Experiences of nurses caring for mental health care users in an acute admission unit at a psychiatric hospital

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A mini-thesis submitted in partial fulfilment of the requirements for the degree Magister Curationis in the department of Nursing at the University of the Western Cape

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Key words

Experiences

Caring

Nurse

Mental Health Care User

Acute admission unit

Psychiatric hospital

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List of Abbreviations

APH: Associated Psychiatric Hospital

EN: Enrolled Nurse

ENA: Enrolled Nursing Assistants

MHCA: Mental Health Care Act

MHCP: Mental Health Care Practitioner

MHCU: Mental Health Care User

PN: Professional Nurse

SANC: South African Nursing Council

Abstract

Zintle Charles Sobekwa

M cur minithesis. School of Nursing. University of the Western Cape

Background: The provision of mental health care, treatment and rehabilitation of the acutely ill Mental Health Care Users (MHCUs) poses a major challenge to the nurses working in acute units. Nurses spend long hours ensuring that acutely ill psychiatric patients receive quality patient care in acute admission units in different psychiatric hospitals in South Africa. With few studies showing a rise in the prevalence of mental disorders in the South Africa and the Western Cape Province, acute psychiatric inpatient units across the province have experienced intense pressure and persistent rise in the number of acute patient admissions. Dealing with this group of patients is a difficult task particularly for nurses who spent prolonged hours caring for them. Despite the continuing provision of care to MHCUs by nurses in acute admission units, very little is known about the lived experiences of nurses in acute admission units.

Aim and objective: The aim of this study was to explore and describe the lived experiences of nurses who care for the acutely ill MHCUs in an acute male admission unit at a psychiatric hospital in the Western Cape. Acutely ill MHCUs in acute psychiatric units show severely disturbed behaviour at times, aggression, hostility, acute psychotic symptoms and many other symptoms related to psychiatric illness.

Methods: A qualitative, descriptive phenomenological research design was used to explore and describe the lived experiences of nurses who care for acutely ill patients in an acute admission unit. A purposive sample of eight nurses was selected. Individual, semi structured phenomenological interviews were used to collect data from nurses caring for MHCUs in an acute admission unit. Data saturation was reached after carrying out the eight interviews. These interviews were audio taped and transcribed verbatim and Collaizi's (1978) seven steps method of qualitative data was applied to analyse the collected data.

Findings: The study found that nurses in the acute admission unit experienced several challenges while caring for MHCUs. Nurses reported both negative and positive experiences. Positive experiences included MHCUs recovery, teamwork and passion for caring while negative experiences were feeling unappreciated and unsupported by authorities. Furthermore, they

reported physical assault by MHCUs which led to fear. Challenges experienced included shortage of staff and increased workload which led to burnout amongst nurses in acute admission units.

Recommendations: This research recommends that the number of staff be increased in the acute admission units. In addition, on-going in-service training on management of aggression should be considered for the nursing staff. Lastly, the study recommends that debriefing sessions and other measures be taken by hospital authorities to support the nurses in acute admission units to prevent issues like burnout. In view of these recommendations, further research needs to be done to quantify levels of burnout and the prevalence of patient aggression and its impact on nursing staff.

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Key words: experiences, nurses, caring, Mental Health Care Users, admission unit, psychiatric hospital.

Declaration

I, Zintle Charles Sobekwa, declare that the study entitled *Experiences of nurses caring for Mental Health Care Users in an acute admission unit at a psychiatric hospital* is my original work and has not been submitted for any degree or examination in any other university and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

Zintle Charles Sobekwa

Signature……………………………………………..

November, 2012

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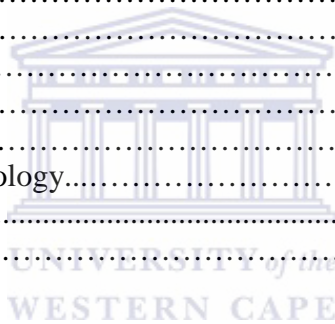
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TABLE OF CONTENTS

CHAPTER ONE: GENERAL BACKGROUND OF THE STUDY

CHAPTER TWO: LITERATURE REVIEW

CHAPTER THREE: RESEARCH METHODOLOGY

CHAPTER FOUR: RESULTS

CHAPTER FIVE: DISCUSSION OF FINDINGS

CHAPTER SIX: SUMMARY OF FINDINGS AND RECOMMENDATIONS

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 Introduction

This chapter presents the research problem, research question, aims, objectives and significance of the study. The concept of caring is introduced partially and more importantly, the motivation for embarking on this particular study is explored as well in this chapter. Then to follow is the review of literature pertaining to the study.

1.2 Background

According to the World Health Organization (2011, p. 13), mental disorders are estimated to contribute to 13% of the global burden of disease and the figures are expected to increase by 15% by 2030. It is estimated that 450 million people worldwide have a mental disorder (WHO, 2008, p. 3). WHO further estimates that approximately 10% of the adults population are experiencing an existing mental disorder, and that 25% will develop one at some point during their life time. According to Bradshaw in Corrigal, Ward, Stinson, Struthers, Lund, Flisher & Joska (2007, p. 4), neuro-psychiatric disorders account for the second highest proportion of the local burden of disease in South Africa, after HIV/AIDS. A large scale study conducted by the South African Stress and Health Survey (SASH) in 2009 which aimed at estimating the national life time prevalence of mental illness found that the country's life-time prevalence of mental disorders for any disorder to be at 30.3%, with the Western Cape having the highest twelve month and a life time prevalence of 42%, and the lowest being the Northern Cape with a prevalence rate of 29% (Herman, Stein, Seedat, Heringa, Moomal & Williams 2009, p. 340).

The study also found that the most prevalent life-time mental disorders in South Africa are anxiety disorders with the prevalence rate of 15.8%, followed by substance use disorders with the prevalence rate of 13.3%. It is estimated that mental disorders in the WC province are rated second in the top five major contributors to the burden of diseases (Corrigal et al. 2009, p. 4). The most prevalent life-time mental disorder in the province is substance abuse, with a prevalence rate of 20.6% (Herman et.al. 2009, p.340). This significant increase in the prevalence of mental disorders has exerted extreme pressure on acute psychiatric services in provinces (Van Rensburg & Jassat 2011, pp. 22-23). According to McKinley (2009, p. 1), there are many unique challenges that confront the nurses who care for patients with mental problems in an acute care environment. Van Rensberg (2010) shares this view and adds that nurses who work in acute psychiatric units are not only faced with a challenge of having to provide care to the acutely ill patients, but also with a severe shortage of nursing personnel in the acute psychiatric units. Patients in acute units present with complex psychiatric disorders. As a Professional Nurse working in a psychiatric hospital, the researcher observed that nurses working with MHCUs in acute psychiatric units are faced with numerous challenges while caring for these users. Therefore, the researcher is interested in exploring the lived experiences of nurses caring for MHCU's in acute admission units.

1.3 Problem statement

In the field of psychiatric and mental health practice, it is known that caring for acutely ill MHCU's is a challenging task confronting clinicians particularly nurses (Mullen 2008, p. 83). Nurses who care for patients in acute psychiatric units work under extremely busy and high pressured environments and are faced with a challenge of having to deal with patients who

present with complex mental health and problems (McKinley 2009, p. 1). Despite the long hours spent by nurses caring for acutely ill MHCUs in acute admission units, very little is known about the lived experiences of nurses who care for acutely ill MHCUs in an acute admission unit at a level two psychiatric hospital in the Western Cape.

1.4 Research question

The research question for this study is: What are the lived experiences of nurses caring for MHCUs in an acute admission unit at a psychiatric hospital in the Western Cape?

1.5 Aim

The purpose of this study is to explore and describe the lived experiences of nurses caring for MHCUs in an acute admission unit at a psychiatric hospital in the Western Cape.

1.6 Objectives

The objective of this study is to describe the lived experiences and feelings of nurses who care for acutely ill MHCUs.

1.7 Definition of key concepts

Experiences: These are events or circumstances experienced by nurses who care for acutely ill psychiatric patients which produces certain feelings and emotions.

Caring: According to Leinenger 1991 in Nikkonem (1995, p. 1186) *"caring refers to actions and activities directed towards assisting, supporting or enabling another individual or group with evident or anticipated needs to ameliorate or improve a human condition or a way of life, or to face death"*.

Nurse: This means a person registered under section 31 subsection 1 of the Nursing Act No 33 of 2005 in order to practice nursing or midwifery (Nursing Act no 33 2005, p. 6). In this study, a nurse refers to a Professional Nurse and Enrolled Nurse who provides care to acutely ill psychiatric patients.

Mental Health Care User: This refers to a person receiving care, treatment and rehabilitation services or using a health service at a health establishment aimed at enhancing the mental health status of a user (Mental Health Care Act no 17 2002, p. 10). For the purpose of this study, the term MHCU will be used interchangeably with patient/s. In this study, this term will refer to both male and female patients.

Acute admission unit: This denotes an acute psychiatric unit in a psychiatric hospital where acutely ill patients are admitted in order to receive mental health care, treatment and rehabilitation. In this study, admission unit refers to both male and female acute admission units.

Psychiatric hospital: This refers to a health establishment that provides specialist mental health care, treatment and rehabilitation services to people who require such services (Cullinan, 2006, p. 18).

1.8 Significance of the study

This study aims to provide the hospital community with an insight and knowledge into the daily challenges experienced by nurses caring for MHCUs in an acute admission unit. Moreover, the study seeks to speak on behalf of the nurses who often remain silent about what they go through when providing care to the psychiatric patients. The researcher believes that if these experiences are explored, nurse managers will react proactively to the challenges experienced by nurses in

these units and provide the necessary support. This support will prevent unnecessary burnout of nurses, enhance and motivate nurses working in these units, thus, ensuring that nurses provide quality patient care.

1.9 Motivation

This study is motivated by the extreme shortage of literature available in South Africa regarding the experiences of nurses caring for Mental Health Care Users in different psychiatric units. Therefore, I have observed a great need to attempt and initiate or build a body of literature that will be used in future to critically evaluate how nurses experience working in acute psychiatric units. Moreover, this raises an important point on whether there is a need to develop support measures for nurse working with acutely ill MHCUs and what that kind of support should constitute.

Literature from developed nations has shown us that working in an acute psychiatric unit is not an easy task and can be very strenuous for nurses who spend long hours proving care and treatment to patients. So this tells us that interventions to ease the situation are indeed crucial. However, the question is how do we develop these interventions? Such interventions can be developed through researching and coming up with empirical evidence that will inform policy.

The Western Cape is well structured when it comes to mental health services and the implementation of the mental health legislation. A lot of research activities are currently taking place. However, the reality is that most of these studies have mainly focused on the users, mental health resources and financing, burden of mental illness, HIV/AIDS and mental health. Very little research, if any, has been done on the experiences of those who are at the centre of ensuring

that care, treatment and rehabilitation as set out in the Mental Health Care Act does take place. This study wishes to change focus and tries to bring it to the attention of all that carers need to be cared for as well. As a researcher, I felt the only way to do this is through rigorous and intensive research on issues that matter most.

1.10   The concept of caring in nursing

The concept of caring is well documented in nursing literature and a few authors such as Schattsneider et al. 1992 in Brilowski & Wendler (2005, p. 641) have viewed caring as fundamental to nursing practice. Origins of caring in nursing can be traced back to the 1950's in the work of Leinenger. As for Clifford (1995, p. 38), caring is a major activity in the daily work of nurses. Despite a lack of consensus as to what caring is or what it is not, the concept continues to be seen as part of nursing. Some authors argue that the concept is borrowed from the work of Leinenger. According to Nikkonem (1994, p. 1186), Leinenger's opinion on caring was that "*human care is universal yet there are diverse expressions, meanings and action patterns of care in different context*". However, despite this expression by Leinenger, Spichiger, Wallhagen & Benner (2005) assert that despite this consistent use of the concept of caring in nursing, its meaning remains unclear. Even though the ambiguities in terms of the term exist, its definition is found in the work of Leinenger. According to Leinenger 1991 in Nikkonem (1995, p. 1186) "*caring refers to actions and activities directed towards assisting, supporting or enabling another individual or group with evident or anticipated needs to ameliorate or improve a human condition or a way of life, or to face death*". From the above definition, it is clear that caring is a goal directed activity that is directed at a particular person. It is directed towards helping those in need.

But in nursing, what does caring entail? Spichiger and colleagues (2005, p. 307) state that there are several domains of nursing practice that explain or demonstrate caring. They conducted a study in a critical care unit where they asked nurses which of their roles constituted caring. They found the following actions and activities as caring roles; the helping roles, effective management of rapidly changing situations, diagnostic and patient monitoring function, the teaching and coaching function and the administration and monitoring of therapeutic interventions and regimens.

In the context of this study, experiences of caring will depart from relief of symptoms, nurse-patient relationship, creation of therapeutic communication with clients, dealing with patients with crisis management problems, psycho-education, administration of therapeutic regimens to MHCUs in an acute admission unit at a psychiatric hospital. It appears from the literature that caring is a broad concept that differs from setting to setting (Nikkonem, 1994; Sourial, 1997; Spichiger et al. 2005; Brilowski & Wendler, 2005). Interestingly, according to More in Sourial (2005, p. 1190) assert that caring is a human trait that all individuals are born with. As for Brilowski & Wendler (2005, p. 643), caring is an interpersonal relationship and a moral imperative. This study acknowledges that caring is a complex term that has indeed created several differing views of the concept itself. However, the applicability of the caring concept in this study is clear as it seeks to explore the nurses' experiences of caring for MHCUs in an acute admission unit. So the researcher felt that it was appropriate to reflect on the concept of caring as he believed that in the end, the study was part of caring.

