

UNIVERSITY OF THE WESTERN CAPE
Faculty of Community and Health Sciences
School of Nursing

**Perceptions of registered nurses regarding their capability to care for
soldiers experiencing mental illness at a military hospital in South
Africa**

**Mini - thesis for partial fulfilment of the requirements for the
Masters in Nursing (Psychiatric nursing)**

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KEYWORDS

Registered Nurses

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Mental illness soldiers

Mental Health

Military

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Therapeutic commitment

Role support

Role competency



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ABSTRACT

Background: Psychiatric nursing in a military setting is aimed at sustaining and facilitating a healthy lifestyle and performance in the achievement of mental health among soldiers. A Registered Nurse (RN) in the military plays a vital role in patient care from time of admission up to discharge. At military hospitals psychiatric nursing personnel are expected to nurse and manage mental ill patients without the help of security guards. This leaves nurses exposed to violence, abuse and psychological distress resulting in poor communication and interaction between RNs and mentally ill patients.

Aim and objectives: The **aim** of this study was to investigate the perceptions of RNs regarding their capability to care for soldiers experiencing mental illness at a military hospital in South Africa. The **objectives** of the study were to determine the therapeutic commitment, role support and role competency of RNs towards mentally ill patients.

Method: A quantitative-descriptive, cross-sectional study **design** was used in this study. The **population** is (N=154) RNs of the identified military hospital in South Africa. All the RNs were accessible at 2 Military Hospital and therefore a total enumeration **sample** was used with (n=117). Statistical Package for the Social Sciences, (SPSS) version 24 was used to analyse data.

Findings: The response rate of the study revealed that there is a correlation to gender in relation to therapeutic commitment and role competency. There was a correlation to RNs that had basic psychiatry in relation to therapeutic commitment and role support. The study also indicated there is a correlation to therapeutic commitment, role support and role competency to the period that military RNs worked in Mental Health (MH). There were no trained advanced psychiatric nurses at the military hospital. There were also positive correlations in therapeutic commitment and role competency in the rank of military RNs.

Recommendations: A systematic, strategic plan and training program to reduce the knowledge gap among RNs that work in mental health. An introductory program that addresses the fallacies and negative attitudes towards the mentally ill should be made mandatory for all the students from the very early stages of their training. The development of a therapeutic relationship allowing the nurses in different departments to interact with the working environment in psychiatry. Identifying studying opportunities for RNs to do the advanced psychiatric course. The DOD needs to clarify its position and compliance in relation to the Mental Health Care Act 17 of 2002.



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DECLARATION

I, the undersigned, declare that perceptions of registered nurses regarding their capability to care for soldiers experiencing mental illness at a military hospital in South Africa, is my own work. This study was not submitted for any degrees or examination at any other university and that all the sources or quotes I have used, have been indicated and acknowledged by complete references.

.....
Colin Pillay

.....
Date



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DEDICATION

There have been many people that have walked alongside me and have given me their unconditional support during this study period. They have guided me placed opportunities in front of me and showed me doors that might be useful to open. I have learnt it's not about the process but the journey. I would like to thank my mother Logie for the sacrifices she made to grant me the opportunity to be in this situation, and my family for their support.

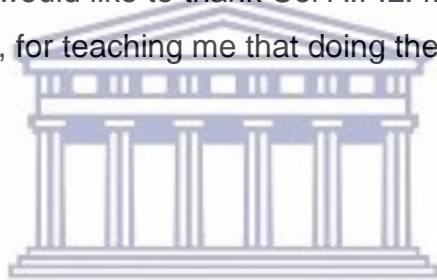


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I would like to express my sincere appreciation to the following:

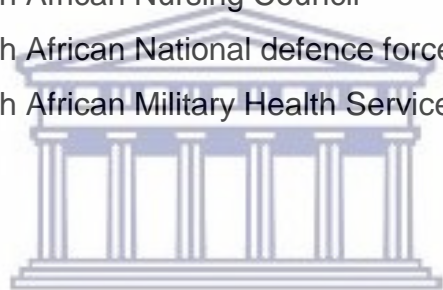
- Supervisor UWC: Dr S. Arunachallam and Supervisor in the Military: Lt Col T.P. Moteane.
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LIST OF ABBREVIATIONS

DoD	= Department of Defence
MH	= Mental Health
MHC	= Mental Health Care
MHCU	= Mental Health Care User
MHPPQ	= Mental Health Perception Questionnaire
OMN	= Operational Manager Nursing
Psych	= Psychiatry
RNs	= Registered Nurses
SANC	= South African Nursing Council
SANDF	= South African National defence force
SAMHS	= South African Military Health Services



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CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The South African National Defence Force (SANDF) comprises of four arms of service, the South African (SA) Army, SA Air force, SA Navy and the South African Military Health Services (SAMHS) (Department of Defence, 2018:1). The SAMHS is mandated to provide medical care to soldiers, military veterans and their dependents (Defence Web, 2008:No). They are responsible for a military service that renders continuous operational health support and care (Thantsa, 2012:1). The role of the SAMHS is to ensure a healthy military community by ensuring a comprehensive, excellent and self-supporting multidisciplinary military health service (Department of Defence, 2007:1). Internationally it is standard principle that members of a defence force who risk physical, psychological and social exposure, injuries, disablement or death in service of their country, can depend on a dedicated health service that is guaranteed, comprehensive, available anywhere at all times and thus supportive (Department of Defence, 2007:1). Comprehensive health services include a competent Multi-Disciplinary Team (MDT) dedicated hospitals, sickbays and areas where patients can seek long or short term medical care. These areas should be equipped with facilities to manage patient related issues (ISSU Health Facility Guides, 2014:12).

With suicide rates dramatically rising an increased attention to military veteran's violent behaviours due to their struggle with mental illness, the military has been under increased pressure to provide ready access to mental health treatment (Young, 2016:1). A Registered Nurse (RN) forms part of the MDTs in the SAMHS and in this regard they play critical roles in assessing soldiers who risk physical, psychological and social exposure (Campinha-Bacote, 2011:1). Similar to civilian RNs, military RNs frequently interact with numerous patients that may pose a challenge in the execution

of their duties. These challenges may affect the RNs capability to manage mentally ill patients (Elliott, 2016:1). It was therefore imperative to establish the perceptions of military RNs regarding their capability to care for soldiers experiencing mental illness.

1.2 BACKGROUND

A study conducted by Bein (2011:1) in the United States indicates that a number of their military troops are serving overseas in military operations and are returning home with elevated reports of psychological symptoms. However, there is a treatment gap between those reporting mental health problems and those receiving appropriate treatment (Bein, 2011:15). Further, the author explains that both perceptions of self and public stigma appear to be associated with a lower likelihood of admitting and seeking treatment for a mental illness among soldiers. It is therefore important that RNs are able to recognize the influence of military culture, given the potential strengths and vulnerabilities that the military ethos can interpose in expression of symptoms, help-seeking behaviors or the willingness to stay engaged in treatment (Westphal & Convoy, 2016:3).

A study by Connell (2011:74) regarding the prevalence of Post-Traumatic Stress Disorder (PTSD) and coping strategies, among former South African national servicemen, PTSD level in this sample was 33% and was statistically significantly associated with combat exposure. Current cannabis use was significantly linked with PTSD. The author concluded that the prevalence of PTSD in this population of former national servicemen is higher than in comparable international studies. The primary care practitioner needs to consider prior exposure to national service or combat in routine history-taking and to consider PTSD when former national servicemen present with anxiety symptoms, depression, somatisation disorder, irritable bowel syndrome, chronic pain or substance abuse disorder.

Authors, Lukoye, Stein, Williams, Mclaughlin, Petukhova, Kessler & Koenen (2013:182) indicated that in the South African general population the most common traumatic events were the unexpected death of a loved one and witnessing trauma occurring to others. Lifetime and 12 month prevalence rates of PTSD were 2.3% and 0.7% respectively, while the conditional prevalence of PTSD after trauma exposure was 3.5%. PTSD conditional risk after trauma exposure and probability of chronicity after PTSD onset were both highest for witnessing trauma. In South Africa literature indicates that there is significant statistics related to the factors that may predispose military personnel or civilians to mental illness.

There has been a significant increase in mental illness in South Africa. An increase of mental illness in the SANDF has also been noted. The SAMHS who is responsible for the health of soldiers in the SANDF is under pressure to meet its objectives to provide prepared and supported military medical health capabilities, services and facilities that meet the requirements of government in support of the defence of South Africa, mental illness awareness and intervention (Department of Defence, 2008:144). The role of RNs in the military sense require extensive education in development, physical and mental health assessment, the diagnosis of mental health conditions and integration and implementation of care allowing RNs to be competent when managing mental illness among military personnel or civilians (America Psychiatric Nursing Association, 2018:No).

Bein's study (2011:15) in the United States further revealed that negative experiences by RNs in treating mentally ill soldiers may affect their capability to provide holistic care, but not much was known about reasons underlying the treatment gap. However, this study addressed RNs perceptions regarding their capability to care for soldiers experiencing mental illness.

1.3 PROBLEM STATEMENT

Both in private and public settings, psychiatric departments may have violent or psychotic patients with security guards playing a more interactive role in the psychiatric field as compared to other departments, with the need to protect individuals which include doctors and/or nurses (Thompson, 2017:1). However, in military settings psychiatric nursing personnel are expected to nurse and manage mentally ill soldiers without the help of security guards. The SAMHS currently does not fall in with the Mental Health Care Act (17 of 2002); however the SAMHS provides MHC services in line with the Mental Health Care Act. During an informal interview with some of the RNs that have worked in the psychiatric department at a military hospital, they verbalised that they were exposed to violence, abuse and/or psychological distress resulting in poor communication and interaction between the RNs and mentally ill soldiers. There are psychiatric patents that are nursed in general wards findings indicated that nurses in general hospitals in Durban 90% held negative attitudes towards mentally ill people and there were few nurses with positive attitudes (Mavundla & Uys, 1997:1).

In order for RNs in the military to provide effective and efficient care to mentally ill soldiers, RNs will have to address their perceptions of mentally ill soldiers that lead to fears and anxieties during the management of such patients. Competence in the nursing of mentally ill patients is essential for achievement of military mental health (Vogt, 2011:136). Establishing the perceived competence of RNs in the management of the mentally ill soldiers highlighted areas in which RNs need to be trained in order to improve their skills in managing such patients.

1.4 AIM AND OBJECTIVES OF THE STUDY

The aim and objectives are outlined as follows:

1.4.1 Aim

The aim of the study was to investigate the perceptions of RNs regarding their capability to care for soldiers experiencing mental illness at a military hospital in SA.

1.4.2 Objectives

The identified research objectives of this research study were as follows:

- a. To determine the therapeutic commitment of RNs towards mentally ill soldiers.
- b. To establish the level of role support for RNs in managing mentally ill soldiers.
- c. To ascertain the level of role competency of RNs towards mentally ill soldiers.

1.5 SIGNIFICANCE OF THE STUDY / RATIONALE

It is envisaged that the contribution and significance of the study are:

- a. Uncovering the military RNs perceptions regarding their capability to care for soldiers experiencing mental illness at a military hospital.
- b. There are gaps in the literature to address this issue in a military setting. The proposed study has formed a baseline data for further and similar research. The study has contributed to the scientific research data, which currently appears not to be adequately explored in military settings.
- c. The proposed study has further documented RNs perceptions towards mentally ill soldiers in the SAMHS. Furthermore, findings should facilitate future planning of additional education and if needed, in-service training which could be rendered to RNs who have expressed the need.

1.6 DEFINITION OF TERMS

Definitions of terms determine what variables need to be defined in a study and then search for the definitions provided by researchers (Brink, Van der Walt and van Rensburg, 2009:19). There may be both conceptual and operational definitions

provided for the study variables (Nieswiadomy, 2012:314). The definitions of terms in this study are as follows:

1.6.1 Mental illness

A positive diagnosis of mental health related illness in terms of accepted diagnostic criteria made by a mental health practitioner who is authorized to do so (Mental Health Care Act No. 17 of 2002).

1.6.2 Mental health

It is a state in which a person is successful in working, living and resolving conflict by adjusting to stressors of everyday living (Uys & Middleton, 2010:834).

1.6.3 Mental illness soldiers

This refers to a positive diagnosis made to a soldier of mental health related illness in terms of accepted diagnostic criteria made by a mental health practitioner who is authorized to do so (Mental Health Care Act No. 17 of 2002).

1.6.4 Military

It is a term, which refers to a military component of the army or of the armed force (Thantsa, 2012:1).

1.6.5 South African Military Health Services (SAMHS)

The aim of SAMHS is to provide health support for the diverse military operations and maintain the health of all who are part of its system. In this study SAMHS refers to the healthcare services provided in a military environment (Thantsa, 2012:1).

1.6.6 Registered Nurse (RN) the military

The Nursing Act (No 33 of 2005) explains that a RN is an individual qualified and capable to autonomously practicing comprehensive nursing care as prescribed by the South African Nursing Council (SANC). In this research study a RN refers to a qualified

RN registered with the SANC, who has undergone specialised military training in soldiering.

1.6.7 Therapeutic commitment

According to Lauder, Reynolds, Reilly and Angus (2000:222) therapeutic commitment involved interpersonal characteristics such as warmth and empathy which is important for RNs to adopt in support of mentally ill patient. In the proposed study therapeutic commitment involves the RNs attitude towards the patients, mannerisms refers to verbal and non-verbal therapeutic skills that nurses should display to show their therapeutic commitment. The questionnaire focus more on communication skills and if nurses feel comfortable to approach and assist a patient with mental health care problems.

1.6.8 Role support

The role support is defined as the level of contact and access RNs have to specialist mental health workers (Lauder et al. 2000:222). For the purpose of the proposed study role support is the amount of access and support RNs have to specialist mental health care workers.

1.6.9 Role competency

The role competency is having the required ability and knowledge along with understanding of whether patients with a particular mental illness fall within one's area of responsibility (Lauder et al. 2000:223). In this study role competency involves an assessment of a RNs personal abilities which include their ethical character and how well they relate to patients and co-workers (Lauder et al. 2000:147-148).

1.6.10 Perceptions

Perception refers to the way you think about or understand someone or something (Marriam-Webster Dictionary, 2018). In this study perceptions refers to the way RNs think about mentally ill patients.

1.6.11 Capability

Capability refers to ability to do something (Marriam-Webster Dictionary, 2018). In this study capability refers to the ability of RNs to care for soldiers experiencing mental illness.

1.7 Chapter outline

Chapter 1: is an introduction into the research study, research problem, purpose of the study, research questions, objectives of the study, significance of the study, operational definitions, an overview of the research design and method and the ethics of the study.

Chapter 2: discusses the literature review undertaken to locate studies on perception of RNs regarding their capability to care for soldiers experiencing mental illness.

Chapter 3: outlines the research design and methodology of the study. The research methodology discusses the research setting, research design, population, sampling, data collection instrument and process, data analysis and ethics. The research design utilized allowed the researcher to achieve the aim and objectives of the current study.

Chapter 4: presents the findings of the quantitative study.

Chapter 5: discusses the findings in detail and places these findings in context with the broader literature by means of comparing them with other studies.

Chapter 6: a summary of the study is provided and conclusions are made based on the findings of the study. Limitations to the study are also outlined. In addition, recommendations for further practice and research are made.

1.8 Summary

This chapter outlined the background of the study, problem statement, purpose of the study, objectives of the study, significance of the study, operational definitions. The purpose of the study was to investigate the perceptions of registered nurses regarding their capability to care for soldiers experiencing mental illness at a military hospital in South Africa. In Chapter 2, an in-depth review of literature will be documented pertaining to the topic of interest.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Since nursing first came into the public view, one of the most important roles nurses had were aiding wounded soldiers during the war time. During war times well known nurses like Florence Nightingale and Maery Seacole stepped forward to care for the sick and wounded soldiers (Nurses Group, 2018:No). Military nurses come from diverse backgrounds and may be assigned to medical facilities throughout the world. Military and civilian nurses have many similarities, but military nursing offers a unique advantage in the fact that RNs in the military are now commissioned as officers. This means that RNs are soldiers ranked according to experience and years of service with senior RNs holding authoritative positions (Dreater & De Jong, 2003:22, Lukwwaldt, 2018.No). Military RNs are now equipped with military competencies, sharing common experiences with mentally ill soldiers such as similar backgrounds and mutual adversities which help the patient to connect with psychiatric/mental health nurses and feel understood (Dziopa, & Ahern, 2009:1, Gibbon, Migliore, Convoy & Greiner, 2014:365).

Currie & Chipps (2015:1) mapped the field of military nursing research, in which they indicated that over the past 20 years, military forces worldwide have been engaged in a number of conflicts and humanitarian operations. However the impact on the field of psychiatric nursing is unknown. The authors concluded that there needs to be more research in this field of nursing in the military (Currie & Chipps 2015:1). Approximately 60% of military personnel who experience mental health problems do not seek help yet many of them could benefit from professional treatment (Sharp, Fear, Rona, Wessely, Greenberg, Jones, & Goodwin, 2015:3). In South Africa (SA) there are three (3) military hospitals that are mandated to provide medical support for SA military operations, comprehensive medical care to soldiers, military veterans and their

dependents (Defence Web, 2008:No). The care provided by these military hospitals includes mental health services to all of its users (Martin, 2014:1).

On the 23rd March 2013 clashes broke out between Central African Republic (CAR) rebels and SANDF soldiers leaving 27 soldiers wounded and 14 dead. This incident put the SANDF under pressure to develop an awareness of mental health needs and occupational stressors that military service poses for military personnel on deployment and operations (Martin, 2014:1). Soldiers who are in need of mental health evaluation in SA are admitted to a psychiatric ward at one of the three military hospitals. During their admission they are in the care of RNs who play a vital role in the mental health assessment of these soldiers (Campinha-Bacote, 2011:1).

