EXPERIENCES OF CASE MANAGERS IN CARING FOR A PATIENT IN A MANAGED HEALTH CARE ORGANISATION

By

Michelle Mbatha

Dissertation

Submitted in fulfilment of the requirements for the degree

Masters Curations

In Ethos of Professional Practice

In the

Faculty of Health Science

At the

University of Johannesburg

Supervisor: Prof Charlené Downing (D Cur)

Co-Supervisor: Ms Elizabeth Nkosi (M Cur)

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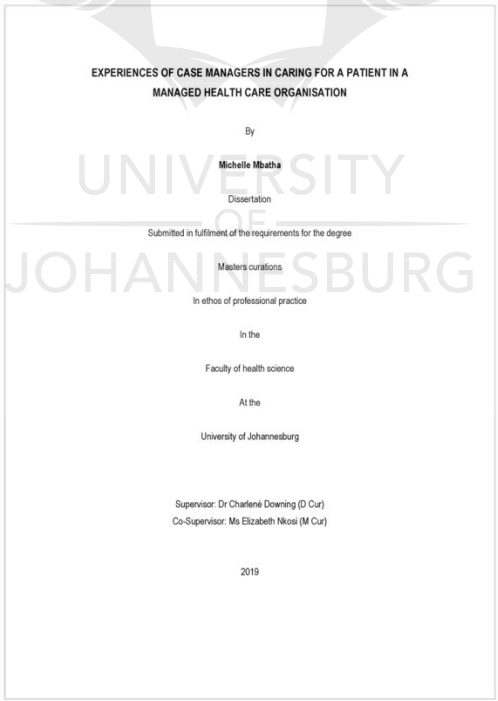

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DEDICATION

I would like to dedicate this research study to my loving mother, Deliwe Sophie Marx
The care and support and encouragement that you gave me is irreplaceable and priceless. I would do it all over again just to make you proud.
I dedicate this Master's research study, to the one women who owns my heart, the wisest person I know. Thank you for all your love and sacrifice.

****

A Mothers Love
Your arms were always open when I needed a hug.
Your heart understood when I needed a friend.
You were gentle and stern when I needed a lesson.
Your strength and love has guided me and gave me wings to fly.
-Sarah Malin

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To my husband, Senzo Mbatha, you are truly a blessing. My son Msizi and daughter Phililе, my mother Deliwe and my brothers Owen and Boetie, and Kiki my sister, thank you for the love, support, encouragement and understanding. Thank you for being the best family in the world.

ABSTRACT

Professional nurses' experiences are affected by a lack of facilities and resources, heavy workloads and unsafe working environments. These contributory factors prompt professional nurses' decisions to leave the bedside setting for alternative employment opportunities. Case management is a nursing resource employed by managed health care organisations to ensure patients receive appropriate care which is cost effective and beneficial to the patient's health within available funding structures. Traditional nursing practices, however, take place in a physical face-to-face context, allowing compassion and care transference. Nursing care in the managed health organisation is office-based; contact between the professional registered nurse and patient is only through electronic, digital systems. It is best described as 'faceless'. The nursing care that a case manager renders is unexamined and unknown, and this detached structure introduces a different facet of nursing and nursing care.

The purpose of this study was to gain an understanding of the lived experiences of case managers in caring for patients in a managed health care organisation, in order to make recommendations for quality nursing care by case managers in a managed health care organisation.

A qualitative research approach was used by implementing an explorative, descriptive and contextual phenomenological research design. Non-probability purposive sampling was used. The research population consisted of 10 registered professional nurses employed as case managers for one year or longer.

Data collection was done through one-on-one, in-depth, unstructured phenomenological interviews, which focused on the central question: What are the experiences of case managers in caring for patients in a managed health care organisation? Ten participants out of a total of 80 case managers who formed part of the total accessible population were interviewed and data saturation was reached. Data was analysed using Giorgi's five-step method, with the help of an independent coder.

From the research findings two themes emerged from the data. Communication was found in theme one: The case manager's role includes coordinating all aspects of care in a financial framework and they rely on receiving sufficient, timely information. Caring was found in theme two this was determined

to be that case managers experience great satisfaction in caring for patients, even if they do not see the patients; they view it as a professional benefit. However, the case managers are subjected to frustrating barriers in their efforts to obtain sufficient, appropriate clinical information from the hospitals.

Measures to ensure trustworthiness and ethical principles were applied throughout this study. The findings reveal that case managers experienced a great sense of ultimate satisfaction from caring for patients in a managed health care organisation. Although the case managers did express that they communicate and care for a patient from behind a computer screen and never get to see or touch their patient, as they did at the clinical bedside setting, this forces them to seek new and alternative ways to communicate with their patient to show and share care. The caring that a case manager renders to a patient is through technological, digital means; mainly by email or telephone.

Patient care rendered by a case manager from the managed health care organisation is thus distant and detached. But there is still care that is shared; it is just a different way of caring.

General recommendations to facilitate case managers in caring for patients in a managed health care organisation were made as follows: To develop an effective, efficient means of coordination of all aspects of nursing care for patients by case managers, and management should monitor and collaborate communication and relationship building between in-hospital case managers and managed health care case managers.

Keywords: Caring, Case Manager, Communication, Digital, Experiences.

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CHAPTER ONE: OVERVIEW AND RATIONALE

1 INTRODUCTION

In this chapter, the researcher introduces an overview and rationale of the study, the problem statement, research question, research purpose and objectives. The research design and methodology, as well as data collection and data analysis methods, trustworthiness and ethical considerations are briefly described.

1.1 OVERVIEW AND RATIONALE

The South African economy is the largest in the continent of Africa and the 24th largest in the world. Because of this, South Africa is generally considered as the most economically developed country in Africa (Kingma, 2018:88). As a result, the standard of health care in South Africa is also perceived to be the best on the African continent. However, if you wish to have a reliable level of service, private health insurance is recommended. Private health care is prominent in South Africa and continues to grow rapidly driven by private medical insurance and popular demand for personal choice and ease of access to higher quality services (Koskenvuori, Numminen & Suhonen, 2019:327). This growth comes at a price of high annual inflation in private medical costs, and the depletion of nursing resources. South African state hospitals face countless problems, ranging from the deterioration of infrastructure to drug shortages, and a lack of human resources. The shortage of trained nurses of all ranks – professional, enrolled and auxiliary – is thus a significant concern (Hofler & Thomas, 2016:133).

As technology continues to evolve, the current trends in nursing prove that patient-centred care must always remain a priority. Nursing, as a profession, has an obligation to interact with clients in the moment, since caring is the foundation of every nurse-patient relationship (Hockenberry & Wilson, 2018:2). Nursing is focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life. Nurses may be differentiated from other health care providers by their approach to patient care and scope of practice. Nurses also practice in many specialities with differing levels of authority. Traditional nursing care exists through interactions with the patient, and the ability for the nurse to see, touch and feel the patient (Needleman, 2016:525). This traditional role has shaped the public image of nurses as care providers.

Nursing care includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. It also entails advocacy, the promotion of a safe environment, research, and participation in shaping health policy and health systems' management (Urden, Stacy & Lough, 2017:22). Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well, and in all settings (Havens, Gittell & Vasey, 2018:132).

As a profession, nursing in South Africa is at a dire stage in terms of the shortage of registered nurses, (Berman, Snyder & Frandsen, 2016:02). This is accounted for by the migration of the nurse from clinical bedside settings to alternative employment settings. Nurse turnover rates in South Africa influence the country's nursing shortages; this phenomenon appears to occur globally (Winsett, Rottet, Schmitt, Wathen & Wilson, 2016:104). Nurses need to cope with enormous administrative and bureaucratic burdens; they act as porters, cooks, and cleaners when called to do so. They are the interface between patients, caregivers, and other health service providers and the burden of their clinical workload is arguably much heavier than that of the rest of the health care team. As a result, nurses are lured by more competitive incentives, better working conditions and resources, safety, and a lower prevalence of HIV/AIDS (Edvardsson, Watt & Pearce, 2017:217). There is thus a surge of professional nurses who discontinue practising as clinical nurses and prefer different nursing jobs which offer higher salaries, more job satisfaction and improved working hours (Bellamy, Kriegel, Barrenger, Klimczak, Rakfeldt, Benson, et al. 2017:268). This further aggravates the problem of nursing migration and shortage.

1.1.1 Nursing care and migration

Many studies have been conducted and have discovered the motives for migration among nurses (Richardson, Percy & Hughes, 2015:81), and several causes of migration have been identified for health professionals. The internal migration of nurses within the South African health care sector is accounted for by poor infrastructure, poor working conditions and being devalued; these are reported among the push factors for nurse migration (Kingma, 2018:107).

1.1.2 Nursing in managed health care

Traditional nursing care practices used to only take place at the clinical bedside setting, allowing compassion and care transference to occur from nurse to patient through a somatic face-to-face context. Nursing care in the managed health organisation is a new prospect; it is office-based, and contact between the professional registered nurse and patient is only through electronic, digital systems

like email and telephonic exchange. It is best described as 'faceless'. Registered nurses who choose to leave the public clinical bedside setting for alternative employment opportunities often enter into the managed health care environment as case managers. Despite the extensive literature written on the push and pull factors of nurse migration, caring remains an integral part of nursing (Watson, 2008:34). Caring is the inner core – the essence of nursing (Cohen, 2017:1120) – regardless of the setting or environment (Kelly, Marcella, Dowling, Maura, Millar & Michelle, 2019:15).

1.1.3 Nursing care as a case manager

Case managers in the managed health care setting coordinate services on behalf of an individual person who is considered a valid member, and who is a patient on the medical aid scheme, through electronic digital systems. The role of case managers goes beyond containing costs, to guiding and improving the morale of the patients and providing direct communication and personal patient attention. This helps patients return to work quicker and helps eliminate repeated hospital admissions (Kongstvedt, 2019:275). Case managers come into contact with patients and other health care providers on a daily basis, and the case managers' experiences influence patient care and determine health outcomes (Will, 2016:121). Case managers are interns expected to holistically render quality, meaningful, beneficial care to the patient based on these interactions and experiences.

There is a remarkable gap in literature addressing the experiences of a case manager in caring for a patient in the managed health care organisation. In our quest for higher standards of quality health care, we must constantly strive to use evidence-based approaches to nursing services. In this study, the researcher attempted to gain an understanding of the lived experiences of case managers in caring for patients in a managed health care organisation, in order to make recommendations for nursing care in a managed health care organisation.

1.2 BACKGROUND

The concept of managed health care globally initially occurred in the United states of America in the early 1930's, this phenomenon occurred when a small number of physicians began providing pre-paid medical care to members of a fraternal order, unions and other associated workers(Rittschof & Fortunato,2016:372). Each member of the participating associations paid a small annual fee to the physicians to gain medical care. Later due to the dynamic migratory patterns of physicians in the early

1800's the managed health care trend gravitated towards the African continent, the development of private health care facilities emerged introducing private voluntary health insurance organisations into Africa and the rest of the world rapidly.

The first private voluntary health insurance organisations in South Africa, called managed health care organisations, were introduced in 1889 to cater for the health care needs of mine workers, and membership to these schemes was very limited until the late 1960s. During the period 1960-1969 came the development of the private health sector that was largely stimulated by corporate investment (Cherry & Jacob, 2016:16).

The first spurt of nurses who migrated to the private health care sector as case managers occurred between 1971 and the early 1980s. The case management model in South Africa only came into practice in the 1980s. This resulted in limited literature available on case management in the South African context. There are, however, studies on factors influencing nurses who migrate from the bedside setting to managed health care organisations. Now decades later, the number of nurses in the private health care sector has increased (Ross, Tod & Clarke, 2015:1223), causing a major challenge for the public health sector. This phenomenon, it is argued, is increasing the strain on the already burdened public health sector, precisely because it leads to a shortage of skills and subsequent loss of capacity for health systems to deliver adequate health care.

In South Africa, medical schemes are seen as providers of health insurance by collecting revenue, pooling contributions and purchasing health care on behalf of the insured. They are essentially mutual societies under statutory regulation. The managed health care organisations employ registered nurses in a role for transformation that brings reforms in care structures for nursing care (Chesnay, 2016:154). The great movement towards the managed health care environment has several implications for the nurse. Taking up nursing as a core role in a health delivery system provides health care benefits in return for a predetermined monthly fee (Hauze, Hoyt, Frazee, Greiner, & Marshall,2019:13).This involves coordination of care through a network of nurses, physicians and hospitals. Patients who were previously restricted to public health care and traditional nursing care now have the option to be part of a managed health care organisation. This introduces a different facet of nursing and nursing care known as case management (Cesta, 2017:12).

Case management is an area of speciality within the health and human service professions. Its underlying premise is that everyone benefits when patients reach their optimum level of wellness, self-

management, and functional capability. The stakeholders include the clients being served, their support systems and the health care delivery systems as a whole. Case management facilitates the achievement of client wellness and autonomy through advocacy, assessment, planning, communication, education, resource management, and service facilitation (Cesta, 2017:25-41). Based on the needs and values of the client, and in collaboration with all service providers, the case manager links clients with appropriate providers and resources throughout the continuum of health and human services and care settings, while ensuring that the care provided is safe, effective, client-centred, timely, efficient, and equitable. This approach achieves optimum value and desirable outcomes for all patients (Sedig, 2017:12).

There is a substantial difference in resource availability between public and private sectors; Phillips (2016:1661) noted that the internal migration turnover rate of South African professional nurses is at a staggering high. During 2015, an average of 45.3% of professional nurses' posts in public health care were vacant throughout South Africa. This was accounted for by professional nurses affected by a lack of facilities or resources, lack of promotion possibilities, heavy workloads and unsafe working and living environments that contribute to professional nurses' decisions to leave public health care (Ross, Tod & Clarke, 2015:1233). This has an impact on patients' access to nursing care. The loss of nurses further adds pressure on remaining nurses by increasing their workload.

Care entails showing concern, compassion, thoughtfulness, and attention to or towards something or someone (Summers, 2015:14-16). Nursing care is then conveyed, shared or transferred from the nurse to the patient through electronic systems in the managed health care context. These electronic systems either enhance or hamper the caring emotions, as all nursing interactions take place from the office, away from the patient's bedside; distance then takes away the human touch, feel and physical aspect associated with care.

This patient care in the case management context relies on interaction through which the care may or may not be received by the patient, shared and projected by the nurse, by email or telephone.

Nursing care in the managed health organisations is rendered from behind a computer screen and beyond telephone lines (Kongstvedt, 2019:11). The goals for technological advancement and design in health care have been to improve the availability of health information through electronic records and to integrate patient care, whereby the nurse cares holistically, without ever getting to see or touch the patient. Recent changes in keeping with the technological advances to improve quality health care –

and contain escalating health care costs – has resulted in care becoming diversified and dispersed (Tobiano, Bucknall, Marshall, Guinane & Chaboyer, 2016:11). Managed health care organisations thus provide a platform for interaction between nurses and patients who are remote (Cohen, 2017:1120).

Nursing from the bedside is the universally accepted practice and the manner in which a nurse shows or shares care to patients (Ashley, 2016:243). In the case management context, the human interconnectedness is removed and replaced by a digital framework that allows for effective and efficient sharing of health records and data; allowing access to the health profile of a patient and coordination of alternative therapies (Ness, 2015:1408). However, nursing is the core of caring, according to Watson (1995:67-65), and an art of transpersonal sharing of emotions and feelings.

In summary, nursing is the use of clinical judgment in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death (Hayes, 2016:25-41). The migration of nurses is facilitated by numerous factors (Cohen, 2017:1102). Case managers are hired to ensure patients receive appropriate care which is cost-effective and beneficial to the patient's health, within available benefit structures. Case managers are encouraged to provide the least costly nursing care possible in order to receive financial returns (Needleman, 2016:525). However, nursing care rendered by the case manager is through electronic case management systems (Cesta, 2017:13, 92).

These electronic case management systems enable patient care to become a more collaborative process by making all patient information readily available and accessible at the touch of a button (Tobiano, et al. 2015:11). In many cases, electronic case management systems have helped improve how a case manager encounters the day-to-day work environment and activities, and how these encounters link to the nursing care rendered to patients. However, little is known on the type of nursing care that a nurse case manager renders, as well as their experiences in caring for a patient in a managed health care organisation.

In this study, caring is the showing of concern, maintenance, and restoration of health. Nursing and case management are human services with a broad employment field that encompasses a variety of industries and careers related to assisting individuals and families.

1.3 RESEARCH STATEMENT

As nursing care is fundamentally exchanged through somatic interaction with the patient, a nurse shows or shares care through physical interactions with the patient (Needleman, 2016:525). This constructs the avenue for a tangible connection, which also allows for emotional support and the meeting of the comprehensive needs of patients (Bramley, 2014:19-20). All case management nursing interventions take place through electronic digital systems though, which are the only means of connection between the professional nurse and patient. These nursing interventions include the assessment of appropriate treatment plans and place of service; sustaining financial benefits for risk; mitigation management for early discharge planning from the onset of hospitalisation that allows for health care to be rendered at the most cost-efficient level as determined by the patient's needs; and family support.

Case management is a modified nursing structure, thereby influencing nursing care delivery (Chesnay, 2016:149). This altered nursing care structure in case management brings forth the established research problem, and the research question that arose was: What are the experiences of case managers in caring for patients in a managed health care organisation?

1.4 RESEARCH PURPOSE

The purpose of this study was to gain an understanding of the lived experiences of case managers in caring for patients in a managed health care organisation, in order to make recommendations for case managers to provide quality nursing care in a managed health care organisation.

1.5 RESEARCH OBJECTIVES

The research objectives were:

- To explore and describe the lived experiences of case managers in caring for patients in a managed health care organisation.
- To make recommendations for case managers to provide quality nursing care in a managed health care organisation.

1.6 DEFINITION OF KEY TERMS

The following key terms are used in this study:

1.6.1 Experiences

Experiences refer to what a person is living through and how he/she responds or reacts to the lived-through event (Oxford School, Dictionary, 2016:100). In this study, experiences are how a case manager in a managed health care organisation encounters the day-to-day work environment and activities, and how these encounters link to the nursing care being rendered to patients.

1.6.2 Registered nurse as a case manager

A registered nurse is an individual, who has completed a program of basic, generalized nursing training and is deemed officially qualified and competent by the appropriate regulatory authority to skilfully render safe therapeutic patient care (Oxford School, Dictionary, 2016:123). A registered nurse is a person who holds a valid registration with the South African Nursing Council. (South African Nursing Council, 2000).

1.6.3 Case manager

A case manager is a registered professional nurse who is employed in the managed health care organisation (Cesta, 2017:12). In this study, a case manager is a nurse who is office-based, appointed in a managed health care organisation, responsible for ensuring that patients receive quality and appropriate levels of care within the patients' managed health care benefits, which are cost effective.

1.6.4 Caring

According to Watson (1995:67-65), caring is an art of transpersonal sharing of emotions and feelings, and exhibiting concern and empathy for others. In this study, caring is the showing of concern and the promotion, maintenance, and restoration of health through digital systems between the case manager and patient.

1.6.5 Patient

A patient is an individual who suffers from an illness, disability or injury, that requires health care management and resolution (Hayes, 2016:25-41). In this study, a patient is any person who is admitted in a health care facility, who is eligible as a member of the managed health care organisation, and who receives nursing care from a case manager.

1.6.6 Managed health care organisation

The term 'managed health care organisation' is an umbrella term for a health care delivery system, which provides health care benefits in return for a predetermined monthly fee, and involves coordination of care through a network of physicians and hospitals (Will, 2016:121). In this study, a managed health care organisation refers to a medical aid scheme registered in terms of the South African Medical Schemes Act No 131 of 1998, as amended.

1.7 PARADIGMATIC PERSPECTIVE

A paradigm suggests a pattern of thought with beliefs that are basic in the sense that they must be accepted simply on faith, for there is no way to establish their ultimate truthfulness. It represents a framework that fundamentally influences individuals' views and encounters that impact their interpretations (Chesnay, 2016:149). In this study, the paradigmatic perspective was based on a shared world view that represents the beliefs and values in a discipline and guides how problems are solved (Freeman, 2017:51).

A paradigm focuses on outcomes; what works to address the research problem; researchers' freedom of choice of methods; and the number approaches to collecting and analysing data. The researcher used multiple methods to answer questions, and the research was conducted in a manner that best addressed the research problem (Creswell, 2017:11).

This study involved gaining an understanding of the lived experiences of case managers in caring for patients in a managed health care organisation. This study allowed for the seeking of an understanding of individuals in a holistic view. It entailed the exploration and interpretation of their inner and outer environment by interpreting their emotions and feelings based on verbal accounts of their daily

experiences in caring for a patient in a managed health care organisation. This interpretation allowed for a better understanding of the case management caring context and offered a view of the case management care structures in totality (Billings & Halstead, 2015:47).

The concept of caring was reflected in the theoretical assumption and was used to confirm the research paradigm, which implies a commitment to a collection of convictions (Needleman, 2016:525). Subsequently, the meta-theoretical, theoretical and methodological assumptions were discussed in this study.

The meta-paradigm concept of the person as a core emphasis for nursing theorising has attracted considerable attention in western literature, but has received less attention in the context of eastern philosophical contexts (Richardson, et al. 2015:35). In this philosophical inquiry, the researcher sought to clarify the concept of what it is to be a human being, according to Watson's definition. The researcher thus drew on concept analysis as a general approach to advance an understanding of how nursing within a caring context might operationalise the meta-paradigm's conceptualisation (Blomberg, Griffiths, Wengström, May & Bridges, 2016:15). Specifically, a person is considered as a human being on the basis of its definition, attributes/characteristics and boundaries to explore the anatomy of the concept in this context.

There are to two distinct understandings of the holistic concept of the human being. The reciprocal interaction worldview organises the dimensions of being human (cognitive, emotional, social and spiritual) into a whole. The simultaneous action worldview emphasises that the human is a coherent and unified creature in harmony with the universe (Murdaugh, Parsons & Pender, 2018:18). Nurse-patient interactions arising from an integrated perspective that aligns both of these worldviews were allowed for informing the applications of knowledge to practice and enhanced patient care. Concepts of the meta-paradigm's understandings in this study include the 'person', 'environment', 'health' and 'nursing practice'.

1.8 META-THEORETICAL ASSUMPTIONS

1.8.1 Person

The dimensions of a being human include cognitive, emotional, social and spiritual entities. These all make up a whole individual who holds a place in the world (Bloomer, O'Connor, Copnell & Endacott,

2015:12). A whole person entails all aspects of the body, mind and spirit (Hayes, 2016:25-41). A person is a “unity of mind-body-spirit/nature” embodied spirit (Watson, 2008:55).

1.8.2 Environment

Environment is the landscape and geography of human social experience, the setting or context of experience as everyday life, and includes variations in space, time and quality. This geography includes personal, social, national, and global spaces, and beyond. The environment also includes societal beliefs, values, morals, customs, and expectations. The environment is an energy field in mutual process with the human energy field and is conceptualised as the arena in which the nursing client encounters aesthetic beauty, caring relationships, threats to wellness and the lived experiences of health (Bramley, Manning & Cooper, 2018:20). Dimensions that may affect health include physical, psychosocial, cultural, historical and developmental processes, as well as the political and economic aspects of the social world.

