**TRANSCRIPT 2**

**P2**: Participant 2

**R**: Researcher

R: Good morning

P2: Good morning, ma’am

R: Um my name is Isabel Shilenge. I’m a Masters student registered with the University of students (slip of a tongue) and my supervisor is Prof NC Van Wyk. Uh how are you today ma’am?

P2: I’m ok, thank you mam. How are you?

R: I’m ok, thank you. Uh we have already discussed the information leaflet. Uh basically it describes the nature and the aim of the study, and the title of the study is ‘An exploration of support needed by nursing students to develop their professional dignity’. So, with the information leaflet it states that um our aim is to understand the support that you require as a nursing student to develop your nurs... your professional dignity. So, going forward with the information leaflet, it also states and describes the benefits that uh you are not a... you might not be the direct benefactor, however, the students, the groups that might be coming after you might be able to benefit from what you’ll be saying from the study. Also, uh there are no risks involved however there might be some questions that might um make you feel uncomfortable relating to the past experiences that you might have come across at the clinical facilities. If you feel that you do not uh want to answer the question, you are welcome not to answer the question, and also know that we can also refer you to the student counselling department at no cost to you... and the other thing is that you need to know that whatever we say is confidential, your name will not appear anywhere in the study. I will... I and my supervisor will only be the two people that know uh that have your details. No one outside the two of us will know… and also please take note that uh erh ethical approval was granted by the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria, also the department of Health, the National Health Research Department, also from the Gauteng College of Nursing SG Lourens Campus, to collect data. Do you have any questions so far? Anything that you need us to clarify before we go further?

P2: No mam. I’m ok, we can continue.

R: Ok. Do you still agree to agree to continue with the interview?

P2: Yes mam. I continue.

R: Ok, thank you mam. Eh the main question for today is ‘What support do you need from others to feel dignified as a nursing student’

P2: Ok, so mam uh um because I went through the leaflet, and I was trying to understand where dignity was stemming from, so, I understand that the dignity of the student encompasses uh being proud and having confidence in the profession as a whole… and I believe that when you need to have confidence in your profession, it also goes with having the necessary knowledge to be able to do the work that you are supposed to do. So, here in college, yes, we are fully encompassed. They give us uh information. They take us through clinical. We are able to see the things that we are supposed to do when we get to clinical, especially during first year. That’s when we actually get to see the difference between the clinical things that they do here at the at the hosp… college and the clinical things that they do at the hospital, which are different. So, I feel like in as much as ok the lecturers do what they know that we are supposed to do, but there’s a difference between the hospital and the clinical setting. So, I think we… we… we also need support from the nurses there at the hospital to take us through, not that when we get there they like ‘Ok, have you been simulated on bed bathing? Have you been simulated on 1, 2, 3 or if you’ve been simulated go and do it’ instead of saying ‘Ok, so since you got here, lets go and bath a physical patient that you can actually see’. So, I think the education that has been brought here at the clinic should actually also be done there at the hospital as well. Not al… that now that you’ve been simulated, you can go straight to practice because there’s differences in these two things that I… I can say that we experienced during um first year… and even during second year because we do pharmacology. There’s different drugs. The drugs that are standardized in our textbooks that we learn here at school are not the same drugs that you would find in the clinical setting. And when you get there, they like ‘Ok’… so the… the nurses are saying that ‘ok, you’ve done medicine. There’s the medicine trolley, go and do it’. And then we are struggling because now maybe we know Clexane for being Clexane, and then now there’s a generic other name that they use in that specific ward… but if we get proper education when we get there, that fine, we know the indications, we know what it does, but in this in… in clinical settings we normally use 1, 2, 3…1, 2, 3 and then you don’t feel like you don’t know what you are doing and it doesn’t affect you as if ‘Ok, we’ve been simulated but it seems like we don’t know anything’. It affects your confidence, and you are like ‘I don’t want to do this thing at all because it seems like I don’t know what I’m doing’. So, I…I feel there needs to be an integration between the… the theoretical part and the WIL part here at the college, and some part there at the hospital as well… that we need education as well (swallows) at the hospitals. So, I feel like yes, um the hospital is a busy place and everything, but, as part of their scopes, he professional nurses should try and make time to um orientate us properly not only about the layout of the unit, but also about our outcomes that we have. So… and then also with uh the other multidisciplinary team, I think it’s also important that… especially doctors… because we constantly placed at antenatal um units and our course doesn’t cover maternity, so the doctors there, they come and then they think we know uh certain things that are supposed to be done in the ward and all of that. Then when they get there, they ask you for things, they ask you for 1, 2, 3, 1, 2, 3 and you have to start by explaining that ‘ oh I…I…I’m not aware of this thing’ or ‘I don’t know. Can I please call someone?’ and then you feel like you…you are just misplaced. You don’t have the knowledge to help, you don’t understand what is happening. So, I feel like… given that especially in our current year right now, they give they…they…they…they told us that they give the names to the hospital and the hospital places us at different units. It’s important that they tell the unit managers that the students that are going to come, their course covers 1, 2, 3… and ten the unit managers in the ward are able to communicate or relay that information to everyone…because now when we are placed in that particular ward, we constantly had to explain that ‘ok, so they are doing the CTG’s for the baby to feel… to get their heartbeats and everything’, and we don’t know where to place the probe properly or when to stop and… the… the normal things that the midwifery people do. So, we constantly had to explain…it was first… the first shift then the next one. It was an explanation that we had to do. So, I think a support from the student development at the hospital faculties…and the professional nurses in the unit briefing everyone…because I believe that doctors in the unit thought that ‘since they’re place here, they know’. So, its…its not really their fault but it does affect our professional dignity. So, the support i…the support from the professional nurses I think it contributes majorly towards building our professional um dignity as a whole.

