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PERCEPTIONS OF ELDERLY PATIENTS WITH HIP FRACTURES AND THEIR RELATIVES ON THEIR ILLNESS AND QUALITY OF NURSING CARE RECEIVED IN AN ACADEMIC HOSPITAL IN GAUTENG

Bettie Skaarnek

A dissertation submitted to the faculty of Health Sciences, University of the Witwatersrand, Johannesburg, in fulfilment of the requirements for the degree of Master of Science in Nursing.

Johannesburg, 2022.

DECLARATION

I Bettie Skaarnek, declare that this dissertation is my own, unassisted work. It is being submitted for the Degree of Master of Science in Nursing at the University of the Witwatersrand, Johannesburg. This dissertation has not been submitted before for any degree or examination at any other University.

Signature : 

Date : 09/11/2022

DEDICATION

This dissertation is dedicated to my parents, Joseph Skaarnek and Rose Josephine Skaarnek. My supportive partner, Mr Z.E Mzimkulu, my brothers Johannes Skaarnek and Nelson Skaarnek, my sisters Janett Skaarnek and Angeline Skaarnek; not forgetting all my nieces and nephews.

ABSTRACT

There has been an increase in the number of complaints among orthopaedic patients, including elderly patients with hip fractures with regard to the nursing care received in the public sector hospital in which the study was conducted. The manner in which nursing care is provided has an impact on the how satisfied patients are with the care they received during their hospitalization. The nursing care received by patients also has an influence on how content their relatives are. However, no studies could be found on the perceptions of elderly patients with hip fractures and their relatives on nursing care received, from a South African perspective.

The aim of this study was to explore and describe the perceptions of elderly patients with hip fractures and their relatives, on their illness and quality of nursing care received in an academic hospital in Gauteng. This was to gain an understanding on how to enhance the quality of nursing care for elderly patients with hip fractures. The sample size was 5 participants in each phase to explore and describe the perceptions of elderly patients and their relatives to answer the research question. A qualitative, exploratory, descriptive research design was followed. Data was collected through semi-structured interviews, using the total sampling method. Ethical considerations and measures of trustworthiness were taken into consideration. The findings of the study revealed that the majority of participants in both phases perceived the quality of care as good. However, there were also some shocking reports of bad nursing care received. Nurses should be consistently provided with appropriate knowledge and skill in total patient care of the elderly, through in-service training.

Key words: Perceptions, Elderly, Patients, Relatives, quality nursing care, Hip fractures

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CHAPTER 1

1. OVERVIEW OF THE STUDY

1.1 Introduction

This chapter outlines the introduction and background to the study and gives an overview of the approach that was taken to answer the research question. Chapter 1 covers the following headings: introduction and background of the study, problem statement, research question, research purpose, research objectives, significance of the study, philosophical perspectives, overview of the methodology, ethical considerations, and summary of the chapter.

1.2 Introduction and Background to the Study

The most recent literature in orthopaedic nursing places an emphasis on the need for studies about the experiences that elderly patients with hip fractures have, the factors that contribute to hip fractures, and acute nursing care of older adults with hip fractures. There is some literature internationally on the perspectives of elderly patients with regard to treatment, care, and rehabilitation, following a hip fracture. One example is a qualitative systematic review by Abrahamsen and Nørgaard (2020) which focused on elderly patient's perspectives on treatment, care, and rehabilitation after hip fractures.

Other studies such as Goins et al. (2015) focused on other aspects such as the perceptions of older adults on recurrent occurrence of impaired mobility due to ageing. The researcher found quite a few studies about the perceptions of elderly patients nationally, such as a study focused on perceptions about regaining function following a total hip replacement (Gesar et al., 2017). However, no studies could be found on the perceptions of elderly patients with hip fractures and their relatives, on their illness and quality of nursing care received at the academic hospital where the study was conducted or at any other academic hospital in Gauteng.

There is an increase in the number of patient complaints at the study setting, according to the researcher's personal experience on the care of an elderly family member. These complaints include amongst others, pressure injuries as a result of prolonged bedrest in the preoperative stages of admission. The number of Serious Adverse Events (SAE's) that have been reported at the study setting over the past two and a half years was 1,763. The increased number was obtained from a media report in November 2019. This also contributes to an increase in the number of complaints with regard to nursing care received at this academic hospital.

Elderly patients remain a population with a decrease in bone density and this make them susceptible to fractures, including hip fractures (Benham and Geier, 2016). Hip fractures are fractures on the proximal end of the femoral bone. They are categorised as fractures of the femur and the trochanter (Groff et al., 2019). There is an increase in hip fractures amongst elderly patients around the globe, and that leads to an increase in morbidity and mortality rates (O'Donnell et al., 2019).

According to the researcher's experience, the majority of hip fractures occur in elderly patients between the ages of 60 and 80 years. According to Pouramin et al. (2019), 65.6 percent most fractures in elderly persons occur above the age of 50. A percentage of 26.8 percent from these are hip fractures in patients above the age of 60. Bone fragility is causing hip fractures to increase amongst the elderly (Rutenberg et al., 2017). The mortality rate following a hip fracture is between 7 and 10 percent at 30 days and 10 to 20 percent at 90 days (Borges et al., 2019).

Hip fractures in elderly patients can lead to the development of pressure injuries as a result of complete bedrest. This reduction in mobility, puts elderly patient at risk of developing a blood clot in the lower extremities which can complicate to pulmonary embolism (Zaki et al., 2019). The length of stay in elderly patients is determined by preoperative comorbidities such as diabetes, hypertension and cardiac related

conditions. Elderly patients without any comorbidities length of stay postoperatively is a short period of one to three days (Burn et al., 2018).

The length of recovery in elderly patients is longer than that of younger patients. This also applies to elderly patients with hip fractures (Shingemoto et al., 2019). Elderly patients with hip fractures should be included in decision making concerning their own health. These patients should also be allowed to express their opinions about different treatment methods. Hence, their perceptions on the quality of nursing care received need to be researched (Berry et al., 2019). There is also a need to explore the perceptions of the relatives of elderly patients with hip fractures because they are regarded as advocates for the patient's treatment preferences.

The main goal in caring for elderly patients with hip fractures is to promote physical mobility as well as independence, post operatively (Maher et al., 2021). These elderly patients with hip fractures are nursed on complete bedrest preoperatively while on traction and this also increase their dependency on both the nurses and relatives. Elderly patients with hip fractures are at risk of having another fracture as a result of bone fragility (Jones et al., 2015) and this increases the demand for being cared for. The increased demand is putting more pressure on the caregivers as it is then required for them to assist elderly patients with activities of daily living. This pressure might affect the better-quality of nursing care that is needed for these elderly patients.

All patients with hip fractures, ought to be cared for in totality, physically, psychologically and spiritually, in order to promote the required quality of nursing care. This includes care for elderly persons with hip fractures in preoperative stages of admission. The perceptions of relatives of elderly patients with hip fractures play a vital role as they are advocates for the patient's treatment preferences including the quality of care the patient would like to receive. Elderly patients require high quality nursing care to ensure outstanding outcomes to promote bone healing (Brent et al., 2018).

It is also true that elderly patients with hip fractures are human beings with highly developed brains and capacity for abstract reasoning. The views of elderly patients with hip fractures and their relatives will assist the researcher in exploring their perceptions on their illness and the quality of nursing care that was received. There is a need to explore the perceptions of both elderly patients with hip fractures and their relatives on their illness and the quality of nursing care received in an academic hospital. The external views of relatives regarding the nursing care received by their elderly relatives admitted with hip fractures are expected to be different from those of the elderly patients themselves.

1.3 Problem Statement

There are a few studies universally on the perspectives or perceptions of elderly patients with regard to treatment, care and rehabilitation following a hip fracture. A study by Abrahamsen and Nørgaard (2020) put an emphasis on elderly patients' perspectives on treatment, care, and rehabilitation after hip fractures. Other studies such as that of Goins et al. (2015) were focused on other aspects such as the perceptions of older adults on recurrent occurrence of impaired mobility with ageing.

Several studies about perceptions of elderly patients nationwide focused on perceptions of their own capacity to regain pre-fracture functioning, following a total hip replacement (Gesar et al., 2017). However, no studies could be found on the perceptions of elderly patients with hip fractures on nursing care received in South Africa. There is a gap in the literature showing policies developed to enhance the health of individuals and communities. The majority of guidelines that have been developed are often focused on access to basic health services but neglect the quality of the care provided (Hanefeld, Powell-Jackson and Balabanova, 2017). Forsberg et al. (2017) also stated that research on quality care preoperatively is extremely limited. Thus, it is important for the researcher to explore the perceptions of elderly patients with hip fractures and their relatives on their illness and the quality of nursing care received.

Elderly patients with hip fractures consider that caring for their hip fracture is important. The perceptions of elderly patients with regard to the processes of care; including nursing care and healthcare related factors i.e., their health and goals for recovery, are of great significance (Abrahamsen and Nørgaard, 2020). Perceptions of elderly patients with hip fractures can be used to ensure that the nursing care they receive is of a higher quality.

Quality nursing care can ensure that elderly patients regain physical function, mobility, and independence following a hip fracture. The views of elderly patients with hip fractures and their relatives might assist the researcher in exploring their perceptions on the quality of nursing care received. It is therefore important to explore the perceptions of elderly patients with hip fractures and their relatives on their illness and on the quality of nursing care received.

1.4 Research Question

What are the perceptions of elderly patients with hip fractures and their relatives on their illness and quality of nursing care received in an academic hospital in Gauteng?

1.5 Research Purpose

To explore and describe the perceptions of elderly patients with hip fractures and their relatives on their illness and quality of nursing care received in an academic hospital in Gauteng; in order to gain an understanding on how to improve the level of nursing care for elderly patients with hip fractures.

1.6 Research Objectives

1. To explore and describe the perceptions of elderly patients with hip fractures on their illness and the quality of nursing care received in an academic hospital in Gauteng.

2. To explore and describe the perceptions of the relatives of elderly patients with hip fractures on their relatives' illness and quality of nursing care received in an academic hospital in Gauteng.

1.7 Significance of the Study

The results of this research have led to a more profound understanding of the perceptions of elderly patients with hip fractures and their relatives on their illness and quality of nursing care received. Besides, this might make it possible to form recommendations that will improve the practice of caring for elderly patients with hip fractures.

1.8 Operational Definitions of the Study

Perceptions

Perceptions refers to the manner in which an individual comprehends or understands, (Bennet, 2016). Perceptions are also referring to as a process whereby something is regarded or understood (Shay, 2017). In this study, the perceptions referred to the views and feelings of elderly patients with hip fractures and their relatives on the quality of nursing care received.

Elderly patients

Elderly patients in this study are patients between 60 and 80 years of age, admitted into an orthopaedic division in an academic hospital in Gauteng with hip fractures.

Relatives

Relatives refers to a person who is connected to another through blood ties or being married to them (Shay, 2017). In this study, relatives are referred to as persons or caregivers who are residing with or caring for elderly patients with hip fractures.

Quality Nursing Care

Quality nursing care refers the degree to which health care facilities provide the best possible nursing care to individuals, families, and communities to improve patient outcomes (World Health Organization, 2016). In this study, quality of nursing care refers to providing high standards of specialized orthopaedic patient care to elderly patients with hip fractures, to improve their recovery.

Hip Fractures

Hip fractures are fractures on the proximal end of the femoral bone. They are categorised as fractures of the femur and the trochanter (Groff et al., 2019). Hip fractures arise from the space between the side of the femoral head and a few centimetres beneath the lesser trochanter (Lynch, Shaban and Messey, 2015). In this study, hip fractures refer to those of elderly patients who are between 60 and 80 years of age or older.

1.9 Philosophical Perspective

In nursing research, the philosophical perspective determines how reality is viewed, what is known and how research is conducted. According to Gray, Grove, and Sutherland (2017) researchers deal with problems from a philosophical perspective or point of view, which then acts as a guide for the research question and method. A paradigm is a way of looking at natural phenomena that encompasses a set of philosophical assumptions and guides ones' approach to enquiry (Polit and Beck, 2018:411). According to Panhwar, Ansari, and Shah (2017) the three study paradigms

in qualitative research are post-positivism, constructivism and interpretivism, which refers to the beliefs that scientist has about different truths that form a critical ideological perspective.

In line with the principles of post-positivism or constructivism, qualitative research was derived from different philosophies and traditional methods such as phenomenology, symbolic interactionism, and hermeneutics (Gray, Grove Sutherland, 2017). In this qualitative exploratory and descriptive study, the researcher used a post-positivism philosophical perspective. According to Panhwar, Ansari and Shah (2017), post-positivism is defined as a system or theory that recognises both positivist and interpretivist approaches.

The researcher in this study used an exploratory descriptive approach to explore and describe the perceptions of elderly patients with hip fractures and their relatives on their illness and quality of nursing care received. Bracketing is supported by Husserl's descriptive phenomenological philosophy (Baksh, 2018).

The researcher in this study used bracketing to remove her own beliefs or preconceptions about the phenomenon under study. Polit and Beck (2018), defined bracketing as the manner in which a researchers' own opinions about the phenomenon under study are suspended. In this study, the researcher applied bracketing by cautiously avoiding her own presumptions on perceptions of elderly patients with hip fractures and their relatives on their illness and the quality of nursing care received to avoid being biased.

Philosophies consist of epistemologies, ontologies, and methodology for generation of knowledge (Gelling, 2015). Post positivism as a paradigm shows an epistemological and ontological evolutionary process in understanding the world, while highlighting the epistemological stance that research outcomes include an estimation of the truth as

absolute certainty, as reflected in the positivist stance (Kelly, Dowling and Miller, 2018). Creswell and Poth (2017) stated that epistemology is about examining knowledge, stressing what is known and how this knowledge is obtained. Ontology is about exploring the nature of reality of individuals in the population. The researcher investigated what exists and what was true regarding the phenomenon under study, from an ontological perspective.

1.10 Overview of the Methodology

For the purpose of the research, a qualitative exploratory and descriptive research design was followed to answer the research question. The researcher in the study explored the perceptions of elderly patients with hip fractures and their relatives on their illness and the quality of nursing care received, using semi-structured interviews.

1.11 Ethical Considerations

Ethical consideration and measures of trustworthiness were taken into consideration in this study. The researcher protected the human participants by applying the ethical guidelines of beneficence and non-maleficence, respect for human dignity as well as justice. The standards of trustworthiness that were used in this qualitative study were credibility, transferability, dependability, and confirmability (Lincoln and Guba, 1985 as cited in Amankwaa, 2016).

1.12 Summary of the Chapter

Chapter 1 gave an overview of the study, including the introduction and the background. The problem statement, research question, research objectives, significance of the study, operational definitions, philosophical perspective, and ethical considerations were described in this chapter.

Chapter 2 focuses on the Literature Review.

CHAPTER 2

2. LITERATURE REVIEW

2.1 Introduction

This chapter analyses the literature that relates to the perceptions of elderly patients with hip fractures and their relatives on their illness and quality of nursing care received. According to Machi and McEvoy (2016), a literature review is a written document that presents a logically argued case that is founded on a comprehensive understanding of the current knowledge about the research study. A literature review is also defined as the analysis, crucial evaluation, and synthesis of the current literature that is relevant to the research problem (Hart, 2018). The purpose for conducting a literature review is to improve the knowledge or insight into the phenomenon being studied (Gray, Grove and Sutherland, 2016). It enables the researcher to find out what other researchers have said about the same phenomenon previously; in order to avoid repeating the exact same study. The researcher also wanted to discover if there was any gap in the knowledge regarding the perceptions of elderly patients and their relatives on their illness and on the quality of nursing care received.

A literature review was performed using databases such as Cochrane Library, Science Gate, EBSCO Host, PubMed, Sabinet, and CINAHL Complete and Wiley and search engines such as Google Scholar to compare relevant studies. With the current study. Keywords such as “perceptions and quality care,” “patient perceptions and quality of care,” “elderly patients and care perceptions,” “elderly perceptions and quality nursing care,” “perceptions and patient families” and “perceptions and elderly patients” were used in the search. The researcher also utilized multifaceted searchers such as Boolean operators where words such as AND, OR and NOT were used, locational operators whereby the article or journal name was used and limited searchers such as in CINAHL where all of the articles were limited to English. The articles that were used were peer reviewed and were published between 2015 to 2022.

The researcher in this study aims to add new knowledge or data in the hope of closing the gap detected in the literature search that is related to the perceptions of elderly patients and their relatives on their illness and quality of nursing care received. There were previous studies on the perceptions of patients on recovery following a hip fracture, as well as other studies on various perceptions, but there were no studies on the perceptions of elderly patients and their relatives on their illness and on the quality of nursing care received.

2.2 Definition of an Elderly Patient

The Older Persons Act No. 13 of 2006 in South Africa, stated that an elderly person is 65 years or older in the case of males and 60 years and above in females. All elderly patients go through a process of ageing as a result of the build-up of multiple molecular and cellular destruction over a period of time (Ouchi et al., 2017). The word elderly also refers to a person who is old or aged (Shay, 2017). Elderly patients in this study were aged between 60 and 80 years of age, as the majority of hip fractures occur around those ages, as a result of a decrease in bone density. A Brazilian study by Lima et al. (2016) confirmed that an elderly individual is someone who is 60 year of age or older. The World Health Organization (2018) confirmed that the number of elderly persons aged 60 years and above is more than that of children below five years of age. According to Karampampa et al. (2015) there is an increase in the number of fractures between the ages of 60 to 80 years because of an ageing population that is living longer.