1.11 Overview of the research methodology

In this study, a qualitative phenomenological approach was employed to explore and describe the experiences of nurses caring for MHCUs in an acute admission unit at a psychiatric hospital in the Western Cape. According to Brink (2006, p 113) phenomenology is both a research method and philosophy used to examine experiences of people regarding a specific phenomenon. The purpose of phenomenology is to describe these experiences as lived participants. In this study, the researcher wanted to explore and describe the lived experiences of nurses who care for acutely ill MHCUs in an acute admission unit of a psychiatric hospital. A descriptive phenomenology of Husserl was applied to describe the nurses experiences as lived by them.

A purposive sampling method was used to select participants from the acute admission unit of the hospital. Purposive sampling was viewed by the researcher as being the most suitable sampling method because the researcher knew the subject to select, therefore allowing him to apply his own judgment in selecting participants who have knowledge about the phenomenon under investigation (Brink 2006, p 133). The initial study sample was twelve nurses but the researcher reached data saturation at the 8th participant because there was no new data emerging from the interviews thus data collection stopped.

Data was collected through in-depth, one on one semi-structured interviews with participants. Data analysis was done manually by the researcher through the use of Collaizi's (1978) seven step method and an independent coder was also used. Ethical clearance to conduct the study was obtained from the ethics committee of the University of the Western Cape and the ethics committee of Lentegeur psychiatric Hospital. All participants gave informed consent to take part. It was explained to them that they can withdraw any time they wish. Trustworthiness of the study

was ensured by following methodological actions that increase the rigor of a qualitative study. These included having an independent coder and going back to the participants to confirm that the report does indeed depict what they said during interview. More details on the methodology followed in this study is discussed in-depth on chapter three.

1.12 Chapter outline

Chapter One

This chapter sets out the background of the study, presents the research problem, research question, aims, objectives and outlines the significance of the study. The concept caring of and its relevance to nursing is introduced partially and more importantly, the motivation for undertaking this project is discussed as well in this chapter.

Chapter Two

Chapter two discusses the literature review to locate the study in both international and local context and lays foundation for a point of departure for the study. In this chapter, a general background on the experiences of nurses is provided. The chapter proceeds to explore the experiences of nurses in previous studies. From there, the prevalence of mental disorders is discussed from the whole world perspective, and then narrowed to the African region, Sub-Sahara Africa, South Africa, Western Cape and finally, Cape Town. In addition, brief literature pertaining to the acute psychiatric units is provided and details are provided in terms of the type of Mental Health Care Users found in these units and their clinical picture. Gaps in literature are identified and the foundation for the study is laid.

Chapter Three

This chapter introduces the methodology that was used in order to investigate the research problem and answer the research question posed in this study. Qualitative research and phenomenology as a research design is outlined in this chapter. An overview of the qualitative research methodology is discussed. Furthermore, the descriptive phenomenology of Edmund Husserl is discussed in terms of its applicability to the nature of this study. In addition, the methodological framework which was followed in reaching the conclusions of this study is outlined. Sampling, recruitment of participants, data collection and analysis methods are provided as well.

Chapter Four

This chapter presents the findings of the study. Results are presented by means of themes that emerged during data analysis which was done using Collaizi's seven steps methods of qualitative data analysis. The themes presented and direct quotations are used to describe results and overall experiences of nurses caring for MHCUs in an acute admission are provided in rich qualitative nature.

Chapter Five

This takes over from chapter four; the findings are discussed in detail and are compared with national and international studies. Each theme is discussed in much detail and key findings are discussed and the link between the themes is presented in the discussion of each theme. A detailed description of the nurses' experiences of caring for MHCUs is provided through the themes that emerged.

Chapter Six

This chapter provides a summary and recommendations to address some of the critical challenges that emerged as part of the experiences of nurses working in an acute admission unit. Lastly, the chapter provides conclusion of the study.

1.13 Conclusion

In this chapter, the research problem and aims and objectives were described. Mostly importantly, the research question which underpins the study was introduced, clearly defined and the motivation for embarking on this particular study was also outlined. The next chapter will focus on the review of literature pertaining to the phenomenon under investigation. Local and international literature will be touched on in chapter two.

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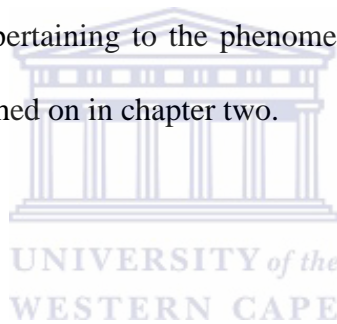
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter contextualizes the study by reviewing the relevant literature. It gives a general background on the experiences of nurses is provided. Furthermore, the chapter proceeds to explore the experiences of nurses in previous studies. In addition, the prevalence of mental disorders is discussed from the whole world perspective and then narrowed to the African region, Sub-Sahara Africa, South Africa, Western Cape and finally, Cape Town. Also, literature pertaining to the acute psychiatric units is provided and details are provided in terms of the type of Mental Health Care Users found in these units and their clinical picture. Furthermore, the roles of nurses in an acute psychiatric unit are outlined.
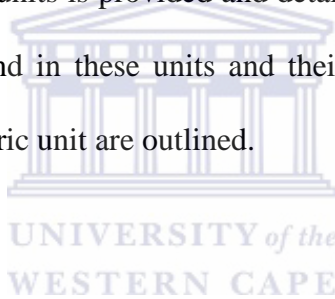
2.2 Background

Internationally, nurses' experiences in different clinical areas of practice have received increasing attention in recent years. Evidence from the developed world countries has reported fascinating and ground breaking results on experiences of nurses in these units. However, in the developing world countries such as South Africa, very little is known about the experiences of nurses who care for acutely ill psychiatric patients in acute admission units. Most studies which have been done among nurses in South Africa have focused mainly on experiences of nurses in general health care settings. Very few studies have been conducted in exploring and describing the experiences of nurses in psychiatric and mental health care setting particularly in acute admission psychiatric units.

Nurses in South Africa are on the forefront of the country's health care system particularly the mental health system (Department of health 2008, p. 8). On a daily, nurses are constantly providing psychiatric and mental health care to people with mental health and psychiatric problems in communities and in inpatient psychiatric units in psychiatric hospitals (Western Cape Provincial Nursing Strategy 2009, p. 11). They work in very challenging and compromising acute inpatient psychiatric units in different levels of care (Mullen 2008, p. 83). These units are extremely busy, high pressured environment and nurses working in these units have to deal with patients who present with complex mental health problems. However, despite this, in South Africa, there are very few studies that have been done in psychiatric hospitals to explore the experiences of nurses while caring for acutely ill Mental Health Care Users. This study asks the following question: How do nurses who care for acutely ill MHCUs experience working in an acute male admission unit in a level two psychiatric hospital in the Western Cape?

According to McKinley (2009, p. 1), there are many unique challenges that confront the nurses who care for patients with a psychiatric problem in an acute care environment. Janse Van Rensberg (2010, p. 383) shares this view and adds that nurses who work in acute psychiatric units are not only faced with a challenge of having to provide care to the acutely ill patients, but also with a severe shortage of nursing personnel in acute psychiatric units. Elsewhere, Allen & Jones (2002, p. 459) have argued that acute mental health care services are in crisis and require immediate attention. They assert that the acute psychiatric environment itself possess a major stressor to patients who are experiencing delusions, hallucinations and other psychiatric problems. She adds that this has a severe impact on service delivery and patient's outcomes. Furthermore, there are few studies that have shown that there is a close relationship between high workload and low job satisfaction among nurses in psychiatric hospitals (Kanstantinos &

Christina 2008, p. 188; Mohadien 2009, p. 52). Others such as Allen & Jones (2002, p. 458) have found that nurses who work in acute inpatient units are faced with high stress levels and lack of developmental and training in managing aggression.

2.3 Nurses experiences

In an ethnographic study conducted by Deacon, Warne & Mc Andrews (2006, p. 752) which aimed at understanding what nurses do in an acute psychiatric unit, it was found that nurses in acute psychiatric units had multiple responsibilities for the entire ward environment. The study also revealed that nurses in acute units have to admit patients under traumatic and distressing circumstances at times. In another ethnographic study conducted by Hem and Heggen (2003) among nurses and their experiences in acute psychiatric settings, it was found that nurses felt vulnerable at times during their encounters with patients, and that when nurses utilized themselves as therapeutic instruments, tension between them and patients emerged. In another phenomenological study conducted in a hospital in the United States by Shattel, Andes and Thomas (2008, p. 247) which aimed at understanding how nurses and patients experienced the acute psychiatric environment, it was found that nurses felt tired up in a prison-like world. The study further reported that some nurses perceived the unit and being very busy and had very little time to interact with patients. Nurses in that study also reported that they were short staffed and therefore were unable to attend to all the patients' needs. The study also unveiled that there were high frustration levels amongst the nursing staff and that nurses could not wait to go home. In the very same study, nurses questioned the patients' treatment plans and argued that they did not address the patients' problems.

2.4 Prevalence of mental disorders

According to the World Health Organization (2011, p. 13), neuro-psychiatric disorders are estimated to contribute to 13% of the global burden of disease and the figures are expected to increase by 15% by 2030. It is estimated that 450 million people worldwide have a mental disorder (WHO, 2009, p. 3). WHO further estimates that approximately 10% of the adults population are experiencing an existing mental disorder, and that 25% will develop one at some point during their life time. According to Bradshaw in Corrigal et al. (2007, p. 4), neuro-psychiatric disorders account for the second highest proportion of the local burden of disease in South Africa, after HIV/AIDS. A large scale study conducted by the South African Stress and Health Survey (SASH) in 2009 which aimed at estimating the national life time prevalence of mental illness found that the country's lifetime prevalence of mental disorders for any disorder to be at 30.3%, with the Western Cape having the highest twelve month and a lifetime prevalence of 42%, and the lowest being the Northern Cape with a prevalence rate of 29% (Herman, Stein, Seedat, Heringa, Moomal & Williams 2009, p. 340). The study also reported that the most prevalent lifetime mental disorders in South Africa are anxiety disorders with the prevalence rate of 15.8%, followed by substance use disorders with the prevalence rate of 13.3%. It is estimated that mental disorders in the WC province are rated second in the top five major contributors to the burden of diseases (Corrigal et al. 2007, p .4). The most prevalent lifetime mental disorder in the province is substance abuse with a prevalence rate of 20.6% (Herman et al. 2009, p. 340). This significant increase in the prevalence of mental disorders has exerted extreme pressure on acute psychiatric services in provinces (Janse Van Rensburg & Jassat 2011, pp. 23-24)

2.5 Acute psychiatric units

In an acute psychiatric unit, patients who are admitted are usually the most disturbed, mentally ill, vulnerable and disturbing (Bowles and Dodds in Deacon et al. 2006, p. 752). Patients in these units present with variety of complex psychiatric problems that often require skilled and competent Mental Health Care Practitioners. Mullen (2008, p. 85) emphasizes that acute inpatient units are very challenging environments to work in. According to Pienaar and Emsley (2005, p. 133), the following are the most common psychiatric problems and emergencies that patients often present with in acute psychiatric units: Aggression and restlessness, suicidal ideation and behavior, drug induced psychotic episodes, acute grief reaction, crisis management and many others. Mullen (2008, p. 83) adds that these units are extremely busy and high pressured environments which provide care to acutely ill patients. They further state that dealing with such patients can be a challenging task confronting the clinicians. Very often, nurses are always the first contact with these patients and subsequent care is also provided by the nurses. Nurses working in these units deal with several other challenges which include high bed occupancy rates, increased patient turnover and very short length of stays (Mullen 2008, p. 83)

2.6 Role of a nurse in an acute psychiatric unit

There are many critical roles that nurses perform in acute psychiatric inpatient units and all these depend on each nursing category. According to the study conducted by Fourie, Stuart, Mc Donald, Connor & Battles (2005, p. 137) in an acute psychiatric inpatient unit in New Zealand, it was found that nurses perform several fundamental roles which were all related to mental health care delivery, from a crisis management perspective. The study found that nurses' roles included assessments, stabilization of symptoms and discharge planning for patients. Other roles include

the administration of psychotropic medications, providing comprehensive nursing care, and having to deal with a challenging and difficult patient who is acutely ill (Uys & Middleton, 2004, p. 257). Other roles include advocating for patients, psycho education of patients and families, staff supervision, administrative roles, risk management and many others. The role of nurses in psychiatric nursing revolves around mental health and wellness promotion through the identification of mental health issues, prevention of mental health problems and care and treatment of people with psychiatric disorders (Scope and Standards Draft Revision 2006).