Psychiatric mental health nurse practitioners (PMHNPs) are taking on increasing clinical responsibilities when delivering mental health services to individuals with a wide variety of mental illnesses. Specialized master's-level training programs for psychiatric nurses have been available since the 1950s. This research has determined to what extent 2 Military hospital trained Advanced Psychiatric Nurses (APN) needed to meet the MHC needs, demand and responsibilities in caring for mentally ill soldiers (Nesnera, Allen, 2016:482).

Military RNs are expected to nurse, communicate and interact effectively with a broad range of MHCUs; with varied cultural origins and to work with patients in their cultural context (Camphinha-Bacote, 2011:2). Cultural competence training tends to focus on how ethnic and language influences healthcare literacy and health practices whereas military culture includes patterns of beliefs, language and cultural practices that impact the use of military healthcare services and health practices (Westphal & Convoy, 2013:593). Military RNs undergo military orientated courses that prepare them to be soldiers before RNs as compared to civilian RNs who do not undergo any military training, therefore military culture forms part of military health services and nursing in military (Caka & Mokgele, 2013:4). Westphal & Convoy (2013:592) indicated that

nurses with military competence and knowledge of stress injuries will deliver better care to patients with military culture experience. These factors have an influence on a military RNs perception of therapeutic commitment, role support and role competency in the management of mentally ill soldiers.

2.2 Therapeutic commitment: Keltner, Bostrom and Guinness (2011:117) explains that psychiatric nurses use verbal and non-verbal skills to communicate therapeutically as opposed to the actions of physical interventions used by the medical and surgical nurses to perform their nursing duties. For RNs to have therapeutic commitment effective interpersonal characteristics such as warmth and empathy are important to adopt in support of their mentally ill patient (Chorwe-Sungani & Sangase, 2013:109). The researcher could not find any study that measures the therapeutic commitment of RNs in a military setting. According to Mohale (2009:6) mental health professionals face a number of challenges such as cultural beliefs, stigmatization and myths, which threaten to derail the successful implementation of mental health into nursing, affecting therapeutic commitment of RNs.

Roos (2005:53) explained that RNs would not like all the patients that they may come across in their nursing career and in the health services as this view of bias may distort the RNs mannerisms to patients that they feel are difficult i.e. patients who are aggressive and verbally abusive to nursing personnel also influenced by past experiences with similar mental health care users. RNs may label these patients as difficult (Roos, 2005:53). The RNs views indicated that there are different factors contributing to the development of the concept “difficult patient”. These factors mainly revolve around patient and nurse related factors. In military settings soldiers are reluctant to express themselves with regards to mental illness, due to the stigma of self and public associated with mental illness (Sudom, Zamorski & Garber 2012:415).

At 2 military hospital there are non-voluntary Mental Health Care Users (MHCU) admissions with a wide range of psychiatric illnesses. Security officers in psychiatric

facilities play a more interactive role in security as compared to traditional hospitals. They escort patients, protect medical personnel from potentially violent situations (Thompson, 2017:1). In every mental health facility restriction of movement of assisted and involuntary users or their restraint and seclusion is being done with the assistance of security staff. It is noted that inappropriate security measures have led to the assault and injury to mental health care staff members (Janse van Rensburg, 2012:134).

At military hospitals there are no security guards to assist with the management of violent or aggressive patients, RNs are expected to manage these patients. A study by Reed & Fitzgerald (2005:4) and Barrett, Boeck, Fusco, Ghebrehiwet, Yan & Saxena (2009:6) indicated that factors such as fear; (causing avoidance), hefty amounts of work, little physical safety regarding security plus high ratios of patients to RNs, all add to decreased levels of sufficient therapeutic commitment and patient care. The proposed research has determined whether the lack of security personnel in a military psychiatric setting yielded similar results and influenced the therapeutic commitment of RNs towards mentally ill soldiers.

The therapeutic relationship is central to all nursing practice, for example in mental health nursing; the therapeutic relationship may be the primary intervention to promote awareness and growth and/or to work through difficulties (Registered Nurses Association of Ontario, 2006:8). Organisations to ensure therapeutic relationship as the basis of nursing practice and over time integrate a variety of professional development opportunities to support nurses in effectively developing these relationships. Opportunities must include nursing consultation, clinical supervision and coaching (Registered Nurses Association of Ontario, 2006:18). A study by Totman, Hundt, Wearn, Paul and Johnson (2011:2) reiterated that managers and other senior ward staff indicated considerable benefits to morale by involving front-line staff in decision making in the management of mentally ill patients.

2.3 Role support: Is the apparent amount of contact and access one has to specialist mental health workers where their assistance will be required in managing a mentally ill patient (Basson, 2012:10). There was paucity in literature that measures the role support of RNs in a military setting at the time of drafting this proposal. It has been documented that among health care workers, nurses experience the highest rates of violence (Donna, Gates, Gillespie & Succop, 2011:1). At 2 Military Hospital, psychiatric nursing personnel are expected to nurse and manage mental ill soldiers without the help of security guards. The lack of security support for RNs who manage the mentally ill soldiers may predispose them to patient abuse (Pich, 2016:1). A study by Tema, Poggenpoel and Myburgh (2011:918-919) regarding the experiences of psychiatric nurses in a forensic ward revealed that injuries caused to RNs during the management of aggressive, psychotic patients could destroy a nurse's sense of trust in their ability to manage mentally ill patients. Patients who caused the injury instil fear in RNs. Similarly, Foster, Bower and Nijman (2007:146) reported in their study that physical aggression can cause pain and injuries, but verbal aggression should not be underestimated, as it can cause long term emotional damage. These consequences can be so severe that nurses who are physically assaulted may not only suffer from physical injuries but are also prone to severe psychological distress, such as post-traumatic stress disorder (Ilkiw-Lavalle, 2006:18).

Oakley and Malik (2010:16) explains, a Multi-Disciplinary Team (MDT) consists of doctors, nurses, psychologists, occupational therapists and social workers that work in conjunction to manage inpatients creating holistic care. The MDT should strive to provide high levels of psychiatric care to their patients regardless of financial constraints. At the military hospital, MDTs are available and the extent to which RNs have perceived specialist support has yet determined.

2.4 Role competency: Is the combination of skill, knowledge, values and abilities that underpin effective performance as a nurse (Nursing Council of Newzealand, 2016:13; Basson, 2012:11). Effective management of a person with mental illness requires in-

depth personal knowledge, which is acquired only with time, understanding and skill. Knowing the whole person, rather than knowing the person only as a service recipient, is key for practising nurses (Shattell, Starr & Thomas, 2007:274).

There is paucity of literature found that measures the role competency of RNs in a military setting. However the SAMHS provides the opportunity for training of RNs, through a four (4) year nursing diploma which leads to the registration with the South African Nursing Council (SANC) in general, midwifery, community and psychiatric nursing (SA Military Health Service, 2012). The RNs that are registered with the SANC are perceived as knowledgeable to manage mentally ill patients. This study will establish the ability of RNs to determine their scope of practice and area of responsibility as stipulated by SANC.

A study by Poggenpoel, Myburgh and Morare (2011:951) established experiences and challenges of RNs with mentally ill patients in a medical ward in South Africa. The study revealed that RNs have negative experiences of interaction with patients with mental challenges, because of their lack of knowledge and skill in psychiatric nursing. This study highlights the fact that mental illness is not isolated to a psychiatric unit. Therefore the role competency of all the RNs at 2 Military Hospital will be determined.

2.5 Summary

In this chapter, the literature was discussed on what is nursing in the military, functions of a military RN and the difference between civilian and military RNs. The competencies that RNs in the military need to meet in order to become a commissioned officer and the capabilities that RNs in the military need in order to care for mentally ill soldiers in accordance with therapeutic commitment, role support and role competency. In Chapter 3, a detailed description of the methodology used is given.

CHAPTER 3

RESEARCH METHODOLOGY AND DESIGN

3.1 Introduction

According to McMillan and Schumacher (2011:9) research methodology is a way in which the researcher conducts research or an approach in which the researcher decides on how to address a particular question.

3.2 Research approach

In this study, a quantitative-descriptive, cross-sectional survey design has been used to determine perceptions of RNs regarding their capability to care for soldiers experiencing mental illness at military hospital in South Africa. According to Fouché and Schurink (2012:307) a quantitative study is a holistic, objective and systematic inquiry used to obtain numerical data, knowledge, understanding and information about the problem statement described in the research study. In the proposed study a questionnaire has been used to obtain numerical data, this data will determine the extent of the problem statement.

3.3 Research Setting

The research setting is at 2 Military Hospital which is situated in South Africa, Western Cape Wynberg. The hospital provides medical care to soldiers, military veterans and their dependents. The bed capacity of the hospital is 149. The nursing personnel is a total of 201 nurses of which 154 are RNs, 42 Enrolled Nurses (ENs) and 5 Enrolled Nursing Assistants (ENAs). At the military hospital there is a dedicated psychiatric ward, however patients with mental illness may be admitted at other disciplines in the hospital depending on the intervention required. RNs are not allocated specifically to one department they rotate according to staff ratios and patient's needs. This implies that all RNs at 2 Military Hospital are required to manage MHCUs.

3.4 Population

A study population is defined as all the individuals that meet the sample criteria for inclusion in a study also referred to as the target population (Gerrish & Lacey, 2010:538). All RNs at 2 military hospital are included in the study. Exclusion criteria are RNs on military courses and deployment. The population of the RNs at 2 military hospital is (N) = 154.

3.5 Sampling

Sampling is described as a process of selecting respondents who represent the population of interest and are accessible to be included in the study (Burns & Grove, 2007:30). All RNs at 2 military hospital are included in the study. A total enumeration sampling method was used. (n) =117 RNs.

3.6 Pilot study

A pilot study, where it was checked in a small-scale version (Polit & Beck, 2012:118). Fifteen RNs will were selected to do a pilot study and see that they do not exchange information regarding the questionnaire on the day of actual data collection. The time taken to answer the questionnaire was assessed to help estimate the allocated time for the full study questionnaire.

3.7 Data collection Instrument

A questionnaire served as the data collection instrument. A questionnaire is a quick inexpensive method of gathering standardised data that is convenient for the researcher and the participants. It allows for collection of data in a standard manner and makes inferences to a wider population when the data is collected from an appropriate sample of population (Gerrish & Lacey, 2010:369). The questionnaire as a whole consisted of two sections namely; section A and B. Section A is comprised of eight (8) questions which explored the participants' demographic information, thus giving the researcher an insight into biographical information of the respondents.

Section B is based on the Mental Health Problems Perception Questionnaire (MHPPQ) from the version used by Lauder, et al (2000:147). The above-mentioned MHPPQ is a 27- item questionnaire that was used to measure RNs perceptions of their capability to treat patients experiencing mental illness (Lauder et al 2000:148). As adopted this study, consisted of 27 MHPPQ. Items were categorized into three conceptual factors, with each of these factors measuring the following in respondents (1) ‘therapeutic commitment’ (items 11 to 13, 16 to 25 and 27); ‘role support’ (items 8 to10 and 26); and ‘role competency’ (items 1 to 7 and 14 to 15) (Lauder et al. 2000:147). By measuring therapeutic commitment, role support and role competency the researcher has determined the perceived capability of RNs in the management of mentally ill patients in a military hospital (Lauder et al 2000:148).

The agreement choices in the Lickert scale are illustrated below:

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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The questionnaire consists of 27 questions by Lauder, et al (2000:147).

3.8 Reliability

Reliability refers to the degree to which the researcher can depend upon the data-collecting instrument, such as the questionnaire, to yield consistent results when repeatedly used over time on the similar respondents (Brink et al. 2012:200; De Vos, Strydom, Fouché & Delpont, 2012:118). Lauder et al. (2000:147) explains the OMICC scale used in Hahn’s study yielded a Cronbach’s Alpha 0.87; indicating high internal consistency among scale items.

3.9 Validity

According to Collis and Hussey (2009:204) validity is concerned with the extent to which research findings accurately represent what is happening. Delpont and

Roestenburg (2012:173) state that validity can be evaluated where an instrument actually measures what it is supposed to measure. For this research study only face validity, content and construct validity were used. The construct validity of the MHPPQ was assessed by means of factor analysis (Principal Components Analysis). This analysis identified three distinct scales that fit well with the concepts of therapeutic commitment, role support and role competency (Lauder et al. 2001:471-472).

3.10 Data collection method and process

A self-administered structured questionnaire regarding the perceptions of RNs capability to care for mentally ill patients has been used to collect data in the study. The questionnaire was adapted from a study by Lauder, et al (2000:147). Permission to adapt from the mentioned studies was sought after from the author and permission was granted. Correspondence was done via email, including is a printout of the email. The questionnaire consisted of one section consisting of 27 questions (Lauder et al. 2000:147). The researcher distributed the MHPPQ to all the Operational Managers in Nursing (OMN), the OPMs then distributed the MHPPQ to the RNs working in their department. RNs who volunteered to be part of the study was requested to fill in the questionnaire during their lunchtime and place the questionnaires in a sealed box with an opening for the questionnaire to fit in and be placed in after completion. The OPMs then indicated to the researcher that the RNs in their departments have completed MHPPQ. The data was then collected from the OPMs to be analyzed.

3.11 Data analysis

Quantitative data analysis can be viewed, as a process in which a researcher converts data to a numerical form and subjects it to statistical analysis. The purpose is to draw conclusions from the data (Fouché & Bartley, 2012:249). The quantitative data obtained from the research study was analyzed with the Statistical Package for the Social Sciences, (SPSS) version 24, with the help of a statistician. The data is presented in both graph and percentage format, descriptive statistics was used to

calculate the variables of interest, including means, median and standard deviations (SD) (Fain, 2013:190).

3.12 Ethics Considerations

Research should be based on mutual trust, acceptance and cooperation; promises and well accepted conventions and expectations between all parties involved (Strydom, 2012:57-59). Ethics is related to the term “morality” meaning one’s manners or character. Research ethics gives importance to the sensitive and humane treatment of participants in the research who may be placed at risk (Bless, Higson, Smith & Kagee 2006:140).

3.12.1 Informed Consent

All participants in this study was given a written consent form accompanied by a letter explaining the type of information needed from the participant making an informed decision to participate or not (Brink et al. 2012:35).

3.12.2 Privacy and confidentiality

Participants in this study have the right to expect that the information collected will remain anonymous and confidential. All information from the participants is confidential. In addition the researcher has not linked any information to the participant (Brink et al. 2012:37). Codes were used to assign questionnaires.

3.12.3 The Right to freedom of choice and withdrawal

Participants in this study have be autonomous and have the right to self-determination, thus implying that the participant had the right to decide to participate or withdraw at any time within the study (Brink et al. 2012:35). Furthermore no penalty or harm has been brought against any participants who choose to withdraw from the study (Grove et al. 2013:164). The population of the RNs at 2 military hospital is (N=154) and (n=117) RNs at 2 military hospital were available and consented to participate in the study. Beside the inclusion and exclusion criteria there are RNs who

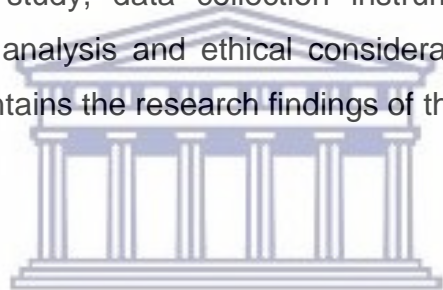
did not participate in the study. Therefore no RN was coerced to participate in the study. There were also no participants that withdrew from the study.

3.13 Dissemination

A research report was written and presented to the UWC's Department of Nursing. The results will be presented at the annual Surgeon General's Academic Day, seminars and conferences. The article will be published in a recognised Nursing Journal.

3.14 Summary

In this chapter the following was addressed: the research design, setting, population, sampling method, pilot study, data collection instrument, reliability, validity, data collection process, data analysis and ethical considerations applicable to the study. The following chapter contains the research findings of this study.



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CHAPTER 4

RESULTS: RESEARCH PRESENTATION AND FINDINGS

4.1 Introduction

Analysis and interpretation of the data collected during this research study are presented in this chapter. Data was collected from 1 structured questionnaire with 2 sections the socio-demographic information questionnaire and MHPPQ scale. Tables were inserted explaining data collected and compared of RNs perceptions towards the mentally ill.

4.2 Data Collection

The researcher collected the research data from RNs working at the research site by utilizing a structured questionnaire, consisting of two sections, namely:

- (1) Section A: Socio-demographic information questionnaire
- (2) Section B: MHPPQ

Internal reliability (Cronbach's alpha) of the various subscales of the MHPPQ ranged from average to very good. See Table 1.

Table 4.1: MHPPQ: Cronbach's alpha (N=117)

Scale	Subscale	Number of items	Cronbach's Alpha
MHPPQ	Therapeutic Commitment	14	0.811
	Role Support	4	0.753
	Role Competency	9	0.889

A sample of 117 (n=117) questionnaires were collected. All the above Cronbach's alpha values for the MHPPQ are acceptable above 0.7 for social sciences. There is good reliability among the grouped questions.

Section A

4.3 Socio-demographic information

The socio-demographic information collected included items about the participants' gender, age, nursing qualifications, time RNs have worked in psychiatry, their rank in the military, years of experience as a RN and if they have completed the advanced psychiatric course. Furthermore, participants were asked for what length of time they had been working in the mental health field.