2.3 An Overview of Hip Fractures in Elderly Patients Worldwide

Hip fractures in elderly patients mostly happen as a result of weakened bones due to ageing. According to Leslie et al. (2016) elderly patients are at risk of sustaining hip fractures because they remain a population with reduced bone density. Collin et al. (2017) confirms that the main causes of a decrease in bone density in the elderly aged 60 years and above are osteoporosis and osteoarthritis. All elderly patients who sustain a hip fracture are admitted into a hospital for treatment and care. Hip fractures are fractures of the neck of the femur and other structures at the proximal side of the

femur according to Emmerson, Varacallo and Inman (2021). Hip fractures are the main cause of hospitalization among elderly patients. The admission of elderly patients into a hospital, have a negative impact on their physical function and mobility. Loss of function and mobility raised a lot of concerns about independence in patient's future (Abrahamsen, Viberg and Nørgaard, 2021). The length of hospital stay in elderly patients is also determined by preoperative comorbidities such as hypertension, diabetes mellitus and cardiac related conditions. Elderly patients without any comorbidities have a shorter length of stay postoperatively of one to three days (Burn et al., 2018). Elderly patients with hip fractures are the most vulnerable group amongst hospitalized patients (Wei et al., 2019). Hence, they require good quality nursing care in hospitals globally.

According to Bruun-Olsen, Bergland and Heiberg (2018) the number of hip fractures has increased tremendously worldwide, and this has caused a burden on the healthcare systems. Pouramin et al. (2019) also added that a percentage of 26.8 percent of these hip fractures are in patients above the age of 60 years. Hip fractures are also causing a decrease in the physical mobility and function in the elderly, as well as an increase in the number of complaints about severe pain. Sanz - Reig et al. (2018) also added that there is an increase in hip fractures among elderly patients around the globe, which in turn, contributes towards an increase in mortality rates. The mortality rate following a hip fracture is between seven and 10 percent at 30 days and 10 and 20 percent at 90 days (Borges et al., 2019).

In Sub-Saharan African countries, the number of hip fractures is increasing because the life expectancy of the elderly population of 60 years and above is two times more than in the European countries, as was confirmed by Gregson et al., (2019). The burden of the disease profile has changed from communicable diseases to non-communicable diseases since the urbanization began that started in the Sub-Saharan African countries. These non-communicable diseases include conditions that cause a decrease in bone density in the elderly, and they are leading an increase in the number of hip fractures (Paruk et al., 2020).

The number of fractures has been increasing over the years and might reach more than 6.3 million by the year 2050 worldwide (Grundill and Burger, 2021). The burden of hip fractures in South Africa is higher than usually thought and are expected to double in 30 years, from approximately 11,000 in 2020 to approximately 26,400 by 2050 (Hawley et al., 2022). The number of hip fractures is growing as a result of the increasing ageing population, especially in the post-menopausal female population. According to a study by Dela et al. (2020), the incidence of hip fractures is more in females than in males in South Africa. This was also supported by Smith, Perera and Chan (2018) who stated that the musculoskeletal health of males is better than that of females. The number of hip fractures in South Africa is primarily higher than what was initially reported. The current reported occurrences of hip fractures locally are 20.2% between the ages of 60 and 64 year, 16.5% in 70 and 74 year olds and 19.6% in those that are 85 years and above (Grundill and Burger, 2021).

The incidence of fractures amongst the elderly has also been documented in neighbouring countries to South Africa such as Botswana and Lesotho. According to a Botswana study by Kebaetse et al. (2021), the frequency of hip fractures in individuals over the age of 50 years of age was 103 in 2020 for the entire country which is better than South African cases. The number was lower than that of other countries and was anticipated to extend by more than triple the number to 372 in 2050. According to a Lesotho study by Mothepu (2016), 71.20 percent of elderly patients have musculoskeletal disorders, and this can put elderly patients at greater risk of sustaining hip fractures.

2.4 Perceptions of Elderly Patients and Good Quality of Nursing Care

Perception refers to the ability to become aware of something through the senses or the way an individual assesses and interprets a certain situation (Bennet, 2016). Perception also refers to a process in which something is regarded or understood (Shay, 2017). In this study, the perceptions that are referred to are the views and

feelings of elderly patients with hip fractures and their relatives, on the quality of nursing care received.

Elderly patients should be part of decision making concerning their own health and should express their views about various treatment approaches; hence the need to research their perceptions on the quality of nursing care received (Berry, Kiel and Colón-Emeric, 2019). This also applies to the perceptions of elderly patients' relatives with hip fractures since they are also regarded as part of a healthcare team. Sustaining a hip fracture affects the life of both the elderly and their relatives negatively (Schiller et al., 2015). Diameta et al. (2018) stated that hip fractures in the elderly have caused an increased burden of care on their relatives who take-over the role of caregivers after the patient has been discharged from hospital.

There is some literature internationally on the perceptions of cancer patients regarding quality-of-care attributes, which are associated with age, such as perceived healthcare status, gender, and education. One example is a correlative cross-sectional study by Suhonen et al. (2020) which focused on patient's perspectives of quality-of-care attributes associated with age. In this study. It was discovered that patients' evaluation of care and being cared for are different. The findings of this study discovered that older adults and all those of working age could assess the quality-of-care characteristics and health status through their perceptions.

Percy and Richardson (2018) confirmed that in the 21st century, nursing has been portrayed to be in a state of turmoil. There is uncertainty in nursing practice as a result of incompetent practitioners. This means that elderly patients trust in nursing care has diminished. Communication problems during the nursing care of elderly patients with hip fractures are common during hospitalization, because of the various patient care instructions from other members of the multidisciplinary team, which might interfere with nursing procedures (Schiller et al., 2015). According to Percy and Richardson

(2018), the capacity of nurses to show compassion is known and appreciated by both patients and their relatives.

There were other studies from Sweden such as Forsberg et al. (2015) which focused on the patient's perceptions of quality of care during the perioperative procedure, and by Adam et al. (2017) on cancer patients' perceptions on quality nursing care. Elderly patients with hip fractures are in a vulnerable state during the preoperative stages. This may be because of the fact that elderly patients find it hard to communicate their health or nursing care needs. Abrahamsen, Viberg and Nørgaard (2021) confirmed that elderly patients with hip fractures are vulnerable and have difficulties in taking care of their physical needs such as bathing during their hospitalization.

It is therefore vital that elderly patients with hip fractures are given an opportunity to communicate their perceptions on the nursing care they receive and to express their own needs in order to improve the quality of nursing care. Forsberg et al. (2015) stated that the perceptions of healthcare workers differ from those of patients because elderly patients find it hard to communicate their health or nursing care needs. Therefore, more research is needed to explain the difference between satisfaction and quality of care in different groups of patients during the perioperative phase.

An additional study from Sweden by Ängerud, Boman and Brännström (2018) on the areas for quality improvements in heart failure care identified perceptions from the perspective of the relatives. The study also confirmed that quality nursing care provided to patients contributes towards the wellbeing of both the patients and their relatives.

A study by Gishu, Weldetsadik and Tekleab (2019) disclosed that exploring the perceptions of patients on the quality of nursing care and understanding their fulfilment is a very important factor in healthcare. The results of this Ethiopian study showed that

more research is needed in order to improve the perceptions of patients on quality nursing care. Perceptions of patients on quality of care are insufficiently explored in most countries, including Ethiopia.

A study from Thailand by Tsogbadrackh et al. (2020) on the nurse and patient perceptions of quality nursing care was reviewed by the researcher. The study focused on the quality of nursing care in order to improve the delivery of care. This is because the quality of nursing care has outstanding positive outcomes on both patients and healthcare workers. There are also studies that are done in various countries such as an Australian study by Edvardsson, Watt and Pearce, (2017) to explore patients' perceptions on the quality of nursing care received. Nevertheless, the topic on nurses and patients' perceptions has been poorly researched.

It is also true that qualitative research was required to explore the perceptions of elderly patients with hip fractures and their relatives on their illness and on the quality of nursing care received in an academic hospital in Gauteng. Additional research investigations are required to identify best practices, which may be utilized to improve contentment among orthopaedic patients (Sheean et al., 2017). In a multimedia campaign that enhanced orthopaedic patients' perceptions of healthcare quality it was stated that the perceptions of patients on quality are described by referring to factors such as the roles of the nurses, their knowledge, and skills (Sheean et al. 2017).

Perceptions of all hospitalized patients including the elderly with hip fractures are a very important aspect to improve the quality of nursing care. Elderly patients with hip fractures should be part of decision making regarding their own health. An Iranian cross-sectional study by Bahrami et al. (2020) also confirmed that there is significant distinction between various patients' perceptions of nursing care quality. In that cross-sectional study, it was stated that patients' cooperation in making decisions and having successful interactions has to be considered in order to improve adapting well to their illnesses. However, more research is needed to draw a comparison between patients

and nurse's perceptions on the quality of nursing care. In an international descriptive study conducted by Ergezen et al. (2020) on patients' perceptions of knowledge, trust, and connectedness in nurses' caring practices, it was stated that patients' perceptions, views, and opinions about caring and caring behaviours are utilized to evaluate the quality of care. Patients shared reports of discontent in the measurements of their participation in self-care, information, and empathy through surveys (Ergezen et al., 2020).

There was a South African study by Cheruiyot and Brysiewicz (2019) on patients' perceptions of caring and uncaring nursing encounters from the perspective of patients admitted into a rehabilitation milieu. However, the study was not conducted from an orthopaedic perspective/setting. According to Cheruiyot and Brysiewicz (2019) the manner in which nurses interact with their patients determined how these patients perceived the quality of nursing care. In such interactions, nurses might fail to provide compassionate nursing care. This then affects the quality of nursing care received and puts the patient into a vulnerable state. Angel and Vatne (2017) stated that vulnerability appears when a person has been hospitalized and that nurses are there to protect these patients from any form of harm.

Good quality nursing care refers to the degree to which health care facilities provide high quality nursing care to individuals, families, and communities to improve patient outcomes (World Health Organization, 2016). In this study, good quality of nursing care refers to providing total patient care that is of high higher standards to elderly patients with hip fractures. Lui and Aungsuroch (2018) stated that providing good quality nursing care is the first step in the nursing profession worldwide. All elderly patients including those admitted with hip fractures are in a weak condition and are fully reliant on nurses. Elderly patients with hip fractures require high quality nursing care. The only way whereby nursing care can be improved is by exploring the perceptions of both the elderly patients with hip fractures and their relatives. A study by Forsberg et al. (2017) added saying that it is vital that patients and their caregiver

relatives are given a chance to convey their perceptions on caring because that can improve the quality of care in a hospital setting.

Caring is regarded as an important factor in the nursing profession to promote the quality of nursing care (Tehranineshat et al., 2019). Nurses should be competent at providing quality nursing care. They must have the necessary knowledge, skills, and values required in total patient care. When patients receive good nursing care, they become satisfied. It also contributes to the satisfaction levels of the caregiver's relatives. Satisfaction with care is used to evaluate the nursing care of patients, including the elderly with hip fractures. The satisfaction levels of the elderly patients and relatives are influenced by the nurses' behaviour and attitudes. Tehranineshat et al. (2019) added, saying that the quality of nursing care was evaluated based on the perceptions and satisfaction of both patients and relatives. Tehranineshat et al. (2019) showed that there was a need for nurses to communicate with their patients and their relatives to improve the quality of nursing care. A South African study by Cheruiyot and Brysiewicz (2019) examined patients' perceptions of caring and uncaring nursing encounters from the perspective of patients admitted into a rehabilitation milieu. That study, however, did not reflect the perspectives of elderly patients with hip fractures and their relatives.

The manner in which nurses provide nursing care to elderly patients with hip fractures can assist patients to evaluate the care by verbalising their perceptions. A descriptive study from Turkey on the perceptions of nursing care by Dikmen and Yilmaz (2016) stated that perceptions are based on how patients assess the care they received, and that these perceptions differ from patient to patient. According to Dikmen and Yilmaz (2016) patients' perceptions are a very important factor for improving the quality of nursing care. Nursing care provided to patients can also be evaluated by assessing relatives' perceptions. The wellbeing of the patients and relatives are very important in evaluating the perceptions of care during the stressful environment of hospital admission processes. Shorofi et al. (2016) showed that nurses working closest to their patients and have a responsibility of reassuring relatives in stressful situations.

Nursing care that is provided to elderly patients with hip fractures can only be determined through the perceptions of these patients and their relatives. A Ghanaian study by Afaya et al. (2017) on assessing patients' perception of nursing care, specified that the manner in which nurses care for patients plays a major role in patients' perceptions. The dynamic forces in the health care services worldwide have strengthened the accountability and responsibility of nurses, which has made it more difficult to achieve quality nursing care. Afaya et al. (2017) stated that even though there were many positive perceptions of the quality of nursing care, there were still some patients who had negative perceptions about the quality of nursing care.

A grounded theory research study from Sweden by Mako, Svanäng and Bjerså (2016) on patient's perceptions of the meaning of good care in surgical care was reviewed. The study stated that all healthcare services are concerned with good quality care and are constantly improving patient care. A conclusion was drawn from this study that caring attitudes of nurses and patient participation in evaluating the care through their perceptions are need in achieving quality care. However more research was needed to assess the meaning of good care, according to this study. Patients' perceptions of good care were explored in a surgical ward in Sweden according to Mako, Svanäng and Bjerså (2016) rather than on elderly patients with hip fractures in South Africa.

2.5 Relatives of Elderly Patients

The term relatives refer to a person who is connected to another through blood or by being married to them (Shay, 2017). In this study relatives are those persons or caregivers who reside with elderly patients with hip fractures. According to Bruun-Olsen, Bergland and Heiberg (2018) hip fractures in the elderly are also becoming a burden on their relatives. According to Akroute and Bondas (2016) relatives of elderly patients admitted into hospital go through emotional challenges. They perceive the admission of their elderly relatives as a dilemma that displays itself as shock, helplessness, anger, stress, emotional pain, disbelief, confusion, anxiety, guilt,

despair, depression. Nurses in the Orthopaedic wards should reassure both the patients and relatives to relieve their fears for their wellbeing. Patients and relatives should be kept up to date, as their right to participate in care is very important (Forsberg et al., 2015).

Many problems or complaints that may arise during the hospitalization of an elderly patient can be assessed by referring to the perceptions of standards of care from both patient and relative. Perceptions of patients and their relatives can help in improving the quality of nursing care. A study by Harrison et al. (2016), perceptions of patients and their relatives can help healthcare institutions to identify problems that lead to complaints. Bad quality of nursing care was amongst the highest complaints according to the perceptions of the patients in this study. A study by Atif et al. (2019) from the Islamic Republic of Pakistan on patients' perceptions of quality health care in an outpatient clinic of a tertiary care cardiac facility, added, saying that health care including nursing care were still a main concern because of poor nursing care.

The participation of relatives in caring of patients plays an imperative role in the total recovery of a patient. The perceptions of patients are important because they can assist with improving the quality of nursing care as well as the quality of life of hospitalised patients. An Australian study conducted by Mackie, Mitchell and Marshall (2018) on patient and family perceptions in care, stated that healing processes of patients were better when relatives took part in patient care and that it reduced the chances of complications that could lead to a prolonged hospital stay or readmission after discharge from the hospital. Patients and relatives had an obligation to participate in patients' health care decisions. More research is required to understand the important aspects that indicates meaningful participation from the patient and family' perspective (Mackie, Mitchell and Marshall, 2018). Hence it is important to explore their perceptions in care.

Relatives who are living with elderly patients with hip fractures are playing a vital role in caring for these patients at home. These relatives are regarded as caregivers to the elderly; hence their perceptions are regarded as important. Alif et al. (2020) confirmed that patients and relatives as caregivers can provide important information via their perceptions; in order to improve the quality of nursing care. Alif et al. (2020) stated that the involvement of caregivers in the planning of elderly patients' treatment can also improve the quality of care. A study by Wei et al. (2019) also confirmed that view; stating that hip fractures in elderly led to an increase in the caring duties of relatives as caregivers at home after they had been discharged from hospital, hence they play a vital role in caring towards recovery.

Relatives who reside with patients often feel anxiety because of the increased burden of responsibility after the patient has been discharged from the hospital. Diameta et al. (2018) stated that fractures in the elderly have placed an increased burden of care on relatives who play the role of caregiver. According to the national health and social systems in Southern Africa, there is no provision for long-term care (Weil et al. 2020). Relatives have an obligation to take care of their own elderly (Weil et al. 2020). Identifying quality nursing care from the perspective of relative would be helpful in adding perceptions about quality nursing care (Ängerud, Boman and Brännström, 2018).

2.6 Gaps Identified in Literature

Most of the research that was conducted on perceptions on quality of nursing care focused on how satisfied patients were about the nursing care they received. Even though there were many positive perceptions of the quality of nursing care, there were still some patients who had negative perceptions about the quality of nursing care. There were also studies on perceptions of nurses and patients, rather than relatives and elderly patients. Few studies have focused only on the perceptions of both elderly patients with hip fractures and their relatives on the quality of nursing care received. The researcher intends to close the gaps in information about the quality of nursing care for elderly patients with hip fractures and their relatives on their illness and quality

of nursing care received. The researcher wants to add to the existing literature about the topic by obtaining the views and perceptions of participants.

2.7 Summary of the Chapter

This chapter gave an outline of the perceptions of elderly patients with hip fractures and their relatives on their illness and quality of nursing care received. Hip fractures and the perceptions on good quality of nursing care were discussed both nationally and internationally. The gaps that were identified in the literature were also discussed.

Chapter 3 will focus on the research design and methods used in the study.