The environment includes the circumstances, objects, or conditions by which one is surrounded, the complexity of bodily, chemical, and biotic factors such as climate, soil, and living things that act upon an organism or an ecological community and ultimately determine its form and survival. It entails the aggregate of social and cultural conditions that influence the life of an individual or community. Environmental conditions include the physical, psychological and the social aspects of living, where the patient receives care, air, light, water, ventilation, lowered noise levels and minimal offensive odours (Watson, 2008:34). A non-physical energetic environment is a vibrational field integral to the person; it is a synchronisation of the physical and metaphysical, where the nurse is not only in the environment but the nurse IS the environment (Watson, 2008:34).

1.8.3 Health

Health, as a dynamic process, is the synthesis of wellness and illness and is defined by the perception of the client across their life span. This view focuses on the entire nature of the client in physical, social, aesthetic, and moral realms. Wellness, in this view, is the lived experience of congruence between one’s possibilities and one’s realities, and is based on caring and feeling cared for. Illness is defined as the lived experience of loss or dysfunction that can be mediated by caring relationships. Inherent in this conceptualisation is each client’s approach to stress and coping. The degree or level of health is an

expression of the mutual interactive process between human beings and their environment (Watson, 2008:34).

1.8.4 Nursing practice

Nursing is an academic discipline and a practice profession (Young, 2015:15). It is the art and science of holistic health care guided by the values of human freedom, choice, and responsibility. Nursing science is a body of knowledge arrived at through theory development, research, and logical analysis. Nursing and other supporting theories are essential to guide and advance nursing practice. The art of nursing practice, actualised through therapeutic nursing interventions, is the creative use of this knowledge in human care. Nurses use critical thinking and clinical judgment to provide evidence-based care to individuals, families, aggregates, and communities to achieve an optimal level of client wellness in diverse nursing settings/contexts (Weed and Berens, 2018:55). Clinical judgment skills are therefore essential for professional nursing practice (Bloomer, et al. 2015:12).

Human caring as the moral ideal of nursing is the central focus of professional practice (Kelly, Dowling & Miller, 2018:49). It involves concern and empathy, and a commitment to the client's lived experience of human health and the relationships among wellness, illness, and disease. The nurse, as a person, is engaged as an active partner in the human care transactions with clients across their life span. Human care and human care transactions seek to protect, enhance, and preserve human worth and dignity. It involves values, a will and commitment to care, communication, knowledge, caring actions and consequences. Human care is an epistemic endeavour that defines both nurse and client and requires study, reflection and action (Watson, 2008:44). Caring is contextual, specific and individual, and involves organised, specific practice that is related to caring for and about others. It is nursing's source of power.

Nurses function autonomously and use power to shape the profession and empower clients through caring partnerships and other transactions. Within this framework, power is defined as the capacity to participate knowingly in the nature of change, characterised by awareness, advocacy, choice, freedom to act intentionally, healing and involvement in creating changes.

Nurses use critical thinking and current scientific research to facilitate the translation of knowledge, skills, and technologies into professional nursing practice. In the nursing process, a form of critical thinking is a methodology for nursing practice which is deliberate, systematic, and goal-oriented (Hofler

& Thomas 2016:133). Deliberative behaviours of the process are observation, intuition, reflection, caring, empowering, communication, assessment, and choice of alternative actions. The nursing practice incorporates intellectual, interpersonal, communication and psychomotor skills in the care of individuals, families, aggregates and communities, regardless of setting, and emphasises a collaborative relationship with all health care providers (Swiger, Vance & Patrician, 2016:244). Moreover, there are multiple aspects to the complex role of the humanitarian nurse, such as learner, clinician and leader. These derive from the responsibility to provide diagnostic, technologic, supportive and therapeutic care; to protect the rights, safety and welfare of clients; to improve health care delivery; to influence health and social policy; and to contribute to the development of the profession (Högberg, Sandman, Nyström, Stockelberg & Broström, 2018:218). The goal of nursing is humanistic enhancement of health potential in human beings as well as caring for the well, ill and the dying. Excellence in nursing requires commitment, caring and critical thinking in terms of mastery, status and control over practice (Billings & Halstead, 2015:47).

Digital technology: The word 'digital' comes from Latin 'digitus' (finger) and refers to one of the oldest tools for counting. When information is stored, transmitted or forwarded in digital format, it is converted into numbers; at the most basic machine-level as 'zeroes and ones'. In the context of this study, the term represents technology that relies on the use of microprocessors; hence, computers and applications that are dependent on computers such as the Internet, as well as other devices such as video cameras, and mobile devices such as phones and personal digital assistants (PDAs). It is a branch of scientific or engineering knowledge that deals with the creation and practical use of digital or computerised devices, methods, systems (Tobiano, et al. 2015:11), and digital technology includes all types of electronic equipment and applications that use information in the form of numeric code. This information is usually in binary code – that is, code that can be represented by strings of only two numeric characters; usually 0 and 1. Devices that process and use digital information include personal computers, calculators, automobiles, traffic light controllers, compact disc players, cellular telephones, communications satellites, and high-definition television sets (Park, Yu & Kim, 2017:89).

1.9 THEORETICAL ASSUMPTIONS

Theoretical assumptions or statements are a reflection of the researcher's view of valid knowledge in existing theoretical or conceptual frameworks. The theoretical statements are epistemic in nature and are subject to testing with the intention of clarifying the research problem statement. Theoretical

assumptions are theoretical statements that serve as a framework in the study; these include theories, models and concepts (Watson, 2008:34).

This study was based on Watson's theoretical assumption that a qualitative research description is particularly relevant where information is required directly from those experiencing the phenomenon under investigation. This paradigmatic perspective includes and refers to the researcher's beliefs about human beings (the patient, health care professional), society (community), and the discipline (health). This theory was incorporated in this research as Watson views the core principles of nursing as loving-kindness and equanimity. Watson also based her theory on rational caring for self and others based on a moral, ethical, philosophical foundation of love and values (Watson, 2008:34).

1.10 METHODOLOGICAL ASSUMPTIONS

The methodological assumptions should be functional in order to allow a research study to be conducted with the sole objective to generate scientific knowledge to improve health (Hayes, 2016:25-41). This study adhered the measures of trustworthiness, and the post-modern principals of logic and justification were applied in order to achieve the functional methodological approach. Additional methodological assumptions consist of the assumptions made by the researcher regarding the methods used in the process of qualitative research (Creswell, 2017:11). The procedures used by the researcher were inductive and based on her own experience in collecting and analysing data. Qualitative research is naturalistic; it attempts to study the everyday life of different groups of people and communities in their natural setting. It is particularly useful to study educational settings and processes. Qualitative research involves a descriptive, naturalistic approach to subject matter, and attempts to make sense of or interpret phenomena in terms of the meaning people bring to them (Lincoln & Guba, 1985:55).

1.11 RESEARCH DESIGN AND METHOD

The research design and method are discussed in the following subsections.

1.11.1 Research design

All research is based on some underlying philosophical assumptions about what constitutes 'valid' research and which research method(s) is/are appropriate for the development of knowledge in a given study. In order to conduct and evaluate any research, it is important to know what these assumptions

are. Creswell (2017:11) describes the research design as exploring and understanding the meaning of individuals, groups and social or human problems. The process involves emerging questions and procedures, and data typically being collected in the participants' setting. The researcher makes interpretations and draws meaning from the data. It was decided that this qualitative design that was followed would be adopted in order to minimise bias and enhance the interpretability of this study's findings. In order to capture the participants' experiences, data were collected in a manner that facilitated a deeper understanding of the context and constructs as expressed by the participants (Creswell, 2017:11).

A qualitative research design was used by implementing a descriptive phenomenological approach. Polit and Beck (2012:495). This qualitative research design was employed to explore the range of opinions, experiences and diversity of views, as well as collect 'rich information' on care from case managers employed in a managed health care organisation (Creswell, 2017:11). The aim of qualitative designs is to gain an understanding of the participants without imposing pre-existing expectations on them – the participants are made to feel comfortable (Creswell, 2017:11). The research study design employed for this study is discussed in more detail in Chapter Two.

1.11.2 Research method

The research method can be described as a strategy or process for conducting the research study (Burns & Grove, 2016:211). A research method includes the specific procedure used to identify, select, process and analyse information with regards to the topic. In this study, the researcher used the managed health care organisation to identify potential participants, although the researcher extended an open invitation (except for the researcher's direct team which were not part of this study). In this study, the accessible population refers to case managers who have been employed for one year or longer in one managed health care organisation, A non-probability purposive sampling method was used (Tunlind, Granström & Engström 2015:120). In-depth, one-on-one interviews were conducted with the participants to collect data as well as use of written field and observational notes were kept, and the researcher had extended contact with the participants, as well as a reflective journal that was kept. This unstructured.

Interviews are generally regarded as conversations with a purpose (Creswell, 2017:11). Phenomenological studies are used with the aim of gaining a deeper understanding of the nature and meaning of everyday experiences through in-depth interviews (Creswell, 2017:11). In this study,

interviews were conducted to elicit participants' own meaning of their lived experiences of caring (Giorgi, 2012:3-12). Descriptive phenomenological questions were asked of the case managers in terms of their experiences. Bracketing was applied, which is a method in research by which the harmful effects of the researcher's preconceptions can be mitigated to prevent tainting of the research process (Husserl, 2012:550). Bracketing the researcher's thoughts and experiences related to the phenomenon was done by the researcher making reflexive notes prior to the commencement of the research. Reflexivity refers to the influence of the researcher's own background, perceptions, and interests regarding the research process (Creswell, 2017:11).

1.11.3 Population and sampling

A population is an aggregate or the totality of all the objects, subjects, or participants that conform to a set of specifications set out in the inclusion criteria (Burns & Grove, 2016:211). The population is described as the entire set of individuals or elements that meet sampling criteria as a participant (Burns & Grove, 2016:333). The accessible group was measured in this study, which refers to the group the researcher can actually engage with and that the researcher has access to, that is reachable and is the most suitable. In this study, the accessible population refers to case managers who have been employed for one year or longer in one managed health care organisation. However, as this number may have been too large for the scope of this study, only selected areas from the acceptable population were used for this study. The accessible population is derived from the target population (Burns & Grove, 2016:333).

a) Target population

The target population is described as those individuals who meet the sampling criteria (Burns & Grove, 2016:333). The target population were registered case managers employed in a managed health care organisation for one year or longer, who fulfilled the interests of the study.

b) Sampling

Sampling involves the selection of the most suitable and accessible target participants. A non-probability purposive sampling method was used (Tunlind, Granström & Engström 2015:120) as it is cost and time effective. This technique relies on the researcher's own judgment when choosing

members of the population to participate in the study (Freeman, 2017:51). The non-probability purposive sampling method was vital to describe the lived experiences of case managers. The data received were information-rich as it was from participants who know and understand the phenomenon of caring in a managed health care organisation. In this study, only case managers who met the inclusion criteria were selected to participate in the research.

c) Saturation

Sampling size is determined by data saturation, which means that the researcher remained in the field until no new information emerged from participants (Ness, 2015:1408). The point of saturation was reached when in-depth, unstructured interviewing with selected participants was terminated because new interviews yielded little or no additional information (Burns & Grove, 2016:333). The details concerning the criteria and the process for selecting the participants are discussed in-depth in Chapter Two.

d) Data collection

Data collection is an accurate, systematic process of gathering data from participants who voluntarily agree to participate in a study (Burns & Grove, 2016:304). In this study, one-on-one, in-depth unstructured, phenomenological interviews were used to collect data (Sedig, 2017:12). Phenomenological interviews have several unique advantages. First, they are well-suited for exploring hidden reasons behind complex, interrelated, or multifaceted social processes, otherwise difficult to obtain. Second, they are often helpful for theory construction in areas with no or insufficient prior theory. Third, they are also appropriate for studying context-specific, unique phenomena. Fourth, interpretive research can help uncover interesting and relevant research questions and issues for follow-up research (Burns & Grove, 2016:304).

The researcher becomes the instrument for data collection in exploring the phenomenon through communication with the participants; those who are, in fact, within the phenomenon itself. The case managers were researched within their natural work setting in a managed health care organisation. The researcher provided the participants with an opportunity to sit and share experiences whereby their verbal accounts were audio-recorded to help recapture their responses and how they manifested. Written field and observational notes were kept, and the researcher had long-term contact with the participants.

Interviews were used as a tool to understand the meaning of the participants' experiences in order to provide a 'thick description' of the phenomenon of interest. The in-depth, unstructured, phenomenological interviews conducted in this study (Polit & Beck, 2014:122) explored the emotions and feelings described by the participants from personal accounts as they were encountered. Polit and Beck (2014:122) state that in-depth interviews encourage participants to define the most important dimensions of a phenomenon and elaborate on what is relevant to them, rather than being guided by the researcher's prior notions of relevance.

The phenomenological interviews were carried out based on a guiding question, which focuses the course of the interview, encouraging the sharing of the case managers' experiences and actions. The central question was: "What are your experiences as a case manager in caring for a patient in a managed health care organisation?"

Interviews took place in a convenient venue, at a time and date agreed by both the participants and the researcher. The interviews took place on-site in the managed health care organisation to ensure the participants' convenience and comfort, there was no infringement of participants comfort. The interview sessions were estimated to last 45 to 60 minutes. Interviewing techniques such as probing, paraphrasing, clarifying and summarising were used (Burns & Grove, 2016:304).

Communication skills were incorporated during interviews, especially probing and asking open-ended questions in order to elicit depth and details about the research topic under study, and to follow up on answers given by the participants (Sedig, 2017:12). Permission was sought from the participants to use an audio-recorder in order to record the interviews.

e) Data analysis

The qualitative analysis of research involves analysis through transcribing data (Rittschof & Fortunato, 2016:5-372). Data transcription entails taking data from the spoken text (structured, unstructured, or narrative interviews) and converting it to written form for analysis. Data analysis involved Giorgi's (2012:3-12) method, namely thematic analysis. Data were sought for the themes and categories that emerged as being important to the participants or researcher. This type of data analysis is inductive as themes and categories emerge from the data and are not merely imposed by the researcher. The data analysis is discussed in more detail in Chapter Two.

f) Literature control

Literature control is a necessary scientific method that validates the findings of the research study (Hamilton, Roe & Gootherts, 2016:30). In order to effectively achieve this outcome, the researcher not only presented data that support her interpretations but also data that conflicts with those interpretations. This assists in providing the reader with a sense of having made their own observations, and facilitates that the study can be independently replicated. Replication allows for other meaningful research to occur.

The focus was on a review of the literature relevant to the research purpose of the study. It commenced with an overview of the migration of registered nurses from the clinical bedside setting to the managed health care office-based setting, and their experiences. The nurses' experiences in caring for a patient in managed health care organisations formed the core motive of this study.

1.12 TRUSTWORTHINESS

Trustworthiness refers to the degree of confidence that the researcher has in the collected data (Lincoln & Guba, 1985:105-117). The researcher ensured that the findings of this study yielded evidence that accurately corresponds to the truth value by adhering to the criteria discussed in the paragraphs that follow. Lincoln and Guba (1985:55) provide an alternative set of criteria that can be used to judge the rigour of interpretive research. The four criteria to establish trustworthiness, which were applied in this study, are credibility, transferability, dependability and confirmability.

1.13 ETHICAL CONSIDERATIONS

Ethical considerations are principles that help the researcher do what is ethically right for the participants and avoid any ethical dilemmas (Dhai & McQuoid-Mason, 2011:14). Respect for persons is a fundamental moral duty. In research relating to health care, this duty requires that the researcher does not act against participants' wishes. Ethics and data protection are explored under the following principles: the principle of autonomy, the principle of beneficence and non-maleficence, and the principle of justice. The generally accepted ethical guidelines of Dhai and McQuoid-Mason (2011:11) were used during the research process in this study.

Permission to conduct this research was requested from the Higher Degrees Committee and Research Ethics Committees of the Faculty of Health Sciences at the University of Johannesburg, as well as from the CEO of Medscheme.

Three letters requesting permission were forwarded to these institutions:

- Application to Higher Degree Committee 16 Oct 2017: Approval date 22 Jan 2018 (Appendix B)
- Research Ethics Committee date request 16 Oct 2017: Approval date 22 Jan 2018 (Appendix A) Ethical clearance certificate.
- Medscheme request for permission 14 Feb 2018: Approval request to conduct research date 23 Feb 2018 (Appendix C)

As the researcher is an employee of this managed health care organisation, Medscheme could identify potential participants, although the researcher extended an open invitation (except for the researcher's direct team which were not part of this study) to allow for the principle of justice to prevail. In order to prevent bias and uphold ethical principles of fair selection and treatment, all case managers as prospective participants in this study were provided with information about the proposed research before any consent to participation could be considered to be valid. It was therefore a moral duty for the researcher to conduct a study that was ethical to the prospective participants.

1.13.1 Principle of autonomy

The principle of respect for persons and autonomy acknowledges the participants' right to self-determination (Dhai & McQuoid-Mason, 2011:14). Informed consent was sought prior to commencement of the research. This principle was also applied to ensure that the participants voluntarily participated in the study.

As in the researcher's initial encounter with the prospective participants, it is essential that all prospective participants have the legal capacity to give consent and comprehend all the elements involved in the subject matter being studied (Burns & Grove, 2016:304). To this end, the researcher explained the research study and context to the prospective participants, such as where and how the study would be conducted, prior to providing consent forms (Appendix G). This allowed the participants

efficient and liberal appreciation of what they were consenting to, giving them the opportunity to withdraw from the study at any time without penalty (Dhai & McQuoid-Mason, 2011:14).

Respect for autonomy entails a process of sharing information about the proposed study between the researcher and participants. The participants were informed what was expected from them during the study, and how participating in the study would directly or indirectly affect them. The participants thus made their decision based on information in the information letter (Dhai & McQuoid-Mason, 2011:15). The information provided to participants was relevant, accurate and sufficient to enable a genuine choice to be made. It included such matters as the nature and purpose of the research, the procedures involved, and the potential risks and benefits.

1.13.2 The principles of beneficence and non-maleficence

The principle of beneficence involves the best course of action to secure the wellbeing of all participants and the responsibility of the researcher to do good (Dhai & McQuoid-Mason, 2011:15). This implies that all possible measures were taken to do good to all participants, as the phenomenon under study may have been a sensitive issue for the participants. All participants were also informed of their rights to withdraw from the study at any point if they wished, without fear. In this study, this principle means that the participants were reassured that there would be minimal anticipated risk associated with participating in this study and sharing their experiences of caring for a patient in the managed health care organisation. Interviews would be stopped immediately at the first sign of discomfort. Participants were also informed of the opportunity to terminate their participation in the study without penalty.

Non-maleficence involves the researcher's duty to not harm the participants, by means of discrimination as a result of their participation or lack thereof in a study (Dhai & McQuoid-Mason, 2011:14). In this study, the researcher extended an open invitation to allow for the principle of justice to prevail in order to prevent bias and uphold ethical principles of fair selection and treatment. All case managers, as prospective participants, were informed of the possible risks of sharing experiences, such as emotional distress which may arise. As a precautionary measure, the wellness programme within the managed health care organisation was available, which is free of charge to all employees. Moreover, sharing of experiences may be therapeutic, positive and beneficial to allow for case managers' awareness of their experiences.

1.13.3 The principle of justice

The participants have the right to fair selection and treatment, which includes the fair distribution of the burdens and benefits of the research study (Dhai & McQuoid-Mason, 2011:14). The researcher exercised equality in distributing resources, such as the knowledge and scientific evidence gained from conducting the study, among all the participants (Dhai & McQuoid-Mason, 2011:14). The selection of the study participants was conducted fairly.

Selection was based on those participants who met the inclusion criteria and who voluntarily availed themselves for the study. Participants were selected for the study according to the criteria outlined in the research methodology. An open invitation was extended to all the case managers in this organisation (except for the researcher's direct team which did not form part of this study), thus allowing equal and fair selection to take place in order to uphold ethical principles.

All participants were treated equally and without bias. Their experiences were honestly portrayed as reflected in the interviews through data that were transcribed verbatim. Anonymity was maintained by ensuring that no identifiable information, such as actual names, were printed in the study report. The information gathered will be kept under lock and key for two years after the publication of the study, after which the data will be destroyed. The independent coder signed a confidentiality agreement, whereby they agreed not to reveal any sensitive information regarding the participants to others. The researcher honoured all agreements made with the participants, ensuring that all participants were respected and not judge (Buchanan, Murkofsky, O'Malley, Karon, Zimmerman, Caudry & Marcantonio, 2016:458).

1.14 OUTCOMES OF THIS STUDY

The possible outcomes from the findings of this study include an understanding of the experiences of case managers in caring for a patient in a managed health care organisation, in order to make recommendations for case managers to provide nursing care in a managed health care organisation.

1.15 OVERVIEW OF CHAPTERS

Chapter One: Overview and rationale

In Chapter One, an overview and rationale of the research study are presented, along with the research problem statement, research question, research purpose and research objectives.

Chapter Two: Research design and method

In Chapter Two, the researcher provided a detailed discussion of the design and method of the study. The guidelines and procedures that were followed in addressing the research question are also presented and shared.

Chapter Three: Discussion of research findings

In Chapter Three, there is an introduction and analysis of the interviews that were conducted and the findings of this research. The findings from the analysed transcripts of in-depth, unstructured, individual interviews that were conducted are also described.

Chapter Four: Recommendations, strengths, evaluation, limitations and summary

In Chapter Four, recommendations are made based on the findings from Chapter Three. This study's strengths, evaluation, limitations and summary are also discussed in this chapter.

1.16 SUMMARY

In Chapter One, the researcher dealt with the overview of the study, and focused on the background and rationale, the research problem, the research purpose and the objectives. The findings influenced the paradigmatic perspective, which was explained along with the research design and method of the study, followed by ethical considerations. Chapter two follows with a detailed discussion of the research design and methodology used in this study.

CHAPTER TWO: RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

In Chapter One, the researcher presented the background and the rationale of the study, the problem statement, research question and the objectives of the study. This served as a brief overview of the research design and method. In Chapter Two, the researcher provides a detailed discussion of the design and method of the research study. Creswell (2017:11) describes research as exploring and understanding the meaning of individuals, groups and social or human problems. The process involves emerging questions and procedures, and data are typically collected in the participants' setting. The researcher makes interpretations and draws meaning from the data. It was decided that a qualitative design would be adopted in order to minimise bias and improve the interpretability of the research study findings.

2.2 RESEARCH DESIGN

A research design is a set of guidelines and procedures to be followed in addressing the research question. A qualitative, exploratory, descriptive and contextual design was undertaken (Gray, Grove & Sutherland, 2017:490). This qualitative research design is employed to explore the range of opinions, experiences and diversity of views, as well as collect rich information. In this study, the focus was on the lived experiences of case managers in caring for a patient in a managed health care organisation (Creswell, 2017:138). Qualitative research designs aim to gain an understanding of the participants without imposing pre-existing expectations (Creswell, 2017:204). Allowing the participants to feel comfortable, and to share their emotions associated with the acts and activities they perform (Woodside & McClam, 2016:136), allows the researcher to gain insight into the phenomenon. This research design was chosen as it best suited the objectives of this study.

2.2.1 Qualitative research design

According to Gray, et al. (2017:90), qualitative research is a means of exploring and understanding the meaning individuals or groups ascribe to a social or human problem. Qualitative research allows the researcher to explore reality from the experience of the participants (Gray, et al. 2017:110). Through

human senses and a concrete portion of our existence and the interactions we have in the empirical world, we are able to call this 'reality'. In this study, the focus was on the case managers' experiences of caring for a patient in a managed health care organisation (Gray, et al. 2017:84). Qualitative research required the researcher to get to the crux of the case managers' emotions, feelings and experiences of patient care to be able to understand the context of nursing care (Chesnay, 2016:149).