4.3.1. Demographic characteristics of respondents

The date, on the questionnaire is an indication of when the questionnaire was completed by the respondents, the range was 13 March 2018 – 23 March 2018 and total respondents were 117. The response rate was (117/154) RNs.

Gender, the vast majority, 74.4% (n=87) of the participants were female (87/117), with male participants comprising 25.6% (n=30) (30/117) of the sample. Furthermore, the results indicate a significant number of female RNs as compared to male RNs.

Age, the mean age of the total sample was 33.58 years, median 30.00, mode 27, range 35, minimum 23 and maximum 58.

Basic nursing psychiatry, most, 88.3% (n=98) of the participants had completed a basic psychiatry course (98/117), in comparison to 16.2% (19/117) of the sample who did not have.

Length of work in the sample population, 78.6% (n=92) of the participants worked months in psychiatry (92/117), while 22.1% (25/117) had worked years. In terms of duration worked in the psychiatric field, 78.6% (92/117) have only worked months.

Advanced course, none of the sample population 100% (117/117) did not have a qualification in advanced psychiatric nursing.

Rank, in the demographic aspect of the questionnaire the military rank of the RNs were asked the results were as follows: Lt Col was .9% of the sample (1/117). Major was 1.7% of the sample (2/117). Captain was 38.5% of the sample (45/117). Lieutenant was 50.4% of the sample (45/117) and Candidate officer 8.5% of the sample (10/117).

Years of Registration as a RN, the RNs were also asked about their years of service the response was the following: RNs who worked 20 years and more 12.8% (15/117), 15 to 19 years 6.0% (7/117), 11 to 14 years 6.8% (8/117), 5 to 10 years 21.4% (25/117), 1 to 4 years 53% (62/117). Furthermore there is a significant difference of years of experience as a RN 1 to 4 years 53% (62/117).

See Tables below table 4.2-4.8 for a full description of the demographic characteristics of the sample.



4.3.1.1 Distribution of participants by gender

Table 4.2 displays the gender of the participants.

Most of the participants, 74.4% of the participants were female (87/117), with male participants comprising 25.6% (30/117) of the sample. Furthermore, the results indicate a significant number of female RNs as compared to male RNs.

Table 4.2: Demographic data: gender characteristics of the sample

Variable	Response	Frequency	Percent
Gender	Female	87	74.4
	Male	30	25.6
	Total	117	100

4.3.1.2 Distribution of participants by age

Table 4.3 displays the age of the participants.

The mean age of the total sample was 33.58 years, median 30.00, mode 27, range 35, minimum 23 and maximum 58.

Table 4.3: Demographic data: age characteristics of the sample

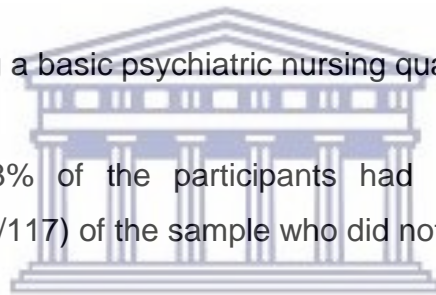
Variable	Response	Frequency	Percent
Age	23	2	1.7
	24	2	1.7
	25	6	5.1
	26	6	5.1
	27	17	14.5
	28	9	7.7
	29	12	10.3
	30	7	6.0
	31	8	6.8
	32	3	2.6
	33	3	2.6
	34	6	5.1
	35	2	1.7
	36	3	2.6
	37	2	1.7
	40	1	.9
	41	2	1.7
	43	3	2.6
	44	2	1.7
	45	4	3.4
	46	2	1.7

	47	4	3.4
	48	4	3.4
	49	1	.9
	51	1	.9
	52	1	.9
	53	2	1.7
	54	1	.9
	58	1	.9

4.3.1.3 Distribution of sample who have a basic psychiatric nursing qualification

Table 4.4 displays having a basic psychiatric nursing qualification of the participants

The vast majority, 88.3% of the participants had basic psychiatry (98/117), in comparison to 16.2% (19/117) of the sample who did not have.



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Table 4.4:

Demographic data: basic nursing psychiatry qualification of the sample

Variable	Response	Frequency	Percent
Basic Nursing Psych	No	19	16.2
	Yes	98	83.8
	Total	117	100%

4.3.1.4 Distribution of participants of periods worked in psychiatry

Table 4.5 displays the periods worked in mental health by the participants

Of the sample population, 78.6% of the participants worked months in psychiatry (92/117), while 22.1% (25/117) had worked years. Furthermore there is a there is a significant difference between the years of experience (range of experience) since

some worked years and others only months, 78.6% (92/117) have only worked months.

Table 4.5:

Demographic data: period worked in mental health characteristics of the sample

Variable	Response	Frequency	Percent
Period working in MH	Months	92	78.6
	Years	25	21.4
	Total	117	100%

4.3.1.5 Distribution of participants with advanced course in psychiatry

Table 4.6 and Table 4.7 display the distribution of registered nurses at the military hospital that have an advanced course in psychiatry.

Mental health course, all of the sample population 100% (117/117) did not have the advanced mental health course.

Rank, in the demographic aspect of the questionnaire the military rank of the RNs were asked the results were as follows: Lt Col was .9% of the sample (1/117). Major was 1.7% of the sample (2/117). Captain was 38.5% of the sample (45/117). Lieutenant was 50.4% of the sample (45/117) and Candidate officer 8.5% of the sample (10/117).

Table 4.6:

Demographic data: advanced mental health course characteristics of the sample

Variable	Response	Frequency	Percent
Advanced MH course	Yes	0	0
	No	117	100.0
	Total	117	100%

Table 4.7:

Demographic data: advanced mental health course characteristics of the sample

Variable	Response	Frequency	Percent
Rank	Lt Col	1	.9
	Major	2	1.7
	Captain	45	38.5
	Lieutenant	59	50.4
	Candidate Officer	10	8.5

4.3.1.4 Distribution of participants by years of registration as Registered Nurses

Table 4.8 displays the number of years of registration as registered nurses of the participants.

The RNs were asked about their years of service, the response were the following: RNs who worked 20 years and more 12.8% (15/117), 15 to 19 years 6.0% (7/117), 11 to 14 years 6.8% (8/117), 5 to 10 years 21.4% (25/117), 1 to 4 years 53% (62/117). Furthermore there is a significant difference in years of experience as a RN 1 to 4 years 53% (62/117).

Table 4.8:

Demographic data: years of being a RN characteristics of the sample

Variable	Response	Frequency	Percent
Years being a RN	20 years and more	15	12.8
	15 to 19 years	7	6.0
	11 to14 years	8	6.8
	5 to 10 years	25	21.4
	1 to 4 years	62	53.0

Section B

4.3.1.5 Overall description of the perceptions of RN's towards the mentally ill soldiers

Table 4.9 represents the overall description of the perceptions of RN's towards the mentally ill soldiers

Table 4.9:

Overall description of the perception of RN's towards the mentally ill soldiers

Measure and subscale	Mean	SD	Range
MHPPQ therapeutic commitment	42.76	8.075	19 to 58
MHPPQ role support	14.46	3.161	4 to 20
MHPPQ role competency	31.91	7.055	9 to 44

4.3.1.6 MHPPQ sub-scale scores to gender: Mann - Whitney Test

Table 4.10 indicates the following: MHPPQ: Therapeutic Commitment p - value .001 and MHPPQ: Role competency p - value .000. These findings indicated that RNs perceptions of Therapeutic Commitment and Role competency were significantly linked to gender.

Table 4.10:

MHPPQ sub-scale scores to gender: Mann - Whitney Test

Measure and subscale	Gender	N	Mean Rank	Sum of Ranks	p - value
MHPPQ: Therapeutic Commitment	Male	30	77.50	2325.00	.001
	Female	87	52.62	4578.00	

MHPPQ: Role support	Male	30	64.18	1925.50	.326
	Female	87	57.21	4977.50	
MHPPQ: Role competency	Male	30	80.55	2416.50	.000
	Female	87	51.57	4486.50	

4.3.1.7 MHPPQ sub-scale scores to basic psychiatric course: Mann - Whitney Test

Table 4.11 indicates the following: MHPPQ sub-scale scores to whether RNs had done the basic psychiatric course using the Mann-Whitney test results are, MHPPQ: Therapeutic Commitment p – value .007, MHPPQ: Role support p – value .025 and MHPPQ: Role competency p – value .000. These findings indicated that RNs perceptions of Therapeutic Commitment, Role support and Role competency were linked to RNs had done the basic psychiatric course.

Table 4.11: MHPPQ sub-scale scores to basic psych: Mann - Whitney Test

Measure and subscale	Basic Psych	N	Mean Rank	Sum of Ranks	p - value
MHPPQ: Therapeutic Commitment	No	19	39.76	755.50	.007
	Yes	98	62.73	6147.50	
MHPPQ: Role support	No	19	43.21	821.00	.025
	Yes	98	62.06	6082.00	
MHPPQ: Role competency	No	19	28.13	534.50	.000
	Yes	98	64.98	6368.50	

4.3.1.8 MHPPQ sub-scale scores to period in mental health: Mann - Whitney Test

Table 4.12 indicates the following:

MHPPQ sub-scale scores to period of RNs working in mental health using the Mann-Whitney test results are, MHPPQ: Therapeutic Commitment p - value .000, MHPPQ: Role support p - value .004 and MHPPQ: Role competency p - value .000. Findings indicated that RNs perceptions of Therapeutic Commitment, Role support and Role competency were significantly linked to the period worked in mental health.

Table 4.12:

MHPPQ sub-scale scores to period worked in mental health: Mann - Whitney Test

Measure and subscale	Period MH	N	Mean Rank	Sum of Ranks	p - value
MHPPQ: Therapeutic Commitment	Months	92	52.87	4864.00	.000
	Years	25	81.56	2039.00	
MHPPQ: Role support	Months	92	54.41	5005.50	.004
	Years	25	75.90	1897.50	
MHPPQ: Role competency	Months	92	51.86	4771.00	.000
	Years	25	85.28	2132.00	

4.3.1.9 MHPPQ sub-scale scores to advanced psychiatric course: Mann - Whitney Test

Table 4.13 indicates the following: The Mann - Whitney test could not indicate any significant results as there were no one from the sample that had completed the advanced psychiatric course. There was no data to analyse against the MHPPQ.

Table 4.13

MHPPQ sub-scale scores to advanced psychiatric course: Mann - Whitney Test

Measure and subscale	Advanced Psychiatric course	N	Mean Rank	Sum of Ranks	<i>p</i> - value
MHPPQ: Therapeutic Commitment	No	117	59.00	6903.00	
	Yes	0	.00	.00	
MHPPQ: Role support	No	117	59.00	6903.00	
	Yes	0	.00	.00	
MHPPQ: Role competency	No	117	59.00	6903.00	
	Yes	0	.00	.00	

4.3.1.10 MHPPQ sub-scale scores to rank: Kruskal-Wallis Test

Table 4.14 indicates the following: MHPPQ sub-scale scores to Rank using Kruskal - Wallis Test results are, MHPPQ: Therapeutic Commitment *p* - value .011. Findings indicated that there is a link between the RNs Rank and Therapeutic Commitment. The difference lies between Capt - Lieutenant *p* - value .018. MHPPQ: Role competency *p* -

value .002. Findings indicated that there is a link between the RNs Rank and Role competency. The difference lies between Capt - Lieutenant p - value .006

Table 4.14

MHPPQ sub-scale scores to rank: Kruskal - Wallis Test

Measure and subscale	Rank	N	Mean Rank	p - value
MHPPQ: Therapeutic Commitment	Lt Col	1	73.50	.011
	Major	2	96.50	
	Captain	45	47.03	
	Lieutenant	59	67.99	
	Candidate officer	10	50.85	
MHPPQ: Role support	Lt Col	1	115.50	.476
	Major	2	77.25	
	Captain	45	58.27	
	Lieutenant	59	57.97	
	Candidate officer	10	59.10	
MHPPQ: Role competency	Lt Col	1	21.00	.002
	Major	2	98.75	
	Captain	45	46.74	
	Lieutenant	59	69.62	
	Candidate officer	10	47.35	

4.3.1.11 Therapeutic Commitment: Kruskal - Wallis Test: Captain – Lieutenant

Table 4.15 indicates the following: The difference lies between Capt - Lieutenant p - value .018.

Table 4.15**Therapeutic Commitment: Kruskal - Wallis Test: Captain – Lieutenant**

Measure and subscale	Test Std.	Std. test	Std. Test	Sig.	<i>p</i> - value
Capt - Candidate	-3.817	11.845	-.322	.747	1.000
Capt – Lieutenant	-20.958	6.706	-3.125	.002	.018
Capt - Lt Col	26.467	34.257	2.020	.043	1.000
Capt - Maj	49.467	24.485	2.020	.043	.434
Candidate - Lieutenant	17.142	11.587	1.479	.139	1.000
Candidate - Lt Col	22.650	35.536	.637	.524	1.000
Candidate - Maj	45.650	26.245	.637	.524	.820
Lieutenant - Lt Col	5.508	34.168	.631	.872	1.000
Lieutenant - Maj	28.508	24.361	1.170	.242	1.000
Lt Col - Maj	-23.000	41.497	-.554	.579	1.000

4.3.1.11 Role competency: Kruskal - Wallis Test: Captain – Lieutenant

Table 4.16 indicates the following: The difference lies between Captain - Lieutenant *p* - value .006.

**Table 4.16 Role competency: Kruskal - Wallis Test: Captain - Lieutenant**

Measure and subscale	Test Std.	Std. test	Std. Test	Sig.	<i>p</i> - value
Lt Col - Captain	-25.744	34.233	.458	.452	1.000
Lt Col - Candidate	-26.350	35.512	-.742	.458	1.000
Lt Col - Lieutenant	-48.619	34.145	-1.424	.145	1.000
Lt Col - Maj	-77.750	41.469	-1.875	.061	1.000
Capt - Candidate	-.606	11.837	-.051	.959	1.000
Capt - Lieutenant	-22.874	6.701	-3.413	.001	.006
Capt - Maj	52.006	24.468	2.125	.034	.336
Candidate - Lieutenant	22.269	11.579	1.923	.054	.545
Candidate - Maj	51.400	26.227	1.960	.050	.500
Lieutenant - Maj	29.131	24.344	1.197	.231	1.000

4. Overall descriptive Statistics for the MHPPQ questionnaire

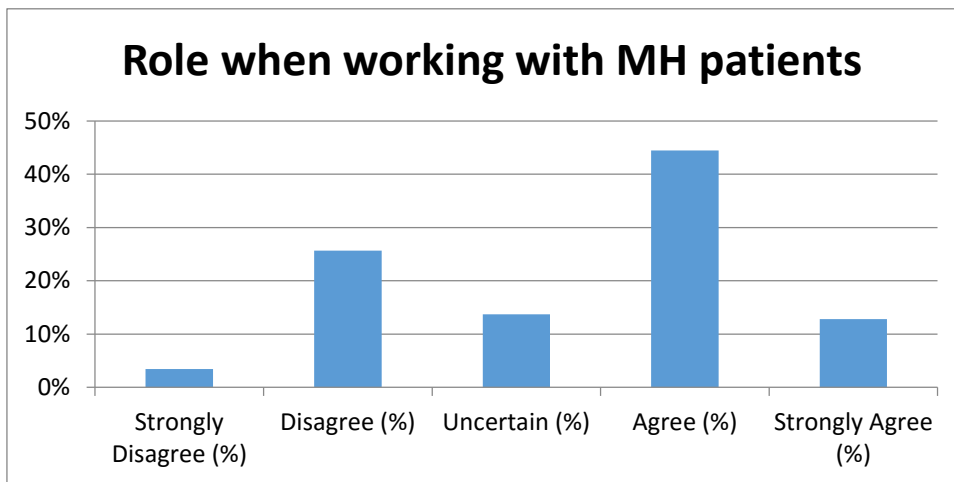


Figure: 4.1: Role when working with MH patients

In question one the participants were asked, I feel that I know enough about the factors that put people at risk of mental health problems to carry out my role when working with this client in a group. The data indicated that (3.4%) strongly disagree, (25.6%) disagree, (13.7%) uncertain, (44.4%) agree and (12.8%) strongly agree. All the participants answered the question total 100%.

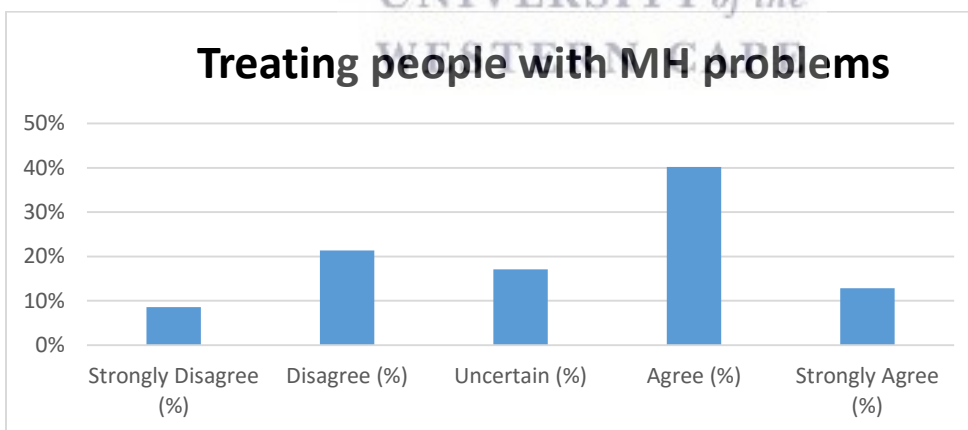


Figure: 4.2: Treating people with MH problems

In question two the participants were asked, I feel I know how to treat people with long term mental health problems. The data indicated that (8.5%) strongly disagree, (21.4%) disagree, (17.1%) uncertain, (40.2%) agree and (12.8%) strongly agree. All the participants answered the question total 100%.