CHAPTER 3

3. RESEARCH DESIGN AND METHODS

3.1 Introduction

Chapter 3 clarifies the details on the research methods and design that was used in this study to answer the research question. The chapter also reviews the manner in which the researcher selected the participants in the study. The chapter will also discuss the following: the research setting, population, samples and sampling methods, inclusion and exclusion criteria, data collection and data analysis. Ethical considerations and measures of trustworthiness have also been taken into account.

3.2 Research design

Research designs are described as a set of strategies used by the researcher to get answers to the questions being asked (Polit and Beck, 2018). The researcher followed a qualitative, exploratory and descriptive research approach. Qualitative research approach methods comprise a set of strategies that aim to increase our understanding of a phenomenon (Dahl et al., 2019). Qualitative research demonstrates a variety of perspectives on the subject such as those of patients and relatives (Flick, 2018). The researcher opted for the above research approach to address the research question and understand the phenomenon from the viewpoints of the participants.

This approach allowed the researcher to study participants in phase 1 in an orthopaedic setting. The researcher utilized this approach to explore the perceptions of elderly patients with hip fractures and their relatives since there is little information in literature about this topic. Hunter, McCallum and Howes (2019) opined that qualitative exploratory research assist the researcher to inquire into a topic that has limited literature and allows the participants to add new knowledge to it. The qualitative nature of the research also helped the researcher to understand the perceptions of elderly patients with hip fractures and their relatives on the quality of nursing care

received. The approach allowed the participants to express their point of view on the phenomena under study without any distortion (Polit and Beck, 2018).

The researcher wanted to explore and describe the perceptions of elderly patients with hip fractures and their relatives on their illness and on the quality of nursing care received. Exploratory qualitative research designs are used when researchers seek to discover new information about a phenomenon being studied (Swedberg, 2020). Akhtar (2016) added that an exploratory design is used as the first stage to collect new information about a phenomenon by means of rigorous investigation. The perceptions explored in this study were previously unknown in the setting where the study was conducted.

Descriptive research designs are used to describe the characteristics of the sample being studied (Omair, 2015). Atmowardoyo (2018) added that descriptive research designs are used when describing a phenomenon in detail. Chinn and Kramer (2015) as cited in Grove and Gray (2018) stated that descriptive research is about identifying and understanding the characteristics of a phenomenon under study and how they relate to each other. In this study, the researcher permitted elderly patients with hip fractures and their relatives to describe the characteristics of their perception of their illness and the quality of nursing care received in detail. The researcher gained new information from participants through their perceptions.

The qualitative exploratory and descriptive approach was followed in this study because there was a knowledge gap in the amount of knowledge available on the topic in Gauteng. Gray, Grove and Sutherland (2017) confirmed that when there was little information on a topic, exploratory descriptive qualitative research is needed. Hence the researcher applied that design.

3.3 Research methods

A research method is the process that a researcher uses in both data collection and analysis. The research method must have sufficient detail so that another researcher would be able to imitate the study, and so she included the following: research setting, population, sampling and sampling method, inclusion and exclusion criteria, data collection phase 1 and phase 2, data analysis, ethical considerations and trustworthiness.

3.3.1 Research setting

A research setting is defined as a place where the researcher is conducting research and should be a natural setting because qualitative research focuses mainly on meaning making (Mays and Pope, 2020). In this study, the researcher studied the participants in the Orthopaedic divisions at an academic hospital in Gauteng. The hospital is located in the south of Johannesburg in the Gauteng province. Gauteng has three municipalities: namely, the City of Ekurhuleni, the City of Johannesburg, and the City of Tshwane. The researcher chose to conduct this study in this research setting because the hospital was easily accessible and has an adequate number of Orthopaedic wards. More than 60 percent of Orthopaedic trauma patients including elderly patients with hip fractures are treated at this hospital. The hospital renders musculoskeletal care to the community and has seven Orthopaedic wards. Two of these wards are allocated to Orthopaedic trauma patients, including hip fractures with 23 beds in each ward. This hospital admits the greatest number of elderly patients with hip fractures when compared to other facilities around Gauteng, hence the researcher's choice of this setting. The relatives of the elderly patients with fractures (phase 2 participants) were interviewed in various settings that were private and convenient for the interviews. Some of the relatives were interviewed telephonically.

3.3.2 Population

Gray, Grove, and Sutherland, (2017) describe population as a total or totality of all the items, themes or participants that match a set of requirements, within the inclusion

criteria. The target population is defined as all the people that qualify to be in the sampling criteria (Creswell and Poth, 2017). The targeted population in this study was all the elderly patients with hip fractures who are admitted to the orthopaedic divisions at the academic hospital where the study was conducted, as well as their relatives. The total population were all elderly patients with hip fractures admitted to the setting, together with a relative of each participant. The population in total was 19 participants in each phase.

3.3.3 Sample and sampling method

Sampling is the act of selecting a portion of the specific group of members in a population that represent the population being studied. (Polit and Beck, 2018). The total sampling method was followed in this study. Total population sampling is a type of purposive sampling method whereby the researcher studies the entire population that has a particular set of characteristics or attributes (Etikan, Musa and Alkassim, 2016). The researcher conducted interviews on all the elderly patients with hip fractures with the attributes of being aged between 60 and 80 years, and a diagnosis where a skeletal x ray confirmed the fracture.

The researcher interviewed a total sample comprising five elderly patients with hip fractures that met the eligibility criteria and five relatives in the pilot study. In the main study there were 14 patients and 14 relatives. The total sample was therefore 19 participants in each phase. The adequate sample size was ensured by the researcher achieving data saturation. Fusch and Ness (2015) as cited in Saunders et al. (2018) defined data saturation as the repetition of data collected, up to the point when any added sampling gives no new data but instead repeats the results of the previously collected data.

3.3.4 Inclusion and exclusion criteria

The researcher needed to identify which individuals needed to participate and which should not. This could only be done by following the process of inclusion and exclusion criteria. A study by Polit and Beck (2018) specified that inclusion criteria are the attributes that an individual must have in order to qualify for participation in the study. Patino and Ferreira (2018), added that inclusion criteria is to ensure that the target population have all the main attributes to answer the research questions.

According to Connelly (2020), exclusion criteria are attributes or characteristics that cause an individual to be excluded from participation in a study. Exclusion criteria identify characteristics that prevent an individual from being included in a study. Patino and Ferreira (2018), added by saying that exclusion criteria are used when a population does not have all the attributes of participants who meet the inclusion criteria, but has increased extra characteristics that could increase the risk of negative study outcomes.

Phase one inclusion criteria

The inclusion criteria in phase one were participants who were elderly patients with hip fractures who were between the ages of 60 to 80 years. These patients were part of the inclusion criteria because of an increase in the number of fractures including hip fractures at these ages as a result of low bone density. The elderly patients in the inclusion criteria were admitted in the hospital for one week or more and with a hip fracture confirmed by a skeletal x – ray.

Phase one exclusion criteria

The exclusion criteria in phase one were those elderly patients with a decreased level of consciousness. These elderly patients were in the exclusion criteria because of a diminished capacity to comprehend.

Phase two inclusion criteria

The inclusion criteria for the relatives were those who were connected to the elderly patients through blood ties or marriage. These relatives were also caregivers that reside with the elderly patients with hip fractures and visited them on a regular basis while in hospital. Relatives in the inclusion criteria were between the ages of 18 years and above so that they are able to give consent.

Phase two exclusion criteria

The exclusion criteria in this phase were those relatives who were not visiting the elderly patients with hip fractures on a regular basis while in hospital. There was also a great possibility that these relatives would not be able to attend to scheduled data collection appointments. These relatives were excluded from the study because they do not have all the attributes of participants who met the inclusion criteria.

3.3.5 Data collection

Data Collection is a method that is utilized to gather information. Qualitative researchers search for participants who are willing to talk about their experiences of a phenomenon and willing to share their thoughts (Gray, Grove and Sutherland, 2017). Data was collected from participants in two phases, phase 1 and phase 2. The researcher started by conducting a pilot test of 5 participants in each phase, in order to provide a foundation for the research by testing the feasibility of the study. Lowe (2019) as cited in Arian et al. (2010), stated that pilot testing is a mini probability research study that tests the research method that the researcher intends to use in the main study.

Phase one data collection

For participation in the study, the researcher invited elderly patients with hip fractures. Prior to the data collection, the researcher provided detailed information about the study to the participants, on the information document (Appendix E) that was given to the participants at the hospital two to three days before data collection took place. The researcher used the ward admission book which specified the diagnoses and ages of the patients so she could identify eligible participants. All the participants participated voluntarily in the study. They signed a consent form for participation in the study as well as a consent for audio recording of the interview.

All interviews in phase one were conducted at the hospital where the elderly patients were admitted. The researcher conducted one on one interviews with those participants that could not yet mobilize at the bedside in an empty side cubicle with a do not disturb sign on the door. All interviews were audio recorded during this data collection phase. The unit manager of each of the orthopaedic units was also be notified about the data collection process in order to for them to inform the ward staff not to enter into the side cubicle that will be occupied for data collection. Those participants that were able to mobilize with assistive devices was taken out of the ward environment into a consulting room at the hospital fracture clinic with a no disturb sign on the door to ensure privacy. The unit manager was also informed about the interviews and was given the permission letter, so that the multidisciplinary team be made aware of the data collection process. This was to ensure that the interviews are conducted in a private space and that these elderly patients are free to talk about their perceptions on their illness and quality of nursing care received. The duration of each interview was between 20 and 25 minutes.

Phase two data collection

The researcher approached relatives of elderly patients to ask them for permission to participate in the study during their visits at the hospital. Some of the interviews in phase two were conducted outside hospital premises, at a place that was convenient for the relative at the time of data collection and some were telephonic. For the telephonic interviews, the researcher asked for telephonic consent to be given on a signed consent form that contained all the components needed for informed consent. The speaker phone and voice recorder method were used to record conversations during telephonic interviews. The researcher put the phone on speaker and had a portable voice recorder nearby to ensure that all conversations were recorded. The duration of each interview was between 20 and 25 minutes.

The researcher used a semi-structured interview guide (Appendix J and K) for individual one on one interviews in both phase one and phase two. In semi structured interviews the interviewer asked participants a set of open ended questions in order to allow a conversation or discussion to take place (Roulston and Choi, 2018). The interview guide had four questions that ranged from general to specific with additional probing questions being added after each question. Each interview was given a code that showed the number of the participant. e.g., – participant 1. The researcher encouraged the participants to answer freely during these interviews in order to obtain information rich data. The researcher made field notes of her observation such as notes on non-verbal communication taken during each interview as a support for the transcriptions. According to Phillippi and Lauderdale, (2018) field notes are the researcher's own thoughts regarding the interview and what he/she observed.

The interviews were collected over a period of eight weeks. The researcher followed the Disaster Management Act on the regulations on Covid-19 in both phases during one on one interview sessions, such as maintaining social distance, frequent hand washing, and personal protective equipment including wearing a cloth face mask.

Some participants became emotional during data collection which necessitated implementation of the distress protocol. Those who became emotional were asked whether the interviews could be discontinued, but they preferred to continue. The researcher also spent some time with the affected participants to view their anxieties, reassure them and give them emotional support. These participants were also referred to the hospital social worker for counselling

3.4 Data analysis

Data analysis plays an important role in qualitative research studies because it can have a positive or negative influence on the study findings, according to Mayer (2015). The process of data analysis, inspecting, cleaning, organising and managing raw data to derive relevant and useful information in an accurate and detailed manner (Noble and Smith, 2016).

Data analysis was also defined as a method of scientifically searching and organizing the verbatim transcripts or other documentation that was compiled by the researcher, in order to improve the understanding of the phenomenon under study (Harding, 2018). The data collected in both phases of the study was analysed by applying Tesch's open coding method of qualitative data analysis (Creswell and Poth, 2017). The researcher applied the following eight steps that are considered in Tesch's qualitative data analysis.

Step 1: Prepare the data

The researcher read or studied the entire data or verbatim transcripts to familiarise herself and made sense of it. Thereafter thoughts came up during reading were written down. The reading process of all verbatim transcripts in phase one and phase two were repeated several times and made sure that researcher understood it all. All the

thoughts were written down as they arose from the researcher's mind (Tesch, 2013 as cited in Theron, 2015).

Step 2: Define the unit of analysis

The Important thoughts that emerged from the researcher reading and rereading the data were given labels or codes based on how frequently the concept was mentioned in the verbatim transcripts. The researcher then grouped the same themes together and wrote them down in the margin. Those concepts that did not match any of the themes were grouped separately (Tesch, 2013 as cited in Theron, 2015).

Step 3: Develop categories and a coding scheme

The researcher then read the verbatim transcripts several times and asked herself questions on the interviews, while reflecting at the codes that were applied to the themes that frequently came up in the data. The researcher was applying their mind to this to create a picture of the themes that kept on coming up. At list of all the these was made (Tesch, 2013 as cited in Theron, 2015).

Step 4: Test your coding scheme on a sample of text

The researcher took the list of topics or themes and matched them against the data collected. These themes or topics were reduced and abbreviated into codes, which were written next to the appropriate segment of the transcripts. These codes were also written in the margin but in a different colour ink. The researcher used this primary organising system, to see if any new categories and codes emerged (Tesch, 2013 as cited in Theron, 2015).

Step 5: Code all the texts

The researcher developed themes or topics from the coded data, gave a word that best described them and categorised them accordingly. A line was drawn between the categories to show the connection it had (Tesch, 2013 as cited in Theron, 2015).

Step 6: Assess your coding consistency

The researcher started all over again to check if there were codes and themes that might have been written in duplicate. The researcher also made a final decision on the abbreviation category and arranged the codes in alphabetical order (Tesch, 2013 as cited in Theron, 2015).

Step 7: Draw a conclusion from the coded data

This step involves making sense of the themes that was identified. The data material belonging to each theme was identified, assembled in one column and a preliminary analysis was performed (Tesch, 2013 as cited in Theron, 2015).

Step 8: Repeat your methods and findings

The researcher read all verbatim transcripts in both phases again in order to determine if there was a need for recoding but in this case, it was not necessary (Tesch, 2013 as cited in Theron, 2015).

3.5 Trustworthiness

Trustworthiness in qualitative research refers to the faith or confidence that a researcher has in the data that was collected (Lincoln and Guba, 1985 as cited in Amankwaa, 2016). Trustworthiness in this study was demonstrated by the evidence of the results which showed consistency. According to Lincoln and Guba (1985) as

cited in Amankwaa (2016), the standards that confirm trustworthiness in a qualitative study are credibility, transferability, dependability and confirmability.

3.5.1 Credibility

Credibility is a standard to guarantee trustworthiness by investing time in the data collection field, ensuring persistent observation, using triangulation, and having participant checks done (Lincoln and Guba, 1985 as cited in Amankwaa, 2016). Holloway and Galvin, (2017), stated that credibility presents the amount of correlation between the views of the participants and the way the researcher represented them.

In this study the researcher ensured credibility by doing member checking. Member checking was done during data collection whereby the researcher went through the audio recordings with the participants to confirm understanding of the data collected. Credibility was ensured through peer debriefing where the researcher asked a colleague to go through the interviews.

3.5.2 Transferability

Nowell et al. (2017) stated that transferability is about the generalization of the research investigation. Transferability refers to the ability to see the applicability of the research outcomes when transferred to a different setting with other participants (Lincoln and Guba, 1985 as cited in Amankwaa, 2016). Holloway and Galvin (2017) stated that emphasis must be put on the fact that a thick description of the phenomenon under study should be provided so the reader can determine whether the study outcomes can be representative of the whole population. The researcher in this study gave a thick description of the participants and the procedure that was used during research. Thus, it is up to the reader to determine if the study outcomes show representation of the population being studied (Holloway and Galvin, 2017).

3.5.3 Dependability

According to Lincoln and Guba (1985) as cited in Amankwaa (2016), dependability is when it is easy for other researchers or readers to scrutinize the research process of a study. Hadi and José Closs (2016) also added that researchers should ensure that the process of a study is consistent and is, easily accessible to readers with clear documentation. The researcher in this study ensured dependability by keeping record of all documentation including the raw data collected, fieldnotes, transcripts to make it easy for other researchers or readers to use this study for cross referencing or in audit trails.

3.5.4 Confirmability

According to Lincoln and Guba (1985) as cited in Amankwaa (2016), the confirmability of a study can be ensured when there was credibility, transferability as well as dependability. Confirmability is about discovering whether the research outcomes are derived from the collected data only or whether there are other sources of data, and that the researcher should be able to confirm how all the interpretations were arrived at. The researcher was consistent in ensuring that the research findings were derived only from the data collected and not from her own thoughts or judgements. The researcher listened to the verbatim audio recordings over and over during the study to ensure confirmability.

3.6 Ethical Considerations of the Study

Ethics is about moral preferences that healthcare practitioners or researchers exhibit concerning whether certain actions taken by such practitioners as well as by researchers are right or wrong in respect of the way patients and participants are treated in a research study (Dhai and McQuoid-Mason, 2016). Ethical principles also direct medical practice and must also be applied to conduct nursing research (Gray, Grove, and Sutherland, 2017). According to Harriss, MacSween and Atkinson (2019), all research that involves human participants should be conducted ethically to protect the participants, as stated in the Declaration of Helsinki in the year 1964. The

researcher adhered to the following ethical considerations in conducting this research: permission and approval to perform the research, informed consent and participation in the study, confidentiality, autonomy and privacy, beneficence, and non-maleficence.

3.6.1. Permission and ethical approval to conduct research

The researcher obtained permission for data collection from the University of the Witwatersrand Ethics Committee (Medical) M2011102; as well as permission from Gauteng Department of Health, together with the academic hospital where the study was conducted. The head of department in the orthopaedic divisions of the hospital also granted permission to the researcher to conduct the study in that department.

