NURSES' ETHICAL INTERACTION IN CARE OF PATIENTS

A minor field study in South Africa

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Summary

Background: In the nurses education it's involve learning to act by ethical guidelines. To preserve human dignity it requires caring for the whole patient. Clinical ethics is connected with patient care, respectable clinical practice requires awareness about ethical issues such as informant consent, privacy, truth- telling, dignity, patient's rights, autonomy dignity and individuality.
There are reports of nurses feeling criticized and under-valued, and that they are resentful over the community's view of their 'bad' attitudes.

Aim: To describe how the nurses' interact with their patients based on ethical approaches, when performing technical procedure in a clinic in South Africa.

Method: An empirical observation study with a qualitative design and micro-ethnographic approach.

Findings: The results of the observations were divided into three main categories and six subcategory. Findings showed how the care was performed in a private or public environment, the nurses had different ways of communicate with patients and how healthcare relationship appeared between the nurses and patients.

Conclusions: Some different factors affect how the nurses act ethically in their approach. They could focus on and be empathize for the patient or be abrupt and ignorant in the meeting, depending on disturbing factors or positive factors. Knowledge of these factors can help to prevent the nurse ethical approach and lead to a satisfy care for the patient.

Key word: Nurses, ethical, communication, caring

SJUKSKÖTERSKANS ETISKA INTERAKTION I VÅRD AV PATIENTER

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En minor field study i Sydafrika

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Sammanfattning

Bakgrund: I sjuksköterskans utbildning ingår det att utbilda sig i att handla utefter etiska riktlinjer. För att bevara den mänskliga värdigheten krävs det att man ser hela patienten. Klinisk etik i samband med patientvård kräver en medvetenhet hos sjuksköterskan om etiska riktlinjer såsom informerat samtycke, integritet, sannings talande, värdighet, patientens rättigheter, autonomi värdighet och individualitet.
Det finns rapporter om sjuksköterskor som känner sig kritiserade och undervärderade, och att de är förbittrade över samhällets syn på deras "dåliga" attityd.

Syfte: Att beskriva hur sjuksköterskor interagerar med sina patienter utifrån etiska förhållningssätt då de utför tekniska procedurer i en klinik i Sydafrika

Metod: En empirisk observationsstudie med kvalitativ design och mikro-etnografisk metod.

Resultat: Dataanalysen delades in i tre huvudkategorier och sex underkategorier. Resultat visade hur vården var utformad i en privat eller offentlig miljö, att sjuksköterskorna hade olika sätt att kommunicera med patienterna samt hur vårdrelationen såg ut mellan sjuksköterska och patient.

Slutsatser: Olika faktorer påverkar hur sjuksköterskorna agerar etiskt i deras förhållningssätt. De kunde fokusera på och känna för patienten eller vara abrupta och ignoranta i mötet, beroende på störande faktorer eller positiva faktorer. Vetenskap om dessa faktorer kan vara en hjälp att förebygga sjuksköterskans etiska förhållningssätt som leder till en ökad tillfredställande vård av patienter.

Nyckelord: Sjuksköterskor, Etik, Kommunikation, Omvårdnad

Innehållsförteckning

Introduction

This study is a Minor field study (MFS), mfs is a scholarship funded by SIDA (Swedish International Development Cooperation agency) that makes it possible for students at university level to go abroad to a developing country to collect data for a thesis. The thesis should relate to development issues and be of importance to the country (UHR, 2014). This study was conducted in South Africa, spring 2015.

This study has focused on nurse's ethical communication in care of patients, because of the significant role nurses have when consulting and approaching patients in medical practice nursing. According to World Health Organization (WHO) there are reports of nurses feeling criticized and under-valued and are resentful of community's view of their 'bad' attitude. Their psycho- social working atmosphere is mostly negative which may lead to insufficient ethical behaviour (WHO, 2013).

The researcher choose an observational participation study, that will allow researchers and observer to immerse in a group for an period of some weeks, observing behaviour, listening to what is said in conversations (Bryman, 2004a). Therefore it will allow viewing nurses as they practice nursing (Bonner & Tohurst, 2002).

Background
About South Africa
It's middle –income country where average annual household income more than doubled between 2001 and 2011. South Africa has a population of approximately 52, 7 million people with a median age of 25 years.
A progressive constitution is in place that provides protection for human rights and guarantees the right to health care and vivacious civil society, the government has embedded international health goals into their national strategies and plans. National health Insurance is one of the central ways for the government to achieve the aims for universal coverage, under the principles of social solidarity and fairness elaborated in the National development plan. The government is pushing forward to implement the National health insurance with revitalization of health service delivery, changes in management and financial, and to supply with a comprehensive package of care through an approach of primary care re-engering. But there are challenges one of them is overcoming the inequity of current health system (WHO, 2013).

