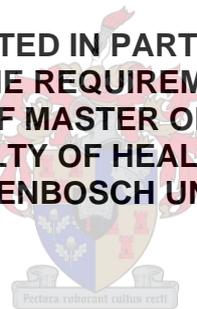


**ASSESSING THE NURSE'S KNOWLEDGE AND OPINIONS REGARDING THE  
MANAGEMENT OF PERSONS WITH PHYSICAL DISABILITIES IN TWO  
HEALTHCARE SETTINGS IN KIMBERLEY.**

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AT STELLENBOSCH UNIVERSITY**



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**MARCH 2011**

## **DECLARATION**

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By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the authorship owner thereof (unless to the extent explicit otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

**Signature**.....

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## ABSTRACT

It generally is a problem for persons with disabilities to have barrier free access to buildings, which is their constitutional right. It is however, not only the physical facility that causes barriers for persons with disabilities but also the attitudes of the able-bodied persons.

The aim of the study was to explore what opinions the nurses and persons with disabilities held in two healthcare settings in Kimberley with reference to the nursing care provided to persons with disabilities.

To the researcher, it was important to gather the opinions of the nursing staff on how they saw persons with disabilities, but also to hear what they thought the problem areas in caring for persons with disabilities were. On the other hand, it was equally important to understand the persons with disabilities' perceptions of the hospitals, nursing and what they saw as solutions to the problems.

The objectives of the study were:

- To determine what the opinions and knowledge of nurses working in two healthcare services in Kimberley are regarding the nursing management of persons with disabilities.
- To determine what the opinions of persons with disabilities are in healthcare settings in Kimberley, with reference to the nursing care provided for persons with disabilities.

Data was collected in two phases namely **Phase 1** amongst the nursing staff in the private and state hospital in Kimberley and **Phase 2** amongst the persons with disabilities. A list of staff members which was obtained from the Human Resource office in both the private and state hospitals–were sent to the statistician Prof Kidd and who prepared a randomised list which was used for the participants in the study. The same process was followed when a list of all the people who are members of the Association for Persons with Disabilities (APD) and with the help of the statistician a randomised list was compiled from which the participants in the study were chosen.

The design of this research is an explorative, descriptive non-experimental study with a quantitative approach, utilizing a structured questionnaire with closed and open ended questions.

In this study it was found that the nursing staff was aware of the problems and barriers persons with disabilities encounter. The nurses, however, were aware of their own shortcomings. For example, the nurses identified the lack of training to equip them to assist the persons with disabilities during nursing care, while persons with disabilities also saw this as a problem. By addressing this shortcoming, nurses would be able to provide more holistic care.

Recommendations were made based on the findings regarding the facility, perceptions, caregivers, procedures, doctors and the training of the nurses.

## OPSOMMING

Om toegang te hê tot geboue wat hulle grondwetlike reg is, is vir die meeste mense met gestremdhede 'n voortdurende stryd. Dit is egter dikwels nie net die fisiese on-toeganklikheid van die geboue wat dit vir die persone met gestremdhede onmoontlik maak om 'n normale lewe te lei nie, maar die houding van verpleegpersoneel wat dikwels meer ontoeganklik is as die toegang tot die geboue.

Die doel van die studie was om te bepaal wat die opinies die verpleegpersoneel sowel as persone met gestremdhede het ivm gesondheidsorg in die privaat en staatshospitale in Kimberley

Dit was vir die navorser belangrik om te bepaal hoe die verpleegpersoneel mense met gestremdhede sien, maar ook om hulle opinies te hoor ivm die probleme wat hulle ondervind sowel as moontlike oplossings daarvoor. Aan die ander kant wou die navorser ook weet wat die opinie van mense met gestremdhede is van die hospitale wat hulle besoek.

Doelwitte van die studie was:

- Om die kennis van verpleegpersoneel in die staat sowel as privaathospitale te bepaal ivm die versorging van persone met gestremdhede..
- .Om die opinies van persone met gestremdhede te bepaal tov die verpleegsorg in die staat sowel as privaathospitale in Kimberley.

Data is in twee fases versamel. In **Fase 1** was die verpleegpersoneel in beide die staat sowel as die privaathospitaal ingesluit en in **Fase 2** was die deelname van die persone met gestremdhede verkry.

Nadat 'n personeellys van die Manlike hulpbronafdeling van beide hospitale verkry is, is dit aan die statistikus, Prof Kidd gestuur is vir steekproefneming. .Die persone met gestremdhede is genader nadat 'n lys van die Assosiasie vir persone met gestremde (APD) verkry is. Die lys is deur die statistikus herrangskik, en die personeel en persone met gestremdhede is gevra om deel te neem aan die studie na aanleiding van die orde op die lys, nadat hulle ingligting ontvang het en toestemming geteken het vir deelname aan die studie.

Die studie is eksploratief, beskrywend en nie-eksperimenteel van aard met 'n kwantitatiewe benadering. Gestruktureerde vraelyse wat oop en geslote –einde vrae bevat het, is gebruik.. In die studie is bevind dat die verpleegpersoneel bewus was van die leemtes in die versorging van persone met gestremdhede. Een van die leemtes wat geïdentifiseer is, was dat verpleegsters nie formele opleiding ontvang in die versorging van persone met gestremdhede nie. Die persone met gestremdhede het ook hierdie leemte identifiseer. Deur hierdie leemte aan te spreek behoort verpleegpersoneel 'n meer holistiese versorging aan persone met gestremdhede te lewer.

Aanbevelings wat gemaak is, is gebaseer op die bevindinge in die studie en sluit in: fasiliteit, persepsies, versorgers, prosedures, dokters en die opleiding van verpleegsters.

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# CHAPTER 1

## INTRODUCTION AND ORIENTATION TO THE STUDY

### 1.1. Introduction

People with disabilities often use healthcare facilities, where it is presumed they should be understood and assisted with care. This unfortunately does not always happen. It seems that persons with disabilities don't receive the care and understanding from the nursing staff as expected.

Nursing staff seem to be intimidated by persons with disabilities because they do not know how to act in the correct manner when interacting with a person with a disability. In Bhutan the provision of rehabilitation services are new to the healthcare profession as described by Dorji & Solomon (2009). Adding to this, the different categories of disabilities adds to confusion. The nursing staff are unaware, or don't know how to approach the persons with disabilities in their care. In some cases the nurses are not sure how to care for persons with different disabilities and therefore they avoid contact with these patients. Different disabilities can be very complex as stated in Disability Sports (n.d.) and this can easily confuse and intimidate the nursing staff as to how they should care for a person with a specific disability. In their "confusion" they tend to miss the most important points in how to really care for the person by focusing solely on the disability. It is important for the nurses to primarily focus on the person and then on the disability.

Currently in South-Africa we concentrate greatly on being politically correct as well as on everybody's human rights according to the Constitution (Act 108 of 1996) as is quite correct. However, this adds to the uncertainty of the nurses. They sometimes do not know how to act in an acceptable manner. Nurses are trained to take charge in the ward and of their patients. When they are confronted with something they do not know nor are uncertain how to handle, they sometimes act in the wrong way. This results in nurses trying to ignore the person with a disability or treat the disability as an illness rather than treating the illness of the person. Melville (2005) went as far as to say that healthcare workers are the barriers of persons with disabilities. This behaviour seems to surface when the nurse does not know a person with a disability personally, and is afraid of being confronted by something she/ he does not know how to handle. This happened with a girl with multiple disabilities described by Speraw (2009). There was little communication to her plea to be talked to, looked at and observed.

This attitude results in persons with disabilities being confronted in hospitals with dreadful situations regarding the fact that they are disabled, notwithstanding the fact that people with disabilities have similar rights than their able-bodied counterparts and should be treated with dignity and respect. These patient rights as in the Constitution of the Republic of South Africa (Act No 108 of 1996) are often violated and ignored as patients with disabilities are often treated as if they are incapable of independence, or even thinking for themselves. To eliminate any form of discrimination or stereotyping while caring for persons with disabilities, it is important that nurses working in hospitals know how to treat and care for people with disabilities, for it is stated in the patient rights (1996) charter that provision for special needs should be made for the persons with disabilities.

This is the reason the researcher found it important to verify what the perceptions of the nurses are concerning caring for persons with disabilities, as well as how the person with a disability experiences the nursing care rendered to them. More importantly however, is to find a way of improving caring for persons with disabilities with respect and self-worth and how to educate the nursing staff to treat them with dignity.

In this chapter, the researcher will discuss specific aspects of concern, including the background to the problem and the legal framework applicable to persons with disabilities.

## **1.2. Background to the problem**

The majority of persons with disabilities have had a negative experience in hospital or clinic and this is why it is vital to find out what the perceptions of the nurses are about caring for persons with disabilities. According to Speraw (2009) Kelly was dehumanized by the nursing staff. All they could see was her misformed body. It is significant to know how the person with a disability experiences the nursing care rendered to them.

More important however, is to find a way of caring for persons with disabilities and how to educate the nursing staff who care for persons with disabilities? To clarify this we firstly have to explore the definition of disability and how it has been categorised internationally.

According to the World Health Organisation (n.d.) disability occurs in context and includes environmental factors. Disability is recognised as a universal human experience and must

not be seen as a “medical” or “biological “dysfunction. It is also known that every person experiences some degree of disability from time to time.

It is stated in the UN Convention (2009) that they are concerned that in spite of instruments and undertakings, persons with disabilities still face barriers in their society which makes it very difficult for them to be equal members of society.

**Table 1.1 Categories of Disability (Disability Sports South Africa)**

<b>CATEGORY</b>	<b>DESCRIPTION</b>
<b>Amputee</b>	Partial loss of at least one limb.
<b>Cerebral palsy</b>	Non progressive brain damage (cerebral palsy, traumatic brain injury, stroke, balance and coordination disability).
<b>Intellectual disability</b>	Impairment in intellectual functioning.
<b>Wheelchair</b>	Spinal cord injuries.
<b>Visually impaired</b>	Vision impairment (legally blind to total blindness).
<b>Les autres (the others)</b>	Dwarfism, multiple sclerosis or congenital deformities.

*Disability Sports South Africa (n.d.)*

**Table 1.2. Categories of disability included in this study**

<b>CATEGORY</b>	<b>DESCRIPTION</b>
<b>Mobility impairment (Physical disabilities)</b>	<b>Musculo-skeletal disability:</b> <ul style="list-style-type: none"> <li>• Loss/ deformity of limbs.</li> <li>• Osteogenesis imperfecta.</li> <li>• Muscular dystrophy.</li> </ul>
<b>Neurological impairment</b>	<b>Neuro-musculo disability:</b> <ul style="list-style-type: none"> <li>• Cerebral palsy, spina-bifida, poliomyelitis, stroke, head injury, spinal cord injury.</li> </ul>
<b>Multi-disability</b>	More than one disability or combination of two or more disabilities.

<b>Intellectual impairment</b>	Mild intellectual disability: IQ 50 – 70. Moderate intellectual disability: IQ 35 – 49. Severe intellectual disability: IQ below 34.
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<b>Blindness or visual loss</b>	<p><b>Low vision:</b></p> <ul style="list-style-type: none"> <li>• Visual acuity of between 6/24 (20/70) and 6/60 after correction in the better eye.</li> </ul> <p><b>Blindness:</b></p> <ul style="list-style-type: none"> <li>• Visual acuity less than 6/60 or a visual field &lt;10°.</li> </ul>
<b>Deafness or hearing loss</b>	<p><b>Mild hearing disability:</b></p> <ul style="list-style-type: none"> <li>• Hears sounds &lt;50 decibels.</li> </ul> <p><b>Moderate hearing disability:</b></p> <ul style="list-style-type: none"> <li>• Hears sounds between 50 – 70 decibels.</li> </ul> <p><b>Severe hearing disability:</b></p> <ul style="list-style-type: none"> <li>• Can hear sound above 71 decibels.</li> </ul>
<b>Other</b>	Any disability not included above.

Source: National Council for Persons with Physical Disabilities in South Africa (NCPDPSA) & Central Business Academy (2009).

As stated, people with disabilities often use healthcare facilities where it is expected that they will be understood and assisted with care. However Adams-Spink (2006) identified and reported on problems in healthcare for persons with disabilities during a British Broadcasting Corporation (BBC) news article. Adams-Spink (2006) reported that in England and Wales. It was indicated; persons with a mental illness didn't receive the same treatment as other patients and had problems with regular appointments with their general practitioner. According to this article by Adams-Spink (2006), diabetics who had learning disabilities had less blood glucose level tests done as well as blood pressure checks than diabetics without a learning disability

In an article published by Disability Rights International (n.d.) it was discovered in the Judge Rotenberg Centre in the USA, that torture and punishment were used as "treatment" in a special needs facility in Massachusetts. The residents had "treatment" with electrical shocks to their bodies, which, in some cases, continued for years. Some of the children were restrained and electrically shocked for hours, assaulted, isolated and even deprived of food. This was an indication of lack of knowledge by health carers on how to treat persons with

disabilities, however this currently remains a problem that needs to be solved and solutions needs to be found on how to remedy this problem.

Arnande and Haefner (2006:8) also reported that women with disabilities in several countries were prevented from having children and were consequently sterilised or were forced to have hysterectomies.. This however remains a practice against the will of many female persons with disabilities.

Currently people with disabilities are faced with various challenges which lead to physical and emotional discomfort, as has been reported by Aulagnier et al. (2005:1343): "Some general practitioners (GPs) in France reported discomfort in caring for people with disabilities". According to Aulagnier et.al (2005: 1343) some of them chooses not to treat persons with disabilities

When South Africa signed the United Nations Convention on the Rights of Persons with Disabilities (n.d.), the country undertook that persons with disabilities would be treated equally in South Africa. According to Parliamentary monitoring Group (2009) Ms Noluthando Mayende-Sibiya (then Minister of Women, Youth, Children and People with Disabilities) said in her budget speech that it was a challenge for both the public and private sectors to meet the 2% equity target and 4% target for skills development. She added that the Draft National Disability Policy should be developed and implemented during the financial year of 2009 / 2010. Lastly, she stated that it was a priority to ensure that all public buildings are accessible to persons with disabilities. Regrettably, the same minister listed the identical issue again the following year, as viewed in the Parliamentary Monitoring Group Report (2010). With the 2010 FIFA Soccer World Cup, some of the newly built stadiums are found not to be accessible for persons with disabilities. Therefore it seems unlikely that persons with disabilities experience a difference on ground level in the near future. Their day-to-day lives won't change because factors such as transport, buildings, and environmental areas remain inaccessible to persons with disabilities according to the Parliamentary Monitoring Group report (2010).

According to the United Nations (2009) accessibility is "to enable persons with disabilities to fully participate in life and to live independently".

It is tragic that we as able-bodied persons do not make the world accessible for persons with disabilities. For example, take shopping centres: Parking is something that frustrates many people that have contact with a person with a disability. The general public does not care or

maybe don't understand the impact it has when someone without a disability parks in reserved parking bays. Parking bays are normally 2, 5 meters wide. Secondly parking bays reserved for persons with disabilities are 3, 5 meters wide so that the person being helped out of the vehicle into a wheelchair or other assisting device can do so without damaging the vehicle in the next bay. However the requirement is that there must be enough space on the side of the vehicle in which persons with disabilities are transported.

Other obstacles identified like ramps that are too steep are also a general problem in shopping centres as a person handling their own wheelchair can find it difficult to get to the top of the ramp on their own, or battle to find someone willing to help them.

Space for wheelchairs inside the shopping complexes is also a problem, as the person with a disability does not have access to all the areas of the shop. This is a result of shopkeepers who, for example, have limited space for magazines. The only solution is to put the additional magazines and newspapers on the floor in the shop. This causes physical barriers and freedom of movement is limited.

The violation of human rights doesn't stop at shopping centres. Bateman, et al. (2008) reported that the Airport Company of South Africa (ACSA) failed to provide boarding equipment for persons with disabilities at OR Tambo Airport when they changed service providers on 1 February 2008. This fact forced Ms Petra Burger to back out of the aeroplane on her behind. A similar incident took place a week later when the same traveller was told by attendants on the Passenger Assistant Units (PAU) to get back into the aeroplane the same way she got out the previous week. In another incident, Ms Monica Gerhard, who has no arms or legs, had to be carried off the aeroplane by the captain of the flight from Upington, as reported by Bateman & Newman (2008) as the attendants on the PAU were too scared to touch her. According to Dorothy-Anne Howitson, who had been present at the time a driver from the PAU drove up to the passengers, just looked at them and then drove off, leaving them stranded on the tarmac. According to the SA Human Rights Commission (SAHRC), people with disabilities are transported in adapted catering vehicles, and also "manually loaded" on and off the aeroplanes.

During the research the researcher found that when a person with a disability is hospitalised, the facility is not necessarily accessible. Accessibility includes both the attitudes of the staff and access to the building as a whole. Universally, it is expected that hospitals will be accessible, because of its function. However this is not the case as observed by the researcher and experienced by persons with disabilities. There are ramps, etc., but this

does not mean that such ramps or other facilities comply with the needs of people with disabilities. Persons with disabilities often experience problems in rest and bathrooms as well as in bedrooms which are not accessible. For example, there are ordinary showers with a stepped ledge in hospitals, but no roll-in showers so persons with mobility impairments can be wheeled into the area.. In the majority of cases the bathrooms are too small for a person with a disability. This is ironic, as hospitals have patients that are temporarily disabled by operations on a daily basis, especially in the orthopaedic ward. In this, the hospital makes it difficult for these patients to fully recover and rehabilitate.

The information above gave rise to the following question “whether the nurses caring for persons with disabilities have the knowledge to manage these clients efficiently”.

The researcher regard the following framework as imperative as a guideline in caring for persons with disabilities and are regarded as a guideline to solve the problem identified and can be used as fundamentals in the nursing care (convention) of persons with disabilities.

The following discussion is the conceptual framework on which the nursing care of persons with disabilities are based and could be used as a guideline for the effective nursing management of persons with disabilities.

### **1.3. Legal framework affecting or applicable to persons with disabilities**

It is of great importance that nurses are sensitive to persons with disabilities and to know their rights as the disabled are one of the vulnerable groups in the South African population. Persons with disabilities are protected by the legislation, policies, as well as National and International Instruments, as dictated by the National Council for Persons with Physical Disabilities in South Africa (NCPDPSA) (2010).

**1.3.1. Legislation:** The following policies are applicable to the persons with disabilities. This has to be acknowledged and consulted by the health professionals when caring for persons with disabilities and is often ignored during the caring process:

**Table 1.3. Acts and their purpose for persons with disabilities**

<b>ACT</b>	<b>PURPOSE</b>
Access to Information Act, 2000 (Act No 2 of 2000)	Accessing information under the control of various bodies.
Aged Persons Act, 1967 (Act No. 81 of 1967) No. 13 of 2006: Older Persons Act, 2006.	To provide protection and welfare of certain aged persons,
Basic Conditions of Employment Act 2002, as amended (Act No.10 of 2002)	Minimum conditions of employment that employers must comply with in their workplaces.
Child Care Act, 1983 (Act No. 74 of 1983) Child Care Act, 2005 Child Justice Bill 2003 Children's Bill 2005	Protection of the rights and well being of children.
The S.A Constitution (Act 108 of 1996)	Rights of access to health care services and emergency medical treatment
Criminal Procedures Act, 1977 (Act No. 51 of 1977)	Regulating the criminal justice system
Domestic Violence Act, (Act No. 116 of 1998)	Protect people with regard to domestic violence;.
Employment Equity Act No 55 of 1998	Eliminate discrimination and promote affirmative action.
Labour Relations Act, (Act No.66 of 1995)	Provides for the law governing labour relations and incidental matters.
Maintenance Act (No 99 of 1998)	To restate and amend certain laws relating to maintenance
Medicine and Related Substance Control Amendment Act, 2002, as amended (Act No 59 of 2002)	Registration of medicines and for transparency in the pricing of medicines.
Mental Health Care Act No 17 of 2002	Legal framework for mental health institutions and patients

National Health Act, 2003 (Act No. 61 of 2003)	Provides for a transformed national health system for the entire Republic
National Development Agency Act, 1998 (Act No. 108 of 1998)	Definition of Minister; reduce and regulate meetings of the Board. empower the minister to appoint the chief executive officer; and to further regulate delegation:
Non Profit Organisations Act, 1997 (Act No. 71 of 1997)	To provide for an environment in which nonprofit organizations can flourish
Nurses' Act (Art 33 of 2005) Nursing Act No 50 of 1978, as amended by Nursing Amendment Act of 1981	Regulation of the nursing profession.
Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)	Requirements that employers must comply with in order to create a safe working environment for employees in the workplace.
Prevention and Treatment of Drug Dependency Act, 1992, as amended (Act 20 of 1992)	Establishment of a Drug Advisory Board;and programmes for the prevention and treatment of drug dependency; Establishment and registration of treatment centres and hostels;
Public Finance Management Act,1999 (Act No. 1 of 1999)	To regulate financial management in the national government and provincial governments;
S.A. Schools Act (Act No. 84 of 1996)	Provide for a uniform system for the organisation, governance and funding of schools and; to amend and repeal certain laws relating to schools
Skills Development Amendment Act (Act No 31 of 2003)	To develop the skills , improve the quality of life and to improve productivity of the South African workforce.
Social Assistance Act, 1992 (Act No. 59 of 1992)	Rendering of social assistance to persons;
Social Service Professions Act, 1978 (Act No. 110 of 1978)	Establishment of a South African Council for Social Service

Social Work Amendment Act, 1998, as amended (Act No. 102 of 1998)	Establishment, constitution and objects of the South African Council for Social Service.
Sterilization Act, 1998 (Act No 44 of 1998)	Provides a legal framework for sterilizations
The Termination of Pregnancy Act 1996.	Provides a legal framework for termination of pregnancies

Source: Acts online (n.d.)

**1.3.2. Policies:** The following policies have to be considered by the health care professionals and specifically nursing staff rendering care to persons with disabilities to ensure quality service delivery:

- White Paper No 6: Special Needs Education Building an Inclusive Education and Training System (2001). Children with disabilities are more likely to be kept at home, because the parents are shy or embarrassed about their child with a disability. As a result he/ she never go to school to be educated.
- National Framework and Gender Equality. Women with disabilities are part of the identified national vulnerable groups, as they cannot stand up for themselves, and thus do not get equal opportunities
- National Policy Framework and Strategic Plan for the Prevention and Management of Child Abuse. This policy is important to persons with disabilities because the child with a disability is sometimes not accepted in the family and may be subjected to abuse, more so if he / she is disabled
- Policy on Financial Awards to Service Providers (2005)
- Service Delivery Model for Developmental Social Services (2005)
- White Paper on Population Policy for South Africa (1998)
- White Paper on Social Welfare (1997)
- White Paper on the Integrated National Disability Strategy (1997).

**1.3.3.National and International Disability Instruments.** The role of international and national legislation is very important for persons with disabilities as it prevents discrimination against the persons with disabilities. In some instances discrimination is very subtle and varies from denial of education to isolation and segregation due to social and physical barriers. The National and International legal framework applies to all people, and thus protects persons with disabilities internationally. The principals of equality and non discrimination must be adhered to and are included in human rights instruments. According

to the United Nations Enable (2007) the international human rights treaties are binding on countries that have ratified the instruments. Other available instruments include:

- African Charter on the Rights of the Child
- South African Disability Human Rights Charter
- Plan of Action on the African Decade for Persons with disabilities
- Standard Rules on the Equalisation of Opportunities for People with Disabilities
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Convention on the Rights of the Child
- United Nations Declaration of Human Rights
- United Nations Millennium Declaration
- World Programme of Action Concerning Persons with disabilities

In South Africa there are no recent studies about the topic of the attitudes of nurses towards persons with disabilities. Therefore it is not possible to form an initial opinion concerning the nurse's attitudes regarding persons with disabilities in hospitals.

In the researcher's experience, persons with disabilities feel unsafe in a hospital and are also unsure of their rights as patients. They do much preparation before coming to the hospital to ensure that everything will be in order.

Hospitals in Kimberley (both the private and public sector) do not have specific protocols regarding the treatment of persons with disabilities. This leaves the nurses with uncertainty regarding patient with disabilities.

**1.4. Research problem statement** The problem identified is "nursing staff working in specified healthcare settings in Kimberley do not know how to manage persons with physical disabilities".

For the purpose of this study, attention will be restricted to the population of persons who are physically disabled in Kimberley. Subsequently, the following research questions were derived from the problem statement above:

## 1.5. Research questions

- What is the knowledge and opinions of nursing staff regarding the nursing management of persons with disabilities of nursing staff working in tertiary healthcare institutions in Kimberley?
- What are the opinions of persons with physical disabilities regarding the nursing management they receive in specified healthcare settings in Kimberley?

## 1.6. Research aim

The aim of the study is to explore what opinions nurses and persons with disabilities hold with reference to the nursing care provided to persons with disabilities, in two healthcare settings in Kimberley.

## 1.7. Research objectives

- To determine what the opinions and knowledge of nurses working in two healthcare services in Kimberly are regarding the nursing management of persons with disabilities.
- To determine what the opinions of persons with disabilities are in healthcare settings in Kimberley, with reference to the nursing care provided for persons with disabilities.

## 1.8. Discussion of the research methodology

### 1.8.1 Research design

The design of this research is an explorative, descriptive non-experimental study with a quantitative approach, utilizing a structured questionnaire with closed and open ended questions.

According to Burns & Grove (2007:24) “**Quantitative research** is a formal, objective, rigorous, systematic process for generating information about the world. Quantitative research is conducted to describe new situations, events or concepts in the world“. Belli (2008:59) divided quantitative research into experimental and non-experimental research. **Non-experimental** variables cannot be manipulated by the researcher because they are studied as they exist e.g. gender or socioeconomic status. **Exploratory analysis** is the examining of data via description, as indicated by Burns & Grove (2007:404).

A 5-point Likert open-ended question scale was applied to determine the opinions and knowledge of the nursing staff towards persons with disabilities, as well as the opinions of the persons with disabilities towards the nursing care received in healthcare settings. This study was conducted in two of Kimberley’s hospitals; one private and one public hospital.

**1.8.2 Population and sampling:**

The total population of nurses in the two hospitals is 916 (thus N=916).

The nursing population (N=916) was compiled with the aid of Human Resources Reports kept in the Human resource departments of both hospitals. The total population of nursing staff in the **Kimberley Hospital Complex alone** was N= 639 (16%) and the **staff of Medi-Clinic was N= 277 (23%) which calculated to a total population of N 916.**

(See table 1.3. below: Hospital sample distribution).

According to the Association of People with Disabilities (APD) the number of persons with disabilities in the Kimberley area is N= 173, of which a sample of N=100 (57%) were randomly chosen.

**Table 1.4 Hospital sample distribution: Staff (n=215)**

<b>HOSPITAL</b>	<b>POPULATION (N=916)</b>	<b>SAMPLE (n=215)</b>
Kimberley Hospital Complex (Hospital A)	N= 639	n =100 [ 16%]
Medi-Clinic (Hospital B)	N= 277	n= 115[42%]
<b>Total</b>	<b>N=916</b>	<b>(n=215)</b>

All the staff lists were sent to a statistician at the Stellenbosch University who prepared the sample list in a random manner. The list was then sent back to the researcher and the names of the people chosen by the statistician, was selected. The people who participated in the study’s names were taken from the top of the list. If a person didn’t want to participate, the next person in line would be asked to complete the questionnaire, until the required number of questionnaires had been handed out.

### **1.8.3. Inclusion criteria**

- Nurses working in Kimberley Medi-Clinic and Kimberley Hospital Complex were selected.
- Persons with physical disabilities
- Only persons with intellectual impairments will form part of this study as the impact of their intellectual inability causes a serious lack of access to health care services. These people are always accompanied with a teacher or supervisor and are sometimes also physical disabled. In this view they experience the facility as a person with a physical disability.

### **1.8.4. Exclusion criteria**

- Persons with a mental health disability (psychiatric disability) will be excluded from this study as the focus of the study will be on the accessibility of the building and the knowledge and opinions of the staff regarding persons with other disabilities.
- 10% of the participants included in the pilot study will be excluded from the actual study.

### **1.8.5. Instrumentation**

Instrumentation consists of a five point Likert question scale with open and closed -ended questions, that will be completed by both nursing staff and persons with disabilities. The persons with disabilities will be assisted in completing the questionnaire by their family, the researcher or their carer. The questionnaire will be compiled from the background of the literature the researcher has read and with the help of a expert (Ms Dorothy-Anne Howitson) in the persons with disabilities' sector, and will include problems they experience in their day-to-day life.

### **1.8.6. Pilot study**

A pilot study is a smaller version of the actual study, done under similar conditions as the main study as described by Burns & Grove (2007:38). The reasons for completing a pilot study are as follows:

To explore whether

- the research study is feasible

- the research treatment is refined enough and thoroughly developed
- the protocol can be implemented
- problems could be identified with this design
- the sample is representative of the population
- the sampling technique will be effective
- the instrument is reliable and valid
- it is necessary to refine or change the instrument as well as plans of collecting and refining data
- the researcher will gain experience in collecting the data
- the researcher will be able to implement data analysis technique.

A pilot study will be undertaken in a private hospital in Kimberley consisting of 10% (N = 30) of the **total population (N = 300)**, or until saturation of information is reached. This 10% that took part in the pilot study will not form part of the study and will be excluded. The population (N=300) will be spread and calculated as follows: **Nurses (N=200)** and **persons with disabilities (N=100)**.

The pilot study will include a **combined sampling (N=30)**, calculated and spread as follows: Nursing staff (N=15) and persons with disabilities (N=15).this represent 10% of the actual population of (N=300)

The pilot study will be conducted under similar circumstances as the actual study to assist the researcher in assessing the feasibility of the study and test the suitability of the research instrument's design, clarity and the accuracy of the questions.

### **1.8.7. Reliability and validity**

Reliability, as described by Burns and Grove (2007: 364) is the consistency of the measurement technique and validity is the true reflection of the concept by the instrument.

The pilot study will be a trial run using the measuring instrument. Experts from the community of persons with physical disabilities will be consulted regarding the appropriateness of the framework and content of the questionnaire, to improve the instrument's validity. A statistician will be consulted with reference to research methodology prior to the application and during data analysis. Each participant will be informed of the

aims of the study and a questionnaire will be compiled with the aid of the researcher's supervisor. The researcher will explain the study to every participant and they will then first sign the consent form, before the questionnaire is handed to them.

### **1.8.8. Trustworthiness**

It is of utmost importance to be sure of the soundness of the study as described by de Vos et al., criteria (2005:345). As quoted in Marshall and Rossman (1995:143-145), the following questions should be asked to determine trustworthiness in the study:

- Are the findings credible?
- By what criteria can they be judged?
- Are these findings applicable to other settings?
- Will the findings be replicated if the study is conducted again, in the same context?
- Is the researcher sure that the findings are not a creation of his / her bias, but a true reflection of the opinions of the subjects?

According to de Vos et.al., (2005:346), research is credible when it was conducted in such a manner that the subject was consistently described and identified correctly.

### **1.8.9. Data collection**

Data collection will be done in two phases:

#### **PHASE 1:**

#### **NURSING STAFF (N= 215) - Data collection from the nursing staff in specified hospitals in Kimberley:**

- Nursing staff will be drawn randomly from a list provided by the Human Resource Staff in each hospital, and with the help of a statistician, until the required sample in each hospital reaches n=100 (36%). The total number of staff in the private hospital (Kimberley Medi-Clinic) is N= 277, and in the public hospital (Kimberley Hospital) N=639. For the sake of credibility, it is important to select=115 (17%) of nursing staff in each institution to partake in the survey.

- Willing participants will receive an information leaflet and the questionnaire, which will be returned to the hospital's Human Resource Office or their head of the department after completion on the same day.

## **PHASE 2:**

### **PERSONS WITH DISABILITIES (N=100) - Data collection from persons with disabilities in specified health services in Kimberley:**

- With the help of the organizations for persons with physical disabilities, persons with disabilities will be randomly selected from the total population of N=173 (not necessarily just from hospitalised patients) to ensure that each person in the population has an equal opportunity to be selected for the sample as described by Burns & Grove (2007:330).
- The reason for not selecting only hospitalised patients is that persons with disabilities have been on the receiving end of healthcare services most of their lives due to the nature of their disability. The list of persons gathered from a social worker will be used to ask persons with disabilities to complete the questionnaires until a total of N=100(57%, 8) of persons with disabilities has been included.
- Willing participants will receive an information leaflet and questionnaire, which will be returned after completion on the same day to a responsible person from the organizations for persons with physical disabilities.
- Persons with disabilities will be assisted to complete the questionnaire by their care attendants, social worker or the researcher, if they are not able to do it themselves.

#### **1.8.10. Strategy:**

- Data collection will personally be undertaken by the researcher.
- If a person declines to take part in the study, a replacement number will be drawn from the person next in line on the list. The total sample size will be staff (N=215) and persons with disabilities (N=100).
- To ensure anonymity, the researcher will not be present when the clinical participants (nursing staff) answer the questionnaires.
- The completed questionnaires will be collected by the researcher or the responsible person from the organizations for persons with disabilities, identified for this study. Questionnaires will be placed in a sealed envelope and supplied to the head of the department, to hand over to the researcher.

- The researcher will collect the questionnaires later the same, or the next day.
- To ensure confidentiality and anonymity, the participants will not identify themselves on the questionnaires or envelopes. It will thus not be possible for the researcher to link their identity to the completed questionnaire (Burns & Grove 2007:212).
- Because of the scarcity of well researched information on the subject of nurses' opinions regarding the management of persons with physical disabilities, the available and relevant research regarding the opinions of healthcare staff regarding all and / or unspecified disabilities will be included into this study.

#### **1.8.11. Data analysis**

Data will be analysed after phase 1 and 2 are completed, and will be guided by the purpose of the study.

Data analysis consists of three steps (Burns & Grove 2007:79):

- Description
- Analysis
- Interpretation.

Raw data will be compiled in the form of numerical codes. In this stage the data will be categorised, ordered, manipulated and summarised to obtain the answers from the research questions. Data will be tabulated and frequencies and associations between different variables will be determined, as described in de Vos et al. (2005:218).

The researcher will complete data analysis and interpretation with the assistance of a statistician and a computer program from the Stellenbosch University.

#### **1.8.12. Ethical considerations**

The researcher will obtain consent to conduct research from:

- **University of Stellenbosch**

The researcher will obtain consent to conduct research from the Committee for Human Science Research of the Faculty of Health Sciences, Stellenbosch University.

- **Medi-Clinic:**

Written consent will be obtained from the director of Nursing in Medi-Clinic, who will then register the research with the Ethical Committee of Medi-Clinic.

- **Kimberley Hospital Complex**

Consent will have been obtained from the Hospital Manager of Kimberley Hospital Complex before research may be conducted there.

- **Persons with disabilities**

Consent from the persons with disabilities will be collected on a personal level before the questionnaires are handed out.

- **Nursing staff**

Nursing staff will be drawn randomly from a list provided by the Human Resource Staff in each hospital, and with the help of a statistician, until the required sample in each hospital reaches  $n=100$  (36%). The total number of staff in the private hospital (Kimberley Medi-Clinic) is  $N= 277$ , and in the public hospital (Kimberley Hospital)  $N=639$ . For the sake of credibility, it is important to select  $n=115$  (17%) of nursing staff in each institution to partake in the survey.

Willing participants will receive an information leaflet and the questionnaire, which will be returned to the hospital's Human Resource Office or their head of the department after completion on the same day.

Questionnaires will be completed anonymously. Informed written consent will be obtained from the participants. Confidentiality, anonymity and privacy concerning all information will be ensured by restricting access to the data and by adhering to the agreement between the researcher and each participant. No data will be made available to third parties or without a participants' consent.

### **1.8.13. Limitations**

The following limitations are expected to be encountered during the study:

- Using only two hospitals (one private and one state hospital) in the Northern Cape Province because with a wider view more information could be gathered
- Not including doctors
- Not personally evaluating doctors rooms' and hospitals for accessibility as the opinion of the clients and nursing staff were relied on.
- Not including other healthcare staff working in the hospitals, e.g. staff at Reception, this is the first point of contact with persons with disabilities in a hospital.

### **1.8.14 Legal framework used as foundation for the study**

It is important to understand why people and especially nurses do not understand persons with disabilities. On the other hand, it is equally important to hear the voice of persons with disabilities and to understand their fears and frustrations. Then alone can the healthcare industry try to solve the problem of poor quality of care for persons with disabilities through education or sensitisation programs.

The mandate for education and sensitization programs is found in the following:

- The Bill of Human Rights – South African Constitution: Act No 108 of 1996:
  - a) Chapter 2 = Equality (Section (9), subsection (4): No person may unfairly discriminate directly or indirectly against anyone on one or more grounds in terms of subsection (3) ... including disability. National legislation must be enacted to prevent or prohibit unfair discrimination.
  - b) Human Dignity (Section 10): Everyone has inherent dignity and the right to have their dignity respected and protected.
  - c) Environment (Section 24): Everyone has the right (a) to an environment that is not harmful to their health or wellbeing.
- Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 Chapter 2, Section 9. Prohibition of unfair discrimination on ground of disability: Sub-section 6, no person may unfairly discriminate against any person on the ground of disability, including
  - a) Denying or removing from any person who has a disability, any supporting or enabling facility necessary for their functioning in society

b) Contravening the code of practice or regulations of the South African Bureau of Standards that govern environmental accessibility

c) Failing to eliminate obstacles that unfairly limit or restrict persons with disabilities from enjoying equal opportunities or failing to take steps to reasonably accommodate the needs of such persons.

- UN Convention on the Rights of Persons with Disabilities

Article 3 - General principles:

(a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons

(b) Non-discrimination

(c) Full and effective participation and inclusion in society

(d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity

(e) Equality of opportunity

(f) Accessibility. Article 25 - Health:

(d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care.

### 1.9. Operational definitions

Operational definitions are used to help the researcher to clearly identify the indicators and to give clear meaning to them, as described in de Vos et.al (2005:33). To follow are the definitions as they will be applied in the research:

- **Disability:** The World Health Organization (WHO) (2005) described disability as ...” an umbrella term, covering impairments (problems in body function or structure).

- **Activity limitations:** Difficulty encountered by an individual in executing a task or action (WHO 2010). Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives (WHO 2010).

- **Staff nurse:** A "staff nurse" means a person registered as such in terms of section 31; as defined by the South-African Nursing Council (SANC) (2005)
- **Professional nurse:** "Professional nurse" means a person registered as such in terms of section 31; as defined by the South-African Nursing Council (SANC) (2005).
- **Participation restrictions:** Problems experienced by an individual during their involvement in life situations (WHO 2010).
- **Nursing:** Defined by SANC (2005) as follows: "Nursing means a caring profession practiced by a person registered under section 31, which supports, cares for and treats a healthcare user to achieve or maintain health, and where this is not possible, cares for a healthcare user so that he or she lives in comfort and with dignity until death".
- **Persons with disabilities:** Persons with disabilities are people with long-term physical, mental, intellectual / sensory impairment. In addition to this the barriers in the society make it difficult for them to be part of the society in an equal manner to able-bodied persons, as stated by the United Nations (UN) Convention (2006).
- **Physical disabilities:** The NCPPDSA & Central Business Academy (2009) defined physical disabilities as a wide term which includes functional disabilities (physical, sensory, mental), situational disability (person who forgot his glasses at home will not be able to function, for e.g. during reading, etc.) and elderly disabilities (when a person loses the ability to see, hear, climb stairs, etc).
- **Intellectual impairment:** refers to pairment in intellectual functioning. See table chapter1.
- **Nursing management:** According to Booyens (2001:288), nursing management consists of the top management, middle management and first level management in the nursing structure. The main function of this group is supervision of care.
- **Caregiver:** A person who attends to the needs of a child or dependant adult (Wordnetweb).

## **1.10 Chapter outline**

**Chapter 1** Proposal - Reasons which led to the research being done.

**Chapter 2** Literature study - A discussion of existing literature concerning the topic.

**Chapter 3** Research Methodology - The methods as described to conduct research will be discussed.

**Chapter 4** Data analysis and interpretation - The knowledge obtained will be analysed and how it will be applied will be discussed.

**Chapter 5** Discussion and recommendations - How can the newly gained knowledge be used?

## **1.11. Conclusion**

To date, not much has been published concerning nurses' opinions regarding the patient with a physical disability as a patient in the hospital. It would be of great assistance to collect the opinions of the persons with physical disabilities regarding their experiences of the attitudes of the nursing staff in two healthcare facilities in Kimberley, to balance out the picture. Recommendations in this regard will be made, based on the scientific evidence obtained in the study.

In the next chapter, more information with regard to the literature found on this particular topic, will be provided.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 Introduction**

On 13 December 2006 the Convention on the Rights of Persons with Disabilities and the Optional Protocol was adopted by the United Nations' (UN) at the UN Headquarters in New York City. This is important for all persons, irrespective of having a disability or not, because according to the United Nations (n.d.) "the Convention is intended as a Human Rights instrument with an explicit, social development dimension. It adopts a broad categorisation of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms". According to Barriga (2010), the UN Convention has thus far been signed by 145 countries and ratified by 85, which means that only half the countries of the world are bound by the Convention.

On 30 March 2007, the South African Parliament ratified the United Nation Convention regarding the Rights of Persons with disabilities (UNCRPD) without reservation. The Optional Protocol to the UNCRPD was ratified as well, again without reservation, in November of the same year. This means that South-Africa has to develop and carry out policies, laws and administrative measures in order to secure the rights of all persons and to abolish laws and practises that are discriminating, as stipulated by the Convention.

The UN Convention consists of 50 Articles. The Right to Life (Article 12) means that everyone must have the right to live a life of dignity. This right includes access to healthcare, food, shelter and clean water. Some of the rights of persons with disabilities are violated because people are often of the opinion that persons with disabilities do not have a life worth living or that they are a burden to other people.

The healthcare section (Article 25) of the same UN document (n.d.) states that:

1. Affordable healthcare must be provided
2. Healthcare must consist of early identification and intervention and appropriate care for a person with a disability
3. Healthcare must be as close as possible to the persons own community
4. Persons with disabilities must have the same quality of healthcare as able-bodied persons
5. Discrimination against persons with disabilities must not be tolerated

6. Discriminatory acts against persons with disabilities must be prevented.

The abovementioned ideals are often not within reach of the persons with disabilities or not acknowledged by healthcare staff caring for persons with disabilities. Consequently persons with disabilities are often discriminated against as they are perceived as dysfunctional. This stigma has a huge impact on the care of persons with disabilities, as well as on their carers.

According to Article 25 of the United Nations Convention (n.d.), there are several barriers that persons with disabilities are faced with. These include physical barriers, information barriers, communication barriers and peoples' attitudes.