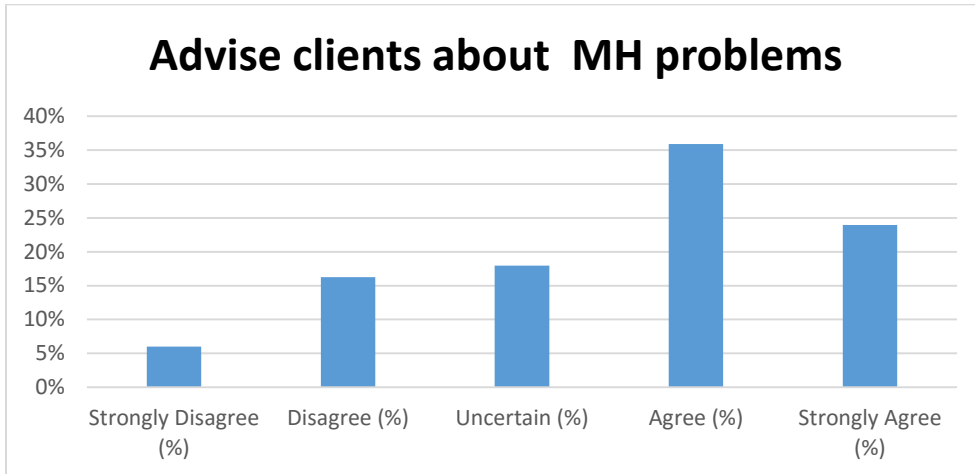


Figure: 4.3: Advice clients MH problems

In question three the participants were asked, I feel that I can appropriately advise a patient about mental health problems. The data indicated that (6.0%) strongly disagree, (16.2%) disagree, (17.9%) uncertain, (35.9%) agree and (23.9%) strongly agree. All the participants answered the question total 100%.

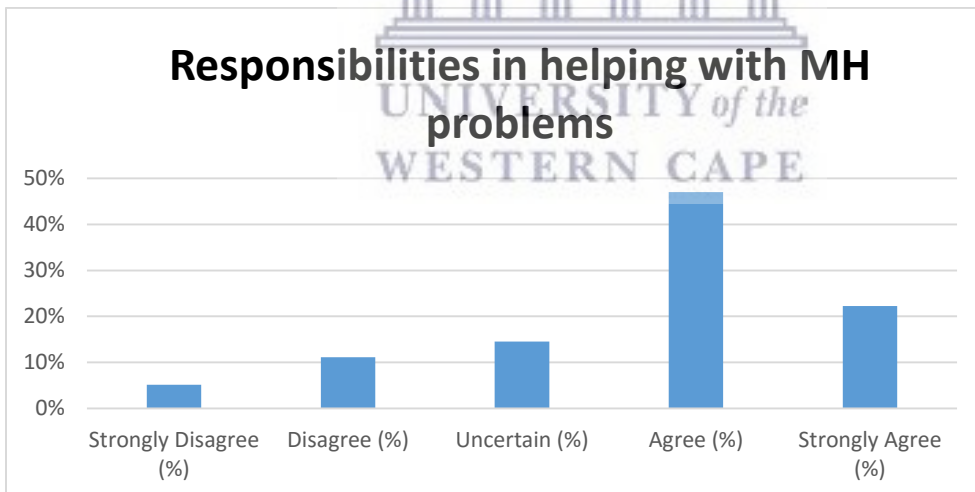


Figure: 4.4: Responsibilities helping with MH problems

In question four the participants were asked, I feel that I have a clear idea of my responsibilities in helping patients with mental health problems. The data indicated that (5.1%) strongly disagree, (11.1%) disagree, (14.5%) uncertain, (47.0%) agree and (22.2%) strongly agree. All the participants answered the question total 100%.

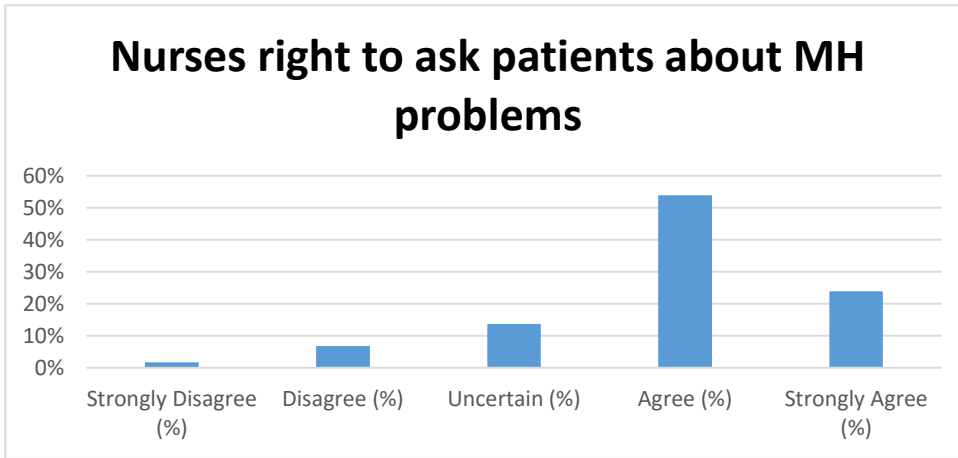


Figure: 4.5: Nurses right to ask patients about MH problems

In question five the participants were asked, I feel that I have the right to ask patients about their mental health status when necessary. The data indicated that (1.7%) strongly disagree, (6.8%) disagree, (13.7%) uncertain, (53.8%) agree and (23.9%) strongly agree. All the participants answered the question total 100%.

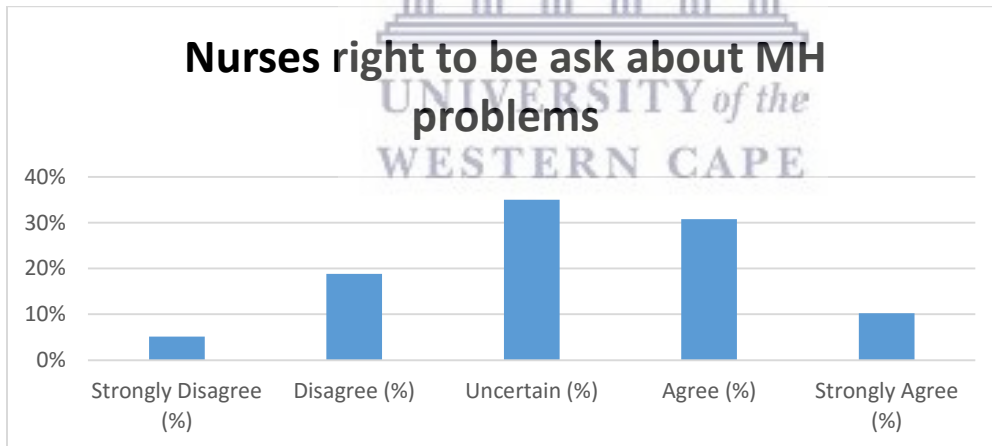


Figure: 4.6: Nurses right to be ask about MH problems

In question six the participants were asked, I feel that my patients believe I have the right to ask them questions about mental health problems when necessary. The data indicated that (5.1%) strongly disagree, (18.8%) disagree, (35.0%) uncertain, (30.8%) agree and (10.3%) strongly agree. All the participants answered the question total 100%.

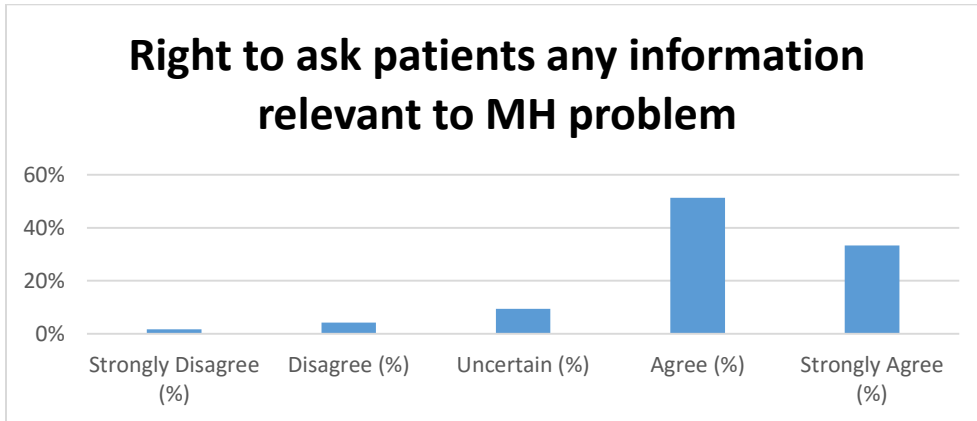


Figure: 4.7: Right to ask patients any information relevant to MH problem

In question seven the participants were asked, I feel that I have the right to ask a patient for any information that is relevant to their mental health problem. The data indicated that (1.7%) strongly disagree, (4.3%) disagree, (9.4%) uncertain, (51.3%) agree and (33.3%) strongly agree. All the participants answered the question total 100%.

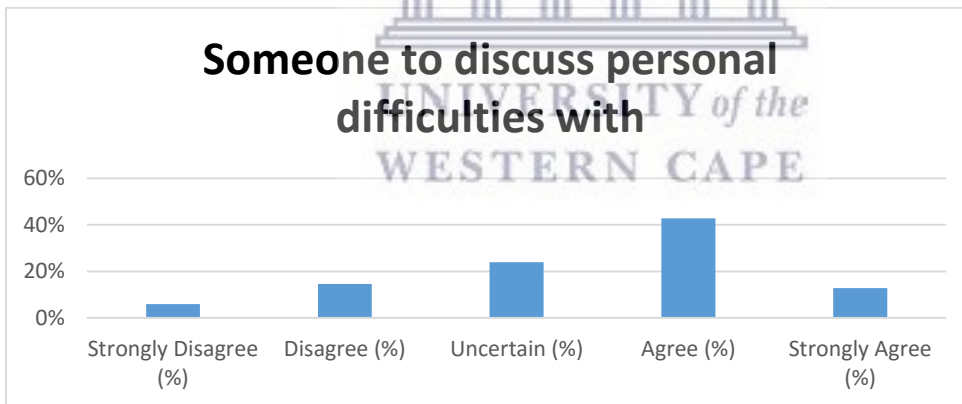


Figure: 4.8: Someone to discuss personal difficulties with

In question eight the participants were asked, if I felt the need when working with patients with mental health problems, I could easily find someone with whom I could discuss any personal difficulties I might encounter. The data indicated that (6.0%) strongly disagree, (14.5%) disagree, (23.9%) uncertain, (42.7%) agree and (12.8%) strongly agree. All the participants answered the question total 100%.

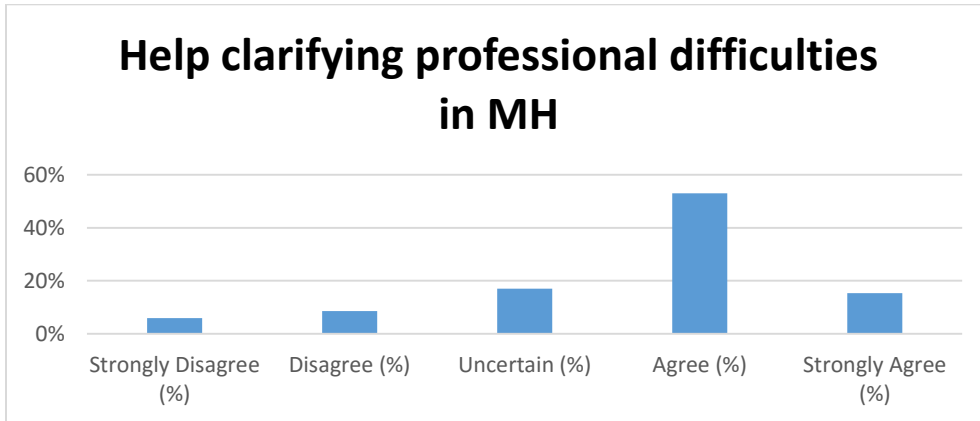


Figure: 4.9: Help clarifying professional difficulties in MH

In question nine the participants were asked, if I felt the need when working with someone with mental health problems, I could easily find somebody who would help me clarify my professional difficulties. The data indicated that (6.0%) strongly disagree, (8.5%) disagree, (17.1%) uncertain, (53.0%) agree and (15.4%) strongly agree. All the participants answered the question total 100%.

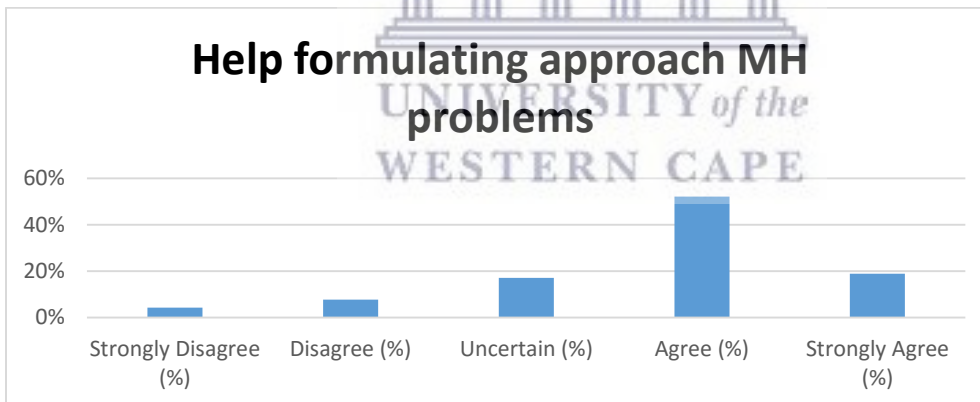


Figure: 4.10: Help formulating approach to MH problems

In question ten the participants were asked, if I felt the need I could easily find someone who would be able to help me formulate the best approach to a patient with mental health problems. The data indicated that (4.3%) strongly disagree, (7.7%) disagree, (17.1%) uncertain, (52.1%) agree and (18.8%) strongly agree. All the participants answered the question total 100%.

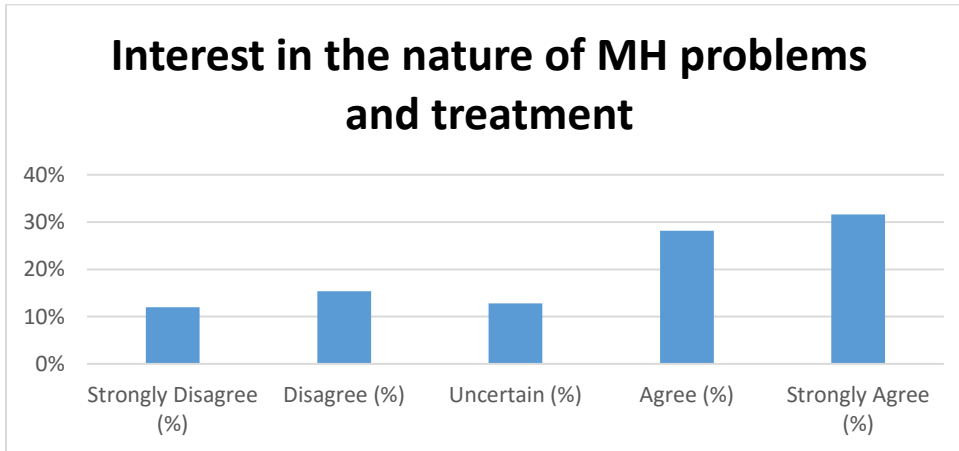


Figure: 4.11: Interest in the nature of MH problems and treatment

In question eleven the participants were asked, I am interested in the nature of mental health problems and the treatment of them. The data indicated that (12.0%) strongly disagree, (15.4%) disagree, (12.8%) uncertain, (28.2%) agree and (31.6%) strongly agree. All the participants answered the question total 100%.

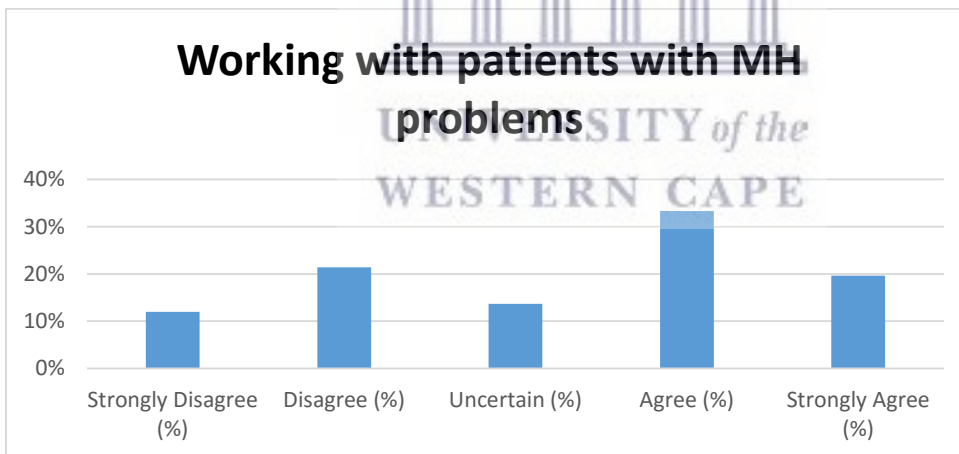


Figure: 4.12: Working with patients with MH problems

In question twelve the participants were asked, I feel that I am able to work with patients with mental health problems as effectively as with other patients who do not have mental health problems. The data indicated that (12.0%) strongly disagree, (21.4%) disagree, (13.7%) uncertain, (33.3%) agree and (19.7%) strongly agree. All the participants answered the question total 100%.