Health situation.
Since 1994 the South African government has been working hard to ensure that everyone has equitable healthcare. Citizens of South Africa have a financing system that will make sure that all are provided with essential healthcare, regardless of their status of employment (National health insurance). Healthcare is a human right that should not depend on the economic status or where someone lives. This right is written in the South African constitution, although a large numbers of people continue to die prematurely and suffer unnecessarily from poor health. Conditions that are treatable are not being treatable on time and preventable diseases are not being prevented (Department of Health, 2015).

The world's largest population who have HIV/ AIDS is in South Africa; about 5.6 million people are suffering with this illness (Bainbridge, 2012). But there is progress and success in expanding treatment and care for HIV and TB (tuberculosis) patients, and it has contributed to life expancy increases from 54 years in 2005 to 60 years in 2011. It is a critical problem with HIV and 351, 000 new infections annually, that mostly largely driven by sexual transmission. The government over the five past years have made crucial investments in policies and programs to expand HIV prevention, treatment, care and support. Due to HIV and tuberculosis epidemics progress in maternal and child health continues to be hindered. Efforts to quicken prevention interventions are ongoing, including the prevention of maternal to child transmission. Significant reductions have occurred in under-five and infant mortality, which stand at 42 and 30 per 1000 live births by 2011, respectively, these amounts are higher in contrast to other countries of similar socioeconomic status. High ratios in maternal mortality, at 310 deaths per 100,000 live births (WHO 2013).

Other significant measurements to prevent child morbidity and mortality are with immunizations, which are for new-born babies and children up to five years old. These immunizations are for diseases like measles, polio, TB (tuberculosis), hepatitis B, diphtheria and meningitis. In state owned clinics and hospitals the immunizations are free but in private medical facilities they might charge a minimum fee (Department of Health, 2015).
Some other major nutrition problem in South Africa is overweight, women that above 35 years are more than seven in ten overweight. This can lead to premature death from cardiovascular diseases, diabetes, hypertension and other metabolic disorders (WHO, 2013).

Nurses and Education In South Africa

In South Africa 80% of the professionally registered nurse students are trained in nursing college and the rest 20% at universities (Department of Health, 2013). There are three different levels of nurses: Professional nurses, general or psychiatric staff nurse and auxiliary nurse. The difference is the duration of time in education and the certifications levels. The professional nurse has studied for four years and they get a professional diploma or degree. Also including qualifications as general, psychiatric, community health nursing and midwifery (Mekwa, 2013). The staff nurse is a three year long education and they will receive national diploma. The auxiliary nurse is program for one year and they get certificate instead of diploma or degree (Department of Health, 2013). Auxiliary nurse has basic nursing skills and no training in nursing decisions- making (WHO, 2010).
Difficulties in the public health sector are attracting and retaining qualified staff, and there has not been any significant increase in the production of doctors or nurses over the last 15 years. This has led to complications in filling posts, for example doctors in the public sector and for nurses. In response to this has the government has launched programs to rise the numbers of qualified health workers, in addition the nursing strategy promotes leadership and governance, training, ethics and professionalism for nurses and midwifes (WHO, 2013).

Accordingly to *The ICN code of ethics for nurses*, nurses have four fundamental responsibilities which are: to promote health, to prevent illness, to restore health and to alleviate illness. Essential in nursing is respect for human rights, the right to life, to dignity and to be treated with respect. Limitless of age, colour, creed, culture, disability or illness, gender, nationality, politics, race or social status (International council of nurses (ICN), 2012).

History of Ethics

The word ethics stems from the Greek word ethikos, and morals from the latin word moralis. The concept of ethics includes also the study of moral beliefs. Socrates was a philosopher in the ancient Greece; he is considered as founder of ethics and the first person to dedicate himself to a study of the matters of human life. The concept of ethics has several meanings, for example sometimes it is refer the practice or beliefs of a particular group of individuals (Christians ethics, medical ethics, or nursing ethics). It also rises to the standards and behaviour anticipated of a group as described in the groups code of professional conduct. Moral philosophy is a branch of ethics and addresses issues of human demeanour that are of major importance to nurses and other health professionals. The basis in ethics explores on which people, individually or collectively decides if actions are right or wrong, if something should be done and if they have the right to do something. Nursing ethics is concerned with specific moral difficulties that happen in the context of nursing practice (Pera, 2005).

Ethical principles

In "Code of Ethics for Nursing Practitioners in South Africa" (by South African Nursing Council) you will find the ethical guidelines for the nurses in South Africa.
In the ethical code there is seven principles who is represented; social justice, beneficence, eracity, fidelity, altruism, autonomy and caring (South African Nursing Council, 2013).

Social justice means that nurses need to act fairly and equitably, therefore should they pursue justice for the healthcare users and have ability to motivate their decisions to treatment (Mulaudzi, Mokoena, & Troskie, 2001b; South African Nursing Council, 2013).
This principle even include giving each patient an equal share according based on his or hers condition, one person might need to have more time and attention because of his/hers condition. Justice also means to be fair to all patients no matter of religion, race etc. (Mulaudzi et. al., 2001b).