3.6.2. Informed consent for participation in the study

According to the Constitution of the Republic of the Republic of South Africa of 1996 it is stated in chapter 2 of the Bill of Rights that every human being has the right to bodily and psychological integrity including not being subjected to medical or scientific experiments without informed consent (Republic of South Africa, 1996). An informed consent form is a document that is vital to research involving human participants, so they can make an informed decision on whether or not to participate in a study (Grady et al., 2017). This is to protect the rights of the human participants. The researcher provided the elderly patients with hip fractures and their relatives with a detailed explanation on what the study was about as stated in the patient information sheet in Annexure A, so they could decide whether or not to participate. A second consent form on audio recordings was also provided to the participants in both phase 1 and phase 2. The reasons for recording the interviews and the rights the participants had were explained as follows:

3.6.3 Confidentiality and anonymity

Every patient has a right to confidentiality and privacy according to the Patients' Rights Charter, as guided by the Constitution of the Republic of South Africa (1996). Confidentiality refers to the ruling that all data has to be hidden away from everyone except the research team. Copies of all the original documents were made on a second and third memory stick to ensure confidentiality. All the documents were locked away in a waterproof and fireproof locker at the researchers' workplace to ensure confidentiality.

Confidentiality had to be observed in this study because the participants did not give consent for this information to be shared. Codes were attached to the data instead of participants' names, in order to protect their right to privacy. In Rule 13 of the Council's Ethical Guide, it is stated that practitioners may only divulge confidential information without the patient's consent when specific circumstances apply such as in a court of law.

Anonymity means that the data collected from participants should not show individuals' information such as their name, surname, email address etc. that can link data with the identities of the of the participants (Polit and Beck, 2018). The researcher in this study ensured anonymity by avoiding the use of any personal information such as the title, name or physical address that can link the data collected to the participant.

3.6.4. Beneficence, and non-maleficence

According to Dhai and McQuoid-Mason (2016) beneficence is about doing good, being fair and ensuring that the wellbeing and interests of others are looked after, meaning that a researcher or healthcare practitioner should act in the best interests of the participant or patient. Non–maleficence holds that there is an obligation not to inflict harm on others (Elton, 2021). The researcher ensured that there was no maltreatment of the participants in this study when consent was given for participation. No situations

arose where the researcher caused any pain and suffering or harm to participants during data collection. If at any time a participant felt uncomfortable, the data collection process was going to be discontinued. The researcher constantly monitored the participant's emotional reactions during the data collection process. Two of the elderly patients were emotional during the interviews and the proceedings were stopped for a few minutes. However, these participants wanted to continue with the interviews, so the researcher reassured them and allowed them to continue.

3.7 Summary of the chapter

The chapter indicated the discussion of the research design and methodology. The geographical location where the study took place was explained, as well as the preparation and processes of data collection. The researcher discussed the research method that was used and the data analysis process. The trustworthiness and ethical considerations that was observed throughout the study were also discussed.

Chapter 4 focuses on the data analysis and study results.

CHAPTER 4

4. PRESENTATION AND DISCUSSION OF STUDY FINDINGS

4.1 Introduction

Chapter 4 reports the findings of the data collected in this study and discusses the findings of phase 1 and phase 2 of the study. Five themes emerged from the phase 1 data analysis, as shown in Table 4.2. Three themes emerged in phase 2, as shown in Table 4.4. Each theme in both tables has subcategories and verbatim quotes from the participants in support of the themes. There are also tables that describe the demographic findings of participants in phase 1 and phase 2. The pilot study findings were incorporated into the main study findings. The pilot study revealed that the only change that needed to be made to the semi-structured interview guide was to include race under the demographic information required from the participants to assist the researcher in knowing more about the participants during data analysis. The process followed for data collection did not need to be amended.

4.2 Phase One Findings

4.2.1 Demographic findings

Table 4.1

DEMOGRAPHICS	TOTAL
Gender	
Female	12
Male	7
Race In females	
Black	7
Caucasian	5
Asian	0
Coloured (mixed race)	0
Race In males	
Black	7
Caucasian	0
Asian	0
Coloured (mixed race)	0
Age - Females	
60 – 65 years	5
66 – 71 years	3
72 – 77 years	3
78 year and above	1
Age - Males	
60 – 65 years	2
66 – 71 years	3
72 – 77 years	1
78 year and above	1
Causes of the hip fractures	
Falling	14
Motor vehicle accident	3
Pedestrian vehicle accident	2

Nineteen patients participated in phase 1. There were more female (12) patients with hip fractures than male (7). According to Rapp et al. (2019), approximately three out of four hip fractures occur in females because of a decrease in bone density and an increase in falls that occur in females with increasing age. The causes of the hip fractures were mostly falls, (which occurred in fourteen participants), motor vehicle

accidents (which occurred in three participants) and pedestrian vehicle accidents (which occurred in two participants). There were seven (7) black and five (5) Caucasian female participants. No patients were of Asian origin participated in the study. The number of Admissions of Asian patients in this hospital is very limited because there are no Asian communities near the hospital. There were also no coloured (mixed race) patients that participated in this study also because of a rare number of referrals made to this hospital and the availability of other health facilities close to their communities. Paruk, Matthews and Cassim (2017) confirmed that the number of hip fractures has increased among the Black population in South Africa. This is reflected table 4.1 above that 14 participants were black. A decrease in bone mineral content is thought to have a negative impact on bone strength in elderly persons who are over the age of sixty (60) years (Collin et al., 2017). The majority of the female participants in this phase were between the ages of sixty (60) and sixty five (65) years. Elderly patients in this age group are still active in walking and performing their own chores, which puts them at risk of falling. The majority of elderly patients above the age of 65 are assisted with chores such as gardening and house cleaning, because of a decline in their physical energy. Hence there are less participants that are older than 65 years.

4.2.2 Phase one themes

Table 4.2: Themes Identified in Phase 1

THEMES	SUBTHEMES	PARTICIPANT'S QUOTES
1. Physical effects of the hip fracture	1.1 Pain due to the hip fracture	1.1.1. Yoh, it is so difficult to have this fracture. It is very difficult, and it is painful, and it is painful. Like when this accident happened, like you can't even do anything, it's very painful. I can't even explain how it's difficult" (how difficult it is). (Participant 6)
	1.2 Loss of mobility, function, and independence	1.2.1 "Oh … uh ma'am, you know that I will not be able to do the things I used to do at home … you see. I will not be able to go to the shops for instance or maybe cook for my grandchild, something like that you see, or I can … I was someone that could cook for myself or look after the kids, do you get me? But now I cannot because of this hip." (Participant 2) 1.2.2 "It's very difficult ma'am, it's very, very difficult because you can't do anything that you want too on your own. (You cannot do anything that you want to do on your own). You always depend on people. (Participant 3)
2. Psychological and cognitive effects from the hip fracture	2.1 Fear of not walking again.	2.1.1. … "I remember my late mom had one and she couldn't walk after that. She was cripple (crippled) all together. That's why the doctors are scared, but they said they gonna take a chance, but they don't know, and it remind

		(reminded) me of her. She was in a wheelchair for the rest of her life, and I was right before this." (Participant 11)
	2.2 Becoming emotional	2.2.1. "… and I was right before this. I used to work in the garden, I used to clean up, do washing, I used to do my own work and now just all of a sudden… (patient started to have tears in their eyes)." (Participant 11)
	2.3 Concerns about home/family/future	2.3.1 "It affected me very badly you know. I cannot even explain how badly it affected me. This is because I am asking myself, because children are children. Will the children be able to assist? me one day, and until when will they assist me? Children are children, they can turn around, sometimes they have their own things to take care of. I will not be able to do anything for myself anymore, I will not be able to walk, I am disabled in other words. What kind of life am I going to live my entire life"? (Participant 7)
3. Understanding/ meaning of good quality nursing care	3.1 Compassionate care	3.1.1. "You have to nurse the patient properly, according to my understanding. Properly, with integrity. Be patient." (Participant 19)
	3. 2 Taking good care of patients	3.2.1. Uh my understanding is that uh quality care nursing is that uhm, these people as, as they know that I'm older, they have to take good care of me." (Participant 10)

4. Fear of nurses		4.1.1. “A couple of times I called him (husband) cause im too scared to ask them. Because if I do ask them, I get backchatted.” (Participant 11)
5. Experiences of care received	5.1 Good aspects of physical care received	5.1.1. “It was definitely good care … they are coming to bath us and change the linen and things like that. So yeah, it’s been a good, good care. It’s been a good, good care.” (It has been good care) (Participant 17)
	5.2 Insensitive care	5.2.1. “… but in this ward the treatment is quite … bad because they don’t have time, they don’t have patience on (they are not patient with) patients.” (Participant 8)
	5.3 Inconsistent nursing care	5.3.1. “People are not the same. Most of them, most of them are still looking after me. People are not the same. People are not the same. People come from different households, some are respecting, some are doing what they want. There are those that are right. There are those that are not right.” (Participant 3)

4.3 Discussion of phase 1 themes

4.3.1 Theme one: Physical effects of the hip fracture

Hip fractures that occurred in the elderly patients caused consequences that negatively affected them. There were two subcategories that emerged from this theme. They were pain due to a hip fracture and loss of mobility, function, and independence.

All the patients stated that they experienced severe pain following the hip fracture event. The elderly patient participants also reported that bruising and swelling was noted immediately around the hip area, which caused a lot of discomfort. Some of the participants stated that there was an outward turning of the affected lower extremity and that also contributed to the level of pain. All the participants described their hip pain as deep, sharp, and more intense than in a simple injury. According to a study by Sanzone (2016), hip fractures are accompanied with a relatively large amount of pain. In expressing this, participants in phase 1 commented as follows:

"Yoh, it is so difficult to have this fracture. It is very difficult, and it is painful, and it is painful." …" like you can't even do anything, it's very painful. I can't even explain how it's difficult." (P 6 in phase 1).

Another patient said: "And the pain it's (is) really bad, I don't want to lie." (P17 in phase 1)

Loss of mobility, function and independence is the other subtheme that arose as an effect of the hip fracture. Elderly patients with hip fractures stated that they experienced an inability to get up from the fall they had. There were also reports on failure to put weight on the leg on the side of the injured hip. Some of the patients specified that leg length discrepancy was noted because the leg on the injured hip was shorter. According to reports from these elderly patients, there was loss of mobility, function, and independence. A study by Dyer et al. (2016), stated that hip fractures have a significant impact on elderly patients' abilities, function, and quality of life. The

lives of these elderly patients were severely affected by the hip fracture and changed from being independent to dependent. To confirm this, patients said the following:

"… because I can't do anything, I just lie in the bed. I can't walk. So, I can't do nothing anymore for myself. Like I said I must lay here in the bed …" (P 4 in phase 1).

Another elderly patient stated the following*: "Yeah, you (I) cannot even bath yourself (myself) anymore. It's bad because you (I) have to depend on other people, yeah."* (P 5 in phase 1)

4.3.2 Theme two: *Psychological and cognitive effects from the hip fracture*

It was clear that elderly participants were not only affected by the physical effects of the hip fracture but were also affected emotionally and mentally. The main reason for depression in elderly patients following a hip fracture, is their loss in independence. Three subthemes that were identified were fear of not walking, becoming emotional and concerns about home/family/future.

One patient said*: "It's very painful because I don't know whether I will still be able to walk. My heart is very, very painful."* (P 14 in phase 1).

Another elderly patient said the following in confirmation of the fear of not walking again … *"I will not be able to do anything for myself anymore. I am disabled in other words. What kind of life am I going to live my entire life"?* (P 7 in phase 1).

Participants in phase 1 confirmed that emotions were high because of the hip fracture. Some patients appeared to be vulnerable during the hospitalization stage, which put them into an emotional state. A study by Swayambunathan, Dasgupta and Bhattacharyya (2021) stated that a decrease in mobility after a hip fracture leads to an increase in symptoms of depression and a decrease in activities such as self-care. Some of the elderly participants said the following:

"And being a hip fracture patient, it's so depressing. You can see people moving about but you can't, because your hip is dislocated or something but it's so painful as …" (P 19 in phase 1).

"Yeah, eish, this whole broken hip thing makes me very my heart to be very sore, seriously. At times I feel like crying." (P13 in phase 1)

A study by Bruum-Olsen Bergland and Heiberg (2018), mentioned that healing from a hip fracture is a long journey that can disrupt the life of a patient and make them feel vulnerable. Elderly patients were also concerned about their homes, their families and about what was going to happen in the future after they had been discharged from the hospital. Admission of the elderly patients into the hospital also caused an inconvenience because of the sudden change in their daily routine and function. This was confirmed by them saying the following:

"Even my house is locked, and it worries me. I have just asked people, neighbours to switch on the lights at night and switch it off in the morning." (P 3 in phase 1)

"I am looking after my grandchildren. Im am looking after them, im not sure whether I'll be able to still look after them. It's very, very painful." (P 14 in phase1)

There were also elderly patients that stated that they are concerned about the future following the hip fracture. One of the patients said the following:

…"I am not sure if I will still be able to walk. My heart is very painful." (P 7 in phase 1)

4.3.3 Theme three: *Understanding/meaning of good quality nursing care*

Two subthemes were identified under this theme, which were compassionate care and taking good care of patients. Elderly patients were encouraged to talk about their experiences of nursing care that they thought indicated existence or absence of quality nursing care during interviews. These patients had different views on how they

perceived quality nursing care or what it meant to them. The elderly patients perceived compassionate care qualities such as caring, empathy and being considerate as good quality nursing care aspects. Most of the patients said that nurses were showing empathy and were making a true effort to put themselves in their patients' shoes. Elderly patients said the following:

"Honestly speaking they are good people; they are looking after us. They are respecting (respectful) people, even when they speak to you, they do that with respect." (P18 in phase 1)

"…they say mkhulu are you tired; do you want to go back to bed or so. They are really gentle and care about old people." (P 1 in phase 1)

According to Bohren et al. (2017), elderly patients with hip fractures recover better when they receive high quality nursing care from the healthcare team, including nurses. Taking care of the elderly should be a calling according to some elderly participants; meaning that nurses should be dedicated to providing nursing care. The subthemes of compassionate care and taking good care of patients developed from this theme. To confirm this theme, some of these participants said the following:

"It means a big thing. It needs a good heart. It needs a good heart to take care of someone. It's even uhm hard work, more than looking after a small baby. You are asking for a bedpan, you asking to be bathed, oh no. it's hard. It's really hard." (P 3 in phase 1).

"Hey, I think according to my understanding my child, for as elderly people we need people who are called for this job not that ae I'm going to do nursing because uh there's no job or because there's money (…and not just say that I am going to do nursing just because there is no other job or there is no money). This job need person uh for people who have a good heart, who cares about people (This job requires a person uh, a person who has a good heart, someone who cares about other people)

… Nurses should be understanding, loving, and caring of (towards) old people" (P 9 in phase 1).

According to what was stated by the participants, it was evident generally, that nurses are taking good care of elderly patients with hip fractures.

4.3.4 Theme four: *Fear of nurses*

Some of the elderly patients were terrified of the nurses because of the bad nursing care that they experienced during their hospitalization. Some elderly patients stated that they were facing unpleasant treatment and care. Fear can cause negative emotions that occur when a person is scared of something bad that is happening or might still happen (Keleye et el., 2021). A study by Asefa and Bekele (2015) also added that poor quality of care and lack of respect amongst health care worker including nurses is the main cause of fear amongst hospitalized patients. Elderly patients were scared because they were sometimes shouted at and mishandled by the nurses while in hospital. The elderly patients who had bad experiences of care, developed fear towards orthopaedic nurses. To confirm that these elderly patients were afraid of the nurses, the participants made the following statements:

"Hey and these nurses, wena mntwana-mntwanam (you my grandchild), they are shouting at us, but you mustn't tell them. They are shouting at us. When we are calling "hey please help me." "Hey wena Gogo (Granny), uya hlupa njalo uwe! uwe! uwe! (Translating: You are bothering us; it is always you! you! you!). They are shouting at us." (P 9 in phase 1)

"These youngsters are really treating us bad, but please don't tell them, I am so scared of them because one doesn't feel safe around them. You ask for a bedpan, and they bring an ice cold one and throw it at you. No help, no nothing." (P16 in phase 1)

4.3.5 Theme five: *Experiences of care received*

Three subthemes emerged from the theme on experiences of care received and they were good aspects of care received, insensitive care and inconsistent nursing care. Elderly participants in phase one were impressed by the kind of care that was received in the hospital. Nurses were providing high quality care as experienced by the some of the elderly participants. Some elderly patients specified that the nursing care was excellent. The majority of the elderly patients perceived the care received as good. As confirmation concerning the level of care, some of them said the following:

"Oh, it's very, very was good. Very good because I never thought that maybe my hip will be better like this. But they do all their best. And then they take me to (for) an operation." (P 6 in phase 1)

"So, they've been looking very well after me. I would say uhm, whenever I need uh to use the toilet, they can provide a bedpan for me…So, I would say they taking very good care of me in this hospital. These nurses have good hearts, they know how to take care of old people." (P14 in phase 1)

The subtheme of insensitive care was also identified under the experiences of the care received by some of the elderly patients. Although, the quality of nursing care was good according to the previously identified subtheme, there were also elderly patients who experienced incidences of poor quality nursing care. There were some participants who stated that nurses were not involving them in decision making, nor did they respond to patients' attempts to communicate with them. Nurses were not communicating at the level of these elderly patients and were very rude when asked for an explanation of some of the procedures. According to these patients, nurses were not responding to the needs of the elderly patients with hip fractures, such as providing a bed pan when they need one. These elderly patients experienced bad nursing care because they reported incompetency amongst nurses. According to Fitzgerald et al. (2020), nurses are required to have competent skills in caring for elderly patients with hip fractures. The following was said by the elderly patients that confirmed the shocking reports of bad nursing care received:

“Well, it has been a bad experience for me. I don’t like it at all because for me I felt like I’m in their way, but they are supposed to help me, but they did not help me. That is why I am laying here because they are supposed to help me but make me feel like I’m a … what can I say I’m in their way. They don’t need me here but if I wasn’t sick, I wasn’t gonna be here because I am really sick, I can’t move but to them it’s a joke.” (P 11 in phase 1).