As previously stated, people with disabilities often use healthcare facilities, where they should be understood and assisted with care, but this often does not take place.

## **2.2 Perceptions and knowledge of nursing staff regarding the management of patients with disabilities**

An international literature study was conducted with reference to the perceptions and knowledge of nursing staff regarding the management of patients with disabilities. It was found that such literature is universally scarce.

According to the United Nations (n. d.) Accessibility means "to enable persons with disabilities to fully participate in life and to live independently". When South Africa signed the United Nations Convention in 2007, it undertook that persons with disabilities would be treated equally to able-bodied persons in South Africa. However this is still a problem in the country, as persons with disabilities are seen as dysfunctional and stigmatized here, as elsewhere in the world.

The researcher's primary goal for reviewing the literature was to establish how nurses around the world treat persons with disabilities.

## 2.3. Types of disabilities

Table 2.3.1. Types of disabilities

CATEGORY	DESCRIPTION
<b>Amputee</b>	Partial loss of at least one limb.
<b>Cerebral palsy</b>	Non progressive brain damage (cerebral palsy, traumatic brain injury, stroke, balance and coordination disability).
<b>Intellectual disability</b>	Impairment in intellectual functioning.
<b>Wheelchair</b>	Spinal cord injuries.
<b>Visually impaired</b>	Vision impairment (legally blind to total blindness).
<b>Other – please name</b>	Any disability not included above

*National Council for Persons with Physical Disabilities in South Africa (NCPDPSA) & Central Business Academy (2009).*

## 2.4. An international perspective of challenges persons with disabilities face as well as nurse's face while caring for persons with disabilities

An extensive literature study was conducted to explore the international view of nurses with reference to the caring of persons with disabilities. The findings from the literature are presented according to the countries where the studies were conducted. The continents are then placed in alphabetical order, while the discussions / articles are arranged from the oldest to the most recent articles.

### 2.4.1. AUSTRALIA

During a study with persons with developmental disabilities conducted by Johnson and Dixon (2006) in Sydney, it was found that some nursing professionals didn't want to work with persons with disabilities. They had a negative connotation towards these patients, often due to fear, ignorance, as well as cultural and societal barriers. These patients were seen as "sick" and not as "persons". The authors of the literature noted that they considered that some of the limitations in the studies were due to the fact that nursing students were placed in groups of eight or nine in institutional settings during their student years. This policy has

been changed in the meantime, as persons with disabilities are not institutionalised any longer. This has resulted in the students being out of step with current policies and practises in healthcare.

#### **2.4.2. AFRICA**

In **South Africa**, Watermeyer et.al., (2006:216) documented the negative experiences some pregnant women with disabilities encountered while visiting family planning clinics, as well as during delivery. It seemed to be problematic for women with a disability to give birth to a child in healthcare clinics. The women were treated as asexual, the staff were “confused” as to what the women were doing there and some were even surprised that the patients were actually in a relationship with a man. The staff was also very insensitive towards pregnant women with a disability. The nurses were irritated because they didn’t know how they were going to cope with the pregnant women. They were treated as if their disability was their fault. The majority of comments were very insensitive like, “How are they going to give birth?” and “How are they going to care for their baby?”

It seemed that the anxiety of the patient didn’t matter; the nurses were only concerned about how they were going to handle the woman with a disability, and didn’t treat them as human beings. This small study is very limited in extent, and there seems to be a need for a more systematic investigation of the subject.

Naidu et.al., (2005) reported that African woman with disabilities experienced many facets of discrimination, e.g. that they do not have opportunities to be educated, find work and earn money. This leads to not having access to medical care as well. In South Africa the majority of women with disabilities are destitute, poor, unemployed and thus malnourished. In fact, women with disabilities often experience double discrimination: Firstly because of their gender and secondly because of their disability.

In **South Africa** the Dutch Coalition on Disability and Development (2010) reported on a 15 year old child with cerebral palsy who gave birth to a baby. The abuse of this young mother was reported to the authorities and the social worker had many problems to overcome to get the child into a proper facility to be cared for. The second hospital where the parents took the child to be delivered didn’t think it was a strange situation. The patient was forced to give birth by normal delivery, and a caesarean section was no option, which was also not reported by the hospital. Subsequently the girl had been locked in a room without windows and water for the day, while her newborn baby was kept in another room, without milk for the baby.

These news articles published by the Dutch Coalition on Disability and Development (2010) only prove that discrimination against persons with disabilities is still rife in everyday life. Currently in South Africa, as in several other countries, women with disabilities are being prevented from having children by being sterilised or having hysterectomies done against their will. It also happens that when a person with a disability develops earache, this is not attended to, which can result in hearing loss due to persons with disabilities not receiving the medical attention they deserve.

In an article by Barriga (February 2010) the story of Prudence, a young **Zimbabwean** woman who was born without legs as a result of a congenital disease that twisted her body and led to the amputation of both legs, was told. In Zimbabwe people with disabilities are often considered cursed and sent to traditional healers who then prod and poke their bodies to “cure” them. Prudence was no exception: She was abandoned by her family and shunned by the community. She was “lucky” because she could use her voice to break down barriers between her and other people, so her story could be told. In February, 2010 Prudence became a national hero when she won an Oscar with the film that was made about her story.

### **2.4.3. ASIA**

According to Au, and Man (2005:155) in **Hong Kong** that when attitudes of occupational therapists, nurses and social work students were tested, the nurses had negative score towards persons with disabilities. Rehabilitation and rights for persons with disabilities were something they were not familiar with. It seemed to be an idea that was imported from other countries. Au and Man (2005:158) also stated that nurses who had a higher level of education, or who had contact with persons with disabilities, had a better understanding of the disabilities and thus a more positive view of persons with disabilities. The main limitation in this study was that e-mails were sent out by the researchers, with a very bad response rate only 511 of 1247 (41%) e-mail enquiries.

In **Bhutan**, Dorji and Solomon (2009:4) found the exact opposite: The attitudes towards persons with disabilities were more positive than in other countries. This may be because the country didn't have the medical and rehabilitation services to care for persons with disabilities. Dorji and Solomon (2009:4) found that physicians were generally more positive towards persons with disabilities. It seemed that because the doctors were educated outside of Bhutan, it made a difference. The nurses didn't understand the concept of human rights - they were more focused on meeting basic needs. Those nurses didn't necessarily have the

necessary experience, but were caring enough. The authors were of the opinion that the nursing staff conveyed the attitude of the majority Bhutanese people, who were doing manual or agricultural jobs, although in such a situation, it is very difficult to care for a person with a disability.

The limitations of this study included that a convenience rather than a random sample of participants were used in the study. It might mean that the study didn't represent the general population of health professionals. The measurement tool was also a problem, as the SADP scale (Scale of Attitude Towards Disabled Persons) that was used, had been developed in the United States. The questionnaire was reviewed by local healthcare workers, but the possibility still exists that they didn't understand the complicated terms and phrases.

#### **2.4.4 EUROPE**

In a study that was conducted by Aulagnier et.al. (2005:1343) it seemed that one fifth of General Practitioners (GP's) in **France** were experiencing discomfort when caring for persons with disabilities. It seemed that there was no training in this regard in medical schools in France. The GP's also reported greater discomfort towards persons with mental disability, as to persons with physical disabilities. When a healthcare professional had a family member or friend who had a disability, they tended to be more positive towards persons with disabilities. The GP's also didn't believe that they had an important role to play in the lives of persons with disabilities. The barriers they experienced in caring for persons with disabilities included the lack of assistance during examining these patients. Time was a problem, because a consultation with a person with a disability takes longer than with an able-bodied person. The remuneration structure in France also does not take into account that some consultations might take longer than others. Communication with the disabled sometimes also frustrated a GP. The GP's that expressed less discomfort towards a person with a disability tended to show more confidence in taking care of a person with a disability.

Limitations in this study was of a moderate (55, 8%) response rate, and lack of commitment to participate in surveys. This one study is not strictly representative of the entire population and it was mainly based on self-reporting. According to the authors, social desirability bias cannot be ruled out, because the GP's could find it difficult to recognise their own limitations in caring for persons with disabilities.

In one of **Edinburgh's** main hospitals, the story of Iris is told by Baily, (2006). This story mainly focused on the physical barriers experienced by persons with disabilities. Not all the

healthcare facilities are accessible for wheelchairs and do not have a hoist to help persons with disabilities with their mobilisation. Iris experienced what many other persons with disabilities have had to, and that is to ensure that the place they visit or need to utilise is accessible. Baily (2006) also clearly stated that by not making the hospitals accessible for persons with disabilities, the persons with disabilities are restricted in what they can be, not only in what they cannot do. Limitations in this study may include that 21 of the 27 candidates that were studied, were interviewed twice.

In a study done by Forsberg et al (2006:232) in **Sweden**, it was found that the majority of patients with Guillain-Barre syndrome had a positive experience in the healthcare system. Their main complaints were that the patients didn't have enough rehabilitation / physical therapy. The limitations of the study may include that the Swedish used two systems of research: A combination of patient interviews and computerized registries. The second problem was the identified selection bias in regard to the patients.

Gibbs et al (2008:1065) focused on persons with intellectual disabilities in **England and Wales**. The results of the study were divided into four groups: **Feelings**, (as also reported by Baily (2006) in Iris's story) that person's with a disability didn't know what was going to happen to them. The nursing staff didn't take the time to explain procedures and this had a tremendously negative impact on the patients. One adult with an intellectual disability reported that he didn't understand "asthma" and what was going to happen to him, and nobody explained it to him. Another interesting phenomenon was that hospital staff feared people with intellectual disabilities. One mother found it very strange that a person who was trained as a doctor or a nurse could be afraid of a person with an intellectual disability. Another mother didn't report not having the courage to take her child to hospital when the child was ill. She tried to keep her child at home even if this harmed the child.

A study was conducted in **Greece** with regard to the attitudes of Professional Nurses and students towards children with disabilities at the National and Kapodestrian University of Athens and Higher Technological and Educational Institute. Matziou et al. (2009:459) found that the students and nurses in paediatric wards generally had a negative attitude towards children with disabilities. It was found that the nurses reflected the attitudes of the society in which they lived and this was a concern because nurses should be responsible for changing negative attitudes. The solution for this was to introduce people with disability into nursing curricula and educate nurses in this manner about people with disabilities. One important factor that contributed to the nurse's attitude was the nursing shortage in Greece at the time. This then reflected the very difficult working environment.

According to Matziou et.al., (2009:459) limitations in this study included that the research sample only came from Athens, and did not represent all the nurses in Greece. Previous contact or previous work with persons with disabilities had not been examined. The authors felt that it was necessary that longitudinal studies must be conducted to assess the effects of nursing education and other variables on student attitudes towards children with disabilities. Matziou et al (2009:460) believed that it is important to understand how attitudes are created, sustained and maintained in context.

Klooster et al. (2009:2562) studied the attitudes towards people with physical or intellectual disabilities of **Dutch** nursing students. They found that nursing students were more positive towards persons with disabilities than their non-nursing peers. Klooster et al. (2009:2570) found that having a friend or a relative with a disability made nurses more positive towards persons with disabilities. The limitations in this study were the small sample of students as the research had only been conducted in one institution, thus the findings may not be general. Guidelines for translating existing questionnaires were not fully followed. The nurses who completed the questionnaire were asked to give the survey to a friend who was not a nursing student.

#### **2.4.4.1. Challenges for persons with disabilities in the European context**

- **Communication** was a problem when doctors or nurses didn't take the time to communicate with their patient. Sometimes the patient had questions they wanted to ask, but the doctor didn't give them time, as they were talking all the time. Some of the nursing staff were staring and didn't listen to the person with an intellectual disability when they wanted to know something. Patients also experienced that some of the doctors were irritated and got angry with the person with an intellectual disability, e.g. a doctor wanted to look in the child's eye. The child refused to allow it as he experienced pain and was frightened, which irritated the doctor. The child also felt frustration with nursing staff, who did not communicate to a new shift what a patient's special needs were. It was found that the next shift didn't know what to do because the information had not been explained by the previous shift.
- **Practicalities:** According to Gibbs et al (2008:1067) this included that persons with intellectual disabilities didn't understand why they had to stay in bed and couldn't dress themselves. Another factor was boredom and staying in one room. When nursing staff

accommodated persons with disabilities in private rooms, the patients felt that they were being isolated from the rest of the patients. The staff also tended not to have contact with persons with intellectual disabilities - they tended to just leave drinks and medication at a bedside, and if another carer was attending to the person, it seems that the nursing staff left all the responsibility to the carer.

- **Discrimination:** Again, according to Gibbs et.al., (2008:1069), it had occurred that some doctors didn't think it was necessary for a child with an intellectual disability to have an eye operation because he was intellectually impaired. Gibbs et.al. (2008: 1070) stated that nurses helped persons with intellectual disability, with tasks they were able to do themselves, and that this had the potential of the person with a disability losing their skill, thus resulting in setbacks to their abilities.
- **Behavioural problems** got worse when the person with an intellectual disability had to wait too long. The nursing staff then became agitated and this only made the problem worse. Some nursing staff had frightened some persons with disabilities, or worse, laughed at them and that made the situation unbearable to all.

#### **2.4.5. Middle East**

In **Saudi-Arabia**, Al- Abdulwahab and Al-Gain (2003:66) found that healthcare professionals had a positive attitude towards persons with disabilities. They came to the conclusion that people who had contact with and knowledge concerning persons with disabilities tend to be positive towards these persons. Limitations in this study were the small sample size, based on only four hospitals in one city. Only three healthcare disciplines were consulted, of which physical therapists were in the majority.

#### **2.4.6. United States of America**

Studies by Tervo (2004:913) at the **University of South Dakota** found strong negative attitudes towards persons with disabilities, especially among the nursing staff. They could not ascertain what the reason for this was. The researchers found that there was no correlation between clinical experiences and the negative attitudes towards persons with disabilities.

Limitations of this study include that it might be possible that some of the respondents gave advantageous answers, and the researchers concluded that the study did not “control for spurious effects of response set bias and social desirability” (Tervo, 2004:914). The survey was only a snapshot in time and also only conducted at one university. “The survey does not provide strong evidence of causality among constructs” concluded Tervo (2004:914).

**American** researchers found that it made sense to start at the nursing curriculum to try to solve the problem of the nurse’s attitudes towards persons with disabilities. Smeltzer et al., (2005:210) conducted a descriptive study to examine the extent of integration of disability related content in the nursing curriculum. The content in the curriculum was mainly based on caring for the elderly and thus a perception developed that disability is common in the elderly. In the curriculum they failed to discuss issues like pregnancy and parenting by persons with disabilities. The failure to do this left an impression that pregnancy and parenting are not common concerns among persons with disabilities. Disability is being perceived as medical diagnoses and this leads to nurses seeing persons with disabilities as being ill.

The limitations of this study are mainly that data was obtained through self-reporting, which leads to the authors not knowing how accurate the responses reflected in the study were. There may be difficulties in recognizing the definition of disability by the participants. The survey might have been completed differently by each participant due to how they evaluated their own learning curricula. Lastly, there was only a 23.4% response rate. This, however, may be due to a lack of interest in the topic.

In **Massachusetts**, Disability Rights International (2010) **discovered** in the Judge Rotenberg Centre that torture and punishment was used as treatment in a “special needs” facility. The resident children and adults received electrical shocks on the legs, arms, torsos and soles of their feet which continued for weeks and sometimes even years. These persons, who suffered from learning and emotional problems, were wearing electrical shock backpacks. It was found that a blind child received shock treatment for her “bad behaviour” when she moaned. On subsequent examination, it was discovered that she had broken one of her teeth. The staff also utilized food deprivation, shock chairs, isolation and long-term restraint, as reported by Arnande and Haefner (2006:8).

#### 2.4.6.1. Challenges for persons with disabilities in the American context

Drainoni et. al.,(2006:102) classified three especially noteworthy barriers in the healthcare needs of the population with disabilities in **Massachusetts**. These include:

- **Structural barriers** such as the physical environment, communication difficulties and time limits to discuss problems with the doctor.
- **Financial barriers** included anything regarding cost and expenditure, while
- **Personal and cultural barriers** were seen as the attitudes and knowledge of healthcare staff. Drainoni et.al., (2006; 109) stated that ... “the lack of knowledge concerning persons with disabilities and how to help them was ... a bigger problem.” This researcher also reported that some healthcare staff believed that persons who were mentally impaired couldn't feel any pain, so these patients didn't receive anaesthesia. Weaknesses in this study were that focus groups were specifically formed and that each participant received \$25, as this may have influenced how the participants reacted in the focus groups. The authors were of the opinion that not only the consumer's side of the story should be heard but also the providers' side, as they may also deal with problems and barriers that are not known to the person with disabilities.

Cong-hee Lieu et.al.,(2007:3) focussed on the barriers of the deaf community and their culture. In the study “Strategies for improving effective communication with deaf patients”, an explanation was given on how to communicate with the deaf person. Other suggestions were offered regarding improvement in the physical environment as well as recommendations for the management of staff working with persons with disabilities in hospitals. It was found that the lack of appropriate care of persons with disabilities by nursing staff had become a significant barrier to care that should be rectified.

The weakness of this study include that knowledge of ASL (American Sign Language) is not highly prevalent among healthcare providers (quoted in Barnett, 2002a). Americans do recognise ASL as a second language, but do not have the skills to communicate with it to deaf people. Until recently, academic institutions did not recognise ASL because it did not fulfil foreign language requirements.

This perception was also found during a study done by Morrison, George and Mosqueda (2008:648) which manifests the urban communities surrounding the **University of California**. Again, some healthcare clinicians revealed an aversion to working with persons with disabilities. Persons with physical disabilities were often seen as people with cognitive

impairment. Some clinicians even seemed to be afraid of these patients. The lack of time spent by the doctors during examination of patients with disabilities left many of patients feeling inferior (Morrison et. al. (2008:64).

Limitations in this study were seen by Morrison, George & Mosqueda (2008:650) to include that only one participant with a hearing impairment was included, possibly because this wasn't seen as a disability, and that the researchers also failed to enrol any non-English speakers in the study.

Speraw (2009: 732) did a qualitative study at the **University of Tennessee (Knoxville)** that exposed the story of 16 year old Kelly, a person with multiple disabilities. Kelly had cancer and had lots of surgery, which included managing tracheotomies, nasogastric tubes, chest tubes, etc. when she required intubation. Half of Kelly's teeth were knocked out and she had to have reconstructive surgery, which failed, after which her face started to putrefy, leading to a series of debridements. This left Kelly with only half of her face intact. Today Kelly is blind and partially deaf, with one ear absent. In this article Speraw (2009:732) noted the personhood (humanness) of people with disabilities and the importance for them to act on their own behalf.

The author concluded that Kelly had numerous scars but possibly the biggest scars are not visible. These may be scars caused by people not thinking what they are saying and perhaps, just not caring enough. For example, there were instances when a nurse talked about the patient as a "thing". In the healthcare system Kelly felt violated and dehumanised. The problems Kelly experienced were "small" things like staff members not telling her what they were going to do when they worked with her. For instance, when they removed her tracheotomy tube. Kelly didn't know the procedure was going to be performed and the next thing there was these silent hands on her neck which removed the tube. Kelly thought she was going to die. She tried to get away; but couldn't even call for help. Kelly says she is proud of some of her scars because it "represented triumph over death" as documented by Speraw (2009: 738). Unfortunately, some of them represent the "mistakes" doctors made.

To Kelly, the emotional scars are worse. This included not being listened to or even being recognised as a person. In some instances staff told her that she was wasting their time, or again referred to her as "this", as happened when a new doctor walked in and asked her: "Why are you here? Can't anybody fix this? You're wasting my time!" (Speraw, 2009:738). The doctor just walked out, never to return. This was a terrible experience for

Kelly. She just wanted people to know that she is human, she does have feelings and most of all has plans for her future. Was it so difficult just to treat her with dignity?

The main limitation of this study is that only one person was included. This may not be a representative picture of the persons with disabilities experiences, yet it remains a cause of serious subjective concern that trained doctors and nurses in a first world hospital could treat a patient in such an undignified and inhuman manner.

## 2.5 Legal framework affecting or applicable to persons with disabilities

Persons with disabilities are protected by legislation, policies, as well as National and International instruments (the National Council for Persons with Physical Disabilities in South Africa (NCPD), 2010).

**Legislation:** The following acts are applicable to the persons with disabilities and have to be acknowledged and consulted by the health professionals when caring for persons with disabilities. They are often ignored during the caring process. The acts protect the persons with disabilities against society, if needs be. It also gives structure to the practice of persons caring for persons with disabilities and protects the person with disability's rights. It is important that healthcare staff work within these acts so that both parties' human rights are protected and taken into account.

**Table 2.5.1. Acts and their purpose for persons with disabilities**

ACT	PURPOSE
Access to Information Act, 2000 (Act No 2 of 2000)	Accessing information under the control of various bodies.
Aged Persons Act, 1967 (Act No. 81 of 1967) No. 13 of 2006: Older Persons Act, 2006.	To provide protection and welfare of certain aged persons,
Basic Conditions of Employment Act 2002, as amended (Act No.10 of 2002)	Minimum conditions of employment that employers must comply with in their workplaces.
Child Care Act, 1983 (Act No. 74 of 1983)	Protection of the rights and well being of children.

Child Care Act, 2005 Child Justice Bill 2003 Children's Bill 2005	
The S.A Constitution (Act 108 of 1996)	Rights of access to health care services and emergency medical treatment
Criminal Procedures Act, 1977 (Act No. 51 of 1977)	Regulating the criminal justice system
Domestic Violence Act, (Act No. 116 of 1998)	Protect people with regard to domestic violence;.
Employment Equity Act No 55 of 1998	Eliminate discrimination and promote affirmative action.
Labour Relations Act, (Act No.66 of 1995)	Provides for the law governing labour relations and incidental matters.
Maintenance Act (No 99 of 1998)	To restate and amend certain laws relating to maintenance
Medicine and Related Substance Control Amendment Act, 2002, as amended (Act No 59 of 2002)	Registration of medicines and for transparency in the pricing of medicines.
Mental Health Care Act No 17 of 2002	Legal framework for mental health institutions and patients
National Health Act, 2003 (Act No. 61 of 2003)	Provides for a transformed national health system for the entire Republic
National Development Agency Act, 1998 (Act No. 108 of 1998)	Definition of Minister; reduce and regulate meetings of the Board.empower the minister to appoint the chief executive officer; and to further regulate delegation:
Non Profit Organisations Act, 1997 (Act No. 71 of 1997)	To provide for an environment in which nonprofit organisations can flourish
Nurses' Act (Art 33 of 2005) Nursing Act No 50 of 1978, as amended by Nursing Amendment Act of 1981	Regulation of the nursing profession.
Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)	Requirements that employers must comply with in order to create a safe working

	environment for employees in the workplace.
Prevention and Treatment of Drug Dependency Act, 1992, as amended (Act 20 of 1992)	Establishment of a Drug Advisory Board;and programmes for the prevention and treatment of drug dependency; Establishment and registration of treatment centres and hostels;
Public Finance Management Act,1999 (Act No. 1 of 1999)	To regulate financial management in the national government and provincial governments;
S.A. Schools Act (Act No. 84 of 1996)	Provide for a uniform system for the organisation, governance and funding of schools and; to amend and repeal certain laws relating to schools
Skills Development Amendment Act (Act No 31 of 2003)	To develop the skills , improve the quality of life and to improve productivity of the South African workforce.
Social Assistance Act, 1992 (Act No. 59 of 1992)	Rendering of social assistance to persons;
Social Service Professions Act, 1978 (Act No. 110 of 1978)	Establishment of a South African Council for Social Service
Social Work Amendment Act, 1998, as amended (Act No. 102 of 1998)	Establishment, constitution and objects of the South African Council for Social Service.
Sterilization Act, 1998 (Act No 44 of 1998)	Provides a legal framework for sterilizations
The Termination of Pregnancy Act 1996.	Provides a legal framework for termination of pregnancies

Source: *Acts online (n.d.)*

## 2.6 Policies:

As with the law, the following policies also have to be considered by the health care professionals and specifically nursing staff rendering care to persons with disabilities to ensure quality service delivery.

- White Paper No 6 Special Needs Education Building an Inclusive Education and Training System (2001) - The government together with the disability sector compiled the white paper. The government commits itself to caring and protecting the vulnerable South African population groups.
- National Framework and Gender Equality. Women are traditionally discriminated against. This framework poses to protect women against discrimination. In women with disabilities the discrimination and abuse often is worse due to the vulnerability of the group.
- National Policy Framework and Strategic Plan for the Prevention and Management of Child Abuse
  - Policy on Financial Awards to Service Providers (2005)
  - Service Delivery Model for Developmental Social Services (2005)
  - White Paper on Population Policy for South Africa (1998)
  - White Paper on Social Welfare (1997)
  - White Paper on the Integrated National Disability Strategy (1997).

## **2.7. National and International Disability Instruments**

National benchmarking was mainly done to prevent countries from not respecting people and specifically the vulnerable group's human rights. This instruments force the countries to adhere to this rules.

In South Africa we do not have recent studies about the topic of the attitudes of nurses towards persons with disabilities. Therefore it is not possible to form an opinion concerning the nurse's attitudes regarding persons with disabilities in hospitals. However, some of the most important national and international instruments that can be used to assist nurses and healthcare staff develop more caring attitudes towards persons with disabilities, include:

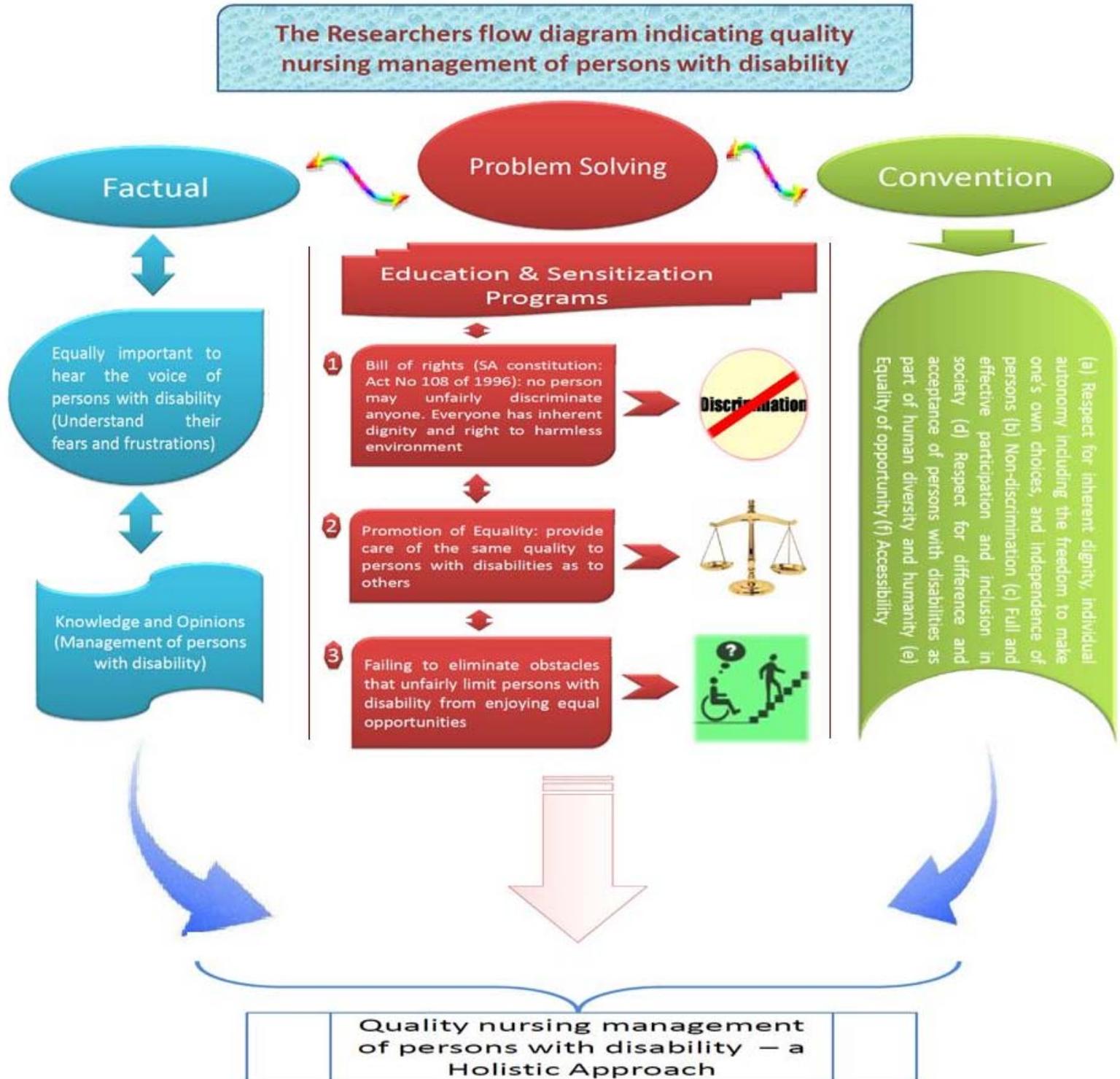
- African Charter on the Rights of the Child
- South African Disability Human Rights Charter
- Plan of Action on the African Decade for Persons with disabilities
- Standard Rules on the Equalisation of Opportunities for People with Disabilities
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Convention on the Rights of the Child
- United Nations Declaration of Human Rights
- United Nations Millennium Declaration

World Programme of Action Concerning Persons with disabilities

## **2.8. Legal framework used as foundation for the study**

It is important to understand why people and especially nurses do not understand persons with disabilities. However, it is equally important to hear the voice of persons with disabilities and understand their fears and frustrations. Only then can healthcare staff try to solve the problem of not caring well enough for persons with disabilities through education or sensitisation programmes. See figure 2.3.

**Figure 2.3.** Quality nursing management of persons with disability as suggested by the researcher – *designed by: A Damons*



## **Description of flow diagram indicating quality nursing management of persons with disability:**

### **1. Factual**

It is important to hear the voice of persons with disability and also understand their fears and frustrations. It is thus important not only to listen to them but to hear what they are saying. With this you gather knowledge about persons with disabilities and have certain opinions regarding a specific situation in the world of the person with a disability. This important for the nursingstaff as they is the care givers when persons with disabilities are hospitalised. this however often lack in nursing curriculums and has to be addressed.

### **2. Problem solving**

Problem solving entails education and sensitization programmes of which the mandate is found in the following documents:

**Bill of Rights** – South African Constitution: Act No 108 of 1996.

Chapter 2 on Equality. (Section 9) (4)

- No person may unfairly discriminate directly or indirectly against anyone on one or more grounds in terms of subsection (3)...including disability. National legislation must be enacted to prevent or prohibit unfair discrimination.
- Human Dignity (Section 10): Everyone has inherent dignity and the right to have their dignity respected and protected.
- Environment (Section 24): Everyone has the right (a) to an environment that is not harmful to their health or wellbeing

**Promotion of Equality and Prevention of Unfair Discrimination Act, 2000** Chapter 2.

Section 9. Prohibition of unfair discrimination on ground of disability.

Sub-section 6, no person may unfairly discriminate against any person on the ground of disability, including -

- a) Denying or removing from any person who has a disability, any supporting or enabling facility necessary for their functioning in society
- b) Contravening the code of practice or regulations of the South African Bureau of Standards that govern environmental accessibility

**Failing to eliminate obstacles** that unfairly limit or restrict persons with disabilities from enjoying equal opportunities or failing to take steps to reasonably accommodate the needs of such person

3. **UN Convention on the Rights of Persons with Disabilities;**

**During the nursing management of persons with disabilities the following issues should be taken cognisance of as it guides the nursing staff in rendering quality care to the client. Namely:**

*Article 3 - General principles (indicate act in brackets):*

- (a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
- (b) Non-discrimination
- (c) Full and effective participation and inclusion in society
- (d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
- (e) Equality of opportunity
- (f) Accessibility.

*Article 25 – Health (indicate act in brackets)*

- (d) Requires health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care.

4. **Quality nursing management** of persons with disabilities should be the ultimate goal of all health workers to enable them to render a holistic approach to quality care. However quality management comprise of the above three aspects namely:

- Factual aspects
- Problem solving
- Implementation of the United Nations guidelines with reference to rights of persons with disabilities and apply it in a South African contexts.

## **2.9. Significance**

South Africa ratified the UN Convention in 2007, but questions may be posed, such as: Was this only the signing of a document or did it really have meaning? Do South Africans really see persons with disabilities as persons or as medical conditions?

The researcher has experienced that the opinion of medical staff as viewing the person with a disability as another medical condition is very often found in the clinical practice. It is therefore important that nurses and medical staff be equipped with the relevant knowledge of how to treat persons with disabilities in the clinical health care setting.

This research aims to have a two-fold impact: Providing information or data regarding the opinions and knowledge of healthcare staff working with the patients with disabilities; and secondly, to study the experiences of persons with disabilities in healthcare settings. The data collected can be used as basis for further research, awareness and training.

## **2.10. Conclusion`**

In summary, it is clear that people with disabilities are often discriminated against. This is a violation of the Patient's Rights Charter (n.d.) developed from the South African Constitution (1996), and which clearly states that patient's rights include provision for special needs. The researcher is of the opinion that by assessing the nursing staff's knowledge regarding persons with disabilities, a solution can be found on how to overcome some of the barriers listed above.

In this chapter the researcher presented legal parameters underlying the nursing profession with reference to responsibility for persons with disabilities, as found in international and national literature. The view of international nurses working with persons with disabilities was explored through a literature search. Further, international views with reference to the challenges experienced by persons with disabilities were identified. This information was used to develop questionnaires and checklists, where applicable.

The following chapter will consist of a discussion of the research methodology on which the study was based.

## **CHAPTER 3: RESEARCH METHODOLOGY**

### **3.1. Introduction**

The purpose of this chapter is to describe the research methodology undertaken by the researcher to investigate the opinions and knowledge of nursing staff with reference caring for persons with disabilities in specified healthcare settings in Kimberley.

According to Burns & Grove (2007:246) the research design is the blueprint or draft to conduct the study, and therefore maximise control over the factors that might influence the desired outcome. Burns & Grove (2007:791) also describes quantitative research as a formal, objective, systematic methodology to describe and test relationships and examine the cause, and the effect of interactions between variables.

### **3.2. Background**

- The study, focuses on the opinions and knowledge of nurses caring for persons with disabilities, was conducted during October 2010 in specified health settings in Kimberley, South Africa. Kimberley Medi-Clinic is the only private hospital in the Northern Cape with more than 50 beds. The other two private hospitals namely Kathu Medi-Clinic and Upington Private Hospital refer their patients mainly to Kimberley and Bloemfontein. Kimberley Hospital Complex (a public hospital) is the only public referral hospital in the Northern Cape and in the light of this plays a very important role in this research.
  
- The survey was carried out among nurses in these two hospitals in the Northern Cape: The Kimberley Hospital Complex and Kimberley Medi-Clinic which is a private hospital.
- The participants were chosen as follows:
- Kimberley Hospital Complex consists of 695 beds which includes the psychiatric hospital (West End) and also some step-down facilities in Kimberley.
- Kimberley Medi-Clinic (a private hospital of the Medi-Clinic Group) has 236 beds.
- The persons with disabilities are residents of Kimberley and come from every walk of life and includes the following:
  - *people living independently (living alone)*

- *people living with their family*
- *people living in residential care facilities such as*
- *Sally Aucamp Home (a residential care facility for adults with physical disabilities)*
- *Yonder (a residential care facility for adults with intellectual impairments)*
- *Ivy Cross (workplace for the blind)*
- *Helen Bishop Home (an orthopaedic Aftercare Centre for children with physical or multiple disabilities).*

### 3.3. Research design

This is an explorative, descriptive non-experimental study with a quantitative approach utilizing a structured questionnaire with closed and open ended questions.

**“Quantitative research”** is a formal, objective, rigorous, systematic process for generating information about the world. Quantitative research is conducted to describe new situations, events or concepts in the world “according to Burns & Grove (2007:24). Belli (2008:59) divided Quantitative research into experimental and non-experimental research.

**Non-experimental** variables cannot be manipulated by the researcher because they are studied as they exist e.g. gender or socioeconomic status

**Exploratory analysis** is the examining of data descriptively, as described by Burns & Grove (2007:404).

The research design is a blueprint for the researcher to conduct the study (Burns & Grove, 2007: 237). The purpose of the design is thus to have the maximum control over the data and to prevent interference, ensuring the validity of the study.

A descriptive design was used to examine a single sample’s characteristics as described in Burns & Grove (2007: 240-241). It was the purpose of this study to gain more information regarding the attitudes of nurses towards persons with disabilities as well as the perceptions of persons with disabilities about the service rendered in the private and state hospitals in Kimberley. In Burns & Grove (2007: 240) descriptive design are described to provide a picture of what really happens. This is also the aim of the researcher regarding this topic.

### **Selection of staff:**

In **Kimberley Medi-Clinic** the staff was selected from the staff list the researcher received from the Human Resources department. The list was then sent electronically to the statistician, Prof Kidd in Stellenbosch, where he prepared a randomised list of the staff members in Kimberley Medi-Clinic. The participants were chosen from the top of the list, down. If a staff member was not available or did not want to participate, the next person in line was selected until saturation was reached. This procedure was strictly followed for transparency, as the researcher knows all the staff in the hospital.

In the **Kimberley Hospital Complex** the staff list was obtained from the Human Resource department and also sent to Prof Kidd at Stellenbosch University to prepare a randomised list. When the researcher received the list back, it was taken to the hospital's Nursing Manager, who helped to organise the staff in the different departments.

The researcher experienced difficulty in getting hold of all the specific staff members on the list however the researcher persist to get hold of the staff until a response has been indicated. With the guidance of the statistician, the researcher used the list provided by the statistician to invite staff members to participate per category as was specified on the list. The researcher didn't know these staff members, but it was more convenient for the hospital and the researcher when done in this manner.

The researcher explained the research project to the staff members in both private and public hospitals and obtained consent from each participant. The questionnaires were left with the participants and then collected from the Unit Manager of the ward the next day. In the case of Kimberley Hospital Complex, the staff sent the collected questionnaires to the hospital secretary where it was put in a box and delivered to the researcher.

### **Selection of persons with disabilities:**

The selection of the **persons with disabilities** was done by obtaining a list of all the persons who were registered with the Association of persons with physical disabilities (APD). Again, the list was sent to Prof Martin Kidd in Stellenbosch, where he compiled a randomised list for persons with disabilities. The researcher then visited the persons with disabilities at home where she explained the research. In some instances, especially with the participants at Yonder (Centre for Adults with an Intellectual disability). the local social

worker helped to complete the questionnaire. Where it was not possible for the person with a disability to complete his own questionnaire, the researcher assisted in this. Because the list of persons with disabilities was very short, if the researcher was not able to find a specific person on the list, this candidate was replaced by a person with a disability, who was not on the APD list.

#### **3.4. Objectives:**

An extended literature search was done to explore the best research design suitable for the study and to reach the set objectives as indicated below namely:

- To determine what the opinions and knowledge of nurses working in two healthcare services in Kimberly are regarding the nursing management of persons with disabilities.
- To determine what the opinions of persons with disabilities in healthcare settings in Kimberley hold with reference to the nursing care provided for persons with disabilities

#### **3.5. Instrumentation**

Two questionnaires were used to collect data from the respondents: One for the nursing staff and one for persons with physical disabilities.

The questionnaires were compiled by the researcher according to the literature reviewed and the input of one of the persons from the disability sector, namely Ms Dorothy-Anne Howitson (2010). The questions were formulated from the literature review and personal experience of the researcher. No similar questionnaires were found regarding this kind of study during the literature review.

A structured 5 point Likert scale questionnaire with predominantly open and closed-ended questions was applied to determine the opinions and knowledge of the nursing staff towards persons with disabilities, and secondly to determine the opinions of persons with disabilities towards the nursing care received in specified healthcare settings. The identified healthcare settings were two of Kimberley's hospitals: One private and one public hospital.

The questionnaires that were distributed to staff and persons with disabilities consist of the following:

**3.5.1 The questionnaire for persons with physical disabilities** contained of 40 open and closed ended questions. A 5 point Lickert scale was used where the participants could choose between “Strongly Agree,” “Agree”, “Disagree”, “Strongly Disagree” and “Not Applicable” answers **Questions 39 and 40** asked more input from the participants than just a tick, and was concerned with what they liked to change in the hospital and also what suggestions they had regarding the nursing staff. These last questions were the only open-ended responses requested from the participants.

The questionnaire also consisted of the following:

**Section A:**

- **Biographical data** to determine the person with a disability’s age, disability and gender.

**Section B:**

- **Accessibility of the physical environment** to determine the kind of healthcare facility the participant used the availability of disability parking, assistance when arriving at the facility, the accessibility of the entrance, patient rooms and bathrooms in the facility and whether they are satisfied with what is available to accommodate persons with disabilities.

**Section C:**

- **Identify the barriers with reference to transportation** to determine the kind of transport the person with a disability uses, and whether the transport is accessible for his kind of disability.

**Section D:**

- **Determine opinions of patients regarding the support of the multidisciplinary healthcare professionals on access to healthcare:** To determine how persons with disabilities have been assisted, and treated by the nursing staff, the opinion of the doctor treating them and how their caregiver was treated in the institution. In the next few questions the researcher tried to determine what the attitude of the nurses were towards persons with disabilities; what the opinion of the person with a disability regarding the training of the nurses was, and whether the person completing the questionnaire could gain access to all areas in the facility.

**3.5.2. The questionnaire for the nursing staff** consisted of 36 questions. A 5 point Lickert scale was also used, and consisted of questions with “Strongly Agree”, “Agree”, “Disagree”, “Strongly Disagree” and “Not Applicable” answers. The open ended question 35 and 36 were similar to the last two questions of the questionnaire for persons with a disability, in order to determine what the opinions of both groups were regarding care given. The community of persons with disabilities was consulted when structuring the questionnaire for the staff to determine what their expectations are from nurses during their caring process.

Other components of the questionnaire for nurse respondents were the following:

**Section A:**

- **Biographical data:** to determine the participants age, qualifications, and gender.

**Section B:**

- **Accessibility of the physical environment of the healthcare facility** to determine which facility the person worked in and if the participant was of the view that the facility was accessible for persons with disabilities.

**Section C:**

- **Determining the knowledge and opinions of multidisciplinary teams regarding persons with disabilities.** To determine the nurses’ own view regarding their opinions and perceptions of persons with disabilities and the quality of the nurse’s training programme. It was also important to determine the nurse’s opinions regarding the doctors treating persons with disabilities and if they are clued up on disability and also on the person with a disabilities caregiver.