With beneficence means that the nurse need to do well and always act trough alternatives of care that might be the best under the circumstances. The approach of the nurses' should also always be with kindness without inflicting harm (Mulaudzi et. al., 2001b; South African Nursing Council, 2013).

To provide eracity, the nurse have to act with truthfulness and act for the patients' best interest (South African Nursing Council, 2013).

Fidelity is close to confidentiality, when the nurse accepts a patient they will get an unspoken agreement, where the nurse will look after their wellbeing and keep all the information in confidentiality. The patient has right to privacy in the information regarding to the patient's health and when receiving treatment. The privacy of the patient is invaded when private affairs get public without agreement (Mulaudzi et. al., 2001b). The information should be performed with honesty balanced with respect, protect and beware of privileged information (Mulaudzi et. al., 2001b; South African Nursing Council, 2013).

Altruism include that the nurses are expected to show concern for the welfare and wellbeing of their patients. The nurses' should accept the patients' own decisions and wishes, even when it comes as a conflict to worth and principles ex. If a patient don't want to have some treatment (South African Nursing Council, 2013).

The principle of autonomy means to respect the autonomy of eligible persons, the patients, to let them make their own choices and decisions in the execution and planning of their care (Mulaudzi et. al., 2001b; South African Nursing Council, 2013).

Their actions and decisions will be respected as long as they do not infringe on the autonomous of others. The autonomous decision is based on: individual values, adequate information, free from coercion and is built by reasons and deliberation (Mulaudzi et. al., 2001b).

In the care of patients, the nurses are required to have the ability to give treatment and show positive emotions that will benefit both the nurse and patient with inner harmony (South African Nursing Council, 2013).

Caring

Care and values

Nursing is not only about skills and techniques, nursing include taking care of the whole person as body, mind and soul. In other words, in the care of patients the nurses even look after the well-being of physical, mental and spiritual health. To include this in practice, the nurse has to have an understanding for the patients' needs (Mulaudzi, Mokoena & Troskie, 2001a).

In health care and nursing ethics one of the essential values is the right to be respected as an individual. Individuality and uniqueness in patients are things that nurses are morally obligated to respect.

Individualized care is a kind of nursing that takes intention to patient's personal character concerning their clinical condition and situation, their personal life situations and their preferences, hence promoting decisional control over their own care and their participation in decision making (Suhonen, 2010).

The ethically fundamental is to meet human needs and one of the most important thing is to listen (Mulaudzi, Mokoena & Troskie, 2001d; Haegert, 2000). By listening to others stories and everyday problems of real life will be highlighted and also complexities of the person's life. The understanding of this will determine the way we act towards others, the ethic act will be either positive or negative.

A positive ethical approach involves care for others and seeing the person as an individual. If the nurses' don't pay attention, like involving the patient, or acceptance of the patient being a person they will lose the moral foundations in their ethics (Haegert, 2000). Nurses' that treats their patients with a respect for dignity and human worth will make the risk of bad or negative outcomes less upcoming. Beyond that the nurses' need to be aware of the patients' needs, they also need to be aware of the patients' rights (Fullbroo, 2007).

A person's value system includes that in the care to have freedom to choose between options after they got careful information (Mulaudzi et. al., 2001a). In ethical decisions it will always involve the agreement between the nurse and the patient (Mulaudzi et. al., 2001b).

Suzanne Fullbroo describe that we as a human are autonomous, as autonomous we can by ourselves decide to receive or to not receive health treatment. To have a respect for the autonomy is one of the principles to apply an ethical behaviour (Fullbroo, 2007).

The nurses' actions are related to the value the nurse place upon the patients, by remembering that the care will be ethical. If nurses' by freely chosen to care for a patient as a person and for the person's sake it will help them to act ethically. Compassionate care can protect the vulnerability of a person (Haegert, 2000).

The professional nurse's aim is to care for others including concern and interest in people (Mulaudzi, Mokoena & Troskie, 2001d).

Caring attitude

There is a difference between nurses' and some other health professions, other health professions focus more at an instrumental role, while nurses' has a holistic role that includes more communication. Nurses' need to show *concern* and *interest* to their patients to develop a meaningful relationship, they also need to show empathy and sympathy.

Communication forms like the quality of caring to bring a relationship with the patient (Mulaudzi et. al., 2001d).

To establish a healthy therapeutic climate in the communication with the patient, the nurse should introduce herself/himself for the patient, describe which role the nurse has in the specific situation, know what kind of patient he/she is dealing with and make an opportunity for the patient to introduce herself/himself or problems of hers/his (Mulaudzi, Mokoena & Troskie, 2001c).

The most important thing in communication is to listen (Mulaudzi et. al., 2001d; Haegert, 2000). The best way to build a caring relationship is by listening, this is unfortunate an aspect that is often neglected.