“Hai, it’s bad, I can say its bad care my child because when you call for help, these people they are on duty ne. They are here to take care of the patients. So, when you are calling for help, they take time to come. So, these youngsters now ey’ it’s like you are a problem, you are a burden to them. They don’t help us wholeheartedly. It’s like we are forcing them to help us. Yet they are getting paid.” (P 9 in phase 1).

The subtheme on inconsistent nursing care also emerged from the experiences of care that received by the elderly patients. Consistency in nursing care is adhering to the same quality of nursing care when caring for patients. Some of the elderly patients raised complaints that nurses were not treating them the same, meaning there was no consistency in the quality of care they received. Those elderly patients that had experiences of both effective and ineffective nursing care said that the quality of nursing care was neither good nor bad. Some of the participants said the following:

“…They are doing their job, they are working. Even though, some are good, and some are bad, but they are working hard. So, I can say shifts are not the same, yeah.” (P 7 in phase 1)

“There was (were) good days and bad days, there was good and bad because you had the good nurses, then the ones that are so rude. Now the good ones is got (are going) to suffer…These young ones, they wanna be nurses but they are not ready to take care of us.” (P 11 in phase 1)

4.4. Phase Two Findings

4.4.1 Demographic findings

Table 4.3

DEMOGRAPHICS	TOTAL
Gender	
Female	12
Male	7
Race of females	
Caucasian	3
Black	9
Asian	0
Coloured (mixed race)	0
Race of males	
Caucasian	2
Black	5
Asian	0
Coloured (mixed race)	0
Age Groups	
20 – 25 years	0
26 – 31 years	4
32 – 37 years	6
44 year and above	9

There were more female participants than male participants in phase 2. Twelve females that participated in this study, of which nine were black and three were Caucasian. There were seven males; two were Caucasian and five were black. There were no participants of Asian origin in this phase because there were no Asian communities near this hospital. There were also no coloured participants in phase two because of a limited number of referrals made to this hospital as it is not geographically accessible to most coloured communities. The majority of the participants were 44 years old and above; followed by those between the ages of 32 to 37 years. The smallest number were between the ages of 26 to 31 years old. There were no relatives between the ages of 20 to 25 participating in this phase.

4.4.2. Phase two themes

Table 4.4 Themes Identified in Phase 2

THEMES	SUBTHEMES	PARTICIPANT'S QUOTES
1. Burden of care for the relative.	1.1 Physical burden of care	1.1.1. "It's going to be very difficult for us because we need to assist him in bathing, we need to assist him with sitting in the toilet, as they told us in the hospital when he's discharged on what is expected on us, to assist him when he baths and also when he sit-down and also when they climb the steps." (Participant 2)
	1.2 Emotional burden of care	1.2.1. "Also, Im so used to be with my wife and not having her next to me is not nice. I do not sleep in the night because Im thinking is she going to be oryte or not. Really, I don't know sister … (shaking his head and looking down)." (Participant 11)
	1.3 Social burden of care and lifestyle adjustments	1.3.1. "So, it becomes eeee, allot for me because im also still young you know. Sometimes I want to go out, I want to do other things, so now it become very difficult to adjust." (Participant 7)
	1.4 Financial burden of care	1.4.1. "And it's very stressful also having to go to hospital every day because I don't work, I don't have money. So, I need to make other means of getting transport fare, to go and see her." (Participant 13)

	1.5 Effects on work/employment	1.5.1. “Well, uh it simply means that some of the things had to change. Because now I need to knock off early, making sure that I see her at the hospital.” (Participant 16)
2. Evaluation of care received by the elderly relative	2.1 Good aspects of care received	2.1.1. “I think they’ve been looking well after her. They always keep (us) up to date about whatever is going to happen. Yeah. They also bath her feed.” (Participant 3)
	2.2 Bad aspects of care	2.2.1. “The care here is bad because the nurses are really not sympathetic towards the patients. They do not know how to talk to these patients … she says she is scared to even ask for a chamber. I find her wet most of the time” … (Participant 11)
3. Coping		3.1.1. “Uhhhi ... it’s not going to be an easy task to have him at home but there’s nothing we can do. We need to accept and move on.” (Participant 2)

4.5 Discussion of phase 2 themes

4.5.1 Theme one : *Burden of care on the relative*

Five subthemes were identified from this theme. These were, physical burden of care, emotional burden of care, social burden of care and lifestyle adjustments, financial burden of care and effects on employment. Elderly patients with hip fractures require special care, support and protection even post hospitalization and this might put extra pressure on the relative who is their caregiver.

Relatives were concerned about the day to day physical care of elderly patients as they need a lot of assistance, especially with activities of daily living. They were concerned about whether their elderly relatives would regain physical strength so they could function as they used to prior to the hip fracture. All the relatives understood that these hip fracture incidents happen to people who are not so young anymore and that healing might be delayed as a result of old age. Concerns were raised because these patients might be fully dependent on these relatives once they are discharged from the hospital. Caregiver relatives have the responsibility of taking care of the basic needs of the elderly such as bathing, mobilizing and at times feeding them. One of the relatives said the following:

“Okay, firstly eish we don’t know what to do. How to walk him or turn him on his bed” (turn his position while in bed). (P 1 in phase 2)

Another relative said the following: "Uhm, it it’s been very stressful as a uhm you know as a whole because you know due to her complication, due to her hip fracture she’s she is unable to do anything. So, I mean she will need a lot of help and a lot of care after discharge... So, I will always have to make quite sure (I will always ensure) that someone is around in order to you know assist her in her daily living in terms of recovery until she is able to recover” (in order to assist her daily until recovery). (P 12 in phase 2)

According to Diameta et al. (2018), relatives that are caregivers have an increased responsibility of assisting elderly patients with hip fractures because of the decrease in physical function, and mobility associated with fractures. Hence there were concerns about the physical burden of care. Relatives should be educated on how to meet the hygienic needs, mobility, wound care and also about the importance of adhering to follow up dates. A study by Ariza-Vega et al. (2019) also added that education and training of relative caregivers on caring of patients with hip fractures while in hospital will definitely decrease the burden of care at home.

Some of the relatives also felt that the hip fracture of their relative was placing an emotional burden on them. Parry, Langford and Koval (2019) said that hip fractures in elderly patients have a negative impact on the relative who is a main caregiver. The majority of these relatives exhibited an excessive reaction to stress concerning the hospitalization of their elderly relative. As relatives of the elderly patients, they encountered difficulties because they were also worried about the kind of care these elderly patients received at the hospital and that became an emotional burden that drained them. One of these relatives said:

… *"Huh, being a relative of an elderly patient with a hip fracture is, is very difficult. It has been become very difficult for me because uh, I always have to worry about uh granny's condition. "How is granny?" "Is granny being helped?" uh is she getting the treatment that is supposed to uh, that she's supposed to uh, she's supposed to get or not."* (P 9 in phase 2)

The relatives were also disturbed by that fact that they have to always visit their elderly relative at the hospital, while they also have their own commitments to take care of. The lifestyle adjustment had become a social burden to them because it had caused a disruption to their own lives. Avila, Pereira and Bocchi (2015) stated that caring for an elderly person with a hip fracture can be thought-provoking because of the overload of stress on the person that is providing the care after discharge from the hospital.

Continuation of care is vital for positive outcomes during recovery. The social lives of some of the relatives is put on hold to concentrate on the wellbeing of their relative. Some are married and must leave their husbands/wives and children alone; in order to take care of their elderly relative. This causes complications in their social life; hence, it becomes a burden to them as relatives. It is evident that the incidence of the hip fracture also caused a change in the lifestyle of the relatives because of the adjustments they had to make in order to care for their hospitalized elderly relative. This was confirmed as follows:

"… it means that our lives, our livelihood is going to change. We need to accommodate him, and his condition in all our daily activities at home. Like when he needs our assistance, we need to be there for him. In fact, he needs to stay with somebody cos (because) now, he won't be able to do most of the things by himself." (P 2 in phase 2).

"Okay it is hard because you have to go every day to see your mother, and its complicating things at home because you have a husband, children. At the same time, you have to go to see your mother, so that's the thing." (P 14 in phase 2).

The hip fractures in elderly patients came with many financial implications that caused a strain on the budgets of the relatives. The relatives in phase 2 were burdened by the fact that they had to go to the hospital to visit their family member. Some of the relatives had been relying on these elderly patients for financial support. One relative said the following:

… "the pension money is helping us at home in terms of buying groceries and is also helping me to look for a job. So, her being in hospital, it has affected me in a manner of which I'm not able to get access of finances that she used to assist me with." (P 13 in phase 2)

The hip fractures of elderly patients had a negative impact on the employment of the relatives because some had to change their work schedule. The work performance of some of these relatives was affected because of not being able to concentrate at work,

which also posed an additional burden. Some were not employed and were in the process of job searching but the hip fracture disrupted their search for employment. Relatives said the following:

"Uhm I personally, I have to ask at work to come and visit him …" (P 10 in phase 2)

"Uhm everybody came even my other brother, he was working very, very far away. He had to drop everything to come, once he heard about the incident to check what's happening. He left everything behind, his family, his young kids just to be close to my dad." (P 17 in phase 2).

4.5.2 Theme two: *Evaluation of care received by the elderly relative*

Two subthemes emerged from the evaluation of care by the relatives of elderly patients, namely: good aspects of care and bad aspects of care.

Most of the relatives were pleased about the care that elderly patients received. Relatives reported that the nurses put them at ease and were explaining every procedure in understandable terminology. The relatives also stated that nurses were also keeping them up to date with the condition of their elderly relative even when they phoned the hospital. The involvement of relatives into the evaluation of care improves the quality of nursing care. A study by Clark et al. (2016), confirmed that the inclusion of patients' relatives in acute care can promote better health outcomes. Therefore, the good quality of care had also affected the relatives of the patients in a positive way, because they also were satisfied with the nursing care. Relatives of elderly patients also confirmed that nurses were very gentle and consistent when assisting the elderly. A relative also concurred that the nursing care received was good after evaluation of care by saying the following:

"Okay, the care was uh, it was superb because uh Madala (Grandpa) didn't develop any pressure sores … that means the nurses were turning him accordingly … I think that they did a good job." (P 1 in phase 2)

"I am really impressed about the way they care for pensioner (elderly) people in this hospital, it made me feel at ease because my mother did not complain about anything".(P 19 in phase 2)

However, there were relatives that evaluated the nursing care and found that it was not up to standard. According to them, nurses did not involve them in any planning, discussions, and nursing care of their elderly relative. Relatives reported that nurses were not committed to the wellbeing of the elderly patients. Some nurses displayed disrespectful and angry responses towards the elderly patients as stated by the relatives. These relatives said that this bad behaviour of some of the nurses caused them to be flappable and loose trust in the care. Relatives said the following:

"There is no quality at all here in this hospital. The nurses are very rude. These people are supposed to be helpful to all sick people like my wife that is old, but they don't do that. On many times I find my wife being wet because they do not help her onto the chamber. She is always upset because of the bad treatment of the nurses. I have never seen something like this in my life. The nursing care here is not good. Im sure all family members in this ward feel the way I feel." (P 11 in phase 2)

"My mada (mother) was not caring for really. Sometimes he is wet wet. So, I'm not okay, serious." "(My mother was not cared for, and she was found wet. So, I am seriously not okay about this"). (P14 in phase 2)

A study by Rush et al (2017), confirmed that the arrogance of nurses towards elderly patients is associated with poor nursing care. Hence, there were a lot of dissatisfaction from those relatives that felt that they weren't updated about the condition of their elderly relative.

4.5.3 Theme three: Coping

Caring of an elderly patient following a hip fracture can be a major stressor to the caregiver relative. These relatives have to learn how to take care the elderly patients once they are back home. According to Schulz et al. (2020), relative caregivers differ in their level of expertise and motivation to provide care. Coping with an elderly patient following a hip fracture often requires a skilled caregiver. Hence relatives were hoping for the speedy recovery of their elderly relatives. Caregiver relatives trusted that once the elderly patient got better, they would be able to partially take care of the patient themselves. That would then be a coping strategy in the care of their relative. Thus, they said the following:

"… but if she does get better, at least she will try to do some of the things. She won't be able to do all the things in total exactly the way but at least she is going to try. So, that's why I'm just hoping that she gets better so that she'll be able to do some of the things, but then I will also be able to help her because now since I have already started eeee, I will also be able to help her so that she will be able to do the activities eeee together." (P 7 in phase 2).

"I just pray that she is healing fast. Yes, sister that's all I'm praying for because that is the only way for me to cope." (P 11 in phase 2).

4.6 Summary of the chapter

Chapter 4 discussed the study findings for phase 1 and phase 2, including the demographic finding, the pilot study findings, the themes that were identified by the researcher and a discussion of all themes. In this chapter, the researcher identified five themes in phase 1 and three themes in phase 2. The researcher discussed all themes in phase 1 and 2 exclusively.

Chapter 5 focuses on the conclusion, a discussion on limitations, and further recommendations.

CHAPTER 5

5. SUMMARY, RECOMMENDATIONS, LIMITATIONS & CONCLUSIONS OF THE STUDY

5.1 Introduction

Chapter 5 discusses the summary of the research findings, recommendations of the study, limitations of the study and the conclusion. The researcher used an exploratory and descriptive qualitative research approach in this research study. Interviews were conducted using a semi-structured interview guide for elderly participants with hip fractures in phase 1 and their relatives in phase 2. The objectives of the study were as follows:

Phase 1: To explore and describe the perceptions of elderly patients with hip fractures on their illness and the quality of nursing care received in an academic hospital in Gauteng.

Phase 2: To explore and describe the perceptions of the relatives of elderly patients with hip fractures on their relatives' illness and the quality of nursing care received in an academic hospital in Gauteng.

5.2 Summary of the Study Findings

The themes that emerged from the findings of the study were five in phase one and three in phase two. Themes were discussed exclusively in order to hear perspectives from the point of view of both the relatives and the elderly patients. The themes and subthemes that emerged from the data collected in this study are as follows:

5.2.1 Themes for phase 1

Theme one: Physical effects of the hip fracture

Pain due to the hip fracture

Pain due to the hip fracture was discovered to be the most identified physical effect of a hip fracture. Elderly patients experienced serious bruising and swelling as well as serious hematomas as a result of the hip trauma. The rotation of the affected leg caused by the hip fracture also contributed to extreme pain in the elderly. This was evident by the inability to stand up and walk independently after a fall; irrespective of whether it was a simple fall, pedestrian vehicle accident or an MVA. Dixon et al. (2018), stated that elevated levels of pain in the elderly is associated with prolonged immobilization.

Loss of mobility function and independence

Loss of mobility was also found to be a physical effect of the hip fracture sustained by elderly patients. Immobility was seen as a challenge to participants in phase 1. Immobility also contributes to loss of independence in these elderly patients. Alexiou et al. (2018) stated that hip fractures in the elderly have a negative impact because their mobility is affected.

The pain in the elderly was often so severe that it affected their mobility and self-care. Hip fractures are also a result of poor bone health that causes bone weakness that contributes to loss of mobility in the elderly. It was evident that elderly patients fully agreed that when you get old your bones become weak and fracture easily.

The first thing that happened to the elderly following a hip fracture was loss of mobility due to the pain and a break in the continuity of the femur bone. Walking was restricted because some were nursed on skin traction preoperatively as a result of the hip fracture. These elderly patients were mobile and fully functional before sustaining the

hip fracture but become bedbound preoperatively because of the use of traction. Elderly patients felt that they had become now fully dependent on others as they had to ask for assistance with activities of daily living such as elimination and hygiene.

Theme two: Psychological and cognitive effects of the hip fracture

Fear of not walking again

This subtheme was identified after some of the elderly patients were not able to walk as a result of the hip fracture. The inability of these patients to walk, led to them losing hope as they asked themselves if they would be able to walk again. According to Bruun-Olsen, Bergland, and Heiberg (2018) the recovery level for elderly hip fracture patients is very poor and may cause a permanent decline in physical mobility. Some of these patients had fears based on their previous experiences with someone they knew who also had a fall.

Becoming emotional

Some of these elderly patients experienced different emotions as a result of the hip fracture. Feelings of being in a vulnerable state caused a rise in the emotions of the elderly patients. The inability to mobilize in the elderly caused a lot of unhappiness that put them in an emotional state. Alexiou et al. (2018), stated that the severity of pain and immobility in hip fracture patients could be the main cause of emotional distress and other symptoms of depression.

Concerns about home/family/future

Various concerns were identified with regard to the elderly patients' homes, families, and future post hospitalization, after sustaining a hip fracture. These concerns were evident in what was stated by the phase 1 participants. These elderly patients could perform house chores such as gardening, cleaning of the house and cooking before they sustained the hip fracture. The hip fracture had a negative impact because there were concerns that the patients would not be able to do those chores after the

operation. Some of the elderly patients feared that they might not fully recover after the hip fracture.

Immobility was caused by physical weakness as a complication of the hip fracture. According to Kua et al. (2016), weakness was identified as an evolving factor among the elderly and had been associated with a decrease in physical function and increasing dependency on others.