R: mm, I hear you. Uh you’re mentioning that uh you need support from professional nurses and then wh…what support um… from the doctors or from other multidisciplinary team members would you need so that you can also develop your own um professional dignity?

P2: I think also from the doctors and from the other multidisciplinary team, when maybe I’m placed in that cubicle to work um to render patient care, and then they come and ask for assistance, and then maybe I’m not sure about what I’m exactly supposed to do, they…they should be willing to maybe like ‘come’ and ‘come, let me show you how this thing is done or we can get someone else but come, I want to show you how you can do this, how you can assist in this um particular thing’ …even if it’s a mere thing like doctors rounds, they shouldn’t disregard you because you are a nursing student. Um…they should um come with you even if its just doctors rou… even if you don’t know the answer… to just show you that ‘ok, this is what its supposed to be done, how can you do this’ and not just turn you away because, ok, fine, you’re a nursing student, you might not know this thing. So, they…they should be always open to teach as well. Always be open to ok, fine, uh…be able to include you in their daily practices because in that way, you are able to accumulate knowledge and it develops you as well. So, them not disregarding that you are a student nurse could actually uh build up your professional um dignity as a student. Yes.

R: Um where do you think that uh the support should start?

P2: I think the support um should start yes, from the…the college but, I think also another thing its starts from within, because I feel like um in as much as I…I’m placed here, doing nursing…and then I may go to class…and then they teach me about ethics, they teach me about the conditions, they teach me about the different things…but if I feel a disconnect between the whole course as a whole, it’s difficult for me to be able to have a willing mind to actually learn and understand that… given that I’m going to be placed in clinical settings, there may be different things that I actually see…but having the theoretical part of it and being simulated, you are able to go there, and you are able to apply the little that you know. So, it starts from within and also from the college as well…being able to understand that u…yes, I’m studying but I want to strive. I want to do better. I…I want to increase my knowledge capacity about this thing. I want to be able to stand my ground. So, you may need uh…allow yourself to be able to have a willing mind and be able to…to accumulate all the knowledge that you can gather at different aspects…because in as much as um…we can put it on the professional nurses and the lecturers, but its also you that is supposed to do…enlightening them that this particular thing I didn’t get it, because they wouldn’t know what you are missing, and they are trying to help at the same time. They will share what they want to share…but if you are not also communicating through what you need, to accumulate the knowledge and be prof…and have your professional dignity, they wouldn’t know. So, its…its also uh…um…I think its…its teamwork amongst yourself, the lecturers and the…the professional nurses at the institutions.

R: mm…do you believe as a student that you are getting support from the professional nurses, also from your lecturers at the nursing campus? If you feel that you are not getting the the support, how do you cope in instances like that?