One other aspect that seems particularly important in caring is the personality. The communication is not only about what being said, it also include *how* it's being done.

The personality is what drives the attitude of caring. A caring nurse is a person who is eager to help others, willing to carry other burdens and have an ability to bring the best of persons (Mulaudzi et. al., 2001d).

Nurses' is expected to always show *respect* for patients' autonomy, dignity, freedom and privacy (Mulaudzi, Mokoena & Troskie, 2001e).

To develop nurses' role as persons they can exercising this by having a care where the patient is centred (Haegert, 2000).

Person-centred care

To involve the patients in their care, studies have showed that client-centred care indicated satisfaction (Black, 2005). Nurses are taught to maintain a person-centred approach in their nursing practice (Pera, 2005). Where the patient is central it will develop nurses' personal ethical care (Haegert, 2000).

One factor that leads to satisfaction is carefully information that will help the patient to make a decision while having a feeling of control. This will also make the patient to get a better understanding for the treatments (Black, 2005).

The providers (the nurses) need to be willing to share power with clients (patients), show respect for them and trust that they can be involved to do decisions. A good thing is to provide an opportunity to get to know the patient and that the meeting will be based on a mutual

respect. In the care of the patient the nurse should be confident in their own knowledge and skills and in the communication with the patient the nurse would have good verbal and non-verbal communication skills and have the courage to be humanely (step away from the authoritative role) (Black, 2005).

The nurses in South Africa is today facing challenges in their nursing practice like promoting ethical conduct, cultural competence and acting justly. The highly number of patients and the economy is two of the facts that makes the nurses to work under difficult conditions (Pera, & Van Tonder, 2005). The nurses have to provide the well-being of patients because of their closer contact with patients than practitioners of any other discipline. This responsibility demand that the nurses are total committed with their patients through a respect for human life, protect human dignity and to provide person-centered care (Pera, 2005). This study will be researching how the nurses' ethical conduct is in a clinic in South Africa by a participating observation study.

Aim
To describe how the nurses' interact with their patients based on ethical approaches, when performing technical procedure in a clinic in South Africa.

Method
Design
An observational study about nurses' ethical approaches in the interaction with their patients, when performing technical procedure in a clinic in South Africa. It was an empirical study with a qualitative design and micro-ethnographic approach (Bryman, 2004a).
In the analysis a qualitative inductive content analysis was used (Elo & Kyngäs, 2008).

Selection
Since this research was made in cooperation with the collage of nursing in Mpumalanga, the principal at the college was informed and approved the study. The clinic was chosen by one of the teachers at the college. The head of the clinic were informed, both by written and verbal information, about the study and the study was later accepted after request of permission.

In the research the observations involved 15 professional nurses in a clinic in northern of South Africa. The clinic had 22 professional nurses. The observations were taken while nurse's in the clinic performing medical technical nursing skills (monitoring the vital signs, injections, blood samples etc.), 5-10 minutes each observation. The researchers made a total of approximately 180 observations (8-10 observations per day). An average of twelve observations on each nurse.

Datacollection
The observations were taken in a community clinic in Northern part of South Africa, the clinic are open for patients 24 hours daily, Monday to Sunday. In this clinic there were professional nurses working, staff nurses, auxiliary nurses, pharmacist and also doctors who were working in the clinic two times a week (Wednesday and Fridays). The clinic has different kind of areas such as child, treatment, counselling, maternity and short stay room. In child area the patients were children from the age of six months up to five years for getting vaccinations and control of development. In the treatment area there is mostly monitoring of

the vital signs and taking blood samples, sometimes they also do other minor procedures. Maternity area is for pregnant women to control the pregnancy. Counselling area is mostly for patients with different kind of chronical diseases (diabetes, psychiatric, high blood pressure). The short stay room is just over the day if a HIV patient is getting a drip or someone is waiting for transport to hospital.

The researchers were present at the clinic from 7.am to 14.pm during a period of five weeks, working in the daily work in which area they were in as assistants for the nurses. This role made the staff to see the researchers as one of them and the researchers got an opportunity to be semi-involved in the situations where the observations were taken.
The researchers had a role as "participant-as-observer", observing behaviour, listening to what was been said in conversations and after that taking a several field notes (Bryman, 2004a).

This participant-observation allowed the researchers to observe nurses as they were doing practice nursing, in their actions and interactions (Bonner & Tolhurst, 2002) and it also gave the researchers the opportunity to study the nurses inside the natural environment, how the nurses inside behave (Soares, Jacobs, da silveira e Silva, Sznelwar, & e Silva,2012).

Observation was conducted in specific situations (Soares et. al, 2012) when the nurses were doing technical procedures in the nursing care such as blood sampling, blood-pressure and injections. The researchers observed a total amount of 15 nurses in five weeks, these observations were including; location/ situation, which people are involved, what's been said, time and date (Bryman, 2004a).