Qualitative research design allows for the pragmatic research philosophy to be engaged, as the pragmatic recognises that there are many different ways of interpreting the world and understanding research. Pragmatism accepts concepts to be relevant only if they support action (Zboril-Benson, 2016:122). Pragmatism recognises that there are many different ways of interpreting the world and undertaking research, which no single point of view can ever give the entire picture, and there may be multiple realities (Ross, et al. 2015:122). In this study, this is the consideration of all the participants' experiences as unique and different and they all hold significant value.

Qualitative research involves exploring the phenomenon in its natural setting in order to make sense of and interpret the lived experiences and phenomenon expressed by the participants (Creswell, 2017:55). This then allows an accurate interpretation of the experiences that are shared and expressed by the participants. In this study, the research took place in the managed health care organisation. Naturalistic research focuses on how people behave when absorbed in genuine life experiences in their natural settings (Zboril-Benson, 2016:122). In this study, the researcher very carefully observed and recorded behaviour of the phenomenon over a prolonged period, in its natural setting, while interfering as little as possible with the subjects or phenomenon (Swiger, et al. 2016:222). The goal of naturalistic research is to develop context-specific statements about the multiple, constructed realities of all the participants (Cesta, 2017:12).

2.2.2 Exploratory research design

Exploratory research is initial research conducted to clarify and define the nature of a problem (Young, Callary & Rathwell, 2015:24). Exploratory research starts with a phenomenon of interest, instead of simply recording and observing incidents of the phenomenon (Creswell, 2017:111). According to Saunders and Townsend (2016:836), exploratory research, as the name implies, intends merely to

explore the research questions by discovering and gathering new information about the phenomenon under study, and does not intend to offer final and conclusive solutions to existing problems. This type of research is usually conducted to study a problem that has not been clearly defined yet. Exploratory research is defined by Gray, et al. (2017:490) as research conducted to gain new insights, discover new ideas, and increase knowledge of the phenomenon. This study attempted to explore the experiences of case managers in caring for a patient in a managed health care organisation.

Exploratory research is the most useful and appropriate research design for those projects that are addressing a subject about which there are high levels of uncertainty, and when the problem is not well understood (Bruyneel, Ausserhofer, Lesaffre, Dumitrescu, Smith, Sloane, et al. 2015:648). Exploratory research is the most useful where very little existing research on the subject matter exists (Freeman, 2017:51). In this study, there was limited literature available on case management in the South African context. Such research is usually characterised by a high degree of flexibility and lacks a formal structure.

The purpose of exploratory research is to identify the boundaries of the environment in which the problems, opportunities or situations of interest are likely to reside, and to identify the salient factors or variables that might be found there and of relevance to the research (Creswell, 2017:56). Exploratory research is conducted for a problem that has not been studied more clearly; it intends to establish priorities, develop operational definitions and improve the final research design.

Exploratory research helps determine the best research design, data collection method and selection of subjects (Young, at el. 2015:22). Usually, exploratory research provides greater understanding of a concept or crystallises a problem. Crystallisation is the process of examining or reading the data and being immersed in the data, in order to reflect on the analysis experience and attempt to identify and articulate patterns or themes noticed during the immersion process (Tunlind, et al. 2015: 340).

The process of immersion was also undertaken, whereby the researcher found herself in the data she collected by reading or examining the data in detail. In this study, the researcher read and examined all field and observational notes and listened and transcribed the audio-recordings verbatim. She thus immersed herself in the data to crystallise the information.

These dual processes continued until all the data were examined and patterns and claims emerged from the data that were meaningful and could be well articulated and substantiated.

Qualitative exploratory, descriptive research design is conducted to address an issue, challenge or problem in need of a solution or understanding. Qualitative nurse research explores an issue or problem using varied techniques with the intent of describing the topic of interest and promoting understanding (Sedig, 2017:12). In this study, the researcher began with an exploration of the research topic before embarking on a description of the phenomenon.

2.2.3 Descriptive research design

Descriptive research can be explained as a type of research that has its main objective in creating an accurate and detailed portrayal of the participants' beliefs, values and attitudes, and the cognitive processes that underlie the phenomenon (Polit & Beck, 2014:101). Descriptive studies may be characterised as simply the attempt to determine, describe or identify what is (Saunders, et al. 2016:836).

Descriptive research is used to describe the characteristics and/or behaviour of the sample population. Three main purposes of descriptive studies can be explained as describing, explaining and validating research findings (Saunders & Townsend, 2016:836). In this research study the central question was asked, "What are your experiences as a case manager in caring for a patient in a managed health care organisation?" This question allowed the case managers to reflectively share their experiences and these were described by the researcher. The researcher refrained from taking notes, and chose to observe the participants during each interview, so as to remain constantly engaged and be attentive to the participants, this allowing the researcher to enhance the description of the case managers' experiences in caring for a patient in a managed health care organisation. The continuous observation of each participants, allowed the researcher to appreciate and grasp the use of both verbal and non-verbal ques this further allowing an accurate, description of case manager's experiences in caring.

Descriptive research involves direct exploration, analysis and description of the particular phenomenon, as unrestricted as possible from unexplained assumptions, aimed at maximum intuitive presentation (Gray, et al. 2017:90). Descriptive studies are used to document the phenomenon of interest in the real situation (Gray, et al. 2017:41). It provides an accurate portrayal or account of characteristics of a particular individual, situation, or group (Kelly, et al. 2018:28). Descriptive studies offer researchers a way to discover new meaning by describing what exists, determining the frequency with which something occurs, and categorising information (Honsberger, Normile, Schwalberg, & VanLandeghem,

2018:18). Descriptive studies are usually conducted when little is known about a phenomenon, and it provides the bases for the conduction of correlational studies (Hayes, 2016:25).

Additionally, qualitative research attempts to study the everyday life of different groups of people and communities in their natural setting. The method involves a descriptive, naturalistic approach to its subject matter; it attempts to make sense of, or to interpret, phenomena in terms of the meaning people ascribe to them (Lincoln & Guba, 1985:95).

Descriptive research is aimed at casting a light on current issues or problems through a process of data collection that enables researchers to describe the situation more completely (Young, et el. 2015:22). The researcher did this by describing the case managers' experiences, applying effective listening and interviewing techniques by means of an in-depth unstructured interview, taking and keeping of field and observational notes, and observing and examining the topic (Gray, et al. 2017:390). The researcher was thereby able to describe how the participants interpret their experiences.

2.2.4 Contextual research design

A contextual design was used in this study. According to Bryman (2016:72), the researcher aims to describe and understand events within the concrete, natural context in which they occur. A contextual study aims at focusing on the specific set of priorities that pertains to a particular phenomenon that is the location and incident in relation to a phenomenon. The unique context used for the purpose of this research was an office in which case managers are employed and conduct their daily work-related activities of patient care. If one understands the events against the background of the whole context, then one can truly claim to understand the phenomenon (Saunders, et al. 2016:836). It is therefore important to investigate the context within which the case manager functions in a caring role. This adds a richness and depth to the content that would otherwise not be available. Will (2016:16) describes contextual research as findings that are valid within the time, space and value context in which the study is being conducted. This qualitative design allowed the researcher to explore the insider's view, with utmost respect for the individual's perspective and his or her space (Creswell, 2017:117).

2.3 REASONING STRATEGIES

The reasoning strategies in this study were included in the analysis, induction and deduction reasoning, synthesis and derivation. Reasoning strategies refer to the process and organisation of ideas in order to

reach summaries. Through reasoning, people are able to make sense of their experiences (Gray, et al. 2017:490). This type of thinking is often evident where all parts are linked together to reach a logical summary. Patterns of reasoning are used to develop theories (Anney, 2016:272). Throughout the research process, the researcher engaged in the reasoning process, and the reasoning strategies that were utilised were guided by the organisation, reduction, and clustering of the emerging themes and sub-themes of the research phenomenon (Freeman, 2017:51).

2.3.1 Analysis

Gray, et al. (2017:55) describe analysis as a critical process of determining the value of a particular study and the knowledge related to the research problem. Analysis was used throughout the research process to break up information for better understanding of the experiences of the case managers in caring for a patient in a managed health care organisation, in order to make recommendations for nursing care in a managed health care organisation (Sedig, 2017:12).

2.3.2 Inductive reasoning

The inductive approach is generally associated with qualitative research and involves moving from the specific to the general (Gray, et al. 2017:140). This study's research design is qualitative, exploratory and descriptive, which means that the empirical data were collected inductively. In an inductive approach, the researcher begins by collecting data that are relevant to the topic being studied. Once substantial data are collected, the researcher may step back and observe from a varied distance and stance (Gray & Grove, 2017:140). Reasoning is the process of making inferences or drawing summaries from the empirical world (Saunders, et al. 2016:836). In this study, the researcher moved from the known to the unknown about the experiences of a case manager; this was done by first exploring available literature and gaining an insight into the phenomenon, and then entering the field to explore and describe what is unknown.

2.3.3 Deductive reasoning

Deductive reasoning moves from the general to the specific (Gray, et al. 2017:490). The researcher used deductive thinking to build themes from collected data as well as continually assess the conceptual findings to verify themes built. The concluded themes that emerged from concepts that were analysed may assist case managers in caring for patients in a managed health care organisation.

2.3.4 Synthesis

Synthesis is the ability to construct or combine different information to form a new whole, to make sense of it, and to explain relationships. Synthesis involves the interpretation of data (Saunders, et al. 2016:836). In this study, synthesis was used to bring together separate ideas about information obtained from the participants, in order to gain a new understanding of different perspectives through the researcher's interpretations. This led to the drawing of a summary from statements that formed the basis for making recommendations for nursing care in a managed health care organisation (Sedig, 2017:12).

2.3.5 Derivation

Derivation refers to the formation of a new word that is derived from its original meaning (Bryman, 2016:15). Researchers derive themes and sub-themes from the data analysis and give them meaning by studying literature on the research topic and during the conceptualisation phases.

2.3.6 Bracketing

Bracketing refers to the ongoing process of identifying and holding any preceding beliefs and opinions about the experiences being studied in suspense (Polit & Beck, 2014:277). It is an ongoing process as it not only involves preparation, but also evaluation and the continuous provision of feedback on its effectiveness. In order to achieve this, the researcher endeavoured to reflect on her own views and experiences regarding the phenomenon under study, described these perspectives in writing, and then worked to set and keep them aside during the analysis phase (Creswell & Creswell, 2017:19). This is a process referred to as reflexive thought and it is critical in that it requires a rigorous, conscious awareness of self (Gray, et al. 2017:290). It assisted the researcher in avoiding any bias and confronting the data in its untainted form.

2.4 RESEARCH METHOD

The research method is a strategy of enquiry, which moves from the underlying assumptions to research design, and data collection (Creswell, 2017:101). This study employed a qualitative design was followed using a descriptive phenomenological approach. Phenomenology focuses on the meaning of the lived experiences of humans (Freeman, 2017:55). The lived world is critical to phenomenology. This method was used as it is the most beneficial in exploring and understanding people's everyday life experiences.

With the evolution of research in building evidence-based nursing practice, research takes the form from philosophy. Qualitative research methods include phenomenological research which is humanistic. The aim of phenomenology is to explore an experience as it is lived by the study participants and interpreted by the researcher. During the study, the researcher's experiences, reflections and interpretations influence the data collected from the study participants (Creswell, 2017:122); thus, the participants' lived experiences are expressed through the researcher's interpretations that are obtained from the immersion in the study data and the underlying philosophy of the phenomenon being studied. In this study, the lived experiences of the case managers were explored in the phenomenon of caring for a patient in a managed health care organisation.

The aim of descriptive phenomenological analysis is to explore, in detail, how participants are making sense of their personal and social world.

Descriptive phenomenology is a research method that emphasises the study of conscious experiences as a way of understanding the reality around us. Phenomenology is concerned with the systematic reflection and analysis of phenomena associated with conscious experiences, such as human judgment, perceptions, and actions, with the goal of (1) appreciating and describing social reality from the subjective perspectives of the participants involved, and (2) understanding the symbolic meanings underlying these subjective experiences (Gray, et al. 2017:140).

Phenomenological method requires that researchers eliminate any prior assumptions and personal biases, identify with the participant's situation, and tune into living dimensions of that situation, so that they can fully understand the deep structures that drive the conscious thinking, feeling, and behaviour of the studied participants (Freeman, 2017:51). Phenomenology is the belief that the object of interest

is examined without any preconceived notions or expectations. It is the belief that the researcher, while trying to see the situation from the point of view of those studied, cannot escape their own view. In this study, the researcher embarked on studying the phenomenon in the natural setting, on-site in the managed health care organisation. The intention was to study the experiences of case managers in caring for a patient in the managed health care organisation without any preconceived notions.

2.4.1 Population and sampling

The term 'population' refers to an aggregate or totality of all the objects, subjects, or participants that conform to a set of specifications set out in the inclusion criteria (Gray, et al. 2017:90). The focus of this research study is on the experiences of a case manager in caring for a patient in a managed health care organisation. The sample is a subset of the population that is considered for actual inclusion in the research (Saunders, et al. 2016:836). The participants were selected from the target population, and they were contacted in order to obtain informed consent before proceeding with data collection. The researcher entered into the participants' natural setting since this is where the interest lies in the context of the experiences of case managers in the managed health care organisation. The researcher's role was to conduct in-depth, unstructured, individual interviews with all the participants.

2.4.1.1 Population

In this study, the population refers to case managers who had been employed for one year or longer in a managed health care organisation, caring for a patient. However, as this number may have been too large to be studied at a master's level, only specific areas from the acceptable population were used for this study. Ten participants out of a total of 80 case managers who formed part of the total accessible population were interviewed and data saturation was reached. The accessible population derived from the target population, to which the researcher had reasonable access (Gray, et al. 2017:99). The reason for selecting case managers in a managed health care organisation was that the researcher is a registered nurse, who had chosen to migrate from the public health care setting to the private managed health care setting; she became a case manager in the managed health care organisation. These migratory factors were discussed in Chapter One.

2.4.1.2 Sampling

Using samples is much more practical and less costly than collecting data from the entire population. Sampling involves the selection of the most suitable and accessible target participants. In this study, 10 case manager was selected as a sample population. A non-probability purposive sampling method was used (Young, et el. 2015:22). This technique relies on the researcher's own judgment when choosing members of the population to participate in the study (Freeman, 2017:51). The non-probability purposive sampling method is vital to describe lived experiences. The data received were information-rich as it were from participants who know and understand the phenomenon of caring in a managed health care organisation. In this study, only case managers who met the inclusion criteria were selected to participate in the research. Data saturation in qualitative research means that the researcher remained in the field until no new information emerged from the data collected from participants (Needleman, 2016:525). Data saturation was reached after the 10th interview.

2.5 DATA COLLECTION

Data collection is an accurate, systematic process of gathering data from participants who voluntarily agreed to participate in the study (Gray, et al. 2017:490). Data collection is also a means of information gathering. In this study, 10 one-on-one, in-depth, unstructured, phenomenological interviews were used for data collection according to Sedig, (2017:12).

A naturalistic inquiry was undertaken; the case managers were researched within their natural work setting, on-site in the managed health care organisation. The researcher provided the participants with an opportunity to sit and share their experiences, whereby their verbal accounts were audio-recorded to help recapture the responses and how they manifested. Written field and observational notes were kept, and the researcher had long-term contact and extensive collaboration with the participants.

Observations must be interpreted through the eyes of the participants embedded in the social context (Bryman, 2016:122). Interpretation must occur at two levels. The first level involves viewing or experiencing the phenomenon from the subjective perspectives of the participants. The second level is to understand the meaning of the participants' experiences in order to provide a thick description, or a

rich narrative story of the phenomenon of interest that can communicate why participants acted the way they did (Freeman, 2017:11).

In-depth, unstructured, phenomenological interviews were conducted with the participants. Polit and Beck (2014:122) state that in-depth interviews encourage participants to define the most important dimensions of a phenomenon, and to elaborate on what is relevant to them, rather than being guided by the researcher's prior notions of relevance. The central question should elicit emotions and feelings attached to care that a case manager renders to a patient in the managed health care organisation. In-depth interviews are conversations in which the researcher and the participants embark on an extended discussion. An interview also allows the researcher to observe any non-verbal communication, and is designed to exchange information between the participant and the researcher (Chesnay, 2016:34). The interviews consisted of one open-ended question, uniquely developed for the sole purpose of this study.

The central question in this research was: What are your experiences as a case manager in caring for a patient in a managed health care organisation?

The data collection techniques that was used included unstructured, face-to-face interviews and observational and field notes. This included all notes recorded and kept during the researcher's interaction with the case managers. Written accounts include direct observation, where the researcher is a neutral and passive external observer and is not involved in the phenomenon of interest, and participant observation.

2.5.1 The role of the researcher

According to Giorgi (2012:12), in the data collection phase, participants embedded in a social phenomenon are interviewed to capture their subjective experiences and perspectives regarding the phenomenon under investigation. This is done for the researcher to (1) get a sense of the whole, and (2) establish 'units of significance' that can faithfully represent participants' subjective experiences. Examples of such units of significance are concepts such as felt space and felt time, which are then used to document participants' psychological experiences. For instance, did participants feel content when experiencing a phenomenon? The participants' lived experience is described in the form of a narrative or using emergent themes.

The researcher's role includes data collection that results in the ability to triangulate collected data obtained from field and observational notes, interviews, and results from literature control. All findings are then correlated with the independent coder.

Interviews: An interview is a method of data collection used in qualitative research (Tunlind, et al. 2015:11-19). In this study, unstructured interviews were conducted. The purpose of the research interview is to explore the views, experiences, beliefs and/or motivations of individuals on specific matters. Qualitative data collection methods, such as interviews, are believed to provide a deeper understanding of social phenomena than would be obtained from purely quantitative methods, such as questionnaires (Tunlind, et al. 2015:19). Interviews are, therefore, most appropriate where little is already known about the study phenomenon or where detailed insights are required from individual participants (Machiels, Metzelthin, Hamers & Zwakhalen, 2017:10). They are also particularly appropriate for exploring sensitive topics, where participants may not want to talk about such issues in a group environment. Before an interview takes place, participants are informed about the study details and given assurance about ethical principles, such as anonymity and confidentiality. This gives participants some idea of what to expect from the interview, increases the likelihood of honesty and is also a fundamental aspect of the informed consent process.

Wherever possible, interviews were conducted in areas free from distractions and at times and locations that were most suitable for participants. The participants were advised that they may be contacted at a later stage in the research process to clarify any uncertainties. Data were collected until data saturation was reached, which means the researcher remained in the field until no new information was retrieved. The interview sessions were estimated to last 45-60 minutes, but the participant's responses lead the direction and length of the interviews. Interviewing techniques such as probing, paraphrasing, clarifying and summarising data were used. The researcher recorded and transcribed the audio-recordings verbatim, as this protects against bias and provides a permanent record of what was and was not said.

Probing: Probing refers to the ability to identify and explore experiences, behaviours and feelings that assist the participants in engaging more constructively in communication (Bryman, 2016:25). Probing may pick up additional participants' remarks. An example of a probing question is: "You spoke about referring to the medical advisors or Dr's how does this process affect the care you render to your patients?" (P7)

Paraphrasing: Paraphrasing is the process of stating or rewording content (Bryman, 2016:27). The researcher may utilise this communication technique by clearly repeating the keywords that the participants state to express their ideas and thoughts. Paraphrasing occurred when the researcher used the participants' own words to create better understanding and clarity. Paraphrasing stimulates the participants to elaborate on what they have said. An example of a paraphrasing question: "Thank you, how do you get your updates, because you said you nurse your patient from behind a screen, how do you nurse a patient from behind a screen?" (P2)

Active Listening: Active listening entails paying attention to what the participant says and does. It also minimises distractions in the environment and involves observing non-verbal cues, which allow the researcher to be aware of the participant's context and setting (Saunders, et al. 2016:836). The researcher should minimise their own verbal responses, occasionally nodding the head, giving verbal cues such as saying 'right' and 'ok', and maintain eye contact throughout the interviews. An example of active listening was when the researcher responded as follows: "Mmm. Okay." (P10)

Clarification: Clarification strives to promote mutual understanding between those involved in research; both the participants and the researcher and supervisors (Edvardsson, et al. 2017:12). Example of clarification: "Okay, I hear you talking about extending length of stay and days. What does that mean in terms of the care you render?" (P8)

2.5.2 Triangulation

Triangulation is a process that was used by the researcher where different methods, sources and investigations were used to provide corroborating evidence (Creswell, 2017:77). The process is useful in allowing the researcher an opportunity to enhance the credibility of the research study as well as create validity procedures in which the researcher may search for unification among different sources of information to formulate themes. In this study, the researcher conducted unstructured individual interviews, assessed observational and field notes, and allowed verification of the findings with participants and an independent coder. The researcher also reviewed relevant literature.

2.5.3 Pilot interview

A pilot interview for this research was conducted to assess the suitability of the research question that was asked. A pilot interview is a smaller version of the complete study, done in preparation of the actual research with one participant as a sample of the original total population of participants from the actual research (Young, et el. 2015:22). The indication for the pilot interview was to assess the feasibility of the research topic and question. In this study, the pilot interview consisted of one interview with a case manager that was employed in a managed health care organisation for one year or longer. One central question was asked: What are the experiences of case managers in caring for patients in a managed health care organisation?

Unstructured, direct, personal probing interviewing techniques with a single participant took place with the purpose to uncover underlying experiences, feelings and knowledge. The one-on-one interview occurred on-site at the managed health care organisation. The 45-60 minute interview session with the nursing professional allowed a greater depth of insight into the care that a case manager renders in a managed health care organisation. The data from the pilot interview were included in the study.

2.5.4 Observational and field notes

Field notes and observational notes on non-verbal communication that were observed, as well as interpretations from the environmental factors influencing the case manager's experiences, were recorded. Notes were taken to keep track of what was covered and to add theoretical sense to the collected data. These notes included tone of voice, repetitions and emotions displayed by the participants during the interviews (Sedig, 2017:12). The value of field and observational notes in qualitative research is to enable the researcher to document what was observed during and after the interview process; these notes can be retrieved and reanalysed whenever required. This may contribute to the success of the findings and triangulation. These notes may also assist the researcher in remembering and exploring the dynamics of perceptions drawn during the interview process. When observing culture, setting, or social situation, field notes are created by the researcher to remember and record the behaviours, activities, events and other features of the setting being observed.

Field and observational notes were recorded by the researcher to produce meaning and an understanding of the phenomenon of caring in case management. Notes were taken to keep track of what was covered and to add theoretical sense to collected data. These notes included tone of voice, repetitions and emotions displayed by the participants during the interviews (Bruyneel, et al. 2015:19). The recordings helped the researcher remember what was said. As soon as the audio-recordings were transcribed, they were placed under lock and key and will be kept for two years after the publication of the study; thereafter, they will be destroyed.

Reflexive notes were written prior to commencing the research. Based on the researcher's personal thoughts and feelings in relation to the research topic, this allowed the researcher to become more aware of biases and preconceived assumptions. Reflexive notes enhance and alter the way data are collected to augment the confirmability of the research.

