describe how professional nurses in the health facilities can be given a short course on Ubuntu to promote mentoring of newly qualified professional nurses about Ubuntu.

### **Study Unit 7.7: Maintenance of Ubuntu despite challenges**

#### **Specific learning outcomes**

At the end of the session, students should be able to:

- Explain the strategies that can be done to ensure that Ubuntu is practiced despite the challenges in the health facilities.

#### **8. Study materials:**

- Books on Ubuntu
- Articles on Ubuntu
- Journals on Ubuntu
- Dissertations on Ubuntu