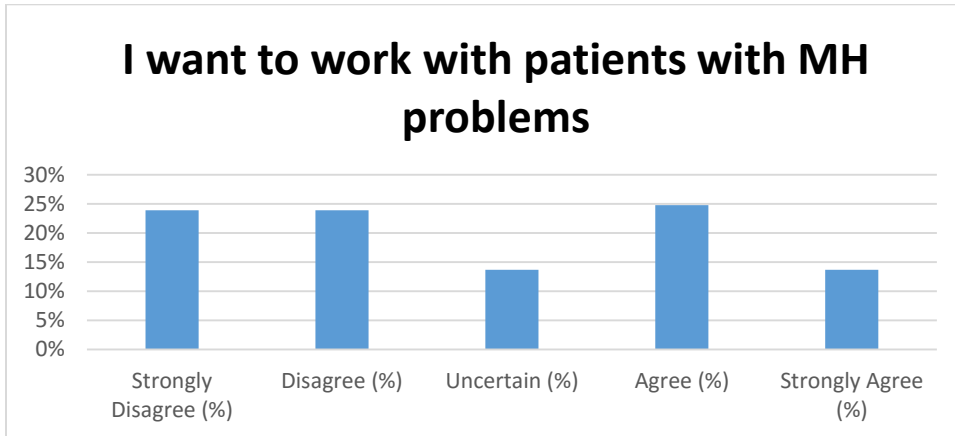


Figure: 4.13: I want to work with patients in MH problems

In question thirteen the participants were asked, I want to work with patients with mental health problems. The data indicated that (23.9%) strongly disagree, (23.9%) disagree, (13.7%) uncertain, (24.8%) agree and (13.7%) strongly agree. All the participants answered the question total 100%.

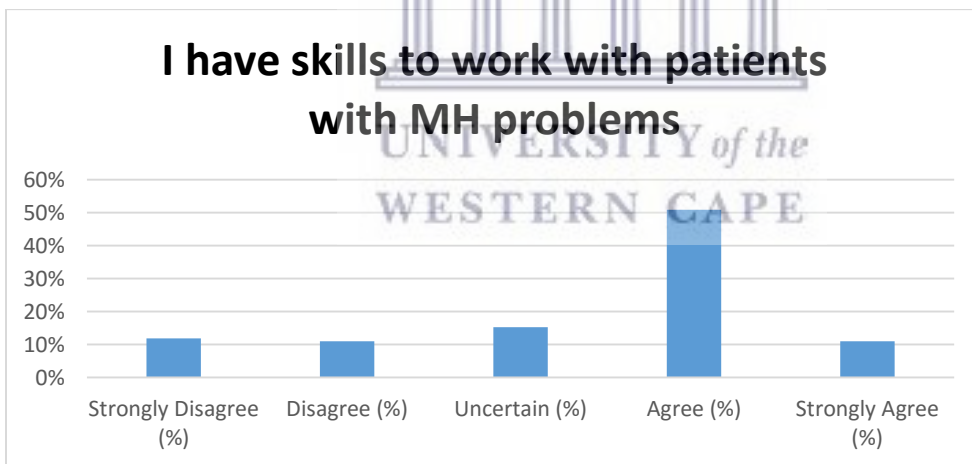


Figure: 4.14: I have skills to work with patients in MH problems

In question fourteen the participants were asked, I have the skills to work with patients with mental health problems. The data indicated that (12.0%) strongly disagree, (11.1%) disagree, (15.4%) uncertain, (50.4%) agree and (11.1%) strongly agree. All the participants answered the question total 100%.

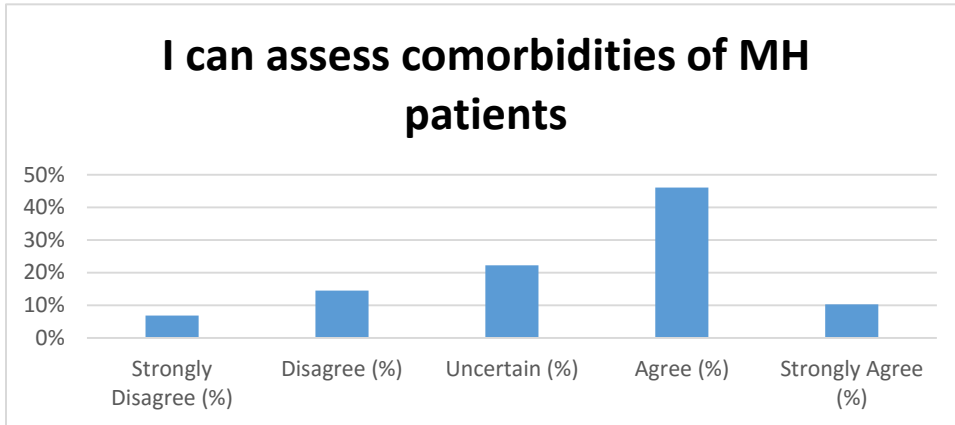


Figure: 4.15: I can assess co-morbidities of MH patients

In question fifteen the participants were asked, I feel that I can assess and identify the medical/psychiatric/psychological/occupational therapy/nursing problems of patients with mental health problems. The data indicated that (6.8%) strongly disagree, (14.5%) disagree, (22.2%) uncertain, (46.2%) agree and (10.3%) strongly agree. All the participants answered the question total 100%.

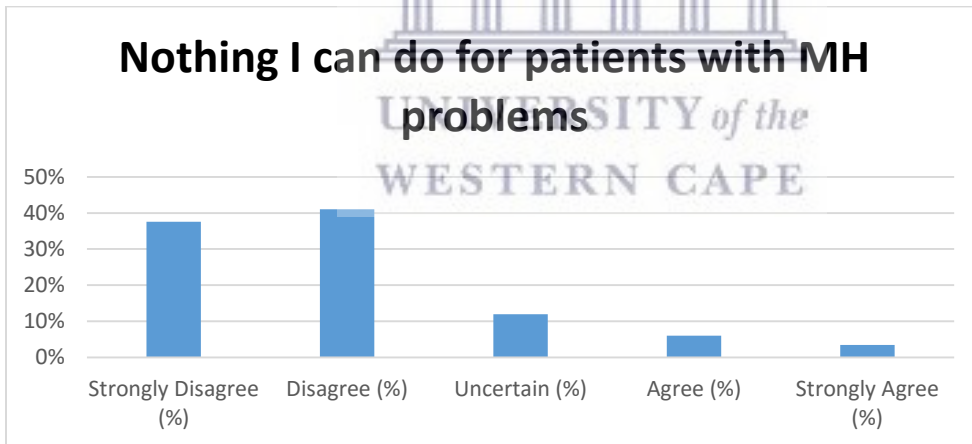


Figure: 4.16: Nothing I can do for patients with MH problems

In question sixteen the participants were asked, I feel that there is nothing I can do to help patients with mental health problems. The data indicated that (37.6%) strongly disagree, (41.0%) disagree, (12.0%) uncertain, (6.0%) agree and (3.4%) strongly agree. All the participants answered the question total 100%.

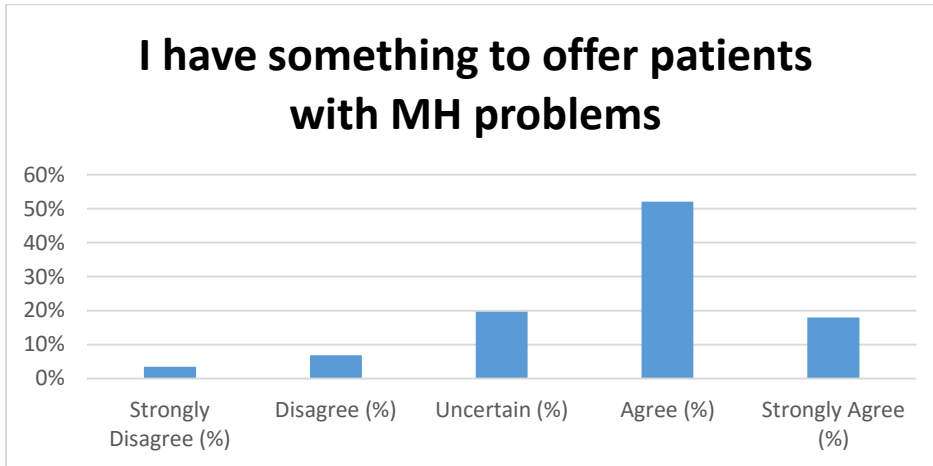


Figure: 4.17: I have something to offer patients with MH problems

In question seventeen the participants were asked, I feel that I have something to offer patients with mental health problems. The data indicated that (3.4%) strongly disagree, (6.8%) disagree, (19.7%) uncertain, (52.1%) agree and (17.9%) strongly agree. All the participants answered the question total 100%.

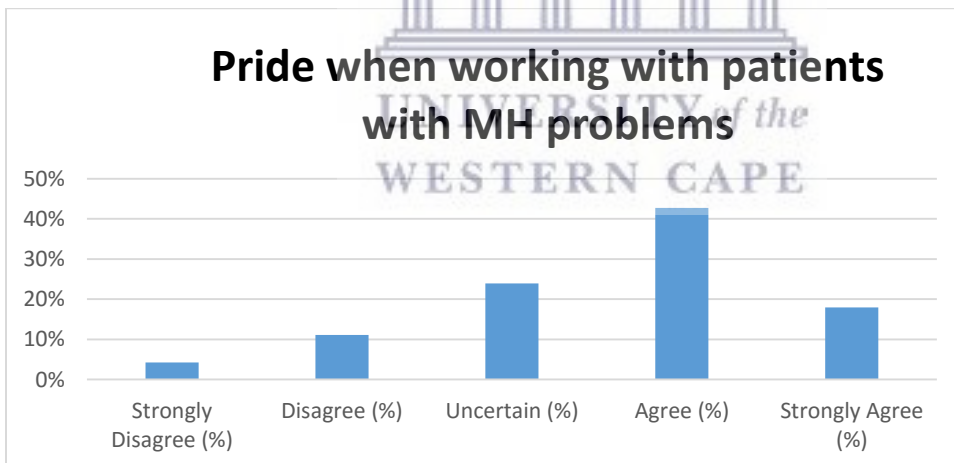


Figure: 4.18: Pride when working with patients with MH problems

In question eighteen the participants were asked, I feel that I have much to be proud of when working with patients with mental health problems. The data indicated that (4.3%) strongly disagree, (11.1%) disagree, (23.9%) uncertain, (42.7%) agree and (17.9%) strongly agree. All the participants answered the question total 100%.

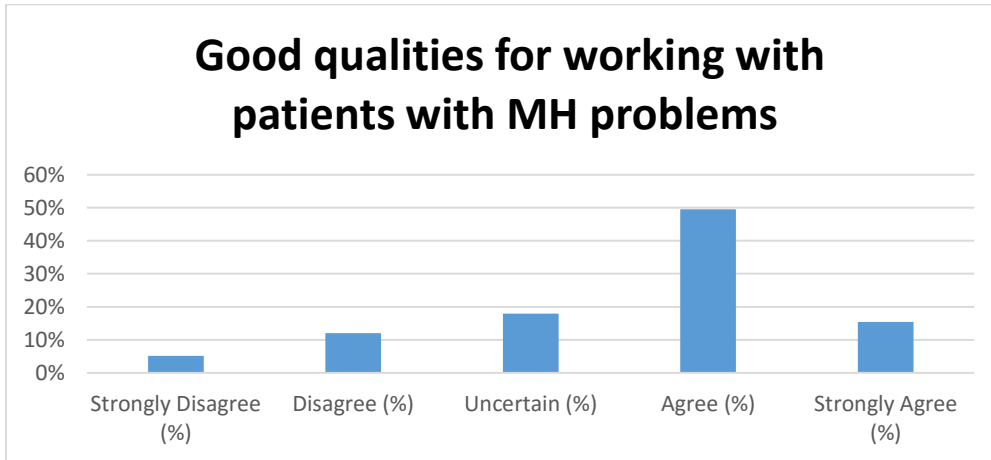


Figure: 4.19: Good qualities for working with patients with MH problems

In question nineteen the participants were asked, I feel that I have a number of good qualities for working with patients with mental health problems. The data indicated that (5.1%) strongly disagree, (12.0%) disagree, (17.9%) uncertain, (49.6%) agree and (15.4%) strongly agree. All the participants answered the question total 100%.

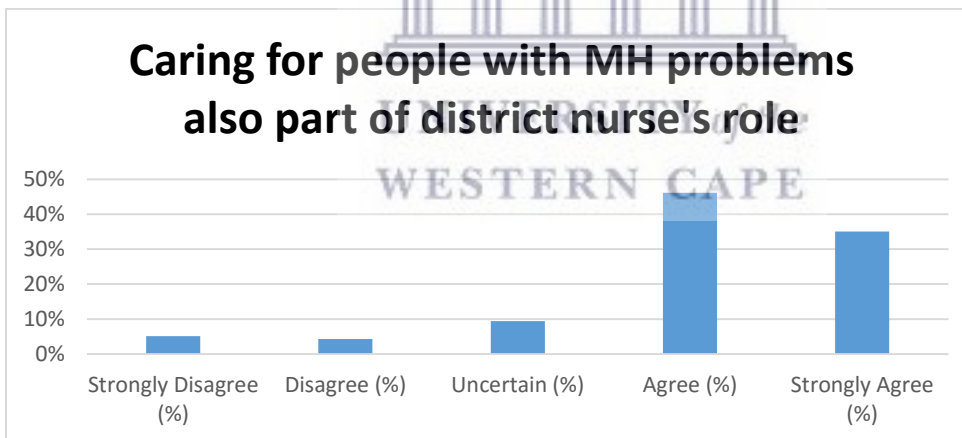


Figure: 4.20: Caring for people with MH problems also part of district nurses role

In question twenty the participants were asked, caring for people with mental health problems is an important part of a district nurse's role. The data indicated that (5.1%) strongly disagree, (4.3%) disagree, (9.4%) uncertain, (46.2%) agree and (35.0%) strongly agree. All the participants answered the question total 100%.

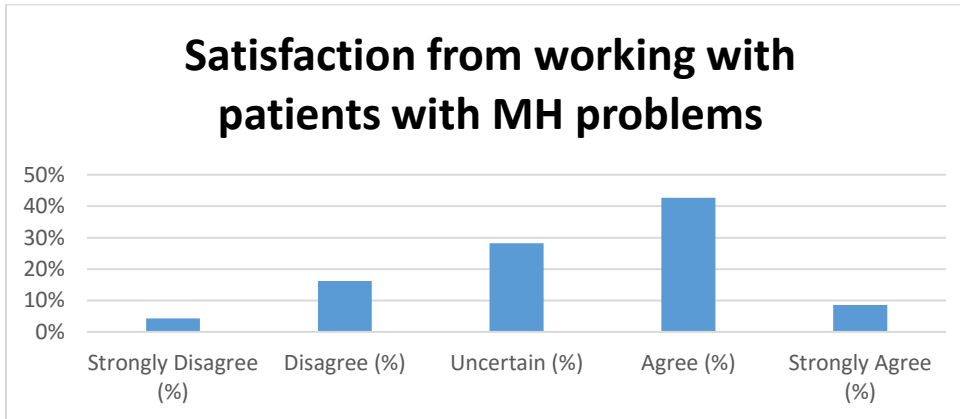


Figure: 4.21: Satisfaction from working with patients with MH problems

In question twenty one the participants were asked, In general, one can get satisfaction from working with patients with mental health problems. The data indicated that (4.3%) strongly disagree, (16.2%) disagree, (28.2%) uncertain, (42.7%) agree and (8.5%) strongly agree. All the participants answered the question total 100%.

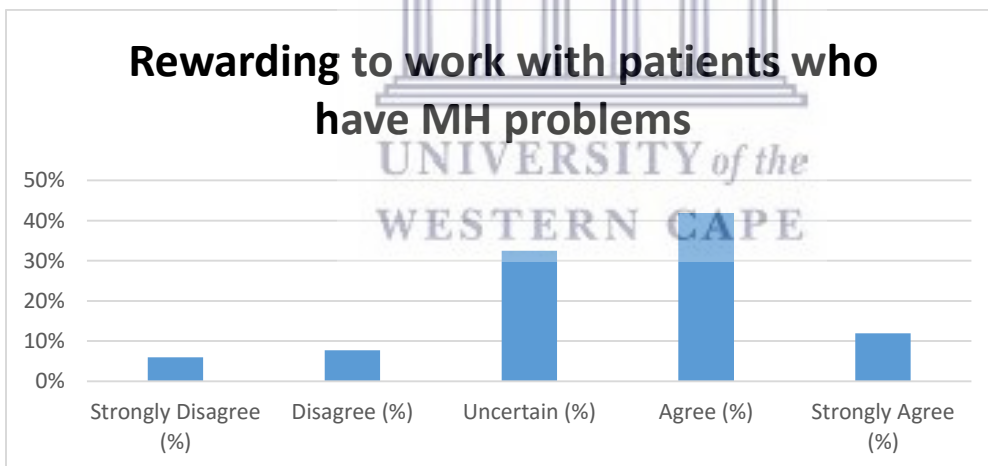


Figure: 4.22: It's rewarding to work with patients who have MH problems

In question twenty two the participants were asked, In general, it is rewarding to work with patients with mental health problems. The data indicated that (6.0%) strongly disagree, (7.7%) disagree, (32.5%) uncertain, (41.9%) agree and (12.0%) strongly agree. All the participants answered the question total 100%.