The notes were directly taken after each observation (Bryman, 2004a; Pannowitz, Glass, & Davis, 2009) in a discreet area. By this the researchers reduced the risk for the staff to feel like objects that the researchers are studying and thereby reduce the risk for incorrect results (Bryman, 2004a).

In South Africa they speak eleven languages and in the clinic they speak English and SiSwati (Bainbridge, 2012). For getting the opportunity to understand the verbal communication between the participants, the researchers learned some simple phrases in siswati. When the communication in the observations was difficult to understand, the researchers asked the participants afterwards what has being said.

Analysis

The analysis was made with a qualitative inductive content analysis. This is a method that is used to analyse written, verbal or visual communication messages. Through this content analysis it is possible to filter words into fewer content related categories. When some of the text is classified into same categories it is presumed words and phrases that have the same meaning. This method of analysis is also for making replicable and valid implications from data to context, with the meaning to provide knowledge, new insights, a representation of facts and a useful guide. The phenomena will be broad descriptive and condensed, and the outcome of this analysis is categories describing the phenomena (Elo & Kyngäs, 2008; Bryman, 2004b).

At first the researches read through the data several times to become familiar with it. The next step was to organize the data; this procedure includes open coding, creating categories and generalization. Reading the text and the same time write notes and headings in the text is the process of open coding (Elo & Kyngäs, 2008).

The analysis was divided into meaning units and condensation (see table 1). Meaning units is the parts of or whole sentences from the field notes that the researchers had chosen. From the meaning units the researcher condensation the text into codes. From the condensations, the researchers could form the content into subcategories and categories .

These categories are grouped in higher order headings, data are being classified as "belonging" to a particular group and it also means that it is a comparison between all data (Elo & Kyngäs, 2008).

Table 1, examples of the stage in the analysis process.

Meaning units	Condensations	Subcategories	Categories
"The nurse told patient that it was time for the regally blood-sample.". "The nurse told the mother that she have to hold the baby's leg while the nurse inject vaccine in the thigh."	The nurse told the patient about the day's treatment. The nurse told the mother how to hold the baby.	Verbal-language	Nurse's communication skills

Ethical considerations

Ethical approval for the study was granted by School of Health Science in Jönköping, Sweden. The researchers were accepted to go to South Africa and write their bachelor thesis as a Minor Field Study. To get this approval, the researchers had to have a current ethical consideration already in their project plan for the study (Sjödahl, 2013).

The participating nurses in the clinic were informed in advance about the aim of the study and how it was supposed to be conducted. During the research time the nurses got repeatedly informed why the researchers were there.

The collected data material was handled confidentially and the participants' identities were made anonymous already when the field notes were written down (Bryman, 2004a). In order to keep sensitive information about specific participants hidden, the result was written so that no participant can be identified. The study were handled in precaution to protect the privacy of our subjects in this case, the nurses and confidentiality of their personal information. (Declaration of Helsinki, 2008) For example, the genders of the participants were concealed. The participating nurses have been informed that the results will be published in a thesis.

Findings

The results of the observations and analysis were divided into three main categories. First one is *environment*, the second category is *communication skills* and the third category is *Nurse-patient relationship*. All of these main categories have two subcategories each (see table 2). The findings that emerged from this study were that the nurses had different ways to interact with their patients. The interaction can be described while looking at the environment, see how the nurse communicate with the patient and if they build a relationship between each other.

The "environment" is focused at how the meeting (between the nurse and the patient) looks like and how many people who are involved in the meeting, if the care is performed private or in public.

The "nurses' communication skills" is focused on how the nurses give instructions, information and how they communicate with their patients, if they communicate verbally or if they use their body to communicate.
The "nurse-patient relationship" is focused on how the relationship is between the nurse and the patient, how do the nurse build a relationship and what is disturbing the building of relationship.

Table 2, Presentation of the findings in categories and subcategories

Subcategories	Categories
Privacy Public	Environment
Verbal-language Body-language	Nurses' communication skills
Building relationship Factors that disturb the relationship	Nurse-patient relationship

Environment
In the clinic the nurses has different ways to handle the environment in the patient meetings, and these ways formed two subcategories, "privacy" and "public".
With privacy it means that the meeting with the patient was private, so no other patients or people could hear or see what happen in the care of the patient.
In the other subcategory, public, is about that the room (where the patient got his or her care) involved many patients and nurses in the same room and open areas.
In appendix 1, it is a short presentation of commons situations in the observations that performs the privacy and public situations of the environment (appendix 1).

Privacy
The meeting with the patients was depending on which area they were in that was making it more or less private. The counselling room it was maximum two nurses working in but in child and treatment room there were minimum two staff and five as maximum. This kind of environment makes it difficult to have privacy and to have focus on patient centred care.
When the privacy of the patient was respected the nurses usually had closed door so no one could listen and overhear what's being sad. And the nurse asked how and why the patients seek help, how they can assist. The nurses were interested in their patients and many times a dialog started and they got to learn more about the patient and their history.
If the patient were getting an injection treatment, the nurses would tell them why and also tell them to go to the examination room or behind curtains. In there they were telling the patient to undress and also close that door so nobody will see the situation, and then proceed with the injection.