P2: So, mam um…I…I feel like it cha…eish it changes from year to year because during first year…

R: mm

P2: …with our lecturer, we got a lot of support from her because uh…we come…I don’t know whether, it was whether we are new in this profession or we were…but by then, we were…it…we told her everything, whatever problems we’d encounter, we’d tell her that ‘oh, yeah, we experiencing 1, 2, 3 what should happen’…and then she’d tell us the things that we are supposed to do and the things that she can do…and by then she’s telling…she’s also breaking down the whole problem as a whole that ‘ok, you are experiencing this particular problem, so uh…what have you done?...Ok, I can help with this too but this problem entails of 1, 2, 3’. We used to tell her everything and we got support from her, but as…as time went especially during second year…second year we deal with patient care hands on…

R: mm

P2: …there’s a lot of medications, there’s a lot of uh patient care that you are doing, there’s a lot of catheters and everything… so, now we learn that the catheter…catheterization here at the college you need to be sterile, you get to the clinical facilities and then they are like ‘time is going…sterility is gonna be broken, we need to finish. So, lets do this, lets do that’…and then you report the situation and then it gets you into trouble…and then the nurses and the professional nurses starts saying ‘No, we’re not gonna sign for you because you guys…you guys report and…and…and…and…and then we just let the whole situation subside, and we just continue. Its like what is done there, we just going to continue with the wrong thing that is done… and then we no longer reported incidences that happen…and we just adapted to whatever its been done (inhales deep)…and that u…contributed majorly because now we were not learning anything…we were just adapting and wanted to finish, and not pass and get our trackers signed…and now its like, ok, you can help, but you helping do the wrong thing…and that means you are not growing professionally because you just adapting to what is happening

R: mm

P2: So…and the nurses, the professional nurse at the hospital…so…blame it on the fact that there’s no time…’there’s a lot of work to be done…we need to finish…here’s no time that I can explain to you that this is happening, this is all of that’…So, i…i…(exhales slowly)…so from time to time…with…from first year to now…there’s been a lot of change I can say that, there’s been a lot of change, because now we just want to finish…we want our trackers signed, they want to do their work. So, there’s no learning that is happening and I may be placed at antenatal this block, and the next block I’m being placed at orthopedic…and maybe at orthopedic there’s a nurse that actually wants to teach, that’s willing…and then now I’ve adapted the style from the other side, so, it’s a…i…from the professional nurses it differs from unit to unit. There is support in other units and then there’s no support from the others…and its difficult because you can adopt one from here and you must adopt from that side as well. So, the professional nurses do uh give you support…because we were placed at paediatric… at the paediatric ward I think it was last block, and the unit manager there explained to us that she just got uh placement…they didn’t explain our objectives to her…

R: mm

P2:…but she is willing to listen and hear us with…to…this is what we are here for…

R: mm

P2:…and everyday she’d make it a point that ‘lets go to my office…lets do delegation…lets do this’…she allowed us to shadow her, and she even was like ‘Ok, let me do health education so that you understand how its…its being conducted…lets do problem solving’…she was willing to…to…to offer support that we needed for our…and then from the lecturers we do get support a lot because um during our block placement by then, there were other students that were placed at paediaric ward as well, and they were experiencing problems because they wanted them to uh…get uh…do nursing care instead of delegation and other administrative um work that they were supposed to do…which is our objective currently. They were experiencing problems and even if they were communicating, it was hard because they were telling them that ‘ we are short-staffed…we have to do this and that’…and sometimes they take students and place them at other settings, but when we told our lecturers…yes it wasn’t um…uh…um…but for me it was helping and it was helping in a way that it made them…wanted us to be able to put the skills that we’ve learned into practice…because we told them the problem that we are having and knowing what we…we experienced in first year, we thought no, they will be able to handle the situation, that’s why we telling them the problem…and then they were like ‘no, you guys need to go and sit with the unit manager and explain to her what is happening. Tell her the problem. Make her aware of what is going on, maybe when she’s around her colleagues she…she…she can’t hear you properly. So, sit her down, tell her the problem and then if she’s not uh hearing you or she’s not changing her behaviour, then write a memo, submit it to the student development and if that is not helping, then we will come back and discuss the problem…

R: mm

P2:…so they wanted us to utilize what we know…

R: mm

P2:…what…and then by…by doing so they were helping us equip ourselves and be able to deal with real situations that actually happen there, and it contributed a lot to our professional development…our professional dignity as a whole because now we needed the confidence to be able to confront a unit manager as a whole…and it was very, very scary…

R: mm…I hear you and um you experiences seem to, to have given you light into dealing with situations…uh what I also ne…want to find out from you is um with the other multidisciplinary team members, the support from them, what is it that you require them to assist you with in developing your…you mentioned earlier on that you want them to call you when they do uh…to show you the…the skills and the…when they do the procedure so that you can understand…and then what else would you require?