These notes include the written capture of tone of voice, gestures and mannerisms reflected by the participants. These notes contained: participants' demographic data, namely age, gender, and ethnicity; duration of the interview, recorded start and end times; key elements and statements reproduced verbatim; physical appearance of each participant; recordings of observed verbal behaviours such as boredom, use of jargon or slang, repetition, and other mannerisms. The field notes were an observation and account of non-verbal behaviours before and after the interview process, with a recording of facial expressions, body language and posture.

2.6 DATA ANALYSIS

Qualitative research involves analysis through transcribing of data (Nisbet, 2018:5-8). The transcription of data involves taking data from the spoken text (structured, unstructured, or narrative interviews) and converting it to written form for analysis. Data analysis involved Giorgi's method (2012:3-12), which contains five steps in descriptive phenomenological analysis. The steps are: (1) assume the phenomenological attitude, (2) read entire written account for a sense of the whole, (3) delineate meaning units, (4) transform the meaning units into psychologically sensitive statements of their lived-meanings, and (5) synthesise the general psychological structure of the experience based on the constituents of the experiences. The recorded data can be replayed for analytic purposes (Gray, et al. 2017:490) during the analysis phase of the study.

After coding a segment of data, the researcher waited at least two weeks and then returned and recoded the same data; findings were then compared (Lincoln & Guba, 1985:95). An independent coder was used to ensure the trustworthiness of the analysed data, as the independent coder is experienced in research and offered expert input (Freeman, 2017:55). The researcher consulted and discussed the categories and themes with the independent coder as well as with research supervisors in order to reach consensus and agreement on the categories and themes.

2.6.1 Coding data

Data coding is another key process in the data analysis phase. It represents the categories of individual pieces of data, together with a system that allowed better retrieval of the information (Saunders, et al. 2016:836). According to Polit and Beck (2014:455), it is a task that may require several readings of the material as the researcher may find it difficult in deciding on the most appropriate code, or may not completely be able to comprehend the underlying meaning of some aspects of data. The researcher wrote the codes alongside the margins of the collected data, and ensured that the codes were consistent with the philosophical base of the study. This assisted the researcher in defining the domain of the study.

2.6.1.1 Literature control

Literature control is a necessary scientific method that validates the findings of the study (Bryman, 2016:30). In order to effectively achieve this outcome, the researcher did not only present data that support her own interpretations but also data that conflict with those interpretations. This also assisted in providing the reader with a sense of having made their own observations, to be able to replicate the entire research study independently. Replication allows for other meaningful research to occur. The focus was on a review of the literature relevant to the research purpose of this study. It commenced with the migration of the registered nurse, from the clinical bedside setting to the managed health care office-based setting, and their experiences. The nurses' experiences in caring for a patient in a managed health care organisation formed the core motive of this study.

2.7 STRATEGIES OF TRUSTWORTHINESS

In a qualitative research design, trustworthiness refers to the degree of confidence that the researcher has in the collected data (Lincoln & Guba, 1985:105-117). The four criteria to establish trustworthiness

are credibility, transferability, dependability and confirmability. Each criterion is presented in Table 2.1 before being explained in more detail in the sections that follow.

The researcher ensured that the findings of this study yielded evidence that accurately corresponds to the truth value by adhering to the criteria discussed in the paragraphs that follow. Lincoln and Guba (1985:11) also provide an alternative set of criteria that can be used to judge the rigour of interpretive research.

Table 2.1: Criteria to ensure trustworthiness according to Lincoln and Guba

Strategy	Criteria	Application
1. Credibility (Truth Value)	Triangulation	• Multiple data collection methods were used, namely in-depth, unstructured, individual interviews, field and observational notes and literature control. • Multiple investigators, which consisted of two supervisors and an independent coder.
	Prolonged engagement	• An establishment of rapport with participants by engaging the participants over an extended period of time. • Ensuring data saturation was reached after the in-depth, unstructured, individual, face-to-face interviews, and collation of field and observational notes and literature control was complete.
	Referential adequacy	• Accurate documentation of field and observational notes. • Audio-recordings during the interview sessions. • Relevant and adequate references were used in the text and bibliography. • Persistent member checking and observation.
	Peer debriefing	• Dense description of research methods.
2. Transferability	Dense description of the	• The use of purposive sampling methods.

Strategy	Criteria	Application
(Applicability)	sample	• Description of the participants' demographic profile. • In-depth discussion of the findings with the participants' consent. • Comparison and substantiation of findings with relevant national and international literature.
3. Dependability (Trustworthiness)	Authority of the researcher Discussions	• Field notes were compiled to support findings. • The researcher is a professional nurse having knowledge of case management. • Audit trail was retained.
	Stepwise replication	• Analysis of the same data by different researchers.
	Code-recode strategy	• All methodological spheres of this study were described and discussed by the researcher.
	Data Triangulation	• Employing different methods of data collection: in-depth, unstructured interviews, field notes and literature control.
4. Confirmability (Neutrality)	Reflexivity	• Reflexive notes were retained by the researcher.
	Bracketing	• Bracketing of any prior knowledge and experiences of the researcher.
	Confirmability audit	• Audit trails were performed on in-depth, face-to-face, unstructured interviews, field and observational notes and transcribed interview documents. • There was an observation of the research process by research supervisors.

2.7.1 Credibility

Interpretive research can be considered credible if readers find its inferences to be believable. This concept relates to that of internal validity in functionalistic research. The credibility of interpretive research can be improved by providing evidence of the researcher's extended engagement in the field,

by demonstrating data triangulation across subjects or data collection techniques, and by maintaining meticulous data management and analytic procedures, such as verbatim transcription of interviews, accurate records of contacts and interviews, and clear notes on theoretical and methodological decisions, that can allow an independent audit of data collection and analysis, if needed (Bryman, 2016:22). Credibility was ensured by seeking guidance from supervisors who are experienced in qualitative research, as well as through prolonged engagement in the field. Prolonged engagement is essential for building trust with the participants and creating rapport (Anney, 2016:276-277). Member checks were done in order to verify the trustworthiness of the collected data. Member checking, also known as informant feedback or respondent validation, is a technique used by researchers to help improve the accuracy, credibility, validity, and transferability of a study (Lincoln & Guba, 1985:315). Credibility consists of taking data and interpretations back to the participants in the study so that they can confirm the credibility of the information and narrative account.

2.7.1.1 Triangulation

According to Creswell (2017:222), triangulation is a strategy utilised to enhance the credibility of a research study. It is a validity procedure in which the researcher searches for correlation among varied resources to formulate themes in the research study.

2.7.1.2 Prolonged engagement

This is the sharing of sufficient time between the participants and researcher to achieve the set study objectives. It includes the researcher spending extended periods of time in the managed health care organisation where the research took place.

This prolonged engagement created a relationship of trust between the participants and the researcher. The researcher then immersed herself in the data by listening to the audio-recordings to acquaint herself with the data.

2.7.1.3 Referential adequacy

This was achieved by means of both field and observational notes and audio-recordings of all the participants during the in-depth, unstructured, phenomenological interviews.

2.7.1.4 Peer debriefing

Peer debriefing involved a discussion of the research process and findings with two experienced supervisors in the field of nursing research. Interviews and transcripts of the audio-recordings were made available to the supervisors to allow a critical assessment and interpretation of the data to enhance credibility.

2.7.2 Transferability

Transferability in descriptive research refers to the extent to which the findings can be generalised to other settings. This idea is similar to that of external validity in functionalistic research. The researcher must provide rich, detailed descriptions of the research context and thoroughly describe the structures, assumptions, and processes revealed from the data so that readers can independently assess whether and to what extent the reported findings are transferable to other settings (Cope, 2016:538). A non-probability purposive sample was collected from the total population of case managers working in a managed health care organisation. Moreover, a detailed description of the research process, method and strategies were provided in the final research report, upon completion of the research in order to improve transferability (Lincoln & Guba, 1985:314). Thick description involves the researcher clarifying the research processes, from data collection to the construction of the final report. Thick description helps other researchers replicate the study with similar conditions (Anney, 2016:278).

2.7.3 Dependability

Dependability refers to the sustainability of the data over time under different but similar conditions (Polit & Beck, 2014:539). Dependability refers to establishing the study's findings as dependable (Koch, 2016:91). The consistency of the data was confirmed through an independent coder which the researcher consulted. An independent coder performed an inquiry audit to confirm the acceptability of the process and procedures. Together, the independent coder and the researcher discussed the

categories and themes and thereby reached consensus on these (Anney, 2016:278). Another means to increase the dependability of the study was to conduct a code-recode procedure on the data (Lincoln & Guba, 1985:95). The researcher consulted with the study supervisors as experts in nursing research to ensure consistency of the collected and analysed data.

Triangulation enhanced the dependability of this study by ensuring that the weakness of one data collection method was compensated for by the use of alternative data collection methods. In this study, in-depth, unstructured, face-to-face interviews, field notes and literature control were used as data collection methods.

Stepwise replication: Stepwise replication is a qualitative research data evaluation procedure where two or more researchers analyse the same data separately and compare the findings (Thompson, Wojciak & Cooley, 2017:22).

Code-recode strategy: the researcher coding the same data twice, giving one- or two weeks' gestation period between each coding. The findings from the two coding's are compared to see if the findings are the same or different (Thompson, et al., 2017:22).

2.7.4 Confirmability

Confirmability refers to the extent to which the findings reported in interpretive as well as descriptive research can be independently confirmed by others (typically, participants). This is similar to the notion of objectivity in functionalistic research. Since interpretive research rejects the notion of an objective reality, confirmability is demonstrated in terms of 'inter-subjectivity', namely, if the participants agree with the inferences derived by the researcher. For instance, if a study's participants generally agree with the inferences drawn by a researcher about a phenomenon of interest (based on a review of the research paper or report), then the findings can be viewed as confirmable. The findings should be a true reflection of the participants' experiences. In this study, confirmability was ensured by involving an independent coder who is qualified and experienced in health science research (Lincoln & Guba, 1985:105-117).

Multiple sources of data were used to ensure credibility (data triangulation), namely recorded interviews, observational and field notes, and verifying findings with participants (Cope, 2016:557).

Similarities were evaluated by the study's supervisors. Bracketing and reflexivity were also adhered to by the researcher. Bracketing thoughts related to the phenomenon was done by the researcher making reflexive notes prior to the commencement of the research. Reflexivity refers to the influence of the researcher's own background, perceptions, and interests regarding the research process (Creswell, 2017:501). Confirmability was ensured by a confirmability audit and reflexivity.

2.7.4.1 Confirmability audit

This involved compiling records such as field notes, audio-recordings, transcription notes, coding details and a proposal. The confirmability audit was monitored throughout the study by the researcher's supervisors and the independent coder. The documents, transcripts, and reports will be kept for two years for auditing purposes.

2.7.4.2 Reflexivity

According to Creswell (2017:122), reflexivity is a concept in which the researcher is aware of biases, values, and experiences in a study. In this study, reflexivity was adhered to by using in-depth, unstructured, face-to face-phenomenological interviews, audio-recordings, and documented field and observational notes, and keeping reflexive notes after each interview by the researcher.

2.8 ETHICAL CONSIDERATIONS

The researcher adhered to all the ethical principles pertaining to the protection of the rights of the participants according to Dhai and McQuoid-Manson (2011:11). A detailed description of the ethical considerations that were followed is shared in Chapter One.

2.9 SUMMARY

In Chapter Two, the purpose was to introduce relevant methods that were implemented within the course of the research. This researcher provided a detailed description of the dimensions of the research process and motives for the use of the chosen methods. Trustworthiness was discussed in

terms of measures of implementation and adherence by the researcher to ensure truth and truth value of the research. The researcher also engaged with the participants to allow the exchange and sharing of rich descriptions of their lived experiences. A discussion of the findings is shared in Chapter Three.

CHAPTER THREE: A STUDY FINDINGS AND DISCUSSION OF THE FINDINGS.

3.1 INTRODUCTION

In Chapter Two, the research design and method of the study were discussed. In this chapter, the focus is on the findings obtained from the lived experiences of the individual case managers who participated in this study and shared their lived experiences in caring for a patient in a managed health care organisation. The purpose of Chapter Three is to introduce an analysis of the interviews that were conducted and the findings of this research. The aim is also to describe the findings from the analysed transcripts of in-depth, unstructured, individual interviews that were conducted. The demographics of the participants and a discussion of the findings follow.

Table 3.1: Participants' demographics

Participant Number	Age	Basic Qualification	Post-basic Qualification	Gender	Ethnicity	Years in Nursing	Years in Managed Health Care
1	32	Registered nurse	Trauma and Critical Care Nursing	Female	African	8 yrs.	2 yrs.
2	31	Registered nurse	Trauma and Critical Care Nursing	Female	African	8 yrs.	1 yr. 6 mths
3	37	Registered nurse	Nil	Female	African	8 yrs.	8 yrs. 2 mths
4	45	Registered nurse	Nil	Female	African	23 yrs.	8 yrs.
5	38	Registered nurse	Nil	Female	African	14 yrs.	2 yrs.
6	50	Registered nurse	Nil	Male	Coloured	23 yrs.	19 yrs.
7	28	Registered nurse	Child Care nursing	Female	African	7 yrs.	1 yr. 6 mths
8	34	Registered nurse	Child Care nursing	Female	African	8 yrs.	1 yr.
9	40	Registered	Nil	Female	African	18 yrs.	10 yrs.

Participant Number	Age	Basic Qualification	Post-basic Qualification	Gender	Ethnicity	Years in Nursing	Years in Managed Health Care
		nurse					
10	43	Registered nurse	Trauma and critical care nursing	Female	Coloured	14 yrs.	2 yrs.

3.2 DESCRIPTION OF STUDY SAMPLE

This study comprised of 10 registered nurses employed in the managed health care organisation as case managers for one year or longer.

The case managers' ages ranged between 28-50 years, which allowed for a diverse representation of case managers. Three of the 10 registered nurses hold a post-basic diploma in Trauma and Critical Care Nursing, and two hold a post-basic diploma in Child Care Nursing Science. There were one male nurse and nine female nurses. Their nursing experience ranged from 7-23 years within the nursing profession. According to Paley, Williamson, Bray, Hoffman, James, Rudd and SSNAP (2018:2155), nursing experiences vary depending on the nurse's contact with theoretical training, clinical competencies and exposure to patient care. In this study, the case managers' years in the managed health care organisation ranged from one year to 19 years.

3.3 DESCRIPTION OF RESEARCH ENVIRONMENT

Interviews were conducted on-site at the managed health care organisation. This was in Roodepoort at one of the largest managed health care organisations' offices as this was the research setting for this study. This closed scheme, also known as a restricted medical aid scheme, is limited to government employees. This medical aid provides health cover to nearly 300 000 people. Today, this managed health care organisation is South Africa's largest health risk management service provider and the second largest medical aid administrator. This managed health care organisation was founded in March 1971 as an innovative specialist medical scheme administrator.

The interviews were conducted in meeting rooms that were arranged and booked by the researcher prior to the interviews taking place in the managed health care organisation. Each interview was arranged with management to allow participants time to participate in the interview. The meeting rooms

which were booked were the most convenient for the participants, and were away from the case managers' working environment.

The meeting rooms that were used were locked during the interviews to prevent interruptions if there was a key available. Windows were opened, and water was offered to each participant prior to the commencement of the interviews. A notepad was kept in which the researcher documented observations during the data collection process after each in-depth interview.

3.4 ANALYSIS OF FIELD AND OBSERVATIONAL NOTES

Personal notes serve as rich sources of data for probing the meaning of participants' actions and words along with the researcher's own thoughts, feelings, impressions and understandings (Needleman, 2016:525). A notepad was kept in which the researcher documented observations made during the data collection process after each in-depth interview. The researcher avoided writing any notes while conducting the interview in order not to deter from the interview and to prevent disengagement from the participant. This assisted the researcher in observing the participant more attentively. This process of writing about the experiences and the observations gave the researcher an opportunity to gain new insight into the study (Hauze, Hoyt, Frazee, Greiner & Marshall, 2019:7).

Field notes are widely recommended in qualitative research as a means of documenting essential contextual information. With the growing use of data sharing, secondary analysis, and meta-synthesis, field notes ensure a rich context persists beyond the original research team. Interviews were digitally audio-recorded and transcribed verbatim by the researcher. Observations ranged from broadly descriptive (of the general hospital environment) to more narrowly focused and selective during participant interviews; they were recorded through handwritten field notes (Creswell, 2017:55).

These notes were a personal record of the researcher's own thoughts and views that emerged from the observations that were made. The researcher realised that this research brought about a chance for the case managers to see the value they have in patient care and the impact they make on a daily basis in the facilitation of appropriate, cost-effective care. It also allowed them to feel empathy and concern for their patients whom they will never get to see. The researcher could see the willingness and eagerness of the case managers to find alternative methods of communicating with the patients; to the extent of speaking to their family, assisting in saving the patients costs by negotiating for economical

alternatives, and seeking more appropriate medical settings such as rehabilitation facilities to improve the patients' quality of life and ensure quicker recovery times.

3.5 OVERVIEW OF DATA ANALYSIS

The findings of this study are discussed in the following sections. The gathered information was further divided into themes and categories which were derived from the process of data analysis.

3.5.1 Central theme

The central theme that was extracted from the data is that case managers must coordinate all aspects of care in a particular financial framework and rely on timeously receiving sufficient information. They are subjected to frustrating barriers in their efforts to obtain appropriate clinical information from the hospitals. They experience great satisfaction in caring holistically for their patients.

Table 3.2: Summary of the themes and categories

Theme 1: Communication	Categories
Case managers must coordinate all aspects of care in a financial framework and must rely on receiving sufficient information timely	• The case managers' role includes coordinating all aspects of patient care. • The case managers are subjected to frustrating barriers in their efforts to obtain sufficient, appropriate, clinical information from the hospitals. • The case managers have to balance caring for the patient within the financial framework of the corporate company.

Theme 2: Caring	Categories
Case managers experience great satisfaction in caring holistically for their patients	• The case managers experience great satisfaction in caring for patients, even if they do not see the patients, and view it as a professional benefit. • The case managers render holistic nursing care to their patients.

3.6 DISCUSSION OF FINDINGS

The findings of this study are discussed next. As mentioned, a central theme was identified from the life stories of case managers who care for patients in a managed health care organisation. A description of each theme is supported by direct quotes from the participants and literature from similar studies, which are integrated into the findings for a thick description to add meaning (Mason & Connolly, 2018:165).

3.6.1 Theme 1: Communication

The case managers must coordinate all aspects of care within a financial framework and rely on timely receiving sufficient clinical information. The clinical information received by the case manager allows them to coordinate all aspects of health needs for the patient to attain improved recovery after discharge. The case manager is required to establish the patient's current condition and organise and plan the care required. The case managers are also required to seek alternatives in order for the patient to receive assistance from the medical aid benefits and valued care. Communication is a key aspect of case management as all their functions are dependent on their means of communication with the patient, the patient's family, and the multidisciplinary team.

The participants shared that as part of their role they are required to communicate with the in-hospital case managers; this allows for the establishment and understanding of the patient's condition. Patients' clinical information is the link between the hospital case managers and the case manager in the managed health care organisation. This communication is critical in order to facilitate additional treatment reviews and gain approval for the extension of patients' hospital stays. Participants shared:

> "We ask for clinical updates from the case managers from the hospital because we do communicate with them, please give me the patients progress, give me the vitals and then you also request them to send it via UMS (Utilisation Management System) in order for you to have it as proof" (P10)

There is often a need for the case manager to communicate with the treating doctor to receive the clinical information they require. A participant mentioned:

> "If you communicate with the Dr then the Dr can give you that information, to say ok this is what we are trying and going forward and asking what the plan Dr is? This allows us to plan for the patient as well and to estimate how long the patient will be in for." (P2)

The participants also communicate with suppliers for prosthetic parts as well as assistive devices at discounted prices to allow the patient to attain the required equipment within the benefits that are made available to them by the managed health care organisation.

The following statement was shared by a participant in terms of how they communicate.

> "If they gave you a quotation that's way above what the patients have, and the patient does need that procedure, I have to communicate with the prosthesis suppliers so that they can at least take it a little bit lower for patient to bale to afford it or within what patient has in their benefits." (P9)

The case managers are also required to consult with medical advisors employed by the managed health care organisation. They review additional funding that may be afforded to patients with exceptional circumstances for additional medical care or alternative permanent placements, like frail care.

The participants expressed this means of communicating with the medical advisors in the following statements:

> "Case managers are able to share information on additional funding such as Ex-gratia and medical advisor's assistance with regards to expenses over a certain level. Case managers

provide the patients with information on using the state facilities when their benefits are depleted" (P5)

"There is always a way to care even if it's to transfer the patient to the state facilities," (P2)

"Sometimes the Medical advisor will respond and say we can only pay for the procedure at the state facility, this is when we call the patient and patients family and let them know of this option" (P4)

Case management communication systems include taking the time to call the patient and their family. Good communication is not only based on the nurses' physical abilities, also the ability to coordinate and share all communication (Needleman, 2016:525). According to Salmond and Echevarria (2017:12), case management nurses are registered nurses who coordinate all aspects of care of individual patients. They ensure proper utilisation of services and resources. Case managers aid within, between, and outside of facilities. It was noted in the interviews that case managers see themselves as a central communication structure coordinating patient care and offering patients reassurance. Case management also requires a great deal of advocating for the patients by keeping all the patients' needs in mind (Henke, Karaca, Moore, Cutler, Liu, Marder & Wong, 2018:63). The protection and promotion of patients' rights is the number one concern of any nurse. The role of a nurse advocate for patients' rights allows the nurse to preserve human dignity (Havens, et al. 2018:138). The nurses are able to advocate for their patients by serving as communicators, liaisons, educators, interpreters and caregivers (Spaulding, Drobeniuc, Frew, Lemon, Lemon, Anderson, Cerwonka, et al. 2018:13).

The participants shared that they are still able to render aspects of nursing care like advocacy and concern through telephonic or digital communication with doctors.

"I can still advocate for my patient as well even though I'm still here by just taking that phone or sending that email to request more information. Is this been done or by communicating Some Dr's then are helpful" (P1)

The participants also expressed that patient advocacy extends to possible discharge planning.

> "Also write reports on the patent and maybe advocate for the patient in you feel that the patient is becoming better and that if you feel that the patent can be extubated, so the patent can go home." (P8)

Parker (2018:33) describes communication as a key aspect for successful patient care and positive outcomes. Good communication between nurses and patients is essential for individuals' successful findings. According to Will (2016:121), communication is in the tussle between two persons in an effort to share and understand certain information. Every individual depends on specific communication models, certain rules or conventions through which humans can make contact (Salmond & Echevarria, 2017:12). We can change these models when they become inadequate, or we can modify and extend them. Our efforts to do so, and to use the existing models successfully, take up a large part of our living energy. Nurses working in case management facilitate outstanding patient care using fiscally responsible strategies (Phillips, 2016:1661).

According to Weiss (2018:55), case managers today need to understand patients from both the clinical perspective and from the social determinate perspective. This includes everything from whether they are homeless and living in poverty, to mental health issues, transportation issues, and anything that could be affecting their health that a practitioner could not see in front of them. It is also very important in disease management and co-management of multiple conditions (Peterson-Badali, Skilling & Haqanee, 2015:07).