Public
In some areas like child and treatment room there were allot of patients in there at the same time, the nurses were many and they sat closely together. In child area the nurses were sitting

next to each other in the same table having a patient each and the mother next to them, talking loudly with each other and the surroundings overall were loud.

Patients sitting outside the treatment and counselling rooms could overhear everything that's being sad, and due to that there were many inside the treatment room patients was overhearing the conversations between nurse and patient and nurse to nurse inside there to. The counselling rooms has doors but in these cases the door was left open so people outside could see inside and also overhearing what's being said and people came in and out from the room.

Some of the procedures for example blood pressure was taken outside in the hallway because of the amount of patients, there were no space to do it inside the treatment or counselling rooms.

Communication skills

The nurses used different ways to communicate with their patients. In the information, direction and discussions they were using verbally language and body-language.

In appendix two there is a short presentation of commons situations in this category (appendix 2).

Verbal-language

The verbal communication was regally used when the nurse asked the patient for the regally questions (check-ups) that should be filled in, in the patients' files. They also used the verbal language when they asked for the personally information after taking blood samples, for the blanket that will be send to the lab.

When the nurses explained how the patient should sit or act during the treatment procedure they sometimes were telling them verbally.

When the nurses speak to the patients verbally, it really made the patient to also get started to speak verbally with the nurse.

The verbal communication with the patient were more common during meetings there no colleagues to the nurse was seen in the room.

Body-language

In the treatments were patients got injections or was going to take blood samples the nurses used to use body language to show the patient how he or she should sit or which part of the body that the nurse needed. The nurses used, for example, their hand to take the arm that they will give the injection in or they used the hand to point which arm they needed.

In some meetings with the patients (especially when preparing the patient for injections or blood sample), the nurse combined verbally language and body language. The combination of these two mostly happen when there was only one nurse in the room. In the situations with the patient where it was more people in the room and the nurses were speaking to the other person than the patient, the nurses mostly used only body language.

Nurse-patient relationship

The nurses at the clinic had different ways to interact with their patients during the care of the patient- Sometimes the patient were in focus in the meeting and sometimes other factors came between the nurse and the patient during the meeting.

In appendix 3, it is examples of commons situations of the how the nurse interacts with the patient (appendix 3).

Building relationship

In the meetings where the patient was in focus in the care, the nurse was looking at the patient, asking "kunjani?" (How are you?) to the patient, listen to the patient, informed and sometimes joking with the patient.

When the nurse asked "kunjani?" the patients sometimes started to talk about their life and how they felt about the treatment and their sickness. The nurse was listening to these stories and confirmed what he or she was telling. Before performing the treatment the nurse mentioned that it was time. If the patient had any question, the nurse were answered them and informed so the patient could understand.

When it was time for the treatment the nurse could joke with the patient, one example that was upcoming was that the nurses joked with the patient when they did not found a vein when taking blood. At the time when the nurse joking with the patient, the patient smiled.

Factors that disturb the relationship

In the daily work the nurses sometimes work more than one nurse in the rooms. They also have their mobile phones with them in their pocket or on the table in front of them.
The nurse and the patient could sit and have a good conversation and then the phone rings and the nurse pick up and start talking to the person in the phone instead. It also happened that nurses were texting during the care of patients or checking if something new has happened on Facebook.

An upcoming scenario when it was more than one nurse in the room was that the nurses were talking and joking with each other during the whole meeting with their patients. The patient was not a part of the conversation and while talking to the others in the room the nurse used to only use body-language to show the patient what he or she should do during the treatment.
The conversations between the nurses could be about what had happened during the weekend (ex. if some tragedy has happened) or infants about what have been said during the morning staff-meeting.
In this situations the nurses had very little eye-contact with the patient. For example the patient comes in during the nurse looked at the others in the room, put her or his file in front of the nurse and the nurse started to look in the file. It was obvious that the nurse was looking more at the file or at others than at the patient.

Discussion

Method discussion

This study is an ethnography participant observation study with a qualitative design. By choosing a qualitative design made it possible to gain knowledge about how nurses really interact with the patients at the clinic (Bryman, 2004a), an opportunity to study the phenomena in their natural environment (Soares et. al, 2012).

Before the researchers went to the clinic, they had some pre-understanding for how the nurses are supposed to behave against patients according to the South African health care system. By using SANC (South African nursing council) and nursing literature books, some of them from the nursing school, the researchers could get a better understanding for which guidelines the nurses in South Africa are working with. During the time at the clinic the researchers also observe that the clinic had ethically guidelines on the information wall.
This pre-understanding influenced on the researchers view of and the emotional reaction to the nurses in the clinic, the researchers were acquainted with this and therefor they tried to

have an open mind while observing and were making the observations and the field notes for the procedures objectively.