P2: Another thing uh that happen during my first year, I had a skill that I was supposed to do with a patient, and then um my lecturer was there and I was already I think halfway through the skill, and then the doctor just came uh with his students because they were I think uh he was going to give them an orientation or background about the patient…

R: mm

P2:…so the doctor didn’t give us an opportunity to finish a formal skill with the lecturer, and uh by then the lecturer was um…got very, very angry and because I started being agitated and I felt like let me finish so that we can give them an opportunity to do what they are supposed to do…so…and then the lecturer explained to me that ‘we…we are all here for the patient, so they are not more important than us. I was having a professional skill with you, so what they did was wrong. They should have waited and given you a chance to finish your skill’. So, its…its besides them not disregarding us as student nurses, its important that the multidisciplinary team also they um…they…they…they…they have a sense of respect of everyone involved in helping the patient because…before not disregarding us…they need to first encompass respect that everyone here is here to help the patient…and also the fact that we prepare for second year skills, there’s a lot of information we seek from multidisciplinary team. So, uh they…they…I feel like they also should be willing to give us or share the information that they have with us that ‘ok, I’ve discovered 1, 2, 3, so what do you think about this?’…because there are certain things in second year that we do like a diagnostic test um…at…sometimes the professional nurses aren’t able to help with them, so they be like ‘no ask doctor who and who’…

R:mm

P2:…but then if doctor who and who is not willing to share the little knowledge that they have or the knowledge that they have, with us, it makes the whole thing difficult and we are not able to gather the information we need hence you just feel like maybe uh I should just leave the…the who…the diagnostic test and we’ll just see what happens…so, um those are the o…those are the things that I think…and then also when they do their uh lets say this…there was a point where a doctor wanted me to help him uh…and…insert I mean take a sample from uh a cervix

R: mm

P2: So, uhm she wan… he wanted me to help him um… and also insert a catheter. So, I was helping him inflate a balloon and everything. So, now mid that its like he was asking me ‘have you ever done this?’… so I was ask…I was answering him that I’d never done what you are doing now, I’ve only done a papsmear and all of those things but not as intense as this, because the cervix was also bleeding, there was mucus and everything, so, he was like ‘no, its ok’…um…so he started explaining ‘ok, so this is…so this is what happens’… so, they share information and you are able to also give them what you know and that also helps the patient as well

R: mm

P2:…and then also with the other multidisciplinary team I feel like um…with situations that happen there in clinical setting like um exper…seeing a patient die for the first time, its traumatic. So, I feel like the nurses there shouldn’t downplay the fact that this is a traumatic experience. They should actually give time or give support for traumatic experiences that we face in the setting as well, that ‘ok, so this is what happens, this is what you do when something like this happens, and you may be feeling like this’… because other people can’t handle such situations and we just back down

R: mm

P2: So, uh also emotional support I think is also important um because other situations could actually cloud the whole course then you like ‘this thing happened to me, and I never went back…

R: mm

P2: …to that situation. So, with the multidisciplinary team I just feel like them being able to wanting to share, be willing to share the information…us also engaging, them being able to ask questions… and you know… dealing with… ok, so I know that when a patient goes for theatre I need to explain the procedure. Now the doctor comes and wants to sign, wants the patient to sign only. So, they must not um…they must also recognize that we are also nurses and we are able to advocate for our patient, that the patient cannot just sign here. We need them…we need…I need you to explain what you gonna do to the nurse and then they must also take our opinion about patients…

R: mm

P2: …because sometimes they just…when you tell them something…

R: mm

P2: …they think you are a student nurse, and they don’t implement what you’re saying, and sometimes its detrimental to the patient. So, I feel like that as well them being able to share the information and them acknowledging that we are all part of the multidisciplinary team, and we need to work together…and then also that no…them knowing that no one is more hierarchal than the other…

R: mm

P2: …we are all equal and we are at different bases. So maybe, their hierarchy at their medical side and then there’s nurses which has their own levels. So, its…it’s a different thing and we are all here for one thing. So, no one is above the other in a sense. So, its just…and…and mutual respect…

R: mm

P2: …amongst each other as well goes a long way. I feel like tha…those are the few things that we need support from, especially from the multidisciplinary team.

R: Ok, I hear you…um…ma’am do you need to add anything else in relation with your professional dignity…in relation to the support overall that you need?