A pre-test questionnaire was submitted to Ethical Committee of Stellenbosch University for approval and was adjusted during the pre-test phase to prevent bias while the questionnaire

is applied. The contents of the questionnaire were validated by an expert in the field of disability studies to ensure reliability.

### **3.6 Population and sampling:**

The population is defined by Burns & Grove (2007) as all individuals (nurses or persons with disabilities) that meet the research criteria, while the sample is a subset of the population that is selected for this study. Sampling for each hospital was done with the help of a statistician in Stellenbosch, which decided on n=100 for each category namely, nurses in the public sector (n=100), nurses in the private sector (n=100) however a n=15 were added to the total population of nurses in case of a poor response rate. Thus the total sample size for staff are therefore **N=215** and persons with disabilities (**N=100**).

#### **3.6.1 Nursing staff:**

- **In Kimberley Medi-Clinic** the list of all N=277 staff members on the service establishment was sent to the statistician. The statistician sent back a randomised list of all the staff. From that list the first n =15 (7%) staff members were contacted for the pilot study. The sample size n=100 (36%) was elected. This methodology was just selected from the one healthcare setting.
- **Kimberley Hospital Complex** had a staff number of N= 639. A list of all their nursing staff was supplied by die Human Resource Office. The list was then sent to the statistician who drew up a randomised list with a sample size of n=115 (18%). When the list was received back the research in the public hospital could begin. In this hospital the research was conducted during a single week. It was therefore not possible to locate every staff member by name. Staff members on the first list, who were in the same job category as on the randomised list were asked to complete the questionnaire, if the selected candidate was unavailable. In this manner the same categories of staff as indicated by the statistician still completed the questionnaires.

The participants partaking in the pilot study to pre-test the questionnaires were not included in the final study.

## FINAL RESEARCH:

### SAMPLE (N=215)

For the final study, the following procedure under similar circumstances as set out in the pilot study above was applied to choose the respondents, namely:

- **Staff population (N=916)**

The sample of nurses N=215 (23%), was compiled with the aid of Human Resources officers. Staff from both hospitals (**Kimberley Hospital Complex** and of **Kimberley Medi-Clinic**) form the total population of N= 916.

- The number of nursing staff in **Kimberley Hospital Complex** was N= 639 (73, 8%) while the total population of **Kimberley Medi-Clinic** was N= 277 (26,2%). Only n= 194 (90%) participants of the staff sample participated in the study.

**Table 3.1. Compilation of nursing staff sample (n=215)**

HOSPITAL	Population (N)	Sample distribution (n)
Kimberley Hospital Complex	N= 639	n = 115
Kimberley Medi-Clinic	N= 277	n= 100
<b>Total N=</b>	<b>N = 916</b>	<b>n= 215</b>

### 3.6.2. Persons with physical disabilities

#### **Pilot study:**

The total population of persons with disabilities was N=173, calculated in collaboration with the Association of People with Disabilities (APD).

The sample of persons with disabilities was compiled using a list of all the clients from the social worker of APD. When the list was received, it was sent to the statistician to be randomised. When the randomised list was received, the people on the list were visited to be recruited regarding the study. The first n=15 (8.6%) names on the list were used for the pilot study, to pre-test the reliability and validity of the questionnaire. When this was

completed, the rest of the names could be used, as the pilot study revealed that there were no problems on interpretation of the questionnaire. It could be used as it was. The participants of the pilot study were not included in the actual study

#### **ACTUAL PILOTSTUDY:**

##### **Sample (n=100)**

The sample size of persons with disabilities n=100 (.58.%) was finally included in the actual study. These participants consisted of persons with disabilities living in Kimberley or Barkly West, who used the hospitals in Kimberley.

n=73 (42. %) were excluded from the study as indicated below. Only 85% of the participants completed the questionnaires as required for inclusion in the study.

#### **3.6.3. Inclusion criteria**

- A selection of nurses working in Kimberley Medi-Clinic and Kimberley Hospital Complex.
- Persons with physical disabilities
- Only persons with intellectual impairments will form part of this study as the impact of their intellectual inability causes a serious lack of access to health care services.

#### **3.6.4. Exclusion criteria**

- Persons with a mental health disability (Psychiatric disability) will be excluded from this study because the focus will be on the accessibility of the building and the knowledge and opinions of the staff regarding persons with other disabilities.
- Participants (10%) included in pilot study will be excluded from the actual study.

#### **3.7 Pilot study**

- In Kimberley Medi-Clinic the staff list of all N=277 staff members was sent to the statistician. The statistician sent back a randomised list of all the staff. From that list the first n =15 (7%) staff members were contacted for the pilot study. For this, only nursing staff from one healthcare setting was used. The selection of persons with disabilities for the pilot study was completed as discussed below.

- Persons with disabilities were selected from a list received from the social worker from APD. She had compiled a list of all her clients, N=173. The list was forwarded to the statistician to be randomised. On return of the newly randomised list, the people listed were visited and recruited for the study. The first n=15 (on the list became part of the pilot study to pre-test the reliability and validity of the questionnaire. The pilot study revealed that there were no problems with interpretation of the questionnaire and that it could be used as it was.

The pilot study was conducted by the researcher personally. Every participant was contacted, followed by a visit at home or work to explain the aim of the research and obtain informed consent. The researcher reviewed the signed informed consent forms back and left the questionnaire with the participant to complete. After completion the participant placed the questionnaire in the included envelope, and sent it to the Nursing Management office at the private hospital. There the researcher collected the box in which the envelopes were placed to be captured on electronic database. If a participant required help with the completion of the questionnaire, they were assisted by the researcher or another person.

### **3.8. Reliability and validity**

#### **Reliability**

Reliability was described by de Vos et al (2005:162-163) as a process by which the same measuring instrument can be applied under the same circumstances, and if similar results were achieved, the researcher was sure that the instrument was reliable. De Vos et al., (2005: 163) stated that it is not what you have measured but how well it was measured. The more consistent and dependable the results are the more reliable the instruments will be.

In this study, reliability was ensured by the researcher personally doing the research herself. The process was thus consistently applied, as was the data collection, capturing and interpretation.

As is stated in the literature, the pilot study was used as a trial run for the researcher to determine if the completion of the questionnaire is user friendly and the questions relevant. The results showed that the process of actual research could go ahead, as no problems were found with the completion of the questionnaires or interpretation of questions by the participants.

## **Validity**

The definition of validity has been described by de Vos et al (2005:160-161) as having two goals, namely is that the concepts in question are measured in reality, and that it is measured accurately.

As described by de Vos et al. (2005: 160-162), validity can be divided into four main themes:

### **1. Content validity**

Content validity goes to answer the questions: Does the content of the questionnaire really deal with the problem as stated in the study?

### **2. Face validity**

Face validity answers queries regarding whether the researcher is really measuring what was intended to be measured and whether the participants made sense of the questions. Persons from the disability sector were asked to help compile the questionnaires to increase the validity of the work. As it was found that questionnaires were easily understood and completed by all the participants, the face validity seems to fall in line with the goals of the research document.

### **3. Criterion validity**

With criterion validity an external criterion will be used to determine the validity of the instrument, e.g. the recognition of the external consultant from the disability sector who verified the content of the questionnaires.

### **4. Construct validity**

This is a measure of the degree to which the instrument is valid. After verification from the pilot study, it can be concluded that the instrument used in the research study was well constructed, gave clear meaning to the conclusions, and can therefore be found valid.

The statistician of the University of Stellenbosch helped with the development of the questionnaires and the managing of the data. As this Professor. Martin Kidd (Statistician) is an expert in his field, and he applied an accredited statically programme called the SAS (Statistical Analysing System), to randomise the lists of potential participants in the study, validity of this part of the research the process was assured.

Furthermore, the aims of the study and the setup of the questionnaires were explained to the participants by the researcher herself, ensuring consistency of information to each person.

### **3.9. Trustworthiness**

To researchers, it is of utmost importance to be sure of the soundness of the study, as has been described by de Vos et al. (2005:345), as quoted in Marshall & Rossman (1995:143-145). The consent forms to take part in the study were signed by each participant, as well as the researcher, and a witness, both for the pilot study and for the actual research process.

To ensure a high level of trustworthiness in the study, the researcher applied the following flowchart to her work, as shown below: as stated in de Vos et al. (2005:345), as quoted in Marshall & Rossman (1995:143-145).

- Are your findings credible?

By what criteria can it be judged?

- Are these findings applicable to other settings?
- Will the findings be replicated if the study be conducted again in the same context?
- Is the researcher sure that the findings are not a creation of her bias but a true reflection of the opinions of the subjects?

Conclusion: Due to the positive feedback from the flowchart's results, the researcher is comfortable that her work is trustworthy.

### **3.10. Ethical considerations**

Ethical considerations as described by de Vos et al. (2005:118) entail any factors that might have resulted in problems collecting the data. The researcher then must describe how it was overcome.

The researcher was very sensitive about the rights of all participants, but especially of the persons with disabilities. They, as the nursing participants, were not forced to take part in the research if they had any doubts beforehand.

Ethical considerations in research include the concepts of obtaining consent from all parties involved with the research; ensuring confidentiality of information; doing the research with a high level of anonymity and ensuring the privacy of each individual participant.

Ethical considerations in research include the concepts of obtaining consent from all parties involved with the research; ensuring confidentiality of information; doing the research with a high level of anonymity and ensuring the privacy of each individual participant.

### **Consent**

- Consent to complete the research was firstly obtained from the Committee for Human Science Research of the Faculty of Health Sciences, Stellenbosch University
- Consent to complete the research was secondly obtained from Medi-Clinic Head Office to conduct research in the Kimberley Medi-Clinic private hospital and from the hospital manager of the Kimberley Hospital Complex to conduct the study in the public facility.
- Informed consent was obtained in writing from every participant before the questionnaires were handed to them.

### **Confidentiality**

The researcher undertook that no data will be made available to a third party without a participant's consent. All the data was kept safe under lock and key, with restricted access. Only the researcher had access to the participant's raw data. When questionnaires were completed, they were placed in a sealed envelope by the participant himself, and sent to a central collection point. From then on, only the researcher handled the data.

### **Anonymity**

All the information received via the questionnaires was been handled anonymously and the identification of the participant has been protected.

### **Privacy**

Privacy was secured by the confidential manner in which consent was obtained from all the participants. Each participant completed the appropriate questionnaire in private, unless he required help with it. In this case, the questionnaire was completed by someone the person trusted, or by the researcher in the presence of the participant, in the case of persons with disabilities.

### **3.11. Data collection**

Before the data collection started, after consent was given by the Hospital Manager to do the survey in their hospital, the researcher visited the Nursing Manager of the Kimberley Hospital Complex to obtain her co-operation.

In each case the procedure that was followed included information regarding the study be given and consent signed by each participant. The researcher then accepted back the consent forms before the participants were left to complete the questionnaires in their own time. The completed questionnaires were collected later the same day or at the latest, on the next day.

Data collection was done in two phases.

- **PHASE 1: NURSING STAFF (N=215).** Data was collected from the nursing staff in two specified hospitals in Kimberley. The process was as follows:

**Nursing staff** was drawn randomly by the statistician from a list provided by the Human Resource office of each hospital, until the required sample in each hospital reached n=100 (36%). The total number of staff in the private hospital (Kimberley Medi-Clinic) was N= 277, and in the public hospital (Kimberley Hospital Complex) was N=639.

For the sake of the research, it was important to select at least N=115 (17%) to ensure a sufficient sample. Nursing staff in each institution were requested to participate in the survey in order to determine their opinions and knowledge about caring for persons with disabilities and to add value to the care of persons with disabilities in the future.

Willing nursing participants received an information leaflet and a questionnaire. The completed questionnaire (in the enclosed envelope) was returned on the same or next day to the hospital's secretary or the head of the department for collection by the researcher.

- **PHASE 2: PERSONS WITH DISABILITIES- (N=100).** Data was collected from persons with disabilities in specified health services in Kimberley

**Persons with disabilities** were selected randomly from a list with the total population of N=173 with the help of the social worker from the APD (not necessarily just from hospitalised patients) to ensure that each person in the population had an equal opportunity to be selected for the sample, as described by Burns & Grove (2007:330).

The reason for not taking hospitalised patients was that most or all persons with disabilities had been on the receiving end of healthcare services most of their lives, due to the nature of their disability. The list from the social worker, as randomised by the statistician, was used to

select persons with disabilities to complete the questionnaires until a total of n=100(57%) of persons with disabilities is reached.

Willing participants again received an information leaflet and the appropriate questionnaire, which was returned on completion to the responsible person from the APD, or the researcher herself, on the same or the following day. Persons with disabilities were assisted by their care attendants, social worker or the researcher herself, to complete the questionnaire if they were unable to do so themselves.

The randomised lists from the statistician were used as basis for the data collection in Kimberley Hospital Complex. Every ward on the list was visited. After informed consent was obtained by the researcher, the required number (n=200) of registered professional nurses, enrolled nurses and enrolled nurse auxiliaries were asked to complete the survey. The researcher personally explained the research to every staff member involved in the study. The questionnaire was then left with the staff member to complete. The staff gave the questionnaires to their ward secretaries and it then was collected by the researcher the same day or the next day.

The research process in Kimberley Medi-Clinic was conducted in the same manner.

### **3.12. Data analysis**

After the completion of phase 1 and 2 the data was captured by the researcher on the computer programme sent to her by the statistician and when all the data was captured the researcher sent it electronically to the statistician (Prof. Martin Kidd) in Stellenbosch.

The organised data was subsequently sent back to the researcher in the form of graphs, appropriately categorised and organised according to the questions asked in the questionnaires. Data was analysed and placed in histograms to indicate the difference or similarities.

### **3.13. Limitations of the study**

- The questionnaires should have been translated in Afrikaans, as many of the people in the Northern Cape are Afrikaans speaking.
- Not everyone sent back their questionnaires.

- Some of the Persons with disabilities whose names were on the list of the Association for Persons with Disabilities APD) couldn't be reached and some of them died.

### **3.14. Conclusion**

In this chapter the researcher described the physical locations where the study took place as well as the population of selected participants in each targeted area.

The researcher elaborated on the selection of a population and sampling for this study as well as who was included and excluded from the study. The instrumentation was described and how the pilot study was conducted. As with all research, reliability and validity was of great importance to the researcher, as was the drive to complete the study and ensure that all the data and conclusions are trustworthy. The manner in which the data was collected was also discussed.

In the next chapter, the interpretation the collected data will be discussed, and graphically illustrated to show what the nursing staff and the persons with disabilities felt about the healthcare and physical concerns of the disability community in Kimberley.

## **CHAPTER 4: DATA ANALYSIS AND INTERPRETATION**

### **4.1. Introduction**

Chapter 3 of this study dealt with a detailed description of the research design and method. Chapter 4 focuses on the discussion of the results of the data collected through the completion of research questionnaires consisting of both open and closed ended questions by nursing staff and persons with disabilities. The aim of the research was to assess the knowledge and opinions of nurses in Kimberley with regard to the management of persons with physical disabilities in two identified healthcare settings. To present the findings, the analysis and interpretation of data obtained are discussed simultaneously throughout this chapter.

A sub-focus of the data analysis is to determine whether the set objectives of the study were met, namely to determine:

1. The opinions of nurses working in healthcare settings with reference to nursing management of persons with disabilities
2. The challenges that persons with disabilities face in healthcare services
3. The nursing management process of persons with disabilities
4. The factors influencing the nursing management of persons with disabilities.

**The researcher was assisted by a statistician (Professor Martin Kidd) from Stellenbosch University and a computer expert during the electronic analysis of the collected quantitative data. The specific computer program, called the SAS (Statistical Analysing System), analysed, tabulated and presented the data as histograms and frequencies. Statistical associations were determined between the various variables, using the chi-square test.**

The data analysis will be presented in a descriptive manner throughout the discussion in the chapter. This is in accord with the function of descriptive data analysis, i.e. to explain the differences of the variables, as well as the relationship between them (Burns & Grove, 2005:402).

## **4.2. DATA ANALYSIS AND INTERPRETATION: PERSONS WITH DISABILITIES (N=100)**

The questionnaires were distributed to 100 participants, but an 85 % (N=85) return rate was found. Thus the results of the data collected from the participants N= 85 will be discussed as follows:

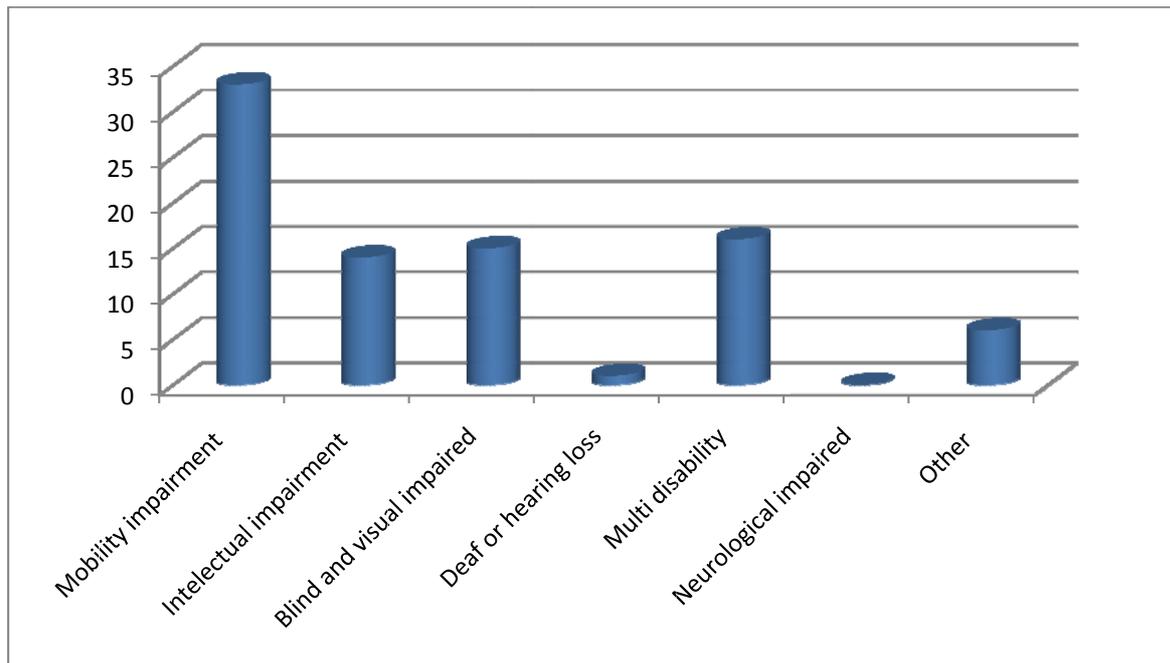
The questionnaire was divided into sections, namely:

A: Biographical data	Variables 1- 3
B: Accessibility of physical environment	Variables 4-10
C: Barriers with reference to transport	Variables 11- 12
D: Support of the multidisciplinary healthcare professionals regarding access to healthcare for the person with disabilities	Variables 13 – 29.

### **4.2.1. SECTION A - BIOGRAPHICAL DATA: VARIABLES 1- 3**

In this category three variables are described namely age, disability and gender. The average age of the participants with disabilities was 49 years with the youngest under 10 years and oldest 81years of age. It is noted that 51% of the participants were females. Most of the participants n= 33 (39%) had mobility impaired followed by n=16 (19%) of persons who indicated they had multi disabilities on the questionnaire. Only n= 1(1%) recorded deafness or hearing loss. No participants with neurological impairments were included in the study. (See Figure 4.1.).

**Figure 4.1 Indicate your disability (N=85) Question 2.**



#### **4.2.2. SECTION B - ACCESSIBILITY OF PHYSICAL ENVIRONMENT: VARIABLES 4-10**

In this section seven variables (indicated below) will be discussed. These variables are associated with accessibility of the physical environment of the healthcare facility (both public hospitals and private hospitals) where the study was conducted.

These highly important variables (related to accessibility) are universally regarded as an element of quality care:

- Indicate what kind of healthcare facility you use  
(Question 4)
- There are reserved parking bays for persons with disabilities near the facility  
(Question 5)
- There is assistance for you when you arrive at the facility  
(Question 6)
- The entrance of the building is accessible for persons with disabilities  
(Question 7)
- The rooms are accessible for persons with disabilities  
(Question 8)
- The bathrooms are accessible for persons with disabilities  
(Question 9)

- As much as necessary has been done to assist persons with disabilities within the environment  
(Question 10)

**DISCUSSION:**

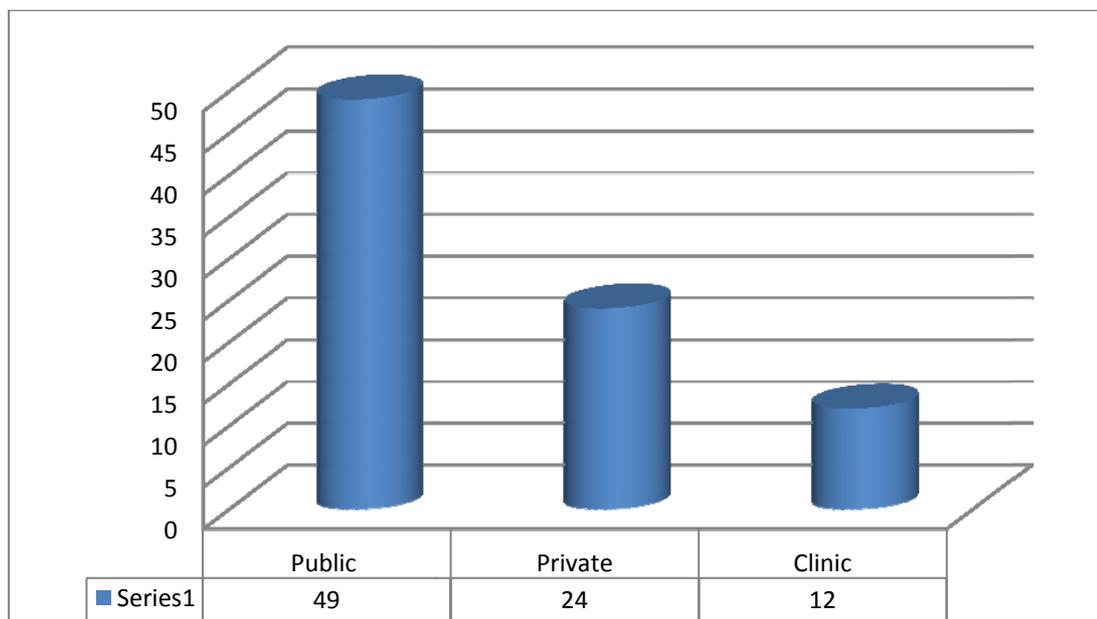
**SECTION B: ACCESSIBILITY OF PHYSICAL ENVIRONMENT: VARIABLE 4 – 10 (N=85)**

**Variable 4: Indicate what kind of healthcare facility you use (N=85)**

The largest group of participants were predominantly from the public sector n= 49 (51%) while the smallest was from the clinics in Kimberly n=12 (14%). The rest of the participants were from the private sector n=24 (28%). Figure 4.2 below illustrates the distribution of participants in the different healthcare settings.

Although participants were from the different healthcare settings, data were condensed to answer the objectives of the study, as stated in Chapter 1:11

**Figure 4.2. Distribution of participants in different healthcare settings (N=85). (Question 4)**



The majority (71%) of persons with disabilities use the public healthcare facilities and only 28% use the private healthcare facility. This statistic is in line with documents from the

Department of Labour (2010: A34) Act which indicates that most persons with disabilities make use of public healthcare services. According to the 2009 Commission on Employment Equity Report, it is evident that in 2009 only 0.9% of people with disabilities were employed, while the workforce target of the S.A. Government was set at 2%.

The following variables will be discussed based on the findings of section B, as stated above.

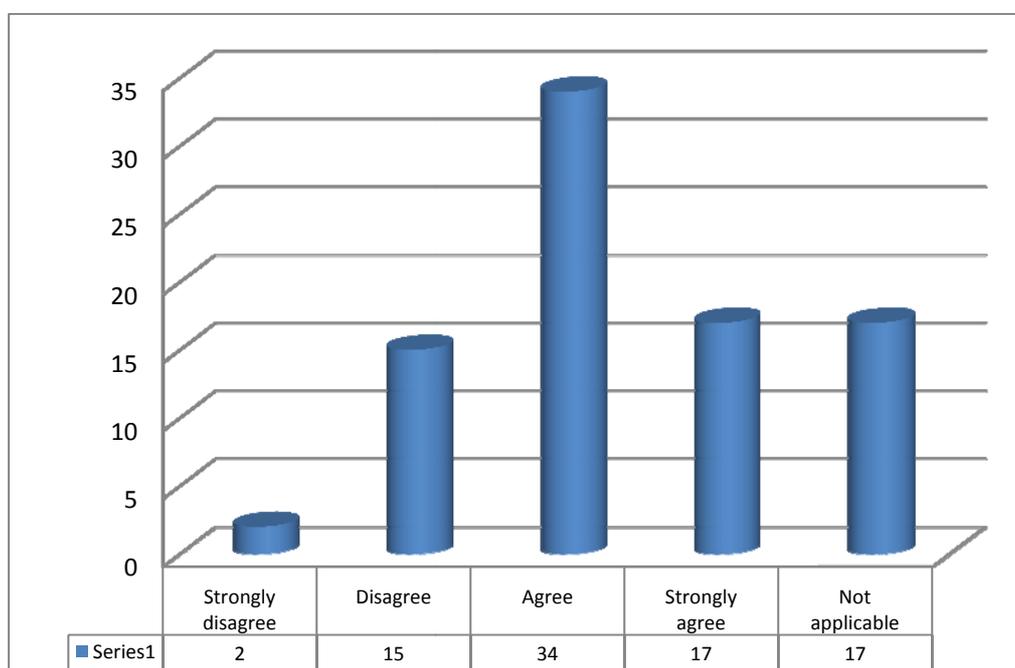
***Variable 5: There are reserved parking bays for persons with disabilities near the facility***

A general discussion of the Variable 5 as indicated above will follow next. Please note that the healthcare institutions will not be discussed separately as this was not the aim of the study.

Most of the participants n=51(60%) indicated that there was parking near the healthcare facilities. The following distribution between “Agree” n=34(40%) and “Strongly agree” n=17(20%) was indicated in the data analyzed. The use of own transport could be due to the fact that very little public transport is available for people with disabilities.

n=17(20%) participants indicated that there was no parking near the healthcare facilities. This can be seen as a need by persons with disabilities which should be addressed. n=17 (20%) participants indicated that parking was not applicable which can be concluded that parking was not needed. Figure 4.3. Illustrates the response of participants to Variable 5.

**Figure 4.3. There are reserved parking bays for persons with disabilities near the facility (N=85). (Question 5)**



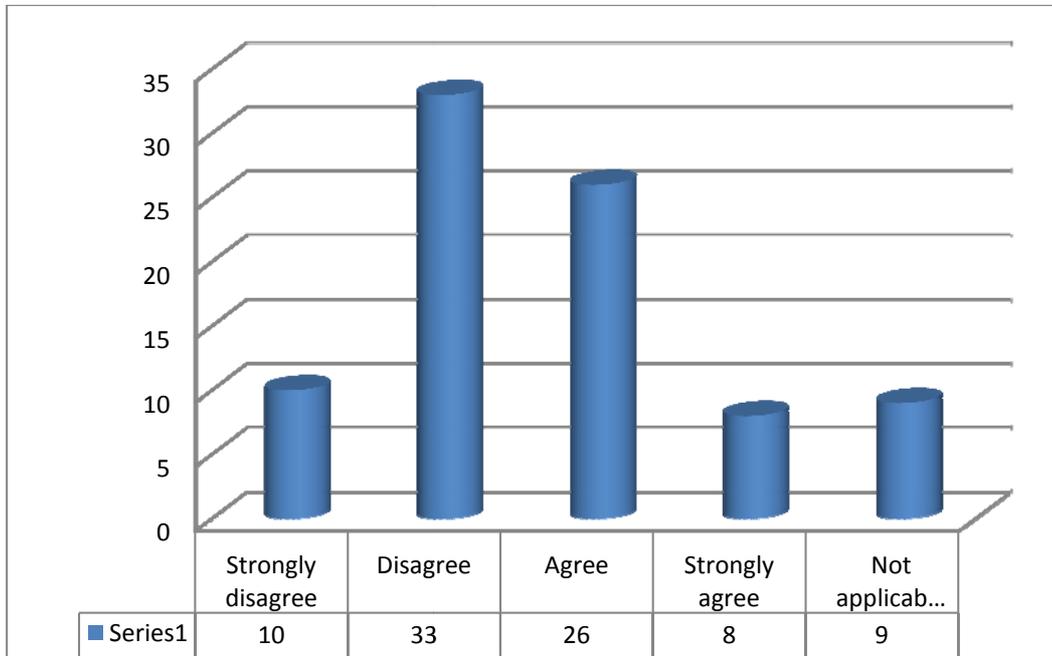
**Variable 6. There is assistance for you when you arrive at the facility**

Only n=34 (39%) of participants indicated that assistance was given when they arrived at the healthcare facilities. An alarming n= 43 (51%) disagreed with the statement “There is assistance when you arrive at the facility“. In this distribution it was noted that n=10 (12%) “Strongly disagree” and indicated that no assistance were rendered by nursing staff. This is regarded as a strong indicator that nursing staff have to be educated regarding the management of persons with disabilities. This finding answers to the aim of the study, namely to assess the opinions the nurses and persons with disabilities in two healthcare settings in Kimberley hold with reference to the nursing care provided for persons with disabilities.

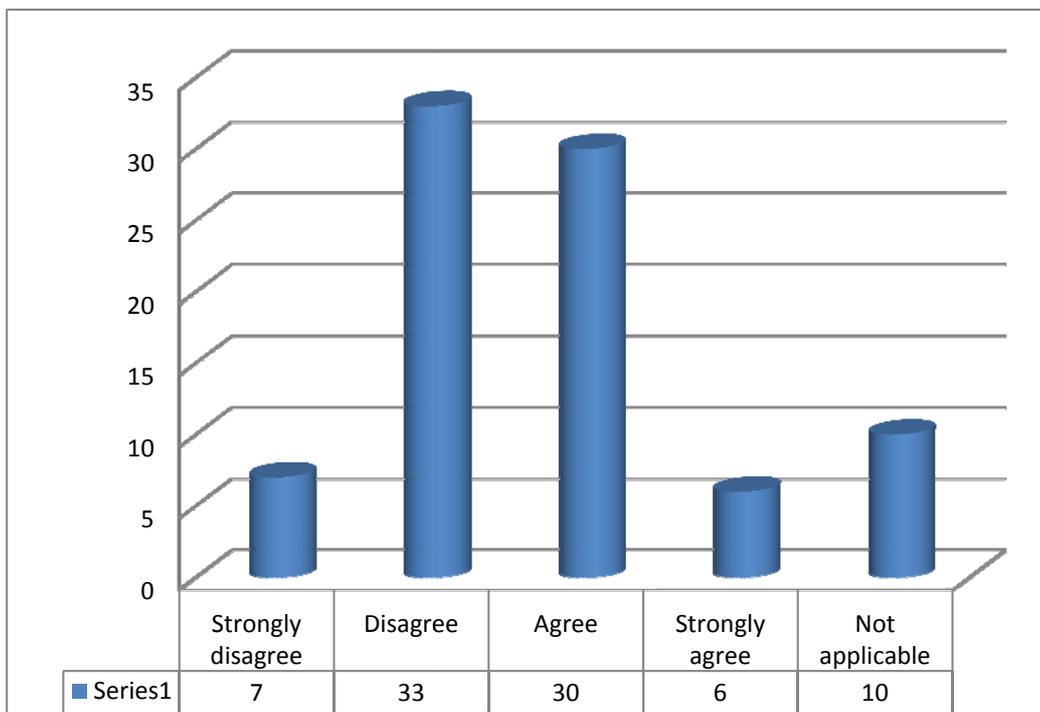
The results of this variable 5 echo those of variable 10 “As much as necessary has been done to assist persons with disabilities within the environment” where (47%) of participants also indicated that there was a lack of assistance in the healthcare environment. Both these findings underline the fact that the study succeeded in its aim, as the environment that is referred to means the therapeutic (healthcare) environment and has a profound influence on the quality nursing management of the client in the healthcare setting. (Also: Refer to Figure

4.5.) for the 4,6% variation in opinions regarding care delivered in the therapeutic environment).

**Figure 4.4. There is assistance for you when you arrive at the facility (N=85). (Question 6)**



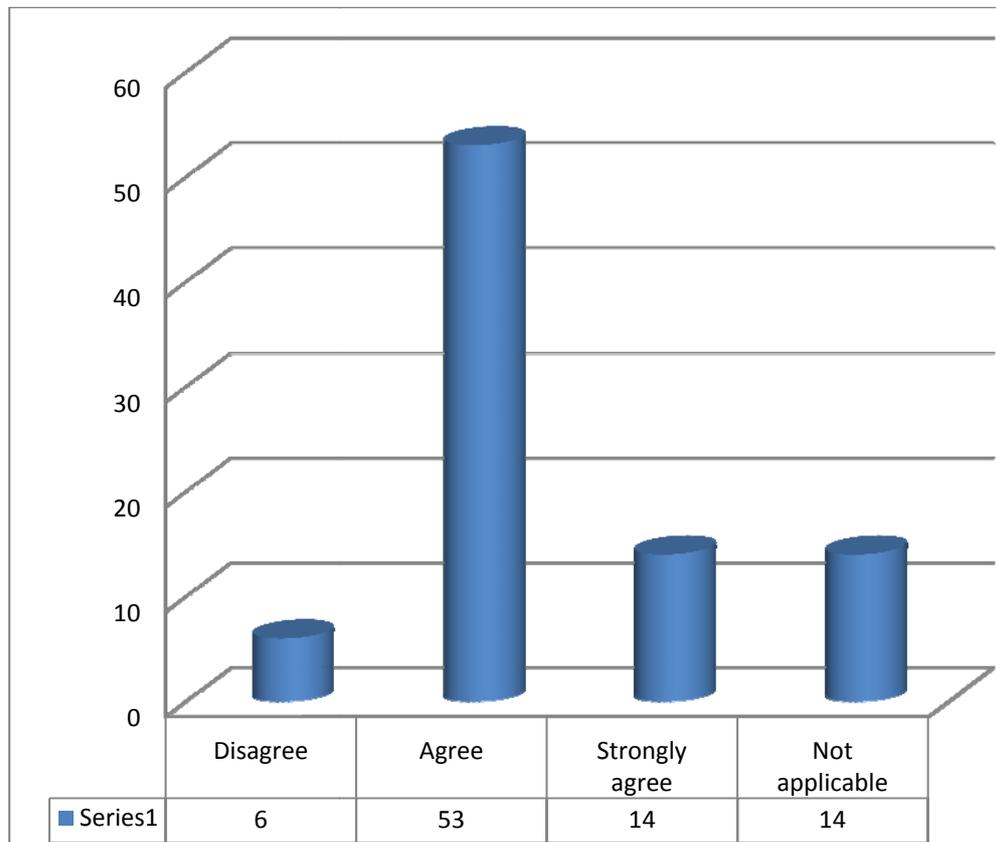
**Figure 4.5. As much as necessary has been done to assist persons with disabilities within the environment (N=85). (Question 10)**



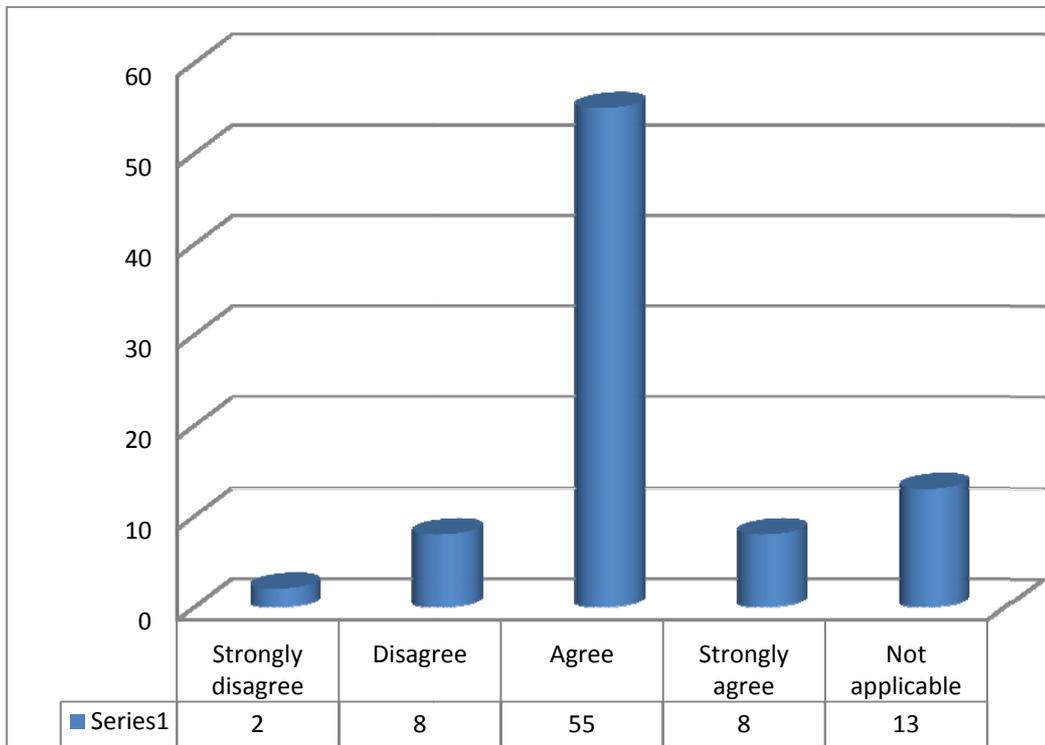
**Variable 7 and 8. The entrance of the building is accessible for persons with disabilities (Question 7).**

n= 67 (78%) participants reacted positively to the question whether buildings are accessible for persons with disabilities as n=63 (74%) indicated that the rooms are accessible for persons with disabilities (Variable 5) as illustrated in Figure 4.3, Figure 4.6. and Figure 4.7. Although only n=10 (11%) of the participants did not find the rooms accessible, this can still be seen as a challenge to architects to upgrade facilities in the identified healthcare services.

**Figure 4.6 The entrance of the building is accessible for persons with disabilities (N=85). (Question 7)**



**Figure 4.7. Rooms are accessible for persons with disabilities (N=85). (Question 8)**



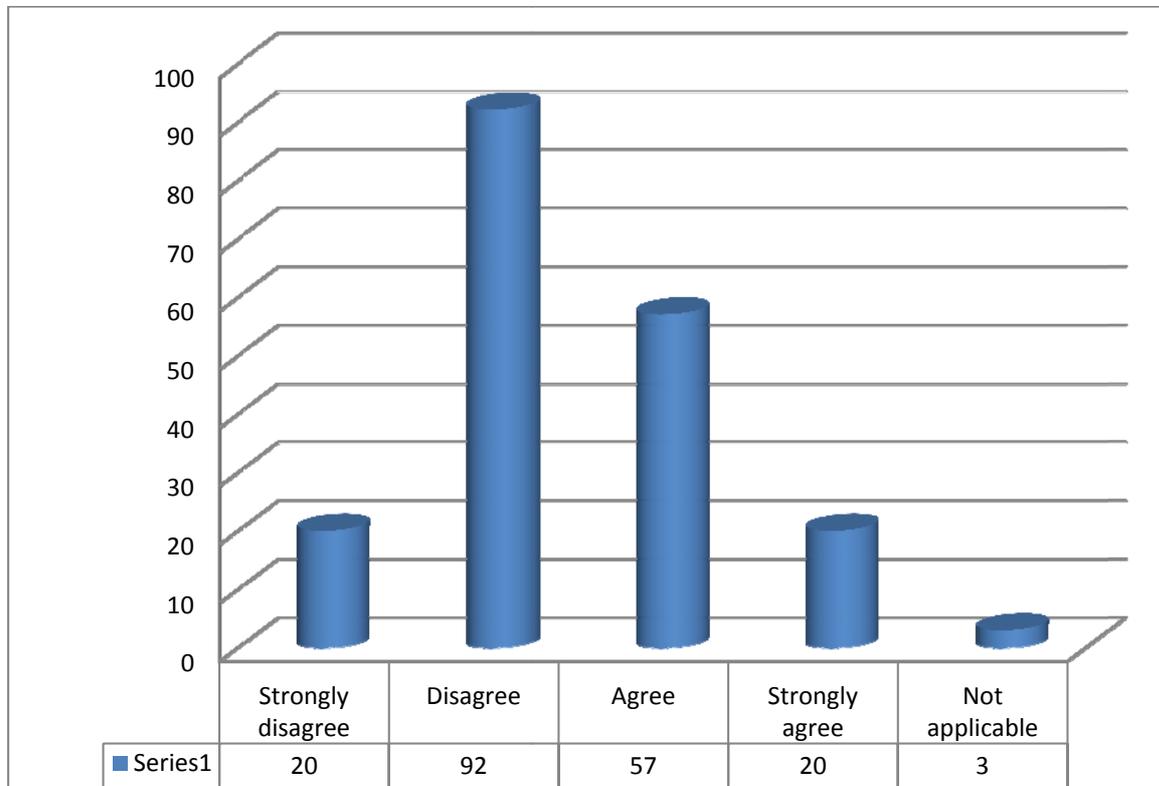
**Variable 9: The bathrooms are accessible for persons with disabilities**

The following findings were made in relation to Variable 6: n= 36 (42%) participants responded positive that bathrooms in healthcare facilities were accessible. n= 30 (35%) responded negatively, indicating that the participants did not find the bathrooms in the specified healthcare settings accessible. This may answer objective 2 of the study, namely: “Determine the challenges that persons with disabilities face in healthcare services”. (Also: Refer to the participant response in Figure 4.6.).

This is a significant high rate and might be due to poor assistance from the nursing staff. It might also be that the bathrooms are only partly accessible e.g. only grab rails but not big enough for a wheelchair!

This might also be because the nurses are too busy as well as short staffed to help the persons with disabilities on the one hand and on the other hand that the bathrooms are too small and really not accessible and this hinders the person with a disability or patients who had an operation to be independent.

**Figure 4.8. The bathrooms are accessible for persons with disabilities (N=85). (Question 9)**



**CONCLUSION:**

This might be a classic example of not being able to do basic tasks for ones self. This is applicable to persons with disabilities and also patients who had an orthopaedic operation and are thus temporarily disabled. This person is now not able to wash himself because the bathrooms are not accessible for a person with a disability and these results in him needing help from the nursing staff.

#### **4.2.3. SECTION C: IDENTIFY THE BARRIERS WITH REFERENCE TO TRANSPORTATION: VARIABLES 11 - 12**

The data analysed in this section are specifically included to identify challenges the persons with disabilities face during their visits to the healthcare institutions specified in this study.