Even during the analysis process, the researchers had to hold the analysis objective and look at the field notes with objective eyes so the results not were getting in the risk for being influenced with the researcher's emotions. After a week the researchers had built a relationship with the nurses and build a feeling of how they treat each other and the patients, it was important that this types of feelings and emotions was kept neutral during the observations for not letting it affect the result.

The practice at the clinic was during a period of five weeks. The first week the researchers did not take any field notes, they took the time to get to know the areas at the clinic and the staff, and also practice on the way how to do the observations. This week gave the researchers good conditions for reliable results. The second to the fifth week the study was going on with observations and field notes.

During the fieldwork the researchers got an exclusive part of the team and work in the clinic, but one aspect is that it was only for a short time period and to have a deeper understanding and theories about the results and to describe situations better it would been good to have in depth interviews with the people who is involved in the study.

The nurses at the clinic were informed about the study and while working in the clinic the researchers more and more became familiar with the staff, the researchers were working like assistants to the nurses what made them forget that they were being observed. This way, as being a part of the staff instead of act like an observer, reduce the risk of the staff feeling observed and the result to be incorrect. The risk of getting incorrect result even was reduced when the researchers were chosen to take the field notes directly after the observation, and not to trust only the memory (Bryman, 2004a).

The researchers knew that the language in the area, where the study were performed, were English and SiSwati. The researchers prepared for this by learning some phrases on SiSwati but by getting to know the staff also gave the researchers a good help with translation after the scenarios when the interaction with the patient was difficult to understand. This can be affecting the trustworthiness of the study, due to the nurses explaining with their own perspective instead of a natural view.

In this observation study the aim was to describe how the nurses' interact with their patients based on ethical approaches, this lead to that it was necessary to include the patients in this study. To protect the patients and the nurse's integrity, the collected data material were handled confidentially and the participant's identities were made anonymous already when the field notes were written down (Bryman, 2004a). Since the study was focused on the nurse's way to interact with the patient while doing practical procedures, the patient was not in focus.

Findings discussion

Basic principles for a nurse-patient relationship in nursing practice are fidelity, veracity and confidentantially. Patients give information about themselves that is private to the nurse in trust, this information will not be given further on to unauthorized persons and it will only be used to assist in the care (Mulaudzi et. al., 2001b). In the code of ethics for nursing in South Africa it says that nurses are at all-time expected to apply essential ethical principles and to observe in their interaction with health care- users (South African Nursing Council, 2013).

This study is about the nurse's ethical approaches when performing technical procedure in care of patients. During the analysis process three main categories were found and six subcategories. One of the main categories describes nurses and their working environment, second one is describing nurse's communication skills and the third one is about nurse and patients relationship.

In the environment category it has two subcategories, "private" and "public". These two are different way of nursing in their environment. Closed doors were a sign of privacy and respecting the patient, so no one could listen and overhear what's being sad. The nurses was concerned of the wellbeing in the patients by asking questions like what's the matter and trying to get so much information as possible. In the code of ethics for nursing in South Africa they have an ethical principle which is beneficence, meaning that nurses are required to do well and to choose the best option of care under given conditions and act with kindness always (South African Nursing Council, 2013). The patient have right to privacy in the health care and when receiving treatment (Mulaudzi et. al., 2001b). By closing doors shows a respect for the privacy and by having an environment with only the nurse and the patient also gives good opportunities for the privacy of the patient's care.

The Public subcategory is showing on how the nurses worked in the environment in different ways, such as talking loudly with each other when patients are sitting next to them, and having surroundings that are loud and crowded. In the different treatment rooms there were many patients in there at the same time and nurses' working closely together, which makes it pretty much impossible to have a private conversation between nurse and patient. Although cultural and social values are related to dignity interpretation in which context it's experienced (Manookian, Cheraghi, & Nasrabadi. 2014).
The privacy of the patient is invaded when private affairs get public without agreement (Mulaudzi et. al., 2001b), as in the scenarios when the care was given where other people could see and listen.

Information can be given different ways; in the interaction with patients the nurse´s used both verbal and body language. Nonverbal behaviour is everything in communicative acts except speech, everything from facial expression to dance and drama also bodily contact, posture, physical appearance and body movement. Bodily gestures like handshakes or smiles illustrate that in fact there is a relationship between verbal and non-verbal behaviour. Nonverbal acts are sometimes a part of speech and emphasis function (Mandal, 2014). The nurses used the bodily acts for two functions when consulting and comforting patients. According to research one of the contributing factors to preserve patients' dignity is body language, like a smile. It helps because it's a positive influence on the patients (Manookian et.al, 2014).