2.7 Clinical picture of acutely ill psychiatric patients

Patients who present in acute psychiatric admission units present with different psychiatric signs and symptoms (Bowers et al. 2009). These signs and symptoms depend mostly on the underlying condition that the patient suffers from. Very often, patients in acute admission units present with psychotic disorders. These types of patients are at times verbally and physically aggressive, violent and uncooperative. A study conducted in acute admission units in Nigeria by James, Isa & Oud (2011, p. 132) showed that female nurses have experienced verbal aggression while their male counterparts reported to have experienced physical violence and aggressive splitting behaviors from patients. Patients often present with acute psychotic features such as hearing voices that are not heard by others and seeing things that are not there (Uys and Middleton 2004). In some cases, patients present with false fixed beliefs (often referred to as delusions) that really impair their normal functioning (Emsley & Pienaar, 2005, p. 14). Others present with disorganized thoughts that lack logical form while others present with highly elevated mood, pressured speech, talkativeness and extremely high energy levels, racing thoughts and high sense of self-importance (Frisch & Frisch 2006, p. 7). Others present with drug induced psychosis and

are in need of immediate admission. A recent study that was conducted by Vos and colleagues (2010, p. 392) in the Western Cape showed that there was a dramatic increase in the number of Methamphetamine related admissions in acute admission units in the province. Some present with alcohol intoxication while others present with depressed mood, extreme sadness, worthlessness and suicidal ideation. They are often admitted in acute admission units as involuntary patients in order to protect them from harm and from harming others (Moosa & Jeenah 2008, p. 108). These patients are then left in the hands of mental health care practitioners (MHCPs) and spend most of their time under the care of dedicated nursing staff as challenging as they are. However, what is not known are the experiences of nurses when caring for the acutely ill MHCUs in an acute admission unit.

2.8 Mental health legislation in South Africa

Mental health legislation in South Africa existed way before democratic elections in 1994 in the form of the old Mental Health Act of 1973 as amended. However, according to Freeman (2010, p. 3) the Act had to be removed due to claims that it was not in line with the newly adopted constitution of the Republic of South Africa and it also had clauses which infringed on human rights of those with mental illness and others. This meant that the Act was no longer relevant as the country was in the quest for change in all spheres including mental health and so there was great need for the mental health legislation which supported the values of post-apartheid South Africa. To be specific, the main shortcomings in the old Mental Health Act were as follows: the total disregard or lack thereof of the rights of people suffering from mental illness and disability, its emphasis on custodial care/institutional care, poor mental services for those living in rural areas and its promotion of racially unequal distribution of mental health services. From the

critics highlighted above, it soon became apparent that there was a great need for a new mental health legislation that would be in line with the law of the land in the country that was at that time anticipating a paradigm shift. Many like Lund, Stein and Flisher (2007) stated that the need for change in mental health services was obvious and that a new mental health legislation that would be in line with international standards was indeed long overdue. Before the Act was even born, it had a lot of weight to carry on its shoulders and included in such weight was the need to transform the country's mental health services and a strong desire to protect those with mental disorders and disability. In 2002, the Meant Health Care number 17 of 2002 was passed following robust consultations with stakeholders and in December 2004 the Act took effect. This Act introduced major developments with regard to the management of people with mental disorders and disabilities and it was indeed in line with international standards (Lund et al, 2007). Specifically, the purpose of this Act is to "*provide for the care, treatment and rehabilitation of persons who are mentally ill; to set out different procedures to be followed in admission of such persons; to establish Review Boards in respect of every health establishment; to determine their powers and functions; to provide for the care and the administration of the property of the mentally ill persons; to repeal certain laws and to provide for the matters connected therewith*" (Mental Health Care Act, No 17 of 2002, p. 1). The Act was welcomed by all departments, stakeholders, civil society and Non-Governmental Organizations. Before data collection for this study, there was very limited literature on the experiences of nurses caring for MHCUs in acute admission units particularly in the Western Cape.

2.9 Conclusion

The clinical picture of patients admitted in these units was introduced followed by the roles of nurses in dealing or caring for these types of MHCUs. The status of the mental health legislation in South Africa was also touched upon as it forms the basis on provision of care, treatment and rehabilitation of MHCUs. The next chapter will outline the methodological processes which the researcher followed in the quest to answer the phenomenon under investigation.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

The previous chapter dealt with literature review pertaining to the phenomenon under investigation. This chapter lays and describes the methodology that was followed in the quest to arrive at desirable findings which will follow in the next chapter. This study used a descriptive qualitative research approach of phenomenology to explore and describe the lived experiences of nurses caring for Mental Health Care Users (MHCUs) in an acute admission unit at a psychiatric hospital. Phenomenology was adopted as a study design in order to allow the essence of the nurses' experiences to emerge and be described. The descriptive phenomenology of Husserl was seen by the researcher as the most appropriate to use because of the main aim of the study which was to fully describe the lived experiences of nurses' caring for mental health care users in a psychiatric hospital in the Western Cape.

3.2 Methodological framework

3.2.1 Research design

Research design outlines a set of basic strategies that the researcher utilizes in order to produce accurate and interpretable evidence (Polit & Beck, 2008, p. 203). In this study, the researcher adopted a qualitative research approach and descriptive phenomenological research design to describe the experiences of nurses caring for MHCUs in an acute admission unit at a psychiatric hospital.

3.2.2 Qualitative research

This study employed a qualitative research approach methodology in order to arrive at achieving its overall goal. A qualitative research approach is used to explore, describe and promote understanding of human experiences (Brink 2006, p. 113). This research approach allows the researcher to generate a detailed description of the information using an enquiry that is natural in nature (Baumgarter et al. 2002, p. 208). This view is shared by Babbie & Mouton (2002, p. 270) when they assert that the rationale for conducting qualitative research is to provide thick descriptions and understanding of events and actions. The researcher utilizes himself as a research instrument in order to fully describe the phenomena that he wishes to study. Bowling (2007, p. 312) states that qualitative research allows the researcher to study people in their own natural settings by collecting naturally occurring data. The main aim of qualitative research according to Minichiello et al in Grbich (1999, p. 5) is to uncover the thoughts, perceptions and feelings experienced by participants regarding a particular phenomenon. In this study the aim was to uncover and describe the experiences of nurses caring for MHCUs in an acute admission unit at a psychiatric hospital. The main purpose was to explore and describe these experiences as lived by nurses who have worked or cared for MHCUs in an acute admission unit. As is the case in qualitative research, the researcher entered the world of participants as an "insider" or what is known as "emic view" and collected the data that eventually led to the thick descriptions which are presented in later chapters of this thesis as a final product.

Babbie & Mouton (2002, p. 273) further assert that qualitative research is inductive in nature. The authors support this assertion by stating that the researcher starts by immersing himself in the natural settings, describes events as accurately as possible as they take place or have taken

place and builds constructs, a hypothesis and eventually a theory that will explain the sense of the observed phenomena. In this study, the researcher entered the psychiatric hospital where the participants of interests were, explored their experiences of caring for MHCUs in an admission unit, described their experiences and eventually provided a thick description of their experiences.

3.2.3 Phenomenology

Phenomenology is both a philosophy and a research method that has gained attention in nursing research (Watson, McKenna, Cowman & Keady 2008, p. 231). It is also defined by Streubert-Speziale & Carpenter (2007, p. 77) as a science with a purpose of describing a specific phenomena or the way in which things appear. Phenomenology has its roots in the work of the two well known German philosophers, namely, Edmund Husserl and Heidegger. It started years ago as a philosophical movement which focused on the nature of the experience from the point of view of the person who has experienced that particular phenomena which is known as the 'lived experience' (Connelly 2010, p. 126). In this study, the researcher adopted a descriptive phenomenological approach in order to meet the overall aim of the study. The aim was to explore and describe the experiences of nurses caring for MHCUs in an acute admission unit of a psychiatric hospital. The researcher wanted to provide a thick description of how it was like for nurses to care for users in this unit instead of their reaction to the experience. Phenomenology has two main approaches, namely, descriptive and interpretive phenomenology. As mentioned earlier in this chapter, the philosophy has its roots in the work of two philosophers. Each of these philosophers had his own perceptions of what phenomenology is. Husserl is well credited as the founder of phenomenology and he is the pioneer behind descriptive phenomenology while his counterpart, Heidegger is seen as the father of interpretive phenomenology.

3.3 Research setting

The study took place in two acute admission units (male and female) at a psychiatric hospital in the Western Cape. The hospital operates in the Mitchells Plain Health District of the Metro. It forms part of the Associated Psychiatric Hospitals (APH) in the Western Cape and serves as a referral facility to one third of the province and has a bed capacity of 740 which makes the hospital the largest psychiatric institution in the Western Cape Province. The 740 beds cater for general adult psychiatric services, child and adolescent services, forensic state patient services and intellectual disability services. The acute area where this study took place is divided into two units, mainly male and female acute admission units.

3.4 Target population and sampling approach

3.4.1 Population

Population is defined as the entire group of persons that meet the criteria which the researcher is interested in studying (De Vos, 2006; Brink 2006; Burns & Grove 2005). This study consisted of all nurses working permanently with MHCUs in acute admission units of Lentegeur psychiatric hospital.

3.4.2 Sampling approach

 A purposive sample approach was used to select participants from the two admission units (male and female). The reason for selecting this type of sampling is that it selects individuals who will have knowledge about the topic of interest or the phenomenon in question (Brink 2006, p. 133). In this study, participants were nurses who were caring for MHCUs in the admission unit.

Inclusion criteria: Participants were included if (i) they were nurses who cared for MHCUs in either male and female admission units of the hospital, (ii) if they have been working in each of the two units for a period of more that six months on permanent basis.

Exclusion criteria: Participants were excluded from the study if they were nurse managers in each of the units as they were perceived as being not directly involved in providing patient care. Participants were also excluded if they were working in the units as agency staff (part-time) thus not on permanent basis.

3.5 Data collection methods

3.5.1 Recruitment of participants

Permission to conduct the study was obtained from the research ethics committee of the University of the Western Cape (see appendix: 4) and from the research ethics committee of the Psychiatric hospital concerned (see appendix: 5). Thereafter, the researcher approached the Operational managers of the respective admission unit to seek out permission to access participants to take part in the study. It was then that the participants were approached by the researcher after obtaining permission from the unit manager individually and set up a meeting a meeting with each of the participants where the nature and the purpose of the study was explained. Each participant was given an information sheet (see appendix: 1) and those who agreed to take part were asked to sign a consent form. The information sheet contained the aim, objectives and the questions to be asked during the interviews. It also contained risks and benefits involved in the study and the appropriate measures to be taken in case of traumatized participants. The information sheet explicitly explained that participation in the study was

voluntary and the participants could withdraw from the study anytime they wished to do so. It also explained that withdrawal from the study would not affect the relationship of the participants with his/her employer. Of all nurses approached, eight indicated that they were willing to participate in the study. Next, interview time's slots were arranged with respective participants during the time that was convenient for them.

3.5.2 Data collection instrument

In this study in-depth, semi-structured one-on-one interviews were used to explore and describe the experiences of nurses caring for MHCUs in an acute admission unit. Semi-structured interviews were used because the researcher's focus was on the experiences of caring for MHCUs and semi-structured interviews allowed the researcher to expand beyond the format of questions through probing. De Vos et al. (2011, p. 353) asserts that semi-structured interviews are useful if the researcher intends to gain a detailed picture of the participant's beliefs, perceptions and accounts regarding a particular phenomenon. Connelly (2010, p. 127) states that in phenomenological studies interviews are widely used methods of data collection. She adds that the researcher interviews the group of people who have experienced a phenomenon that is of interest to the researcher.

3.5.3 Data collection process

Data collection commenced at the beginning of June 2012 and was completed towards the end of August 2012. In this study, eight nurses who have experienced working with MHCUs in an acute admission unit of a psychiatric hospital were interviewed on one-on-one basis using semi-structured interviews. An interview schedule was used (see appendix: 3) as a guide for the

progress of the interviews. The interview consisted of open-ended questions which where followed by probing questions in areas where further clarity was needed. Some interviews were done in isiXhosa and later translated and transcribed into English as some participants asked to have them done in the language that they understand. Since the researcher is Xhosa speaking it was easy to translate interviews from isiXhosa to English. Interviews took place in a quiet designated private area within the hospital where all participants felt comfortable. To be specific, interviews were held in the wards where participants were working at the time of data collection (male and female admission units). This is inline with the nature of phenomenological research where the researcher studies participants in the environment where the phenomenon of interest takes place. The duration of the interviews was about 30 to 40 minutes and data saturation was reached at participant eight. According to Streubert-Speziale & Carpenter (2007, p. 95), data saturation occurs when there are no new emerging themes or essences from participants. All interviews were recorded by the audio recording devise and were transcribed verbatim. During interviews, none of the participants required counseling for their experiences and some claimed to have been supported by colleagues and that some past traumatic incidences did not induce severe emotional pain.
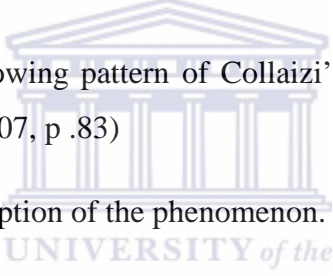
3.5.4 Pilot study

A pilot study was conducted with two participants who were registered nurses at the hospital to determine whether the interview tool would produce methodological challenges. The two participants who participated in the pilot study were not included in the actual study.

3.6 Data analysis

According to Streubert-Speziale & Carpenter (2007, p. 96) data analysis in phenomenological research involves the identification and extraction of significant statements. The purpose is to preserve each participant's lived experience while allowing an understanding of the phenomenon under investigation. Baumgartner et al. (2002, p. 221) asserts that data analysis in qualitative research occurs immediately, and it proceeds along with data collection. This assists to guide the researcher to make adjustments accordingly as data collection progresses. In this study, Collaizi's (1978) seven steps method was used to analyze data. This method is viewed as very useful and appropriate to this study because of its flexibility.