P2: I think um…with the support that we need um…I…I think its more that with the uh…um…what… the things that they compile here at our colleges. Let’s say ok, this is the new programme, this is the new thing, this are the new outcomes that we supposed to learn…I feel like those things are supposed to be communicated to the professional nurses and the institutions as well. I think they should…the...the WIL lecturers here and the theory lecturers at the colleges and the professional nurses at the hospitals and clinics should sit down and actually you know teach each other the different things…they teach them about the programme that is being introduced in the different colleges, and they are able to collaborate together, so that when we get there, when we get to either side, we are able to get the best of both sides…and they are able to know that ‘ok, so we are aware that the…this is currently happening’…then at…so when you get to the clinical side of things, you are not necessarily thrown into anywhere like you are…you are able to find your footing quickly. So, when integration between the two…I think it would…it yah…would be really beneficial because a…yah…between them…you are able to see that they do not…there’s a clear disconnect between the two places because when we come and tell them about our experiences, the lecturers will be like ‘oh no, not in our time, this was being done…this…this… (looks frustrated)

R: mm

P2: So, they’re not aware of the changing situations that happened at the clinical facilities and its…it does not affect you as a person in as much as they’re trying to help us, but they are not aware of the changing…uh…the…the changing situation that are currently happening in the clinical. So, I feel like an integration between the two could go a long way, and then also uh…the…the…the professional nurses and the college as well them being able to also provide us with support from any traumatizing experiences that we…we…we experience because I know that the…when we come back from clinical they normally ask us ‘ how was clinical setting?, how did it go?’…and then we explain but then for other people whatever situation that could have happened, could have been so traumatic that they they’re not even able to explain it in class full of people, and they will tell the lecturer, then the lecturer will be like ‘yah, it…its nursing, it happens, its…it…it…you’re gonna see a lot of that. So, you need to be able to devise a strong emotional sense’…and it will just end there…and then I…I feel like it’s a thing that needs a lot of control, like it needs a lot of interaction. If the lecturers are unable to help, at least be able to refer or do something about the experience that the student is telling you about…and I also think its very important that in as much as uh students and the professional nurses needs to be stern, they need to be able to be approachable so that you can be able to share your experiences with them because if the lecturer is going to portray an image of ‘you are gonna do this…it’s either this way or the highway…um…handle it…see what you can do fit’…you are unable to share the experiences and you just shallow up in your shell, and you…you…you…you…you hence don’t deal with the situation, and it just bottles up…and it will be a constant reminder and a hindrance to your learning as a whole. So, I think also just helping with the emotional support it also goes a long way as well…

R: mm

P2: …on both sides.

R: mm uh ma’am, you saying that um not being able to have a support system emotionally will be a hindrance. When you are feeling that uh you having that emotional distress and you cannot divulge to anyone, how do you cope? What are the coping mechanisms that you use uh in order for you to…to…to deal with it and be able to um get support?

P2: So, um with the situation that I had during my first year, um when we were experiencing death for the first time in the…the…the…the hospital setting, it was the first day a patient passed on…

R: mm

P2: …and the…the nurse asked us to help her with the situation, we went there because she first asked one student to come and the other student said ‘no, I can’t go there alone. I’m just gonna call everyone because I’ve never seen this’. We were four in the ward.

R: mm

P2: We went to help the nurse. Everyone went to help. We packed the patient. Everything was ok. The next day uh when we got there to work, the um there was another death in the unit…and then the…the…the nurse that we were helping the previous day just called all of us and then closed the curtain, and then she was like ‘the patient died. Please pack the patient for me’ and then left us there to deal with it. So, we were all stranded and we didn’t know what to do because we still dealing with what happened the previous day.

R: mm

P2: So, with the situation, it was so difficult, and we didn’t know what to do and we didn’t know what to say to anyone because the nurse kept on saying ‘its nursing, I’m sure you guys are regretting it by now. There’s a lot that is happening, you see’. So, it…it got to a point whereby we’re like so who are we gonna complain to or what are we complaining about exactly. I think also not knowing exactly that something is wrong or is not supposed to be done that way or the nurses…I don’t know whether it’s the nurses that was wrong or it’s us because now I don’t know whether she was supposed to know that we are first years, it’s the first time we dealing with the situation, and we told her when we went to pack the first patient that we’ve never seen this and we not ok…