There were also concerns that the elderly patients would not be able to look after their grandchildren anymore. Elderly patients had concerns about their future and how long the healing process would take. It was identified that some of the elderly patients were worried that they would not be able to walk again after the hip fracture. Some were concerned about continuation of the care at home post discharge.

Theme three: Understanding/meaning of good quality nursing care

Compassionate care

Compassionate care was one of the subthemes that emerged from this theme. These elderly patients felt that nurses should be competent in caring for their patients, meaning that they should have the appropriate knowledge, skills, values and attitude. A study by Henderson and Jones (2017), stated that nurses should be compassionate in caring for patients because this is an essential aspect of their professional practice.

Taking good care of patients

Taking good care of patients is another subtheme that emerged from the main theme of understanding the meaning of quality nursing care. The elderly patients were quite aware of how they should be taken care of during hospitalization as senior citizens.

According to a study by Riemen and Hutchison (2016), nurses have an important role to play in providing quality care for complex patients such as those with hip fractures.

The quality of nursing care according to them, was to have nurses that were not cruel, meaning that they should be compassionate with elderly patients, especially those with hip fractures. Some have experienced the good care that was provided by nurses. Hence, they were referring to themselves when they explained their understanding of quality nursing care.

Elderly patients expect nurses to provide appropriate care to meet the needs of their fellow elderly patients. Some were expecting the care to be the way they had been cared for. Nurses are expected to assist with activities of daily living including hygienic needs, elimination needs, skin care and mobilization, in and out of bed. Some were also saying that they expected improvement in nursing care.

Theme four: Fear of nurses

Some of the elderly patients were frightened by the bad care that they received from nurses while hospitalized. They were very scared to even ask for assistance whenever they needed to. Some had to wait for their relatives to visit before they could get any kind of help because nurses were constantly shouting at them. The attitude of nurses has affected patient care. Elderly patients had that fear because some of the nurses were very rude and were lacking communication skills. According to Hafskjold et al. (2016), It is very rare that elderly patients dispute how nurses treat them and avoid evaluating their performance as a result of fear.

Theme five: Experiences of care received

Good aspects of care

The researcher identified this theme on the good care that was given to elderly patients. Good aspects of care are good quality nursing that is accompanied by competent delivery of care (Behmaneshpour, Irandegani and Miandoab 2019). Although equipping these nurses with competencies is necessary, some of them provided elderly patients with high standards of nursing care. That was evident because some of the patients said that they had been well looked after by the nurses, and that all their physical needs such as bathing, eating, and using the bedpan were met.

The consistency in delivering good quality nursing care improved the wellbeing of patients because there was no need for them to stress. Elderly patients were very appreciative of the support and care that were provided by all the nurses throughout their hospital stay. It was evident that the nurses were always there to cater for the needs of the patients. Patients and relatives felt that nurses were supportive and caring during the Covid-19 pandemic.

The elderly patients confirmed that irrespective of not being able to get enough family members to visit, the nurses were very supportive and caring and that lifted the spirits of the elderly, which was a positive thing because some patients still felt that they were in good health. There was a lot of communication including laughter, amongst patients, and nurses. Irrespective of the support and care those patients received, the researcher recommends that nurses should be competent in identifying special the needs of patients who require special interventions such as interpreters for language barriers, or spiritual and nutritional needs.

Some of the patients clearly stated that the care and treatment they received from the nurses influenced their journey to recovery in a positive way. These patients confirmed that the total care provided by nurses made them feel much better, both physically and emotionally.

Insensitive care

Although there were some elderly patients who reported good quality care, a minority reported that the care they received was dreadful according to the experiences they had with the nurses. The main complaint from these elderly patients was that nurses were very disrespectful and not helpful when help was needed. Some complained that the nurses were very impatient, and that most of the basic needs that were a necessity for the patients were not met. This affected the elderly patients in a negative way because some of them had a great fear about being placed under the care of such disrespectful people. Some of the nurses demonstrated unkind behaviour towards helpless elderly patients during their hospitalization in the Orthopaedic wards. According to Lake, Germack and Viscardi (2016), patients that had bad experiences of care, where nurses fail to perform required tasks due to attitude, perceived nursing care as poor.

It was evident that some of the elderly patients were not treated well because they complained that the nurses could not assist them with basic things like drinking water. These patients were nursed in traction but were told by nurses that their lower extremities were fractured and not their hands.

Inconsistent nursing care

During the interviews some of the elderly patients did not want to be honest about how they felt about the kind of care they received. Some of the relatives also evaluated the care as not good but not bad either and this demonstrated a lot of inconsistency. Elderly patients reported that the nursing care was not the same and was different

from shift to shift. According to Maneze et al. (2019), receiving inconsistent information regarding treatment and care, has shown to result in negative consequences such as anxiety and confusion in patients.

The researcher found that participants in phase were trying to justify the bad nursing care provided by nurses by giving answers that were not straight to the point during the interviews. Some were saying that the nursing care was not good and not bad at the same time.

5.2.2 Themes for phase 2

Theme one: Burden of care on the relative

Physical burden of care

Elderly patients were able to take good care of their own physical needs such as hygiene and nutrition before the hip fracture incident occurred. According to the relatives one particular elderly patient would be less functional after being discharged from hospital, despite the treatment he had received. Some of the relatives were concerned, when they felt that some of the relatives would not be able to physically take care of these elderly on their own at home because there would be no nurses and doctors to assist there. Buckinx et al. (2015) also stated that elderly patients need special care to improve their quality of life. The nurses in the Orthopaedic ward should be competent enough to assess what a patient would require after discharge during homebased care.

Emotional burden of care

The admission of the elderly patients into the hospital sometimes caused major disruption in the lives of their relatives. It was quite difficult for some of the relatives to go and visit them in hospital for various reasons. Some had no money to use to travel to the hospital and had to make other arrangements. some relatives were stressed

about the admission of their elderly relative into the hospital, and some were affected because they could not sleep at night due to the stress caused by the hospitalization of their relative. All this put an emotional burden on the relatives. A study by Longo et al. (2020), confirms that caregiver relatives of elderly patients with hip fractures have an increased responsibility that is emotionally and cognitively demanding.

Social burden of care and lifestyle adjustments

Relatives also felt that their social life had been disrupted by the hip fracture of their elderly relative. Visiting the hospital at visiting hours made it difficult for some of the relatives socially because they had to sacrifice things like going out to socialize. Some had to care for their husbands and kids and also make time to visit their elderly relative. One relative had to alternate with his grandfather to visit their grandmother in hospital because she/he was working.

These relatives' lifestyle adjustment had become a burden to them because of the disruption it caused to their own lives. Avila, Pereira and Bocchi (2015) said that caring for an elderly person with a hip fracture can be thought-provoking because of the overload of stress on the person who is providing the care after discharge from the hospital. There are certain things that the responsible relative had to change in their own life because of the hip fracture.

Some had to suspend hunting for a job but had to put that on hold. Some had to step into the chores that were enjoyed by these elderly patients such as gardening and looking after the grandchildren. There was one relative that was running several businesses and was very busy, they had the pressure of making time for hospital visits. It was evident that the relatives had no option but to make lifestyle adjustments.

Financial burden of care

For some elderly patients fracturing a hip was associated with a lot of financial constraints on their relatives. It affected them because for instance some paid for a number of consultations before the patient was given admission into an academic hospital where this research study was being conducted. Some of the relatives were struggling with travelling costs to and from the hospital because they were unemployed and were dependent on the elderly patient.

There were also elderly patients who were assisting their families financially with the help of a pension allowance and through running small businesses; so being admitted caused a financial strain on their relatives at home. Dolbin-MacNab and Yancura (2018), stated that elderly patients as grandparents feel responsible and obligated to provide for their family members.

Effects on work

It was evident that those relatives who were working during the day were affected by the hip fracture of their relative. The work performance of one of the relatives was affected negatively because they were always worried about their elderly relative who was hospitalized. According to Caro, Costa and Da Cruz (2018), caregiving can have a negative impact on the work lives of relatives such as a decrease in working hours or even resignation. Some were also job hunting but had to put that on hold because they were spending most of their time at the hospital as the relative that was responsible for taking care of the elderly patient.

Theme two: Evaluation of care received by elderly relatives

Good aspects of care

Some of the relatives were also fascinated by the good care that the elderly received at the hospital. The relatives stated that comfort needs, elimination needs, hygienic needs as well as nutritional needs of the patients were met. Relatives also showed interest in being involved in the decision making regarding treatment of the elderly patients. Clark et al. (2016), stated that involving hospitalized patients' relatives in the care of these patients is very important because it promotes better health outcomes including satisfaction of patients and relatives. Nurses were communicating the health needs of the elderly patients with their relatives at a level that they could understand and thus be able to participate in the care offered to their relatives. The relatives stated that the patients felt much better than when they had arrived at the hospital because the elderly were satisfied with the care received. Relatives also did confirm that the quality of care that was received by their elderly relatives was good.

Bad aspects of care

Contrary to the previous subtheme the findings from the interviews also revealed that some relatives of elderly complained about the insensitive behaviour of nurses towards patients. The relatives were affected by the insensitivity that was demonstrated by some of the nurses and were worried about the wellbeing of their elderly family members. The treatment plan of the elderly patients was not communicated with some of the relatives. According to Zwakhalen et al. (2018), effective communication is the cornerstone of quality nursing care.

Theme three: Coping

The majority of the relatives were overwhelmed by the fact that they were responsible for taking care of the elderly patients on discharge from the hospital. They felt that they should be assisted by other members of the family or perhaps should be getting someone else to assist them, in order for them to cope with basic care. Hence, some of these relatives were wishing that these elderly patients could recover in a shorter time so they could become independent the way they were before they sustained the hip fracture.

5.3 Recommendations

The researcher has constructed recommendations to improve the quality of nursing care on elderly patients with hip fractures. The plan is for these recommendations to be applicable to improving the quality of nursing care in all hospitals under the Gauteng Department of Health which additionally, could be relevant anywhere else in the Republic of South Africa. These recommendations would also reduce the number of patient complaints in healthcare institutions; and it will also decrease the number of litigations directed at the Department of Health.

5.3.1. Recommendations for nursing education

- Nurses in the Orthopaedic units should be equipped with competencies to promote musculoskeletal health as well as the general wellbeing of elderly patients. The plan would then be to improve individualised nursing care, based on the overall orthopaedic condition of the patient. This would also ensure good quality nursing care and prevent complications in hip fracture patients.

- The basic and post basic nursing curriculum should put some emphasis on improving the attitudes and the behaviour of nursing personnel during patient care and also reinforce decent communication skills in order to demonstrate kindness and sensitivity towards patients.

5.3.2. Recommendations for nursing practice

- Discharge plans for all Orthopaedic patients should be an integral part of the discharge procedure of each hip fracture patient, to ensure continued patient care by guiding caregiver relatives on how to provide this care. Health education should be given to patients and their relatives because they are part of the patient care process; to prevent complications and to assist both parties in elderly patients' journey to recovery.

- The Gauteng Department of Health should encourage in-service training for nurses working in all units that have a large number of elderly patients such as Orthopaedic and Geriatric wards, to reinforce specialised nursing care of all the patients.

- Nurses on the Orthopaedic units should advocate for elderly patients by liaising with other members of the healthcare team in the management of the patients. Unit Protocols for orthopaedic nursing intervention should be developed by all categories of nurses, to improve the quality of care for all orthopaedic patients, including elderly patients with hip fractures. Unit in-service training should be conducted on a regular basis to remind nurses about the importance of professionalism and total/holistic patient care.

5.3.3. Recommendations for future research

In order to focus on aspects that were not addressed in this study it is necessary to conduct further research in the following ways:

- A qualitative study that will assess the perceptions behaviour and attitude of nurses towards elderly patients.
- Investigating the perceptions of nurses, patients with hip trauma and their relatives on the quality of nursing care in a mixed method study.
- Investigating the experiences of relatives/caregivers of elderly patients with hip fractures on caring for those patients post hospitalization.

5.4 Limitations

The research study was conducted on those elderly patients with hip fractures, whose relatives could be traced for participation. The study was conducted in only one academic institution in Gauteng. Elderly participants studied only included those between 60 and 80 years old.

5.5 Conclusion

The researcher revealed that the majority of participants in both phases perceived the care as good. Most of the elderly patients that were interviewed, were happy that some of the nurses were gentle and friendly with them and all the other patients. They confirmed that these nurses were spending a lot of time with them and that they were never left alone. These patients displayed a lot of gratitude towards the nurses in the Orthopaedic wards.

Elderly patients and their relatives were very appreciative of the support and care that were provided by all nurses throughout their hospital stay. It is evident that nurses were always there for the needs of the patients, including their wellbeing. Patients and relatives felt that nurses were supportive and caring during the Covid-19 pandemic.

This was because visiting hours were amended by the Gauteng Department of Health and the regulations only allowed one visitor per patient for only 10 to 15 minutes, since the Covid-19 virus was reported as a global pandemic in December 2019 (Abdullah et al., 2022). So, that meant that patients had to spend most of their time with the nurses at the hospital.

The elderly patients were well taken care of, even though there were some shocking reports of bad nursing care received. Some of the nurses were reluctant to rendering good quality nursing care to elderly patients. It also causes a lot of stress on relatives once a patient complained that they were not well taken care of by the nurses. The moment nurses provide supportive nursing care, it is appreciated by both elderly patients and their relatives. Nurses and patients should have a good relationship based on respect and care; because patients spend most of their time with nurses more than with other healthcare professionals; hence it is important for all medical staff to have a good relationship with the patients. Some of the patients were complained that nurses were very insensitive and disrespectful towards them. The quality of care was evaluated as bad by some of the patients and their relatives, although others evaluated the care as good. However, this study suggests that nurses should be guided regarding total patient care of the elderly, in order to prevent grievances from these patients that might lead to litigation.

The World Health Organization, (2020) stressed the fact that a safer environment should be created for elderly persons to reduce the risk of falling. All persons before the age of 60 should also be motivated to build and maintain strong and healthy bones to prevent causes of hip fractures such as falls. This will decrease the causes of hip fractures among the elderly. Physical therapy should be used as a recommendation for improving bone strength and balance, and for mobilizing.

It is imperative that the emotional responses of elderly patients with hip fractures should be addressed. According to Lafortune, Elliott and Stolee (2017), the needs of

elderly patients with hip fractures should be well taken care of; by developing nursing care plans that are relevant to these patients. This careful planning of care of these elderly patients would reduce the incidence of patients crying because there would be no need for them to feel as if they are being neglected. The National Core Standards confirm that all patients have the right to be nursed with respect and dignity (National Department of Health, 2011). The culture of caring for the physical and psychological needs of patients should be emphasised in nurses.

Nurses should be reminded about the importance of professionalism and total/holistic patient care and should be equipped with knowledge and skills. This knowledge and skill should be encouraged along with being patient and loving towards patients when providing nursing care. Nurses should demonstrate kindness and sensitivity towards their patients. They should adhere to the professional code of ethics by showing sympathy, respect, and dignity towards patients. Nurses in the orthopaedic wards should demonstrate professional accountability and responsibility in caring for elderly patients with hip fractures. Patients have the right to quality nursing and clinical care to reduce unnecessary harm, according to the National Core Standards on patient safety, clinical governance, and care.

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APPENDIX A

APPROVAL OF TITLE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Private Bag 3 Wits, 2050
Fax: 027117172119
Tel: 02711 7172076

Reference: Mrs Sandra Benn
E-mail: sandra.benn@wits.ac.za

06 January 2021
Person No: 2419466
PAG

Ms B Skaarnek
2535/18 Muskejaat Street
Riverlea
2093
South Africa

Dear Ms Bettie Skaarnek

Master of Science in Nursing: Approval of Title

We have pleasure in advising that your proposal entitled *Perceptions of elderly hip fracture patients and their relatives on their illness and quality of nursing care received in an academic hospital in Gauteng* has been approved. Please note that any amendments to this title have to be endorsed by the Faculty's higher degrees committee and formally approved.

Yours sincerely

Mrs Sandra Benn
Faculty Registrar
Faculty of Health Sciences

APPENDIX B

ETHICS CLEARANCE CERTIFICATE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

R14/49 Miss Bettie Skaarnek

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M2011102

NAME: (Principal Investigator)	Miss Bettie Skaarnek
DEPARTMENT:	Nursing Chris Hani Baragwanath Academic Hospital
PROJECT TITLE:	Perceptions of elderly patients with Hip fractures and their relatives on their illness and quality of nursing care received at an academic hospital in Gauteng
DATE CONSIDERED:	27/11/2020
DECISION:	Approved unconditionally
CONDITIONS:	
SUPERVISOR:	Mrs D.R Maboko
APPROVED BY:	Dr CB Penny, Chairperson, HREC (Medical)
DATE OF APPROVAL:	06/04/2021

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Research Office Secretary on the Third Floor, Faculty of Health Sciences, Phillip Tobias Building, 29 Princess of Wales Terrace, Parktown, 2193, University of the Witwatersrand. I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions.Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report.** The date for annual re-certification will be one year after the date of convened meeting where the study was initially reviewed. In this case, the study was initially reviewed in **November** and will therefore be due in the month of **November** each year. Unreported changes to the application may invalidate the clearance given by the HREC (Medical).

Principal Investigator Signature

Date

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

APPENDIX C

PERMISSION LETTER FROM INSTITUTION

health and
social development
Department: Health and Social Development
GAUTENG PROVINCE

Division of Orthopaedic Surgery
P.O. Bertsham
Soweto
2013
26/02/2021

Enquiries: Prof M.T. Ramokgopa
Tel: 011 933-8914
Email:Mmampapatla.ramokgopa@wits.ac.za

TO: Research Protocol Review Committee (CHBAH)

Re: Permission to conduct a study at Chris Hani Baragwanath Academic Hospital

This letter serves to confirm that I give Ms. Bettie Skaarnek permission to conduct her study in the Orthopaedic department on Perceptions of elderly patients with hip fractures and their relatives on their illness and quality of nursing care received in an academic hospital in Gauteng.