The analysis of data took the following pattern of Collaizi's seven step methods as set out in Streubert-Speziale & Carpenter (2007, p .83)

- Read all participants' description of the phenomenon.

- Return to the original transcripts and extract significant statements.

- Try to spell out the meaning of each significant statement.

- Organize the aggregate formalized meanings into cluster of themes.

- Write an exhaustive description.

- Return to the participants for validation of the description.

- This is called member check. If new data are revealed during the validation, incorporate them into an exhaustive description.

Below is the outline of how the above steps were employed in this study in order arrive at chapter four.

The first step of data analysis involved reading of all the eight interview transcripts that were transcribed verbatim one by one by the researcher to familiarize myself with the data. This step allowed the researcher to immerse himself into the data.

The second step of data analysis involved the extraction phrase or sentences which described the experiences of nurses by the researcher. At this stage, the process of coding of data was done. This involved the coding of each interview transcript one by one after it had been read over and over by the researcher. Interview transcripts were also given to an independent coder who is an expert in qualitative research.

The third step involved the formulation of the meaning of individual codes which led to the development of categories from each interview transcript. The researcher merged all the codes which emerged from each transcript and grouped them into a cluster of categories.

The fourth step involved the organization of the categories that emerged from all the combined interview transcripts into an umbrella cluster of themes. All the categories that emerged were scrutinized organized and were put under their respective themes. Five themes emerged and will be discussed in the following chapter.

Steps five and six involved writing of the exhaustive description of the nurses' description of their experiences of caring for MHCUs in an acute admission unit. Chapter four represents this exhaustive description.

The last step which is chapter seven involved the taking back of the final report to the participants to determine whether the participants perceive the final product as the description of the overall experiences as reported by them during data collection.

3.7 Ethical considerations

Ethical approval to conduct the study was obtained from the Research Ethics Committee of the University of the Western Cape (see Appendix 4). Moreover, the letter requesting permission to conduct the study at the hospital was forwarded to the Research Ethics Committee of Lentegeur psychiatric hospital (see appendix 5). Permission was granted by the hospital's Research Ethics Committee (see Appendix 6) proceed with data collection. The study adhered to the following ethical principles:

Informed consent:

Participants were fully informed about the nature of the study and they were also informed that participation in the study was voluntary and they could withdraw from the study anytime. Before participating in the study, participants were asked to sign a consent form (see appendix 2)

Harm to participants:

The researcher ensured that the participants were not harmed in any manner. In cases where participants felt distressed psychologically or emotionally, they will be referred to relevant counseling services which are available within the hospital.

Autonomy:

Participants were given an information sheet (see appendix 1) which spelt out the purpose and objectives of the study, benefits and risks which could arise from participating in the study and methods and processes of data collection.

Privacy, Confidentiality and Anonymity:

The researcher ensured that the names of the participants involved in the study may not be able to be linked to the original interviews by anyone who is not involved in the study. The researcher

also ensured the audio tape records and field notes were properly locked in a separate filing cabinet which cannot be accessed by anyone who is not directly involved in the study. This data will be kept locked for a specified period of time (usually three years) then be destroyed later. Pseudonyms were used to protect participants' identities when results are published. No participant's personal information was divulged during this publication.

Justice: The researcher only collected data that was within the scope of the intended study and treated all participants in an equal manner.

3.8 Trustworthiness

In studies that are qualitative in nature, the quality of the data collected remains very important and the quality is assessed by addressing the following terms; confirmability, credibility, dependability, transferability (Burns & Grove 2005, p. 75).

Confirmability is concerned with the degree to which the results could be confirmed by others. To ensure that the study results are confirmable, the researcher documented the procedures for checking and rechecking the data throughout. Transferability is concerned with the degree to which the findings of the study can be transferable to other settings or situation (Baumgartner, Strong & Hensley 2002, p. 221). This was ensured by providing a description of the research setting and study participants and thick description of data.

Credibility is concerned with providing faithful and accurate descriptions of the phenomena as reported by participants through providing accurate account of the participant's experiences as reported by them. Step seven of data analysis also ensured credibility of the findings. Credibility was also achieved through multiple reviewing of audiotapes, field notes, member checking and the presence of the independent coder during data analysis.

Dependability emphasizes the need for the researcher to account for the ever-changing context within which research occurs and how these changes affected the way the researcher approaches the study. To achieve dependability, the research plan was carefully documented, triangulation methods were used and the researcher's role was described. The use of Collaizi's seven steps of data analysis also ensured that the study is dependable.

3.9 Reflexivity and bracketing

Bracketing is the most important process in phenomenological research. It is defined as the process where the researcher sets aside and ensures that his preconceived ideas about the phenomenon under investigation do not contaminate the data and findings. In this study, the researcher ensured that his preconceived ideas about the experiences of caring for MHCUs in an acute unit do not interfere with the data collected. The researcher bracketed and remained objective throughout data collection and did introspection before every interview. In an attempt to further limit bias which was likely to influence the findings of the study, the researcher refrained from embarking on extensive literature review which was likely to impact on the findings (Streubert-Speziale & Carpenter, 2007, p.83). Instead, the researcher conducted intensive literature review after the analysis of data was completed.

3.10 Limitations of the study

The results of this study are limited to nurses who worked in two acute admission units at a psychiatric hospital in which the research took place during the period of the study. Therefore, its findings cannot be transferable to other acute admission units of other psychiatric hospitals in the province and elsewhere. Furthermore, the findings of this study are only applicable to the population that was studied and not the entire population of nurses in other units. Therefore, the

researcher recommends that similar studies be conducted in other acute admission units of the hospitals in the province.

3.11 Conclusion

This chapter described the methodological considerations for this study. A qualitative research and phenomenological approach underpinned the study. The chapter also described the appropriateness of such methods and the data collection methods and analysis of the collected data. Having described the methodology for this study, the following chapter will deal with the presentation of the findings and the discussion thereof. The focus of the chapter is on the themes that emerged during interviews that were conducted.

CHAPTER FOUR

RESULTS

4.1 Introduction

The previous chapter described the methodology followed in order to arrive at the current chapter. This chapter focuses on the presentation of findings. Results are presented by means of themes that emerged in the interviews that were conducted. Data was analyzed using Collaizi's (1978) seven steps method of data analysis which produced the themes that will be presented in this chapter. But firstly, a demographic profile of the participants will be provided followed by the themes that emerged during the in-depth, face-to-face one-on-one phenomenological interviews.

4.2 Demographic profiles of participants

The characteristics of the nurses who participated in this study are presented in the following table (Figure: 1).

Identifier	Age group	Gender	Race/population group	Nursing category	Years of experience as a nurse (range)	Years of experience in the acute admission unit (range)
Participant 1	35-39	Male	Coloured	PN (specialty)	5-9	5-9
Participant 2	25-29	Female	Coloured	PN (specialty)	5-9	5-9
Participant	25-29	Female	Black/Africa	PN	5-9	0-4

3				(general)		
Participant 4	25-29	Female	Black/African	ENA	0-4	0-4
Participant 5	45-49	Female	Coloured	ENA	25-29	15-19
Participant 6	45-49	Female	Coloured	EN	30-34	15-19
Participant 7	45-49	Male	Black/African	PN (specialty	10-14	10-14
Participant 8	55-59	Male	Coloured	EN	35-39	10-14

Figure 1: Characteristics of nurses

4.3 Results and discussion

After the completion of data analysis, five themes emerged from the interviews which now constitute findings of the study. The themes that emerged are as follows: challenging working environment, unsafe working environment, positive job aspect, compromised clinical care and negative work experiences. It is important to note that the themes are interlinked. These five themes represent the overall experiences of nurses caring for MHCUs in an acute admission unit. In chapter one, the aim of the study was to describe these experiences and the discussion that will follow is the description of some of the nurses' experiences. Each of the five themes that emerged has few categories that fall under it. Each theme will be discussed through the categories that emerged and direct quotations will be extracted from participant's interview transcript to provide an accurate description of the experience. The table below is the summary of the themes that emerged and the categories that fall under each of the themes. As mentioned

earlier, discussion of findings will commence by discussing individual themes and the categories thereof. Discussion follows after the figure below.

Number	Themes	Categories
I	• **Positive job aspects**	• MHCUs recovery • passion for caring • team work (intergroup relations
II	• **Unsafe working environment**	• fear of Assault by MHCUs • aggressive MHCUs • unpredictable MHCUs • psychotic MHCUs
III	• **Challenging working environment**	• increased patient numbers • shortage of staff • overworked & burnout
VI	• **Comprised clinical care**	• compromised nursing care • dissatisfaction with care rendered
V	• **Negative experiences**	• lack of support from authorities • feeling unappreciated by management

Figure 2: summary of the themes that emerged during the study

4.4 Positive job aspects

4.4.1 Recovery of MHCUs

During the process of providing care to MHCU's in an acute admission unit, nurses in the study reported positive aspects that keep them going and motivated to their work. Many participants reported that one of these positive aspects was the recovery of the MHCUs condition. One participant reported the following statement about how she feels about a MHCU whose condition had improved following admission in the female admission unit.

It's not the same like the patient is like a sick patient, I mean a patient who is sick and you work with patient and you see the patient is getting better. There is progression in the eeee patient's sickness eh, you feel good because I did something good and this patient is getting better and going home. (P:03)

Expressing his feelings about the improvement in the patient's condition, one participant from the male admission unit stated the following:

For me...um...as I mentioned before, it's something that is interesting—it's interesting indeed you understand. Because you are helping someone who came to the hospital without any clue of what was happening in his life and you change him completely. And it's nice to see them getting better and especially when they are able to see the improvement in themselves, and sometimes you see the person outside and they recognize you and you don't even remember them at all because the only thing that you do is to provide help to the person without expecting something in return from them. (P: 07)

Nurses reported the improvement in patient's condition as the major rewarding experience. The nurses felt happy about themselves and the fact their work was producing positive results. One participant, a Professional Nurse smiled during the interview and looked extremely happy when she emphasized the recovery of patients and said the following:

Nice....ok! Ok there is never a dull moment's one of it! But it's really...really sometimes fulfilling when you see there's a change in the patient and you really...jha there is a difference in the life of that patient and the family...really that's rewarding of working in psychiatry with our patients...even if it takes some time but it's rewarding.(P: 02)

It appears that despite the challenging environment reported by nurses while caring for MHCUs in the acute admission units, there were positive aspects as well. The patients' improvement appeared to be a frequently reported positive experience by participants that meant a lot to them despite the circumstances. The participant quoted above explicitly states that it was rewarding indeed despite the fact that it can be a prolonged process at times.

Positives yoh there's a lot of positive things...um --positive things...mostly when our patients are getting feeling better. It's rewarding....um....laughing....no-- not just ...not for the funny things not really for the funny things but Uh really because some of some of our psychiatric patients, they feel they are neglected and stigmatized by the community and staff. So they really feel at home...so they will make funny little comments or jokes or ....really--really the environment itself here at ward—at our female admission unit (P:02)

One participant in the male admission unit stated the following statement to express his rejuvenation following a MHCUs recovery.

In some cases the improvement is not that good, the prognosis is not good...um that person might not be able to--to work in huh. In a nice capacity you see of work...but on the other side, what makes me feel good is when you can see the improvement...if there's an improvement and really in ward 5 you can see! You can see how the patient came in and you can see at the end-- and when even when you speak to them on the later basis...you ask the "can you remember that day that you came?'' jha staff I remember! So that makes you feel good you see. At least from-- from that day until now you can see there's an improvement and when you speak to them you feel good! (P: 01)

One other participant stated that he becomes really motivated to come to work when he observes an improvement in the MHCUs condition and described this in the following manner:

My jha...positive is …huh....for me…it's when I see there is really improvement in someone really...that is… really that's why...that is what really motivates me coming to work...when you see there is really an improvement in a patient jha (P: 02)

4.4.2 Team work (intergroup relations)

One other frequent category that emerged during data collection under this theme was the team work that was reported by nurses as one of the positive experiences that seems to have contributed to the category discussed above. Nurses stated that team work in both admission units was a key aspect that kept everyone going and thus enhanced good nursing care. Describing her experiences of caring for patients together with other nursing staff in the unit, one participant reported the following:

I think so...team building is nice----teamwork is nice and that makes everything positive and you feel that you can work with all your patients and when---I think when—when---when you—when you and your team are--are positive you project that feelings on your patients so you will have more calm patients.(P:02)

One participant from the male admission unit also praised a positive team spirit and alluded to the fact that it indeed enhanced the staff morale in the unit despite it being challenging. The participant reported the following:

The relationship between the nurses is undoubtedly well, yes there are certain things that come up but what we here for is to care for the patients...we sit down, talk about issues and tell each other that 'the only thing that we are here for is the patients' then we overcome that. We forget about our—our personal issues, we forget them. Yes they come up...but we quickly sort things out before them go far... (P: 07)
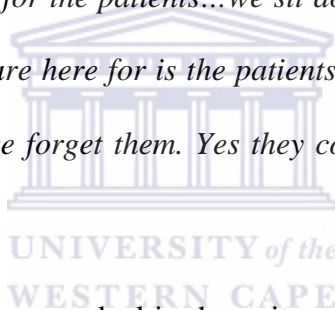
One participant described how nurses worked in the unit on a daily basis: *We are working as a team! We are working as a team (P: 08)*

The other participant said that the patient's health was a number one priority and each staff member contributed significantly to the treatment process of the patient.