Third category pointed out factors that are building a nurse-patient relationship or opposite, disturbing it. When the factors were positive it was in such way like asking how you are and joking with the patient trying to make them relax. In one article they defined A therapeutic relationship as 'one in which the patient feels comfortable being open and honest with the nurse' and is related to the growth of a productive relationship and positive patient outcomes. Rather than only focusing of curing the disease process, therapeutic communication is interested with showing empathy and warmth to help patients feel relaxed and secure. Therefore, to mature a therapeutic relationship, the nurse must be caring, open, warm and genuine (Doherty, & Thompson, 2014). Disturbing factors like talking to your colleagues or in the phone instead of the patient, is not to bear witness of the suffering in the patient. Neglecting to offer real presence is an abandonment that can lead to further distress and a

relationship tainted by distrust. Abandonment can causes feelings like loneliness, vulnerability and alienation. This goes contrary to the ethical principle of regarding the dignity of that human and seeking to provide the greatest good through the care given (Campbell & Davis, 2011).

In some meetings the nurses introduced them self and let the patient tell the nurse about their issue or reason for the visit, this situations establish a healthy therapeutic climate in the communication (Mulaudzi et. al., 2001c). If every meeting with the patients should be like this and involve more person-centred care instead of having their phone or other people around in the cantered would indicate satisfaction (Black, 2005) and for sure get a better chance of building a relationship with the patient. This way of acting would also develop the nurse in the nurses' personal ethical care (Haegert, 2000).

Conclusions

The conclusions that the researchers made after this study is that for the nurses to have an ethical approach and interaction its depending of many factors like, environment, colleagues and communicative skills.

The nurses could interact in different ways with the patient, they could empathize with the patient or they could be more abrupt and ignorant in the meeting. Depending of disturbing factors or more positive factors. By having a knowledge of these factors can help to prevent the nurse ethical approach and lead to a satisfy care for the patient.

The factors influencing on the nurses interaction has to do with more than just the individual nurse and their values, it is due to stress and allot of patients and also how the clinic is too small for the number of patients. The health system has to raise more standards in the education regarding ethical thinking and approaches. The government needs to invest more money in staff and better work areas, for instance the rooms can be separated.

Clinical implications

There are many guidelines in both SANC and ICN of how the nurse should treat a human being, and why it is great importance to create a valuable and meaningful relationship with patients. To be able to do this it is crucial to act accordingly by ethical principles and guidelines. This study was taken in a clinic in South Africa and the results that was given is that there is a lack of ethical approach in the interaction with patients, but to generalize these results there should further more studies be done in both South Africa and other parts of the world. No clinical implications are therefore recommended from this study.
If the patients are dissatisfied or unhappy with the interaction or not, has not been in focus for this study. If the researchers had more time for this study they also could have done an observation study with interviews, for better understanding and describing situations better. Nurses should always reflect after every meeting with patients, ask yourself questions; what happened and could I do something better?

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Examples of common situations; environment

Meaning units	Condensations	Subcategories	Categories
"The nurse prepared the injection, before she were ready to give the injection she closed the door. After closing the door, the nurse asked the patient to pull his trousers down."	Nurse closed the door before she gave the injection.	Privacy	Environment
The patient gets into the room for his consultation, the door is open and outside the room it is the hallway where the rest of the patients are sitting.	The door is open to the hallway where the rest of patient are sitting.	Public	

Examples of common situations; communications skills

Meaning units	Condensations	Subcategories	Categories
"The nurse told patient that it was time for the regally blood-sample.".	The nurse told the patient about the day's treatment.	Verbal-language	Communication skills
"The nurse told the mother that she have to hold the baby's leg while the nurse inject vaccine in the thigh."	The nurse told the mother how to hold the baby.		
"The nurse showed with her hands that she wanted the patient's arm. She took the blood-pressure while talking to the other nurse, then she pointed at the scale and the patient went to the scale, the nurse looked at it and wrote down the weight."	The nurse is using her body to inform the patient.	Body-language	

Examples of common situations; Nurse-patient relationship

Meaning units	Condensations	Subcategories	Categories
"While she prepared the blood-sample she talked with the patient and joked with the patient because she could not find a vein in the arm that she was holding."	The nurse were having a conversation and joking with the patient.	Building relationship	
"The patient asked questions about what the result will mean. The nurse explained while holding a hand on the patient."	Listen to the patient's questions and holding a hand on the patient while explaining.		Nurse-patient relationship
"..while the nurse is pulling the needle out from the patient's arm, the nurse's phone starts ringing and she answers it at the same time removing the needle from the patient. She is still talking in the phone when telling the patient to leave the sample in the blue box."	The nurse answer her phone during taking the blood-sample from the patient.	Factors that disturb the relationship	
"The nurse and the patient were starting to talk about the patient's daily situation, then another nurse came into the room. The nurse looked to the nurse instead of the patient and started to talk to her. She took the patient's arm and started to take the blood-pressure while still talking to the other nurse".	The nurse is talking to her colleague instead of the patient		