Thanking you in advance

PROF. M.T. RAMOKGOPA
Head of Orthopaedic Surgery Dept
Chris Hani Baragwanath Hospital
MP 0317403
Persal no: 15114732
Tel: (011) 933-8914

Prof M.T. Ramokgopa
Head of Orthopaedic Department
Chris Hani Baragwanath Academic Hospital

APPENDIX D

LANGUAGE EDITING CERTIFICATE

Busy Bee EDITING

20 Oester Street, Struisbaai, 7285, Western Cape, South Africa
Cell: +27 72 244 4363 / +27 82 807 0134
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Proofreading and Editing Certificate

Busy Bee Editing have completed the proofreading, editing, syntax, language editing, layout, spelling, grammar and reference checking to the best of their ability **(on short notice)** on a 36,792-word Dissertation titled: **PERCEPTIONS OF ELDERLY PATIENTS WITH HIP FRACTURES AND THEIR RELATIVES ON THEIR ILLNESS AND THE QUALITY OF NURSING CARE RECEIVED IN AN ACADEMIC HOSPITAL IN GAUTENG**, by **BETTIE SKAARNEK,** submitted to the faculty of Health Services in fulfilment of the requirements for the degree of **MASTER OF SCIENCE IN NURSING** at the University of the Witwatersrand, Johannesburg.

Any amendments or alterations done to this Treatise by Bettie Skaarnek hereafter are not covered by this proofreading and editing confirmation. It is up to Bettie Skaarnek to ultimately decide whether to accept or decline any amendments done by Busy Bee Editing and it remains Bettie Skaarnek's responsibility at all times to confirm the accuracy and originality of the completed Dissertation.

Hugo Chandler

Hugo Chandler

Brenda van Rensburg

Brenda van Rensburg

Date: 30 March 2022

APPENDIX E

WITS UNIVERSITY

STUDY INFORMATION DOCUMENT FOR PHASE 1 AND 2 PARTICIPANTS

Study title: Perceptions of patients with hip fractures on their illness and quality of nursing care received in an academic hospital in Gauteng.

Greetings to all

Introduction:

I, Bettie Skaarnek, am doing research on the perceptions of elderly patients and their relatives in terms of hip fractures on the nature of their illness and the quality of nursing care received. Research is a process that is dedicated towards seeking new knowledge. In this study, the researcher wants to explore and describe the perceptions of elderly patients and their relatives concerning hip fractures on their illness and quality of nursing care received. This research is aimed at gaining an understanding on how to improve nursing care for elderly patients with hip fractures. This is a study involving research and does not deal with any form of routine care.

Invitation to Participate: The researcher hereby invites you to participate in this study. Please consider the information carefully. Feel free to ask questions before deciding on whether or not to participate. Should you decide to participate, you will be asked to sign the attached consent form and you will be given a copy of it. The interviews will include audio recordings. The researcher also invites the relatives of elderly patients with hip fractures to voluntarily participate in this study. She will approach you as relatives during visiting hours or telephonically for your permission to participate. Therefore, if you give your permission to partake in this study, would you be willing to answer some questions to help me determine whether you are eligible for this study? If yes, I will proceed; if no I will thank you for your time and end our call.

Purpose

The purpose of this study is to explore the perceptions of elderly patients with hip fractures and their relatives on their illness and on the quality of nursing care received in an academic hospital in Gauteng. This is to gain an understanding of how to enhance nursing care for elderly patients with hip fractures.

The Participants' Task

The participants are requested to provide their perceptions on the quality of nursing care received at an academic hospital in Gauteng. The researcher will collect data using a semi structured interview guide in both phases and will ask open-ended questions. This data collection method will ensure that the researcher acquires detailed information from the participants on the phenomenon under study. The researcher will conduct one on one interviews with those participants who cannot yet mobilize at the bedside in an empty side cubicle with a 'do not disturb' sign on the door. All interviews will be voice recorded during this data collection phase. The unit manager of each of the orthopaedic units will also be notified about the data collection process in order to for them to inform the ward staff not to enter into the side cubicle that will be occupied for data collection. Those participants who are able to walk will be taken out of the ward environment into a consulting room at the hospital fracture clinic, with a 'no disturb' sign on the door to ensure privacy. The unit manager will also be informed about the interviews and will be given the permission letter, so that the multidisciplinary team are made aware of the data collection process. This is to ensure that the interviews are conducted in a private space and that these elderly patients are free to talk about their perceptions on their illness and quality of nursing care received.

The relatives of elderly patients with hip fractures will be interviewed telephonically because of the current Covid-19 regulations in the country. The speaker phone and voice recorder method will be used to record conversations during telephonic interviews. This is where the researcher puts the phone on speaker and has a portable voice recorder nearby to ensure that all conversations are recorded. The researcher will interview only one relative per elderly patient. All open-ended questions will be attached on the semi-structured interview guide in appendix G. Participants (elderly patients and relatives of the elderly patient), will be asked to verbalize their views or perceptions on the quality of nursing care received by the elderly patients with hip fractures at an academic hospital in Gauteng.

Risks and Benefits of participation in the study

Participants are reassured that they will not be mistreated when they consent to participate in the study. They are protected from risks such as recurrent fractures, dislocations and pain, by restricting any unnecessary movement of the affected lower limb. The researcher has made efforts to ensure that the process of assigning a code for classification or identification will be done responsibly. This is done to lessen any risks in this study during coding of raw data, in order to protect the confidentiality of participants. There is no direct benefit for those participating in the study, but the outcomes will enhance nursing care for elderly patients with hip fractures.

Voluntary participation

Participation is voluntary. Participants' decision to participate or not to do so is respected by the researcher. The participants have the right to refuse to participate in the study without any penalty or loss of benefit they would otherwise be entitled to. The participants of the research study are not being coerced to participate in this study.

Confidentiality and storage of data

Data collected will under no circumstances be shared as the researcher will be the only one who has access to the data. The researcher will not share any private information that is shared by the participants with anyone except the supervisor of this study. The researcher will give a code to each participant to ensure confidentiality. The list of names and codes of participants will be kept apart from the data that has been collected, to ensure participant anonymity. The data collected during this study will also be kept under lock and key and will be destroyed after two years if the research is published or after six years if no publication occurs.

Incentives

Participants will be given incentives in a non-monetary form. A bunny blanket will be given to each elderly patient with a hip fracture that participates in this study. A pen and notebook will

be given to the relatives of elderly patients with hip fractures who participate in this research study. Refreshments will be provided by the researcher during the interviews, as a token of appreciation for participating in the study.

Duration

The duration for the one-on-one interviews using the semi structured interview guide will be between 30 minutes and 1 hour per session.

Contact Information for Counselling and Support

Information with regard to counselling and support at Chris Hani Baragwanath Academic Hospital will be provided to all study participants, should they experience any emotional distress. The details will include:

- Social Worker Department at Chris Hani Baragwanath Academic Hospital:

  (011) 933- 8418/8288

- Clinical Psychologist at Chris Hani Baragwanath Academic Hospital:
  (011) 933- 8835/ 5000

Contact and Questions

Should you have any questions, questions about this research study, you may contact Bettie Skaarnek at 083 339 5482 or email address bettieskaarnek@hotmail.com. In case you want to report any concerns about this research project, you can use the following contact details: HREC (Medical) Contact details: Prof. Ian Burns, HREC (Medical) Chairperson, and Tel 011 717 2301, Ian.Burns@wits.ac.za. Secretariat: Ms. Z. Ndlovu, Zanele.ndlovu@wits.ac.za, or Mr. Rhulani Mkansi, Rhulani.Mkansi@wits.ac.za 011 717 1252.

APPENDIX F

WITS UNIVERSITY

PARTICIPANT CONSENT SHEET FOR PARTICIPATION IN THE STUDY PHASES 1 AND 2

Title: Perceptions of elderly patients with hip fractures and their relatives on their illness and quality of nursing care received at an academic hospital in Gauteng.

1. I have been given a Participant Information Sheet which explains the nature and processes involved in this study, which is attached hereto.
2. I was given time to read it, or had it read to me, in the language I best understand.
3. I was given time to ask any questions I wanted to and found the answers given to me to be reasonable and satisfactory. I was informed that audio recordings would be done during the interviews.
4. I was informed that audio recordings would be done during the interviews.
5. I fully understand why the study is being conducted and what the intended outcomes will be.
6. I understand that there will be no immediate benefit to me, should I agree to participate, nor will I receive any payment; conversely, participation will not cost me anything but my time.
7. I understand that, even if I initially consent to take part in the study, I may subsequently withdraw at any time and will not be required to give any reasons; if that happens, any data collected about me for the purposes of the study will immediately be destroyed, unless I give consent for it to be retained
8. I have been given a range of contact details, listed below. If I require further information or become concerned about any aspect of this study, I am free to speak to any of these contacts.

Contact details:

Name of principal Investigator: Bettie Skaarnek

Telephone number: 083 339 5482

Email Address: bettieskaarnek@hotmail.com or 2419466@students.wits.ac.za

Name of Principal Supervisor: Disebo Rita Maboko

Telephone number: 072 686 1926

Email Address: Disebo.Maboko@wits.ac.za

Professor C.B. Penny, Chairperson of the Human Research Ethics Committee (Medical) at the University of the Witwatersrand, telephone number 011 717 2301, or by e-mail at Clement.Penny@wits.ac.za.

Ms. Z Ndlovu or Mr. Rhulani Mkansi, Committee Secretariat, telephone numbers 011 717 2700 or 1234, or by e-mail at: Zanele.Ndlovu@wits.ac.za or Rhulani.Mkansi@wits.ac.za

I have (or someone has read to me) this consent form, and I am aware that I am asked to participate in this study. I had an opportunity to ask questions and they have been answered to my satisfaction. I voluntarily agree to participate in this study.

_____

Name of participant

_____ _____

Signature of participant Date

_____

Name of Witness

_____ _____

Signature of Witness Date

I have explained this study to the above participant and have answered all questions to the participant's satisfaction.

_____ _____

Signature of Researcher Date

APPENDIX G

WITS UNIVERSITY

PARTICIPANT CONSENT SHEET FOR AUDIO RECORDINGS (PHASE 1 AND 2)

I give my consent that **Bettie Skaarnek** has my permission to audio record my interview during her data collection. This is to ensure that the data collected is accurate and to simplify data analysis.

I understand the following:

1. I will not mention my name in the audio recordings to protect my identity.
2. My information shared on the audio recording will not be shared with any anyone except the supervisor of this study.
3. The audio recordings will also be kept under lock and key.
4. The data collected during these recordings will be destroyed after two years if the research is published or after six years if no publication occurs.
5. All information that can possibly be identifying will be removed from the transcript

I am aware that can ask the researcher to clarify any concerns or queries that I have regarding the audio recordings

I (Full Name) _____ give the researcher my permission to audio record me during the research interviews and have a full understanding of what is meant above.

Signature: _____ Date: _____

APPENDIX H

PERMISSION TO CONDUCT RESEARCH
(ORTHOPAEDICS HEAD OF DEPARTMENT)

Department of Orthopaedics

University of the Witwatersrand,
School of Nursing Education
(011) 488 – 4272

Address of institution
24 February 2021

Dear Professor,

Re: Permission to conduct research at Chris Hani Baragwanath Academic Hospital

My name is Bettie Skaarnek I am a Master of Science in nursing student at the University of the Witwatersrand. I hereby request your permission to conduct a research study at the Orthopaedic divisions of Chris Hani Baragwanath Academic Hospital. The title of my study is: **"Perceptions of elderly patients with hip fractures and their relatives on their illness and quality of nursing care received in an academic hospital in Gauteng."** The research will entail collecting data from elderly patients with hip fractures.

I will invite elderly patients with hip fractures from your organisation to participate in this study, if they agree they will be asked to be interviewed. Data collection will take place on the institution's premises. The duration for the interviews using a semi structured interview guide will be between 45 minutes and 1 hours per session. Participants will be asked to give their written or verbal consent before the research commences. The researcher of this study will ensure that all responses and private information shared by the participants are treated with confidentially. The participant's identity will not be linked with their individual responses, to ensure anonymity. The participants in this study will not be advantaged or disadvantaged in any form. They will be reassured that they can withdraw from the study their participation in the study at any time without any penalties. There is no possible risk for participating in this study.

The aim of this study is to explore and describe the perceptions of elderly patients with hip fractures and their relatives on the quality of nursing care received in an academic hospital in Gauteng. This will enable the researcher to gain an understanding on how to enhance nursing care for elderly patients with hip fractures. The objectives of this study are as follows: To explore and describe the perceptions of elderly patients with hip fractures on their illness and quality of nursing care received in an academic hospital in Gauteng. And to explore and describe the perceptions of the relatives of elderly patients with hip fractures on their illness and quality of nursing care received by their elderly relative in an academic hospital in Gauteng.

Service delivery will not be interrupted, because the ward managers will be informed about the data collection process in the units once permission has been granted. This is to ensure that participants are part of the ward routine. The researcher will conduct one on one interviews for 45 minutes to 1 hour per session so that participants can continue receiving service delivery. The researcher will conduct one on one interviews at the participant's bedside in an empty cubicle. The participant's bed will be moved into an empty cubicle, should it happen that they are sharing a cubicle with non-participants. This is to ensure privacy and that movement of the elderly patient is limited.

I therefore request permission in writing to conduct my research at your institution. The permission letter is on the institutions headed paper, signed and dated, and specifically referring to myself by name and the title of my study.

Please let me know if you require any additional information. I look forward to your response as soon as it is convenient.

Yours faithfully
Bettie Skaarnek

Name of principal Investigator: Bettie Skaarnek
Telephone number: 083 339 5482
Email Address: bettieskaarnek@hotmail.com or 2419466@students.wits.ac.za

Name of principal Supervisor: Disebo Rita Maboko
Telephone number: 072 686 1926
Email Address: Disebo.Maboko@wits.ac.za

APPENDIX I

PERMISSION TO CONDUCT RESEARCH
(DEPARTMENT OF HEALTH)

Researchers' address

University of the Witwatersrand,
School of Nursing Education
(011) 488 – 4272

Gauteng Department of Health
45 Commissioner Street
Johannesburg
2000

To whom it may concern

Re: Permission to conduct research

I Bettie Skaarnek an MSc student at the University of the Witwatersrand hereby request to conduct a research study at an academic Hospital in Gauteng. The study is about the perceptions of elderly patients with hip fractures and their relatives on the quality of nursing care received at an academic hospital in Gauteng.

The aim of this study is to explore and describe the perceptions of elderly patients with hip fractures on the quality of nursing care received in an academic hospital in Gauteng. This will enable the researcher to gain an understanding on how to enhance nursing care for elderly patients with hip fractures. The objectives of this study are as follows:

To explore and describe the perceptions of elderly patients with hip fractures on their illness and quality of nursing care received in an academic hospital in Gauteng.
To explore and describe the perceptions of the relatives of elderly patients with hip fractures on their illness and quality of nursing care received by their elderly relative in an academic in Gauteng.

Service delivery will not be interrupted, because the ward managers will be informed about the data collection process in the unit. This is to ensure that participants are part of the ward routine. The researcher will conduct one on one interviews for 25 minutes to 1 hour per session so that participants can continue receiving service delivery. The researcher will conduct one on one interviews at the patient's bedside. This is to ensure that movement of the elderly patient is limited.

Your consideration will be highly appreciated

Yours faithfully

Bettie Skaarnek (student number 2419466)

APPENDIX J



SEMISTRUCTURED INTERVIEW GUIDE FOR ONE ON ONE INTERVIEWS

(ELDERLY PATIENTS)

Socio-demographic details:

1. Gender: What is your gender?

Male

Female

2. Age: What is your age?

60 – 65 years

66 – 71 years

72 – 77 years

78 years and above

3. Marital Status: What is your marital status?

Single, never married

Married

Divorced

Widowed

4. Ethnicity: What is your ethnic group?

Asian

Black

Coloured

White

Other (please specify)

5. Education: What is your highest level of education?

Certificate
Diploma
Degree
Post graduate degree
None

QUESTIONS

1. What does it mean to be an elderly patient with a hip fracture?

   Probe: Please explain how it has been for you.
   How did this incident of sustaining a fracture affect you?
   Tell me the story of how you got the hip fracture.

2. How does this hip fracture affect your daily activities as an elderly patient being admitted into the hospital?

   Probe: Please elaborate on the direct impact it has on your daily life.

3. What do you understand about quality nursing care of an elderly patient with a hip fracture?

   Probe: Please define it according to your understanding.
   Please explain how you would expect the nursing care to be on an elderly patient with a hip fracture.

4. Tell me more about the quality of nursing care that you have received in this hospital?

   Probe: Please explain how the care you have received has been. How did this care affect you?
   Would you say it is good or bad care that you received and please justify your statement?

APPENDIX K



SEMISTRUCTURED INTERVIEW GUIDE FOR (RELATIVES)

Socio-demographic details:

1. **Gender: What is your gender?**

   Male

   Female

2. **Age: What is your age?**

   20 – 25 years

   26 – 31 years

   32 – 37 years

   38 – 43 years

   44 years and above

3. **Marital Status: What is your marital status?**

   Single never married

   Married

   Divorced

   Widowed

4. **Ethnicity: What is your ethnic group?**

   Asian

   Black

   Coloured

   White

   Other (please specify)

5. Education: What is your highest level of education?

Certificate

Diploma

Degree

Post graduate degree

None

QUESTIONS

1. What does it mean to be a relative of an elderly patient with a hip fracture?
   Probe: Please explain how it has been for you.