Bramley, et al. (2018:678) agrees that case managers need to be savvy communicators, well organised, and creative. Case management nurses provide care in hospitals and in communities. Many work closely with social workers, obtaining services for people who need long-term care or home care after hospitalisation. Knowledge and understanding of digital communication systems allow the case managers to care for patients away from the bedside setting, from behind a computer.

The participants shared that case management requires finding new and alternative means of connecting with the patient, family, and the treating doctors. The case managers expressed:

> "Alternative methods of communication create connections. This requires visualisation of patient, this allows for the creation of clinical picture so with our nursing background we can take care of the patient." (P1)

> "Ok it's very important that you do have your nursing background because whatever treatment or care that you render it needs to be something that you understand that you're aware of. It's not something that can be done by Uum just a layman on the street you need to have that clinical knowledge. Like if a patient comes in with this condition this is how we would care for them in the hospital, so this is what we can approve." (P7)

According to Billings and Halstead (2015:15), case management is a collaborative process. The case managers work closely with physicians, nurses, social workers and a wide range of medical and non-medical professionals. Case management is part of a network of the multidisciplinary team and forms part of a whole structure that is needed to collaborate in establishing quality health care outcomes for each patient (Dowling, Beckermann-Mendez, Holly, Dileo, Weis & Mendina-Calvo, 2018:18). Bearing in mind that each patient is unique and different, as are their health needs, support structures and benefits (Mason & Connolly, 2018:165), case managers make provisions for the current and future needs of all patients. Case management nurses promote quality care which encourages appropriate use of available resources (Will, 2016:121).

CATEGORY 1: The case managers' role includes coordinating all aspects of patient care

Case management consists of different roles and responsibilities such as reviewing and assessing the patient's general health status in consultation with all the stakeholders, like the treating doctor and the in-hospital case manager as patient care remains a collaborative effort to achieve optimal health. The scope of nurses' professional practice extends beyond the patient's bedside to involve heightened team communication. Nurses routinely collaborate with physicians, interact with allied health caregivers, supervise assistant personnel, and coordinate services across the health care continuum as part of their responsibilities (Ashley, 2016:238). The case management nurse aids in the coordination of services. This coordination role, complementary to the individualised service plan, improves transitions between services and collaboration among health care partners (Phillips, 2016:1661).

The participants elaborated that every effort is made to keep communication lines open for the benefit of the patient. The case managers shared:

> "If you communicate then the Dr can give you that information, we need to try if the system goes down we pick up the phone or SMS, but we always try to speak to someone for the benefit of the patient" (P5)

"There's another role as a case manager calling to check on the patient how is the patient doing like if they were in for diarrhoea and vomiting you also give advice home remedies." (P7)

"If the information is not straight forward enough. You have to ask why the procedure was done, let's say for instance now the patient was admitted with chest pain or with unstable angina," (P3)

Case management consists of assessing information to approve the correct level of care for a patient. It entails planning the appropriate treatment, at the appropriate facility, at the correct time, within the appropriate timeframe, before, during and after admissions. It also requires monitoring the patients' progress and conducting further planning according to the situation, and evaluating and reassessing the patient's condition to advice on alternative treatments at alternative facilities, if needed. Melodia, Penprase and Strong (2017:44) relate that case managers ensure that ethical and legal issues are addressed. They also ensure that patients receive medically appropriate services. It was discovered in the interviews that case managers need to be experts in public and private insurance reimbursement policies regarding health care.

The participants shared that they also review codes and prescribed minimum benefits as per legislation to assess the appropriateness of treatment alternatives. The case managers expressed:

"Always look at PMB which is PMB the Prescribed Minimum Benefits the patient is entitled to it's a branch or a basket of conditions that were decided on by the medical aid and the health department sector to say that these conditions are the conditions that a member can still receive care on even if the benefits are depleted" (P7)

"Ex-gratia or PMB which is decided on by the medical advisors when they get the quotation, or the medical history and all the documents are related to the admission" (P9)

"So, there are 2 scenarios if it's a PMB condition you going to ask for the X-rays and the quote then you send it to the medical advisor they are the ones who are going to decide if we can approve this as a PMB prosthesis." (P10)

> "You advise on benefits that they can go to the local clinic and look at people with very limited benefits" (P4)

According to Dowling, et al. (2018:13), case managers work holistically, ensuring that care and discharge plans meet the physical, social, and emotional needs of patients. All this is done within the ethical and legal framework stated in each country. Legally, case managers work under the guidelines of the South African Nursing Council, as well as the Council of Medical Schemes that dictates the prescribed minimum benefits that each health care user is entitled to, regardless of benefits available, that each managed health care organisation must render to patients legally in terms of the South African constitution.

Singh, Bhardwaj, Siddiqui, Mithra, Chopra and Rajesh (2019:28) noted that nurse case managers serve as patient, family, insurance, and facility advocates. Hospital case managers frequently work with patients coming from other facilities, such as nursing homes and assisted living facilities. They work with hospice patients and accident victims. This means that case managers are also required to advise on additional funding if needed, which is not ordinarily covered by the managed health care organisation, but is available in cases that are adjudicated by the managed health care organisation as extraordinary and qualifying for additional funding.

The case managers are constantly required to email or telephonically contact the treating provider on any changes in treatment or admission status; all the while also relaying the information to the patient and their family. The case managers stated that communication is a vital aspect of their role as they are required to share information with the patients and the patients' family, as well as gather, compile and assess the information they receive from the hospital case manager and treatment providers.

Participants explained that communication is not limited to only the treating health care providers but also the family of the patients and the patients themselves.

> "So with that you can contact the family and the hospital and even people you didn't think you'd be contacting I don't want to say multidisciplinary team maybe I can say it's a global thing you need to take care of everyone that's the care that I feel I've been giving to this patient, and you'll be able to see results with your patients" (P8)

"We communicate with our patients and their families with SMS and email so we make sure whatever is being done in terms of their health care they know we for example the bad part when we declining the length of stay or we declining something and they are going to pay for it or have to Uum apply for Ex-gratia we always send another SMS saying in clear language no jargon no dear member please be advised that one two three has been declined and give the reasons" (P6)

"I advise the patients and the family when they don't have funds to say that you can apply for Ex-gratia the funding that we were talking about earlier on" (P4)

Case management is not a profession unto itself but a practice that encompasses many disciplines (Frankel, Gelma & Pastor, 2018:12). There are a variety of aspects that make up the roles and responsibility of a case manager and this is all done through an effective communication system that a case manager needs to establish in order to render holistic patient care. Case managers review charts and meet with other health care professionals to ensure that patients receive appropriate levels of care. They facilitate admission and discharge processes (Weiss, 2018:18). Singh, et al. (2019:24) claim that case managers facilitate the care of patients with mental health or substance abuse issues, and provide assistance to victims of abuse and neglect. Case managers work throughout the community, provide diverse services, and coordinate services for medically fragile children. Cohen (2017:66) also states that case managers specialise in almost every field of nursing. This emerged in this study as the case managers expressed that they receive all types of patients who need diverse care alternatives. This allows the case manager to become innovative and seek out improved methods of caring for the patient.

The participants mentioned that managed health care organisations offer an opportunity to learn, as codes are used to described conditions as well as treatment. The participants expressed:

"Oh yes, I've learnt a lot here besides what I've just said I'm learning different conditions and treatment that's needed and Uum, besides being good in computer now I've learnt to be very fast. Excel word its things you wouldn't learn in the ward as we don't deal with it" (P6)

"actually, learn how to and express yourself as well to be more direct and professional as well with regards to how you communicate with everyone I've also learnt a lot with regards to

nursing as well because I'm an ICU nurse but now I've learnt new things like peads and taking care of paediatrics which is something I never worked in" (P2)

"I never worked in maternity and I hate maternity, shakes head but I have to do maternity. And it's making me learn which is something I was not going to be able to do so it's taught me a lot of things with regards to technology and my profession and nursing" (P8)

These aspects express the role that case managers have in carrying out all aspects of care in the managed health care setting. The health care system requires nurses to communicate successfully with multidisciplinary team members, patients, as well as their families (Havens, et al. 2018:140). As stated by Melodia, et al. (2017:33), case management is the organisation and coordination of a network of formal and informal activities, services and support designed to optimise the wellbeing of a person.

Case management involves nursing on a different level (Ashley, 2016:243); case managers need to be able to interpret complex regulations and be skilful when working with computers. According to Dowling (2018:88), case managers frequently need to spend more time sitting compared to other nurses. They need to be able to oversee patient care, considering multiple perspectives. Case managers must be able to oversee care based on the needs of the patient, with respect to family, the community and reimbursement requirements. Some case managers provide short-term assistance to patients, while others may be actively involved with patients and family members for extended periods of time (Thompson, Wojciak & Cooley, 2017:411).

The participants shared their functions in critically assessing and reviewing the clinical information they received. This, in turn, then quantify the approval or extension of medical care that may be required by the patient:

"But normally what I would do in my day as they come in, I critically look at the information that I'm provided against the condition considering many factors the age of the patient in mind Uum and also considering also funds" (P3)

"It helps you to know if the patient is receiving the appropriate treatment. Like sometimes it happens that they give you incorrect information because you have clinical knowledge you are able to say no this treatment is not in line with the condition and you as the in-hospital case manager to review because then you don't extend the length of stay" (P9)

> "We ask the case managers from the hospital because we do communicate with them, please give me the patients progress give me the vitals and then you also request them to send it via UMS for you to have it as proof" (P10)

Case management can be seen as a holistic type of nursing as it consists of a review of all relevant past health history as well as current health status and future care that may be required by a patient. Case managers do all this while always considering financial care and communicating available benefits and funding options. According to Parker (2018:33), case management is a care delivery model designed to coordinate and manage patient care across the continuum of health care systems. Case managers are usually involved over an entire episode of illness/disability or need for services. Will (2016:17) also describes case management as a dynamic and systematic collaborative approach to provide and coordinate health care services to a defined population. The framework includes five components, namely assessment, planning, implementation, evaluation, and interaction.

The participants described their role as unique and important in the following quotes:

> "Because case management it's about watching the patient's benefits, managing the medical aid fund, and making sure the patient is comfortable at the end of the day, even though we are not at the bedside. We have all of that to consider when we deal with a patient holistically, you need to look at that." (P2)

> "We communicate with patients to identify and facilitate options and services for meeting individuals' health needs, with the goal of decreasing cost of care, and enhancing quality" (P1)

CATEGORY 2: The case managers are subjected to frustrating barriers in their efforts to obtain sufficient, appropriate, clinical information from the hospitals

Case management allows a nurse to assess all clinical information from behind a computer. All updates are received digitally by email or telephonically; this is the only means of communication and allows the facilitation of care and compassion to occur. Case managers depend on receiving reliable and sufficient information from hospital case managers. They need regular updates from hospital case managers on patients' vital signs as well as the doctors' plans for the patient. They have to make decisions about the correct codes for patients' conditions and procedures based on the information they receive from the

hospital. Moreover, they need to be updated on Prescribed Minimal Benefits, disclaimers and exclusions. Case managers have to ask for more information if what they receive from service providers, the family, and the nursing staff is not sufficient.

The participants expressed that the lack of forthcoming, relevant clinical information acts as a barrier for them as they are reliant on this information in order to render the care they are required to render. The participants shared:

> "I'm always relying on the update that's why I'm saying when you work as a case manager you need to build a relationship with the hospital case manager because some of the updates come with very scanty information, after a week sometimes" (P5)

> "Because you must start taking the phone and sending emails and requesting more clinical information asking questions that will lead that person to give you more clinical info related to the patient" (P7)

One of the key aspects of a case manager's role is obtaining sufficient, timely clinical information. If they are unable to receive this necessary information, it creates frustrating barriers for the case managers. The participants stated:

> "Like sometimes it happens that they give you incorrect information because you have clinical knowledge you are able to say no this treatment is not in line with the condition and you as the in-hospital case manager to review because then you don't extend the length of stay" (P3)

> "Uum other than informing the patient that we've approved procedures, or we've declined a PM discharge, based on the information that maybe was not enough. Our communication is via SMS and email that's how we communicate." (P6)

Case managers assess the patient's health needs comprehensively; this includes medication and health care patterns. Given the myriad of communicative role demands placed on today's nurses, it is not too surprising that effective communication is considered an essential skill in professional nursing practice (Havens, et al. 2018:132).

According to Singh, et al. (2019:24), nurse case managers actively participate with their clients to identify and facilitate options and services to meet individuals' health needs, with the goal of decreasing fragmentation and duplication of care, and enhancing quality, cost-effective clinical outcomes. Case management is a field whereby every effort is made by the case manager to obtain the required clinical information that in turn assist the case manager in making a clinical adjudication on each case based on its merits (Thompson, et al. 2017:411).

The participants explained the importance of information sharing as follows:

> "If you communicate with the Dr then the Dr can give you that information, to say to say ok this is what we are trying and going forward and asking what the plan Dr is? You have to treat the patients like family member like someone you know" (P6)

> "Communication with all health care parties is important, as we rely on them to make our decision on the patient if we can approve or decline the admission" (P3)

> "Without the correct clinical information that we need to review the updates and approve or decline we can't really do anything to help the patient, yes it affects my care I give if I don't have enough clinical information, eish ya" (P8)

Case management communication is dependent on the computer systems in place; if these systems go down, it means the case managers cannot process their data. At times, clinical information that is received is poorly supported and irrelevant. The hospitals delay sending updates, and the information is inappropriate in terms of what is needed to make a correct clinical assessment. As stated by Kelly, Doucet and Luke (2019:111), nurses need information on the patient to be able to make clinical judgments on the correct patient care that is needed.

The participants spoke about this experience of requesting much-needed clinical information from the hospital case manager, which at times is delayed or, once received, is scanty. This then required the case managers to seek alternative ways of attaining the necessary clinical information. The participants stated:

"If the information is not straight forward enough. You have to ask why the procedure was done, let's say for instance now the patient was admitted with chest pain or with unstable angina," (P8)

"Some other hospitals give less and so usually you on the phone with them as on the update, because they update every day, but the information is not enough so, you have to call to get more clinical information" (P7)

It is a case manager's role to confirm that every patient is treated in an inappropriate facility when they are exposed to forging practices. They mainly work with electronic digital information, email letters, quotations, reports and the web. They phone doctors, ward sisters, hospital case managers, service providers, family members and even the patients' employers. They make use of different digital systems such as X-Ray images and faxes, the ICD 10(International Classification of Diseases Vol 10) system, as well as NRPL (National Reference Price List) and CPT (Current Procedural Terminology) systems. According to Parker (2018:35), case management resembles gatekeeping in the sense that the patient has a single point of entry into the private health care setting. This entry point is through a person who is responsible for both co-coordinating and rationing care; in many instances, this is a qualified nurse. Case management is thus an area of expertise where the nurse is required to make a clinical judgment on the patient's care based on the received clinical (Kathol, Knutson & Dehne, 2016:31).

CATEGORY 3: The case managers have to balance caring for the patient within the financial framework of the corporate company

Case managers have to save the company money, and at the same time ensure that their patients receive maximum care, keeping the patients' benefits in mind.

According to Watson (2008:32), nursing is defined as an interpersonal process between the caregiver and the recipient. Watson (2008:33) describes nursing as an act of deepened responsibility wherein a scientific problem-solving method is sought for caring decision making to take place. In the case management setting, nurses are required to seek innovative methods for solving patients' limited benefits in instances where financial implications could leave the patient in debit, or they find that further medical care could be declined due to benefits that are depleted. As nursing is a caring

profession, case managers need to balance this predicament and seek alternatives to allow continued medical care to be funded through alternative solutions.

Nursing care needs to strike a balance within the available resources that the patient has (Nisbet, 2018:824). With rising universal health care costs, nurses are faced with a task of keeping an eye on finances while remaining the caring nurse (Seltzer, 2019:20). Case managers also relieve the patients of additional stress and financial expense by offering alternative treatment and/or care to reduce costs to the patients. The case managers liaise with all relevant service providers and accurately assess whether a patient qualifies for a certain length of stay in hospital before approving it. After admission medicine or procedures have been declined, they have to consider the wellbeing of the patient and inform the patient and family. They need expert knowledge about the policies of the medical aid scheme before approving or declining certain treatments. This is supported by the following quotes:

> "Because we monitor that people don't abuse their funds, abuse the scheme, whether it is the Dr or wheatear it is the members whether it is the hospital for me case management is gate keeping not so much scheme savings, but you need to check" (P6)

> "So, you need to save money 1st of all for the company without jeopardizing the patients care, I also experienced that that's a lot of fraudulent activities". We have to always think of ways to prevent fraud, as busy as we are we always have to look at the person and think for the future." (P10)

In obtaining sufficient information, the case managers need certain skills and abilities, such as problem-solving skills and decision-making skills. Being vigilant and observant about all factors influencing the patient, they need to have excellent analytical skills. They require negotiation skills to organise less expensive quotations and they need insight into what the patient may need in future. Being objective, realistic, empathetic and fair to the patients are further requirements (Mason & Connolly, 2018:165). Case management requires a coordination of health care services and assessment of alternatives to promote quality, cost-effective outcomes. As health care constantly develops and there are numerous advances in health care, the managed health care organisations seem to provide health care delivery through invaluable nursing expertise and complex digital systems that allows for the saving of corporate costs, without compromising quality health care to patients. Case managers care constructively with the vision of the possibility to care about patients and care about money (Kelly, et al. 2019:111).

3.6.2 Theme 2: Caring

The case managers experience great satisfaction in caring holistically for their patients. According to Watson (2008:34), nurses are required to show compassion and concern for their patients. Caring progresses into better plans to promote health and wellness, prevent illness and restore health. In today's world, nursing seems to be responding to various technological demands (Billings & Halstead, 2015:11). This leads to changes in consideration of the needs of the patient. Watson (2008:34) states that a disease might be cured, but illness would remain because without caring, health is not attained.

Case managers expressed that the relationships established with the patient, the patient's family, the multidisciplinary team, and the in-hospital case managers are beneficial in the facilitation and rending of holistic care to the patient. Case managers shared that the devotion and care that is exchanged from themselves to the patient is a holistic approach to nursing. By communicating with the case manager in the hospital, case managers create a relationship that allows for enquiry into the patient's condition and the patient's needs, which shows dedication and commitment to the patient.

The relationship that the case manager builds with the multidisciplinary team allows the case manager to share and show patient care. Case management interventions take place telephonically or by email and this as a follow-up from the information that the case manager receives from the in-hospital case manager. The case manager in the managed health care setting is completely dependent on complete, sufficient, and relevant clinical information in order to care for their patient holistically.

The participants stated:

> "And when I see that the patient either lacks or needs something or has something in access then I'm able to plan for that patient and I'm able to communicate with the case manager that's in hospital." (P2)

> "So, I do see the updates them coming through and the patient is getting well with the health and the financial side with regards to the member, as we don't only look at a member but as a patient as well. If I don't look at the patient this way I'm not taking care of the patient." (P1)

> "Care with respect, as a person is a human being. Because it could be you, at the end of the day I could be laying in that bed. I could be the one that needs care and someone else could

> be a case manager, out there and would think that you know what this patient is not sick not knowing that the patient is sick" (P10)

The sharing of their experiences in patient care within the managed health care organisation allowed the case managers to care differently from the bedside nurse. They did not have the convenience of physical accessibility to the patient, but contact was still made via electronic systems that facilitate nursing care; although different, it is inherently the same. According to Simms, Madelyn, Battistelli and Kaufman (2018:167), nursing is still a caring, considerate and respectful profession as it is inherent for a nurse to care. As nursing is an evolving practice, nurses adopt a view of patient care as holistically addressing a person's body, mind, and spiritual life (Salmond & Echevarria, 2017:12). The case manager facilitates access to information as well as communication and coordination among health care and community partners. This improves communication, comforts the patient and nurtures a relationship of trust (Peterson-Badali, et al. 2015:305). Holistic care is a complex concept which defies a precise definition (Smith & Goodwin, 2017:77). Holistic care provides an in-depth understanding of patients and their various needs for care; it has important consequences in health care systems and has been referred to as the heart of the science of nursing (Parker, 2018:37).

Holistic care can contribute to patients' satisfaction with health care and help them to accept and assume self-responsibility (Will, 2016:7). It will also result in a better understanding of the effects of illnesses on patients' responses and their true needs.

CATEGORY 1: The case managers experience great satisfaction in caring for patients, even if they do not see the patients, and view it as a professional benefit

Case managers continue to care for their patients although case management demands that they use diverse and alternative approaches for the achievement of patient care. Case managers value the relationships that are forged through the digital framework in which they function. Simms, et al. (2018:167) describe case management care as both an art and science by providing patients and practitioners with the basics of health care delivery and financial management. The participants identified that talking to the patients and the patients' family allowed them to gain the patients' perspective and hear their concerns. This interaction allowed the case managers to share information on current benefits that the patient has available, and on the availability of alternative health care settings such as rehabilitation facilities or cheaper quotations for items that the patient may need.

The participants stated:

> "Then you just have to take the phone and call and ask just to make that picture in your head to see, to say ok this is the patient. To care for the patient as we should as nurses" (P5)

> "A holistic approach it's not only about saving for the medical aid but saving for the patient also and see that everything for the patient is taken care of by the Dr, and us and hospital case managers, until they come back to health" (P3)

> "I've learnt different ways to communicate using technology that benefit my patient and their health" (P2)

> "I can do the same things as a nurse it's just that you not physically there, but I still give patient care, differently but maybe better as I know someone is at the bedside, I'm on the other side of the screen giving the best I can give" (P8)

Case management is an integral part of managed health care that requires clinical and financial risk assessment of health care, with a view to facilitate appropriate, cost effective and relevant health services within funding and benefit limits (Cherry & Jacob, 2016:55).

> "I find myself in when I process a case, I find this is an emergency, so I ask myself if you look at the clinical appropriateness because what can happen ultimately and the patient with abdominal pelvic pain, I can never compromise my patients' health" (P2)

The concept of caring (Watson, 2008:42), is an art of transpersonal sharing of caring moments and feelings and exhibiting concern and empathy for others. In this study, caring is the digital interaction between a patient and the case manager via email and telephone, in an effort to render intimate health care to an individual who suffers from an illness, disability, injury, or limitation that requires special management and resolution (Douglas, 2017:26-38). Will (2016:121) claims that due to its inherently collaborative and multidisciplinary nature, the process of case management involves the client, family, and other members of the health care team. Coordination of care fosters the efficient use of resources. Peterson-Badali, et al. (2015:304) also noted that in the era of managed care, cost-control, while essential, is not the only goal. Quality of care, continuity, and assurance of appropriate and timely interventions are also crucial. In addition to reducing the cost of health care, case management has

proven its worth in terms of improving rehabilitation, enhancing the quality of life, increasing client satisfaction and compliance, and promoting client self-determination.

CATEGORY 2: The case managers render holistic nursing care to their patients

Case managers' own clinical knowledge needs to be very good and up to date. They must ensure that discharge planning meets the physical, psychological and social needs of the patient. Case managers are required to advise doctors on possible cheaper treatment options, and they need to educate the patients and their families about the patients' health matters. Case managers have to follow up on how the patients are doing and assist them in planning for the future. They also have to remind the patients of their own medical aid benefits.