The following indicators were under discussion:

- The kind of transport persons with disabilities use to visit specified healthcare settings in Kimberly and secondly (Question 11)
- How accessible are the transport for people with disabilities (Question 12)

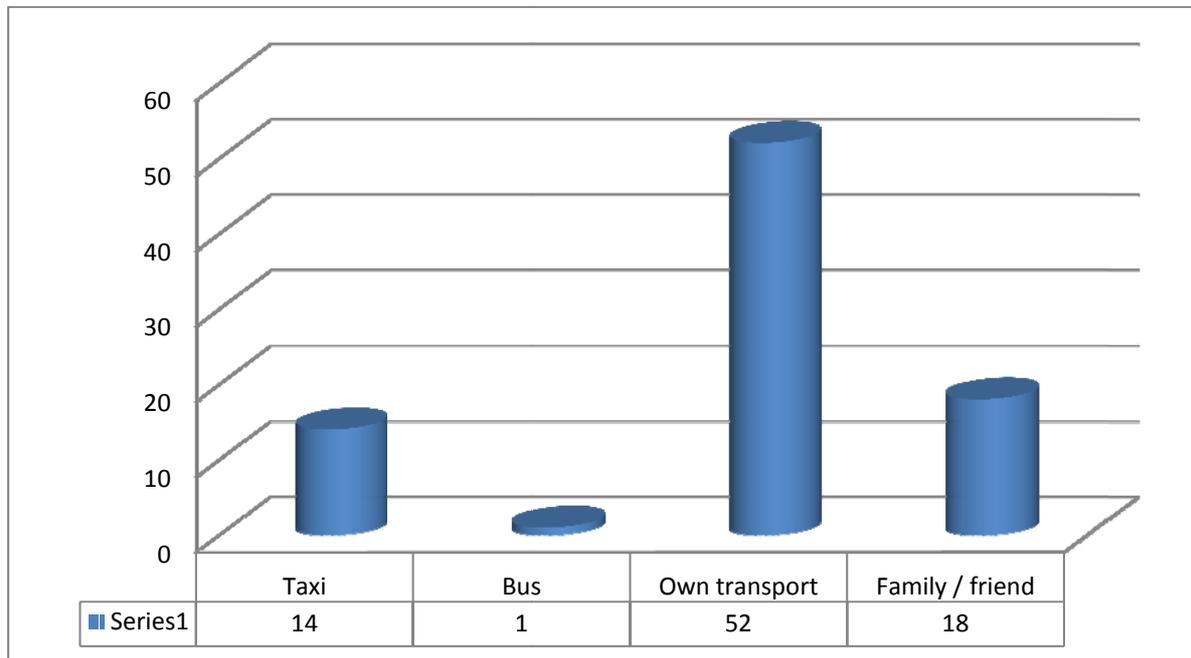
##### **Variable 11: The kind of transport persons with disabilities use to visit specified healthcare settings**

The researcher identified that n= 52 (61 %) of the participants make use of their own transport to visit the healthcare settings in Kimberley. A further analysis shows that n = 18 (21%) are transported to healthcare settings by family or friends while only n= 15 (17%) make use of public transport. (See Figure 4.9).

##### **Variable 12: How accessible is transport for people with disabilities (N=85)**

Although only n=15 17% of persons use public transport to visit the specified healthcare facilities, the majority n=65 (77%) of participants indicated that transport for people with disabilities is accessible. The reason may be that public transport is not accessible / costly / not available; whereas persons coming with their own transport / family or friends find that transport accessible. It is important to take cognisance of the fact that there were people n=18 (21%) who were transported by family and friends. This could be an indicator that public transport is not accessible or available to this specific group. (See Figure 4.9).

**Figure 4.9. Kind of transport persons with disabilities use to visit specified healthcare settings (N=85). (Question 11)**



The majority of persons with disabilities used their own transport because the public transport is not accessible for persons with disabilities at all. Only n=1 travelled by bus, but this could not possibly include persons with physical disabilities, as it is a fact that public bus transport in Kimberley is not accessible for persons with physical disabilities.

One of the participants, walked with crutches and she experienced the taxi driving past her every day. The driver then stopped close to where she waited for the taxi to pick up other passengers that were not mobility impaired. When she asked him about this he didn't have an answer. She currently uses this man's taxi, with no problem and he has been very accommodative since then. It is unfortunately impossible for a person using a wheelchair to get onto a minibus taxi, because it is too high for most of them.

Transport for persons with disabilities is a big problem and that is why they need to use private transport of families and friends.

**4.2.4. SECTION D: DETERMINE OPINIONS OF PATIENTS WITH REFERENCE TO THE SUPPORT FROM MULTIDISCIPLINARY HEALTHCARE PROFESSIONALS REGARDING ACCESS TO HEALTHCARE FOR THE PERSON WITH DISABILITIES:**

**VARIABLES 13 - 29**

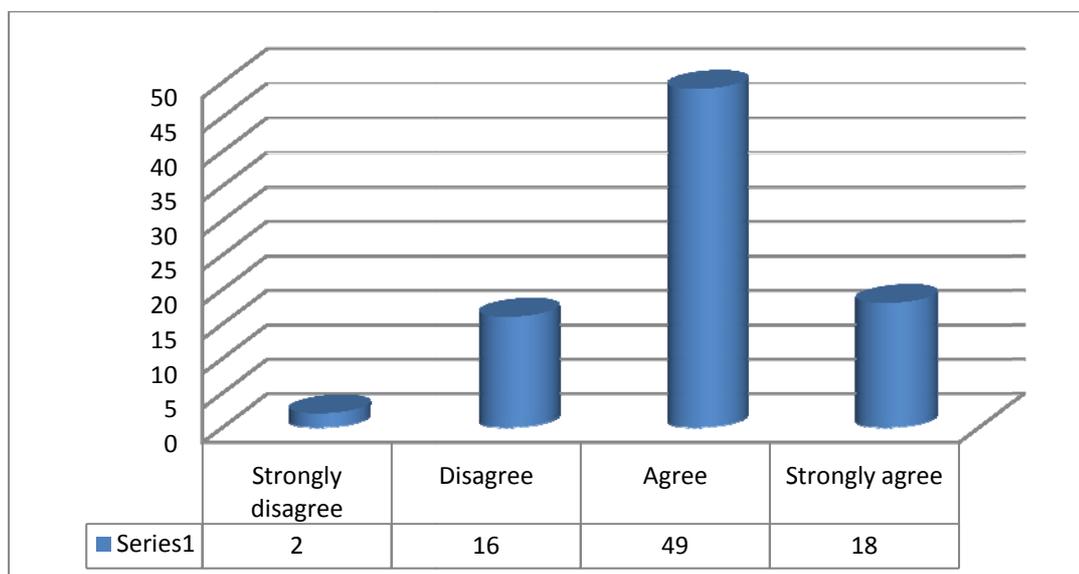
Findings obtained in this section focused on the assistance of persons with disabilities by the multi disciplinary team. Data with reference to strongly disagree and strongly agree has been condensed in disagree and agree.

**Variable 13: The staff assists you [if needed] -**

In this category the findings indicated that n=60 (72%) of the nursing staff offered assistance when needed to persons with disabilities. Participants n = 66 (78%) also indicated that they were treated with respect (Variable 13). However, it is discouraging to note that n=18 (21%) of participants reported that they were treated disrespectfully, as indicated in Figure 4.10, below. This proves that nursing staff caring for persons with disabilities have to be equipped with dedication and appropriate knowledge to be able to manage them efficiently.

In the literature review, it was noted by Watermeyer et.al. (2006:216) that nurses where rude to women with disabilities in an ante-natal clinic because they didn't know how to handle these patients. This attitude towards pregnant women is confirmed by the statistics shown below, in Figure 4. 10.

**Figure 4.10. You are treated with respect by the staff (N=85). (Question 14)**

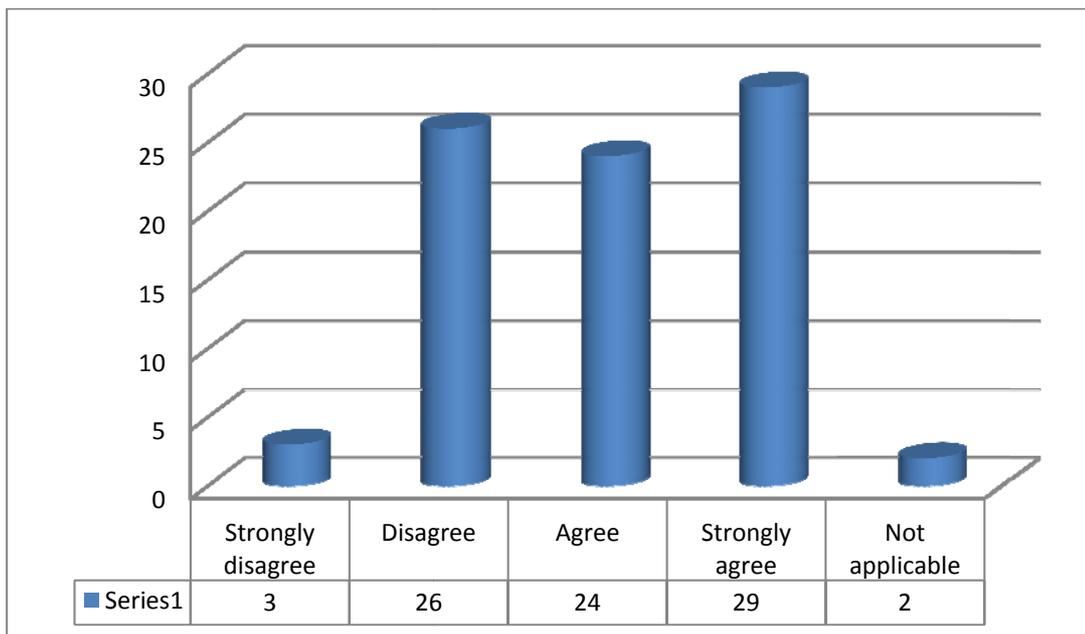


**Variable 14: The doctor allows more time to examine a person with a disability (N=85).**

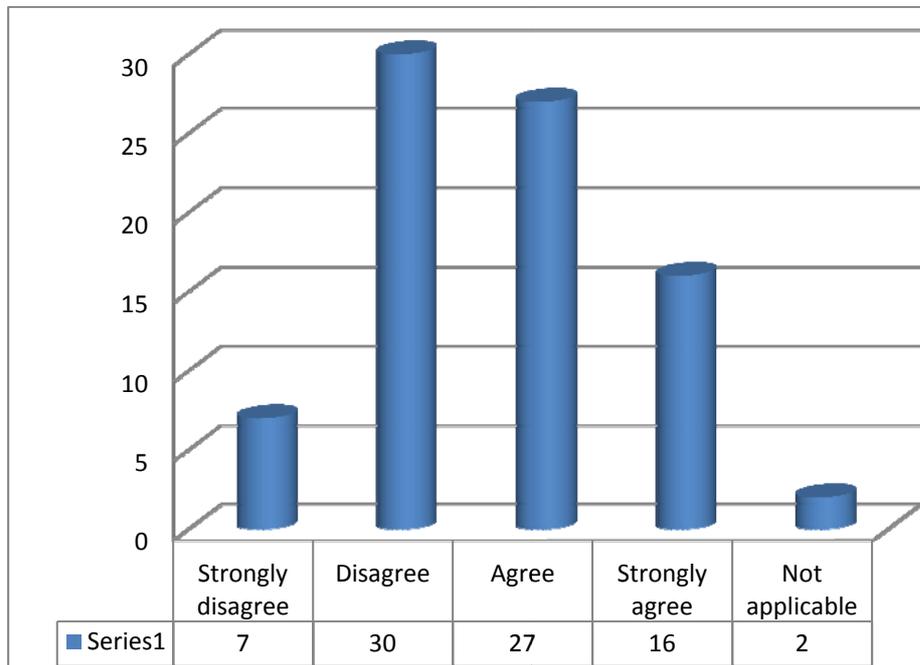
Findings in Figure 4.11 indicates n= 53 (65%) of doctors allow for more time to examine a person with disabilities, as reported by the participants. On the other hand n= 29 (35%) disagreed, indicating that this does not happen. Furthermore findings of Variable 14 “Your doctor has kept abreast with best practises” revealed that n= 43 (53%) of doctors kept a breast with best practice, while an alarming n=36 (44%) do not improve their practice (see Figure 4.12 below).

Although doctors are members of the multi professional team, the Figure below is another indicator that the all healthcare staff caring for persons with disabilities has to be educated with regard to the management and approach to persons with disabilities.

**Figure 4.11 The doctor allows more time to examine a person with a disability (N=85). (Question 15)**



**Figure 4.12: Your doctor has kept abreast with best practices in medicine regarding the specifics of your disability category (N=85). (Question 16)**

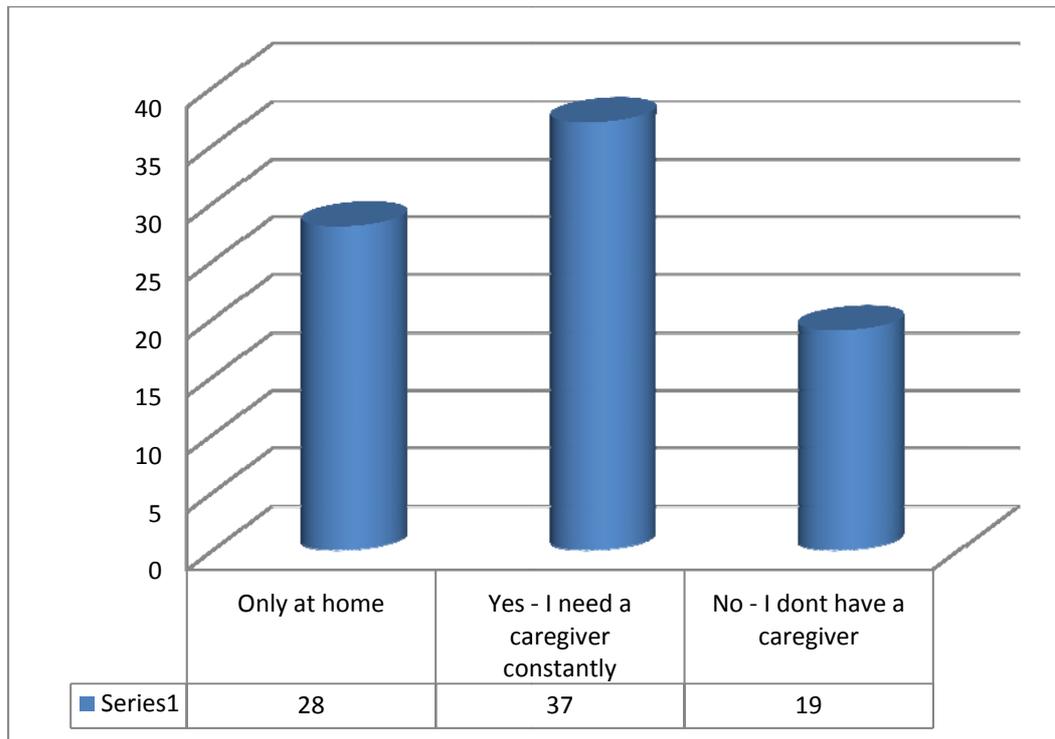


The following findings of Variables 13 – 15 reveal the opinions of the persons with disabilities regarding their caregivers.

**Variable 15: Indicate if you have a caregiver that assists you**

Figure 4.13 indicates that n= 37 (44 %) of the participants need a personal caregiver constantly, while n= 28 (33 %) only need a caregiver at home and n=19 (23 %) do not need a caregiver at all. This is probably related to the type of condition the person with disability has, which may require constant or intermediate care.see figure 4.13 below.

**Figure 4.13 Indicate if you have a caregiver that assists you (N=85). (Question 17)**



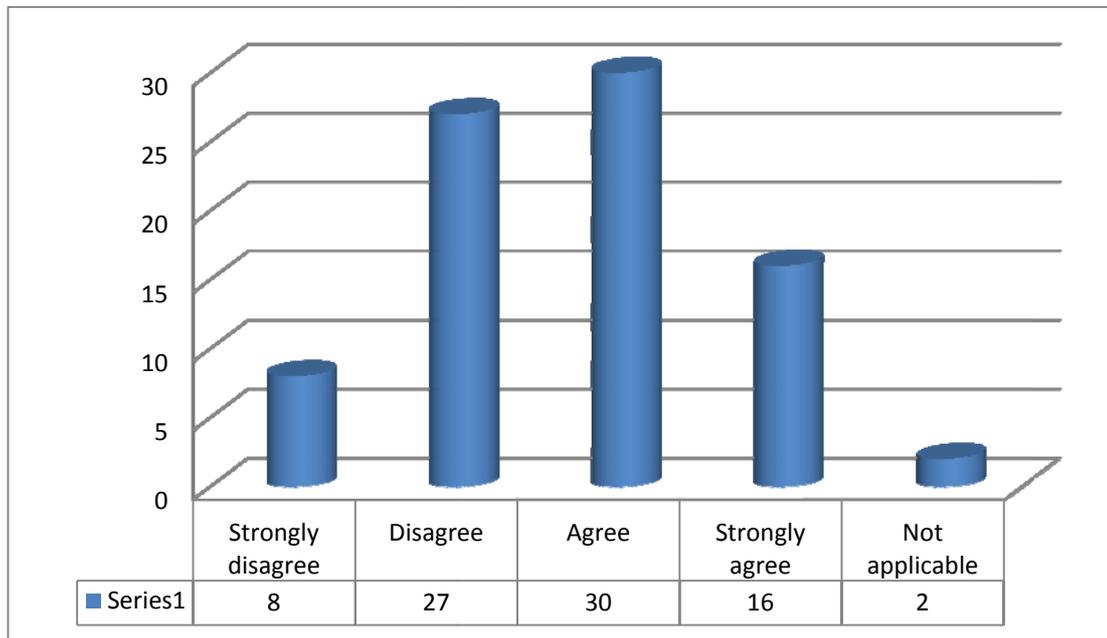
**Variable 16: The staff treats your caregiver with respect**

Data analyzed with reference to Variable 16 indicated that n= 44 (53%) participants agreed that their caregivers are treated with respect by the staff. Figure 4.13 indicates that n=37 (44%) require their caregiver constantly, while only n= 32 (39%) indicated that the caregiver was allowed to stay when the person with disabilities) was admitted to hospital (Variable 15).

**Variable 16: The staff is always in a hurry when needing to assist you while you are in hospital**

Although only n= 36 (42%) of the participants disagreed with the statement under Variable 16, a shocking n= 46 (54%) of the participants agreed that staff is always in a hurry when persons with disabilities need assistance in the hospital. This finding is reflected in Figure 4.14.below The finding can be in response to, or a symptom of the nursing shortage in South African hospitals, or from fear or avoidance behaviour, because staff lacks knowledge about the management of people with disability (as indicated in Variable 13 to 16, above).

**Figure 4.14. The staff is always in a hurry when needing to assist you in hospital (N=85). (Question 20)**

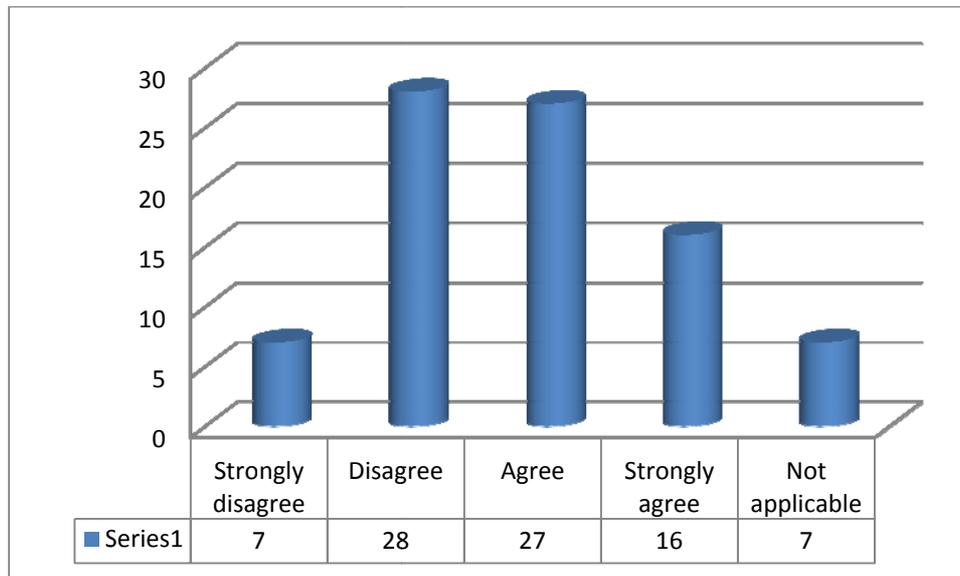


**Variable 17: The staff is willing to assist you when you are in hospital**

Although n=43 (52%) of participants indicated that staff is always willing to assist them, n=35 (41%) contradicted this statement. Therefore Variable 16 (above) and Variable 17, and as indicated in Figure 4.15 (below), can be regarded as indicators that staff again require education in the management of persons with disabilities. Alternatively, the reason may remain as stated about the present nursing shortage.

The findings of Variables 16 and 17 with reference to assistance are similar and the following factors influencing the variables should be considered: Nurses are willing to help the persons with disabilities, but do not have the capacity, knowledge or time to spend with their patients. Can the nursing shortage be a justifiable excuse for not rendering appropriate services to persons with disabilities?

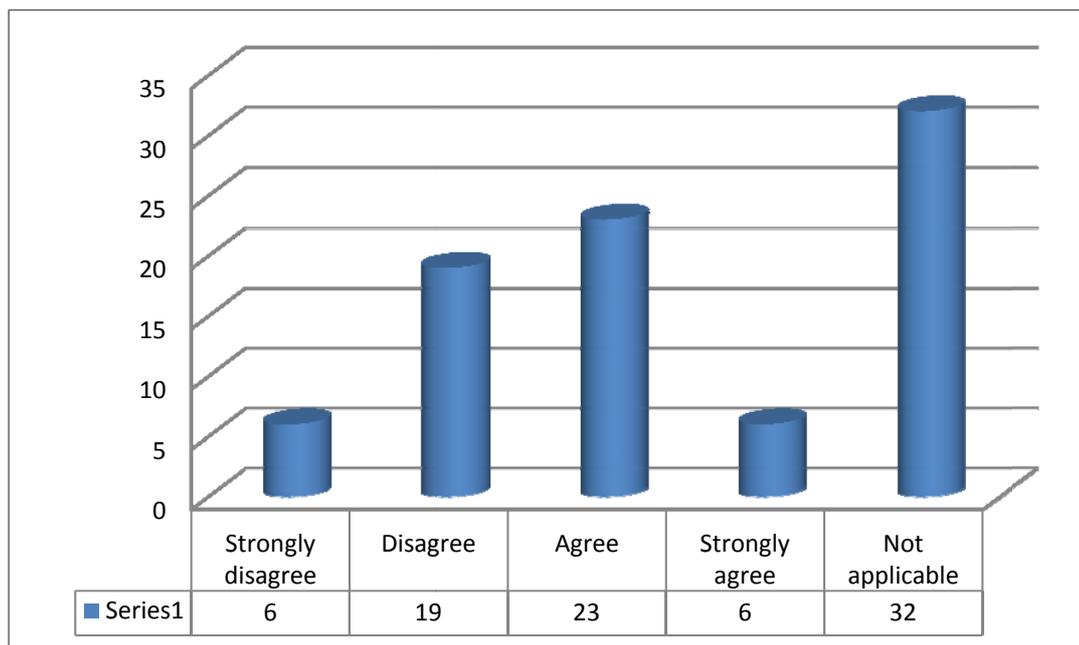
**Figure 4.15. Staff is willing to assist you when you are in hospital (N=85). (Question 21)**



**Variable 18: The nursing staff assists you efficiently when your meal is being served**

Figure 4.16. Indicates that of N= 85 with disabilities, n= 25 (29%) were not helped efficiently when their meal had been served, while n= 29 (34%) of participants with disabilities were satisfied with the assistance from the nurses at this time. It is pleasing to find that the staff assists the person with disability during meal times! On the other hand, it is worrying that n= 25 (29 %) of the participants who really required assistance, were not helped as they had anticipated. Regarding the n=32 (37, 6%) of participants that this didn't seem to have an impact on, it may be found that their wellbeing was not influenced by this action as they were capable of eating independently.

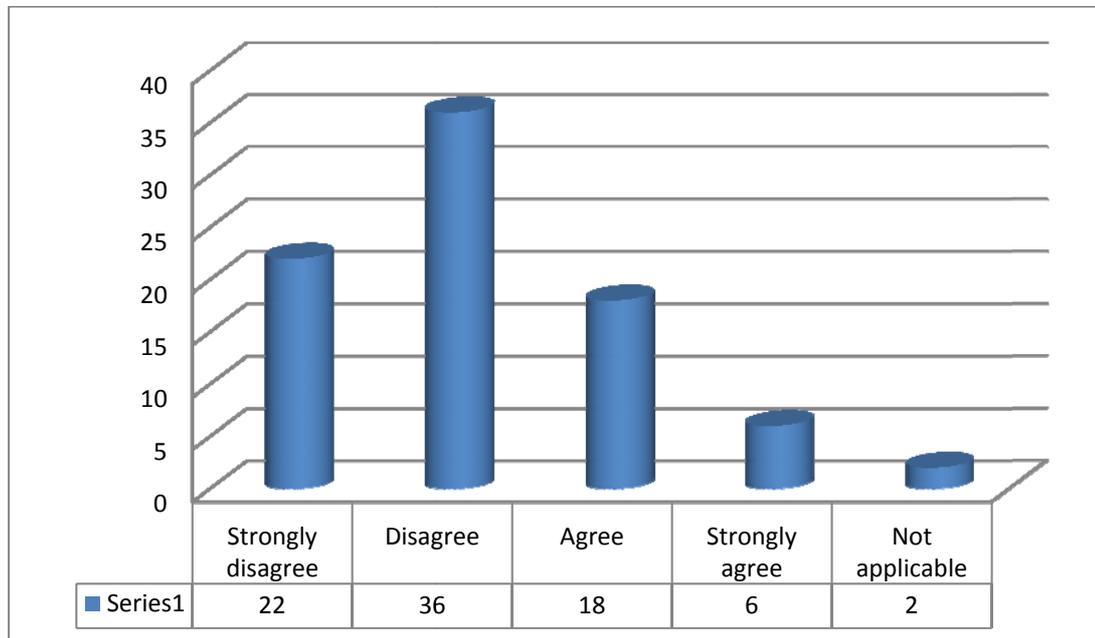
**Figure 4.16. The nursing staff assists you efficiently when your meal is being-served (N=85). (Question 22)**



**Variable 19: The staff has specific training on how to assist persons with disabilities**

In Figure 4.17, the findings of Variable 19 highlight that n= 58 (69%) of participants experienced that the staff did not have adequate training in helping people with a disability. On the other hand, only n= 24 (28%) of the participants with disabilities were of the opinion that the training was adequate. This impacts on the care the persons with disability receive. This finding corroborates the research’s Objective 2: To determine what the opinions of persons with disabilities in healthcare settings in Kimberley hold with reference to the nursing care provided for persons with disabilities.

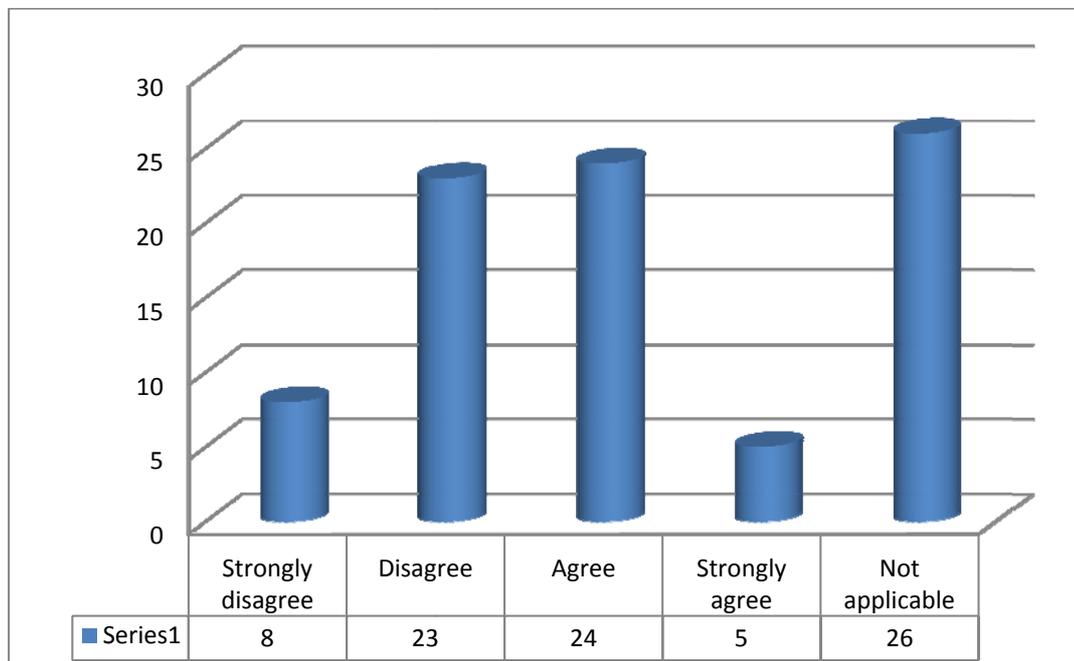
**Figure 4.17. The staff has specific training on how to assist persons with disabilities (N=85). (Question 23)**



**Variable 20: The nursing staff assists you efficiently when you need to be washed.**

Figure 4.18 shows the opinion of n= 31 (36%) of participants who were dissatisfied with the manner in which they had been assisted to wash / washed, while n= 29 (34%) were satisfied. On the rest of the participants, n=26 (30.5%) it had no impact - again, this finding could be linked to their type of disability. A question for the future would be to determine what category of persons with disabilities is dissatisfied with the help they had from the nursing staff.

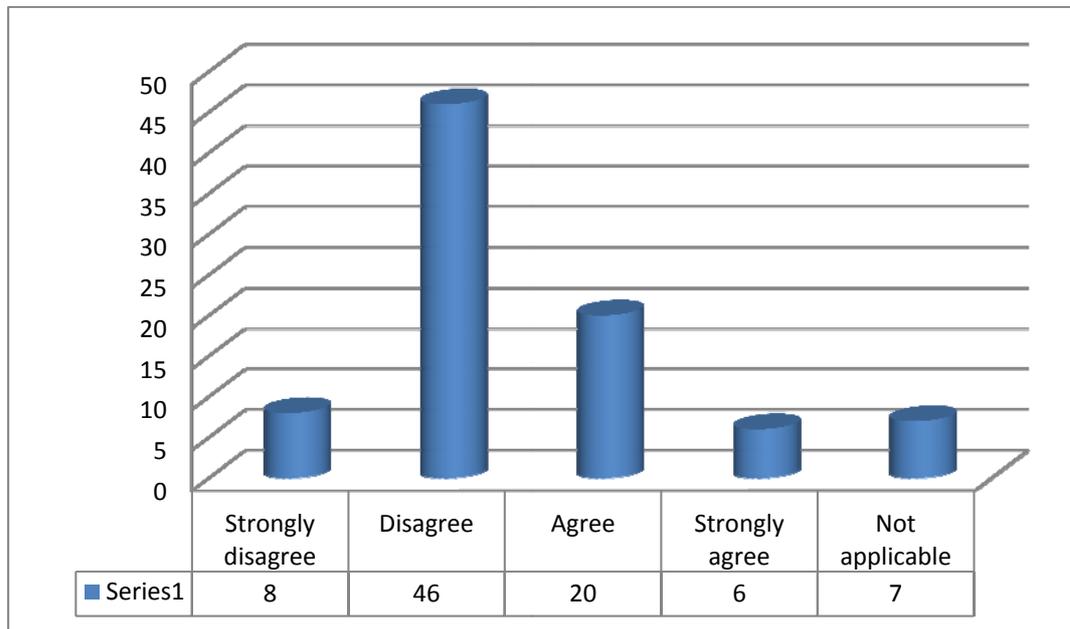
**Figure 4.18. The nursing staff assists you efficiently when you need to be washed (N=85).**



**Variable 21: Do you feel sure that your personal needs with regard to your disability will always be met in the hospital**

With regard to their personal needs n= 54 (63, 5%) of participants didn't have any conviction that their personal needs would be met in hospital, while n= 26 (30%) were satisfied that personal needs were being met in hospital, with specific regard to their disability. Of the participants, n= 7 (8.2%) reported that the question was not applicable, and this may be because they visited the clinics or they were able to cope on their own in hospital.

**Figure 4.19. You feel sure that your personal needs with regard to your disability will always be met in the hospital (N=85). (Question 25)**



**Variable 22: Taking your specific category of disability into consideration, the nursing staff always knows how to assist you**

Regarding the question whether the nursing staff knew how to assist them, n= 48 (56%) participants with disabilities were of the opinion that the staff didn't know how to assist them, and n= 36 (42%) were confident that the staff knew how to assist them. Only n= 2 (2.3%) participants had no opinion on this question.

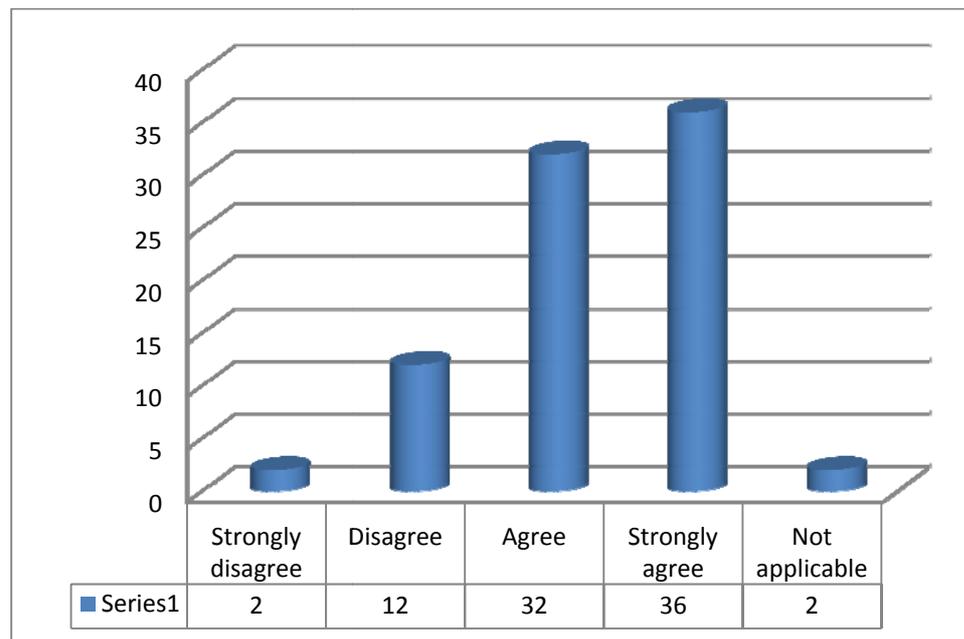
**Variable 23: You are able to explain to the nursing staff how they must assist you**

For the majority of participants n= 68 (80%) it was possible to explain to the nurses how to assist them. n= 14 (16%) of people with disabilities found it not possible to explain to the staff how to assist them. Of the participants who commented on this question, n= 47 (55%) reported that staff were willing to listen to their explanations, but an alarming n= 31 (36%) failed or didn't care to listen to the person with a disability, or to understand how to assist them. This is an unsettling thought, because communication is actually the basis of nursing and caring for patients. (See Figure 4.20 below for more information).

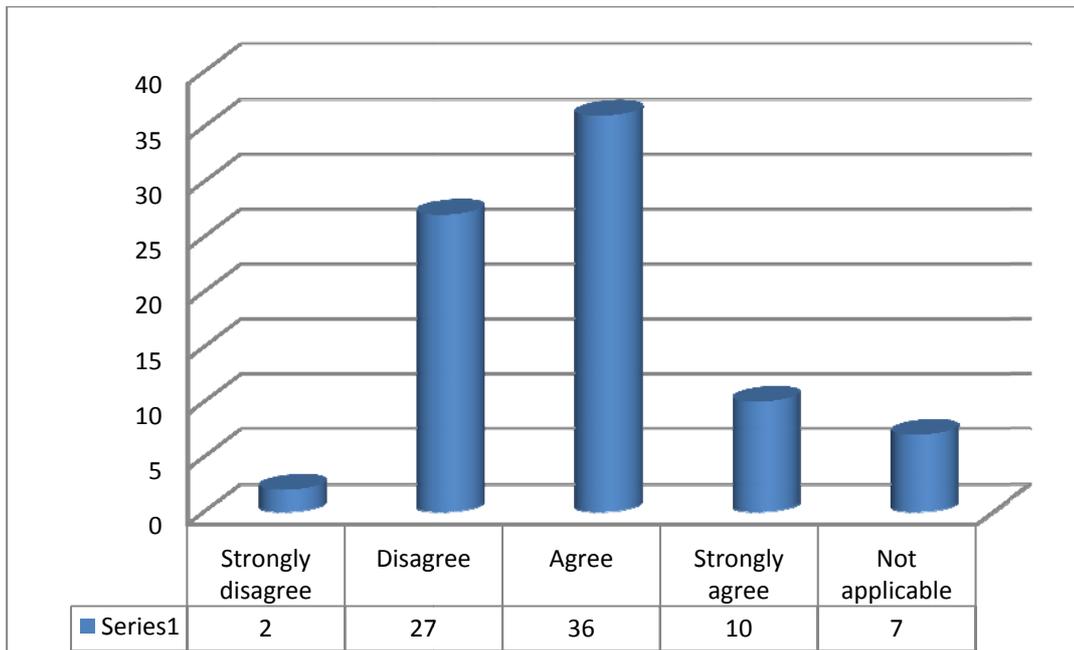
The third question in Variable 23 was “Were you assisted in the manner you explained to the nurses?” The majority n= 47 (55%) of participants felt that they were satisfied by the manner the nurses assisted them, but n= 31 (36%) felt they had not been listened to by the nursing staff (see Figure 4.21).

Question 30 (Figure 4.23) asked: “Do the nurses understand disability?” Behaviour can be translated as understanding, for example: The nursing staff demonstrates that they understand the impact of disability on a patient in hospital by moving furniture in the room. In this study n=35 (41%) of participants felt sure that the nurses knew what their disability was all about. Unfortunately, n= 35 (41%) participants held the opposite view! A very small portion, only n= 12 (14%) had no opinion on this and indicated that the question was “Not applicable”, as shown in Figure 4.23).

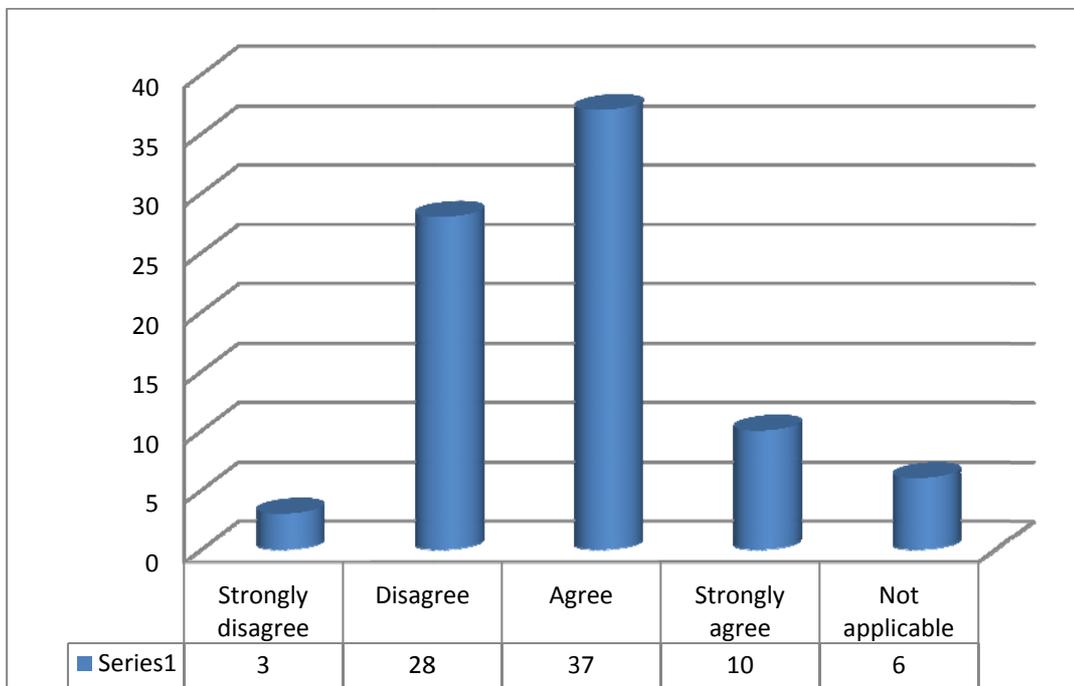
**Figure 4.20. You are able to explain to the nursing staff how they must assist you (N=85).(Question 27).**



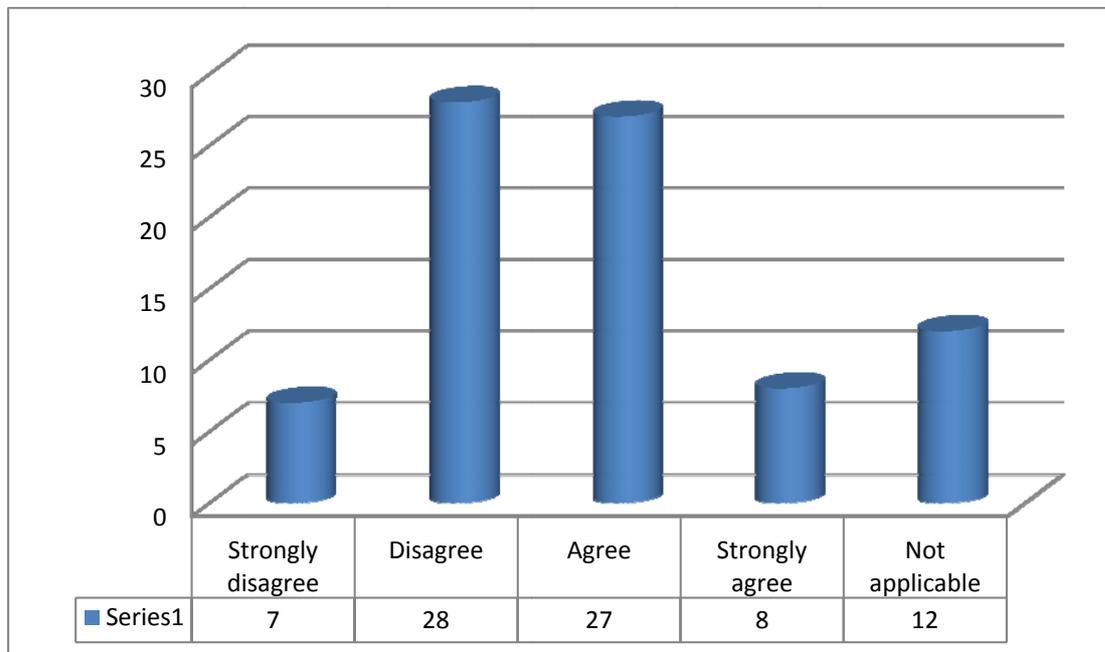
**Figure 4.21. The nursing staff takes time and is willing to listen to your explanations (N=85). (Question 28)**



**Figure 4.22. The nursing staff always assists you in the manner which you have explained to them (N=85). (Question 29)**



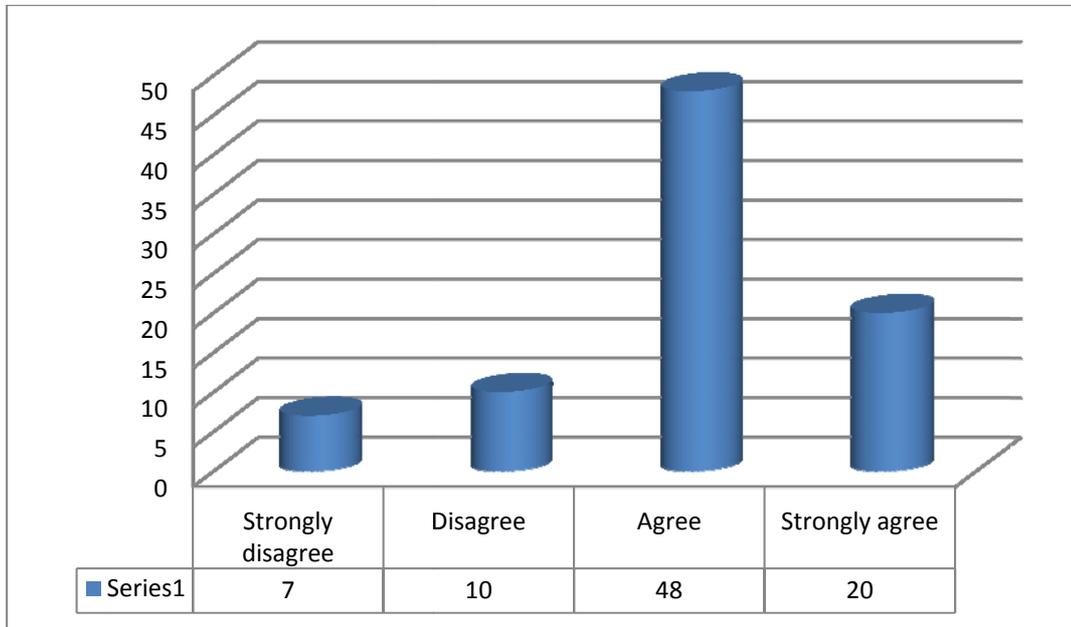
**Figure 4.23. The nursing staff demonstrate that they understand the impact of your disability on you as a patient while in hospital, e.g. by moving furniture in the room (N=85). (Question 30)**



**Variable 24: Taking your specific disability into consideration, you are always able to access all patient areas within the facility**

n= 68 (80%) of participants with disabilities had no problem to access all the areas of the healthcare facility, While n= 17 (20%) of the participants with disabilities reported having difficulty with this. (See Figure 4.24). This may include persons with wheelchairs.