On the side of the staff, we work...the people work together in the ward, if there is something that needs to be done...everybody comes together with a common goal and then the patient is everyone's priority (P: 03)

Team work in the admissions unit was perceived by nurses who were interviewed as a weapon that gave all the nurses in the unit strengths to carry on. All nurses that were interviewed

expressed positive relations amongst the nursing staff and re-affirmed that it was crucial in such a challenging environment.

4.4.3 Passion for caring

Despite the challenging situation in the unit and difficult MHCUs, nurses expressed love for their work and emphasized a sense of passion for their work. Nurses felt that one of their positive experiences for caring for MHCUs in the admission unit was in fact that they were in the unit to care for patients. One participant expressed her views in the following manner:

Jha….you feel empathetic and so now neh…he wants care and because it's my passion... (P:02)

: I love it! I love it, I love it! Um...how can I say….dealing with acutely ill psychotic patients because... I love psychiatry and I love admissions…I--I enjoy it but you take time…they getting into you... (Laughs)... (P: 02)
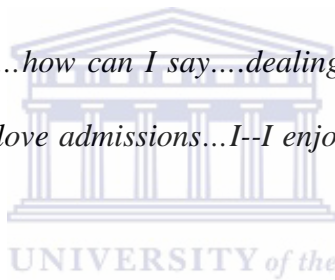
One participant said the following words to express her relationship with the patients and stated that the concept of caring was within her and her fondness for her patients made her work interesting.

Its like they are family because I take it to myself if they were one of my family members I would not like nurses to ill treat them. That's why I don't irritate somebody else's family members. Nursing is about caring not hurting people. That is why you do nursing not to harm people.(P:06)

One participant expressed her interest and love for MHCUs and she said the following:

I got so fond of her because she had all the right manners she will ask 'sister can I have this"

thank you sister" you know sometimes you feel I don't want to work with this patient because she

is rude and you find those that although sick but they still have good manners (P:05)

It appeared that despite the ups and downs, nurses in the admissions unit did not lose their love
and passion for caring for MHCUs.

or me..Um...as I mentioned before, its something that is interesting—its interesting indeed you

understand. Because you are helping someone who came to the hospital without any clue of what

was happening in his life and you change him completely (P:08)

4.5 Challenging working environment

4.5.1 Increased patient numbers

Participants in the study reported a picture of a busy admission unit with high patients' numbers.
Participants felt that new hospital policies dictated that they had to accept as many patients as
possible which led to units being overpopulated at times. One participant described the following
picture of the state of affairs in the male acute admission unit.

Because ward 5b is supposed to have 25 people and 5a 5 people but we normally have 30 in 5b

and 5a 10. So most of the time we have 40 patients and then now we are overflowing, we have 36

patients, 35, 34, 36,37 so our numbers range from there now here in 5b excluding 5a because

they can only have 10 patients. So we are always overflowing that means we are always in need

of someone but every day we have to motivate for that person. (P: 03)

Participants in the study also felt that the escalating admission rates were one of the major challenges leading to high patient turnover in the unit. They stated that substance abuse in the area was common and therefore, most of the cases were that of substance induced psychosis. One participant said the following describing the issue:

Busy! Um actually with thing...of...this... uh new system that they have that patients must be admitted from other hospital seven days....they having this period of seven days you can't refuse a patient...say for example from Jooste...of um the...the ...the drainage areas, so people are just coming. So the admission rate is very high! (P: 01)

Furthermore, participants stated that there the ward was very busy as they had to do admissions, discharges and stabilize those patients that were newly admitted at the same time. It appears that high admission rates in the unit, coupled with shortage of staff can be attributed to increased workload which will be discussed later in this chapter. The above-mentioned participant continued adding to the state of affairs in the unit with respect to high patient rates as follows:

Let me put it like this...so the---the movements of the ward...its busy, always admissions are coming every day...there's always this movement we have to push patients out even though patients are not really settled so the readmission rate is very high.. Patients are always coming....you see! That's what makes it busy and then also when you get now physical conditions like...you know...like high blood pressure you also need to concentrate on that...so that's what makes it busy and the other thing also like with very sick patients you need to contain them...so there's also movement from us to 5A and back5A back and forward jha back and forward, admissions is coming and you also need to focus on physicals and all that...you see.... and what makes it difficult you see sometimes (P: 01)

The participant stated that at times, they had to transfer patients to other units although they had not fully recovered in order to create space for new patients who were presenting in the unit with psychotic disorders. The participant also alluded to the fact that despite having to admit and transfer some patients in the unit, they were also confronted with a situation where they had to contain some of the patients who displayed severely disturbed behavior. This painted a picture of a busy unit with loads of patients with insufficient nursing staff to care for them.

4.5.2 Shortage of staff

One of the challenges faced by nurses in the acute admission unit was that of the shortage of staff. Nurses felt that despite having to care for almost thirty patients difficult MHCU in the unit, the staffing was not adequate to cater for the patients in the unit. Nurses reported that poor staffing of the unit was a major challenge as it made it difficult for them to attend to all patients. One participant described the following situation on the day of the interview:

I mean like today…. we are only three people we normally work with four neh, so today we are only three. And then we are dealing with those patients…psychotic what—what—what---the other one in the morning she wanted to-to hit also us she was not even listening. But we are only three (P: 05)

One participant from male admission unit described the following situation to demonstrate that they were indeed overworked in the unit. The participant stated that it was a norm to have more a number of patients who exceeded that of the normal capacity which is thirty in this case.

….I'll make you an example, like now…here in the ward we have 34 patients and that thing has been happening since the beginning of this year (P: 07)

The capacity of this ward its 30...but it has been happening..(P: 07)

The participant further emphasized the impact that this has and how it affects the staff in the unit and stated the following words:

But just of shortage of staff...like today mos we are three instead of being four...so it makes us work hard. (P: 04)

According to the participant, on this day the unit had thirty patients and they were only three nurses on duty. The participant expressed frustration over this on-going phenomenon and said that it was not easy for them to attend to the needs of all the MHCUs in the unit. One participant in the female admission unit described the issue of the shortage of staff as having a negative impact on the nurses and claimed that it was draining and consequently made her suffer from burn out (burnout will be discussed later on the other theme). She said the following:

Draining because why...most of the times its short staff with the capacity of 30-35 patients, um. Only one professional nurse on duty, sending in lot of students without experienced nurses....so then you get burned out! (P: 02)

She stated that despite having excessive number of MHCUs in the unit, there was inadequate staff and that at times, students and nurses who lacked experience were sometimes sent to the ward. One of the participants in the admissions unit also added the following statement to describe the issue of the shortage of staff in the unit:

It's just like in the admission wards we are 3 nurses at the back with 10 psychotic patients on this side and 4 nurses on the other side with 31 nurses how can you work as 4 nurses with 34 patients.(P:05)

The nursing staff in the admissions unit expressed serious concerns and dissatisfaction with the staffing of the admissions unit and some stated that it impacted severely on patient care. One participant, as described earlier on stated that shortage of staff in the unit has a major impact on the nursing care rendered. She stated that quality nursing care can only be promoted if there is adequate nursing staff in the unit. The participant stated the following:

Like for nursing care to be rendered or to be promoted, you have to…you've got to keep the nurse-patient ratio rate…and that here in female admissions unit is very..We very few….like I said most of the times like I said we deal with shortage of staff (P:02)

4.5.3 Over-worked staff and feelings of burnout

One of the major concerns raised by nurses during interviews was the fact that they felt overworked and consequently suffered from burn out. The nurses in the unit reported that they felt drained out as they have to work with a lot of patients with very little staff and the unit. This was one of the frequent themes that dominated the interviews. One of the participants explained the situation as follows:

Tired! You get tired because you got have to do everything, you got to do your administration work, you got to do your supervision work, you have to give the patient quality care and with the….nurse patient ratio here is very bad. So you get yourselves to do things that…you…that are impossible, giving attention to 35 patients at once. And acutely psychotic patients! (P: 02)

She went on to say that working in the unit was draining and that working with loads of patients who all had behavioral problems was such a challenge to the nurses.

Draining because why…most of the times its short staff with the capacity of 30-35 patients, um. Only one professional nurse on duty, sending in lot of students without experienced nurses…so then you get burned out! (P: 02)

One Professional Nurse stated that she sometimes gets irritated and experienced burn outs due to being overworked in a unit that is inadequately staffed. She said she felt that she was at times projecting the feeling to the patients which led to what she referred to as "havoc".

Like…Like you get tired and burned out…and you short of staff and you tend to get irritable and then you shift that feeling to your patients and its havoc (P: 02)

One participant, a Professional Nurse stated that the staff in the unit were over-worked and had to do several duties and care for very sick who also had behavioral problems.

Nothing gets done….I'll make you an example, like now…here in the ward we have 34 patients and that thing has been happening since the beginning of this year. The capacity of this ward its 30…but it has been happening…yes we understand that they sometimes they call overtime but now when they call overtime, when do those people rest? Then the burnout syndrome starts now! (P: 07)

The participants reported feelings of being over-worked and this can be attributed to the fact that there was a shortage of staff which led to work load being perceived heavy as there was insufficient staffing in the unit according to participants.

4.6 Unsafe working environment

The participants in the study expressed several concerns about their safety in the in the unit and stated that this was due to the fact that aggression from patients was a common phenomenon. This really concerned participants as they felt that their lives were in danger. One participant described the frequency of assaults and aggression outbursts in the following manner:

On a daily basis….jho mxim arg….day after day, it happens it happens everyday but it does not happen to everyone but it happens. Whether it's a security, whether is a nurse, whether is a doctor if it does not happen to a security, it happens to the other person. (P: 07)

It appears that the aggression by patients was not only directed at the nursing staff but to everyone that worked with the patients in the unit as described by the participant quoted above. When describing the situation, the participants expressed feelings of frustration and anger which later disappeared as he came to understand that the patient was sick. He further stated that even though patients in the unit were acutely ill, assaults to the nursing staff was unbearable and made the nursing staff to feel unsafe.

…I was angry at that moment but after some time I then realized that this person is sick, he needs help. So um...I wasn't angry with him, I wasn't angry with anybody but now the important thing is that in acute wards, our lives are in danger (P: 07)

Participants in the study reported that they felt it was not uncommon for patients to abuse staff in the unit. At times, the participants said that they had to hide how they feel about certain patients, for example, when they felt scared about when they come across a certain patient as they felt that

doing so would allow the patient to take advantage of them. One participant from the female admission unit said the following:

I'm here to work mos...so I must try even if I'm scared neh...I don't have to show the patient that I'm nervous because the patient is gonna take advantage of me you see! So about that time..you see..just because if I'm soft and then that patient is gonna take advantage on me so I must try even if I know inside that I'm scared you see.. (P: 04)

4.6.1 Fear and experiences of assault by MHCUs

Despite the love and passion for caring for MHCU's in the unit, nurses expressed shocking experiences that involved being assaulted by the MHCUs that they were rendering care to. These experiences dominated the interviews throughout data collection. Nurses in the unit suffered physical assault from MHCUs particularly the female nursing staff.

One participant described the situation as follows and exclaimed that physical assault was indeed a common phenomenon experienced by nurses in the acute admissions unit of the hospital:

And then the other thing is...we get physically assaulted, we may—we may be working here but the reality is that we get physically assaulted!(P: 07)

When describing experiences of being beaten up by patients, participants appeared to be somehow emotional. One participant described the following experience while she worked night duty alone in the female admission unit:

Working here I get lot of experiences. Like I was working with 30 patients on night duty and the patient asked for a cigarette and I told the patient that no you already smoked. But I did see the

patient came back as I was busy with my admin work and she pushed me against the wall and I could not reach the phone. The AA heard my screams and phoned 16a securities to come help. When they arrived I had scratches all over my face because the patient was fighting me, my neck scratched and the blood was all over.(P: 05)

It appears that physical assault of nurses by patients was a norm as most participants each had an experience of such incidents. One male Professional Nurse who worked in the male admission unit described an incident where he was bitten by a patient who suffered from a contagious disease called Syphilis while in the line of duty. The following were his words:

I can't really remember the year..But that year, I was bitten here in my waist by the patient who has Syphilis but fortunately I had a Jean on that day ...so he couldn't infect me but there skin where he bit was open..I think around the epidermis or what...ever it is. But I was not infected as I was wearing a jean but otherwise if his teeth could have tore the jean that I was wearing, I could have been infected by syphilis or whatever.(P: 07)

One female Professional Nurse who worked in the admissions unit described a situation where she was attached and assaulted by a MHCU during the time when she was pregnant. She stated that it was such a horrible experience and that

I got beaten up....I've got beaten up uh...yes...the aggressive outburst. ..That's all negative feelings...ok (P: 02)

She continued and expanded on the experience and described the situation as follows:

The patient was in seclusion and then...I think I...the patient want to come out to--to...use the toilet and then I opened the door and that patient started hitting me, fighting and fighting and the

it …yoh a big patient and the door was locked from the outside so no one could come in to rescue me…Staff like that and then we had to fight our way through to the door and break down the door to get out. Yes...and that was a neg…. I don't wanna think about it…I thought I was gonna die…. (P: 02)

The experiences of being assaulted were very prominent during the interviews and it was perceived as very disturbing to both male and female nursing staff in the unit. Nurses in the study were not pleased with what some of them described as abuse by patients. Some male participants raised concerns about the safety of the female nursing staff who struggled to defend themselves at times.