The participants expressed that caring for a patient requires teamwork with the multidisciplinary team:

> "So, you have that relationship so that they know we work together, with the in-hospital case manager, doctor and all the health care providers, so that we know what is that we can do to assist this patient in caring for the patient. Case management is considered as the supervision of the patient's benefits, managing the medical aid fund, and making sure the patient is comfortable" (P1)

> "Case management is always a holistic effort, of total nursing care, we do whatever we can to care for all the patients' needs even if we are not at the patient's bedside" (P7)

The participants also shared that they are sometimes required to be both sympathetic as well as empathetic to the patients' needs.

> "Yes, I do whenever I update a case I put myself in the patient's shoes and the family's shoes like I said if it were me what would I do. Because it's easier to not care if you not in their shoes." (P6)

> "You always have to think if this was me lying in that bed, or one of my family what I would like to have done for me" (P9)

"We have to think of our patients as human beings, that's why we care" (P10)

Case managers often communicate with main members when they realise that one of the members is depleting the medical aid benefit. They offer alternative options to relieve the patients of financial strain and stress. Improving hospital discharge processes and reducing readmissions is the priority (Weis, 2018:57). According to Weis (2018:22), there are several case management processes involved in preparing the patient to leave one care setting such as the hospital, and organising subsequent systems of care, including discharge preparation, discharge planning, and care coordination.

Holistic care is caring for a patient limitlessly and boundlessly (Dowling, et al., 2018:22). Case management structures are such settings in which a nurse can care for their patient holistically, without limits. The caring that a case manager renders begins with the initial admission and extends to discharge and beyond home discharge alternatives (Spaulding, et al. 2018:13). Case management involves seeking patient placement and long-term care, such as frail care homes and old age homes (Mason & Connolly, 2018:165). All these roles allow for all-encompassing holistic caring to take place between the patient and case manager if this is what the patient requires, depending on the social condition and support setting that the patient is faced with (Ginter, Duncan & Swayne, 2018:79).

The participants shared that the care case managers render begins with the first communication received until discharge. The patient's health and wellbeing remain the case manager's priority:

"Because you want to make sure the patient is well, and they are ok where they are after being admitted. Which is the important step in all the care because it's so easy to relapse and make you go back into whatever that made you go into hospital initially" (P5)

"I nurse a patient that way I visualize what type of care is needed. Thankfully for being a nurse you are able to have that vision of a patient and see what exactly going on because sometimes it's not than Uum you don't to do something for a patient or for a member because I have to look at it in both ways that is a member and a patient" (P3)

The case managers in the managed health care organisation perceived that the role and responsibilities of a case manager goes beyond nursing at the bedside. Case managers perceived that non-physical, detached nursing in case management in the managed health care organisation allows

for the use of different, easier, more efficient communication methods and sharing of information to facilitate patient caring.

Caring in many instances is described within case management as realistic, holistic, all-inclusive and encompassing. Case management is also considered as a role that is a thoughtful, empathetic transfer of kindness between a registered nurse and their patient. Mason and Connolly (2018:165) states that the practice of case management is evolving and, to a large degree, still depends on the setting, which is computer-based. Historically, preparation for the nurse case manager occurred in the health care organisation and was specific to the role, responsibilities, and scope of practice in the institution (Salmond & Echevarria, 2017:12). With recent changes, case management has moved to office-based sites at an alternative location away from the patient's bedside and away from the hospital setting. According to Melodia, et al. (2017:44), we can be more caring as case managers as well as nurses.

This view was shared and expressed by the case managers holistically seeking to alleviate and reassure patients, which results in a caring outlook. The participants shared that the care that a case manager renders is intended to treat the patient in totality; body, mind and spirit.

> "So that's how I'm giving my care to the patient by minimizing all their stressors with regards to Uum things that are health-related as well as still having an impact on them with regards to health-related issues" (P1)

> "The patient will never really know you were there taking care of them you know, that's why we say thank God there are other nurses there taking care of the patients at the bedside and you a nurse in front of a screen, so you are caring for the patient it's just that no one knows. So that's how I care for the patient they'll never know but I do" (P2)

> "We communicate with our patients with sending SMS saying in clear language no jargon no dear member please be advised that one two three has been declined and give the reason. We look, and you are finding alternative ways for caring" (P7)

Compassion, in its many manifestations, is the key to rediscovering what lies at the heart of nursing practice all over the world. It is essential that nurses start to revisit compassion as a central focus for nursing practice. The challenging theories are grounded in practical applications, encouraging readers to recognise opportunities for change in their daily practice. Nisbet (2018:824) explains that quality

caring in nursing and health systems are a key aspect in case management care, and these are expressed in the alternative means with which the case manager seeks to fulfil their role.

3.7 OBSERVATIONAL NOTES

The researcher made observations which were written down. These observational notes contained a detailed description of the setting, the participants in the setting, the activities that occurred, the dialogue, and the emotions that were observed (Kathol, et al. 2016:31). These observational notes were later used as a reflection of the researcher's own impressions and interpretations that were derived from the observations made.

The researcher noted that all the case managers at some point in their interactions with the multidisciplinary team, patients or patients' family encountered some frustration or barriers that arose from not receiving adequate clinical information to make a clinical decision on the continued care of the patient. At times, the information that was received was scanty or vague, which impacted on the patients' care. The communication methods also posed as a stressor as the patient is not assessable to the case managers to be able to make a judgment on the care that may be required.

The case managers' frustration was evident in the ways they described they are required to be the central communication hub for all patient care to occur. They also spoke about the barriers that caused them frustration and sometimes hindered them from offering and showing the care that they would like to or are required to. The researcher noticed emotions such as joy when the case managers spoke about their patients as all 10 of the participants smiled when asked about the care they render and their patients. The male case manager shared that he enjoys the case manager role as he feels he can care for the patient differently; he was pleased with all his daily efforts and the tasks he performed to create a happy patient that feels cared for.

At no time did the participants feel sad or angry. Given the emotions that were observed, there were no case managers struggling with any negative or untoward emotions, which meant that there was no additional support required.

It was observed that all the participants were keen and enthusiastic about being part of the study and sharing their experiences in caring for a patient in a managed health care organisation. This was expressed in different ways, such as they all adhered to the interview time.

3.8 SUMMARY

Chapter Three presented the findings of the unstructured, in-depth, individual, phenomenological interviews that were divided into a central theme and categories. These were presented in Table 3.2. The findings were based on the case managers' experiences of caring for a patient in a managed health care organisation. The formulated themes from the participants' statements were integrated with relevant literature for credibility, richness, and adding to the value and meaning of the data.

The findings from this study reveal that case managers experienced a great sense of ultimate satisfaction from caring for patients in a managed health care organisation. Although the case managers did express that they communicate and care for patients from behind a computer screen and never get to see or touch their patients as they did at the clinical bedside setting, this forces them to seek new and alternative ways to communicate with their patients to show and share care. The caring that a case manager renders to a patient is through technological, digital means.

Patient care being rendered by case managers from the managed health care organisation is thus distant and detached. However, there is still care that is shared – it is just a different way of caring.

In Chapter Four, a summary of the detailed recommendations regarding the experiences of case managers caring for a patient in a managed health care organisation is presented. Limitations of the study are highlighted, and the possibilities for future research are suggested by the researcher. The summary is also presented.

CHAPTER FOUR: RECOMMENDATIONS, STRENGTHS, EVALUATION, LIMITATIONS AND SUMMARY

4.1 INTRODUCTION

Chapter Three focused on the description of the findings of the case managers' experiences in caring for a patient in the managed health care organisation. In Chapter Four, recommendations are made based on the findings from Chapter Three. This study's strengths, evaluation, limitations and summary are also discussed in this chapter.

It is evident from the research that caring was an attribute that the case managers acquired during training. This prepared them as registered nurses who are able to nurse and render quality care for patients in a vast, ever-changing climate. This also appears in the case management context where registered nurses are employed in a managed health care setting, in their nursing capacity with the skills and competencies to render holistic nursing care from behind a computer screen. The case manager role in South Africa is still relatively new and dynamic, and how they are able to render holistic care to their patients through only digital means, such as telephonic conversation and email, was evident in this study.

4.2 GENERAL RECOMMENDATIONS TO FACILITATE CASE MANAGERS IN CARING FOR PATIENTS IN A MANAGED HEALTH CARE ORGANISATION

The purpose of this study was to gain an understanding of the lived experiences of case managers in caring for patients in a managed health care organisation, in order to make recommendations for case managers to provide quality nursing care in a managed health care organisation.

The objectives of this study were to explore and describe the lived experiences of case managers in caring for patients in a managed health care organisation, in order to make recommendations for nursing care in a managed healthcare organisation. Recommendations are an act of guidance, a guideline, advice, plan, or suitable suggestion (Oxford Dictionary, 2016:55). The recommendations regarding the experiences of case managers provide answers to the research question.

Table 4.1 presents a summary of the themes and categories discussed in Chapter Three, with the corresponding recommendations based on the case managers' experiences of caring for a patient in a managed health care organisation.

Table 4.1: Themes regarding the experiences of case management in caring for patients in a managed health care organisation

THEMES	RECOMMENDATION
Theme 1 Communication The case managers must coordinate all aspects of care in a financial framework and must rely on receiving sufficient clinical information timely	4.3.1.1 Develop an effective and efficient means of coordination of all aspects of nursing care for patients by case managers. 4.3.1.2 Establish a level of understanding, loyalty and consideration for the case managers to manage patients' financial framework and status, and benefits from the care that is required. 4.3.1.3 Case managers need to develop a therapeutic means of creating a mutually beneficial relationship with the multidisciplinary team in order to digitally receive sufficient clinical information in a timely manner. 4.3.1.4 Case managers need to be empathetic and self-directed to promote the nurse-patient relationship 4.3.1.5 Case managers need to learn new innovative methods to communicate and coordinate all aspects of caring for a patient in a managed healthcare organisation

THEMES	RECOMMENDATION
	4.3.1.6 Case managers need to constantly keep abreast with technological advancements and upgrades in technology in order to synchronise their nursing care 4.3.1.7 Incorporate caring as an attribute in case management training to express caring during functional tasks 4.3.1.8 Case managers should learn to scrutinise clinical information no matter how scanty in order to make valid clinical decisions on patients' care.
Theme 2: Caring The case managers experience great satisfaction in caring holistically for their patients	4.3.2.1 Design workplace satisfaction training programmes where case managers can learn to share and develop workplace satisfaction methods 4.3.2.2 Encourage role modelling of case managers who receive compliments and appreciation from patients in order for other case managers to adopt caring techniques 4.3.2.3 Management should share positive responses and compliments received from the multidisciplinary team with all staff in order to increase team fulfilment and promote the satisfaction of case managers in caring for patients. 4.3.2.4 Management should clearly ascertain the

THEMES	RECOMMENDATION
	different roles and responsibilities of a case manager and offer training, such as in interpersonal skills 4.3.2.5 Management should monitor and collaborate communication and relationship building between in-hospital case management and managed healthcare case managers 4.3.2.6 In-hospital case managers should attend regular meetings with managed healthcare case managers.

4.3 GENERAL RECOMMENDATIONS

Recommendations provide a beneficial guide that will not only resolve certain issues, but result in a Beneficial outcome please see table 4.1

4.3.1 Develop an effective and efficient means of coordination of all aspects of nursing care for patients by case managers

Encourage case managers to interact with in-hospital case managers when carrying out their case management tasks. All case managers need to be encouraged to establish a trusting therapeutic relationship with the patients as well as the multidisciplinary team. This should be done by communicating and sharing information with patients and the rest of the multidisciplinary health team with regards to their healthcare status as well as financial standing and available benefits. Will (2016:11) indicates that high-quality nursing care is dependent on the nurse-patient relationship as well as the doctor-nurse relationship which leads to better health outcomes for the patient. The relationship is also dependant on the capability of the nurse to multitask and coordinate all set tasks and duties in order to facilitate the required health care to be rendered.

Case managers in the managed health care setting coordinate services on behalf of an individual person who is considered a valid member, and who is a patient on the medical aid scheme, through electronic digital systems. The role of case managers goes beyond containing costs, to guiding and improving the morale of the patients and providing direct communication and personal patient attention. This helps patients return to work quicker, and eliminates repeated hospital admissions (Kongstvedt, 2019:275).

4.3.2 Establish a level of understanding, loyalty and consideration for the case managers to manage patients' financial framework and status, and benefits from the care that is required

Case managers need to be taught the importance of both the physical nursing aspect and the impact and the void that this creates in case management. This void should be filled with workshops on alternative caring methods and caring coaches who offer motivational talks on how the case manager can engage with their patients. Case management is a different type of nursing care where no physical contact exists between the case manager and the patient. This impersonal setting then creates a void in nursing care (Bramley, 2018:19-20). Traditional nursing care exists through physical contact and the ability for the nurse to see, touch and feel the patient (Needleman, 2016:525). This constructs the avenue for a tangible connection with the patient, which also allows for emotional support and the meeting of the comprehensive needs of patients. However, within the case management context, all physical contact is removed between the nurse and patient. Although the nurse-patient care continuum may remain present in managed health care via electronic digital systems (Hayes, 2016:5), this care continuum is different. The nursing interventions and outcomes which take place through distant electronic digital systems are thus the only means of connection between the professional nurse and patient. This connection may be both the only link as well as a breach between nurse and patient (Chesnay, 2016:149).

4.3.3 Case managers need to develop a therapeutic means of creating a mutually beneficial relationship with the multidisciplinary team in order to digitally receive sufficient clinical information in a timely manner

Case managers need to be taught a therapeutic means to develop a mutually beneficial relationship with the multidisciplinary team. This will facilitate an understanding to allow the exchange of clinical information that is required to avoid receiving insufficient clinical information via email or telephonically.

Case managers need to be equipped with communication skills in order to be assertive in requesting clinical information from in-hospital case managers. Case managers also need to be trained in skills such as telephone etiquette in order to display courtesy when communicating with the multidisciplinary team in order to create a mutually beneficial relationship of sharing clinical information. As stated by Will (2016:22), communication can only exist in an equally constructive setting where all parties are open and receptive to the information that is being shared. This setting creates the perfect opportunity to make a lasting impression and access information. This creation of a therapeutic mutually beneficial relationship with the multidisciplinary team will promote the positive exchange of clinical information, allowing the case manager to make improved clinical decisions. This will, in turn, also promote the case manager and multidisciplinary team relationship, benefitting the patient's recovery and health leading to better patient outcomes.

4.3.4 Case managers need to be empathetic and self-directed to promote the nurse-patient relationship

The concept of caring, according to Watson (1995:67-72), is an art of transpersonal sharing of caring moments and feelings, and exhibiting concern and empathy for others. Case managers need to be capable of exhibiting empathy to promote the nurse-patient relationship. Empathy allows for the case manager to show compassion and understanding towards the patient; this a trait that all nurses are required to display. The display of compassion and understanding allows patients to feel like they matter and that there is value to them as humans. This is displayed when the case manager takes the time to make meaningful connections, such as telephonically or by email, to establish how the patient is feeling. Case managers' role involves communicating with the patient if there is a need to establish or confirm certain clinical information. This is done digitally and the digital portal is a means of connection with the patient and should be utilised to connect the case manager and the patient on an emotional level to allow the case manager to show and share empathy. This promotes enhanced nurse-patient outcomes.

4.3.5 Case managers need to learn new innovative methods to communicate and coordinate all aspects of caring for a patient in a managed healthcare organisation

Case managers are required to learn the importance of communicating with a patient's family, in order to render holistic care. Case managers should seek innovative methods of communicating with the multidisciplinary team. This includes the development of effective communication skills through case

management training, listening to in-hospital case managers' concerns, assessing the current clinical situation and understanding the circumstances. The case manager needs to learn to take the time to listen for non-verbal cues as a sign of communication. The development of interactive communication skills is also vital in the success of communication by the case managers, allowing improved coordination of all aspects of patient care. As stated by Hauze, Hoyt, Frazee, Greiner and Marshall (2019:1-13), interactive communication in nursing serves a key role in assisting the nurse in fulfilling her tasks and duties, thus allowing the patients' needs to be met.

4.3.6 Case managers need to constantly keep abreast with technological advancements and upgrades in technology in order to synchronise their nursing care

Continuous training and assessment of technological changes and advancement in the case management setting are important for the successful synchronisation of patient care. Case management in a managed healthcare setting is constantly changing with technological advancements occurring daily; the case manager needs to have continuous training and upskilling on system and data changes. The continuous training will keep the case managers abreast and in touch with their patients. The changes and upgrades in technology allow for better communication methods that will improve patient care through synchronised nursing care. This includes commitment, conscience, competence, compassion and confidence as essential characteristics of caring in the nursing profession (Nisbet, 2018:824). As the case manager possesses all the caring characteristics, they should have access to the latest technology and digital advancements in order to accomplish their roles and responsibilities.

All case managers should keep current on healthcare trends and opportunities. Case managers who keep abreast with technological advancements respond to trends by expanding their skills (Bernard, 2018:8). Technology is dynamic, which brings about improved means of performing ordinary tasks; one such area of improvement in technology is the synchronisation of duties. In case management, organisation, planning and execution of all tasks is crucial through technological means in order to create a positive therapeutic environment for each patient.

4.3.7 Incorporate caring as an attribute in case management training to express caring during functional tasks

The incorporation of caring as an attribute should be assessed upon the recruitment and selection of a case manager. Caring should also be incorporated into case management training programmes in

order to enhance the caring characteristics that the nurses possess when seeking employment in the managed health care setting. As stated by Dowling (2017:78), caring is an innate characteristic which every human being possesses, and although we all possess this trait, we need to constantly refine our nature in order to improve all aspects of caring that exist. Compassion and kindness can be assessed through scenarios during an interview in order for the managed health care organisation to assess these characteristics in the nurse.

4.3.8 Case managers should learn to scrutinise clinical information no matter how scanty in order to make valid clinical decisions on patients' care

Case managers need to learn to examine and analyse all clinical information they receive to facilitate the decision-making process. The clinical decision-making process on patient care is dependent on the clinical information received by the case manager; if the information is scanty and insufficient the case manager declines medical and surgical care. The ability to analyse and examine information is a key aspect of a case manager's role in rendering nursing care in the managed healthcare organisation. The case manager depends on the clinical information they receive and if the information is scanty and insufficient this brings about a feeling of frustration as this lack of clinical information then acts as a barrier in the case manager rendering nursing care. In all aspects of nursing care, clinical information is important to the nurse as this information serves as a guide on how to care (Reed & Crawford-Shaerer, 2017:15). A case manager's ability to analyse and scrutinise even the most limited information will allow decreased delays in patients' responses and improve in-hospital case manager and in-office case manager relationships.

Also, the ability of a case manager to interpret the minutest clinical information will allow the patients to receive the medical and surgical care they require. This allows appropriate treatment to occur in order for patients to make a full recovery.

4.3.9 Design workplace satisfaction training programmes where case managers can learn to share and develop workplace satisfaction methods

Management in the managed health care organisation needs to design workplace satisfaction surveys in order to create workplace satisfaction training programmes. In all aspects of workplace dynamics there are instances where gauging and assessment of employee satisfaction needs to be accounted for and taken into consideration. Managers could create and design workplace satisfaction surveys where

case managers could learn a variety of caring skills and be able to share moments and experiences in order to enhance patients' experiences of caring.

The ability of any individual to share their experiences with another allows for the reflection of one's emotions and changes in behaviour. Sharing experiences allows for the sharer's introspection on their lived experiences and benefits the person listening. Sharing experiences opens an exchange of emotions and feelings, creating a connection and allowing introspection. Surveys assist in uncovering how people feel and react towards certain situations, which allow the surveyor to offer better-improved customer service and care (Will, 2016:11). Managers in the managed health care organisation may offer improved service delivery and enhanced quality care based on surveys.

4.3.10 Encourage role modelling of case managers who receive compliments and appreciation from patients in order for other case managers to adopt caring techniques

A role model is a person looked up to by others as an example to be imitated (Cohen, 2017:297). Role models possess qualities that we would like to have and try to emulate. They make employees want to do better. They inspire, motivate and encourage employees to realise their full potential (Johnson & Kavanagh, 2017:5). Positive role modelling in all workplace contexts is a good method of allowing engagement and creating a positive learning setting for new staff. The professional nurse, as a role model in all workplace settings, allows the positive portrayal of positive attitudes and allows approachability; thus, positive role modelling in nursing practice is critical in supporting new staff in all environments (Jack, Hamshire & Chambers, 2017:10).

Each new case manager should be buddied with a case manager who has received compliments and accolades from patients and family members. This buddy system will reinforce improved caring behaviour and techniques and improve nursing practices through positive role modelling processes. Aspects that positive role modelling will improve in the case management context is a passion for people and caring, as well as allowing relationship focus, which includes accepting others as they are and listening to all individuals without judgment and clearly communicating expectations. Patients will benefit from case managers' improved caring attitudes, which will improve patients' healthcare outcomes.

4.3.11 Management should share positive responses and compliments received from the multidisciplinary team with all staff in order to increase team fulfilment and promote the satisfaction of case managers in caring for patients

Management needs to encourage case managers to share positive feedback and patient experiences with each other in order to enhance staff morale, and encourage the case managers to share diverse and innovative methods of caring for a patient that has had a positive outcome. Management needs to introduce a means of recognition for case managers who render quality nursing care in the least amount of time and financial impact.

Hauze, et al., (2019:22) claims that sharing received compliments increases one's morale and allows a sense of pride and confidence in one's work. This, in turn, will allow the case managers to feel a sense of satisfaction and intensify their workplace morale. Once an employee is feeling fulfilled in what they have achieved, this drives or urges them to go further and perform better. This increased performance and the will to do more for the patient will benefit the patient as they will receive optimal care and consideration, allowing the patient to feel connected with the case manager through their caring acts and attitude.

4.3.12 Management should clearly ascertain the different roles and responsibilities of a case manager and offer training, such as in interpersonal skills

In a move to better meet patients' needs and expand access to health services, nurses working in a managed health care setting should have their roles and responsibilities clearly defined in order to allow all aspects of training to take place. One such aspect that is vital in case management is the training and promotion of interpersonal skills development, if there is a need. Case management is a holistic type of care that requires a co-operative, collaborative effort by the case manager in communicating with the multidisciplinary team in order to care for the patient. This allows the patient an opportunity to return to optimal health and wellbeing. This process will promote and facilitate improved health care outcomes. Will (2016:45) states that once an individual is certain and understands their role and responsibilities in any context, this individual is able to fulfil their duties, obligations and responsibilities to the best of their abilities. Clearly stating a case manager's roles and responsibilities allows for the case manager to improve areas of their performance and attitudes where they may require skills development and training.

4.3.13 Management should monitor and collaborate communication and relationship building between in-hospital case management and managed healthcare case managers

Management should offer training such as assertiveness in order to facilitate better communication outcomes. The promotion of alternative means of communication among all stakeholders in the managed health care setting may create a holistic approach to patient care. Murdaugh, Persons and Pender (2018:12) report that communication is a key element in nursing and nursing care. Good communication skills are indispensable to basic concepts of nursing care as communicating effectively can help reduce the risk of medical errors, ensure better patient outcomes, and nurture patient satisfaction (Urden, et al. 2017:31).

Good communication is also considered vital in relationship building across all networks and among all workers working together to facilitate patient care (Winsett, et al. 2016:11). Effective communication in nursing promotes patient safety, and management in the managed health care setting should encourage open communication techniques between the in-hospital case managers as well as in-office case managers to facilitate collaborative patient care. This promotes team building and working together for the best interest of the patient.