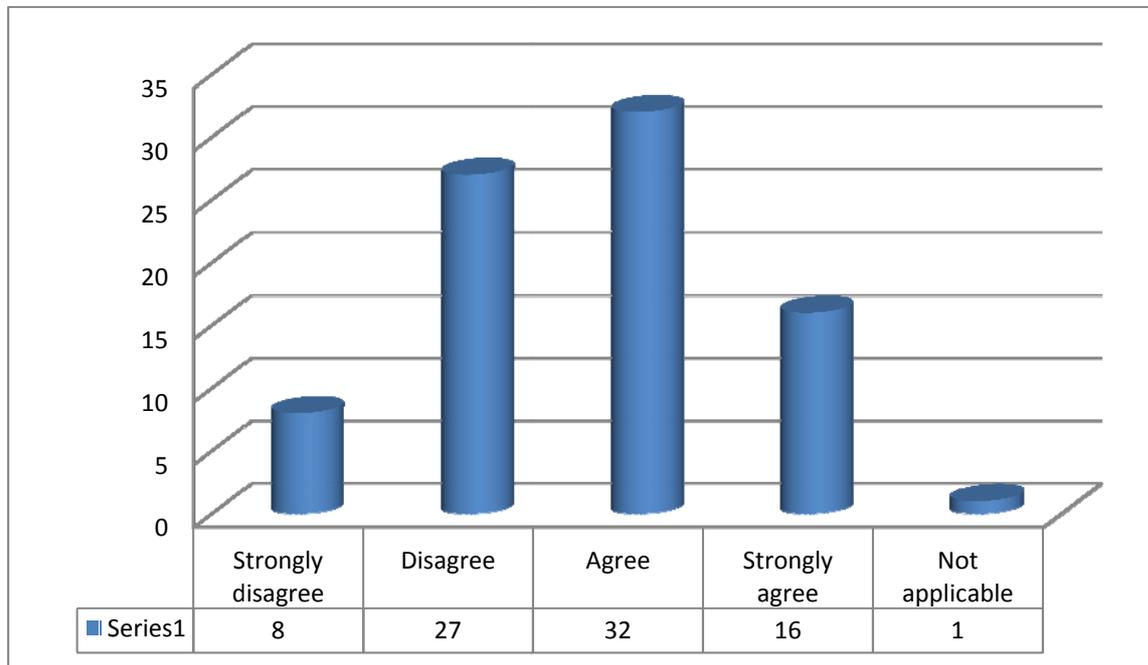
**Figure 4.24. Taking your specific disability into consideration, you are always able to access all patient areas within the facility (N=85). (Question 31).**



**Variable 25: You feel that the nursing staff would probably forget about you in the event of an emergency in the ward**

This question is shocking because a terrifying n= 48 (56%) of participants were unsure if the nurses would come back to take them out of the hospital in an event of a fire or other emergency. This must be a very unsettling feeling for a helpless patient. Of all the participants, n= 35 (41%) were of the opinion that staff would remember them in case of an emergency.

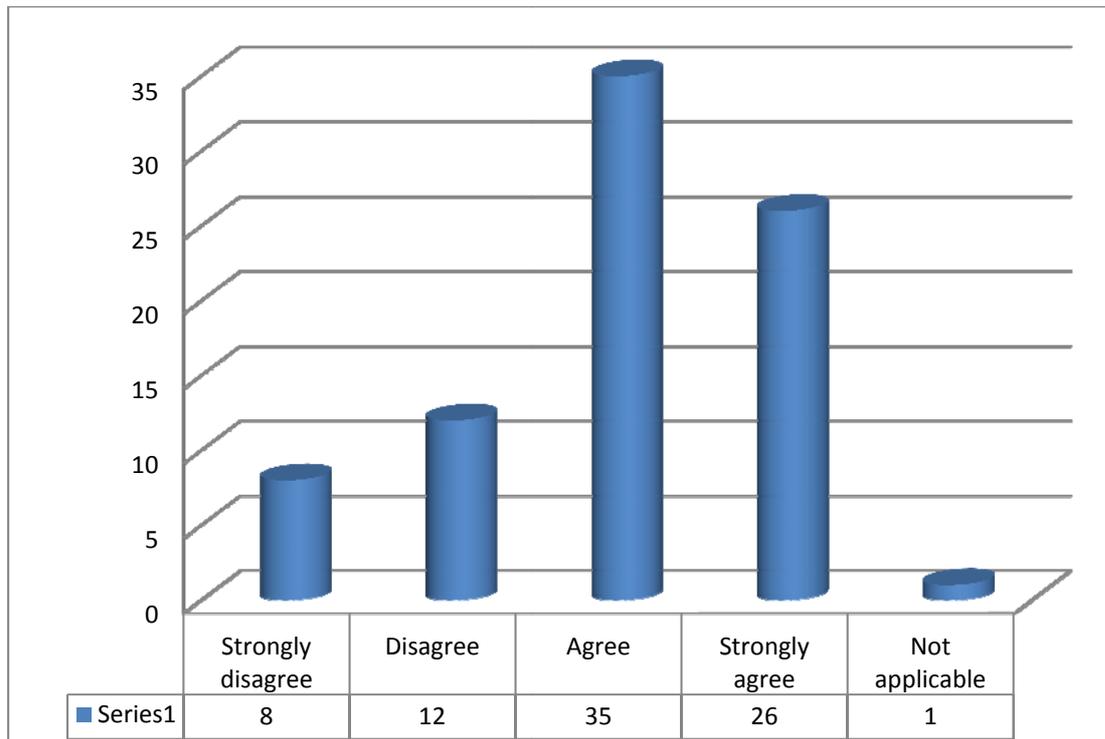
**Figure 4.25. You feel that the nursing staff would probably forget about you in the event of an emergency in the ward (N=85). (Question 32)**



**Variable 26: Procedures are always explained to you, prior to them being carried out on you**

It was very good to find that nurses explained procedures before they were carried out on n= 61 (72%) patients with disabilities, but the n=20 (23%) who reported no such action, are still too many patients who reported receiving no information before a procedure was carried out on them.

**Figure: 4.26. Procedures are always explained to you, prior to them being carried out on you (N=85). (Question 33).**

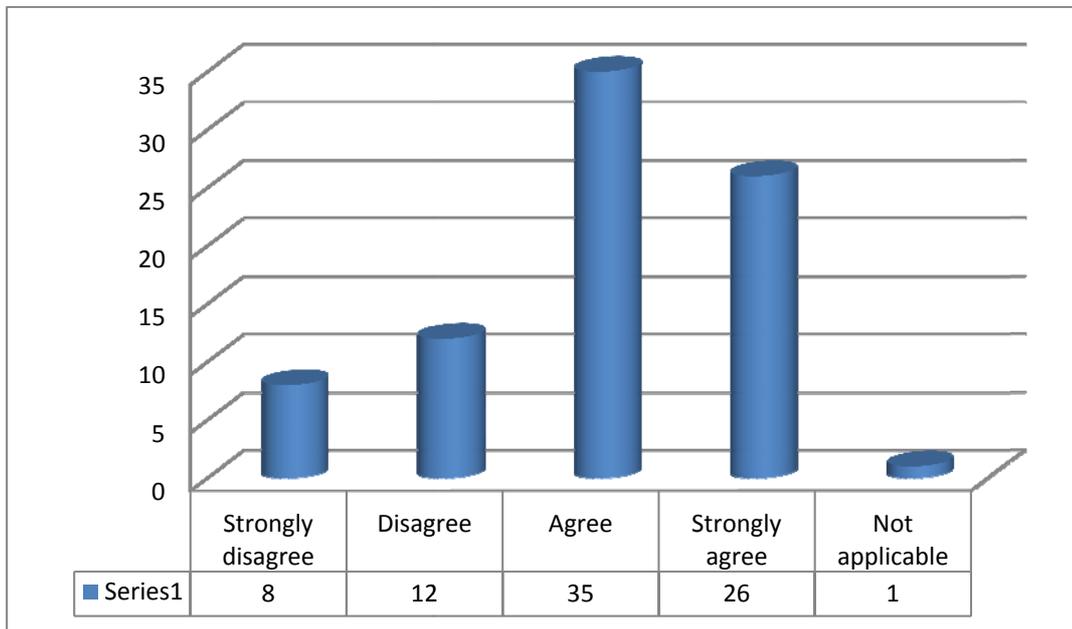


**Variable 27: The doctor always explains the diagnosis or aspects of your illness with you when you visit him / her**

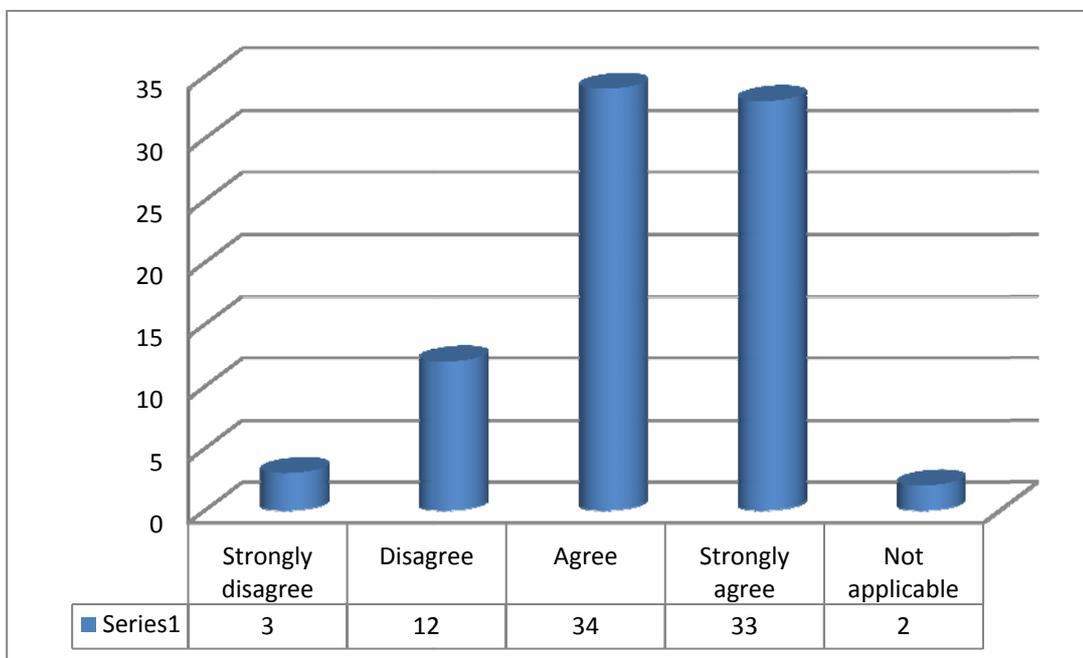
Again, it was very reassuring to find that n=61 (72%) participants had the experience that the doctor explained their diagnoses when they visited them (as opposed to what was reported in the international literature). Regrettably, n= 20 (24%) of participants did not report such positive contact with the doctor.

On the question whether the doctor always discusses the consequences of disability on the illness which brings persons with disabilities to hospital, the results are not as positive as shown in Figure 4.27. Doctors discussed the consequences of their disabilities with n= 67 (79%) patients with disabilities, but the consequences of their disabilities were not discussed with n= 15 (18%) at all. This question was marked “Not applicable” by n=2 (2.3%) of the participants. (See Figure 4.28).

**Figure: 4.27 The doctor always explains the diagnosis or aspects of your illness with you when you visit him / her (N=85).(Question 34)**



**Figure 4.28. The doctor always discusses the consequences of your disability on the illness which brought you to the hospital with you (N=85). (Question 35).**

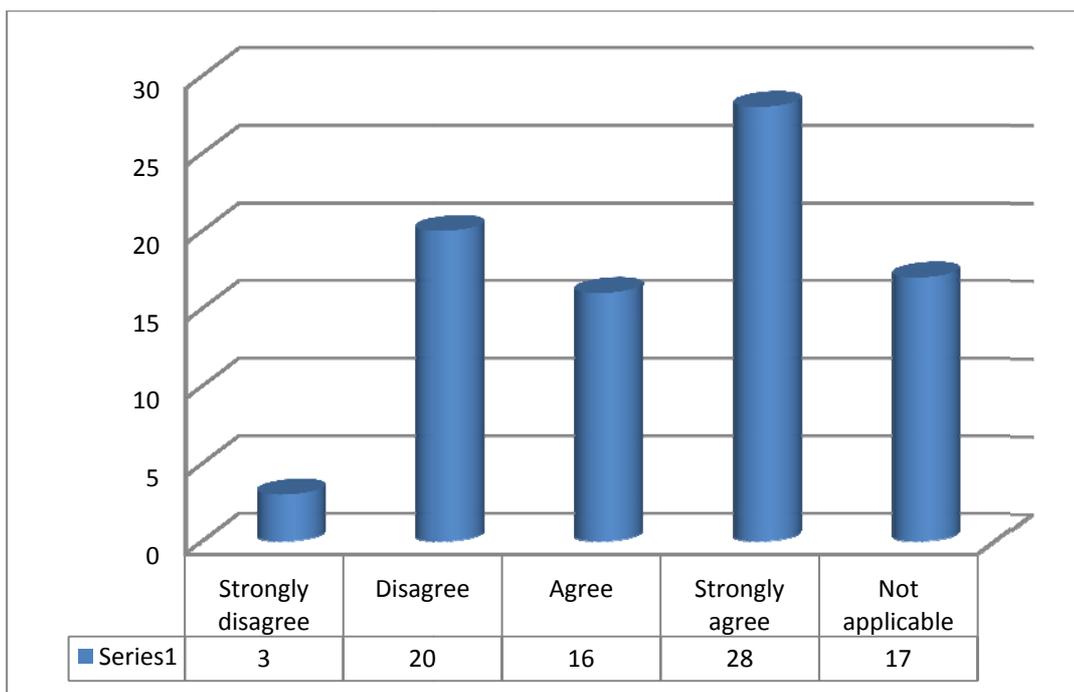


**Variable 28: The attitude of the nursing staff at the healthcare facility is always positive towards other persons with disabilities**

This is perhaps the most important question in this study, as all caring and procedures revolve around attitude. If a person has a positive attitude, then they are able to change the world (researchers own opinion, based on experience).

In this study, n= 44 (52%) of participants perceived the nurses as being positive towards persons with disabilities, but a hair-raising n= 23 (27%) experienced nurses as being negative towards vulnerable persons with a disability, who needs the care of a nurse.

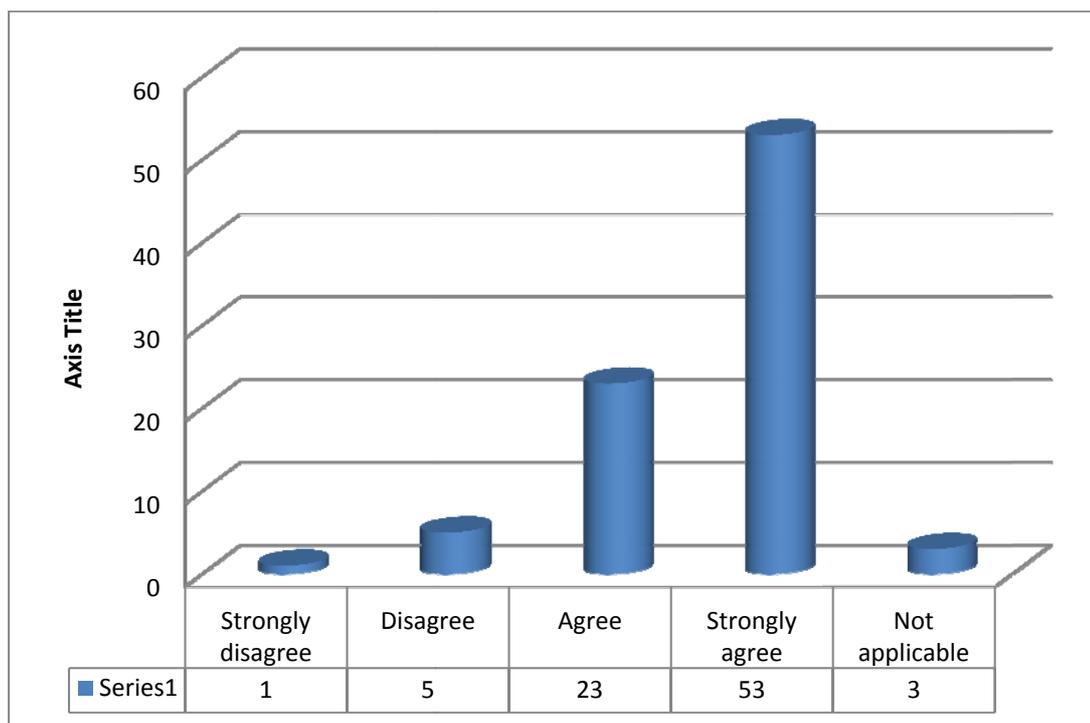
**Figure 4.29. The attitude of the nursing staff at the healthcare facility is always positive towards other persons with disabilities (N=85). (Question 36)**



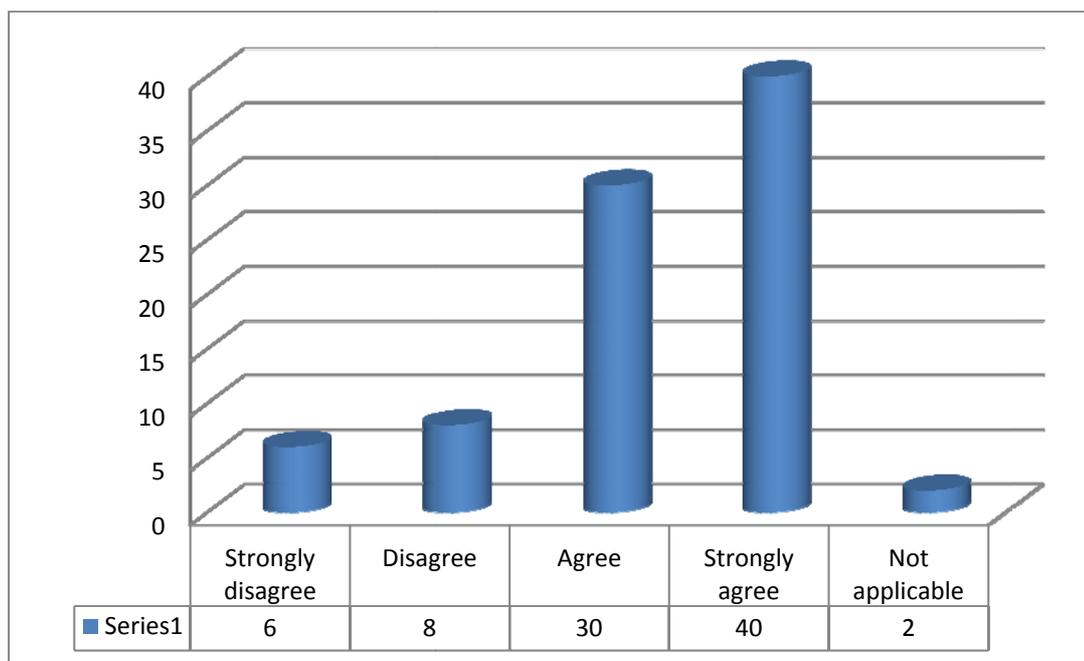
**Variable 29: The nursing staff at the facility really needs to receive a short training programme on how to assist persons with physical disabilities**

There was no doubt in the minds of the persons with disabilities about this question (see Figure 4.30). Only n=2 (2.3%) thought training was not applicable. An overwhelming n=76 (89%) of the participants were sure that nurses should be given specific training regarding the different kinds of disabilities. A very small number, n= 6 (7%) didn't think it necessary. In relation to the objectives of this study, this response is an indication that the first objective of the study has been met (namely that there is a need for training and education programmes or in-service learning regarding [physical] disability to all staff).

**Figure 4.30. The nursing staff at the facility really needs to receive a short training program on how to assist persons with physical disabilities (N=85) (Question 37).**



**Figure 4.31. If a short training program is implemented, it should be adapted to the different needs required by different categories of physical disabilities (N=85). (Question 38)**



**CONCLUSION:**

It seems that part of the nursing staff do not understand disability and this may be due to a lack of training in the detail of caring for a person with a disability. It can also be that the nurses are scared of doing the wrong thing when caring for a person with a disability because they are uncertain of how to handle and help a person with a disability.

**This concludes the discussion on the findings of the data analyzed regarding the questionnaire for the persons with disabilities.**

### 4.3. DATA ANALYSIS AND INTERPRETATION: NURSING STAFF

A total of 215 questionnaires were distributed in to the nursing staff in Kimberley Medi-Clinic and Kimberley Hospital Complex. Of those 102 went to Medi-Clinic and 113 were handed out in the public hospital. The return rate for the questionnaires was N=194 (90%). Thus the sample of nurses consists of N=194 (100%) of participants.

As for the persons with disabilities, the questionnaire was divided into different sections, specifically:

A:	Biographical data	Variables 1-3
B:	Accessibility of physical environment	Variables 4-9
C:	Barriers with reference to transport	Variables 10- 18

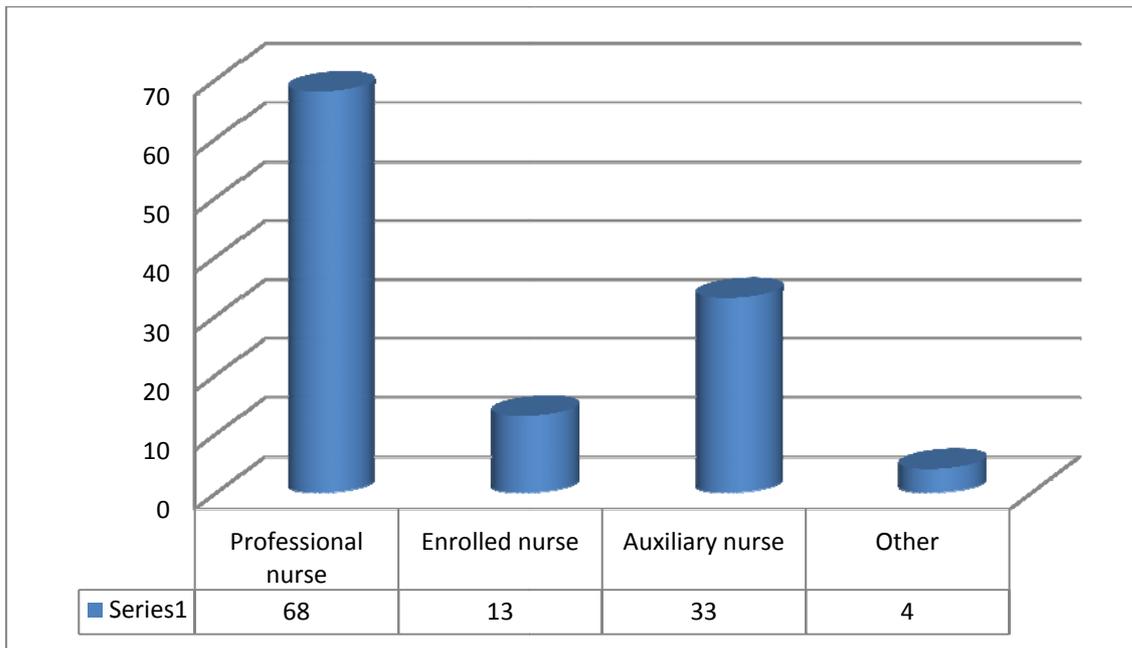
#### 4.3.1. SECTION A - BIOGRAPHICAL DATA: VARIABLES 1- 3

##### Variables 1-3:

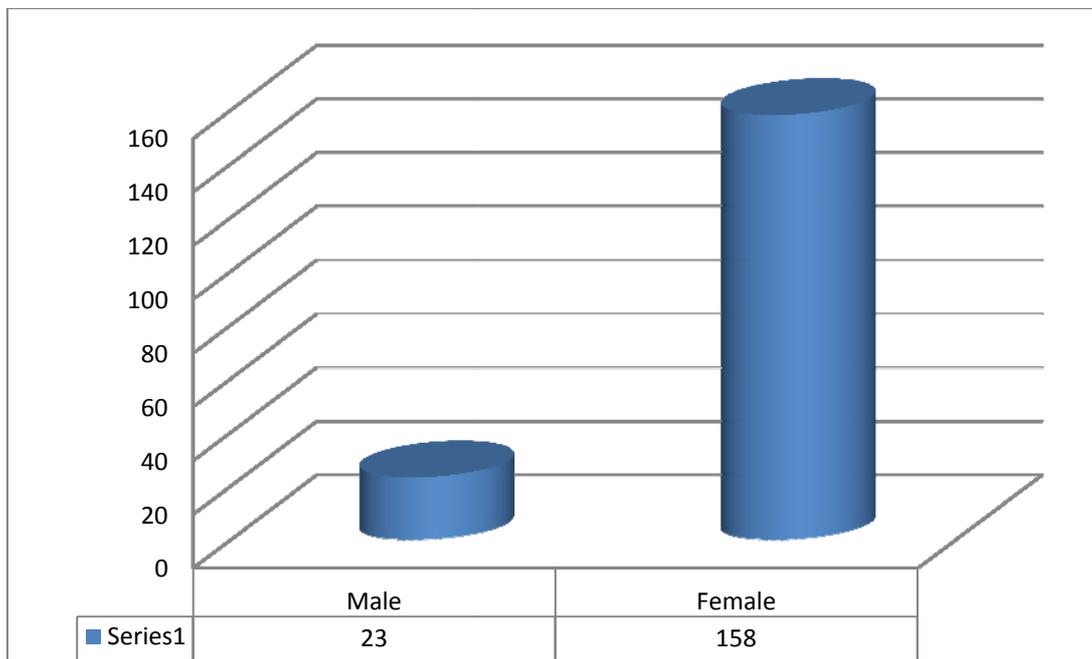
In this category three variables were described namely age, qualifications and gender. The average age of the nursing staff participants was 41 years, with the youngest at 20 years and the oldest at 62 years of age.

The qualifications of the nursing staff are reflected in Figure 4.3. The registered professional nurses were n=68 (35%), the enrolled nurses n= 13 (6.7 %), auxiliary nurses n= 33 (17%), with a category "Other" that included nursing students n= 4 (2 %). It is noted that 81% of the participants were female and 11.8% male.

**Figure 4.32. Indicate your basic qualifications (N=194) (Question 2).**



**Figure 4.33. Indicate your gender (N=194) (Question 3).**



#### **4.3.2. SECTION B - ACCESSIBILITY OF THE PHYSICAL ENVIRONMENT THE HEALTHCARE FACILITY: Variables 4 - 15**

The following variables were discussed in this section:

##### **Variable 4:**

Indicate the health setting where you work

(Question 4).

##### **Variable 5:**

- Your facility is accessible for persons with disabilities

(Question 5)

- There are reserved parking bays for persons with physical disabilities near the facility

(Question 6)

- There is assistance for persons with disabilities when they arrive at the facility

(Question 7)

- The entrance of the building is accessible for persons with physical disabilities

(Question 8).

##### **Variable 6:**

- The patient rooms are accessible for persons with physical disabilities

(Question 9)

- The bathrooms are accessible for persons with physical disabilities

(Question 10).

##### **Variable 7:**

- As much as necessary has been done to assist persons with physical disabilities within the environment

(Question 11).

##### **Variable 8:**

- Rooms allocated to persons using wheelchairs have sufficient room to manoeuvre the wheelchair

(Question 12)

- In the wards, the counters are too high for the receptionist / ward secretary to make eye contact with a person with a physical disability (Question 13).

**Variable 9:**

- The doctors' examining areas are accessible to persons with physical disabilities (Question 14).

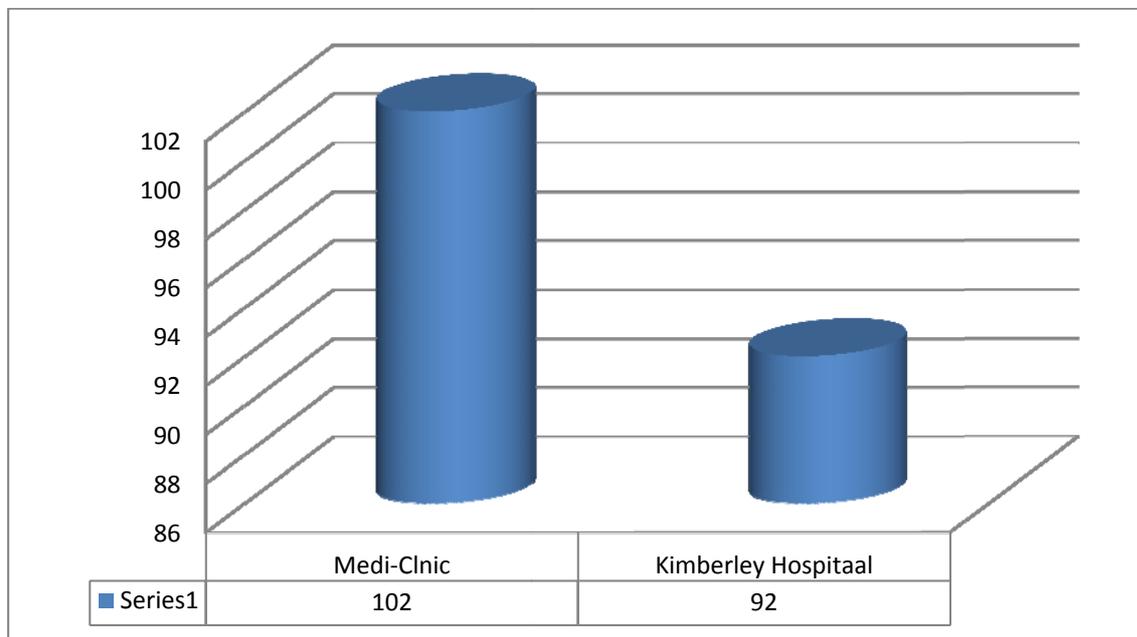
**DISCUSSION**

**SECTION B - ACCESSIBILITY OF THE PHYSICAL ENVIRONMENT THE HEALTHCARE FACILITY**

**Variable 4: Indicate the health setting where you work**

A total of n=194 nursing staff return the questions n=92(47%) were from Kimberley Hospital Complex, as shown in Figure 4.37 and 102 (53%) from Medi-Clinic.

**Figure 4.34 Indicate the health setting where you work (N=194) (Question 5)**

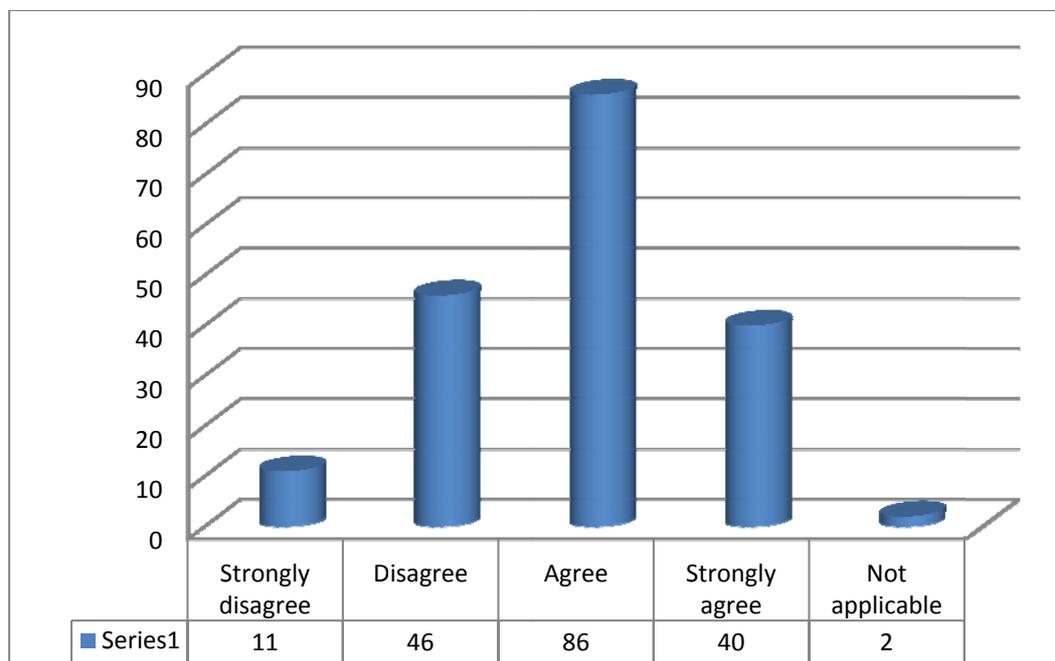


**Variable 5: Your facility is accessible for persons with disabilities.**

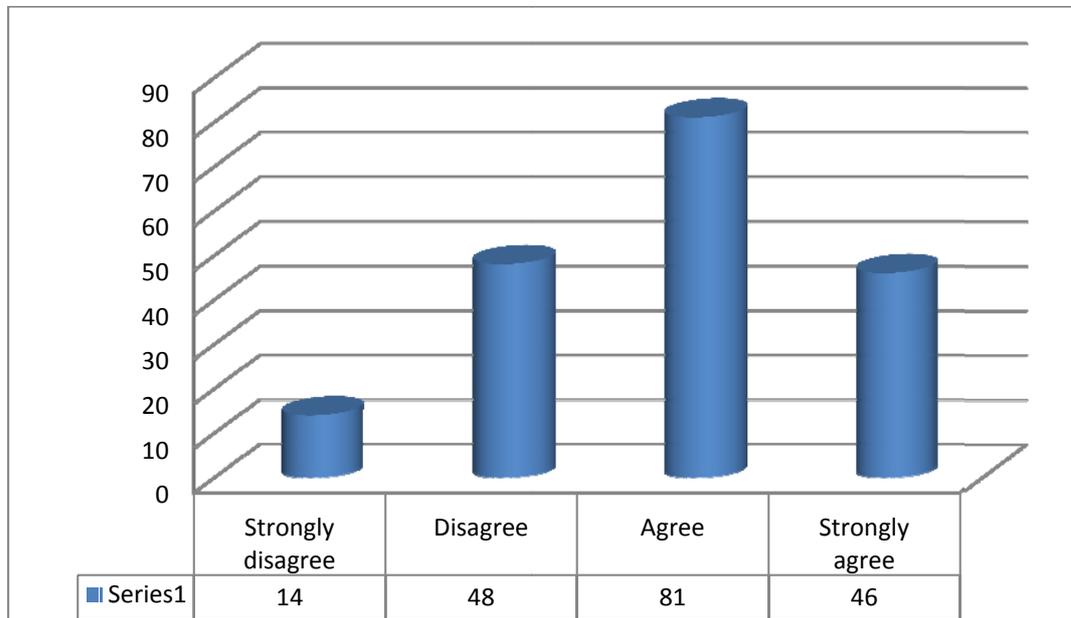
n=126 (65%) of nursing participants were of the opinion that their facility was accessible for persons with disabilities, while N=57 (29%) though it was not accessible. A very small number, n=2. (1%) said the question as “Not applicable”. On the question if there were reserved parking bays the staff became unsure as n=127 (65%) of nursing participants were sure there was parking available for persons with disabilities, but n=62 (32%) said there was no such parking available (see Figure 4.36).

n=68 (35%) of nursing participants were unsure whether there was any assistance for persons with disabilities when they arrive at the facility, (**figure 4.37**) while n=114 (58%) were of the opinion that they did assist persons with disabilities on arrival at the facility. n=155 (80%) (Figure 4.38) of the participants, while n=39 (20%) didn't think the entrance was accessible for persons with disabilities.