If it happens that I got bitten and there are female nurse, how will they protect themselves? And to add, I experienced an incident in 2011 where a female registered was attacked by a patient with a chair. So the patient even broke the computer, as she moved aside she was helped by a male staff that held the chair. Her spectacles broke and the hospital had to pay for those glasses...(P: 07)

4.6.2 Unpredictable and Aggressive MHCUs

The nurses who participated in the study raised concerns regarding the unpredictability and aggressiveness of patients in the unit. Nurses felt that the prevalence of aggressive behavior was escalating in the unit and it threatened their work environment. This was a very common issue raised particularly by female nurses in the unit. One participant raised her concerns about the fact that she always felt nervous and feared that patients may do anything to her. She stated the following words to describe her experience:

Ah. About aggressive...sometimes you feel nervous jha...you feel nervous because you don't know what the patient is going to do.(P: 04)

Another female professional nurse who worked in the male admission unit stated that she had to be on the lookout every time when she came across a patient and had to be careful of what she says to the patients to prevent being assaulted. Describing her experience, the participated painted the following picture:

Because anytime you can get assaulted by the patient you see. And you must be careful of what you say to the patient. (P: 03)

She went on to say that she was very afraid of male patients and felt that she always had to keep her distance from them at times. She stated that male patients were particularly unpredictable and one had to be very vigilant when approaching them. Moreover, despite the aggression and unpredictably, she felt that she had no choice but to be there for the patients. She painted the following picture:

Especially males...you get scared because you know you won't even be able to handle this person the only thing that you can do is speak to him but if even from there he does not listen...you need to know that you must keep a distance because he can do anything. They are unpredictable, you don't know what he will do now and what he won't do now...so you must always stay awake all the time but hey...we must be here for them. (P:03)

4.6.3 Psychotic and difficult MHCUs

Nurses in the study felt that that caring for MHCUs who are psychotic was a difficult task that required them to closely monitor the MHCU's behavior. Nurses also expressed difficulties in handling such users and emphasized that the one with substance induced psychosis posed a major challenge to the nursing staff. One participant stated that there is a period where MHCUs with substance induced psychosis become so agitated and difficult to handle. The participant described the following scenario to support the above claim:

DB; Because psychosis is not the thing that clears in within a weeks' time or a two weeks' time...so with these patients you need to observe them really closely to see really how is he and even if you look at um...the medication....medication is not working in two weeks' time ...you, see...the medication only kicked in after...uh even...even look at look at one one...so uh for them it's really not easy man...it's easy...and the...uh other thing especially with substance abuse ..If you were...um use the...say...am dagga or tik...there's that period when they became so agitated...so it's not easy to handle them...when they became agitated...they are irritable and aggressive outburst...uh umm...um (P: 01)

Describing a state of a psychotic MHCU, one participant described the following scenario to illustrate the nature of psychosis amongst the MHCUs in the unit.

For example, they see things that other people do not see, some hear things that others don't hear, they feel things that crawl in their bodies while others cannot see those sometimes they even claim to feel things inside their bodies...sometimes they believe that there are snakes inside their bodies... you understand! So they sometimes smell things that others cannot smell. Maybe

you give a person (user/patient) sugar and you ask them 'how is the sugar'? The response will be 'no it's bitter'! The sugar is never bitter, it's sweet! (P: 07)

DB: Because physically there's nothing wrong with them so...um...you know like--like most of the patients are saying when...from my experience they will tell you "listen staff can you see I can walk...I can do everything...I can work there's nothing wrong with me" you see...it's easy not easy for them to understand that there's something wrong with you brain there's an imbalance in the brain there's um you see...It's not easy for the so.........so within the ward we try to educate them (P: 01)

The nurses experienced dealing with the MHCUs in the unit as difficult and really challenging. One participant stated the following while describing his experiences of dealing with difficult MHCUs with a lack of insight into illness and said that caring for these users is never an easy task:
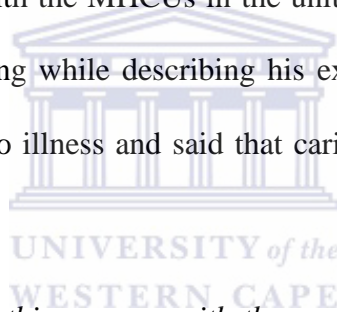
DB: Because physically there's nothing wrong with them so...um...you know like--like most of the patients are saying when...from my experience they will tell you "listen staff can you see I can walk...I can do everything...i can work there's nothing wrong with me" you see...it's not easy for them to understand that there's something wrong with you brain there's an imbalance in the brain there's um you see...It's not easy for the so.........so within the ward we try to educate them (P: 01)

One participant stated that dealing with psychotic patients was not an easy task and they can be very uncooperative at times. The participants stated that it was difficult to care for the acutely psychotic patients.

54

Um…someone who is psychotic doesn't want to listen to anyone, they want to- to they do things

whether you try your best that patient is not gonna listen to you at all! So I can't say it's easy.

It's difficult! (P: 04)

4.7. Compromised clinical nursing care

4.7.1 Compromised nursing care

The participants in the study felt that nursing care that patients deserved was somehow

compromised in the unit due to some of the factors that were discussed previously in this

chapter. These include shortage of staff, workloads, lack of support from authorities and high

patients' turnover. Nurses felt that it was difficult to attend to all 30-35 patients while they were

understaffed. One participant described the situation how he felt nursing care was compromised

in the following manner:

For example if maybe I am interviewing a patient now, there is my other patient that side is

doing something, I have to run and fetch his nursing process and attend to him and write

whatever he did or else if I don't write it I will forget it and now his treatment plan is going to be

affected because there is data that I have not collected… (P: 08)

One participant from the female admission unit raised concerns about poor quality nursing care

in the unit as a result of the things that can be avoided. The participant emphasized the issue of

poor nurse-patient ratio as barrier to quality nursing care. She said the following words:

Like for nursing care to be rendered or to be promoted, you have to…you've got to keep the

nurse-patient ratio rate…and that here in female admissions unit is very…we very few….like I

said most of the times like I said we deal with shortage of staff, then there's escorting, so you

having experienced nursing staff going with your psychotic patients, acute psychotic patients to Jooste whatever and then they have to sit there for the rest of the day…From sometimes 8 till 4 or 6 and then you got one nurse with one patient then you have one nurse left---left with 30 patients. So how can you give quality nursing care to the rest of the patients? If you don't have the man power! But we try our best! (P: 06)

4.7.2 Dissatisfaction with care rendered

Some participants in the unit expressed dissatisfaction with the quality of nursing care that they rendered to patients in the unit and stated that several factors led to poor quality care. Such factors included the shortage of staff and high patient turnover. One participant described the situation in a comprehensive manner and was very concerned about fact that they (nurses) could not give all their best due to institutional factors. She said the following:

Like for nursing care to be rendered or to be promoted, you have to…you've got to keep the nurse-patient ratio rate…and that here in female admissions unit is very...we very few….like I said most of the times like I said we deal with shortage of staff, then there's escorting, so you having experienced nursing staff going with your psychotic patients, acute psychotic patients to Jooste whatever and then they have to sit there for the rest of the day…From sometimes 8 till 4 or 6 and then you got one nurse with one patient then you have one nurse left--left with 30 patients. So how can you give quality nursing care to the rest of the patients? If you don't have the man power! (P: 02)

One participant added that as a nurse, she felt that there was nothing to be happy about sometimes because of the fact that in the admission unit there is never a day where she felt she

had done everything. She stated that due to the business in the unit, it was really difficult to say that she has rendered quality nursing care. She described the following situation:

You can't get a tap behind your back and say ok now job well done!....job well done...but you can't do it here you have to think arg yeneh...I didn't get to this!...I didn't get to that one! You ending up...Like ending up with...like....everyday with...all this still to be done...this still to be done...there's never a day that you can go home ...ok no everything is done! (P:02)

One participant said the following statement describing how the shortage of staff impacted on patient care in the unit and emphasized that rendering quality nursing care to patients under such circumstances was impossible.

...and then there goes your quality nursing care cause you can't be two nurses to ...to ...really give quality nursing care to 35....to 30 to 35 patients that is... impossible! You see! (P: 02)
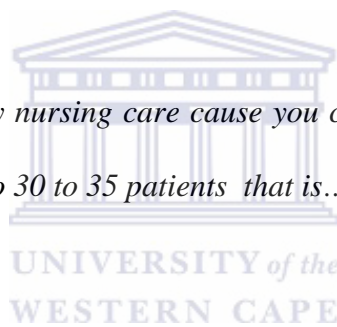
4.8. Negative experiences

4.8.1 Lack of support from authorities

Nurses who participated in the study felt that they were not supported by the management of the hospital especially following assault of a staff by a patient. One participant who was beaten by a patient said as a result of not being supported by the hospital authorities, he felt that he did not have to report the incident. He said the following words describing the situation:

Being bitten and beaten there's nothing that the hospital does...because I didn't feel like reporting because I was not actually uh...severely injured that I couldn't walk or couldn't do (P:07)

The participant further went on to say that since he had not suffered major injuries, he wasn't going to receive any compensation from the WCA.

Anything…and any way even if—even if I would have reported, the WCA wasn't gonna give me anything because I didn't sustain any fractures... (P: 07)

The participant also stated that emotional injuries that the stuff suffered as a result of experiencing assault were not well attended to by WCA. He described his claims in the following manner

They don't care if you are emotionally troubled (P: 07)

Participants in the study felt that patients were the first priority to the management of the hospital and the nurses came second. One participant said that in cases where the patient was injured, hospital managers would rash to the unit and ask where the nurses were during the time of incident. Referring to the hospital managers, one participant gave the following scenario:

No…I was still saying…the managers when something happens to the patient they are very quick to come and ask where were the nurses? What where they doing?...but when the nursing staff gets assaulted not even a single person comes to enquire how is that employee doing today, and perhaps make a follow up the next week on the injured employee or even just doing what is called "debriefing" for all the staff members (P: 07)

Another participant added to this and said the following words stating that there was a lack of support from the management. The participant further stated that incidents such as absconding of a patient induced a situation where nurse managers would "fight" with nursing staff instead of providing support.

To add on what you said about the support from management, the support is not there. For example, the minute these is something that happens in the ward, for example let's say the patient jumped or absconded the only thing that the management does is to fight with the stuff member (nursing). (P: 03)

At times nurses stated that when they complained about the unacceptable increased number of patients in the unit, nothing gets done. One participant said the following words to substantiate the nurse's claims:

Nothing gets done….I'll make you an example, like now…here in the ward we have 34 patients and that thing has been happening since the beginning of this year. The capacity of this ward its 30…but it has been happening…yes we understand that they sometimes they call overtime but now when they call overtime, when do those people rest? Then the burnout syndrome starts now! (P: 07)
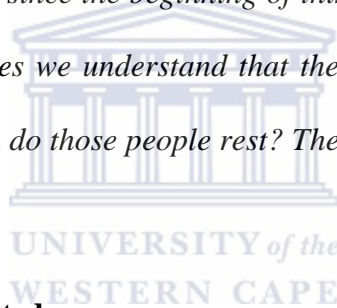
4.8.2 Feeling of being unappreciated

The nurses in the study reported that despite working in a compromising environment with shortage of staff, difficult and unpredictable patients, they expressed feelings of being unappreciated by the authorities of the hospital. One Professional Nurse revealed that despite nurses working in a challenging environment, there was a lack of debriefing sessions for the staff in the acute admissions unit. Reflecting on the issue of assault that nurses experienced at times, the participant reported that in cases where a staff member had experienced assault by a patient, none of the managers came to enquire about the state of the employee who suffered assault. Describing the situation, the participant stated the following:

No even a single person comes to enquire how is that employee doing today, and perhaps make a follow up the next week on the injured employee or even just doing what is called "debriefing" for all the staff members (P:03)

Despite the availability of other support services such as ICAS though for employees who suffered traumatic incidents such as being assaulted while on duty, the participant felt that was not enough and that management should demonstrate that they care for the nursing staff in the unit. The participant described the following:

We do not want ICAS, we want the managers of this hospital to come to us as people who care for us to come and speak to us to find out how we feel (P:07)

The participant felt that the feelings of employees in the unit were that they are neglected by authorities and stated that while they cared for patients who assaulted them at times, they were not cared for as carers. The participant expanded and said the following word to describe what he believes was a fair process:

All that we want is the management to care, if something happens to a person, they must care and they should take initiatives not the people, not to say there is ICAS when you have a problem (P: 07)

The participants seem to have developed negative attitudes towards the hospital authorities who they claim to have little or total disregard of the well-being of the nursing staff in the unit. Some of the quotes above demonstrate these negative attitudes particularly towards nurse managers who they claim they don't care about the employees in the unit. Concerns raised include

shortages of staff in the unit, nurse managers taking time to provide extra staffing despite their awareness of the situation in the admission units.

4.9 Conclusion

This chapter presented findings of the nurses' experiences of caring for Mental Health Care Users in an acute admission unit. The findings were presented using a cluster of five themes that emerged during data analysis and were discussed using categories that make up each theme. Positive and negative experiences emerged and were discussed in relation to other themes. The following chapter will be discussing the findings.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Introduction

The previous chapter presented and described findings of the nurses' experiences of caring for MHCUs in an acute admission unit at a psychiatric hospital. This chapter discusses and describes the findings that were presented in chapter four in detail. It should be noted that the researcher focuses on description of the experiences as lived by the nurses who participated in the study. This is inline with the nature of the descriptive phenomenological approach of Hurssel as it is the underlying philosophy in this study. This chapter, in line with the previous chapter discuses and answers the research question that motivated this study. It addresses the main objective of the study which was to explore and describe the experiences of nurses caring for MHCUs in an acute admission unit at a psychiatric hospital in the Western Cape. The chapter discusses each of the five themes that emerged during face-to-face interviews by dwelling on each of the categories that made up each theme and compares and confirms the findings with other national and international studies. Some of the categories that will be presented will be discussed in combination with others as they go hand in hand, for example, experiences of aggression will be discussed together with experiences of assault by nurses.