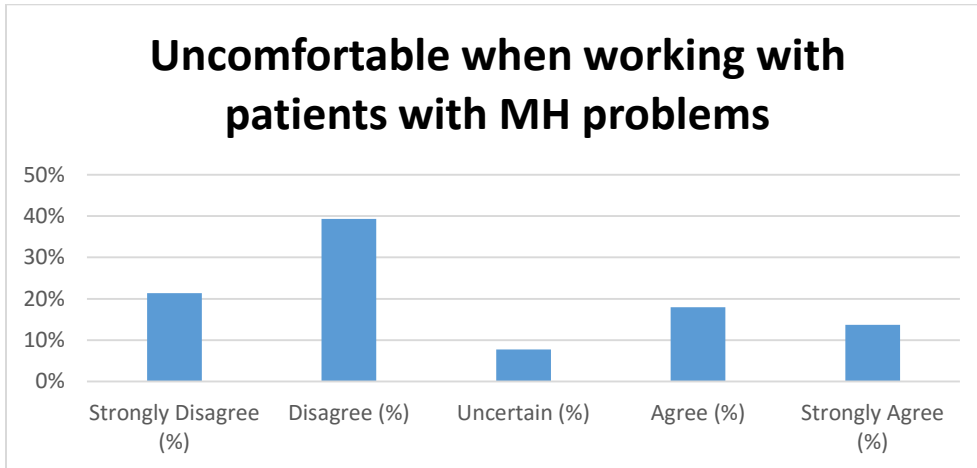


Figure: 4.23: Uncomfortable when working with patients with MH problems

In question twenty three the participants were asked, I often feel uncomfortable when working with patients with mental health problems. The data indicated that (21.4%) strongly disagree, (39.3%) disagree, (7.7%) uncertain, (17.9%) agree and (13.7%) strongly agree. All the participants answered the question total 100%.

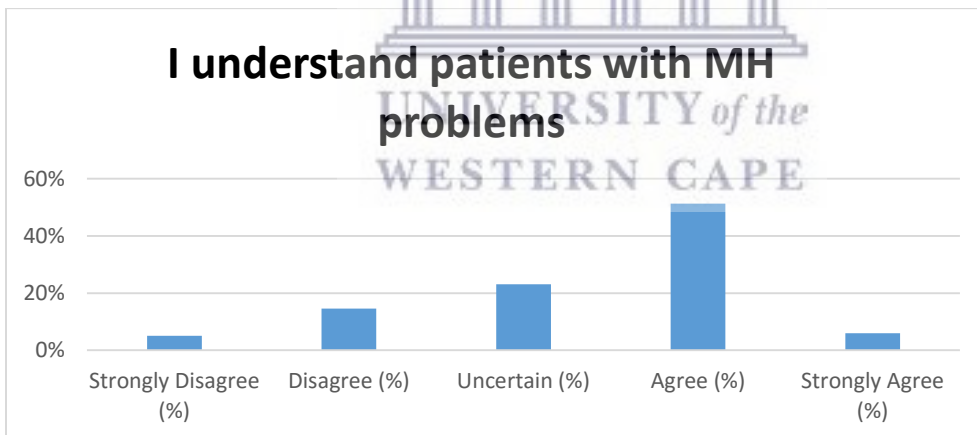


Figure: 4.24: I understand patients with MH problems

In question twenty four the participants were asked, in general, I feel that I can understand patients with mental health problems. The data indicated that (5.1%) strongly disagree, (14.5%) disagree, (23.1%) uncertain, (51.3%) agree and (6.0%) strongly agree. All the participants answered the question total 100%.

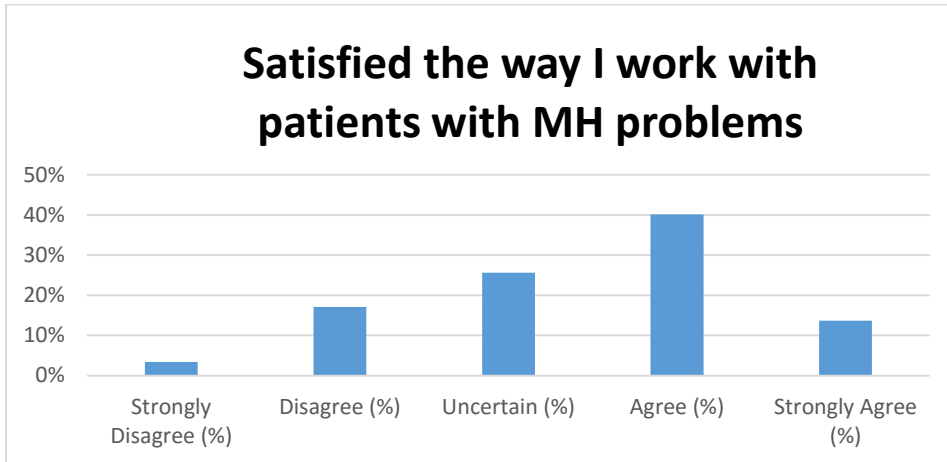


Figure: 4.25: Satisfied the way I work with patients with MH problems

In question twenty five the participants were asked, on the whole, I am satisfied with the way I work with patients with mental health problems. The data indicated that (3.4%) strongly disagree, (17.1%) disagree, (25.6%) uncertain, (40.2%) agree and (13.7%) strongly agree. All the participants answered the question total 100%.

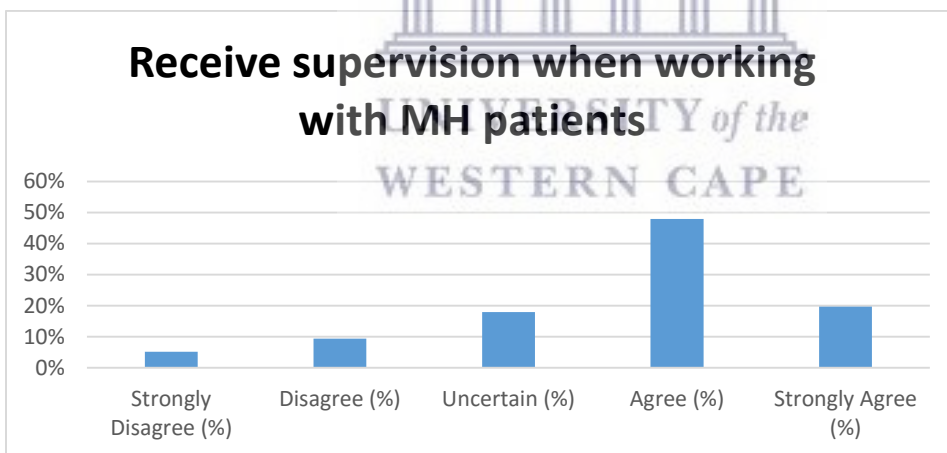


Figure: 4.26: Receive supervision when working with MH patients

In twenty six the participants were asked, when working with patients with mental health problems I receive adequate supervision from a more experienced person. The data indicated that (5.1%) strongly disagree, (9.4%) disagree, (17.9%) uncertain, (47.9%) agree and (19.7%) strongly agree. All the participants answered the question total 100%.

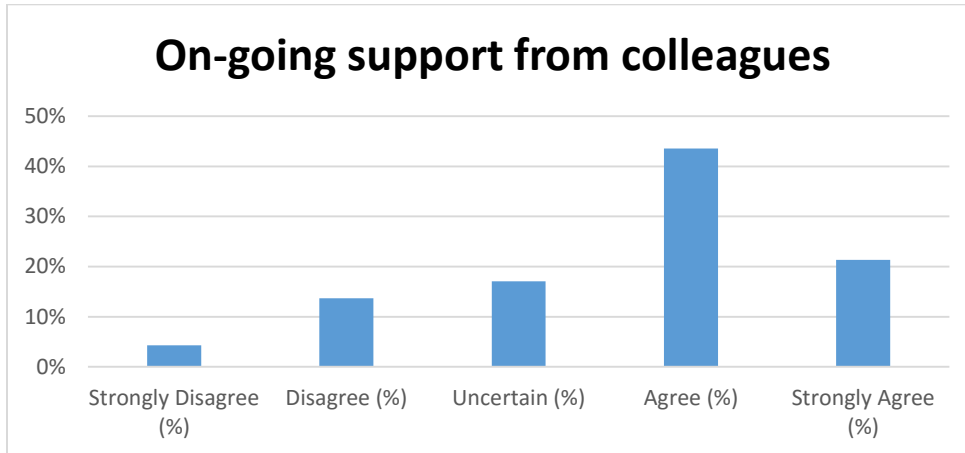


Figure: 4.27: On-going support from colleagues

In twenty seven the participants were asked, when working with patients with mental health problems I receive adequate on-going support from colleagues. The data indicated that (4.3%) strongly disagree, (13.7%) disagree, (17.1%) uncertain, (43.6%) agree and (21.4%) strongly agree. All the participants answered the question total 100%.

4.5 Summary

In this chapter the researcher has provided a detailed description and presentation of the MHPPQ results of this study. The researcher used descriptive analyses to describe, organise and analyse the data. The responses were to the demographic data and twenty-seven (27) questions from the Mental Health Problems Perceptions Questionnaire (MHPPQ). The findings of the questions were presented using figures and tables. Significant correlations and pertinent information was highlighted. The results displayed in this chapter are discussed in detail in chapter 5, which consists of the discussion of the findings.

CHAPTER 5

DISCUSSION OF FINDINGS

5.1 Introduction

In this chapter the researcher discusses the findings of this current study and compares it to or contrasts it with the findings of other relevant studies. This study aimed to investigate perceptions of RNs regarding their capability to care for soldiers experiencing mental illness at a Military hospital in SA. The study mentioned above was assessed by means of the MHPPQ and demographic questionnaire. The MHPPQ measured nurses' perceptions regarding their capability to care for soldiers experiencing mental illness at a Military hospital in SA, by means of assessing their therapeutic commitment, role support and role competency. As such, the specific aims of the study were (1) To determine the therapeutic commitment of RNs towards mentally ill soldiers; (2) To establish the level of role support for RNs in managing mentally ill soldiers; and (3) To ascertain the level of role competency of RNs towards mentally ill soldiers.

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5.2. Demographics

The date asked in the demographic questionnaire is an indication when the questionnaire was completed by the respondents. The range was 13 March 2018 - 23 March 2018 total was 117 respondents. Gender, the vast majority, 74.4%, of the participants were female (87/117), with male participants comprising 25.6 % (30/117) of the sample. Furthermore the results indicated a significant number of female RNs as compared to male RNs in the sample. The mean age of the total sample was 33.58 years, median 30.00, mode 27, range 35, minimum 23 and maximum 58, sample (117/117). Basic nursing psychiatry the vast majority, 88.3%, of the participants had basic psychiatry (98/117), in comparison to 16.2% (19/117) of the sample who did not have. Length of time worked in psychiatry in the sample population, 78.6%, of the participants worked months in psychiatry (92/117), while 22.1% (25/117) had worked

years. Advanced Psychiatric (AP) course all of the sample population 100% (117/117) did not have the advanced mental health course. Rank in the demographic aspect of the questionnaire the military rank of the RNs were asked the results were as follows: Lt Col was .9%, of the sample (1/117), Major 1.7%, of the sample (2/117), Captain was 38.5% of the sample (45/117), Lieutenant was 50.4% of the sample (45/117), Candidate officer 8.5% of the sample (10/117). Years of Registration as RNs the RNs were also asked about their years of service the response was the following: RNs who worked 20 years and more 12.8% (15/117), 15 to 19 years 6.0% (7/117), 11 to 14 years 6.8% (8/117), 5 to 10 years 21.4% (25/117), 1 to 4 years 53% (62/117). Furthermore there is a significant difference of years of experience as a RNs 1 to 4 years 53% (62/117).

5.3 The Mann-Whitney test

The Mann-Whitney U test is a non-parametric test that can be used in place of an unpaired t-test, It is used to test two samples come from the same population or alternatively, whether observations in one sample tend to be larger than observations in the other (Shier. 2004:1). In this study the Mann Whitney test was used to compare therapeutic commitment, role support and role competency to the demographic information gender, basic psych qualifications obtained by RNs and the period RNs worked in mental health. Significant finding among the variables would be results that are less than 0.05.

5.4 The Kruskal-Wallis test

The Kruskal-Wallis Test is appropriate for use when you have three or more conditions that you want to compare, this test determines if there is a relationship between the variables and where did the variables lie in the comparison (Graham, 2017:1). In this study, the Kruskal–Wallis test was used to analyse the rank of the RNs. Significant finding among the variables would be results that are less than 0.05.

5.5 MHPPQ sub-scale scores using the Mann-Whitney test

MHPPQ sub-scale scores to gender using the Mann-Whitney test results are, MHPPQ: Therapeutic Commitment p - value .001 and MHPPQ: Role competency p - value .000. These findings indicated that RNs perceptions of Therapeutic Commitment and Role competency were significantly linked to gender. A study by Maluleke and van Wyk (2017:9678) on the experience of psychiatric nurses of violent behaviour by female patients with mental illness. The author indicated that violent behaviour is often associated with male patients with acute mental illness that resulted in aggression and danger to nursing personnel; these behaviours affected the RNs perception of therapeutic commitment especially among female RNs. A study by Lawoko, Joaqum, and Nolan (2004:43) indicated there is an association in gender and psychiatric nursing, as more males than females reported being abused during their career in psychiatric nursing. In other studies there were no relationship between genders.

The mean age of the total sample was 33.58 years, median 30.00, mode 27, range 35, minimum 23 and maximum 58, sample (117/117). Lawoko, et al. (2004:43) indicated that in their study there was a relationship between psychiatric nursing and age with younger RNs who tended to report more assaults than older ones.

MHPPQ sub-scale scores to whether RNs had done the basic psychiatric course using the Mann-Whitney test results are, MHPPQ: Therapeutic Commitment p - value .007 and MHPPQ: Role competency p - value .000. These findings indicated that RNs perceptions of Therapeutic Commitment and Role competency were linked to the question of whether RNs had done the basic psychiatric course. Through fear, RNs demonstrate an anxiety for their own physical integrity and thus adopt a strategy of punishment as a way of maintaining order in the institutional context (Moreira & Loyola, 2011:694).

MHPPQ sub-scale scores to period of RNs working in mental health (MH) using the Mann-Whitney test results are, MHPPQ: Therapeutic Commitment p - value .000,

MHPPQ: Role support p - value .004 and MHPPQ: Role competency p - value .000. Findings indicated that RNs perceptions of Therapeutic Commitment, Role support and Role competency were significantly linked to the period worked in mental health.

MHPPQ sub-scale scores to advanced course (MH). The Mann-Whitney test could not indicate any significant results as there were no one from the sample that had completed the advanced psychiatry. There was no data to analyse in agents the MHPPQ. In a previous study by Basson, (2012:33) concerning whether RNs had completed the advanced mental health course, no significant differences were evident between those RNs who had completed the advanced mental health course and those who had not.

5.6 MHPPQ sub-scale scores using Kruskal - Wallis test

MHPPQ sub-scale scores to rank using Kruskal - Wallis test results are, MHPPQ: Therapeutic Commitment p - value .011. Findings indicated that there is a link between the RNs rank and Therapeutic Commitment. The difference lies between Capt - Lieutenant p - value .018. MHPPQ: Role competency p - value .002. Findings indicated that there is a link between the RNs rank and Role competency. The difference lies between Capt - Lieutenant p - value .006. Years of registration as RNs the RNs were also asked about their years of service the response was the following: RNs who worked 20 years and more 12.8% (15/117), 15 to 19 years 6.0% (7/117), 11 to 14 years 6.8% (8/117), 5 to 10 years 21.4% (25/117), 1 to 4 years 53% (62/117). Furthermore there is a significant difference of years of experience as a RN 1 to 4 years 53% (62/117). Mc Knight (2013:461) revealed that there is a link between rank (experience) and therapeutic commitment. There was a significant difference in the number of years RNs worked in psychiatry 53% (62/117) worked 1 to 4 years. This group would be known to have less experience in the psychiatric field. A study by Mc Knight (2013:661) indicated that learning needs assessment focused on psychiatric mental health nursing competency development is central component of nursing education especially in mental health nursing practice.

He indicated that mental health nursing relies on the assumption that learning the needs of the experienced mental health nurses have been assessed and educational programs implemented to address education's needs for competency in professional practice. This study highlights that years worked in mental health results in experienced mental health professionals. Treatment of people who are living with mental health illness is complex and has many components (Tuveesson, Wann-Hansson & Eklund, 2011:223). The experienced knowledge of RNs may be extracted and implemented in nursing criteria to increase competence in psychiatric nursing. Similarly Pitkänen, Hätönen, Kollanen, Kuosmanen and Välimäki, (2010:1) emphasised that in their study they have identified five main categories of nursing interventions to support patients' Quality of Life (QOL) which are, care planning, empowering interventions, social interventions, activating interventions and security interventions by nursing with experience for successful implementation.

5.7 Discussion and findings of MHPPQ concepts

A sample of one hundred and seventeen ($n=117$) RNs from 2 Military hospital was collected. All the above Cronbach's alpha values for the MHPPQ are acceptable above 0.7 for social sciences. There is good reliability among the grouped questions ranging from robust to relatively high. Below the items will be discussed according to their groupings and significant findings to the study. Questions on the MHPPQ are grouped and discussed as follows:

- Therapeutic Commitment (items 11 to 13, 16 to 25 and 27) number of items 14 with a Cronbach's Alpha 0.811.
- Role Support (items 8 to 10 and 26) number of items 4 with a Cronbach's Alpha 0.753.
- Role Competency (items 1 to 7 and 14 to 15) number of items 9 with a Cronbach's Alpha 0.889.