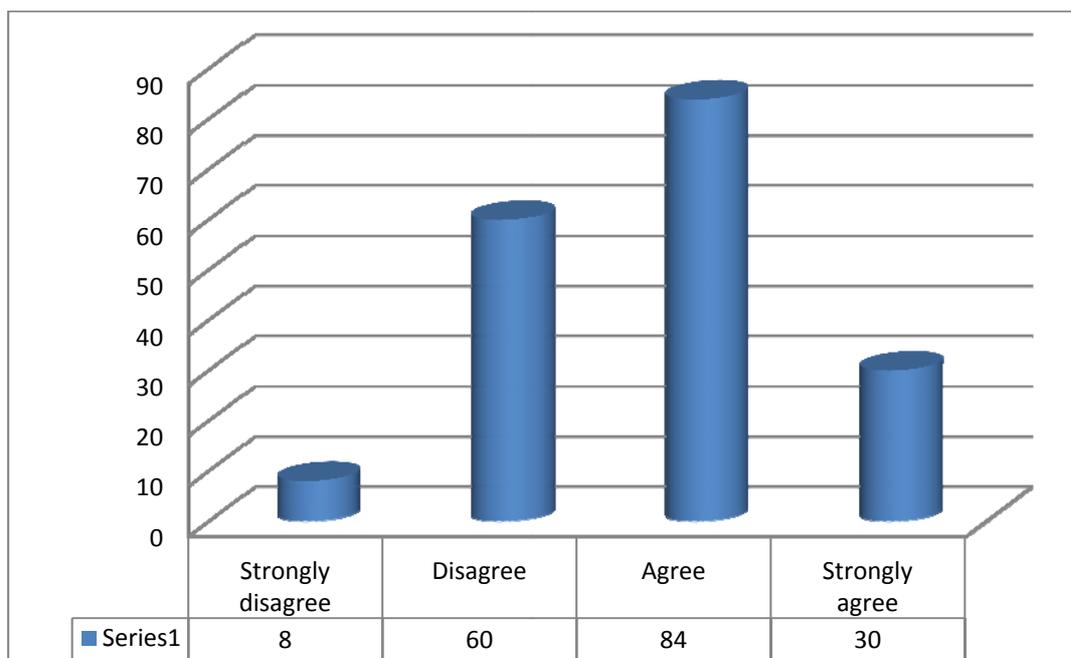
**Figure 4.35. Your facility is accessible for persons with disabilities (N=194) (Question 5)**



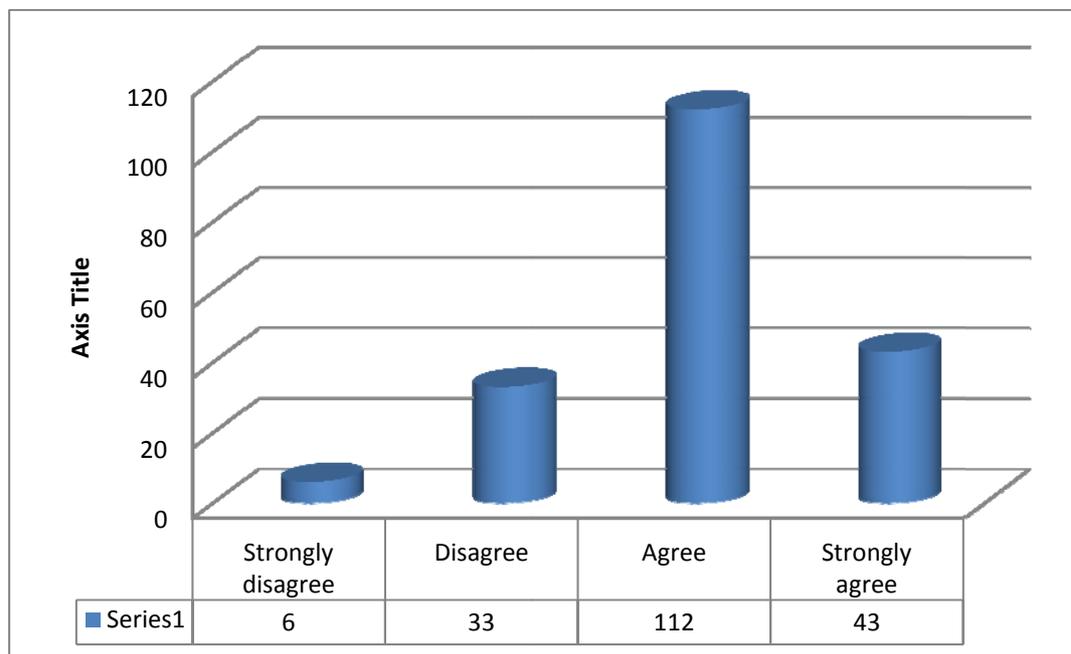
**Figure 4.36. There are reserved parking bays for persons with physical disabilities near the facility (N=194) (Question 6)**



**Figure 4.37. There is assistance for persons with disabilities when they arrive at the facility (N=194) (Question 7)**



**Figure 4.38. The entrance of the building is accessible for persons with physical disabilities (N=194) (Question 8)**

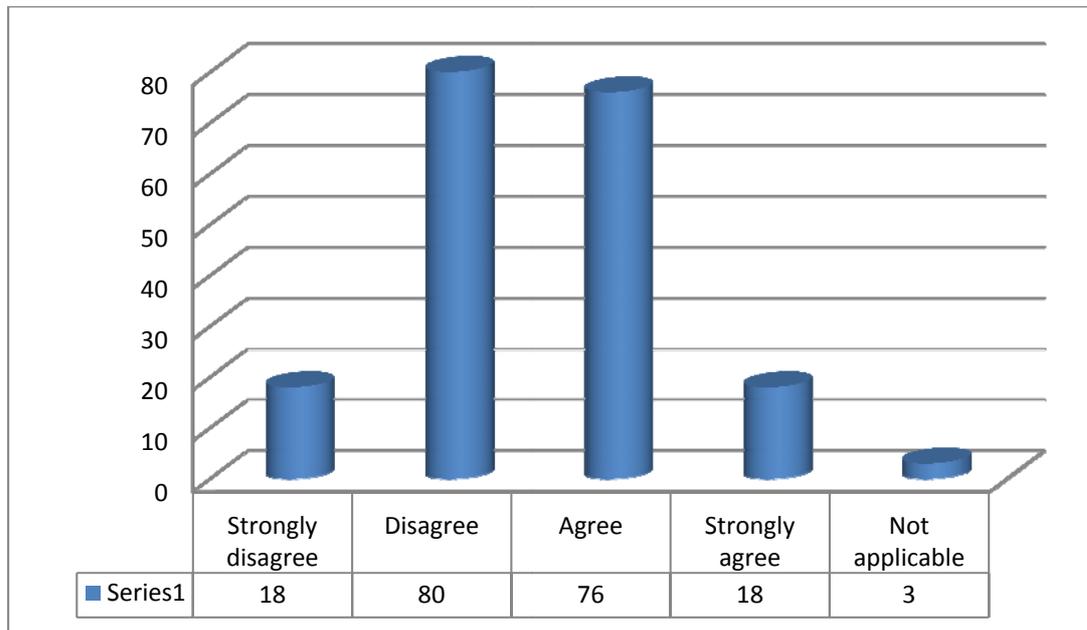


**Variable 6: *The patient rooms are accessible for persons with physical disabilities***

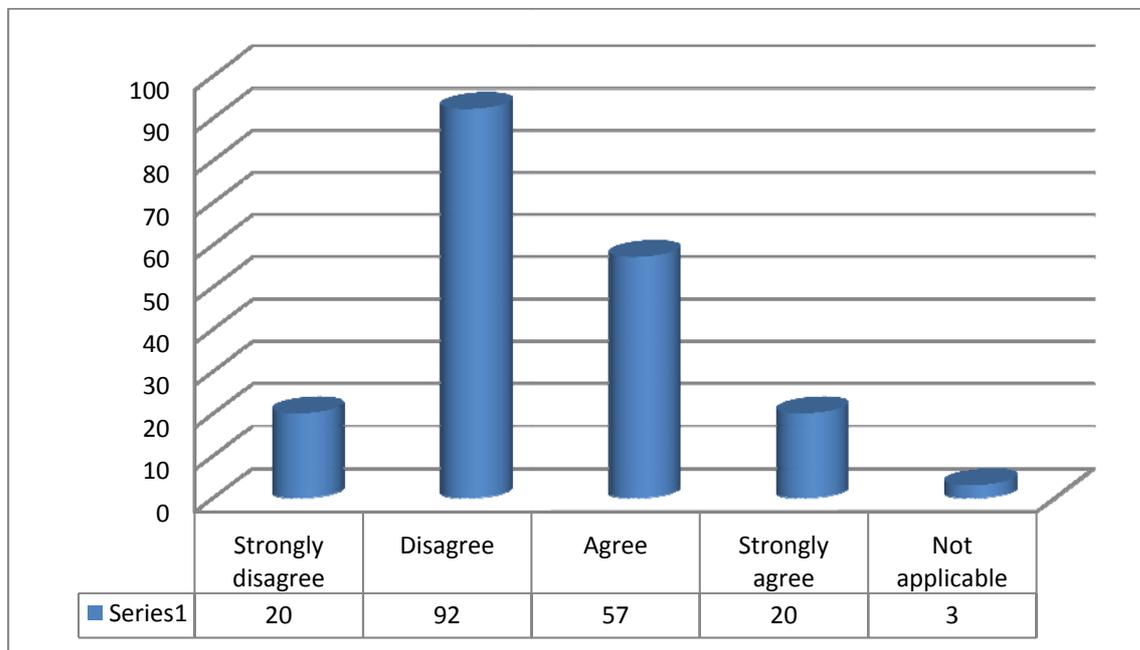
This result was interesting because n=94 (48%) of nursing participants said the rooms were accessible, but n= 98 (50%) didn't agree with the statement, and n=3 (1,5%) didn't think it was applicable! The difference in opinion can be due to the fact that two different facilities were evaluated. One hospital could have rooms that were more accessible than the other. The researcher did not inspect the rooms to ascertain their level of accessibility in comparison to each other.

The question on the accessibility of the bathrooms, n= 112 (57%) of nursing participants were of the opinion that it was inaccessible, while n =77 (40%) were satisfied that the bathrooms are accessible (see Figure 4.40). There is a possibility that the nursing staff don't really know what "accessibility" would mean to a person with disabilities. The person's disability can also have an impact on their answer on this question.

**Figure 4.39. The patient rooms are accessible for persons with physical disabilities (N=194) (Question 9)**



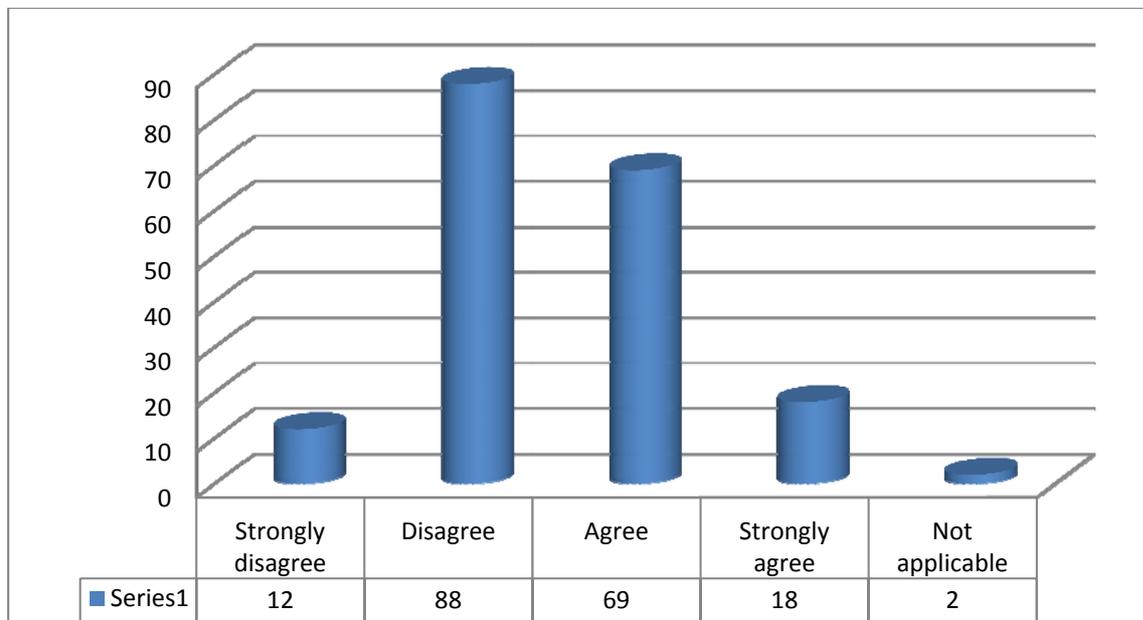
**Figure 4.40. The bathrooms are accessible for persons with physical disabilities (N=194) (Question 10).**



**Variable 7: As much as necessary has been done to assist persons with physical disabilities within the environment**

In the two hospitals in Kimberley n=100 (52%) of the nursing participants disagreed that much has been done to assist persons with disabilities in the environment, while n= 87 (45%) of nursing participants agreed. These opinions about what can be done and what has been done reflect the strong opinions of nursing participants regarding disability in general, or the fact that the different disabilities are or may be confusing to the nursing staff.

**Figure 4.41. As much as necessary has been done to assist persons with physical disabilities within the environment (N=194) (Question 11)**

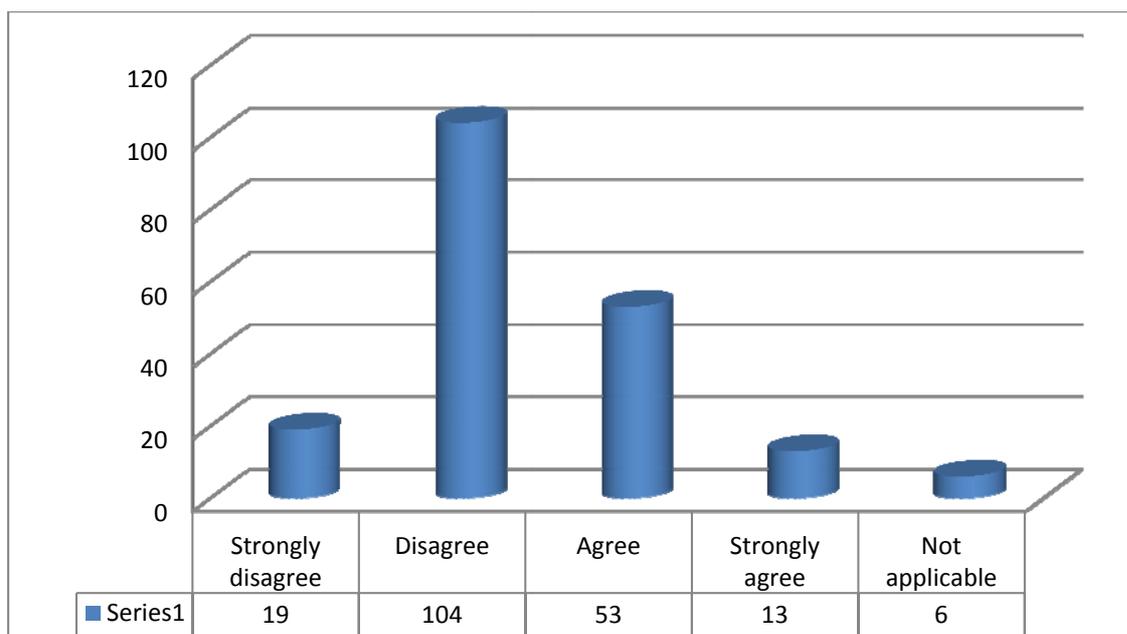


**Variable 8: Rooms allocated to persons using wheelchairs have sufficient room to manoeuvre the wheelchair.**

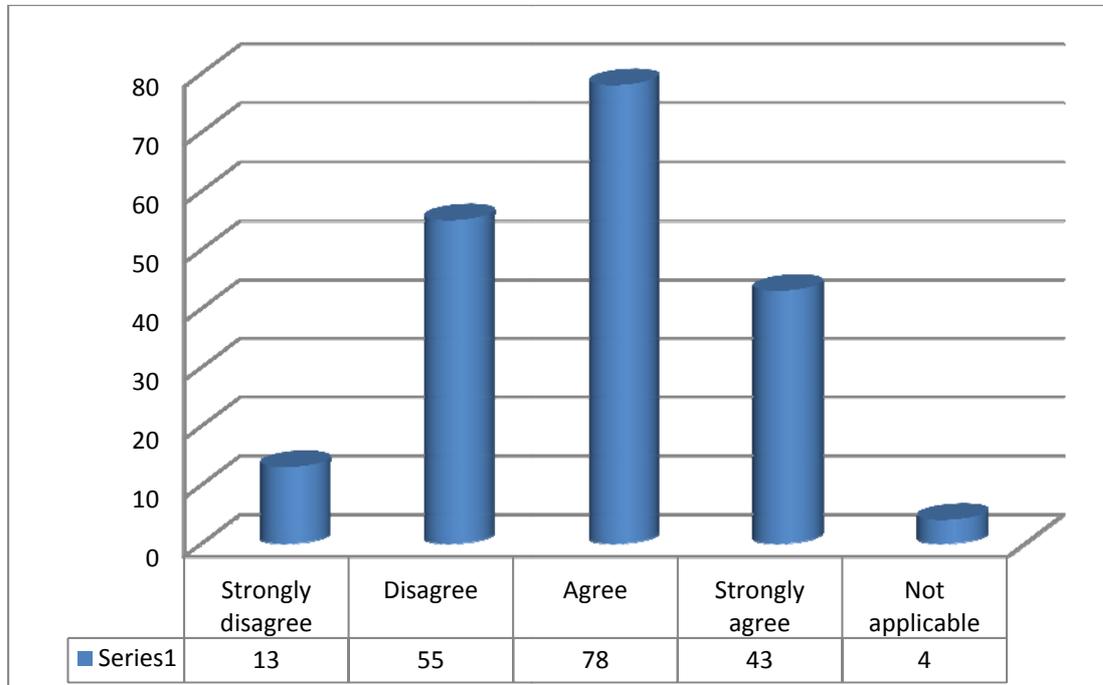
Regarding this explicit question, the majority n=123 (63%) of nursing participants didn't think the hospital rooms were sufficiently accessible (figure 4.40) for a person with a disability (specifically those who are wheelchair-bound), while n=66 (34%) thought the room was accessible, and n=6 (3%) said it was not applicable. The same question was asked to persons with disabilities, and interestingly enough, their responses echoed the opinion of the nursing participants.

Regarding facilities in hospital wards, the statement was posed that the counters are too high for the receptionist / ward secretary to make eye contact with (figure 4.43) a person with a physical disability. The situation and furniture in each place where a participating person works could have an impact on their response to this question, with the result that n=121 (62%) of nursing participants being convinced that the counters were too high, n= 4 (2%) didn't think this was applicable and n= 68 (35%) were of the opinion that the counters were not too high. Additionally, the type of disability of persons accessing the nursing participant's workplace most probably had an impact on the response to this question as well (see Figure 4.42).

**Figure 4.42. Rooms allocated to persons using wheelchairs have sufficient room to manoeuvre the wheelchair (N=194) (Question 12).**



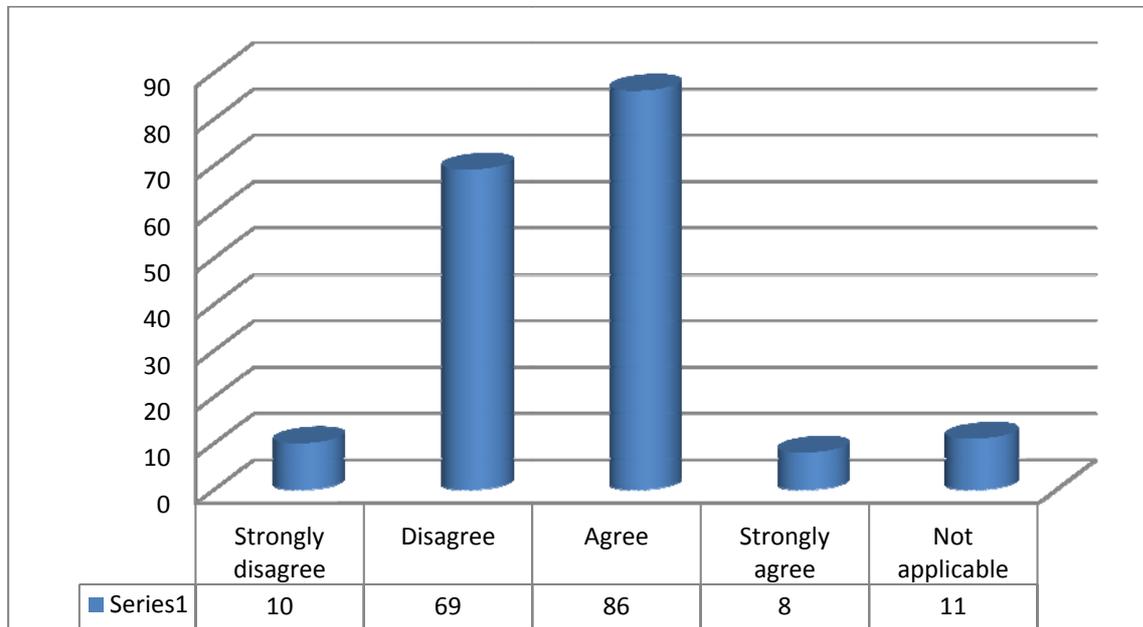
**Figure 4.43** In the wards, the counters are too high for the receptionist / ward secretary to make eye contact with a person with a physical disability(N=194)(Question 13)



**Variable 9: The doctors' examining areas are accessible to persons with physical disabilities.**

Again it was found that the nursing participants' opinions correlate with regard to the doctors' examining areas being accessible to persons with physical disabilities, or not. n=94 (48%) of nursing participants agreed that these areas are accessible, while n= 79 (40%) were of the opinion that is they are inaccessible. A very small group (n = 11 (5%)) thought that it was unnecessary for the doctors rooms to be accessible

**Figure 4.44 The doctors' examining areas are accessible to persons with physical disabilities (N=194) (Question 14)**



**4.3.3. SECTION C - DETERMINING THE KNOWLEDGE AND OPINIONS OF MULTIDISCIPLINARY TEAM MEMBERS REGARDING PERSONS WITH PHYSICAL DISABILITIES: VARIABLES 10 - 35**

The following variables are discussed in this section of the questionnaire:

**Variable 10:**

- Do you consider that you can be of any importance to the healthcare of the person with a physical disability?
- (Question 15)
- Indicate if you personally know any persons with physical disabilities?
- (Question 16)
- Persons with physical disabilities make you feel uncomfortable
- (Question 17)
- You know how to assist persons with physical disabilities
- (Question 18)

- There are persons with physical disabilities working at your facility (Question 19).

**Variable 11:**

- There are persons with physical disabilities working at your facility
- (Question 20).

**Variable 12:**

- Indicate if you had any specific training on how to assist persons with physical disabilities(Question 20)
- Do you agree that different categories of disabilities require different methods of assistance? (Question 21)
- Would you consider it necessary for nurses to undergo a short training program to assist persons with disabilities? (Question 22)
- Would you agree that present training programs for nurses be adapted to the different needs required by different categories of people with physical disabilities as these persons require specific skills in nursing care? (Question 23).

**Variable 13:**

- Do you feel that it is difficult for the nursing staff to help a person with a disability?
  - (Question 24)
  - Indicate whether more time is allocated for the physical examination of persons with a disability? (Question 25)
- Persons with disabilities are difficult
  - Question 26)
- It is difficult to help a person with a disability because they don't have the intellectual capacity to communicate
  - (Question 27).

**Variable 14:**

- The doctors' stay abreast of the best practices in medicine regarding the requirements of persons with physical disabilities (Question 28).

**Variable 15:**

- Personal caregivers are allowed to stay with a person with a disability in your facility(Question 29)
- I prefer to speak to the caregiver of a person with a disability than to the person them self(Question 30).

**Variable 16:**

- To care for a person with a disability is very time consuming and I prefer to rather care for other patients(Question 31)
- Do you make a point of assisting a person with a physical disability to meet basic needs, i.e. assist with bathing / eating, etc.? (Question 32).

**Variable 17:**

- Procedures are explained to a person with a physical disability prior to them being carried out(Question 33)
- The attitudes of the staff at the healthcare facility are positive towards persons with disabilities (Question 34).

**DISCUSSION:**

***DETERMINING THE KNOWLEDGE AND OPINIONS OF MULTIDISCIPLINARY TEAM MEMBERS REGARDING PERSONS WITH PHYSICAL DISABILITIES:***

***VARIABLES 15 - 35***

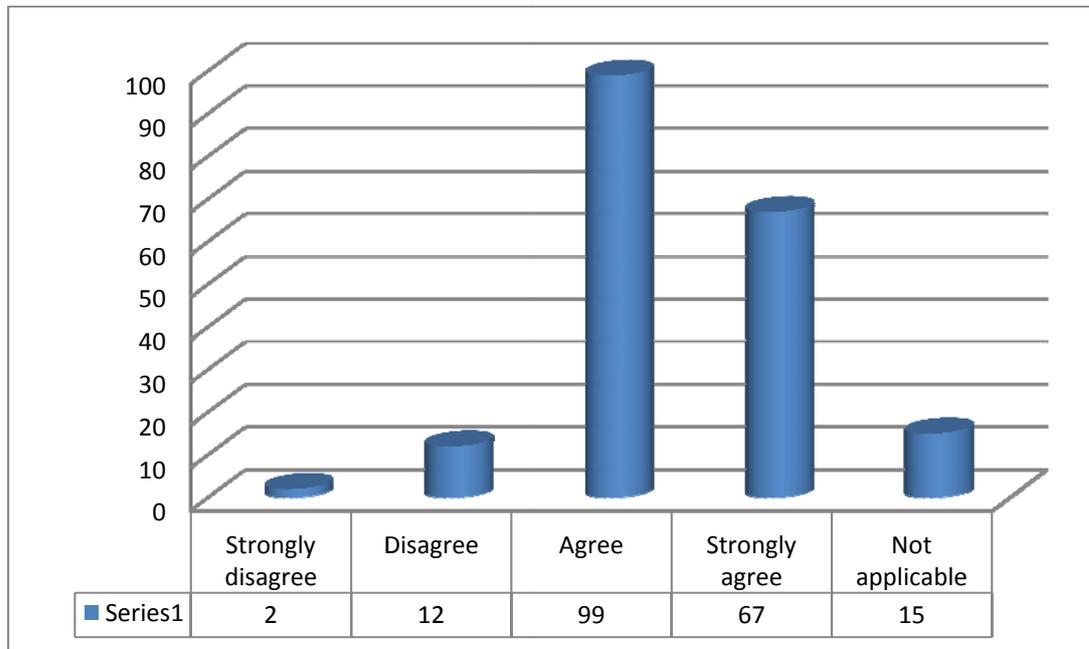
***Variable 10 Do you consider that you can be of any importance to the healthcare of the person with a physical disability?***

The nursing staff was overwhelming positive towards this question. n= 179 (92%) “Strongly Agreed” or “Agreed”, while n= 12 (6%) thought it “Not applicable” and n=2 (1%) didn’t think they had any benefit in caring for persons with disabilities, as described in Figure 4.48.

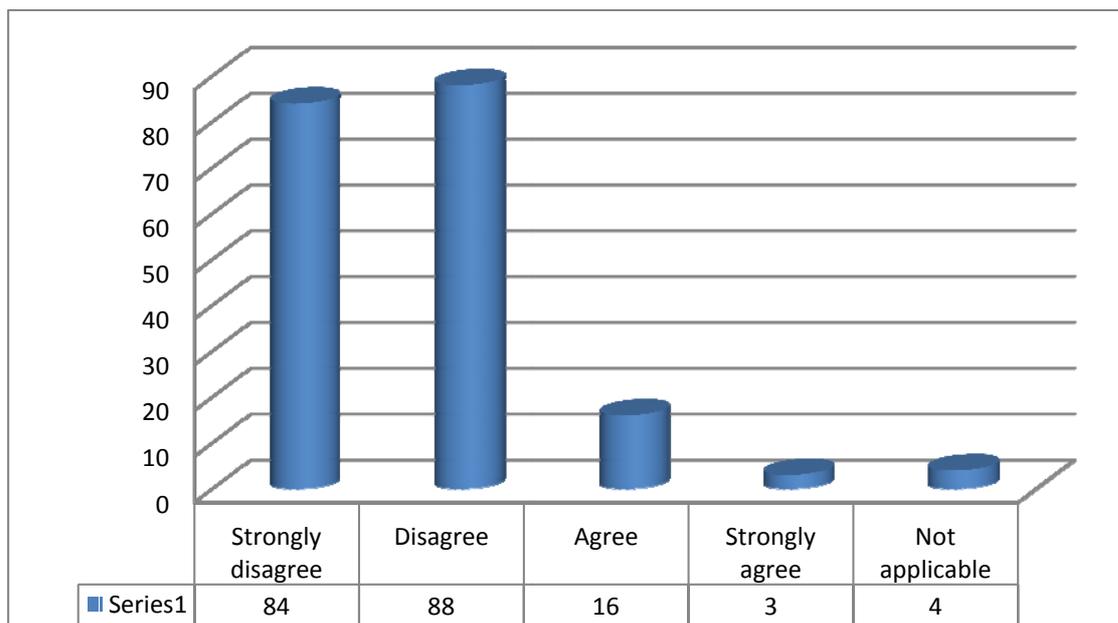
Only n= 14 (7%) of nursing participants didn’t know a person with a disability (Figure 4.45), while n=166 (86%) personally knew a person with a disability, and n=15 (7.7%) of participants thought the statement “Not applicable”. The results in Figure 4.46 shows that n=172 (89%) of the participants did not feel uncomfortable when caring for a person with a disability, n=19 (9, 7%) were uncomfortable and n= 4 (2%) said the question was “Not applicable”. According to this responses collected (figure 4.47) by this questionnaire, most of

the n=169 (87%) felt confident of their skill, but n=23 (11.8%) were unsure during care for a person with a disability. Only n=2 (1%) responded that the statement was “Not applicable”.

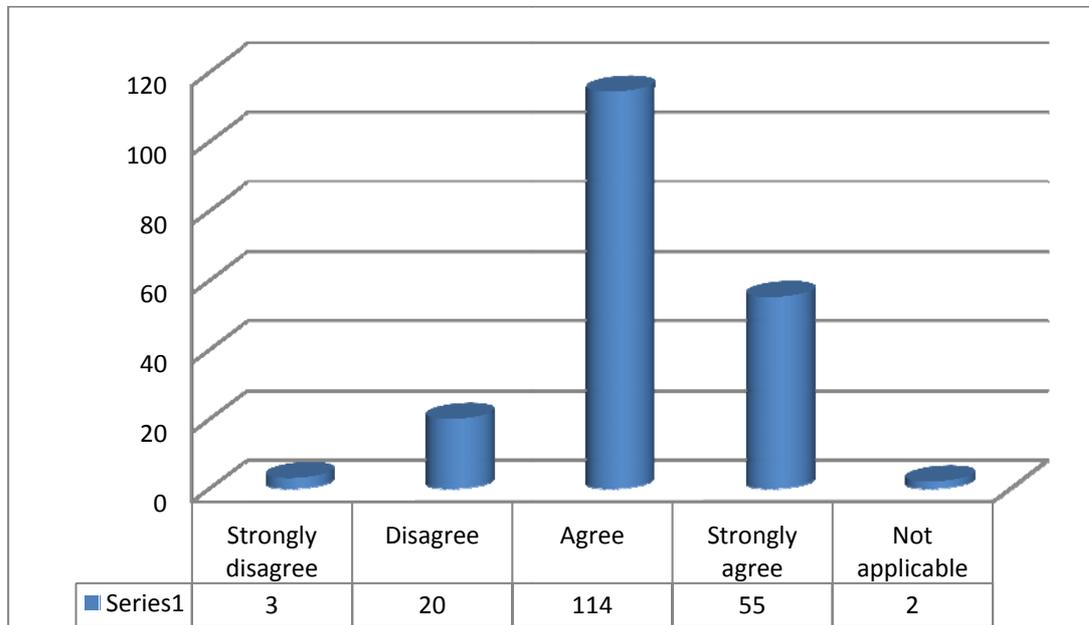
**Figure 4.45. Indicate if you personally know any persons with physical disabilities? (N=194) (Question 17)**



**Figure 4.46. Persons with physical disabilities make you feel uncomfortable. (N=194) (Question 18)**



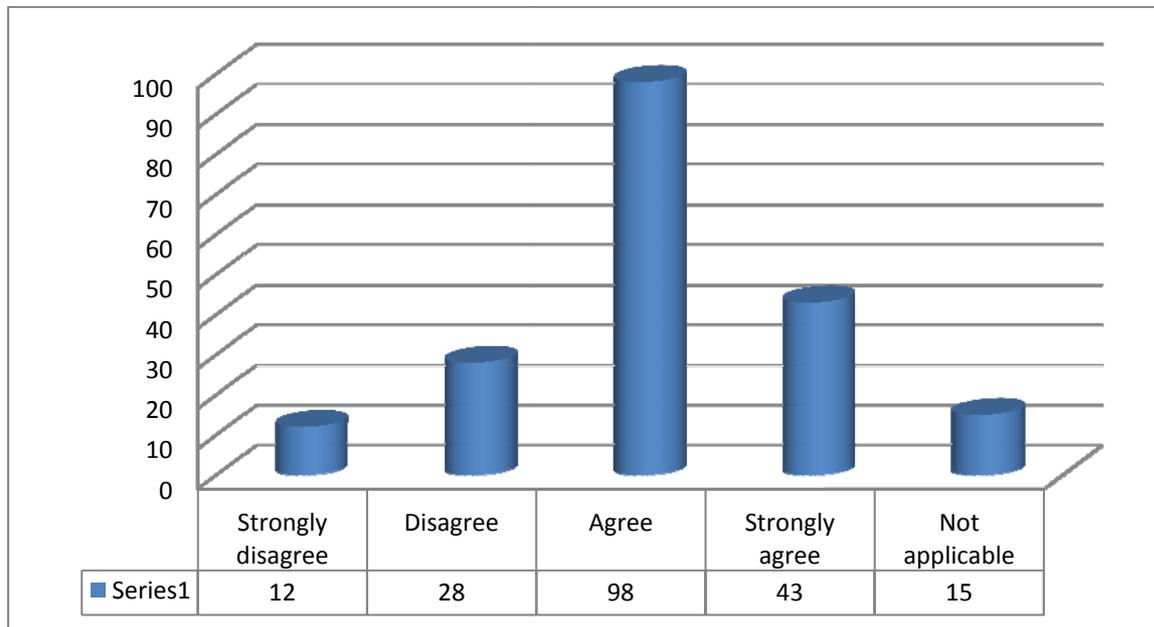
**Figure 4.47. You know how to assist persons with physical disabilities (N=194) (Question 19)**



**Figure 4.48 There are persons with physical disabilities working at your facility (Question 19).**

With regard to the employment of persons with disabilities, the nursing participants indicated (figure 4.47) that n=141 (73%) worked in a facility where persons with disabilities were employed, and n=40 (20%) were not working / had not worked alongside persons with disabilities. n=15 (7, 2%) thought it was not applicable to their facility. This might indicate why some nurses felt that they were not skilled or not up to date with employment equity regarding persons with disability.

**Figure 4.48 There are persons with physical disabilities working at your facility (n=194) (Question 19)**



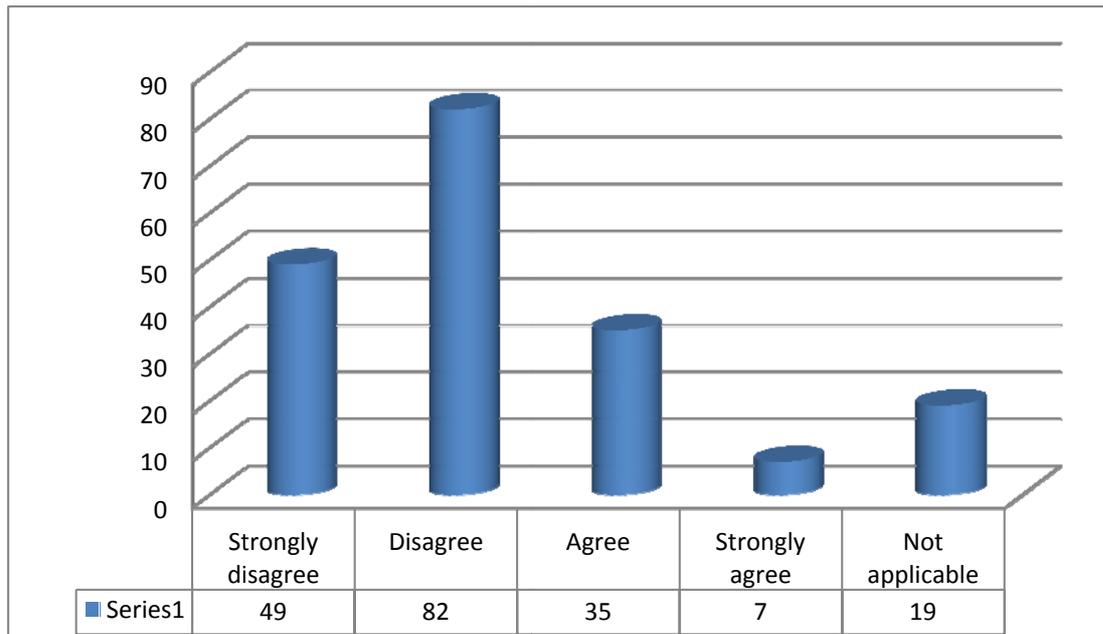
***Variable 12: Indicate if you had any specific training on how to assist persons with physical disabilities***

Pertaining training regarding physical disability, n=131 (67%) of nursing participants replied that they had not received any specific training on how to assist persons with disabilities, however n=42 (21.6%) of nursing participants had additional training on how to assist persons with disabilities (see Figure 4.48). Interestingly enough, n=19 (9, 7%) of nursing participants thought it wasn't necessary to have specific training in this regard.

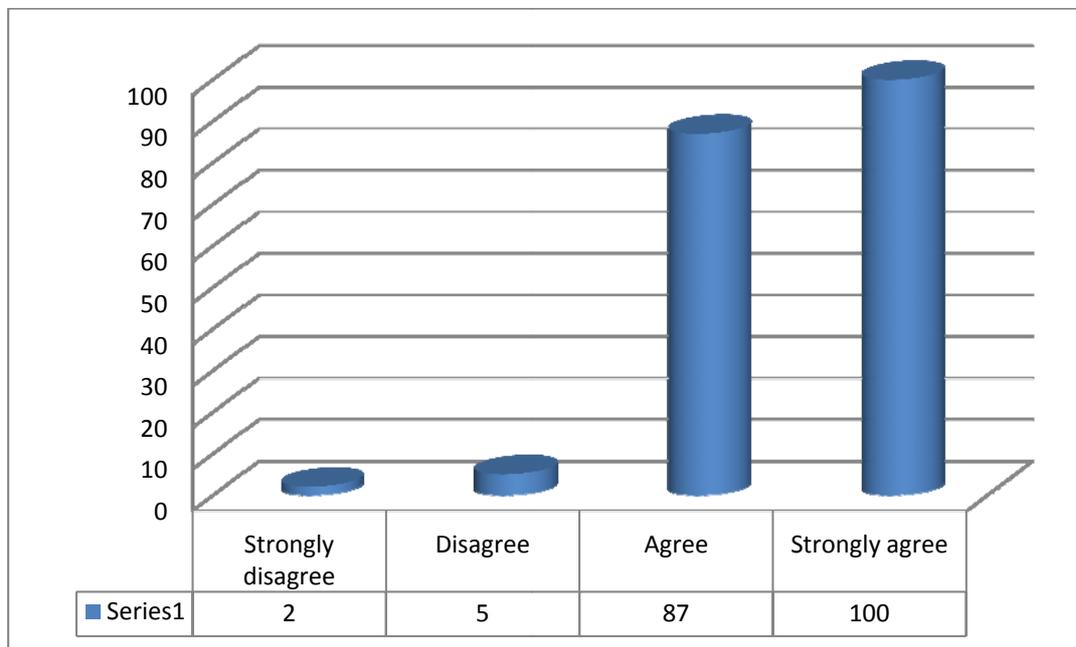
The participants overwhelmingly agreed that different categories of disabilities require different methods of assistance. See Figure 5.450, where n=187 (96%) of nursing participants gave a positive answer to this statement and only n=7 (3.6%) were of the opinion that different methods of assistance are not necessary for managing different forms of disability. It seems that there is an overwhelming need for a short training program to teach nurses to assist persons with disabilities, as seen in Figure 4.52 (n= 192 (98%) of nursing participants indicated so). Only n=3 (1.5%) were of the opinion that it wasn't necessary. In Figure 4.52 this trend continues, with n= 188 (97%) of participating nursing staff felt strongly that present training programs for nurses should be adapted to include care for the different needs of different categories of disability. Each category of disability has its

own unique and specific requirements regarding nursing care. On the other hand, n=6 (3%) of participating nurses didn't think it this was necessary. n=1 (0,5%) of the participating nurses reported that they thought adapting training was "Not applicable".

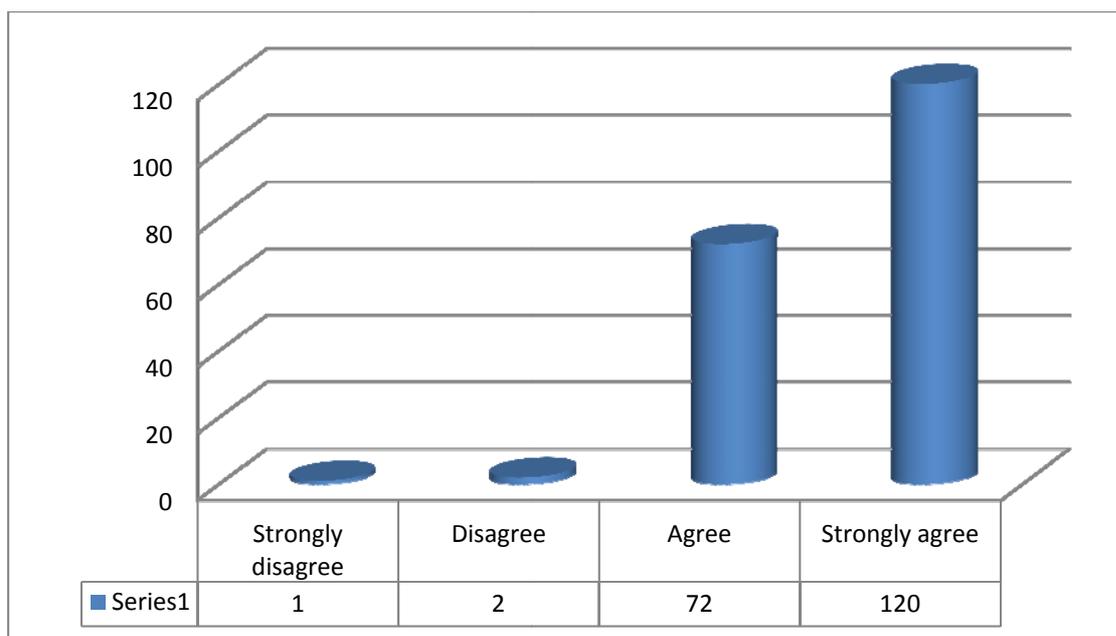
**Figure 4.49. Indicate if you had any specific training on how to assist persons with physical disabilities (N=194) (Question 20)**



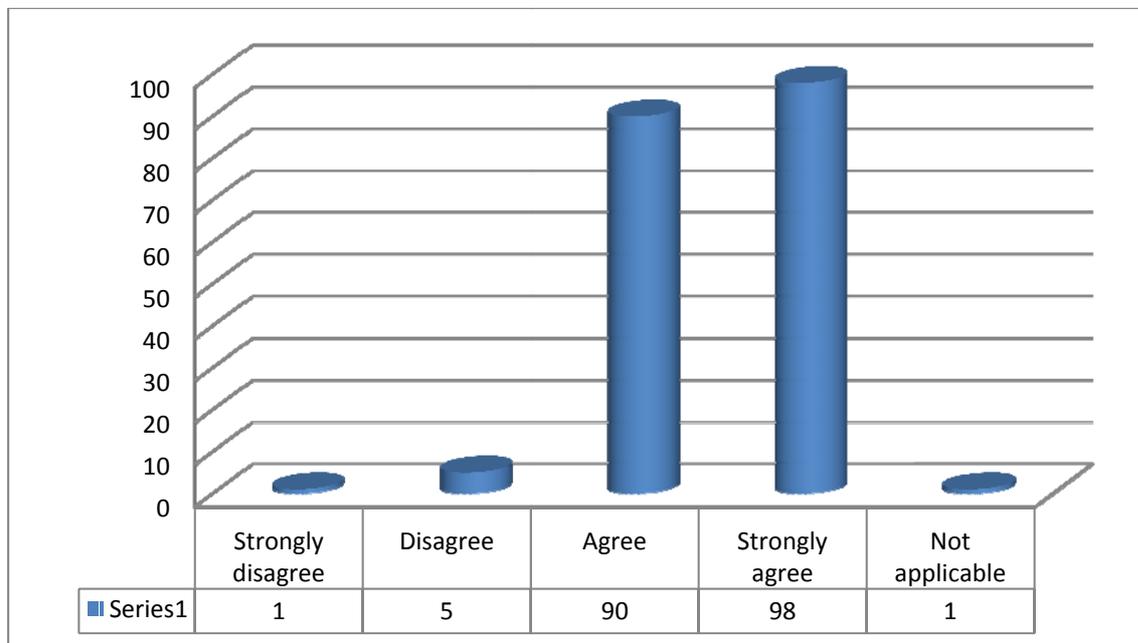
**Figure 4.50. Do you agree that different categories of disabilities require different methods of assistance? (N=194) (Question 21)**



**Figure 4.51. Would you consider it necessary for nurses to undergo a short training program to assist persons with disabilities? (N=194) (Question 22)**



**Figure 4.52. Would you agree that present training programmes for nurses must be adapted to the different needs required by different categories of people with physical disabilities? (N=194) (Question 24)**



***Variable 13: Do you feel that it is difficult for the nursing staff to help a person with a disability?***

The majority of nursing participants, n=119 (61%) didn't think that it was too difficult to help a person with a disability, (figure 4.53) although a significant number n=67 (34%) were of the opinion that it is difficult. n=2 (1%) of nursing participants marked the question as "Not applicable".