5.2 Discussion

5.2.1 POSITIVE JOB ASPECTS

Despite some negative experiences (to be discussed later in the chapter) reported by participants in the study when caring for MHCUs in an acute admission unit, there were three key subthemes that nurses reported as being positive about caring for MHCUs. These were recovery of MHCUs, team work amongst nurses and passion for caring. Each of these will be discussed below.

5.2.1.1Recovery of MHCUs

Nurses who participated in the study reported that MHCU's recovery was an aspect that they viewed as being positive about their work. One participant (as highlighted in the previous chapter) said that it was really rewarding for her to see patients recovering. Most participants felt that recovery of MHCU's was a reward to their work despite the challenging circumstances they worked under. These challenges included shortage of staff, increased workload and feelings of beings unsupported by the authorities (to be discussed in detail later in the chapter). One participant said that MHCUs recovery was an outcome of the continued teamwork within the acute unit. This finding is consistent with the findings of Mohadien (2008, p. 63) who investigated factors that influence job satisfaction among nurses at the same psychiatric hospital where this current study was conducted. Her study found that nurses felt relieved by the positive outcomes which related to patient care.

5.2.1.2Teamwork

The study found that nurses in the acute admission unit where the study was conducted reported working as a team and assisted each other in overcoming the difficulties that each day presented. One participant said *"we work as team; we are like a family here"*. The participant continued and said that nurses stood together at all times. One participant, during the face-to-face interviews, gave an example of the situation where a MHCU would become aggressive and therefore require seclusion. The participant said that the nurses came together in the quest to calm the patient and help her get into a seclusion room. This finding is consistent with that of Shattel, Andes & Thomas (2008, p. 247) who conducted a study on how patients and nurses experienced the acute psychiatric environment in an overseas hospital. They found that despite working under compromised conditions, team work amongst nurses gave them mental strength. In line with the findings of this study, they also found that nurses supported each other with patient care, assisted one another in situations that demanded teamwork and in supporting MHCUs.

In this study, some participants reported that they received emotional support from the team during difficult times. For example, one participant stated that after suffering assault by a MHCU, she received intensive support from her nursing colleagues to cope with the experience. It appears that the strong culture of teamwork amongst the nurses in the acute unit enhanced a spirit of unity amongst the nurses. One participant attributed the recovery of MHCUs (discussed earlier) to the strong teamwork that was a norm in the unit. This finding is consistent with the findings of Kalisch, Lee & Rochman (2010, p. 944) who conducted a study to explore the influence of the unit characteristics, staff satisfaction and job satisfaction with nurses current

positions and occupations in an acute care unit. Their study found that there was a higher level of team work reported by nurses which enhanced nurses' job satisfaction particularly in cases where staffing was adequate. However, in this study nurses reported high levels of staff shortages which did not seem to influence teamwork amongst nurses in the unit. The findings of this study concur with the findings of Mohadien (2008, p. 112) which revealed that good interpersonal relationships amongst nurses enabled nurses to work comfortably within the team context.

5.2.1.3 Passion for caring

Nurses in this study reported that despite working under challenging environment with negative experiences at times, they remained passionate about the work that they were doing. Some participants reported that even though they got assaulted by MHCUs and somehow felt unappreciated and unsupported by authorities (discussed later in this chapter), they enjoyed caring for MHCUs and viewed their job as interesting. One participant reported that caring for those who needed care was such an interesting endeavor.

5.2.2 UNSAFE WORKING ENVIROMENT

This theme discusses nurses' experiences of the factors that they felt made the acute psychiatric environments unsafe to them. The aggression, unpredictability and assaults of nurses by patients are discussed as highlighted in chapter four. Nurses in this study perceived the acute admission unit as unsafe and reported that these were part of the experiences that they felt were uncomfortable to them.

5.2.2.1 Unpredictability, aggression and assault by MHCUs

The findings of this study show that nurses experience aggression and assault by MHCUs who they believed were unpredictable most of the times. Nurses, both male and female reported that they experienced verbal and physical assault from patients that they cared for in acute admission units of the hospital. Nurses expressed that they felt unsafe at times in the ward particularly female nurses who specified that they felt male patients were targeting them. Nurses in this study perceived aggression as offensive, humiliating and unacceptable but understood that it was due to MHCUs psychiatric illness. One participant gave a story of an incident where a female nursing staff was assaulted by a patient who used a chair to assault her. He stated that female nurses were helpless in the unit sometimes and needed protection by the male nurses.

This finding is consistent with the findings of the study conducted at Pretoria public mental health hospital by Ngako, Van Rensburg and Mataboge (2012). Their study investigated the experiences of psychiatric nurse practioners working with MHCUs who presented with acute symptoms. They found that nurses experienced a sense of helplessness and fear which was followed by feelings of frustration and demotivation (Ngako et al. 2012, p. 09). These findings exist in many other studies one of which was conducted in Nigeria by James and colleagues in (2011). The study was conducted to investigate how a sample of nurses experienced aggression in two psychiatric facilities. Consistent with the current study, James and colleagues study found that verbal aggression was one of the most common types of aggression experienced by nurses. In their study, they also reported that male nurses experienced physical violence and other aggressive behaviors. In the previous chapter, an example of a male nurse who was bitten by a patient who had a contagious disease is an example of the type of physical violence highlighted

by James and colleagues. Another study that has findings consistent to this study is that of Duxbury (1999, p. 110) who revealed that verbal abuse and physical abuse were commonly encountered by registered nurses while caring for patients in acute psychiatric unit. One aspect that was found by James and colleagues (2011, p. 132) in their study was that of sexual intimidation. In contrast to their finding that sexual intimidation was common, none of the participants in this study experienced sexual intimidation by MHCUs. Another very recent study conducted by Ngako, Van Rensburg and Mataboge (2012, p. 5) in Pretoria which investigated the experiences of psychiatric nurse practioners working with MHCUs who presented with acute symptoms also found that nurses experienced working with acutely ill patients as entering an unsafe world. Their study also emphasized that sexual harassment was commonly reported by female nurses particularly over weekend. As highlighted before, female nurses in this study did not report such experiences. Another important note to acknowledge about Jacobs and colleagues is that it mainly focused on the experiences of psychiatric nurse practitioners and not on all the nursing categories that care for patients in acute admission units.

5.2.3 CHALLENGING WORKING ENVIRONMENT

This theme discusses challenges faced by nurses on a daily basis while rendering psychiatric and mental health care to acutely ill MHCUs in an acute admission unit. These challenges had an impact on the nurses and therefore shaped some of their experiences. During the interviews, as mentioned in chapter four, these experiences were frequent and nurses reported that they had an impact on the delivery of quality nursing care which will be discussed later in the chapter.

5.2.3.1 Shortage of staff

As highlighted in chapter four, this study found that one of the challenges faced by nurses in the acute admission unit was that of the shortage of staff. Nurses felt that despite having to care for almost thirty challenging MHCUs in the unit, the staffing was not adequate to cater for the patients in the unit. Nurses reported that poor staffing of the unit was a major challenge as it made it difficult for them to attend to all patients. One participant described the following situation on the day of the interview. This finding is consistent with those of Totman, Hundt, Wearn, Paul & Johnson (2011, p. 3) who investigated the factors that affect morale of the staff on inpatients wards in England and found that nurses reported severe shortage of nursing staff which had a negative impact on the staff morale. Furthermore, nurses in this study reported that it was difficult for them to care for large numbers of patients whom they had to admit at times. Some nurses who participated in the study reported that the issue of the shortage of staff was a great concern to them and believed that it had a negative impact on patient outcomes. According to Van Niekerk (2009, p. 29) shortage of nurses in South Africa is a serious challenge facing the health care system and has serious effects on delivery of quality health care. Moreover, the Western Cape Provincial Nursing Strategy (2008, p. 10) also reported that the shortage of nurses, particularly that of psychiatric trained nurses is the issue that affects delivery of quality mental health care. Nurses complained that nurse-patient ratios were completely abnormal and delivering quality nursing care was "impossible" said one participant. This finding concurs with those of Mohadien (2008, p. 54) when she found that there was a shortage of nursing staff in the entire hospital and argued that optimal patient care would be affected by such shortage. This shortage of nursing staff contributed to increased workload which in turn contributed to low staff morale. Shortage of staff, high number of patients in the unit, feelings of being unappreciated

and supported all seem to have contributed to increased levels of burnout as highlighted earlier in the previous chapter and earlier in this chapter. This finding is consistent with those of Currid (2009, p. 44) who found that poor staffing levels, huge workloads and a high number of patients which exceeded normal limits, contributed to the nurse's feelings of being under pressure.

5.2.3.2 Increased patient numbers

Nurses who participated in the study reported that the number of patients admitted in the unit was unacceptable high. Furthermore, nurses reported that the major factor that led to increased patient numbers in the unit was re-admission. Nurses felt that at times, the hospital was under pressure to admit patients and that at times admitting doctors had to compromise and discharge patients prematurely in order to accommodate new patients. This finding is supported by Niehaus et.al (2008) who conducted a study on the crisis discharges and readmission risks in a male acute psychiatric unit at Stikland hospital in the Western Cape. They found that there is immense pressure on the acute psychiatric units to admit patients and that this led to shortage of beds and attributed some of the pressure to the so called 'crisis discharge' policy. Nurses further attributed the high number of admissions to the drug abuse by some patients which is very common in the Mitchell's Plain area. This finding is consistent with the findings of Vos et.al (2010, p. 390) when conducted a retrospective review on trends and clinical characteristics of methamphetamine related acute psychiatric admissions in the psychiatric unit of a general hospital in the Cape Town. Vos and colleagues found that methamphetamine related admission were on the rise. Moreover, the hospital had to also cater for failed discharges, emergency admission and crisis admissions. One participant reported that the ward was overflowing most of the time as they where forced to admit patients beyond the what he viewed as a normal ward

69

capacity. Nurses felt that the high number of patients in the unit was sometimes unacceptable. One participant argued that having over thirty four acutely ill patients in the unit was unrealistic and that staff in the unit felt that it was too much for them. Some nurses who participated in the study felt that admission where at times done without proper consultation with the nurses and that the number of nursing staff in the unit was not taken into account. This led to the nurses reporting a 'bitter-sweet' relationship with their nurse managers. Nurses felt that it would not have been a problem caring for the high number of patients if the was enough man power in the unit. When asked how they felt about the situation, nurses expressed anger, helplessness, powerlessness and expressed feelings of hopelessness.

5.2.3.3 Workload

The study found that nurses who participated in the study reported experiences of being over worked while caring for MHCUs in the acute psychiatric admission unit of the hospital. Some participants reported that the workload was unbearable as they had to work with high patient rates resulting from high daily admission rates. This finding is consistent with the those of Mohadien (2008, p. 51) who also found that generally 57.38% of the nurses who participated in her study reported feeling overworked and tired. The study was conducted in the same setting as the current study. They also reported the challenge of working with challenging patients in the context of extreme staff shortage which exerted too much strain on the nurses. Nurses further reported that sometimes they leave the ward without having completed they work for the day. One participant reported that on top of the patient workload, she had to still perform other administrative work, supervise students nurses. She describe the situation as '*working against the wall*'. Other participants mentioned that there were too much patients in the unit at times with

very inadequate staff. One of the participants said that working with thirty psychotic MHCUs was not easy. As mentioned earlier above, the main issue raised by participants was that of too much patients with very little staff. This issue appeared to be one of the prominent challenge experienced by the nursing staff. Participants reported feelings of tiredness and experienced feelings of burnout which is discussed next in this chapter.

5.2.3.4 Burnout

Nurses who participated in the study reported that most of the times, they experienced feelings of being burned out as a result of increased workload. This finding concurs with the study conducted by Sherring & Knight (2009, p. 1239) who explored burnout among city mental health nurses in London and found that 41.0% of mental health nurses in the city experienced high burnout and emotional exhaustion scores. In addition to the current findings, one participant stated that she felt *"drained, got irritated at times and projected such feelings to patients which created havoc"*. Few other studies nationally and internationally have reported that increased workload contributed to exhaustion and burnout amongst nurses in the psychiatric and general units. An example of such studies is that of Mohadien (2008) who investigated factors that influence job satisfaction among nurses at the same psychiatric hospital where this current study was conducted. Mohadien found that 57.38 % of nurses who in the study reported levels of being overworked and reported feeling of tiredness particularly among Enrolled Nurses (ENs) and Enrolled Auxiliary Nursing Assistants. Moreover, in the current study, nurses who participated in the interviews raised concerns that they felt burnout as a result of workload and shortage of staff in the unit which caused them to be confronted with the burden of work that they hardly completed on a daily basis. This finding is also consistent with the finding of Mohadien (2008)

as she also found in the same setting that nurses experienced increased levels of burnout and exhaustion while caring for MHCUs. These findings are also consistent with the findings of a study done by Cleary (2004) who conducted an ethnographic study in a psychiatric inpatient unit in South Wales, Australia to understand how nurses constructed their roles in an acute psychiatric inpatient unit despite the challenging and demanding environment. She found that nurses reported feelings of being emotionally exhausted and symptoms of burnout resulting from a stressful work environment. However, it should be noted that this study only focused on the experiences of the nurses caring for MHCUs in an acute admission unit, whereas Mohadien's study focused on job satisfaction of a sample of nurses. One participant in the study reported that at times, they had to work overtime when they were supposed to be off-duty to assist their colleagues who he believed would be exposed to risk should they not come to work. He further asked when they would rest if they had to come to work even during the time that they had to be off. He stated that that was the beginning of burnout amongst staff. This finding concurs with the findings of Jenkins & Elliott (2004, p. 622) who conducted a study that aimed at investigating and comparing levels of stressors and burnout of qualified and unqualified nursing staff in acute mental health settings. The study found that qualified nurses reported increased levels of workload stress than unqualified nurses. Furthermore, the study also revealed that almost half of the nursing staff showed high burnout in terms of emotional exhaustion.