R: mm

P2: …and she still continued that ‘you guys are gonna be fine’. So, that happened and we were still struggling with the report, the whole reporting process because we don’t know whether are we even supposed to report or are we even supposed to do anything, but what we are sure of is the fact that this uh made us feel this way and we feel disheartened and we can’t wait to finish with this placement and actually leave this place. So, now it was a matter of we no longer learning because now we are just praying that no patient demises today, because we don’t want to deal with it and it…it…it became a hindrance and it got to a point where one of the students didn’t come for the rest of the week…and she couldn’t come…and I feel like also not knowing what to do with the whole situation contributed a lot…a lot because we had to continue either way

R: mm

P2: …because the problem is you going to miss hours, you going to do this, you going to do that…

R: mm

P2: …and the…because me not knowing what to do I decided that let me just tell the lecturer, not hoping that she’s gonna do something about it because I also don’t know, I’m telling her that this affected us like this, and it got to a point where other students couldn’t meet their objectives…even us that are still able to come, we are not meeting anything because we are just coming. We need to show faces and complete our hours, but its not beneficial. Its not helping. We are not learning. So, um what she said to…to…to us, she tried to…to explain the whole process and tried and then…but she concluded and said that ‘I…I…I’m not that well-rehearsed with dealing with traumatic experiences but you…I can get you 1, 2, 3 we can also do this, we can do that you know (inhaling deep)…and then we were explaining to her ukuthi (zulu word for ‘that’) ok we…we understand what is happening, but then when we get to that counselling what then do we say? How is this…how is us going to counselling going to numb or make you get used to the fact that you pack people (looks sad) …so, e…e…eish it was…it…it’s…it was a whole ordeal and it…it got to a point where I…I think everyone started accepting. Once we took time off, once we finish writing our exams…and then we went home, and the…we actually started sitting down, thinking about the course as a whole, thinking about what happened, accepting…then, not that counselling was not gonna help, but at least when you go to counselling willing to actually deal with the whole thing. Going to counselling willing to actually make it help you…you are willing to go there and hear what the…the…the…the therapist or doctor is going to say to you…

R: mm

P2: …because when we experience death firsthand, we were all just at a point whereby counselling is not gonna help because this is nursing. So, yes, I’m…how many…how many times am I going to go for counselling because this is not the last death I’m going to see. So, I think also the fact that yes, counselling has explained…

R: mm

P2: …when we get to first year, they came and they explained everything that this is what counselling does, this is what they offer 1, 2, 3 but the depths of what actually happens in our clinical facilities and how they handle it…

R: mm

P2: …I think we just didn’t know about death properly hence we were just at a stagnant place, going through that experience but once we came, and then came back, we were able to ‘do you need counselling? How do you feel now?’

R: mm

P2: …able to reflect on what is happening, and from there forth others went to go and seek counselling and everything uhm…

R: mm

P2: I…I’m at home, I have a therapist that I also was attending when I lost my dad in 2018…

R: mm

P2: … So, when I went there, I was explaining to her the things that were happening. It was…it…it helped because by then I was at a place to be able to understand everything and be able to be willing to actually heal and move on and be able to have a fresh mind dealing with such situations, because it…it was for the first time. So, given that I attended a therapist from home, but the counselling department here at school was willing to…was able to help with the other students because now we were just at a better place…but at firsthand, we…no one went there even after ma’am referred us…no one went there…because it was just that…that we were just thrown there and they just kept on saying ‘you can go and see counselling’…but then ha…its death, it happens every day. You lose…you lose people here at the hospital. It’s what happens.

R: mm. I hear you…um…uh I think we have um touched on the support from the professional nurses and the multidisciplinary team as well as the lecturers at the college…and also you have shared your personal experience…uh sorry about your loss…um I would like to take this opportunity to thank you for availing yourself to participate…

P2: Thank you, ma’am. Thank you so much.

R: um I hope you enjoy the rest of the day and um thank you.

P2: Thank you, ma’am uh same to you. I hope you enjoy the rest of the day, and I can’t wait to see your results of the research.

R: Yes, um it will be made available, you will also be contacted to come and verify if you um…you…you…the recordings, if there are a conflict…conflictions, but you…you will be allowed to come and see…

P2: Ok

R: …and view the results as well as the research once its published. It will be made available to you.

P2: Ok ma’am.

R: Yes

P2: Thank you so much.

R: Thank you and have a lovely day.

\*\*\*\*\*\*\*\*\*\*\*\*\*End of transcription\*\*\*\*\*\*\*\*\*\*\*\*\*