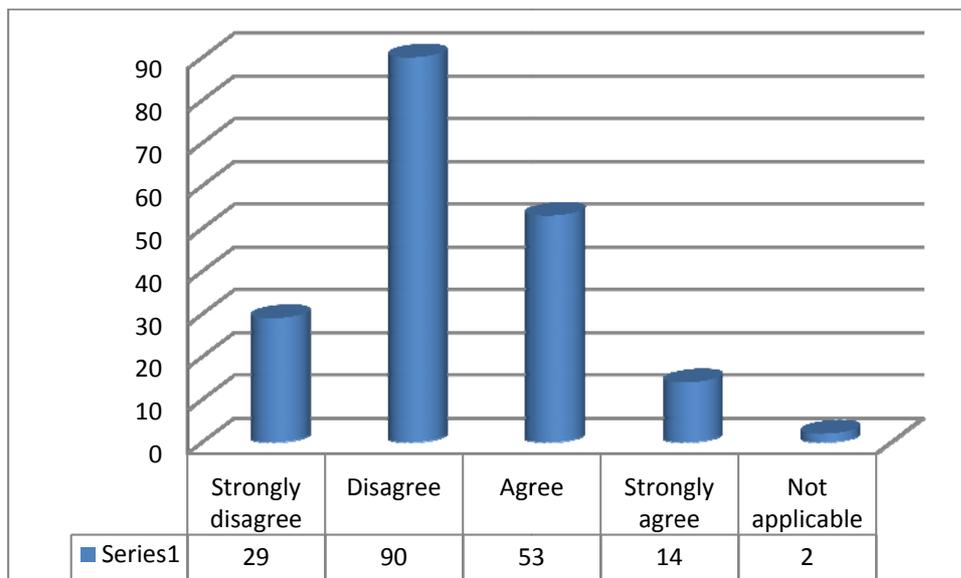
It seems that n=125 (64%) nurses thought that more time is allocated to accommodate a person with a disability (figure 4.54) in a doctor's rooms, although n=62 (31%) disagreed that this actually happened, while a small number n=10 (5%) didn't think the question was applicable. (See Figure 4.53).

Lastly, in this section of the questionnaire, n=125 (64%) or the majority of nursing staff did not think that a person with a disability is difficult to manage, while n=64 (33%) were of the

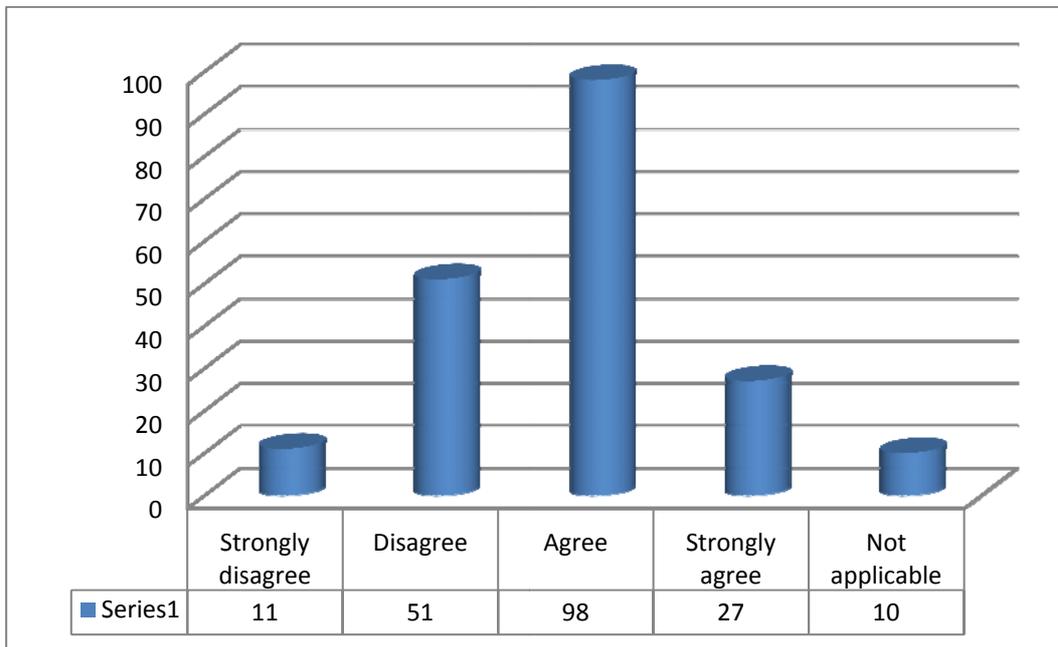
opinion that this is true, and n=7 (3, 6%) of nursing participants did not think the question was applicable. (See Figure 4.54).

It is of great consequence that n=37 (19%) of participating nurses thought that a person with a disability did not have the intellectual capacity to communicate. n=152 (78%) disagreed, and acknowledged that disabled persons are not necessarily unable to communicate. n=5(2.5%) of participating nurses marked their response “Not applicable”. No reasons were provided.

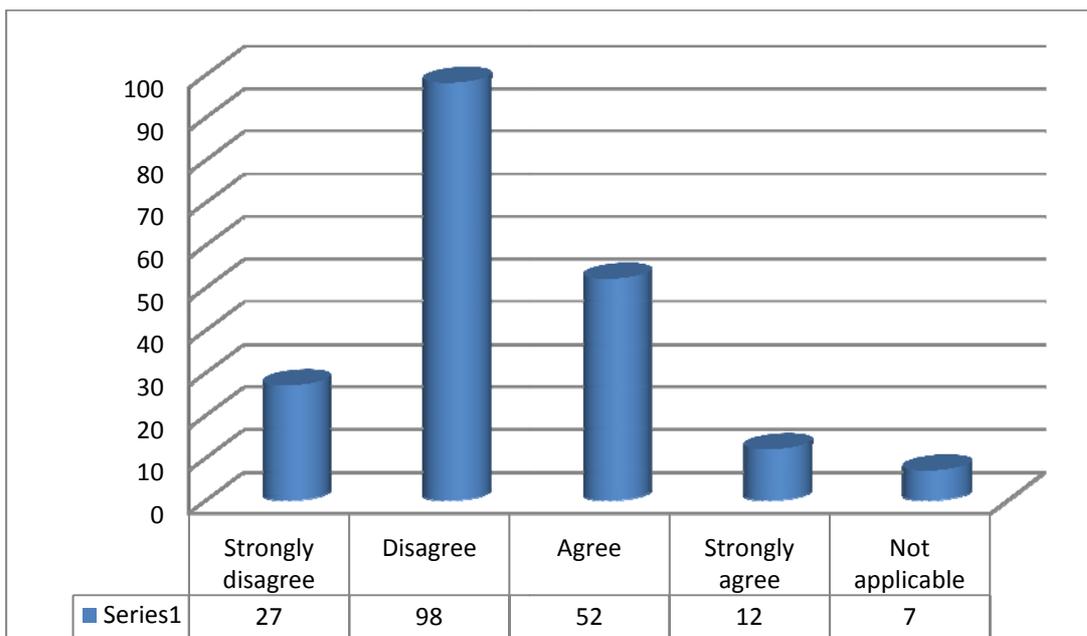
**Figure 4.53. Do you feel that it is difficult for the nursing staff to help a person with a disability? (N=194) (Question 24)**



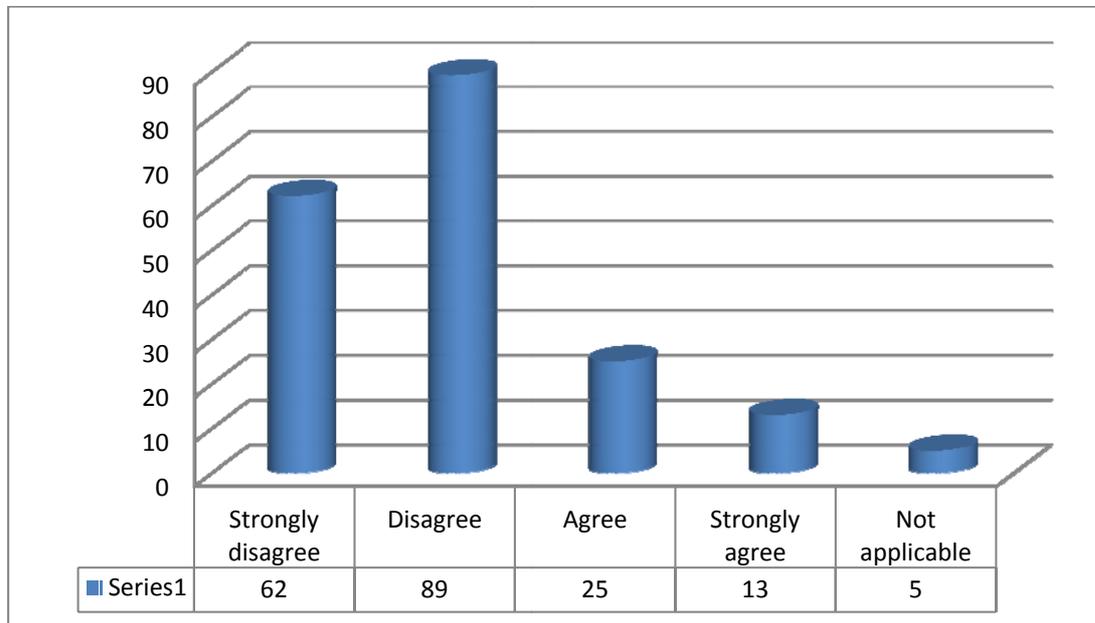
**Figure4.54. Indicate whether more time is allocated for the physical examination of persons with a disability? (N= 194) Question 25)**



**Figure 4.55. Persons with disabilities are difficult (N=194) (Question 26)**



**Figure 4.56. It is difficult to help a person with a disability because they don't have the intellectual capacity to communicate (N=194) (Question 27)**

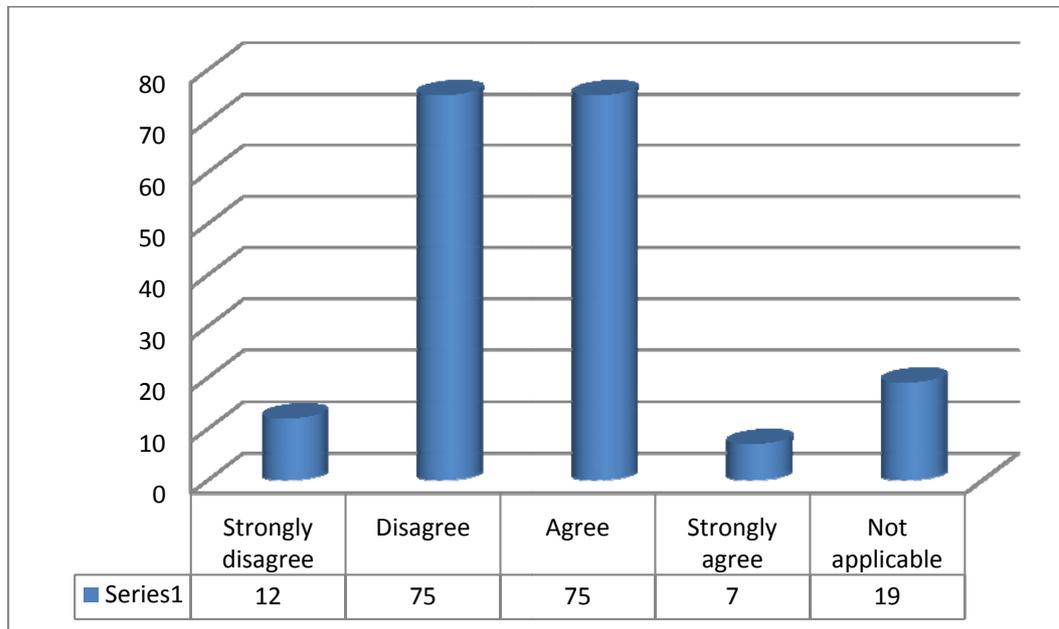


***Variable 14: Doctors' stay abreast of the best practices in medicine regarding the care of persons with physical disabilities***

This question generated some very interesting responses. n=82 (42%) of participating nurses disagreed that the doctors stay abreast of best practices in medicine regarding care of persons with physical disabilities and n=87 (44%) thought that doctors *were* staying abreast of best practices of care in the disability sector. Again, a small number n=19 (10%) of participating nurses marked this question "Not applicable".

Interestingly enough, this finding among participating nurses closely correlates with what participants with disabilities believed on the same subject.

**Figure 4.57. Doctors’ stay abreast of the best practices in medicine regarding the care of persons with physical disabilities (N=194) (Question 28)**

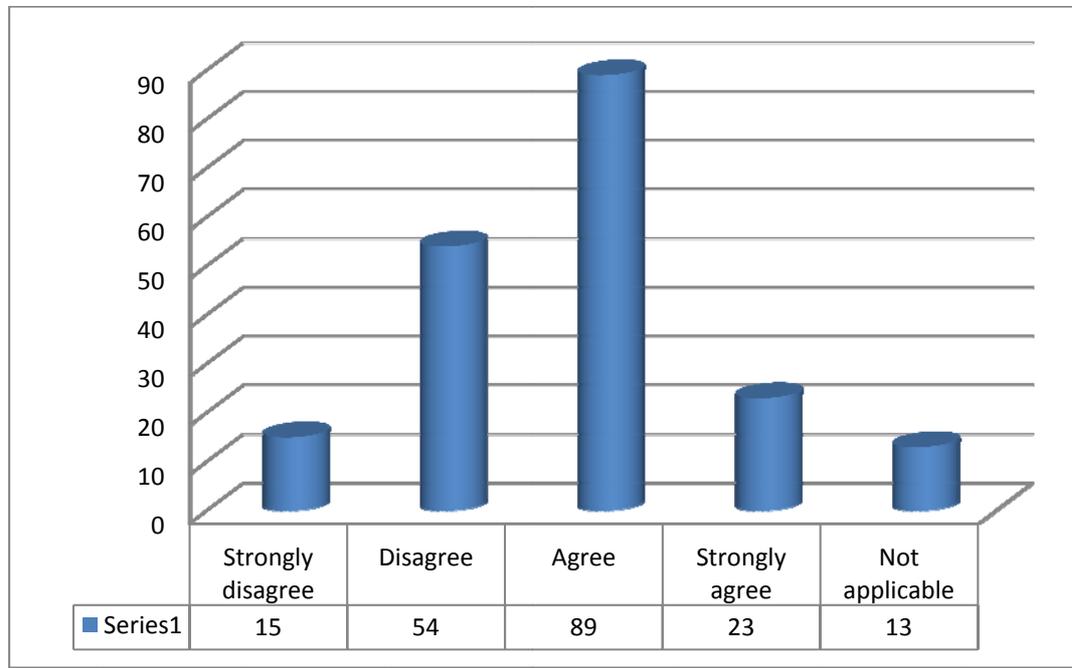


***Variable 15: Personal caregivers are allowed to stay with a person with a disability in your facility***

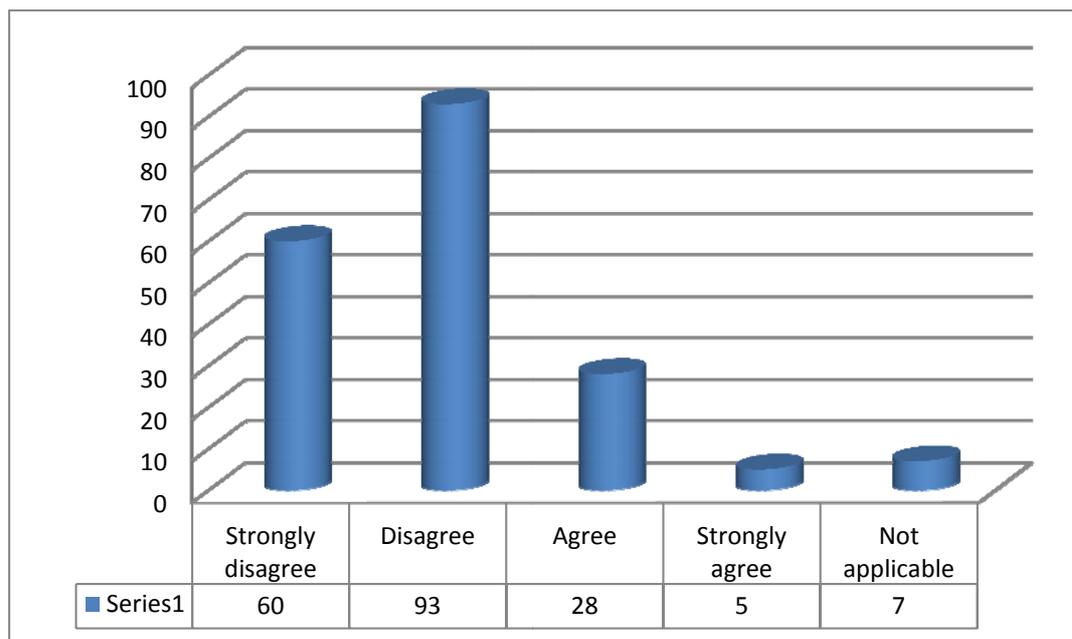
It is reassuring to note that n =112 (58%) of participating nurses said that caregivers could stay with the person they cared (figure 4.58) or if this were necessary. In However, n=69 (35%) added that this did not happen and n=13 (6.7%) marked the question “Not applicable”.

In response to the next question (figure 4.59) it was heart-warming to find that n=153 (79. %) of participating nurses didn’t just ignore the person with a disability and speak to their caregiver. Unfortunately the opposite is also true: n=33 (17%) reported this tendency. Again a small number of participating nurses n=7 (3.6 %) marked the question “Not applicable”.

**Figure 4.58. Personal caregivers are allowed to stay with a person with a disability in your facility (N=194) (Question 29)**



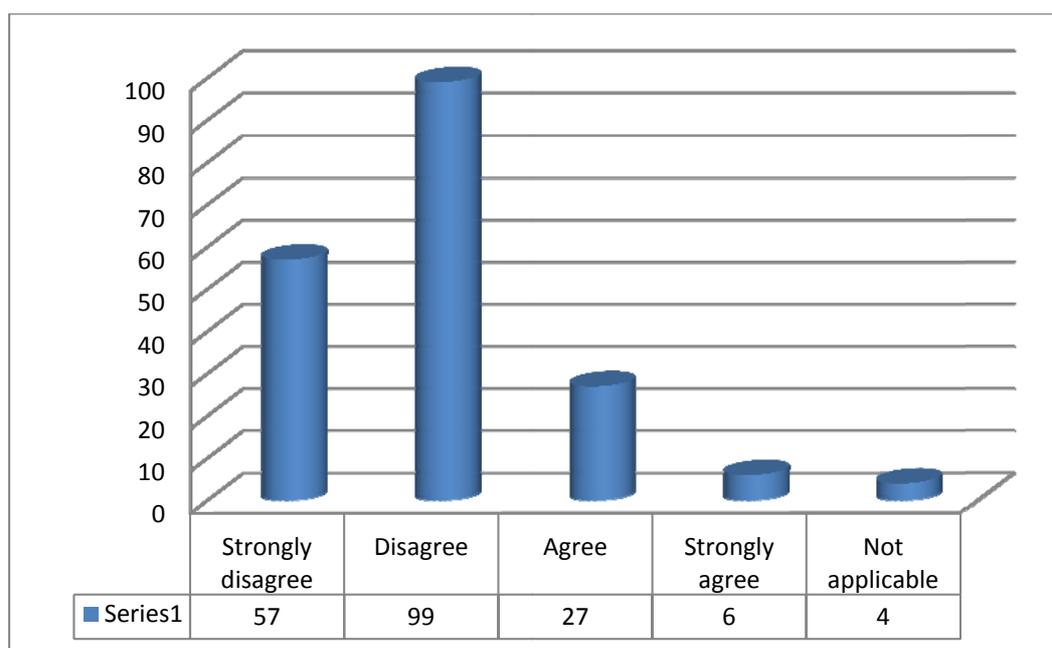
**Figure 4.59. I prefer to speak to the caregiver of a person with a disability than to the person himself (N=194) (Question 30).**



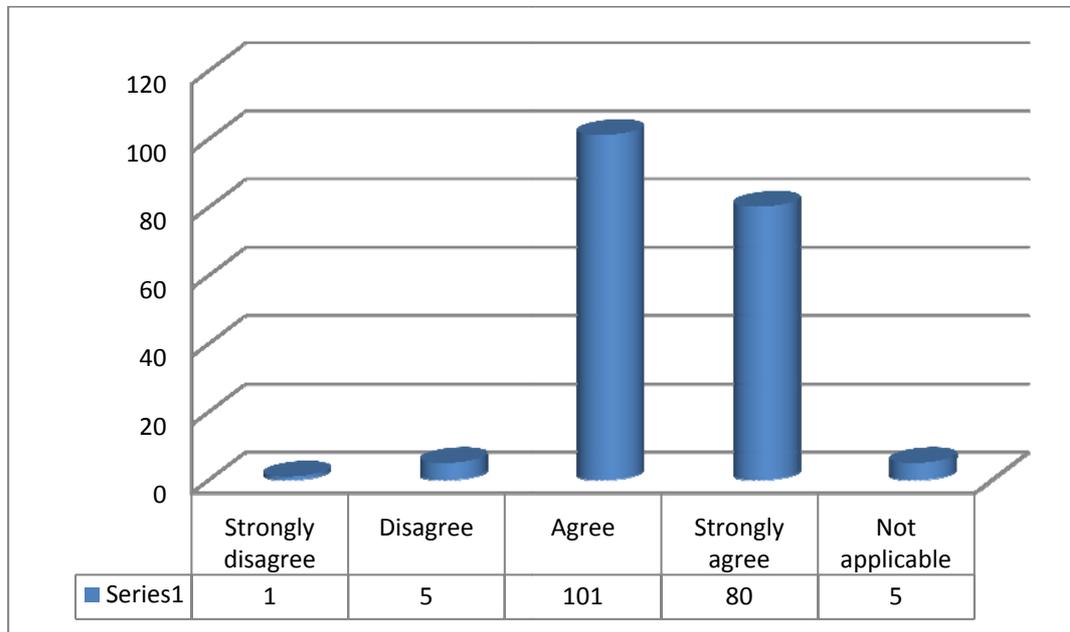
**Variable 16: To care for a person with a disability is very time consuming and I prefer to care for other patients**

To this question, n =155 (79.8%) of participating nursing (figure 4.60) staff disagreed with the statement that it is time consuming to care for a person with a disability. n=33 (17%) agreed with this statement, while n=4 (2%) marked the response “Not applicable”. The nursing staff do assist the person with a disability n= 181 (93%) with basic needs, n= 6 do not do it and n = 5 thinks it is not applicable. (figure 5.60)

**Figure 4.60 To care for a person with a disability is very time consuming and I prefer to rather care for other patients (N=194) (Question 31)**



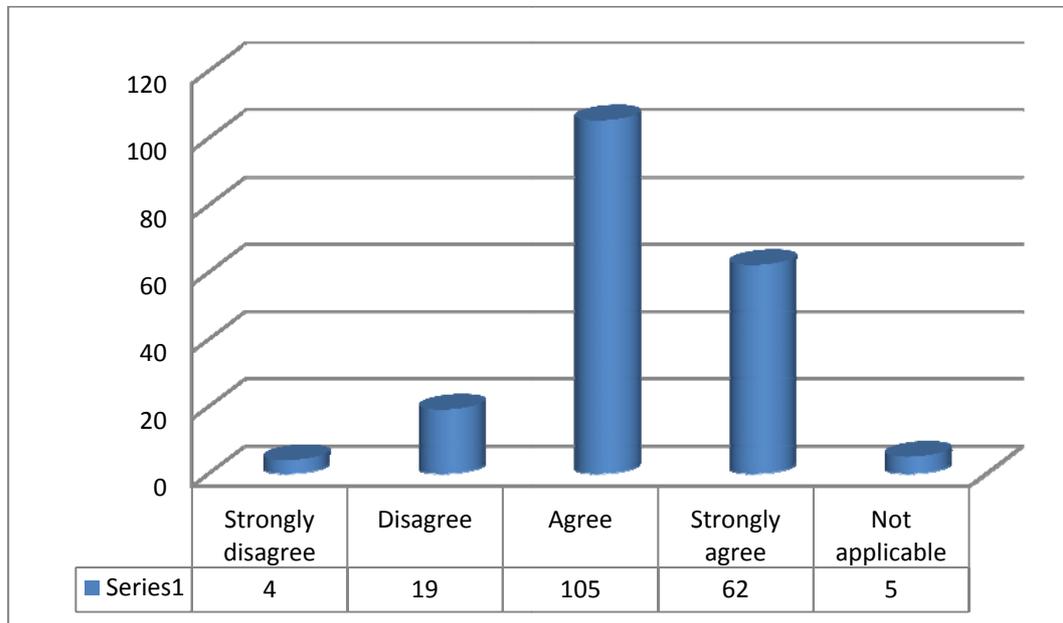
**Figure 4.61. Do you make a point of assisting a person with a physical disability to meet basic needs, i.e. assist with bathing / eating? (N=194) (Question 32)**



***Variable 17. Procedures are explained to a person with a physical disability prior to them being carried out***

The participating nurses' response on the statement that information is given before a procedure is carried out (figure 4.62), strongly correlates with the responses on the questionnaires of the persons with disabilities. n=167 (86%) said they do explain what will happen before a procedure is done. n=23 (12%) participating nurses report that they do not follow this practise, while n=5 (2.5%) think the question is not applicable.

**Figure 4.62. Procedures are explained to a person with a physical disability prior to them being carried out (N=194) (Question 33)**

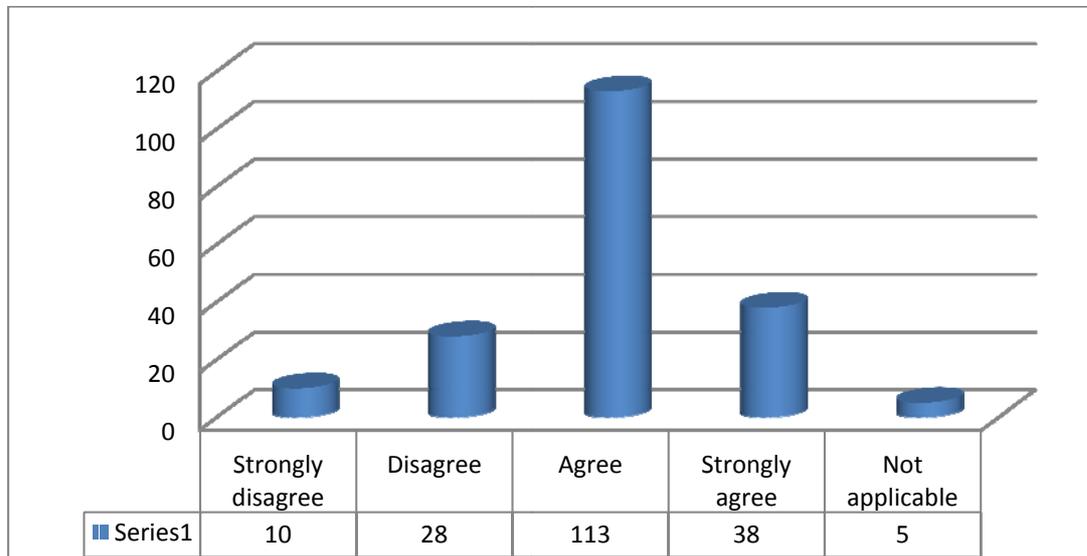


***Variable 18: The attitude of the staff at the healthcare facility is positive towards persons with disabilities***

n=151 (78%) of participating nurses reported positive attitudes towards persons with disabilities, while n=38 (20%) showed negativity and n=5 (2.5%) thought the question not applicable/ not important.

From literature and from personal experience, the researcher feels strongly that with a positive attitude towards persons with disabilities it would be possible to bridge the gaps in the care of persons with physical disabilities.

**Figure 4.63. The attitudes of the staff at the healthcare facility are positive towards persons with disabilities (N=194) (Question 34).**



**Conclusion:**

**An analysis and comparisons of perceptions and opinions of persons with disabilities as well as the nursing staff will now be discussed to further determine the knowledge and opinions of nurses regarding the nursing management of persons with disabilities.**

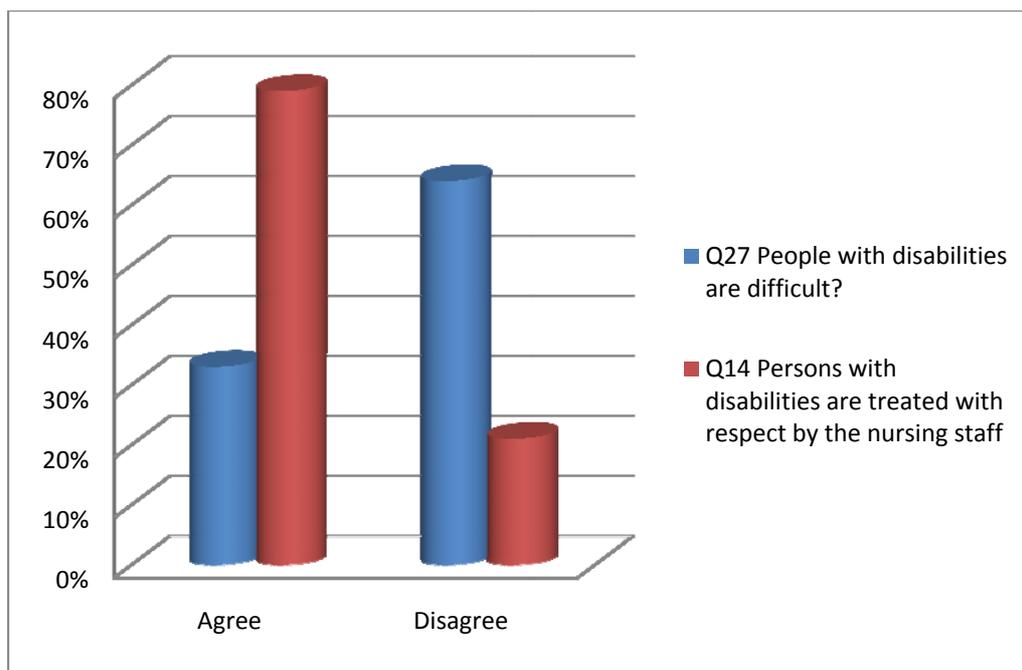
## 4.4 ANALYSIS AND COMPARISONS OF PERCEPTIONS AND OPINIONS OF PERSONS WITH DISABILITIES AND THE NURSING STAFF

### 4.4.1. Perceptions of nurses and persons with disabilities

- **Respect**

If you compare the answers of Question 27 (Questionnaire for persons with disabilities) with Question 14 (Questionnaire for the nursing staff), you will find that the minority of nurses see persons with disabilities as difficult and they are thought to be treated with respect.

**Figure 4.64. Perceptions towards persons with disabilities**

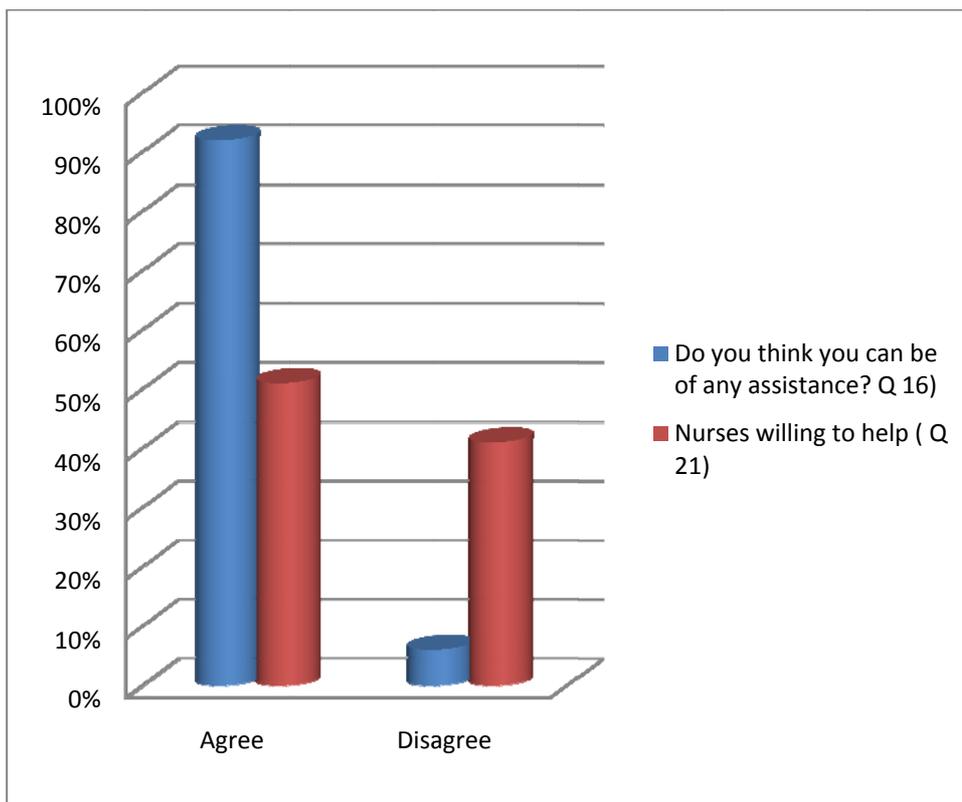


According to the literature reviewed in this thesis, the impression world-wide is that nurses see persons with disabilities as people who are presumed to be intellectually disabled as well. According to this researcher's exploration, this does not seem to be the case in at least two of Kimberley's hospitals.

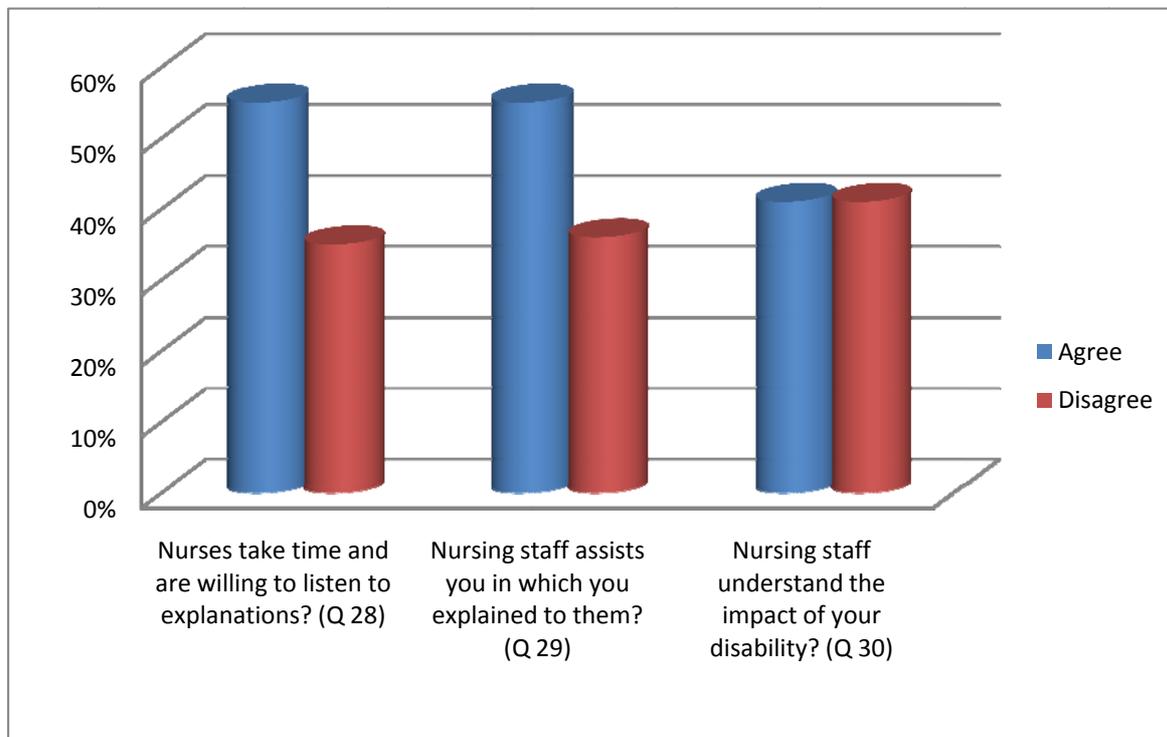
- **Impact of disability – do the nurses understand it?**

In Figure 4.66 it is clear that the majority of persons with disabilities are able to explain to the nurses how to help them and the nurses are according to these results not that unwilling to listen and to help, but it seems that the nurses do not really understand the impact of disability on their patient as seen in Figure 4.65.

**Figure 4.65. Are you willing to help persons with disabilities?**



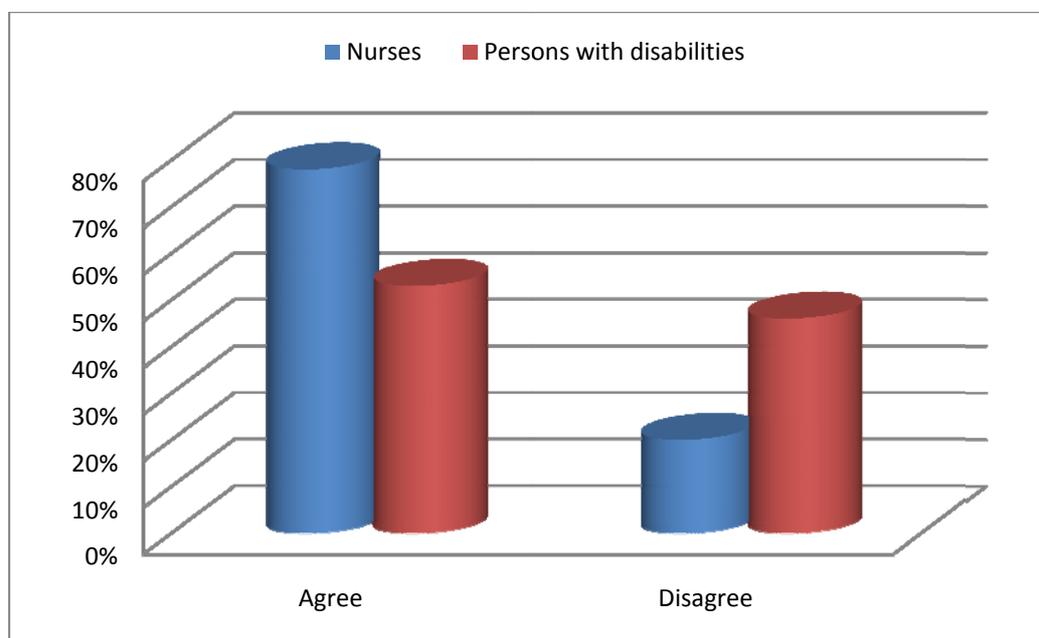
**Figure 4.66. Nurses listen, assists, understands disability**



- **Attitudes towards persons with disabilities**

According to the results from the participating nurses, they feel positive towards persons with disabilities; at a score of 78% (see Figure 4.66). On the other hand, only 53% of persons with disabilities experience nurses as being positive towards persons with disabilities. One possible reason for this may be the way nurses approach or think about persons with disabilities. The persons with disabilities' may also have a different perception of the quality and quantity of nursing care they require. The special needs and care requirements of different kinds of disabilities must also be taken into account in this context.

**Figure 4.67. Attitudes of nurses are positive towards persons with disabilities**



One person without arms and legs had a terrible experience in a hospital. The nursing staff didn't understand her disability, didn't try to understand or make an effort to ascertain how to care for her. The intravenous infusion put up for hydration flowed very fast, so she needed help with the bedpan approximately every hour. The nurses didn't attend to her because they thought it was the work of her own care attendant. Urine was spilled on the bed and the nurses refused to clean the bedding. When they served her food, she wasn't attended to because they thought it was the work of her care attendant to assist her to eat. The patient's coffee / tea also went cold because nobody helped her drink it. She was not washed or her own night gown put on, because the nurses thought it was not necessary.

When this patient was nauseous and the nursing staff brought her a washbasin to vomit in, but it was not taken away afterwards, so she had to sit for about an hour with the basin positioned under her chin. Later the basin, still with its contents, was placed beside her bed for the night.

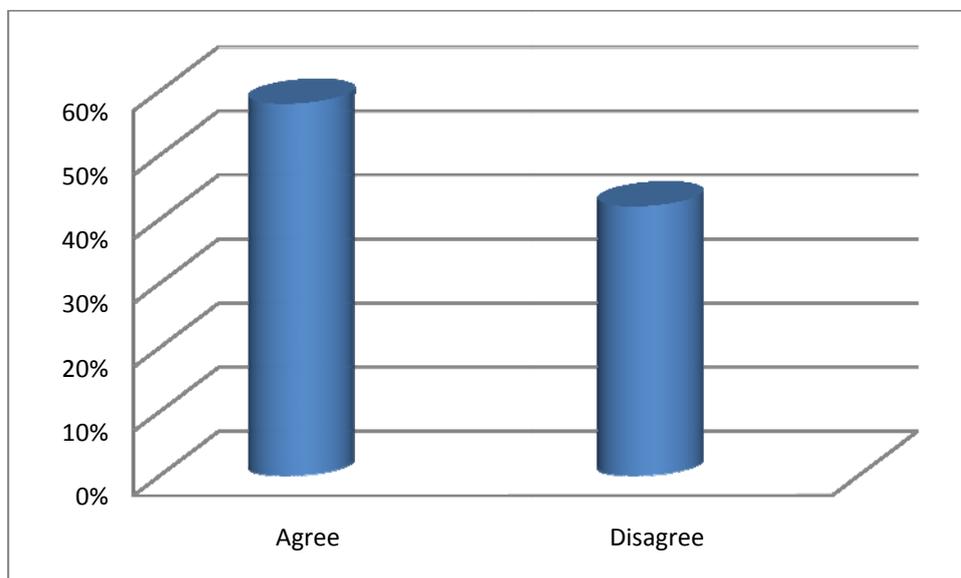
According to this lady the staff didn't know how to make her comfortable although she explained to them how this could be done.