4.3.14 In-hospital case managers should attend regular meetings with managed healthcare case managers

According to Machiels, et al. (2017:59-60), meetings allow staff to come together. Patients' needs are discussed, such as treatment alternatives, and the focus is on individual patients' requirements. These meetings will improve continuity of patient care, reduce admission rates, reduce the workload of doctors, and reduce waiting times for services. These meetings will also promote and improve family and care satisfaction, and increase professional development and satisfaction of nurses and patients. Case managers and management engagements will facilitate space and time for concerns to be raised and new ideas and reforms could occur. These engagements and meetings will allow an exchange of information and perhaps improve current procedures and processes, as well as sharing information. This will empower the case managers to consider alternative methods of performing their daily tasks. Once case managers are better informed, this allows the transmission of information and the patient intern benefits from the information sharing and exchange of alternatives that may be sought and could benefit the patient's health care as well as financial status.

4.4 STRENGTH OF THE STUDY

The strength of this study was obtaining an understanding of case managers' lived experiences of caring for a patient in a managed health care organisation. Based on this understanding, recommendations to facilitate caring among case managers were formulated. The study explored and described the lived experiences of case managers caring for a patient in a managed health care organisation. A phenomenological design was utilised to detail the experiences and involvement of case managers in caring for patients in managed health care organisation. The research findings indicated that caring among case managers was essential and it involved formulating a therapeutic relationship with the patients. There was a need to coordinate all aspects of care in a financial framework. Recommendations were made to facilitate care among case managers caring for a patient in a managed health care organisation.

4.5 EVALUATION OF THE STUDY

The challenges experienced by the researcher was that case managers were uncertain what the differences in nursing care and case management were. The case managers considered caring to be both nursing care and their case management role. Most of the case managers only perceived the case manager's role as caring and rendering nursing care. Although caring and nursing care, and caring and case management are distinct roles, the case managers considered this as one task and function. Caring was seen as an innate quality which case managers all had, although they expressed this patient care differently. The researcher noted that patients' care and case management, although a collaborative task, are differently displayed by each case manager in their functioning.

4.6 LIMITATIONS OF THE STUDY

There were cancellations of the scheduled interviews by the participants due to their work commitments. Meeting rooms were utilised to conduct interviews and in some instances, people would attempt to come into the locked room, this resulted in rattling the door handle in an effort to utilise the room that was booked by the researcher for interviews; this interrupted the interview process. During the initial phases of the interviews, most of the case managers displayed some anxiety and nervousness, but they later relaxed and managed to explore and describe their lived experiences. The participants who displayed uneasiness were reassured and this made them feel more at ease and relaxed. The case managers were encouraged to feel comfortable in order to be able to express their

emotions, feelings and experiences without fear of disapproval. Once the case managers were reassured, they were comfortable and willing to participate in this study.

The participants in this study comprised of case managers from one managed health care organisation, so the findings are not representative of all case managers who are employed in managed health care organisations. The study findings are therefore contextual in nature.

4.7 SPECIFIC RECOMMENDATIONS

Specific recommendations were made in terms of nursing research, case management, nursing practice and policy development.

4.7.1 Recommendations for nursing research

The researcher recommends that the study be repeated in different contexts as the study only took place in a particular managed health care organisation. Similar studies could be replicated using quantitative methods. Alternatively, a study on in-hospital case managers' experiences of caring could be conducted.

4.7.2 Recommendations for case management

Caring among case managers should be included in different modules during case management training. There should be an assessment of caring behaviours expressed telephonically and in writing, as these are the major means of communication and sharing care between the case manager and the patient. This will assist in assessing how nurses can adapt and transform their care through the technological communication systems that exist in the managed health care setting.

Communication within case management should also be a focus of facets of nursing. Different communication techniques should be trained and knowledge on both verbal and non-verbal communication techniques should be imparted to all newly hired case managers. This will allow the nurses hired as case managers to enhance their performance as a case manager.

4.7.3 Recommendations for nursing practice

Nurses in the managed health care setting should develop a therapeutic relationship with the patient, the patient's family, as well as the multidisciplinary team to promote caring and quality nursing care. The case manager needs to develop mutually beneficial therapeutic relationships in order to coordinate all aspects of patient care that is required in their role as a nurse. Case managers need to be empathetic towards the patient in order to promote nurse-patient relationships through digital electronic systems. Communication between the case manager and the in-hospital case manager, the treating doctor, as well as the patient is a critical part of caring for the patient. Holistic nursing care needs to display continuous caring; this includes the maintenance and restoration of total aspects of illness and wellbeing being taken care of.

The research showed that various barriers existed if there was a lack of sufficient clinical information received by the case managers. This, in turn, causes a hindrance and delay in the patient care that they needed to show or share. This delay in receiving adequate clinical information caused frustration as this was a barrier in the case managers making clinical decisions on the continuation of care for the patient. Such barriers could be controlled by in-hospital case managers being made aware of the set required clinical information needed by the case manager in the managed healthcare organisation. This can be done if there is a mutually respectful beneficial relationship with open communication channels that exist between the in-hospital case manager and the case manager in the managed health care setting. Communication sharing should be clear and simple through telephonic conversations as well as email. This will avoid any uncertainty of messages and information being interpreted incorrectly.

4.7.4 Recommendations for policy development

4.7.4.1 Introduce and promote patient-centredness in caring for patients by all health care professionals

- Incorporate co-ordinated care to increase the best health outcomes and effective approaches to caring for patients.
- Make use of patients' medical profile and previous admissions to assess and customise care and nursing to promote caring in the managed health care setting.

- Overcome the barriers of fragmented communication and caring to promote holistic nursing care and allow continuous caring.

4.7.4.2 Organise patient and family support systems

- Formulate case manager training manuals and sessions that will instil the skills to care and support the patient and the family.
- Support teams should identify high risk patients to care for and support them to improve their health care outcomes and reduce costs.
- Introduce case management peer support programmes to allow the sharing of experiences in order to enhance patient and family support for improved outcomes.

4.8 PERSONAL REFLECTIONS

This study has allowed me to develop and mature emotionally. It has enhanced my rational thinking. The research topic allowed me to undergo phases of introspection about human caring and nurses' roles, as well as case management as a career and a means of nursing care. This research has opened my mind to how different facets of nursing exist, but all amalgamate into one patient-centred care. I'm now able to understand and comprehend the value of the patient's wellbeing and that nurses are able to care for a patient even away from the patient's bedside. Case managers are nurses who never get to see or touch their patients, but they are still able to render holistic nursing care to the patient.

This study allowed me to explore the range of opinions, experiences and diversity of views, as well as collect 'rich information' on care from case managers employed in a managed health care organisation. This allowed me to become exposed to how nurses can seek innovative ways to care for a patient that promote total wellness and allow the patient to feel care and support from a nurse they will never see or physically touch. Our patients need kindness, empathy and support; nurses who care benefit both the patients' health outcomes as well as their own personal satisfaction as I've gathered on this research journey.

The case managers who care for patients holistically do feel an emotional connection with their patients. The sound of a caring, concerned voice on the other end of a telephone call made by a case

manager to the patient and their family does truly make a real difference in patients' lives and improves patients' wellness results. As Mother Teresa said, "Kind words can be short and easy to speak, but their echoes are truly endless". This study made me understand the value that case managers have as a function in society and in health care, and that caring can truly exist through technological systems. A nurse can show and share caring and compassion in any context as long as there is a will to show compassion and this is the foundation of nursing as a caring profession. I would like more nurses to be aware of the opportunities that exist in case management in managed health care organisations; this will allow innovation and changes in the nursing context in South Africa.

4.9 SUMMARY

The purpose of this study was to gain an understanding of the lived experiences of case managers in caring for patients in a managed health care organisation, in order to make recommendations for case managers to provide quality nursing care in a managed health care organisation. In this study, the paradigmatic perspective was based on a shared world view that represents the beliefs and values in a discipline and that guides how problems are solved (Freeman, 2017:51).

A qualitative research approach was followed using a descriptive phenomenological design, by implementing an explorative, descriptive and contextual research design (Burns & Grove, 2016:490). This qualitative research design was employed to explore the range of opinions, experiences and diversity of views, as well as collect 'rich information' on care from case managers employed in a managed health care organisation (Creswell, 2017:138). The aim of the qualitative design was to gain an understanding of the participants' experiences without imposing pre-existing expectations on them (Creswell, 2014:204), allowing the participants to feel comfortable.

Information generated from the unstructured, in-depth, individual, phenomenological interviews were used to identify the central concepts of the study which were the exploration and description of the lived experiences of case managers in caring for a patient in a managed health care organisation.

In Chapter Four, a summary of the findings of the study and detailed recommendations regarding the experiences of case managers in caring for a patient in a managed health care organisation were presented. Limitations of the study were highlighted, and the possibilities for future research were suggested by the researcher. The summary was also be presented.

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APPENDIX A: ETHICAL CLEARANCE

UNIVERSITY OF JOHANNESBURG

FACULTY OF HEALTH SCIENCES

RESEARCH ETHICS COMMITTEE

NHREC Registration no: REC-241112-035

REC-01-144- 2017

22 January 2018

TO WHOM IT MAY CONCERN:

STUDENT: **MBATHA, M**
STUDENT NUMBER: **201138993**

TITLE OF RESEARCH PROJECT: Experiences of Case Managers in Caring for a Patient in a Managed Health Care Organisation

DEPARTMENT OR PROGRAMME: **NURSING**

SUPERVISOR: **Dr C Downing** **CO-SUPERVISOR:** **Dr H Ally**
CO-SUPERVISOR: **Ms E Nkosi**

The Faculty Research Ethics Committee has scrutinised your research proposal and confirm that it complies with the approved ethical standards of the Faculty of Health Sciences; University of Johannesburg.

The REC would like to extend their best wishes to you with your postgraduate studies.

Yours sincerely,

Prof C Stein
Chair : Faculty of Health Sciences REC
Tel: 011 559 6564
Email: cstein@uj.ac.za

APPENDIX B: HIGHER DEGREES COMMITTEE CERTIFICATE

UNIVERSITY OF JOHANNESBURG

FACULTY OF HEALTH SCIENCES

HIGHER DEGREES COMMITTEE

HDC-01-98- 2017

22 January 2018

TO WHOM IT MAY CONCERN:

STUDENT: MBATHA, M
STUDENT NUMBER: 201138993

TITLE OF RESEARCH PROJECT: Experiences of Case Managers in Caring for a Patient in a Managed Health Care Organisation

DEPARTMENT OR PROGRAMME: NURSING

SUPERVISOR: Dr C Downing CO-SUPERVISOR: Dr H Ally

CO-SUPERVISOR: Ms E Nkosi

The Faculty Higher Degrees Committee has scrutinised your research proposal and concluded that it complies with the approved research standards of the Faculty of Health Sciences; University of Johannesburg.

The HDC would like to extend their best wishes to you with your postgraduate studies

Yours sincerely,

Prof BS Shaw
Chair: Faculty of Health Sciences HDC
Tel: 011 559 6891
Email: brandons@uj.ac.za

APPENDIX C: PERMISSION FROM MEDSCHEME

PO Box 1101, Florida Glen, 1708
37 Conrad Street, Florida North,
Roodepoort, 1709
t +27 11 671 2000
www.medscheme.com

Date: 14 Feb 2018

Attention: Michelle Mbatha

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN GEMS MANANAGED HEALTH CARE ORGANISATION
Application submission date February 14 2018

1. Email dated 01 Dec 2017 requesting permission to conduct research study at Medscheme's Managed Health Care Organisation
2. This letter serves to confirm that your application/ request to conduct research study at Medscheme's Managed Health Care Organisation was approved

Approval from HR

.....

.....

Name Surname

23/2/2018

Date

Granted By Manager

.....

MOHAMMED S. MUSTAFA

Name Surname

23/02/2018

Date

Medscheme Holdings (Pty) Ltd Reg No 1970/015014/07

DIRECTORS: KM Aron (CFO), A Bandeker, JW Boonzaaier, I R Callakoppen, C Khoza, IM Kirk, MJ Madungandaba, AA Mahmood, Dr N Nyathi, ABS Pedersen, V Pillay, TM Rametse

Company Secretary: DR Mokalo

PO Box 1101 Florida Glen 1708

37 Conrad Road Florida North

Roodepoort 1709

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN GEMS MANANAGED HEALTH CARE ORGANISATION

DEAR MEDSCHEME EXECUTIVE COMMITTEE AND MANAGEMENT

My name is Michelle Mbatha and I am a masters' student at the University of Johannesburg. I would like to request permission to conduct research at the Gems Managed Health Care Organisation/ Hospital Benefit Department. This research study for my master's dissertation will examine the experiences of case managers in caring for a patient in a managed health care organisation.The research will be conducted under the supervision of Dr Charlene Downing (Dcur UJ, South Africa) and co-supervisor Dr Hafisa Ally (Dcur UJ, South Africa).

I hereby seek your permission to approach a number of case managers who are employed in your organisation to participate in the research study. The principles of confidentiality and anonymity will be upheld throughout the research process, thus minimising the risk of any negative outcomes for both the organisation and the participants.

Attached please find a copy of my proposal and consent forms to be used in the research process, and a copy of the approval letter which I received from the University Of Johannesburg's Research Ethics Committee and Science Committee.

Upon completion of the study, I will provide the Gems Managed Health Care Organisation with a copy of the full research report. If you require any further information, please do not hesitate to contact me on O11 758-8182 or at Michellemb@Medscheme.co.za. Thank you for your time and consideration in this matter.

Yours sincerely,

Michelle Mbatha

Employee number 7052210

…….

University Of Johannesburg

APPENDIX D: INFORMATION LETTER

FACULTY OF HEALTH SCIENCES, DEPARTMENT OF NURSING UNIVERSITY OF JOHANNESBURG

RESEARCH STUDY INFORMATION LETTER

Date

Good Day

My name is Michelle Mbatha. **I WOULD LIKE TO INVITE YOU TO PARTICIPATE** in a research study on experiences of case managers in caring for a patient in a managed health care organisation.

Before you decide on whether to participate, I would like to explain to you why the research is being done and what it will involve for you. **I will go through the information letter with you and answer any questions you have.** This should take about 10 to 20 minutes. The study is part of a research project being completed as a requirement for a Master's Degree in Ethics and Ethos of professional nursing practice, through the University of Johannesburg.

THE PURPOSE OF THIS STUDY: Is to gain an understanding of the lived experiences of case managers in caring for patients in a managed health care organisation and secondly, to develop and make recommendations to enhance the quality of nursing care in a managed health care organisation. Below, the researcher has compiled a set of questions and answers that she believes will assist in understanding the relevant details of participating in this research study. Please read through these. If you have any further questions I will be happy to answer them for you.

DO I HAVE TO TAKE PART? No, you don't have to. It is up to you to decide to participate in the study. The researcher will describe the study and go through this information sheet. If you agree to take part, I will then ask you to sign a consent form.

WHAT EXACTLY WILL I BE EXPECTED TO DO IF I AGREE TO PARTICIPATE? You will be expected to participate in unstructured in-depth interviews. Your participation in this study is entirely voluntary. There are minimal anticipated risks and little discomfort to participants in sharing their experiences of caring for a patient in a managed health care organisation. The researcher will visit each participant individually to conduct the interview and thereby collect data. Each interview will take about 45-60 minutes. Notes will be taken to keep track of what was covered and the interviews will be audio-taped with your permission and then transcribed. The recordings will only serve to help the researcher remember what was said. As soon as the tapes have been transcribed, they will be kept under lock and key for two years, after which they will be destroyed. An independent coder will transcribe the data. Participants' names and any other personal information that could identify them will be eliminated and will not appear on the audio-tapes or in the transcripts. Furthermore, the identity of the participants will not be revealed when the study is published. Participants can withdraw at any stage of the research project. Ethical clearance will be obtained from the Ethics Committee of the Faculty of Health at the University of Johannesburg.

WHAT WILL HAPPEN IF I WANT TO WITHDRAW FROM THE STUDY? If you decide to participate, you are free to withdraw your consent at any time without giving a reason and without any consequences. If you wish to withdraw your consent, you must inform me as soon as possible.

IF I CHOOSE TO PARTICIPATE, WILL THERE BE ANY EXPENSES FOR ME, OR PAYMENT DUE TO ME? No, you will not incur any expenses by participating in this study and you will not be paid for participating in this study either. The research study will be self-funded by the researcher.

RISKS INVOLVED IN PARTICIPATION: There may be minimal anticipated harm, if at all, produced by participating in the study and sharing experiences in caring for a patient in the managed health care organisation. An opportunity will be provided for each participant to ask questions prior to the commencement of the interviews. The interviews will be stopped at the first sign of discomfort that maybe be brought about by sharing your personal experiences.

BENEFITS INVOLVED IN PARTICIPATION: Not every participant will personally benefit from the research study. However, the research study will provide valuable information on case managers' experiences of patient care in a managed health care orgnisation which will help

researchers gain an understanding of the lived experiences of case managers and to make recommendations to enhance the caring for patients in a managed health care organisation. This information may benefit health care as a whole.

WILL MY PARTICIPATION IN THIS STUDY BE KEPT CONFIDENTIAL? Yes. Names on the questionnaire/data sheet will be removed once analysis starts. All data and back-ups will be kept under lock and key for two years after which they will be destroyed. Only the researcher and supervisor will be authorised to use your anonymised information in connection with this research study. Any other person wishing to work with your anonymised information as part of the research process (e.g. an independent data coder) will be required to sign a confidentiality agreement before being allowed to do so.

Below are the details of the researcher and the supervisor in case you wish to ask any further questions regarding this study:

Michelle Mbatha
011 758-8182/ 082 443-0319
e-mail: MichelleMb@medscheme.co.za

Supervisor

Dr Charlene Downing
Tel: 011 559-9063
e-mail: charlened@uj.ac.za

Co-Supervisor

Mrs E. Nkosi
E-mail: NkosiE@uj.ac.za

If you feel that any questions or complaints regarding your participation in this study have not been dealt with adequately, you may contact the Chairperson of the Faculty of Health Sciences Research Ethics Committee at the University of Johannesburg:

Dr C. Stein
e-mail: Cstein@uj.ac.za

FURTHER INFORMATION AND CONTACT DETAILS: Should you wish to have more specific information about this research project, have any questions, concerns or complaints about this research study, its procedures, risks and benefits, you should communicate with me using any of the contact details given above. *Researcher Michelle Mbatha*

APPENDIX E: RESEARCH CONSENT FORM TO PARTICIPATE IN INTERVIEWS

FACULTY OF HEALTH SCIENCES, DEPARTMENT OF NURSING, UNIVERSITY OF JOHANNESBURG

RESEARCH CONSENT FORM TO PARTICIPATE IN INDIVIDUAL INTERVIEWS

EXPERIENCES OF CASE MANAGERS IN CARING FOR A PATIENT IN A MANAGED HEALTH CARE ORGANISATION

Please initial each box below:

☐

I confirm that I have read and understand the information letter dated Click here to enter the date, as is appears on the information sheet. For the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

☐

I understand that my participation is voluntary and that I am free to withdraw from this study at any time without giving any reason and without any consequences to me.

☐

I agree to take part in the above study.

_____

Name of Participant Signature of Participant Date

_____

Name of Researcher Signature of Researcher Date

APPENDIX F: PERMISSION TO CONDUCT RESEARCH INTERVIEWS AND AUDIO-RECORDINGS

FACULTY OF HEALTH SCIENCES, DEPARTMENT OF NURSING, UNIVERSITY OF JOHANNESBURG

RESEARCH CONSENT FORM FOR INTERVIEWS TO BE AUDIO-TAPED

EXPERIENCES OF CASE MANAGERS IN CARING FOR A PATIENT IN A MANAGED HEALTH CARE ORGANISATION

Please initial each box below:

☐

I hereby give consent for my interview, conducted as part of the above study, to be audio-taped.

☐

I understand that my personal details and identifying data will be changed in order to protect my identity. The audio tapes used for recording my interview will be destroyed two years after publication of the research.

☐

I have read this consent form and have been given the opportunity to ask questions.

_____

Name of Participant Signature of Participant Date

_____

Name of Researcher Signature of Researcher Date

APPENDIX G: RESEARCH CONSENT FORM

CONFIDENTIALITY AGREEMENT

This agreement is between Michelle Mbatha (the 'discloser'), currently registered at the University of Johannesburg Department of Nursing, to complete a research project as a requirement for a Master's degree in Nursing Ethics and Ethos of professional practice and_____(name), _____(ID number) (the 'recipient') as an independent coder for the research study undertaken by the discloser.

The recipient agrees that all confidential information provided by the discloser for the purpose of independently coding qualitative data, whether disclosed in writing, orally or otherwise, and specified by the discloser as confidential, will be kept confidential for an indefinite period of time.

The recipient agrees to:

- keep the disclosed information strictly confidential,
- not to disclose the confidential information to any person without the discloser's written consent,
- not to use the disclosed information in any way during the course of the recipient's own work,
- use the same degree of care to protect the confidentiality of the disclosed information as the recipient uses to protect the recipient's own confidential information,
- destroy all of the disclosed information and irrevocably delete any disclosed information from the recipient's computer system as soon as the work is completed by the independent coder.

The parties indicate their acceptance of this agreement by signing it below.

SIGNED BY_____ (the discloser), on [.....]:

SIGNED BY [.....] (the recipient) on [.....]:

APPENDIX H: SAMPLE OF A TRANSCRIPT

Interview 2

Research Topic: Experiences of a case manager in caring for patient in a managed health care organisation

Research question: What are the experiences of case managers in caring for patients in a managed health care organisation?

Transcription – Interview 2

Interview date 31 July 2018 Time 15H00 pm

Venue: Onsite at managed health care organisation

Duration: 48 mins

Age	31
Gender	Female
Qualification	Post Basic Critical Care diploma in Nursing
Ethnicity	African
Years in Managed health Care	18 months

Participant	Interview	
Interviewer:	Please come in and sit down. Thank you for joining us.	
Participant :	*Participant takes a seat*	
Interviewer:	Welcomes and thanks participant for coming	
Interviewer	I just want to recap on the informed consent that you signed and the information leaflet that you read. Introduction and background on the research topic, and recap of all the ethics clearances and approval received from UJ, Gems and Medscheme.	

Interviewer:	I just want us to go through a little bit of background of this research	
Participant	ok	
Interviewer	Umm, my research is based mainly on care, Care that a case manager renders in a managed health care organisation, but before I start I wanted to thank you again for this interview. I think we can get into the interview. Can you please tell us about yourself?	
Participant	Ok, thank you so much for having me I don't want to talk about my background before nursing because in a sense that what we here for. So uum I started off my training in Bara, then post bara I went to Helen Joseph When I started in Helen Joseph I started off in a general ward and after the general ward I went into ICU. This is during my community service time. Then straight after comm serve, They requested that I go for ICU training I went into ICU training which was a lot of fun, then I came back. I ended up working in ICU, for quite some time and then I left Helen Joseph to go to Europe assist In Europe Assist it wasn't challenging enough for me so I just decided it was time to branch off into a new cause now I felt I wasn't making much of a difference there. .	