5.7.1 Therapeutic Commitment (items 11 to 13, 16 to 25 and 27)

Number of items 14. Cronbach's Alpha 0.811. In question eleven the participants were asked, I am interested in the nature of mental health problems and the treatment of them. The data indicated that (12.0%) strongly disagree, (15.4%) disagree, (12.8%) uncertain, (28.2%) agree and (31.6%) strongly agree. All the participants answered the question total 100%. Results indicated there is a significant amount of RNs at the military hospital who are interested in MHC problems and treatment. A study by Chorwe-Sungani and Sangase (2013:109) results indicate that RNs feel neither competent nor confident when dealing with MH problems. This study also revealed that there is a linear relationship between RNs level of knowledge, skills and their therapeutic commitment to provide MHC. In other studies, Kumar, Mehta and Kalra (2011:1) findings revealed that majority 90% (n=117) of the nurses' possess moderate level of knowledge. There was no significant association found between the knowledge with age, sex, marital status, designation of nurses, total clinical experience and in-service education while professional qualification and their psychiatric experience was significantly associated with the knowledge level of the nurses.

In question twelve the participants were asked, I feel that I am able to work with patients with mental health problems as effectively as with other patients who do not have mental health problems. The data indicated that (12.0%) strongly disagree, (21.4%) disagree, (13.7%) uncertain, (33.3%) agree and (19.7%) strongly agree. All the participants answered the question total 100%. This findings were similar to Atkins, Holmes and Martin (2005:181) and Bjorkman, Angelman and Jonsson (2008:171) who indicated that nurses often identified and experienced difficulty in managing unusual behaviours. Giandinoto and Edward (2015:295) indicated that RNs do experience problems when managing patients with co-morbidities attached to MH problems.

In question thirteen the participants were asked, I want to work with patients with mental health problems. The data indicated that (23.9%) strongly disagree, (23.9%) disagree, (13.7%) uncertain, (24.8%) agree and (13.7%) strongly agree. All the

participants answered the question total 100%. There is a clear indication from the results above RNs were uncertain whether they wanted to work with patients who have MHC problems. Ong (2017:106) indicates there is a shortage of nursing working in the mental health field. Globally factors examined in this study were related to attitudes and personality traits of nurses. However, in military settings psychiatric nursing personnel are expected to nurse and manage mentally ill soldiers without the help of security guards. During an informal interview with some of the RNs that have worked in the psychiatric department at a military hospital, they verbalised that they were exposed to violence, abuse and/or psychological distress resulting in poor communication and interaction between the RNs and mentally ill soldiers.

In question sixteen the participants were asked, I feel that there is nothing I can do to help patients with mental health problems. The data indicated that (37.6%) strongly disagree, (41.0%) disagree, (12.0%) uncertain, (6.0%) agree and (3.4%) strongly agree. All the participants answered the question total 100%. According to findings RNs in the military, most of the participants felt they can help patients who MH problems. In question seventeen the participants were asked, I feel that I have something to offer patients with mental health problems. The data indicated that (3.4%) strongly disagree, (6.8%) disagree, (19.7%) uncertain, (52.1%) agree and (17.9%) strongly agree. All the participants answered the question total 100%. Most of the participants felt they have something to offer in the management of mentally ill soldiers.

In question eighteen the participants were asked, I feel that I have much to be proud when working with patients with mental health problems. The data indicated that (4.3%) strongly disagree, (11.1%) disagree, (23.9%) uncertain, (42.7%) agree and (17.9%) strongly agree. All the participants answered the question total 100%. Most of the participants felt proud when working with patients with mental health problems. In question nineteen the participants were asked, I feel that I have a number of good qualities for working with patients with mental health problems. The data indicated that (5.1%) strongly disagree, (12.0%) disagree, (17.9%) uncertain, (49.6%) agree and

(15.4%) strongly agree. All the participants answered the question total 100%. Most of the participants felt that they have a number of good qualities for working with patients with mental health problems. In question twenty the participants were asked, caring for people with mental health problems is an important part of a district nurse's role. The data indicated that (5.1%) strongly disagree, (4.3%) disagree, (9.4%) uncertain, (46.2%) agree and (35.0%) strongly agree. All the participants answered the question total 100%. Most of the participants felt that caring for people with mental health problems is an important part of a district nurse's role.

In question twenty one the participants were asked, In general, one can get satisfaction from working with patients with mental health problems. The data indicated that (4.3%) strongly disagree, (16.2%) disagree, (28.2%) uncertain, (42.7%) agree and (8.5%) strongly agree. All the participants answered the question total 100%. Most of the participants felt that In general, one can get satisfaction from working with patients with mental health problems. In question twenty two the participants were asked, In general, it is rewarding to work with patients with mental health problems. The data indicated that (6.0%) strongly disagree, (7.7%) disagree, (32.5%) uncertain, (41.9%) agree and (12.0%) strongly agree. All the participants answered the question total 100%. Most of the participants feel it is rewarding to work with patients with mental health problems.

In question twenty three the participants were asked, I often feel uncomfortable when working with patients with mental health problems. The data indicated that (21.4%) strongly disagree, (39.3%) disagree, (7.7%) uncertain, (17.9%) agree and (13.7%) strongly agree. All the participants answered the question total 100%. Most of the participants felt that they do not feel uncomfortable when working with patients with mental health problems. In question twenty four the participants were asked, in general, I feel that I can understand patients with mental health problems. The data indicated that (5.1%) strongly disagree, (14.5%) disagree, (23.1%) uncertain, (51.3%) agree and (6.0%) strongly agree. All the participants answered the question total

100%. Most of the participants felt that they can understand patients with mental health problems.

In question twenty five the participants were asked, on the whole, I am satisfied with the way I work with patients with mental health problems. The data indicated that (3.4%) strongly disagree, (17.1%) disagree, (25.6%) uncertain, (40.2%) agree and (13.7%) strongly agree. All the participants answered the question total 100%. According to findings, a large number of RNs in the Military felt they are satisfied the way they work with patients with MH problems. MacPhee, Dahinen, Havaei (2017:1) indicated that job-level perception of nurse heavy workloads left nurses with emotional burnout and decreased job satisfaction. Gates, Gordon and Succop (201:59) 94% (n=117) of nurses experienced at least one posttraumatic stress disorder symptom after a violent event, with 17% (n=117) having scores high enough to be considered probable for Post-traumatic Stress Disorder (PTSD). In addition, there were significant indirect relationships between stress symptoms and work productivity.

In question twenty seven the participants were asked, when working with patients with mental health problems I receive adequate on-going support from colleagues. The data indicated that (4.3%) strongly disagree, (13.7%) disagree, (17.1%) uncertain, (43.6%) agree and (21.4%) strongly agree. All the participants answered the question total 100%. According to findings, a large number RNs in the Military felt they receive on-going support from colleagues when working with patients with MH problems. Therapeutic Commitment (items 11 to 13, 16 to 25, and 27) number of items 14 with a Cronbach's Alpha 0.811. This results indicate that there is perceived Therapeutic Commitment of RNs to manage mentally ill soldiers.

5.7.2 Role Support (items 8 to 10 and 26)

Number of items 4. Cronbach's Alpha 0.753. In question eight the participants were asked, if I felt the need when working with patients with mental health problems, I could easily find someone with whom I could discuss any personal difficulties I might

encounter. The data indicated that (6.0%) strongly disagree, (14.5%) disagree, (23.9%) uncertain, (42.7%) agree and (12.8%) strongly agree. All the participants answered the question total 100%. A significant percentage of RNs in the military felt they could easily find someone to discuss patients with MH issues. In question nine the participants were asked, if I felt the need when working with someone with mental health problems, I could easily find somebody who would help me clarify my professional difficulties. The data indicated that (6.0%) strongly disagree, (8.5%) disagree, (17.1%) uncertain, (53.0%) agree and (15.4%) strongly agree. All the participants answered the question total 100%. A significant percentage of RNs in the Military felt they could easily find someone to help clarify their professional difficulties.

In question ten the participants were asked, if I felt the need I could easily find someone who would be able to help me formulate the best approach to a patient with mental health problems. The data indicated that (4.3%) strongly disagree, (7.7%) disagree, (17.1%) uncertain, (52.1%) agree and (18.8%) strongly agree. All the participants answered the question total 100%. A significant percentage of RNs in the military felt they could easily find someone that could help formulate the best approach to a patient with MHC problems.

In question twenty six the participants were asked, when working with patients with mental health problems I receive adequate supervision from a more experienced person. The data indicated that (5.1%) strongly disagree, (9.4%) disagree, (17.9%) uncertain, (47.9%) agree and (19.7%) strongly agree. All the participants answered the question total 100%. A significant percentage of RNs in the Military felt when working with patients with mental health problems they receive adequate supervision from a more experienced person. Stevenson, Jack, O'Mara & LeGris (2015:14) differed in their findings their study indicated that for many nurses patient violence, physical and verbal abuse were considered part of the job. Nurses struggled with role conflict in ones duty to care for patients and ones duty to self. Nurses indicated the need for improved education, debriefing following incident and a supportive work environment.

RNs in the Military feel that they have adequate role support in the management of MHCUs. There was gap identified in this study relating to the extent to which RNs in the military understand their rights and the support available to manage of MHCUs. As the rigidity of military culture may influence their ability to seek help in the management of MHCUs (Westphal & Convoy, 2016:3). Role Support (items 8 to10 and 26) Number of items 4. Cronbach's Alpha 0.753. This result indicates that there is perceived Role Support of RNs to manage mentally ill soldiers.

5.7.3 Role Competency (items 1 to 7 and 14 to 15)

Number of items 9. Cronbach's Alpha 0.889. In this study the demographic data revealed that vast majority, 88.3%, (98/117) of the participants had basic psychiatry. Therefore it is expected for RNs with basic psychiatry to have perceived confidence in the management of mentally ill patients. However, length of work of RNs in the sample population, 78.6%, of the participants worked months in psychiatry (92/117). The level of competence of nurses caring for patients with mental health problems may be associated with professional skills, conflict situations with patients and lack of knowledge of the principles of nursing. In this study there was a significant link between duration of employment and education (Svediene, Jankauskiene, Kusleikaite, & Razbadauskas, 2009:822).

In question one the participants were asked, I feel that I know enough about the factors that put people at risk of mental health problems to carry out my role when working with this client in a group. The data indicated that (3.4%) strongly disagree, (25.6%) disagree, (13.7%) uncertain, (44.4%) agree and (12.8%) strongly agree. All the participants answered the question total 100%. A significant percentage of RNs in the military felt that they know enough about the factors that predispose people to mental health problems and they know their role when working with such clients in a group. In question two the participants were asked, I feel I know how to treat people with long term mental health problems. The data indicated that (8.5%) strongly disagree, (21.4%) disagree, (17.1%) uncertain, (40.2%) agree and (12.8%) strongly agree. All the

participants answered the question total 100%. A significant percentage of RNs in the Military felt they know how to treat people with long-term mental health problems. These results correlate with the finding of Bekelepi (2015:52) who revealed that overall, RNs had a fair knowledge and required skill to manage aggressive psychiatric patients.

In question three the participants were asked, I feel that I can appropriately advise a patient about mental health problems. The data indicated that (6.0%) strongly disagree, (16.2%) disagree, (17.9%) uncertain, (35.9%) agree and (23.9%) strongly agree. All the participants answered the question total 100%. A significant percentage of RNs in the Military felt they can appropriately advise a patient about mental health problems. In question four the participants were asked, I feel that I have a clear idea of their responsibilities in helping patients with mental health problems. The data indicated that (5.1%) strongly disagree, (11.1%) disagree, (14.5%) uncertain, (47.0%) agree and (22.2%) strongly agree. All the participants answered the question total 100%. A significant percentage of RNs in the Military felt they have a clear idea of their responsibilities in helping patients with mental health problems.

In question five the participants were asked, I feel that I have the right to ask patients about their mental health status when necessary. The data indicated that (1.7%) strongly disagree, (6.8%) disagree, (13.7%) uncertain, (53.8%) agree and (23.9%) strongly agree. All the participants answered the question total 100%. A significant percentage of RNs in the military felt that they have the right to ask patients about their mental health status when necessary. In question six the participants were asked, I feel that my patients believe I have the right to ask them questions about mental health problems when necessary. The data indicated that (5.1%) strongly disagree, (18.8%) disagree, (35.0%) uncertain, (30.8%) agree and (10.3%) strongly agree. All the participants answered the question total 100%. A significant percentage of RNs in the military were uncertain whether they have the right to ask patients questions about MH problems when necessary. In relation to this there was a large amount of RNs that felt

they had the right to ask the MHCUs about their problems. In question seven the participants were asked, I feel that I have the right to ask a patient for any information that is relevant to their mental health problem. The data indicated that (1.7%) strongly disagree, (4.3%) disagree, (9.4%) uncertain, (51.3%) agree and (33.3%) strongly agree. All the participants answered the question total 100%. A significant percentage of RNs in the military felt they have the right to ask a patient for any information that is relevant to their mental health problem.

In question fourteen the participants were asked, I have the skills to work with patients with mental health problems. The data indicated that (12.0%) strongly disagree, (11.1%) disagree, (15.4%) uncertain, (50.4%) agree and (11.1%) strongly agree. All the participants answered the question total 100%. A significant percentage of RNs in the military felt they have the skills to work with patients with mental health problems. In question fifteen the participants were asked, I feel that I can assess and identify the medical, psychiatric, psychological, occupational therapy and nursing problems of patients with mental health problems. The data indicated that (6.8%) strongly disagree, (14.5%) disagree, (22.2%) uncertain, (46.2%) agree and (10.3%) strongly agree. All the participants answered the question total 100%. A significant percentage of RNs in the Military felt they can assess and identify the medical, psychiatric, psychological, occupational therapy and nursing problems of patients with mental health problems. Role Competency (items 1 to 7 and 14 to 15) number of items 9 with a Cronbach's Alpha 0.889. In dictating that there is Role Competency among RNs in the military. The nursing team is often immersed in a high level of stress and anxiety. It is complex to comprehend how such anxiety can be supported, which in fact, it cannot be. Additionally, the practice of this team provokes strong feelings and confusion in the nurses' compassion, love, aversion and resentment to the patients because they provoke such an intensity of feelings (Moreira, Loyola, 2011:694). These feeling induced by the patients may affect RNs Therapeutic Commitment, Role support and Role competency. Arabaci (2017:163) indicated that it is important that people who are

professionally experienced in providing care to psychiatric patients have adequate knowledge and skill in the field and at least a bachelor's degree should be employed so that nurses in these fields felt more competent. The results in this study indicate that RNs in the military are perceived to be competent in the management of mentally ill soldiers. There were issues highlighted that can improve the standard to RNs competence in mental healthcare. These issues are addressed in the recommendations of the study.

5.8 Summary

In this chapter, the researcher discussed the findings of this current study and compared them to studies conducted by various other researchers, which highlighted whether this current study was similar or different. The following chapter, Chapter 6, comprises a summary of the study, recommendations of the study, recommendations of the study, recommendations for future research, limitations of the study and conclusions of the study.



CHAPTER 6

CONCLUSIONS LIMITATIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter concludes the study by summarising the research process, findings and answers the research questions. Limitations of the study is briefly discussed, and recommendations made for psychiatric clinical practice, psychiatric nursing education and research to improve psychiatric nursing in the SAMHS.

6.2 Summary

The three (3) objectives of the study were answered as follows:

6.2.1 Objective 1

Was to determine the therapeutic commitment of RNs towards mentally ill soldiers. Therapeutic commitment involves interpersonal characteristics such as warmth and empathy, which is important in nursing a mentally ill patient. Therapeutic Commitment (items 11 to 13, 16 to 25 and 27) number of items 14 with a Cronbach's Alpha 0.811. This results indicate that there is perceived Therapeutic Commitment of RNs to manage mentally ill soldiers. However in question 13 the RNs were asked if they want to work with patients with mental health problems. Results indicated that RNs at 2 Military Hospital possess the ability to manage mentally ill patients but lack passion to work with mentally ill patients. The data relating to RNs that would like to work with mentally ill patients indicated that (23.9%) strongly disagree, (23.9%) disagree, (13.7%) uncertain, (24.8%) agree and (13.7%) strongly agree.

6.2.2 Objective 2

Was to establish the level of role support for RNs in managing mentally ill soldiers. Role Support as the level of contact and access RNs have to specialist mental health workers. Role Support (items 8 to 10 and 26) Number of items 4. Cronbach's Alpha

0.753. This result indicates that there is perceived Role Support of RNs to manage mentally ill soldiers.

6.2.3 Objective 3

Was to establish the level of role support for RNs in managing mentally ill soldiers. The role competency is having the required ability and knowledge along with understanding of whether patients with a particular mental illness fall within one's area of responsibility. Role Competency (items 1 to 7 and 14 to 15) number of items 9 with a Cronbach's Alpha 0.889. In dictating that there is Role Competency among RNs in the Military.

6.3 Study Limitations

There are a few limitations expected in this research study and they include the following:

1. As with every other investigation, participants may not have been precisely accurate in answering the questionnaires.
2. The entire RN population consisted of 141 RNs; they all were approached to participate in the study. Only 117 agreed to participation, the remainder were not available during the time of data collection.
3. Results of this study need to be interpreted with caution as the sample size was small (n=117) and represented only 82.485%, which were the response rate of the target population.
4. This research was conducted in a military setting. The DoD has its own ethics committee and processors that need to be adhered to this extended the process of the study.