- **Nursing staff will forget you in an emergency**

This statement shocked all the participants in both groups. The majority of participants said they really hope the nurses do not forget them and most added a rider: “No they will not forget me!” (see Figure 4.68). It was evident, especially among the blind participants, that they didn’t expect anybody to come back for them in an emergency. They expected that it would be a case of “everyone for himself”. One of the participants told the researcher that he once worked in a building that caught fire. It was chaos, the blind people tried to get away from the flames, climbing up to the window. The able-bodied people escaped and didn’t come back for the patients with disabilities. Of all the rescuers, it was only one man - who was physically disabled himself - that went back to help the blind patients.

The emergency evacuation of patients with disabilities should be integrated into every hospital’s emergency plan, keeping in mind that persons with disabilities will be their most vulnerable during such a situation.

**Figure 4.68. Nursing staff will forget you in a emergency**



## **Conclusion**

In this chapter the results of the questionnaires of the nursing staff in both public and private hospital in Kimberley were discussed. It seems that the nursing staff do have positive attitudes towards persons with disabilities and that can be utilised to help the persons with disabilities. The nurses can make the environment more accessible for persons with disabilities by motivating for equipment and accessible toilets for example. Training is something that needs urgent attention. This will have immediate effect on the nurses as well as the persons with disabilities.

In Chapter 5 the report on the research process and findings will be concluded and some recommendations will be made.

## **CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS**

### **5.1. Introduction:**

Chapter 4 of the research process focused on the discussion of the results of the data that was collected through the completion of questionnaires. Information was gathered by posing both open and closed ended questions to participating nursing staff and persons with disabilities.

In Chapter 5 an overview of the study will be given and some recommendations will be made based on the conclusions of the study. However with the assistance of tables and figures inserted in this chapter recommendations will be made accordingly.

### **5.2 Conclusions and recommendations**

The findings of the study must be measured against the research problem to determine whether the goals of the study were reached. If the information that was collected and analysed is scrutinized and the results are studied, the conclusion must be reached that the study did indeed attain its goal and that the knowledge and opinions of both participating nursing staff and persons with disabilities were taken into account.

The following conclusions that were drawn and relevant recommendations that are made will be discussed individually as follows in this chapter:

- Facility
- Perceptions
- Caregivers
- Procedures
- Doctors
- Training.

5.2.1. Recommendations regarding the facility with reference to :

- **Accessibility**

**Table 5.1. Accessibility of facilities**

	Nursing staff	Agree	Disagree		Persons with disabilities	Agree	Disagree
Q6	Facility accessible ?	64%	29%	Q31	Able to access all patient areas?	81%	20%
Q7	Reserved parking?	65%	31%	Q5	Reserved parking	60%	20%
Q8	Assistance for pwd	63%	35%	Q6	Assistance when you arrive	51%	40%
Q9	Entrance is accessible ?	80%	20%	Q7	Entrance accessible?	79%	7%
Q10	Rooms are accessible?	48%	51%	Q8	Rooms accessible?	74%	12%
Q11	Bathrooms accessible ?	40%	57%	Q9	Bathrooms accessible?	42%	35%
Q12	Much as necessary to assist?	45%	52%	Q10	Much as necessary has been done?	42%	47%

When the results from the two participating groups are compared, it is interesting to see that the persons with disabilities are more satisfied about the accessibility of the facility than is the nursing staff. On this question 64% of nurses were of the opinion that the facility is accessible but 81% of persons with disabilities confirmed that the facilities were accessible.

- **Parking**

With regards to the parking 65% of the nursing staff was of the opinion that there was parking for persons with disabilities in front of the building, versus 60% of the persons with disabilities who confirmed that there was parking available. It must also be taken into account that only people with physical disabilities will be affected by lack of parking.

- **Assistance when a person with a disability arrives at the hospital**

61% of nursing staff and 51% of persons with disabilities experienced that assistance was offered when they entered the facility. In many interviews with the persons with disabilities it was found that they did not expect help. They mostly arrived at hospital in the transport of the people who cared for them and didn't expect help from outsiders.

- **Entrance**

No problems were reported where the entrance was not accessible. The nursing staff scored the accessibility of the entrance area at 81% accessible, and the persons with disabilities confirmed this with 79%.

- **Rooms**

Again, the nurses didn't see the hospital rooms as accessible for persons with disabilities as the persons with disabilities did themselves. Here the nurses scored accessibility of rooms at only 48%, while the persons with disabilities rated accessibility at 74%. It seems that the two groups have different expectations regarding accessibility, physical space and the requirements of patients with disabilities. It must be borne in mind that patients with disabilities do not necessarily have strong expectations of ease of access. This might mean that any area that has less barriers than they are used to at home, might be seen as accessible.

- **Bathrooms**

Bathrooms seem to be a major concern for both groups as they both gave a score of respectively 40% (participating nurses) and 42% (persons with disabilities). Some of the mothers also had a problem when they had to take their children with disabilities to a bathroom. In an ordinary hospital bathroom, adults have no place to put down the child to get him dressed or changed.

- **As much as is necessary is done to assist persons with disabilities**

In general, the responses from the nursing staff (45%) as well as the people with disabilities (42%) were that not enough was / is done to assist persons with disabilities. Most healthcare

facilities are not disability-friendly areas. It seems as if persons with disabilities have lower expectations from the able-bodied environment (i.e. assistance from nursing staff) than do the nurses of themselves.

**Recommendation with reference to the indicators above:**

The two hospitals will not be handled separately because the problems are similar in both facilities.

It is essential for a hospital to be accessible to persons with physical disabilities. South Africa signed the UN convention in 2007 and must adhere to that. (See Foundational framework figure 2.1.) Therefore it is important to do adjustments to buildings to achieve accessibility for persons with disabilities. Parking bays near every entrance of healthcare buildings can easily be converted into parking for persons with disabilities. What is also essential is to manage those parkings so that persons *without* disabilities will not park there. Hospital security officers can be of assistance with a wheelchair when a person arrives at the facility. It will not only make the person with a disability feel welcome but he and his family will feel that they are being specially taken care of.

With regard to the bathrooms that are a major problem for both the nursing staff and the persons with disabilities, it is not necessary to convert every bathroom to be accessible to persons with disabilities, but to focus on those wards where you are most likely to admit persons with disabilities or patients with temporary disabilities (e.g. knee and hip replacements). There are many experts in the disability sector that are able to help the hospital to convert bathrooms in the facility to a disability - friendly area. Sometimes it would be possible to make minor adjustments to the current bathroom to make it more accessible for persons with disabilities.

### **5.2.2. Recommendations regarding perceptions of staff and persons with disabilities with reference to:**

- **Respect**

If you compare the answers of Question 27 (Questionnaire for persons with disabilities) with Question 14 (Questionnaire for the nursing staff), you will find that the minority of nurses see persons with disabilities as difficult and they are thought to be treated with respect.

According to the literature reviewed in this thesis, the impression world-wide is that nurses see persons with disabilities as people who are presumed to be intellectually disabled as well. According to this researcher's exploration, this does not seem to be the case in at least two of Kimberley's hospitals.

- **Impact of disability – do the nurses understand it?**

In Figure 4.65. it is clear that the majority of persons with disabilities are able to explain to the nurses how to help them and the nurses are according to these results not that unwilling to listen and to help, but it seems that the nurses do not really understand the impact of disability on their patient as seen in Figure 4.65..

- **Attitudes towards persons with disabilities**

According to the results from the participating nurses, they feel positive towards persons with disabilities; at a score of 78% (see Figure 4.66) On the other hand, only 53% of persons with disabilities experience nurses as being positive towards persons with disabilities. One possible reason for this may be the way nurses approach or think about persons with disabilities. The persons with disabilities' may also have a different perception of the quality and quantity of nursing care they require. The special needs and care requirements of different kinds of disabilities must also be taken into account in this context.

One person without arms and legs had a terrible experience in a hospital. The nursing staff didn't understand her disability, didn't try to understand or make an effort to ascertain how to

care for her. The intravenous infusion put up for hydration flowed very fast, so she needed help with the bedpan approximately every hour. The nurses didn't attend to her because they thought it was the work of her own care attendant. Urine was spilled on the bed and the nurses refused to clean the bedding. When they served her food, she wasn't attended to because they thought it was the work of her care attendant to assist her to eat. The patient's coffee / tea also went cold because nobody helped her drink it. She was not washed or her own night gown put on, because the nurses thought it was not necessary.

When this patient was nauseous and the nursing staff brought her a washbasin to vomit in, but it was not taken away afterwards, so she had to sit for about an hour with the basin positioned under her chin. Later the basin, still with its contents, was placed beside her bed for the night.

According to this lady the staff didn't know how to make her comfortable although she explained to them how this could be done.

- **Nursing staff will forget about you in an emergency**

This statement shocked all the participants in both groups. The majority of participants said they really hope the nurses do not forget them and most added a rider: "No they will not forget me!" (see Figure 4.67 It was evident, especially among the blind participants, that they didn't expect anybody to come back for them in an emergency. They expected that it would be a case of "everyone for himself". One of the participants told the researcher that he once worked in a building that caught fire. It was chaos, the blind people tried to get away from the flames, climbing up to the window. The able-bodied people escaped and didn't come back for the patients with disabilities. Of all the rescuers, it was only one man - who was physically disabled himself - that went back to help the blind patients.

The emergency evacuation of patients with disabilities should be integrated into every hospital's emergency plan, keeping in mind that persons with disabilities will be their most vulnerable during such a situation.

- **General recommendations;**

The researcher is of the opinion that nursing staff is uncertain and uncomfortable about how to treat persons with disabilities and that is why they quietly “ignore” these patients. It will not be possible to change the nursing curriculum immediately, but it is possible to ask experts in the disability sector to help the hospital with as sensitisation program (which they will gladly do).

The researcher truly feels that perceptions can be changed if the nursing staff is empowered with knowledge. It is also important to remember that healthcare facilities and their staff do not do persons with disabilities a favour by accommodating them - it is their right as citizens of this country, according to the South African Bill of Rights (1996).

### 5.2.3. Recommendations: regarding the circumstances of Caregivers

It seems that in some circumstances the caregiver of the person with a disability is allowed to stay with that person in hospital as in Figure 5.2 And in those cases the nursing staff did treat the caregiver and the person with a disability with respect. One of the participants unfortunately had a very bad experience when she was not allowed to be cared for by her caregiver, she also complained that the nursing staff where rude to the caregivers.

**Figure 5.2. Nurses’ attitude towards caregivers**

	Nurses	Agree	Disagree		Person with a disability	Agree	Disagree
Q30	Caregivers are allowed to stay with a person. With a disability?	58%	35%	Q19	Caregiver allowed to stay when admitted	39%	8%
Q31	I prefer to speak to the caregiver of a person. With a disability than to the person. himself ?	17%	79%	Q18	Nurses treat Caregiver with respect	52%	7%

#### **5.2.4 Recommendations regarding the hospitalisation of persons with disabilities:**

It seems that in some circumstances the caregiver of the person with a disability is allowed to stay with that person in hospital (see Figure 5.7). And in those cases the nursing staff did treat the caregiver and the person with a disability with the respect they expected. One of the most dependent participants with disability reported that she had a very bad experience when she was not allowed to be cared for by her own caregiver. This same participant also complained that the nursing staff has been rude to the caregivers.

Caregivers are a very important part of the life of a person with a disability and must be treated as such. It is important that the hospitals must have policies in place regarding the handling of persons with disabilities and their care givers. In some instances the care giver can be of great help to the nursing staff and provide important information regarding the person with a disability and the patient of the nurse. This person must not be seen as a nuisance but as a “part” of the person with a disability. In this way the best care can be rendered to the patient with a disability and help him / her to recover. It should be noted by hospital policy makers that nursing staff should inquire whether the caregiver is willing and able to assist in the hospital care of their charge, and whether the hospital and medical professionals will allow this to happen.

This is a wonderful mutual learning opportunity, as well as a way to desensitise fearful and / or ignorant nursing staff members.

#### **5.2.5 Recommendations: regarding policy and procedures with reference to persons with disabilities admitted to hospital. as illustrated in figure 5.3.below:**

The staff should discuss the procedures that are going to be carried out with the person with a disability, as is the policy of all the hospitals involved in the research. In this study 86% of nurses agreed with the statement, as did 73% of persons with disabilities. This is something that must be ongoing and integrated into the work routine, because of the importance that the patient is both team leader, and part of his own recovery process.

**Figure 5.3. Are procedures explained to persons with disabilities before being carried out by the nursing staff?**

	Nurses	Agree	Disagree		Persons with disability	Agree	Disagree
Q34	Procedures are explained to a person. With a disability prior to being carried out?	86%	12%	Q33	Procedures are explained prior to being carried out	73%	24%

**5.2.6. Recommendations: regarding communication between nursing staff and persons with disabilities**

Communication between the person with a disability and the nurse is often a problem, especially if the nursing staff is not skilled in communicating with a person with a disability (e.g. deafness, blindness or physical disability). All nurses have the theoretical knowledge of the procedure, as it is taught to them during their basic training and enforced by law (e.g. the Nursing Act, Act 33 of 2005). In this instance the Association of Person with Disabilities (APD) can be of assistance to healthcare facilities and training schools by way of their sensitisation programs. Communication is the most important part of the things humans do every day, but to a person with a disability it is essential to enabling nurses to understand their needs, fears and requirements (Dorothy-Anne Howitson, 2010).

**5.2.7. Recommendations: Regarding attitudes of Doctors with reference to the management of persons with disabilities as illustrated in figure 5.4. below :**

The participants with disability all seemed to be reasonably satisfied with the care they received from their doctors, and the feedback from the nursing staff correlated with their feedback. There was however uncertainty in some cases with regards to the doctor keeping up to date with the newest care for their disability. One blind man was very

impressed with the research his specialist got involved in and kept him informed of. Another woman, who was a quadriplegic, changed her doctor because the first doctor didn't understand her disability and was of no help to her at all. Presently she is more satisfied and trusts her new General Practitioner, as he makes time for her and understands her disability.

It will also be of great help if the General practitioner gets to know more about his patient's particular disability, also more time needs to be allocated for persons with disabilities.

**Table 5.4. Accessibility of doctors and the rooms**

	Nurses	Agree	Disagree		Persons with disability	Agree	Disagree
Q15	Dr.'s examining areas accessible?	48%	45%				
Q26	More time allocated for physical examination for Persons with disability?	64%	31%	Q15	Doctor allows more time	62%	34%
Q29	Drs. Stay abreast of best. Practices in medicine regarding the requirements of Persons with disability	42%	45%	Q16	Dr. Kept UP to date	51%	44%

**5.2.8. Recommendations regarding Training of nurses as illustrated in figure 5.5. below:**

The participants with disabilities' responses to this part of the questionnaire were overwhelmingly positive regarding specific training for nurses on caring for persons with disabilities. Most of the nurses were also convinced that they needed special training regarding care of persons with disabilities. The persons with disabilities identified lack of training from the nurses' behaviour towards them during care in the two healthcare facilities in Kimberley.

**Table 5.5. Nurses training**

	<b>Nurses</b>	<b>Agree</b>	<b>Disagree</b>	<b>1</b>	<b>Persons with disabilities</b>	<b>Agree</b>	<b>Disagree</b>
Q21	Did you have any training?	22%	67%	Q23	Nurses had specific training?	28%	69%
Q23	Do you consider it necessary for nurses to undergo a short training program to assist persons with disabilities?	98%	1.50%	Q37	Nurses needs short training	84%	16%
Q22	Do you agree that different categories of disabilities require different methods of assistance?	96%	3.60%	Q38	Short training on different categories of physical disabilities	89%	7%

	<b>Nurses</b>	<b>Agree</b>	<b>Disagree</b>	<b>2</b>	<b>Persons with disabilities</b>	<b>Agree</b>	<b>Disagree</b>
Q24	Would you agree that present training programs for nurses be adapted to the different needs required by different categories of people with physical disabilities as these persons require specific skills in nursing care?	97%	3%				

### 5.3 GENERAL RECOMMENDATIONS BASED ON THE FINDINGS OF THE STUDY

#### 5.3.1. Facility

Healthcare buildings not being accessible causes frustration in Kimberley. It would be of great assistance to the persons with disabilities if the hospitals and clinics' could study and correct the accessibility of the buildings. Accessibility starts at the parking for persons with disabilities and follows through to areas such as the bathrooms. This is a major source of frustration for both nursing staff and the persons with disabilities. In some instances the beds and rooms are not accessible for persons in wheelchairs, and the nursing staff who help them.

### **5.3.2. Waiting**

It will be of great help to persons with disabilities if they could be seen soon when visiting a hospital or clinic, as waiting becomes a problem, with wheelchairs blocking access and persons with disabilities having to be escorted by one or more caregivers.

Blind people in the community have many challenges in this area. They first have to find someone to take them to the clinic / hospital. Then they have to pay taxi fees, for food, cigarettes, etc. for the day. When the blind person finally arrives at the clinic, they do not know what is going on most of the time, and they literally just sit and wait in the “dark”. Sometimes they wait the whole day and are supposed to see the doctor, but when it is their turn the doctor might see only 20 patients for the day and they are number 21. This person then has to go through everything again the following day, hoping to be among the “lucky 20”. In many cases the blind person doesn’t eat because they cannot afford it, but they must make sure that the sighted person who helped them has something to eat, to ensure this person remains willing to help them again next time.

One person who was mobility impaired and was using crutches had difficulty to stand up and sit down in the waiting area. The routine there is that when the first person in line is helped, everybody moves up one chair. This was very painful for this person. It would be of great help if a person with such special needs could be identified and accommodated. Many people with disabilities do not want to be treated differently from other people, but circumstances might force this on them and the caregivers around them.

### **5.3.3. Training and sensitising**

In general the nursing staff seems to understand what frustration persons with disabilities experience especially in hospital. It seems that nurses also experience the same frustration especially with space that is not accessible to persons with disabilities, as it makes the work of caring for the patient with disability more difficult for the nurses.

It is however clear that nurses do need special training and often request it. As shown during the research, participants with disabilities also recommend more training for nursing staff regarding care of persons with disabilities.

In the interim it would be of great value for nursing staff to be sensitised by persons with disabilities or experts from the associations who assist persons with disabilities, on how to care for them.

The Nursing Council must also look into the training curriculum. It is of utmost importance that disability should get attention in all disciplines of nursing, because persons with disability must be handled in maternity, Critical care, Psychiatry etc. It is very important to evaluate the curricula and begin to educate nurses about persons with disabilities. This will change the ignorance amongst nurses and give the persons with disabilities the place in society they deserve.

#### **5.4. Significance of the study:**

This study emphasised the fact that nurses do not know how to treat persons with disabilities. Nurses tend to sometimes think they know it all and for that reason do not take the trouble to ask a person with a disability how to help him.

This awareness however must start with the government. The UN convention must be adhered to and the persons with disabilities should be respected in society. This awareness should start with the parking bays and the officials must set the example.

The most important thing to remember is that persons with disabilities must be helped to be active in the society. We must stop being their barriers and rather help them to live the meaningful life they are destined to live.

#### **5.5 Limitations of the study**

The following limitations were identified during the study:

- a. Very few nursing staff from the clinics participated in the study. It would be of interest to be able to document their views regarding the topic as well.
- b. Only the nursing staff from the healthcare facilities were involved in this study, but the person with disabilities is also confronted by administration staff, porters, pharmacy personnel and cleaners, among others, who have a great deal to do with their care in the hospital
- c. This study was too broad. A further study should be undertaken involving persons with specific physical disabilities, or the disability needs to be specified and the questions

adapted to the requirements of the blind or physically disabled participants, etc. This should be done, the better to see the impact of disability on the physical environment, and vice versa.

d. Only one deaf person was interviewed, which does not give a broad enough representation of this specific disability in the study.

e. Transport was also 'a problem as it must be accessible for the physically disabled, not just for other disabilities.

## **5.6. SUMMARY**

### **5.6.1. Research problem**

The problem identified is “nursing” staff working in specified healthcare settings in Kimberley do not know how to manage persons with physical disabilities”.

According to the feedback from the persons with disabilities and the nursing staff it seems that many of the nurses have not received formal training on how to care for a person with a disability, or how to assist persons with different disabilities.

With the overwhelming need for training it is clear that there really is a gap in the nursing training concerning this aspect of patient care.

### **5.6.2. Were the Research objectives reached – comments?**

**The objectives of this study were to:**

**1. *Determine what the opinions and knowledge of nurses working in two healthcare services in Kimberly are regarding the nursing management of persons with disabilities***

This goal was achieved, because it was very clear from the nurses that they needed more training to be able to care holistically for the persons with disabilities.

**2. *Determine what opinions of persons with disabilities in healthcare setting in Kimberley hold with reference to the nursing care provided for persons with disabilities.***

This goal was also achieved because the answers of the nurses and those of the persons with disabilities correlated overwhelmingly. The persons with disabilities had no doubt in their mind that it was necessary for the nursing staff to get training in how to care for persons

with disabilities. This training however is complex and must be adapted by the Nursing schools and Nursing council.

**The researcher is confident that these questions have been answered by this research study however there are opportunities for future research projects specifically in nursing.**

### **5.7. Future research projects:**

#### **To determine:**

- The knowledge of support staff regarding the caring persons with disabilities.
- The emotional effect of the relatives who cares for persons with disabilities.
- Accessibilities of shopping centres for persons with disabilities
- What are the attitudes of care givers towards the person with disability and their family?
- A further study should be undertaken involving persons with specific physical disabilities, or the disability needs to be specified and the questions adapted to the requirements of the blind or physically disabled participants, etc

### **5.8. Conclusion**

In conclusion, it is wonderful to see that nurses and persons with disabilities agree on the basic needs of persons with disabilities and what the problems are that these persons experience. Furthermore, these problems also frustrate the nursing staff. What is clear is that the nurses do not understand the challenges of physical disabilities and freely acknowledge this fact. In my opinion, this is a step in the right direction. There is help available from the disability sector until nursing curricula can be updated, and this can be utilised to the benefit of both the nursing staff and persons with disabilities.

It was a great privilege to learn from persons with disabilities during this study. My experience of these unique persons is that they have a great deal of courage to live out their daily challenges under difficult circumstances. They are part of the people who make a difference in our lives and those of us who are able-bodied persons should make it possible for them to become the best that they can be.

Nurses who really care for and care about people with disabilities are such a joy to the patients. They should be nurtured and helped to grow a service culture in our healthcare facilities that welcomes and supports persons with disabilities.

It is important to remember that by implementing the recommendations from the study, it won't only benefit persons with disabilities but also the elderly, the dependent patients, and persons who have had an operation and are thus temporarily mobility impaired. On the other hand, institutions do not do the persons with disabilities a favour by being accessible and accommodating them, as it is the right of every person with a disability to be treated equally. They should have the same opportunities in healthcare than the able-bodied person requires, as stated in the 1996 Bill of Rights.

The foundational framework (figure 2.1.) of this study was based on facts and problem solving - both facets of our responsibilities with regard to the UN Convention. Persons with disabilities must be given the opportunity to become the best they can be and not be hindered by the able-bodied persons. However this framework can be used as a guide by health professionals and nurses who care for persons with physical disabilities or any other disability to enable them render quality holistic care.

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**7. ANEXURES APPLICABLE TO THIS STUDY:**

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06 August 2010

**MAILED**

Miss J Snyman  
Department of Nursing  
2nd Floor  
Teaching Block

Dear Miss Snyman

**Assessing Nurses Knowledge and Opinions Regarding the Management of Persons with Physical Disabilities in Healthcare Settings in Kimberly.**

**ETHICS REFERENCE NO: N10/06/215**

**RE : APPROVAL**

A panel of the Health Research Ethics Committee reviewed this project on 19 July 2010; the above project was approved on condition that further information is submitted.

This information was supplied and the project was finally approved on 5 August 2010 for a period of one year from this date. This project is therefore now registered and you can proceed with the work.

Please quote the above-mentioned project number in ALL future correspondence.

Please note that a progress report (obtainable on the website of our Division: [www.sun.ac.za/rds](http://www.sun.ac.za/rds) should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly and subjected to an external audit. Translations of the consent document in the languages applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372  
Institutional Review Board (IRB) Number: IRB0005239  
The Health Research Ethics Committee complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

Please note that for research at a primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health ([healthres@pgwc.gov.za](mailto:healthres@pgwc.gov.za) Tel: +27 21 483 9907) and Dr H el ene Visser at City Health ([Helene.Visser@capetown.gov.za](mailto:Helene.Visser@capetown.gov.za) Tel: +27 21 400 3981). Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

Approval Date: 5 August 2010

Expiry Date: 5 August 2011

06 August 2010 09:46

Page 1 of 2



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Yours faithfully

**MS CARLI SAGER**  
**RESEARCH DEVELOPMENT AND SUPPORT**  
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RESEARCH AND SUPPORT

A copy of the original document (letter) is available on the website of the Faculty of Health Sciences at the following address: [www.sun.ac.za/healthsciences](http://www.sun.ac.za/healthsciences)

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## MEDI-CLINIC LIMITED

Private hospital group

Reg. No. 1969/009218/06

Medi-Clinic Offices, PO Box 456, Stellenbosch 7599 • T +27 21 809 6500 • F +27 21 809 6756  
Strand Road, Stellenbosch 7600 • www.mediclinic.co.za

30 August 2010

Ms J Snyman  
Kimberley Medi-Clinic  
PO Box 2082  
KIMBERLEY  
8300

Dear Johanna

### PERMISSION TO CONDUCT RESEARCH AT KIMBERLEY MEDI-CLINIC

Your research proposal entitled "*Assessing nurses knowledge and opinions regarding the management of persons with physical disabilities in healthcare settings in Kimberley*" refers.

It is in order for you to conduct your research at Kimberley Medi-Clinic, and I wish you success with this project.

Yours sincerely

  
ESTELLE JORDAAN  
Nursing Executive

Directors: WH Aucamp, AJ Joubert, NS Matlala, KHS Pretorius, B Valodia

Company Secretary: TA Lockyer

\*\*\* Revised 11 June 2008 M2552 \*\*\*





DEPARTMENT OF HEALTH

LEFAPHA LA BOITEKANELO

ISEBE LEZEMPILO

DEPARTEMENT VAN GESONDHEID

Kimberley Hospital Complex  
Du Toitspan Road  
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KIMBERLEY  
8300

Isibhedlela saas Kimberley  
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Enquiries  
Dipatlisiso  
Imibuzo  
Navrwe

Mr. G Moncho  
Tel: (053) 802 2124  
Fax: (053) 831 4587

Date  
Leahupelo  
Umhla  
Datum

21 April 2010

Reference  
Tehupelo  
Isaisithiso  
Verwysings

Mr. H Hendricks  
Kimberley Medi-Clinic  
P.O. Box 2082  
KIMBERLEY  
8300

Dear Mr. Hendricks,

**RE: REQUEST TO DO RESEARCH ON AN ASSESSMENT OF THE  
NURSE'S KNOWLEDGE AND OPINIONS REGARDING THE  
MANAGEMENT OF PERSONS WITH DISABILITIES IN  
HEALTHCARE SETTINGS**

Your letter dated 20 April 2010 bears reference:

Approval is herewith granted for Ms. J Snyman, to do the abovementioned research on at Kimberley Hospital as requested.

Sincerely,

  
.....  
**MR. G MONCHO**  
**CHIEF EXECUTIVE OFFICER**  
/mmw

A CENTRE FOR HEALTH SERVICE EXCELLENCE



## PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

### TITLE OF THE RESEARCH PROJECT:

Assessing the nurse's knowledge and opinions regarding the management of persons with physical disabilities in healthcare settings in Kimberley

**REFERENCE NUMBER:** 15918416

**PRINCIPAL INVESTIGATOR:** Johanna H Snyman

**ADDRESS:** Maluti Avenue 6, Carters Glen, Kimberley 8301

**CONTACT NUMBER:** 082 563 7691

You are invited to partake in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. Your participation is **entirely voluntary** and you are free to decline to participate.

This study has been approved by the **Committee for Human Research at Stellenbosch University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

### **2.1 What is this research study all about?**

*2.2 The aim of this study is to determine the knowledge and opinions of nursing staff regarding the management of persons with physical disabilities in specified healthcare services in Kimberley*

*2.3 The study will be conducted in one private and one state hospital in Kimberley. The total number of participants involved is 300. The nursing staff will consist of 200 and the persons with disabilities of 100.*

*2.4 The researcher is of the opinion that Nursing staff have difficulty understanding persons with disabilities and didn't receive specific training to help them care for these persons with disabilities. The researcher also wishes to get the opinion of persons with disabilities to help the nursing profession to understand and care for them.*

Written consent will be obtained from each participant ensuring the confidentiality, anonymity and privacy concerning all information. Each nurse will then be provided with a questionnaire (and a matching envelope) to be completed by them. The researcher will issue and collect all the questionnaires. Please hand your completed questionnaire to no one but the researcher.

### **2.5 Why have you been invited to participate?**

The researcher values the honest response of all nursing staff . Without the response of nursing staff and persons with disabilities, this project is worthless.

**What will your responsibilities be?**

Each participant needs to complete the supplied questionnaire by answering **all** the questions, Place the completed questionnaire in the envelope provided and seal the envelope. Return the sealed envelope to the researcher.

**2.6 Will you benefit from taking part in this research?**

All nurses working in state and private hospitals will benefit. The results of the research will be published and made available to the nursing fraternity.

**2.7 Are there in risks involved in your taking part in this research?**

2.8 *No risks have been identified. All information will be treated with the necessary confidentiality, anonymity and privacy.*

**2.9 If you do not agree to take part, what alternatives do you have?**

Participation is voluntary, but the researcher will appreciate the input of all nurses.

**Will you be paid to take part in this study and are there any costs involved?**

No, you will not be paid to take part in the study. Participation is on a voluntary basis.

**Is there any thing else that you should know or do?**

Please complete the whole questionnaire.

You can contact Johanna Snyman on her cell 082 563 7691 if you have any further queries.

You can contact the Committee for Human Research at 021-938 9207 if you have any concerns or complaints concerning the study.

You will receive a copy of this information and consent form for your own records.

**2.9.1 Declaration by participant**

By signing below, I ..... agree to take part in the research study entitled “Assessing the nurse’s knowledge and opinions regarding the management of persons with physical disabilities in healthcare settings in Kimberley”

I declare that:

- I have read this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.

Signed at (*place*) ..... on (*date*) ..... 2010.

.....  
**Signature of participant**

.....  
**Signature of witness**

**2.9.2 Declaration by researcher**

I Johanna Snyman declare that:

- I explained the information in this document to .....
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a translator.

Signed at (*place*) ..... on (*date*) ..... 2010.

.....  
**Signature of researcher**

.....  
**Signature of witness**

# Questionnaire on Disability for the nursing staff.

## TITLE:

**ASSESSING THE NURSE'S KNOWLEDGE AND OPINIONS REGARDING THE MANAGEMENT OF PERSONS WITH PHYSICAL DISABILITIES IN TWO HEALTHCARE SETTINGS IN KIMBERLEY**

The aim of the study is to determine the knowledge and opinions of nursing staff regarding the management of persons with physical disabilities in specified healthcare services in Kimberley.

## Objectives of this study

The focus / objectives of the study is:

5. To determine what opinions nurses and persons with disabilities in two healthcare settings in Kimberley hold about the nursing care provided for persons with disabilities
6. Whether the persons with disabilities' population are satisfied with the care they receive in two healthcare settings in Kimberley.

**Dear participant please read the following instructions before commencing in completing the questionnaire.**

### **INSTRUCTIONS:**

Please take note of the following: before completing the questionnaire.

- The completion of this questionnaire is voluntary and under no circumstances should participants be forced to complete the questionnaire.
- You can at any time withdraw from the study. Your decision will be respected.
- Principles of confidentiality and anonymity will be continuously maintained by the researcher under no circumstances will the participant's names being identified or indicated on the questionnaire.
- No rewards will be given to participants or accepted by the researcher.

**Choose the correct response by placing a cross (X) next to the appropriate questions below.**

**SECTION A: BIOGRAPHICAL DATA:**

**1. Indicate your age**

--

**2. Indicate your basic qualifications and year of achievement**

a	Professional nurse	
b	Registered enrolled nurse	
c	Auxiliary nurse	
d	Other	

**3. Indicate your gender?**

A	Male	
B	Female	

**INSTRUCTIONS:**

- Choose the correct response by placing a cross (X) next to the appropriate questions below.-
- Complete question 1 – 37
- Return the questionnaire as soon as possible to the Human Resource office in the envelope provided.
- **DO NOT** write your name on the questionnaire
- 

**SECTION B ACCESSIBILITY OF THE PHYSICAL ENVIRONMENT THE HEALTHCARE FACILITY**

**4. Indicate the health setting where you work**

Kimberley Medi-Clinic	Kimberley Hospital Complex

**5. Your facility is accessible for persons with disabilities**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**6. There are reserved parking bays for persons with physical disabilities near the facility**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**7. There is assistance for persons with disabilities when they arrive at the facility**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**8. The entrance of the building is accessible for persons with physical disabilities**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**9. The patient rooms are accessible for persons with physical disabilities**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**10. The bathrooms are accessible for persons with physical disabilities**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**11. As much as necessary has been done to assist persons with physical disabilities within the environment**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**12. Rooms allocated to persons using wheelchairs have sufficient room to maneuver the wheelchair.**

<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Not applicable</b>

**13. In the wards, the counters are too high for the receptionist / ward secretary to make eye contact with a person with a physical disability.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**14. The doctors' examining areas are accessible to persons with physical disabilities.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**SECTION C DETERMINING THE KNOWLEDGE AND OPINIONS OF MULTIDISCIPLINARY TEAM MEMBERS REGARDING PERSONS WITH PHYSICAL DISABILITIES.**

**15. Do you consider that you can be of any importance to the healthcare of the person with a physical disability?**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**16. Indicate if you personally know any persons with physical disabilities?**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**17. Persons with physical disabilities make you feel uncomfortable.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**18. You know how to assist persons with physical disabilities.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**19. There are persons with physical disabilities working at your facility.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**20. Indicate if you had any specific training on how to assist persons with physical disabilities.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**21. Do you agree that different categories of disabilities require different methods of assistance?**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**22. Would you consider it necessary for nurses to undergo a short training program to assist persons with disabilities?**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**23. Would you agree that present training programs for nurses be adapted to the different needs required by different categories of people with physical disabilities as these persons require specific skills in nursing care?**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**24. Do you feel that it is difficult for the nursing staff to help a person with a disability?**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**25. Indicate whether more time is allocated for the physical examination of persons with a disability?**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**26. Persons with disabilities are difficult...**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**27. It is difficult to help a person with a disability because they don't have the intellectual capacity to communicate.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**28. The doctors' stay abreast of the best practices in medicine regarding the requirements of persons with physical disabilities.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**29. Personal caregivers are allowed to stay with a person with a disability in your facility.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**30. I prefer to speak to the caregiver of a person with a disability than to the person them self.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**31. To care for a person with a disability is very time consuming and I prefer to rather care for other patients.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**32. Do you make a point of assisting a person with a physical disability to meet basic needs, i.e. assist with bathing / eating, etc.?**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**33. Procedures are explained to a person with a physical disability prior to them being carried out.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**34. The attitudes of the staff at the healthcare facility are positive towards persons with disabilities.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**35. Indicate what you would like to change at the hospital / clinic to aid people or persons with physical disabilities.**

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**36. Indicate what you would like to change concerning the nursing staffs' opinions regarding caring for persons with physical disabilities.**

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**37. Indicate below whether the current nursing curriculums include aspects on caring for persons with disabilities.**

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Thank you for participation in completing the questionnaire

Kind regards  
Ms J Snyman  
Student number: 15918416  
Stellenbosch University

Ms J Snyman MCUR Student  
Stellenbosch University  
Student number: 15918416  
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Contact: 0825637691

**Thank you for your participation.**

**Researcher: Ms J Snyman**

**Supervisor: Mrs. A. Damons (SUND)**

# **Questionnaire on Disability For Persons with physical disabilities**

**TITLE:**

**ASSESSING THE NURSE'S KNOWLEDGE AND OPINIONS REGARDING THE MANAGEMENT OF PERSONS WITH PHYSICAL DISABILITIES IN TWO HEALTHCARE SETTINGS IN KIMBERLEY.**

The aim of the study is to determine the knowledge and opinions of nursing staff regarding the management of persons with physical disabilities in two specified healthcare services in Kimberley.

**Objectives of this study**

1. To determine what opinions nurses and persons with disabilities in two healthcare settings in Kimberley hold about the nursing care provided for persons with disabilities

Whether the persons with disabilities' population are satisfied with the care they receive in two healthcare settings in Kimberley.

**INSTRUCTIONS:**

Please take note of the following: before completing the questionnaire.

- The completion of this questionnaire is voluntary and under no circumstances should participants be forced to complete the questionnaire.
- You can at any time withdraw from the study.
- Principles of confidentiality and anonymity will be continuously maintained by the researcher under no circumstances will the participant's names being identified or indicated on the questionnaire.
- No rewards will be given to participants or accepted by the researcher.

**Choose the correct response by placing a cross (X) next to the appropriate questions below.**

**NB: A guardian / caregiver / friend may assist the person with a disability to complete the questionnaire if the person is not able to complete the questionnaire themselves**

Your honest opinion will be highly valued.

INDICATE THE PERSON COMPLETING YOUR FORM: WITH A (X)

SELF	CAREGIVER
A GUARDIAN	FAMILY MEMBER
FRIEND	OTHER:

**SECTION A: BIOGRAPHICAL DATA :**

1. Indicate your age.

2. Indicate your disability.

a	Mobility impairment	
b	Intellectual impairment	
c	Blind or visual loss	
d	Deaf or hearing loss	
e	Multi-disability	
f	Neurological impairment	
g	Other – please name	

3. Indicate your gender

a	Male	
B	Female	

**SECTION B ACCESSIBILITY OF THE PHYSICAL ENVIRONMENT OF THE HEALTHCARE SERVICE**

**4. Indicate what kind of healthcare facility you mostly make use of.**

16	Public	
17	Private	
18	Clinic	

**5. There are reserved parking bays for persons with physical disabilities near this facility.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**6. There is assistance for you when you arrive at the facility.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**7. The entrance of the building is accessible for persons with physical disabilities.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**8. The patient rooms are accessible for persons with physical disabilities.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**9. The bathrooms are accessible for persons with physical disabilities.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**10. As much as necessary has been done to assist persons with physical disabilities within the environment.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**SECTION C BARRIERS IN TRANSPORTATION:**

**To identify the barriers you encounter with reference to transportation**

**11. Please indicate which kind of transport do you use**

Taxi	Bus	Own transport	Family / Friend

**12. This transport is accessible for persons with physical disabilities.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**SECTION D SUPPORT OF PERSONS WITH PHYSICAL DISSABILITIES BY MULTIDISCCPLINARY HEALCARE PROFFESIONALS:-**

**To determine the opinions of patients with reference to the support of the multidisciplinary healthcare professionals regarding access to healthcare for persons with physical disabilities.**

**13. The nursing staff does assist you [if required].**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**14. You are treated with respect by the healthcare staff.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**15. The doctor allows more time to physically examine a person with a disability**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**16. Your doctor has kept up to date abreast with the best practices in medicine regarding the specifics of your disability category.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**17. Indicate whether you have a personal caregiver who assists you.**

16	Only at home	
17	Yes – I need a caregiver constantly	
18	No – I don't have a caregiver	

**18. The nursing staff always treat your caregiver with respect**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**19. Is your caregiver allowed to stay with you when you are admitted to the hospital?**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**20. The nursing staff is always in a hurry when you require their assistance in hospital.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**21. The nursing staff is always willing to assist you while you are in hospital.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**22. The nursing staff assists you efficiently when your meal is being served.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**23. The nursing staff demonstrates that they have had specific training on how to assist persons with physical disabilities.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**24. The nursing staff assists you efficiently when you need to be washed.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**25. You feel sure that your personal needs with regard to your disability will always be met in the hospital.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**26. Taking your specific category of disability into consideration, the nursing staff always know how to assist you**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**27. You are able to explain to the nursing staff how they must assist you.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**28. The nursing staff take time and are willing to listen to your explanations.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**29. The nursing staff always assists you in the manner which you have explained to them.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**30. The nursing staff demonstrate that they understand the impact of your disability on you as a patient while in hospital, e.g. by moving furniture in the room.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**31. Taking your specific disability into consideration, you are always able to access all patient areas within the facility.**

Agree	Strongly agree	Disagree	Strongly disagree

**32. You feel that the nursing staff would probably forget about you in the event of an emergency in the ward.**

Agree	Strongly agree	Disagree	Strongly disagree

**33. Procedures are always explained to you, prior to them being carried out on you.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**34. The doctor always explains the diagnosis or aspects of your illness with you when you visit him / her.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**35. The doctor always discusses the consequences of your disability on the illness which brought you to the hospital with you.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**36. The attitudes of the nursing staff at the healthcare facility are always positive towards other persons with disabilities.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**37. The nursing staff at the facility really needs to receive a short training program on how to assist persons with physical disabilities.**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**38. If a short training program is implemented, it should be adapted to the different needs required by different categories of physical disabilities**

Strongly agree	Agree	Disagree	Strongly disagree	Not applicable

**39. Please indicate what you feel needs to change at the hospital you mostly visit.**

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**40-Please indicate what changes you would like to see implemented regarding the nursing staff.**

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Thanking you in anticipation for your time and trouble,  
My contact details are as stated below incase of any queries

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Contact: 082 563 7691

**Thank you for your participation.**

**Researcher: Ms J Snyman**

**Supervisor: Mrs. A. Damons (SUND)**

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03<sup>rd</sup> December 2010

### **CERTIFICATE OF PROOF READING**

I, Laura Ester Ziady, hereby certify that I have proof read the thesis listed below, as will be presented in partial fulfilment of the requirements for the degree of Master of Curationis at the Stellenbosch University.

#### **TITLE:**

**ASSESSING THE NURSE'S KNOWLEDGE AND OPINIONS REGARDING THE  
MANAGEMENT OF PERSONS WITH PHYSICAL DISABILITIES IN TWO  
HEALTHCARE SETTINGS IN KIMBERLEY.**

**STUDENT NAME**                      Johanna H Snyman

**STUDENT NUMBER**                15918416

Received on the 30<sup>th</sup> November 2010, completed on 03 December 2010.

Electronically submitted to Ms J Snyman on 03 12 2010, at 21:15.



L E Ziady

M Soc Sc Nursing: UFS.

Cell: 082 376 3245

8.

Mrs A Damons  
University of Stellenbosch

7 February 2011

The comments of the examiner was corrected as suggested.

I hereby resubmit the final theses

Regards

A handwritten signature in grey ink, appearing to read 'Johanna H Snyman', with a small flourish or mark above the end of the signature.

Johanna H Snyman