Interviewer	Mmm	
Participant	Them I came through to Medscheme where I started in Pre authorisation call center department taking calls. I stayed in Pre auth for about 7months and then went through to case management where I started off last year	
Interviewer	Mmm, so can I just find out all in all how long have you been in Medscheme	
Participant:	1 year and 6-7 months.	
Interviewer:	Ok Thank you Uum then I think we can get into the interview I really would like to know is how is caring for you, how do you care in a managed health care organisation?	
Participant:	Um Ok I feel that I care in a sense that I first look at the patient or person member as a patient. I look at the member as a person not only as a client and then I bring through the medical aid. By taking care of her uum, of making sure that her updates are done, everything for her is done within the medical aid or administrator side of things.	
Interviewer	Mmm	
Participant:	Because if I'm not able to take care of the person in there I mean with what I'm supposed to do with work then that's going to create more stress, for the patient. And hence when the patient is discharged they	

	also get stressed from which is something that you wouldn't want	
Interviewer	Mmm	
Participant:	Which will make them prolong their stay or even get even more sick and comeback into the hospital., So I care about the patient in a sense where the patient doesn't really see me but I'm really taking care of the patient with regards to uum the care that they receive at the hospital level because I can also have an input on their stay and their health.	
Interviewer	Mmm	
Participant:	When the patients are in hospital, if I see that the patient is not really treated that well. I can speak to the case manager and ask what is actually going on you know with this patient because it's like even when you see a patient that's been in with convulsions a number of times, maybe every time like every month the patient is coming in admitted for convulsions, have they come up with a diagnosis? To say that this patient has epilepsy or not? Then I ask them what's going on? Or do they need to start the patient on epileptic treatment or anything to that effect?	
Interviewer	Mmm	
Participant:	Or maybe they need to actually consult a specialist and then I would be able to recommend that to the member. You can in such a way say you have to have all your senses open and you need to think about everything that's happening within the patients surroundings. Then you can have an opinion on that and basically that's how I feel I care.	

Interviewer	Thank you can you tell us what's your role as a case manager?	
Participant:	I know that most people think being a case manager is just about updating. It's not only that you view everything that's happening within your patients while the patient is in hospital you get to update once you get your update you still need to verify everything that the patient is the correct patient. We look at what's happening with the patient and if the patients has got enough benefits with whatever the procedure or for the hospital stay its self in order for the patient to receive the best care. And like you are still there you still need to liaise with the hospital and ask if it's really necessary for the patient to be there? Because sometimes realize that the patient is not really in need of hospital care so you actually need to involve maybe the multidisciplinary team. Or something and it's not really the best care that the patient is getting.	
Interviewer	mmm	
Participant:	So it's not only about the administrative side but also where you have to only uum update and its taking care of the patient even looking at you as I've stated before.	
Interviewer	mmm	
Participant	And then what I do know is uum. That I need to make sure that my patient is well equip with information, what's also happening within the medical aid, knowing what benefits they have and knowing how much they can use in order for them to make informed decisions. Uum so my role in a sense would be overlooking and overseeing everything within my patients not only in the hospital but also what's happening within the financial side in the medical aid setting.	

	And how i can assist the patient, by sharing information.	
Interviewer	Ok thank you You said you receive updates how do you receive these updates? And where do you receive them from?	
Participant:	Ok participant *clears her throat*, these updates come through emails or Medscheme's business systems. Medscheme's has a computer system. A lot of the hospitals has the system linked. I'm not sure I'm not going to say all of them because some of them don't have the same system. So, then I receive uum the updates through the system, they update through that system and I receive it, it's either when I receive it that way. I get all the information from that or they can send through an email and I receive an update through an email. It's also a great way to receive an update some come telephonically that can also be very tricky because as you know what's not written is not done.	
Interviewer	Mmm	
Participant:	So I rely on that I really prefer it when a person sends with a written update on the system, rather than having a update done telephonically.	
Interviewer	Mmm, Thank you What's the total sort of nursing care that you render	

	from you sitting as a case manager? How do you render your care?	
Participant:	The same things as a nurse it's just that you not physically there. Uum when you receive an update I still have to do the same things that a nurse does when they see a patient. You still have to identify your patient which is what I get when I receive the update. I still need to identify that the patient is the correct one and then, so I get what I understand ok these are the things that are going to need so you can be able to plan ahead of the time And when I see that the patient either lacks or needs something or has something in access then I'm able to plan for that patient and I'm able to communicate with the case manager that's in hospital.	
Interviewer	Mmm	
Participant	If that patient for instance doesn't have enough prosthesis benefit ok that could be a future stressor for that patient. So I'm still caring for the patient by telling them that look, listen this is the amount that you have for example the prosthesis benefit that you have in your benefit is about if the patient If the patient has R40000 and the hospital wants to bill like R80000for that prosthesis. Then I tell them ok you've got R40000 is in the benefits, Isn't it better for you to ask your Dr to outsource or get another quotation so that you shouldn't be a stressor for you post discharge. Because after that somebody still needs to take care of the patient and this will be the thing that will make them comeback. The stressors of life and all that So we try to minimize the hospitalisation will minimize the hospital stay and extended stay for them, Which they also wouldn't want they also want to be with their	

	family that the miss	
Interviewer	Mmm	
Participant:	I nurse a patient that way I visualize what type of care is needed. Thankfully for being a nurse you are able to have that vision of a patient and see what exactly going on because sometimes it's not than uum you don't to do something for a patient or for a member because I have to look at it in both ways that is a member and a patient. So with every information that I'm getting I'm able to visualize what's happening with patient and I'm able to ok maybe this should be tried for a patient instead of just saying they staying for too long. So that's how I'm giving my care to the patient by minimizing all their stressors with regards to uum things that are health related as well as still having an impact on them with regards to health related issues by having an opinion with uum the other case managers while we liaise over the phone or on the system its self So that's how I care for the patient they'll never know but I do	
Interviewer	Thank you, you spoke about finances and benefits and caring How do you associate finances and caring?	
Participant:	Ok the way I associate finances and caring is that should nobody wants to have a financial stressor. So as I said to you previously with regards to the benefits of R40 000 if there's no way that the Dr can have a prosthesis benefit of R40 000 I'll have to advise the patient in order for them to get the best care which is still caring for them financially And we still have an impact on their health so I can tell them to tale something that's called Ex-gratia which is something that the medical aids have but Gems really pushes for the patients to know about it.	

	Uum	
Interviewer	Mmm	
Participant:	I can still advocate for my patient so Ya. So I would advise them on how to apply for Ex gratia in order for them not to incur the shortfall that they may have on their prosthesis benefit So I need to look at all of those aspects and see how to help and assist them with that financial side. Without them having to have a financial strain as I said it will also make everything even more complicated even more because If you're stressed out usually your health goes downhill.	
Interviewer	Mmm	
Participant	So I do see them coming through well with the health and the financial side with regards to the member as we don't only look at a member but as a patient as well. If I don't look at the patient this way I'm not taking care of the patient. Then I'm actually minimizing my care I'm only looking at the company and not really saying anything about the customer care cause that's also part of customer care not only just about the patient but giving the people the best service I can give.	
Interviewer	Mmm Ok can you tell us about the sorts of patients you have I'm sure you have some long term patients Do you have long term patients and how do you care for them ?	
Participant:	*Clears throat.* For those patients oh yes I definitely have,Im always with long tem patients I'm one of the queen of long term patients	

	smiles I've had a patient that has been in hospital for more than a year for about a year actually. And with this patient it wasn't really about taking care of them necessarily because this patient was unconscious it was basically the lights were on but nobody was home. And then I needed to take care of the family as well more than the patient. I had to make contact with the patient ask the family how they doing and have an understanding of how what their understanding about having a family member or a member of their family in hospital having a poor prognosis. That this means that this actually means the person might not make it and the patient didn't make it.	
Interviewer	MMM	
Participant	But prior to that I had to ask the hospital for that family to go for counselling in order for them to have an understanding and closure and emotional closure for the family as well. As maybe the family is also not doing so well and this gives them time to plan because I mean even with them they had their own rituals and their own things The wife of this patient wanted to bring in a sangoma then from there she would take it from there. She brought the sangoma in and the patient actually passed away and with long term patients a lot of work goes into it you have to include everyone one in the patient's life and take of the family means taking care of the patient as at that time the patient you can't do much for themselves So with that you can contact the family and the hospital and even people you didn't think you'd be contacting I don't want to say multidisciplinary team maybe I can say it's a global thing you need to take care of everyone that's the care that I feel I've been giving to this patient, and you'll be able to see results with your patients unfortunately with this patient as I told you about it wasn't a positive outcome but at the end of the day at least the family and the patients itself all got positive outcome.	

Interviewer	Thank you can I find out at what point do you involve the family or contact the family?	
Participant:	Uum its different for every patient I can't really say this is the definite time after say 2months I will be contacting the family I've got a different patient actually that was in hospital for about 2days	
Interviewer	MMM	
Participant	For a delivery but then this patient had a caesarian section for and said it was for a previous c/section and I was like this is a 19 or 20 year old when was the first delivery So, but I had to call the patient in a tactful way. I couldn't just say is this your second baby cause you don't want to sound as if you're having some negative comments. So I called and said I just want to say congratulations on the 2nd baby and they were actually surprised , 2nd child what are you talking about this person doesn't have a child I was like sorry about that and that's how I found out that this person was never previously pregnant I mean this was the 1st pregnancy Meaning the hospital didn't update correctly this was for a 2nd Caesar so there is no steadfast thing. As to when we contact the family every single patient you have to be alert and see what is actually going on	
Interviewer	MMM	
Participant:	Every single patient I treat them as individuals not as a group as everything happens differently for different people each and every patient so Ya Contact isn't something that's is steadfast it's different with everyone.	

	With the previous family that I told you about their patient was in for a long time so I had to contact the family late and this patient I had to contact the family early it's an individual thing	
Interviewer:	Thank you can you tell us about the pros and cons of being a case manager	
Participant:	Ok the pros of being a case manager is that one thing I love is that I'm out of the hospital setting uum The reason I'm saying that is because I could feel myself is that I'm actually now starting to nurse time wasn't nursing patients anymore I knew I needed to write a report I knew I needed to give medication at such a time It wasn't a thing that I was nursing an individual like now I'm here is case management I'm actually looking at the patient, cause that's what I have in front of me of my screen at the time. This is the patient I'm caring for so that I concentrate everything on my patient. Which is a good thing cause now, I'm able to digest the patient and think about what's going on with the patient instead carpeting the whole thing as ok I just need to work and hurry up. Get finished and being exhausted and not really concentrating on what you're doing, like I did at the bedside. You get to know your patients and what's going on with the patient even more clearer because you're dealing with only one patient at the time.	

Interviewer	mmm	
Participant	And now previously in nursing, I was starting to be like all the other nurses that they spoke about, and I actually started to feel like ooh I'm actually becoming the nurse with an attitude, I'm like oooh its fine maybe it's time to leave like now. Case management has given me the opportunity to become a nurse again, I take my time caring for one person holistically, looking at how I can assist the patient emotionally, physically, psychologically and financially, so I brought the heart back its brought me back to being a nurse.	
Interviewer	Ok	
Participant:	And the cons about it I would say just it's because, I don't get to see patients. Because I love people, I really love people. That's the big con that I don't see people or don't get to see a quick response or as quick as I want it to be cause, if I send through something asking for let's say blood results, and if I could see them at the time but now I have to wait. Now I have to wait for the hospital to first send it to me, so the dynamics that I've seen. I can't see my care in front of me I have to wait to see maybe the patient has been discharged, to say oh yes the patient did benefit from my care.	
Interviewer	Ok	
Participant:	The cons for me is not being in front of the patient. That is more of an emotional thing, that I miss.	
Interviewer:	Thank you, how do you get your updates because you said you nurse your patient from behind a screen, how do you nurse a patient from behind a screen?	
Participant:	*Takes a deep breath*. How I nurse the patient from behind the screen? Ok, I'm going back to the patient with convulsions or rather the epileptic patient you see	

	that patient was constantly coming in and out of hospital, every single month and this patient is already in hospital and has been diagnosed. You ask yourself what's going on? does the patient actually understand what happening with their condition? So I take the extra step to call them and ask the patient, to do they understand the condition that they have? You call them then you explain what's going on, or you ask what's going on or would they rather have someone explain it to you or rather go and consult with your Dr. You advise them to as the Dr to the condition in details, in order for you to avoid going into hospital every single time it shows that your alert and you do care for your patient.	
Interviewer	mmm	
Participant	You don't necessarily care for your patients by speaking to them directly, the patient might never know you even exist with regards to your care, because when the hospital care manager sends you an update you're like no there's something wrong my patient is not getting well. We call and ask them, do you realize this is what yours saying and does it make sense, and they realize maybe it's not what was supposed to have been done. The patient will never really know you were there taking care of them you know, that's why we say, thank God there are other nurses there taking care of the patients at the bedside, and you a nurse in front of a screen so you are caring for the patient it's just that no one knows.	
Interviewer:	mmm	
Participant:	Then you are able to connect yourself to the patient then you feel the connection, even though it may not be physical, but you know exactly well not exactly but you know what the patient is going through, but you've got an idea of how the patient is dealing with issues. Once you see that patient has been through complications multiple surgeries and procedures and operations you can be able to visualize	

	all of that. Say you get blood results and you like ok this person is with high potassium or high creatinine and all of those things you can associate it with, ok fine this is a renal patient so if it's a renal patient renal patient look like this, in a caring way. I ask myself how do i care for this renal patient? Or ok this is a cardiac patient this is how they behave so you get to understand the behavior that's how you immerse yourself into the patient then you able to connect with the patient even though you not with the patient. We are able to connect with our patients we are able to give them the best care	
Interviewer	MMM, and what sort of learning, what have you learnt with being a case manager?	
Participant	Ok with being a case manager besides the fact that I've learnt the computer. It's not that I was completely off with the computer but now I really know how to work with it. I really had to learn how to do spreadsheets. I was asking someone the other day on how do you move this here and how do you do this, So I've really learn how to use a computer even more than what I could do previously which is great it's a way of furthering myself with technology, which is a great thing and I've learnt different ways to communicate using technology *Clears throat*	
Participant:	Because with regards to the hospital we really communicate using emails. And things now we do that most of the time we are on the phone and we learn telephone etiquette even more and you actually learn how to express yourself as well to be more direct and professional as well with regards to how you communicate with everyone I've also learnt a lot with regards to nursing as well. I'm an ICU nurse but now, I've learnt new things like pediatrics and taking care of pediatrics which is something I never worked in I never worked in maternity and I hate maternity, *shakes head* but I have to do maternity.	

	And it's making me learn which is something I was not going to be able to do in the hospital, so it's taught me a lot of things with regards to technology and my profession and nursing.	
Interviewer:	Thank you get your updates from a clean piece of paper on your screen how do you associate the care that you give from all the information that's basically on a piece of paper How then do you see your patient?	
Participant:	Like I said what's nice is that I'm a nurse and I'm happy that case managers are nurse's *smiles,* because if you're not a nurse you're not going to be able to care for a patient, because your either going to down play or over play the condition of the patient.	
Participant:	With me they can give me one line they can give me blood results, but I can associate it with a patient and say ok these bloods are deranged, blood results it means the patient is like this, this , this then associate all that just from a blank piece of paper because I've been in the front line and seen what's going on and this helps bringing those two together , paper and patient so I get everything done that way plus bringing them to life, I imagine the patient in front of me.	
Interviewer	The patients that you get are they all in hospital do you have your own hospitals, that you are taking care of?	
Participant	Uum in with well case management its nice you have your own hospitals. In office case manager can say oh, I'm seeing you again what's happening here your given your own hospitals that you take care of which is a good thing. It gives you the opportunity to see how many times the patient does come in and out of the hospital People are creatures of habit they come into one hospital and will always use the same hospital and you can see no man there is an association, so it's like I've seen you before and you start by saying ok should I start by contacting the patient is the patient in need of assistance what type of issues do they have and is it more of a social issue maybe?	

Interviewer:	mmm	
Participant:	Or what's going on at home so yes we work with our own individual hospitals I love the way that they've coordinated that because that will make you more clued up in your hospital you know how they update and you know who's coming in and out of the hospital, and you can associate better with the hospital case managers.	
Interviewer:	How do you nurse a patient in totality you spoke about total nursing care how do you do it in case management?	
Participant:	I want to like say … All the cases are the same sometimes you get a patient that comes and goes then there's really not much I can say, for that patient then there's patients that stay for long 10day patients or patients for specific procedures you have to apply yourself even more to ask your self *Excuse me*	
Participant:	How can they say maybe the patient is coming for a back procedure but you see this patient has a knee fracture it doesn't really work? You look at all the things and say how is this benefiting my patient before anyone else how does it benefit the patient. You call the member and ask is this what's going on as I've stated, we look at benefits as well if there is benefits so you not only nursing now but for the future as well in order for them not to return.	
Participant:	To the hospital then you give your own opinion to the case manager on the other side to say no can't we try help the patient in such a way. If the patient is in need of extra care post discharge we can arrange that care maybe the patient will need dressings after or whatever, you organize with a dressing sister to have them to work with them. You take care of the patient's health wise as well as when it comes to money you take care of the patient post discharge. It really is a	

	holistic approach it's not only about saving for the medical aid but saving for the patient also and see that everything for the patient is taken care of until they come back to health.	
Interviewer:	Thank you so much. The communication systems that you have does that affect the care that you render	
Participant:	Yes definitely if the system is down even for 30mins then its calls and personal emails coming You don't know how to manage the whole thing communication is really key	
	If the nurse that's in the hospital doesn't press send that is between the hospital getting the information and as well as us getting information from them because I will never know and the case manager in the hospital will also never know If the communication system doesn't work then communication is broken. If updates are over the phone if you didn't write it down it wasn't done so if the next person comes into the case they don't know what's happening we have to write clear notes, if the case manager doesn't give you enough information you can't render the best care you can to the patient because people in the hospital are your eyes and ears without them you can't render the care that the patient needs, and that would be blocking the funds I guess.	
Interviewer:	lastly the care that you render in the managed health care organisation and the distance being away from the bedside of the patient does it have an impact on the patient care that you render	
Participant:	Definitely, definitely. it has a big impact because you don't necessarily have to be inform of the patient to care for them , you could ne in front of the patient but not doing much for the patient	
interviewer	MMM	
Participant	If your heart isn't in it what's the point of being there in front of the patient so now that I'm here in case managing its opened up so much because now I get to want to know what's happening with my patient and what's going on with my patient. If there's a big medical term I don't understand I get onto google. I google what and I'm like k this is	

	what this word means this is actually because you'll never know everything because when you in the hospital setting you don't have the time. We see giving the best care based on that fact that you see the patient face to face is not really a way to measure who gives the best care between the in office and the person in front of the patient.	
interviewer	mmm	
Participant	I get to know what's going on with my patient So far it's been a positive for me to move from the bedside nursing and coming to case management because now I really am more alert when it comes to my patients	
Interviewer	Thank you one final question The care that you render is dependent on a 3rd person because your dependent on the 3rd person to give you the information that you need what happens to the care that you render	
Participant	If I don't get enough information my care to the patient is really compromised Communication is key to everything. If you miss one thing if you miss telling me the member has a bedsore although the bedsore can be taken care of at home this member is going to need someone going and dressing the bedsore at home. I won't be able to organize it, and this will be a disservice to the member communication is everything if you don't give me enough information I won't be able to give you everything as well this means the member suffers.	
Participant	From both parties the member suffers. We always need a communication system that works. We must be able to pick up the phone and call and write clear notes so it's easy for the next person to see and understand not medical jargon like HPT and expect the next person to know its Hypertension. Communication is the biggest key how the medical aid renders care to the patient	
Interviewer	Is there anything you would like to ask us?	

Participant	Defiantly no questions	
Interviewer	If there isn't anything else Noted once data is compiled and I'm ready to publish I will share this valuable information with you so you are able to see the impact you had on my study	
Participant	You actually allowed me to bring understanding wow on what we are doing, how we apply our minds. If it wasn't for the nursing background and nursing and technology, we wouldn't be able to care nursing is wonderful because we take it for granted but we are doing so much we are working with our brains in our heads Thank you	
Interviewer	closing remarks	
Participant	Was thanked and left the room.	

Notes
Initially participant was anxious and nervous
But gradually eased into conversation
She seemed comfortable with answering all the questions posed at her
She's confident and willing to share her experiences this is clear by the examples she illustrated to us about
Conversation was informal and relaxed

Pitfalls and challenges
I asked two to three questions on top of each other
I didn't actually give the participant time to think
I was nervous and didn't pick up on all the non-verbal ques

The way forward for the third interview
To ask the research question clearly
To choose one question and only pose one question at time
To give the participant a chance to think after questions
To pick up key words that illustrates experiences from the verbal responses
Pick up on non-verbal ques if there are any

Alternative questions
How best can you describe the care that you render as a case manager?
What experiences stand out for you as a case manager?
What are the benefits you've met in the nursing care you render as a case manager?
What can you say are the highlights of being a case manager?
Are there any differences in nursing care that a case manager renders compared to bedside nursing?

APPENDIX I: SAMPLE OF A REFLECTIVE JOURNAL

Conducting the interview for my research interview was overwhelming. I was anxious and nervous at first and time set was 45-60min although each second that passed felt like it took forever. I was cautions to say the right things and ask the right questions. I wanted to achieve the most out of the set time frame. And every other minute I was concerned that the tape recorder was working correctly and hoped that it didn't have glitches and that it wouldn't stop during the interview. This was my first experience of conducting interviews for my Master's Degree.

My interviews consist of ten interviews, of registered nurses that are employed in a nagged health care an organisation for one year or longer. I was always was aware of the time frame allocated for each interview. Although with each interview, I felt more at ease and comfortable. I gained more confidence as I realised that the interview process was not as daunting as I initially assumed but an experience and adventure of both exploration of the case managers experiences as well as my own intellectual discovery.

Throughout the interview that I conducted, I became more aware of verbal and non-verbal ques. I became more cognisant of human communication made by subtle gestures and even the power and importance of silence. Through all interviews communication techniques I've managed to explore and discover like probing and paraphrasing.

Each and every interview was unique, with each interview I started with the pre interview introduction always reassuring my participants of their rights and that approval and permission was sought from all the relevant stakeholders and that they should feel free and comfortable with sharing their experiences with me as there was no right or wrong answer and that all that was shared I would keep in the strictest of confidence and private.

Only once my participants were free and comfortable, did I initiate the interview always starting with this question, how is case management for you? This allowed the case managers to on their role as a nurse fulfilling a position as a case manager and all that encompasses their experiences in rendering patient care from the managed health care organisation. This question allowed me the opportunity to probe for more emotions and experiences until the lived phenomenon was explored and shared.

I learnt some valuable lessons during the interview process one being the ability to listen and hear what is being shared as well as picking up on the body language of my participants that also shed some

insight on how case manager care for patients in a managed health care organisation.. All the participant were able to share in their experiences that was beneficial to the study. All the participants signed all consent forms prior to any interviews taking place. Assessing the study outcomes. I believe this study was fruitful.

APPENDIX J: LANGUAGE EDITING CERTIFICATE

24 October 2019

To whom it may concern:

I hereby confirm that I have edited the dissertation entitled: "EXPERIENCES OF CASE MANAGERS IN CARING FOR A PATIENT IN A MANAGED HEALTH CARE ORGANISATION". Any amendments introduced by the author hereafter are not covered by this confirmation. The author ultimately decided whether to accept or decline any recommendations made by the editor, and it remains the author's responsibility at all times to confirm the accuracy and originality of the completed work.

Leatitia Romero
(Electronically sent – no signature)