2. How does hip fractures affect the daily activities of your relative?
   Probe: Please elaborate on the direct impact it has on your relative's life daily.

3. What was the cause of the hip fracture of your relative and how did they react to it?
   Probe: Tell me the story of how your relative got the hip fracture.
   How did this incident affect them?

4. Tell me more about the quality of nursing care that your relative has received in this hospital?
   Probe: Please explain how was the care that was received by your relative.

APPENDIX L

EXAMPLE OF PHASE 1 TRANSCRIPTS

Participant 1	
Interviewer:	Okay number 1. What does it mean to be an elderly patient with a hip fracture?
Participant	Uh it's very nice much pain to be to be an old person.
Interviewer:	Say again?
Participant	It's very nice to be a nice person, you can control yourself.
Interviewer:	I mean the question was, what does it mean to you to be an elderly patient with a hip fracture?
Participant	Well! There is no difference but its better because when you are an elderly person you can tell when this is wrong, this is right ... mm.
Interviewer	Mm, okay
Participant	Mm you can count things, you can difference wrong and right.
Interviewer	(Paraphrasing) So you can see the difference between wrong, and right?
Participant	Yeah.
Interviewer	So, what does it mean to be an elderly patient to be an old person who has this kind of uh … injury?
Participant	As an old person, you can see that, this is not to be done, it has to be done this way. There is a difference, much difference.
Interviewer	So, okay mkhulu, please explain how it has been for you to have this hip fracture?
Participant	Aaa, how to be?
Interviewer	How has it been for you? kube njani kuwe? (Translating)
Participant	Yoh! Yoh! It hurts allot man and it's still hurting
Interviewer	It hurts a lot?
Participant	And it's still hurting. Yeah.
Interviewer	It's still hurting?
Participant	Mm, it's hurting.
Interviewer	Tell me more
Participant	Aa, Aa I, I, if at all I did not go out, I would be not here you know. I'm here just because I am using a bottle and at night where it's not a place where you stay you see.
Interviewer	Mm.
Participant	I'm here just because I am using a bottle and at night where it's not a place where you stay you see.
Interviewer	So, at night, it affects you?
Participant	Yeah, at night, and I don't know the place.
Interviewer	Because you don't know the place?
Participant	Yeah, It's the first time go there. (Giggling) You know when it hurts allot you realise that you not like those becoming young, you just look at them and say hey, they can do this and that, but yah!
Interviewer	Okay.
Participant	Mm.
Interviewer	Uh Mkhulu, how did this incident of sustaining a fracture affect you? How did it affect you?

Participant	Eh man, it affects us a lot man, sometimes it effects of cause.
Interviewer	Mmmm.
Participant	I'm, I'm not feeling free
Interviewer	You not feeling fine?
Participant	Mmmm, no I'm not feeling fine.
Interviewer	Tell me more.
Participant	I can't go where I used to go.
Interviewer	You cannot go where you used to go?
Participant	No, no. I'm even counting when I am going to be alright? what time? When?
Interviewer	Mmmm.
Participant	It's as if I'm going backwards, yeah
Interviewer	Okay, tell me the story how you got this hip fracture.
Participant	I got what?
Interviewer	How you got this hip fracture?
Participant	Foot fracture?
Interviewer	Hip fracture isn't it (angithi) this injury of yours is a hip fracture. So how did it happen?
Participant	I was jiving.
Interviewer	You were jiving?
Participant	Yes! It was very nice **(giggling)** huh, shona – phantsi (dance move), uh at this age and all that nonsense. Chechela – Morao (dance move) you know. You know I missed the step, and I got down.
Interviewer	So, you were dancing?
Participant	Yeah!
Interviewer	And you went backwards?
Participant	Yeah, I keep on dancing. I didn't see that the step is finished now. Giggling there was no chance.
Interviewer	Oh, you didn't see the step is finished?
Participant	Mmmm, yeah.
Interviewer	And?
Participant	Capsize.
Interviewer	Capsize?
Participant	Yeah.
Interviewer	Tell me more.
Participant	Mmmm?
Interviewer	Tell me more.
Participant	I was going backwards when I tried to turn around ay' uh, it was late. I hit the side on the stairs.
Interviewer	You hit?
Participant	Yeah.
Interviewer	You hit the stairs?
Participant	The stairs, yeah. And this side of my back.
Interviewer	Okay tell me more. What else?

Participant	Oh yeah so, my niece said “hey Malume wow,” how everything was sour. Each and everybody. It was no more nice.
Interviewer	So, you are saying after your fall everything went sour?
Participant	Yes. Everybody was
Interviewer	Tell me more.
Participant	They said phone me the ambulance, didn’t come. Just I do stay in Soweto, but it happened in Orange Farm, zone ten where it happens. I stopped everything and I sat down the whole day on Saturday. They kept on dancing because it was still hot. I tried to fetch myself. Early in the morning, I phoned my children, they took me from Orange Farm up to Koos up to Baragwanath.
Interviewer	Okay so, you phoned your children, they took you from Orange Farm?
Participant	Then to Koos.
Interviewer	From Koos they brought you here?
Participant	Yeah, to up to here.
Interviewer	Okay. Thank you Mkhulu.
Participant	On the 6th. Yeah.
Interviewer	Thank you so much. Okay uhm the second question is uhm how does this hip fracture affect your daily activities as an elderly patient being here in this hospital?
Participant	Uh, I cannot explain now, it affects my body a lot man.
Interviewer	Say again…
Participant	It affects me, my body. It’s taking my thoughts backwards.
Interviewer	Oh, it affects your body, it’s taking your thoughts backwards.
Participant	Yeah.
Interviewer	Please tell me more about that?
Participant	I didn’t do what I was supposed to do. Something like that.
Interviewer	Okay what were you supposed to do?
Participant	Huh?
Interviewer	What is it that you were supposed to do?
Participant	Maybe clean the yard whatever all these days ya-bona. That’s why I’m saying its dark now.
Interviewer	Mm. Okay.
Participant	Yes.
Interviewer	Okay, uhm, okay tell me more Mkhulu, you can’t clean the yard. What else can’t you do?
Participant	I’m not here. I don’t know what is happening you know. I don’t know what is happening there.
Interviewer	You mean you don’t know what is happening where? At home?

EXAMPLE OF PHASE 2 TRANSCRIPTS

Participant 7 (Relative)	
Interviewer	Okay ma’am. Our first question is what does it mean to be a relative of an elderly patient with a hip fracture?
Participant	Ah, you know now it means that e … things have to change, and I have to adjust to this new situation. Uhm, uhm as im staying with my granny and grandfather, you know my granny used to do everything for us so now she is at the hospital, and I have to take care of my grandfather now. So, it becomes eeee, allot for me because I’m also still young you know. Sometimes I want to go out, I want to do other things, so now it become very difficult to adjust because my grandmother is someone who used to do

	things by herself. She will just let me just be myself if I want to go to school, I go to school and then I'll come back and do my own things. I would find my granny having done most of the things. So, you, see? Now it means that I also have to change some of the things. I have to compromise some of the things that I used to do ee during my spare time and I used to help my grandfather at home.
Interviewer	Okay ma'am. Please explain how it has been for you?
Participant	It's really, yazin. It hasn't been uhm okay really because I feel sad most of the time because I think uhm, im always thinking about my granny, you know uhm the way she used to do things for us. So, now some of the things I don't even know how to do. I know that granny was always there she used to do them. So, now you see its going to be allot for me, I have to learn things from the start you know. Sometimes I just regret as to why I didn't do those things while she was there when she called and said come let's do this, I would always make excuses and she will just leave me. So, you see now I have to start up from scratch. I need to be there for my grand uhm, grandfather and Aaa it's really hard on me really, it's really hard.
Interviewer	Okay ma'am, thank you. Our second question is, how does this hip fracture affect the daily activities of your relative?
Participant	I would say now that her activities are going to be restricted you know. She's unable to go to the bathroom by herself now and she won't be able to do the things that she usually does on her own, like cleaning, going to the bathroom. She used to go to the shops, they go to the shops with my grandpa. They used to take a stroll sometimes, go to the park. So, you see now, it's going to be if she doesn't get better, she, she, it's going to be a, a struggle. So, for her get back to doing her normal activities but if she does get better, at least she will try to do some of the things. She won't be able to do all the things in total exactly the way but at least she is going to try. So, that's why Im just hoping that she gets better so that she'll be able to do some of the things, but then I will also be able to help her because now since I have already started eeee, I will also be able to help her so that she will be able to do the activities eeee together.
Interviewer	Okay ma'am. Please elaborate in the direct impact this hip fracture has on your relative's life daily.
Participant	It has really impacted her allot because she, most of the time when you talk to her, she doesn't have hope you know. She says that now what how am I going to do things? Uhm, she now has to depend on us and as I have said that we are, im the eldest granddaughter. So, I have to try at least and encourage the others to help. So, she doesn't want to depend on anyone, but she depends eeee on herself most of the time. So, now you know she feels hopeless that she has to depend on us, so if we are not there, what is she going to do? So, as I've said that, im just praying that eeee, she recovers so that she'll be able just to do some of the things eeee when we are not there. But it has a negative direct, it has eeee impact on her daily life because the activities are really going to be restricted now. It's going to be really hard for her.
Interviewer	Mmmm, thank you ma'am. Our third question is what was the cause of the hip fracture of your relative and how did they react to it?
Participant	So, they were eeee, they were, they were going to Potchefstroom with my grandfather from Johannesburg. So, she doesn't quite remember what happened because she just woke up here at the hospital, she doesn't know what happened. So, uhm my grandfather when he tells us the story, is that they were going Potchefstroom and, on their way, there was a truck. That truck I think it was moving eeee on the incoming traffic. So, when my grandfather was busy making signals like with the hooter, I think the truck, the truck driver did not eeee hear the hooter and then he tried to move away from the truck and apparently where my grandmother was sitting and that's where the truck hit that side. And it affected my grandmother allot and then she was at Potch hospital, then at Potch hospital she was transferred to Bara Hospital.
Interviewer	How did they react?
Participant	She, she was very hurt you know; she was very hurt. Her heart was very painful, you know. At first, we were like no you are going to be fine. She was feeling hopeless. At first, she did not want to see any of us. When we came there, she said she does not want to see any of us. Then the second day, she just kept quiet and didn't want to say anything to us. You could see that she's just thinking that this is a whole adjustment. Like she feels like now she is disabled. She feels like she will not be able to do anything. She feels like she is going to be a burden to, to us and a burden to eeee her husband. How is she going to help her husband because he is only our grandfather? We can't be doing all the things for the husband. So, she she's really not taking it eeee very well.
Interviewer	Uhm. How did this incidence uhm directly affect her?
Participant	It affected her very, it had a negative effect to her because as I have said, she is someone who feel hopeless you know. She feels hopeless that she is going to be a burden, she won't be able to do things by herself, she has to depend on other people whereas she was someone who used to do things by

	herself. So was someone who was coping very well. So, now it's, it's a whole adjustment in her life. And also, when the accident happened, before she woke up to hospital. When it happened, she passed out, think maybe it was because of shock. She passed out and then as she eeee she just woke up at the hospital and when she woke up at the hospital she was frustrated and asking where I am? where is my husband, you know. She seemed like someone who, who is a bit crazy. I don't know whether I am saying it correctly, but you know but I think because it was of shock, she did not know what happened. She even thought that maybe the where is the husband because they were all together. So, that also affected her allot.
Interviewer	Please tell me more ma'am. Is there anything else you would like to tell me?
Participant	No.
Interviewer	And then what happened at the hospital?
Participant	At the hospital? She, because she just collapsed and then went to the hospital and then from Potch, they transferred her to Bara and then they discovered that she injured her hip, and she had a hip fracture.
Interviewer	Okay ma'am. Our fourth question is, tell me more about the quality of nursing care that your relative has received in this hospital.
Participant	Uhm, I think that eeee, it's, it's, it's a good quality. They are treating her eeee very well because she is also not complaining. Even though sometimes eeee you could see when we come maybe she has wet her bed. We understand that there are a lot of patients. Sometimes there are not enough uhm sisters to help her. So, but eeee in general she is getting the care that she is receiving very well because even when they come and change her. You can see they are helping her changing her positions. She would sometimes complain that its painful, but they are doing everything so that to assist her, so that she can get a speedy recovery. They are, yah they are treating her very well because even when she calls for a bedpan, even if it doesn't come that time but they just try to attend to her. I, immediately when someone has time, they attend to her. They are changing the linen, eeee assisting to change the linen bed and then they are able to bring the food you know, even if she doesn't want to eat, you could see that they are encouraging her, telling her that she must eat so that she takes her medication. So, I think that the quality nursing care is very eeee good.
Interviewer	Okay ma'am. Is there anything else you would like to tell me with regards to the quality of nursing care?
Participant	I would say that it's a good quality nursing care that she is receiving. Its good because eeee you know the nurses are there when they, when you ask them questions, they are able to answer you, you know. They are just giving us hope that my granny is going to be fine. They are always assisting her even if we are not there, she tells us that the sister was here try to help me. When I ask her to do this, the sister was here and try to help me. So, it, it's good quality care. They are really taking good care of her.
Interviewer	Okay ma'am. Thank you so much for your participation in this study. I really appreciate it.
Participant	Thank you.
Interviewer	Thank you so, so much.
END OF INTERVIEW	

APPENDIX M

EXAMPLE OF PHASE 1 QUOTES

Quotations from: Elderly patients with hip fractures (phase 1)

Grouped by: Codes

1.1. Causes of the hip fracture	
P 1	Yes! It was very nice (giggling) huh, shona – phantsi (dance move), uh at this age and all that nonsense. Chechela – Morao (dance move) you know. You know I missed the step, and I got down.
P 1	I was going backwards when I tried to turn around ay' uh, it was late. I hit the side on the stairs.
P 2	It happened though a ca accident you see…it's a car accident you see. It just bumped me, when it came out of the road to me, you see. Ee, Yeah, I was walking.
P 4	Uh I did fall from a step ladder, uh ladder and I was busy to wash the windows and curtains, and I fall there off. And then I hurt myself, my... heep* (hip).
P 5	I was looking after my granddaughter's house; she was in Durban to take people there. Uhm, I woke up that night because I wanted to go to the bathroom, I slipped and fell on this laminated floor.
P9	Hey, my child, you know I have a problem with my eyes, as you can see. I've been trying to walk, and you stepped on a banana peel. So, I fell.
P 10	And then after that, I get, I did get better and then uh…, the car come, the car bumped me and then at the side of where I was uh injured at soccer. I was bumped by the car; I don't have any family. I was going to buy a bread
P 6	Actually, I was walking to the bathroom. And then I was after I do my bed and then I slippery and fell then I got this injury.
P8	It was on an accident, head on collusion with an eeee… panel van. I was driving uhm…driving with my grandchild, so it how we got that accident.
P 8	Yes, we had that head on collusion and then so…our car was written off, so I found myself here in the hospital. So, when I was told that uhm…I had a hip fracture because I found myself lying here in the hospital.
P 13	I have been cleaning windows and the house, also the garden. Then after that you slept. When I wake up, I went to the bathroom. And then I woke up at ten at night, and I went to the bathroom. I took the bucket as I wanted to urinate and then I slipped and fell.

P13	Okay when I woke up around ten, uh I took the bucket, I wanted to relief myself, urinate and then I just slipped and fell. Even the bucket fell, and I just fell down. I could not do anything, anymore.
P 14	I was sitting down; I was about to stand up to fetch some water and then I just fell. I just fell onto my left hip.
P 17	I was doing my usually, daily chores and I was trying to, I was actually cleaning in the house and then I slipped and fell.

APPENDIX N

EXAMPLE OF PHASE 2 QUOTES

Quotations from: Relatives of elderly patients with hip fractures

Grouped by: Codes

4.3 Emotional burden of care	
P 8	It affects me allot, because it's an elderly and im worried if the nurses in hospital they are taking care of him. So im very stressful because uhm… I don't even have time to visit him. So, I im very stressful because uhm, I don't even have even time to go visit him. Im the only one who is taking care of him, I am the only one who is responsible. So, it affects me allot of him being admitted
P 8	so being admitted is affecting me allot. Im worried because I am not sure about the care that he is receiving in hospital
P 9	Huh, being a relative of an elderly patient with a hip fracture is, is very difficult. It has been become very difficult for me because uh, I always have to worry about uh granny's condition. "How is granny?" "Is granny being helped?" uh is she getting the treatment that is supposed to uh, that she's supposed to uh, she's supposed to get or not.
P 9	Sometimes you'll call the hospital, you find they don't answer the call, or they'll be asking, who is Ms…. So, you see, you wonder if granny is receiving the care that… is supposed to uh receive. So, it becomes very difficult a lot because you, it is, it is emotionally draining, it is physically draining and because you really, you are not, you don't, you wish that you can just give her the care yourself. So, because you are not there, it is difficult, and you can't do that
P 10	Uh and another thing. Uhm is that for him, how is he coping? That's the most thing that uh bothers me a lot. And uhm how are they treating him as he is on this situation.
P 11	Also, Im so used to be with my wife and not having her next to me is not nice. I do not sleep in the night because Im thinking is she going to be oryte or not. Really, I don't know sister…(shaking his head and looking down).
P 12	I would say to be a relative of an elderly person with a hip fracture is very difficult. It really does take a toll on uhm, on the whole family. So, it is yah quite stressful as a whole. Uhm, not only on me