6.4 Recommendations

The recommendations were discussed under three headings clinical practice, nursing education and research.

Clinical Practice mental health problems are common in people living with a range of long-term physical health conditions such as coronary heart disease, cancer and diabetes and those with mental illness are disproportionately likely to experience poor physical health and death. The management and treatment of comorbidities should be integrated in the inpatient mental healthcare service. Not all RNs are equipped with the skills to manage MHCPs lack of MH knowledge and skill, resources infrastructure and patient staff ratios.

The development of a therapeutic relationship within the mental health setting requires a complex interplay of skills, adapted by the advanced practice psychiatric mental health nurses to meet the requirements at hand, it would also be appropriate to put in place a rotational system that would allow the nurses in different departments to interact with the working environment in psychiatry. Identifying studying opportunities for RNs to do the advanced psychiatric course. The DOD need to clarify its position and compliance in relation to the Mental Health Care Act 17 of 2002.

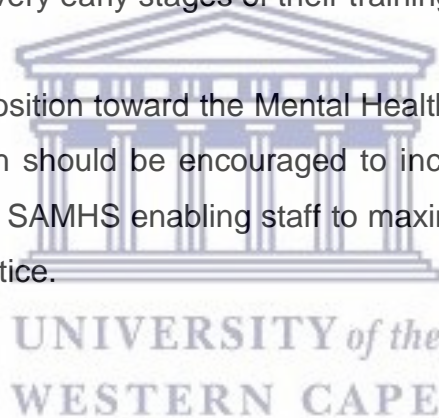
Nursing education it is recommended that there be a systematic, strategic plan and training program to reduce the knowledge gap among mental health RNs. Workshops will need to be implemented to reduce the negative perceptions that RNs may have towards the mentally ill. This Workshop needs to include:

- Definitions of aggression and violence
- Nature and prevalence of violence
- Current mental health circumstances in SANDF e.g. actual circumstances in relation to expectation to Mental Health Care Act No 17 of 2002.
- Theories of aggression
- Nursing care plans

- Nursing interventions (prediction, prevention, communication, breakaway techniques, boundary setting and the use of measures to limit patients' freedom).
- The ethics of aggression and management.
- Ward security personnel and patient safety.
- Drug interactions and treatment of co-morbidities with mental illness.

This would help in reclaiming the rational processes of the nurses from the hold of stereotypes that may affect their attitudes. An introductory program that addresses the fallacies and negative attitudes towards the mentally ill should be made mandatory for all the students from the very early stages of their training.

Research the SAMHS position toward the Mental Health Care Act 17 of 2002 is yet to be established. Research should be encouraged to increase knowledge transfer and research utilization in the SAMHS enabling staff to maximise their potential in research and evidence based practice.



6.5 Conclusion

This study investigated perceptions of RNs regarding their capability to care for soldiers experiencing mental illness at a military hospital in SA.

Joined effects of learning the appropriate course, in addition to experience in the practical field of working with the mentally ill is necessary for the task of impacting positively on the perceptions of the RNs towards the mentally ill.

A comprehensive assessment of this study would be to conduct this study on a larger scale including 1 Military and 3 Military hospitals. This would highlight a broader more comprehensive perception of RNs towards mentally ill soldiers in the DoD. Included in the study is a questionnaire relating to the ability of RNS to manage aggressive psychotic patients would give a broader perspective on the actual management of

mentally ill patients in the DoD. The DoD has its own RN training institutes and findings should be integrated into the nursing curriculum to create insight on what is expected of individuals working in the psychiatric field in the DoD.

The combined effects of age, gender, basic and advanced learning, appropriate course and years of experience in the practical field of the mentally ill, are concepts to investigate to impact positively on the perception of the nurses towards the mentally ill. This study has accomplished the research objectives.



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APPENDIX I



OFFICE OF THE DIRECTOR: RESEARCH RESEARCH AND INNOVATION DIVISION

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17 March 2017

Mr C Pillay
School of Nursing
Faculty of Community and Health Sciences

Ethics Reference Number: BM17/2/9

Project Title: Perceptions of registered nurses regarding their capability to care for soldiers experiencing mental illness at a Military hospital in South Africa.

Approval Period: 10 March 2017 – 10 March 2018

I hereby certify that the Biomedical Science Research Ethics Committee of the University of the Western Cape approved the scientific methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval. Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

The permission from the health facility and/or health department must be submitted for record keeping to BMREC.

A handwritten signature in black ink, appearing to read 'Josias'.

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

PROVISIONAL REC NUMBER -130416-050

APPENDIX II

RESTRICTED

1MH/302/6/02.11.2017



sa military health service

Department:
Defence
REPUBLIC OF SOUTH AFRICA

Telephone: 012 314 0013
Facsimile: 012 314 0013
Enquiries: Prof / Lt Col M.K. Baker

1 Military Hospital
Private Bag x 1023
Thaba Tshwane
0143
9 March 2018

CLINICAL TRIAL APPROVAL: 02.11.2017: "PERCEPTIONS OF REGISTERED NURSES REGARDING THEIR CAPABILITY TO CARE FOR SOLDIERS EXPERIENCING MENTAL ILLNESS AT A MILITARY HOSPITAL IN SOUTH AFRICA"

1. The 1 Military Hospital Research Ethics Committee (1MHREC) registered in South Africa with the National Health Research Ethics Council (NHREC) (REC-111208-019-RA) adhering to GCP/ICH and SA Clinical Trial guidelines, evaluated the above-mentioned protocol and additional documents.

2. The following members approved the study:

- a. Lt Col M.K. Baker: Neurologist, male, chairman 1 MHREC.
- b. Lt Col C.S.J. Duvénage: Specialist physician, female, member 1 MHREC.
- c. Col T.G. Mothabeng: General Surgeon, male, member 1 MHREC
- d. Lt Col D. Mahapa: Dermatologist, female, member 1 MHREC.
- e. Lt Col A.D. Moselane: Urologist, male, member 1 MHREC.
- f. Lt Col E.J. Venter: Periodontist, male, member 1 MHREC.
- g. Maj M.L. Kekana: Specialist physician, female, member 1 MHREC.
- h. DR T.J. Maré: Advocate, independent of the organization, male, member 1 MHREC.
- i. Mrs. C. Jackson: Layperson, independent of the organization, female, member 1 MHREC.
- j. Maj. M.M.M. Ledwaba: Specialist physician, female, member 1 MHREC

3. The following documents were evaluated:

- a. Personalised covering letter from investigator
- b. Research proposal
- c. Mental Health Perception Questionnaire
- d. Patient Information and Informed Consent Document
- e. Biomedical Science Research Ethics Committee of the University of the Western Cape Approval Letter
- f. Permission Letter from 2 Military Hospital Officer Commanding
- g. Permission Letter from Defence Intelligence 2 Military Hospital
- h. Electronic Permission to use the Mental Health Perception Questionnaire
- i. Updated Curricula Vitae:

i. T.P. Moteane

Health Warriors Serving the Brave

RESTRICTED

RESTRICTED

1MH/302/6/02.11.2017

- ii. C. Pillay
- iii. S. Arunachalam

4. The recommendations are: The study was ethically approved on 9 March 2018. The principal investigator, Capt. C. Pillay will be supervised by Lt Col. T.P. Moteane. Report backs are to be made to the 1MHREC six monthly, in the event of any serious adverse events and on completion or termination of the study. Should publications result from the study the relevant manuscripts will also need to be approved by Military Counter Intelligence. All funds generated through this research study should be paid into an approved Regimental fund account.

The 1 MHREC wishes you success with the study.



(M.K BAKER)
CHAIRMAN 1 MILITARY HOSPITAL RESEARCH ETHICS COMMITTEE:
LT COL / PROF

DIST

For Action

Capt. C. Pillay



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WESTERN CAPE

APPENDIX III

Gmail - Permission to use MHPPQ

<https://mail.google.com/mail/u/0/?ui=2&ik=4213901039&view=pt...>



Colin Pillay <colinpillay0@gmail.com>

Permission to use MHPPQ

2 messages

colinpillay0@gmail.com <colinpillay0@gmail.com>
To: n.j.angus@stir.ac.uk

Mon, Jun 6, 2016 at 5:46 PM

Dear Mr N. J Angus

My name is Colin Pillay I am a student doing advanced psychiatry, at the University of Western Cape, South Africa.

I am also a professional nurse and a soldier, currently working in a psychiatric ward I would like to use your Mental Health Perception Questionnaire(2000,2001) to investigate the perceptions of registered nurses at the military hospital which I work.

Your favourable consideration in allowing me to use your questionnaire will be highly appreciated.

Regards
Colin Pillay

Sent from Samsung Mobile

Neil Angus <n.j.angus@stir.ac.uk>
To: "colinpillay0@gmail.com" <colinpillay0@gmail.com>

Tue, Jun 7, 2016 at 12:17 PM

Dear Colin

I have checked with the lead author – Prof. W. Lauder – and this is fine provided due acknowledgement is made in any associated publication.

Kind Regards

Neil J Angus
Senior Lecturer
School of Health Sciences
University of Stirling
Highland Campus
Centre for Health Science
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IV2 3UJ

Tel: +44 (0) 1463 255616

E mail: n.j.angus@stir.ac.uk

Skype: nj.angus

<http://rms.stir.ac.uk/converis-stirling/person/10907>



APPENDIX IV



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2523, Fax: 27 21-9592679

E-mail: colinpillay0@gmail.com

Revised: May 2016

INFORMATION SHEET

Project Title: Perceptions of Registered nurses regarding their capability to care for soldiers experiencing mental illness at a Military hospital in South Africa

What is this study about?

This is a research project being conducted by Colin Pillay at the University of the Western Cape. We are inviting you to participate in this research project because you fit the criteria for the target population. The research is being conducted at a Military Hospital. At this hospital all the registered nurses will form the population of the study; therefore you as a registered nurse meet the criteria to participate in this study. The purpose of this research project is to improve on the quality of psychiatric nursing care, toward mentally ill patients in a military hospital acknowledging the deficit that creates misconceptions by registered nurses towards mentally ill soldiers. These misconceptions need to be addressed in line with scientific methods of practice in psychiatric environments. This will improve the perceptions of registered nurses Mavundla & Uys (1997) indicates that education is a factor to improve behaviors towards psychiatric patients among lower levels in nursing.

What will I be asked to do if I agree to participate?

You will be asked to fill in a questionnaire that will comprise questions relating to your biographical information as well as questions about the perception of your capabilities the management of mental health in the military. Questions will be handed to you while on duty and will be collected once you are done; maximum 20 minutes to complete the

questionnaire. You are also welcome to take the questionnaire home to complete if this suits you better.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, information the participant provides will be kept confidential; and that their anonymity will be maintained. The study database and related participant documentation will be coded so as to maintain participant confidentiality and anonymity. Access to participant information will be permitted only to study staff. Furthermore, participant files will be kept in a secure office within a locked filing cabinet.

If we write a report or article about this research project, your identity will be protected.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others. In this event, we will inform you that we have to break confidentiality to fulfil our legal responsibility to report to the designated authorities.

What are the risks of this research?

There are no known risks associated with participating in this research project.

All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research project aims to improve on the quality of psychiatric nursing care toward mentally ill patients in a Military hospital. Thus this study would document the current perceptions that RN's have in their capability to care for soldier experiencing mental illness at a military hospital in South African. Furthermore, findings should facilitate

future planning in mental health, leading the establishment of additional education programs in management of mentally ill soldiers within Military Health Services (SAMHS).

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Colin Pillay at the University of the Western Cape. If you have any questions about the research study itself, please contact Colin Pillay at: 081 597 3144 or email: colinpillay0@gmail.com

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Dr.S. Arunachallam
Head of Department
School of Nursing
University of the Western Cape
Private Bag X17
Bellville 7535
sarunachallam@uwc.ac.za

Prof José Frantz
Dean of the Faculty of Community and Health Sciences
University of the Western Cape
Private Bag X17
Bellville 7535
chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Senate Research Committee. (REFERENCE NUMBER: *to be inserted on receipt thereof from SR*)

APPENDIX V



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CONSENT FORM

Title of Research Project: Perceptions of Registered nurses regarding their capability to care for soldiers experiencing mental illness at a Military hospital in South Africa

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

I am aware that I will receive a signed and dated copy of this informed Consent Document

PARTICIPANT:

Participant's name:

Participant's Signature:

Date:

PRINCIPAL INVESTIGATOR:

Principal investigator's Name:

Principal investigator's Signature:

Date:

APPENDIX VI

Mental Health Problems Perception Questionnaire (MHPPQ)



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Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2523, Fax: 27 21-9592679

E-mail: colinpillay0@gmail.com

QUESTIONNAIRE: Perceptions of Registered nurses regarding their capability to care for soldiers experiencing mental illness at a Military hospital in South Africa

Thank you for taking the time to complete the questionnaire. Once you have Completed all the questions, please seal the questionnaire with the consent form in the self-addressed envelope and keep it until the researcher returns to collect it from you.

This questionnaire consists of section A, the demographics section and section. B has 27 statements dealing with mental health problems and perceptions. It will take about 20 minutes to complete.

Please place a tick \checkmark in the box that best represents your agreement or disagreement with each statement.

SECTION A: Demographic Data

1. Date

2. Gender

Male	Female
------	--------

3. Age in years

4. Basic Nursing Psychiatry

Yes	No
-----	----

5. For how long have you working in Mental Health?

Years	Months
-------	--------

6. Have you completed the Advanced Mental health course?

Yes	No
-----	----

7.

S/N	Rank	Tick Answer
1.	Lt Col	1
2.	Major	2
3.	Captain	3
4.	Lieutenant	4
5.	Candidate officer	5

8.

S/N	Number of years being a Registered nurse	Tick Answer
1.	20 years and more	1
2.	15 to 19 years	2
3.	11 to 14 years	3
4.	5 to 10 years	4
5.	1 to 4 years	5

Section B

Mental Health Problems Perception Questionnaire (MHPPQ)

Therapeutic Commitment	(items 11 to 13, 16 to 25, and 27)
Role Support	(items 8 to 10 and 26)
Role Competency	(items 1 to 7 and 14 to 15)

Mental Health Problems Perceptions Questionnaire (MHPPQ)

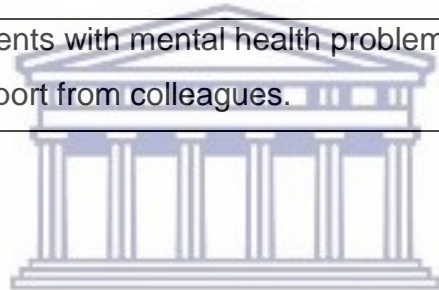
Please indicate how much you agree or disagree with each of the following statements about working with people with mental health problems. The position of the number you choose to encircle will depend on how strongly you feel about the statement. The more you agree with the statement the closer your number choice will be to the strongly agree statement. On the other hand, the more you disagree with the statements the closer your number choice will be to the strongly disagree.

1) Strongly Disagree (2) Disagree (3) Uncertain (4) Agree (5) Strongly Agree

1	I feel that I know enough about the factors that put people at risk of mental health problems to carry out my role when working with this client in a group	1 2 3 4 5
2	I feel I know how to treat people with long term mental health problems.	1 2 3 4 5
3	I feel that I can appropriately advise my patient about mental health problems.	1 2 3 4 5
4	I feel that I have a clear idea of my responsibilities in helping patients with mental health problems.	1 2 3 4 5
5	I feel that I have the right to ask patients about their mental health status when necessary.	1 2 3 4 5
6	I feel that my patients believe I have the right to ask them questions about mental health problems when necessary.	1 2 3 4 5
7	I feel that I have the right to ask a patient for any information that is relevant to their mental health problem.	1 2 3 4 5

8	If I felt the need when working with patients with mental health problems, I could easily find someone with whom I could discuss any personal difficulties I might encounter.	1 2 3 4 5
9	If I felt the need when working with someone with mental health problems, I could easily find somebody who would help me clarify my professional difficulties.	1 2 3 4 5
10	If I felt the need I could easily find someone who would be able to help me formulate the best approach to a patient with mental health problems.	1 2 3 4 5
11	I am interested in the nature of mental health problems and the treatment of them.	1 2 3 4 5
12	I feel that I am able to work with patients with mental health problems as effectively as with other patients who do not have mental health problems.	1 2 3 4 5
13	I want to work with patients with mental health problems.	1 2 3 4 5
14	I have the skills to work with patients with mental health problems.	1 2 3 4 5
15	I feel that I can assess and identify the medical/psychiatric/psychological/occupational therapy/nursing problems of patients with mental health problems.	1 2 3 4 5
16	I feel that there is nothing I can do to help patients with mental health problems.	1 2 3 4 5
17	I feel that I have something to offer patients with mental health problems.	1 2 3 4 5
18	I feel that I have much to be proud of when working with patients with mental health problems	1 2 3 4 5
19	I feel that I have a number of good qualities for working with patients with mental health problems	1 2 3 4 5
20	Caring for people with mental health problems is an important part of a district nurse's role.	1 2 3 4 5

21	In general, one can get satisfaction from working with patients with mental health problems.	1 2 3 4 5
22	In general, it is rewarding to work with patients with mental health problems	1 2 3 4 5
23	I often feel uncomfortable when working with patients with mental health problems	1 2 3 4 5
24	In general, I feel that I can understand patients with mental health problems	1 2 3 4 5
25	On the whole, I am satisfied with the way I work with patients with mental health problems	1 2 3 4 5
26	When working with patients with mental health problems I receive adequate supervision from a more experienced person.	1 2 3 4 5
27	When working with patients with mental health problems I receive adequate on-going support from colleagues.	1 2 3 4 5



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