5.2.4 COMPROMISED CLINICAL CARE

As highlighted above, there were different experiences and challenges that confronted nurses in the acute admission unit. As discussed earlier in this chapter, these challenges and experiences had an impact on the overall quality nursing care rendered to patients in the unit. Nurses reported during the interviews that quality patient care was hindered by such challenges and felt that positive patient outcomes were at times not achieved. This theme emerged as one of the frequent and important themes in this study as it related to nurses core business in the unit.

5.2.4.1 Compromised nursing care and dissatisfaction

Participants in the study reported great concerns regarding the quality of nursing care rendered to MHCUs in the admissions unit. Participants, particularly Professional Nurses who participated in the study expressed concerns regarding what they described as poor quality nursing care. Participants attributed these concerns to various other issues that were described earlier in this chapter. They believed that staff shortages, high patient turnover and increased work load were factors that contributed to poor nursing care. This finding concurs with the findings of Ngako et al. (2012, p.7) who found in the study that nurses reported that nursing care rendered to MHCUs was threatened by challenges that confronted the nurses in the acute psychiatric unit.

One participant complained about poor nurse-patient ratio during the interviews as stated in chapter four and she claimed that at times, they would be only three nurses on duty to care for thirty MHCUs. Other participants reported that rendering quality nursing care under such circumstances was difficult but tried their best. This finding is consistent with those of Currid (2008) who conducted a phenomenological study on the experiences of stress among nurses in

acute mental health care settings in London. Currid (2009, p.) found that nurses reported lack of resources such as staff shortages in acute units had negative impact on patient care. Moreover, Cleary (2004) also found that nurse-patient interaction in acute units was affected as a result of increased workload.

Continuing their experiences on nursing care rendered, one participant stated that due to pressure and changes in hospital policies, at times they were forced to transfer some patients to other wards prematurely. The participant claimed that some were still acutely ill, psychotic and still required stabilization. However, due to the fact that they had to admit other psychiatric cases such as emergencies, failed discharges and recurrent readmissions, the nurses had no choice but to act accordingly as pressure escalated. One of the participants attributed the issue of readmissions to the frequent admissions of MHCUs who presented with substance induced psychosis which was escalating in the catchment area. This means that in addition to shortage of staff in the units, the workload of nurses increased as the number of readmission increased. This finding is consistent with Mohadien (2008, p. 113) who reported that nurses were dissatisfied with increased patient numbers as they (nurses) felt unable to provide adequate care to MHCUs.

5.2.5 NEGATIVE EXPERIENCES

This theme addresses some of the prominent experiences that were reported by nurses as being negative and consequently led them to feel helpless and losing hope in the authorities of the hospital. Nurses reported that one negative experience is working under compromised conditions with shortage of staff to care for huge numbers of unstable patients and yet not receiving support from their managers.

5.2.5.1 Feelings of being unappreciated and lack of support from authorities

Nurses who participated in this study reported feelings of being unappreciated and complained of lack of support from the management of the hospital. This finding is consistent with the findings of Sherring & Knight (2009, p. 1239) who found in their study that nurses who felt unsupported and devalued became de-motivated and suffered from burn out. As indicated in the previous chapter (findings), nurses expressed the fact that they felt unappreciated for their efforts despite working under compromising circumstances with shortage of staff, increased work load and difficult patients. Nurses who participated in the study expressed that the hospital authorities somehow neglected them under difficult circumstances. This finding is consistent with the study of Mohadien (2008, p. 60) who also found that 50% nurses in the same hospital felt unappreciated and reported that they were not recognized for their extra efforts under compromised working situation. To indicate that there was lack of support from hospital authorities, one participant stated that there were no debriefing sessions available to assist staff members who, for example, experienced trauma following assault by a patient. Another female participant stated that she received a lot of support from fellow nursing colleagues after she was assaulted by a female patient during. However, it is worth mentioning that participants recognized and acknowledged the support services offered by the WCA in such cases but felt that was not enough as it focused more on physical injuries and issues of compensation. One participant reported that 'emotional injuries' experienced by staff members who suffered the assault were not well attended to. This finding is consistent with the findings of Ngako et al. (2012, p. 7) as they also found that in their study Psychiatric Nurse Practitioners who participated in the study expressed a need for emotional support from the authorities. Furthermore, same as in this study, debriefing sessions for the staff members in the acute

admission units was something that participants longed for and stated that it would assist them in dealing with the stress and challenges that each day presented. This lack of support and feelings of being unappreciated was a dominating theme in the study and it is worth noting that nurses in acute admission units expressed negative attitudes towards the management and expressed feelings of anger, blame and appeared to have lost hope and dependent on colleagues for support.

Some nurses in the study complained that sometimes the management failed to attend to their requests when they needed additional nursing staff to reduced shortages of staff. This frustrated the nurses as they felt that the work was already too much for few nurses.

5.3 Conclusion

This chapter discussed the findings of the study on the experiences of nurses caring for MHCUs in an acute admission unit. The findings revealed that nurses experienced different experiences while caring for this group of patients. The findings were discussed and presented in terms of the five themes that emerged during interviews. Nurses reported that everyday brought its own challenges and that caring for MHCU's in the unit was not an easy task especially under compromising conditions that nurses worked under. The next chapter will briefly focus on the summary of findings and recommendations for practice and further research.

CHAPTER SIX

SUMMARY OF FINDINGS AND RECOMMENDATIONS

6.1 Introduction

The previous chapter discussed the findings of the study in detail. The study focused on the nurse's experiences of caring for MHCUs in an acute admission unit. The objective of the study was to explore and describe the lived experiences of nurses caring for MHCUs in an acute admission unit. Since the researcher's overall aim was to explore and describe the lived experiences, a descriptive phenomenological approach was adopted. Through the use of a phenomenological approach, the researcher is of the opinion that the objective was achieved. This chapter concludes the findings and provides some recommendations which are based on its findings.

The researcher first embarked on a brief review of the literature pertaining to the study before the study was conducted to guide the design of the study. National and international literature review was done and interestingly enough, in South Africa there was only one study that was available pertaining to the phenomenon under investigation. The study was done by Ngako et al. (2012) in Pretoria. Their study aimed at investigating the Psychiatric Nurses Practioners (PNPs) experiences of caring for MHCUs who presented with acute symptoms in the public mental health hospital. As mentioned in chapter five, the study done in Pretoria gave rise to the development of literature on the nurses' experiences in acute psychiatric units. However, the sample of that study consisted of only PNPs and not the other nursing categories. This study's sample included all the nursing categories that care for patients in an acute admission unit. Furthermore, as the researcher believes that the study achieved its objective particularly around

the fact mentioned previously in chapter one that there was little known about the nurses' live experiences of caring for MHCUs in an acute admission unit.

6.2 Summary of findings

The conclusions of this study will be discussed below in the form of the themes that emerged during data collection as presented in chapter four and discussed in chapter five. It is worth noting that each of these themes is somehow interlinked. All these themes represent the overall lived experiences of nurses' caring for MHCUs in the acute admission unit. There were five themes that emerged during data collection and notably each theme had its own categories. The themes were as follows: Positive job aspects (*recovery of MHCUs, passion for caring and team work*), unsafe working environment (*fear and experiences of assault by MHCUs, aggressive MHCUs, unpredictable and psychotic MHCUs*), challenging working environment (*increased patient numbers, shortage of staff, over worked and burned out staff*), compromised clinical care (*compromised nursing care and dissatisfaction with care rendered*) and negative experiences (*lack of support by authorities and feelings of being unappreciated*).

6.2.1 Positive job aspects

Nurses who participated in this study reported some positive aspects that relate to their job. Nurses felt that despite the other experiences that they felt were negative, there were positive experiences that they encountered while caring for MHCUs in an acute admission unit. Nurses reported that the recovery of MHCUs, their passion for caring and a strong team work spirit amongst the nurses, were some of the main aspects that they viewed as positive about caring. They felt that the recovery of MHCUs was a reward to their work and that team work among the

nursing community at ward level was phenomenal and gave nurses the strength to confront the challenges that each day presented.

6.2.2 Unsafe working environment

The majority of nurses who participated in the study reported that they perceived the acute admission unit as being unsafe at times particularly to female nursing staff. They attributed perception to the type of patient population that they cared for in the unit. Nurses reported that MHCUs behaviors were a threat to their well-being in the unit at times. Participants reported that they experienced aggression from MHCUs which culminated in physical assault at times. Furthermore, some nurses in the study reported a past or a recent history of assault by a MHCU. Nurses reported such experiences as unbearable and had emotional and psychological impact on the nurses. Moreover, the nurses in the study revealed that despite the availability of security personnel in the unit, violence was a norm and that even security officers and doctors experienced physical assault from MHCUs in the unit. Nurses made a plea for debriefing session to counteract the emotional and psychological effects of physical assaults on well-being of the nurses. Lastly, the nurses experienced caring for MHCUs in an acute admission unit as challenging as they perceived MHCUs as challenging and uncooperative at times. This induced a strong sense of fear towards MHCUs by nurses.

6.2.3 Challenging work environment

Nurses who participated in the study experienced caring for MHCUs in an acute admission unit as challenging. Nurses described caring for MHCUs as difficult as there were issues that they felt impeded patient care. Some of the challenges experienced by nurses in the unit were shortage of

nursing staff, numbers of MHCUs which nurses felt exceeded the normal patient intake of thirty in the unit which led to the experiences of being overworked. Nurses in the study reported being overworked and consequently suffered from burn out. Describing her feelings, one participant said *'I feel tired and drained'*. The majority of participants in the study reported feelings of emotional exhaustion which are widely reported around the world amongst nurses working in acute units. Nurses felt that the acute admission unit was understaffed, with abnormal numbers of patients which contributed to their feelings of being overworked and burnt out. Participants complained that nurse-patient ratios were not balanced. Again nurses felt that it was too much for them and that some struggled to cope with the workload in the unit.

6.2.4 Compromised clinical care

The study found that nurses in the acute admission unit reported that quality nursing care rendered to MHCUs was compromised. Nurses attributed this to the shortage of staff in the unit and the amount of patients that they had to care for. As mentioned in the above theme, nurses in the study stated that poor nurse patient ratios in the unit were far from being balanced and that this had a negative impact on positive patient outcomes. Nurses further reported that they were dissatisfied with nursing care rendered to MHCUs and called for additional staff to be deployed in the unit. Nurses further reported that the system was failing the MHCUs. One participant reported that sometimes they were only three nurses on duty to care for about thirty psychotic patients. The participant stated that it was impossible to render quality nursing care under such circumstances.

6.2.5 Negative experiences

Despite having to working under compromised conditions themselves, nurses reported negative experiences regarding the authorities of the hospital which they felt affected them and the care that they rendered. Nurses reported that they felt unsupported and unappreciated by the management of the hospital. They felt that their needs were not met and when they complained about a certain issue such as that of the shortage of staff, they felt that there wasn't enough being done. Nurses reported that organizational support was a dream rather than a reality and called for support for nurses in the acute admission units. They further reported that there were no debriefing sessions for staff working in acute admission units despite the management's knowledge of the unit being challenging.

6.3 Recommendations

The recommendations that follow below are based on the findings of this study and will focus on institutional nursing practice and on further research.

6.3.1 Nursing practice

### 6.3.1.1 Increasing nursing work force

The study has indentified that the shortage of staff in acute admission units of the hospital is an ongoing phenomenon that requires immediate attention. The researcher acknowledges this shortage as a national and global issue that has a severe impact on the well-being of patients. However, as this study and others have revealed, acute admissions units in psychiatric are challenging environments and measures should be taken to ensure that they are well staffed. This

will hopefully ensure that quality patient care is improved. It would be prudent to increase the number of nurses with advanced training in psychiatric and mental health nursing.

6.3.1.2 Debriefing sessions for nursing staff

Given the fact that nurses in the study experienced the acute admission units as demanding and challenging, with increased workload which led to some of the nurses reporting signs of burnout and emotional exhaustion, it has become evident that there is a great need to introduce 'debriefing sessions' for nurses. This is necessary as they work under such demanding environments with a very difficult patient population. Nurses in the study reported experiences of being assaulted by MHCUs and emotional injuries that manifest following assaults. Such debriefing sessions may assist the nurses to off load their feeling to a professional who would be able to identify sources of stress with the nurses. Hopefully, that would make the nurses feel more appreciated and listened to.
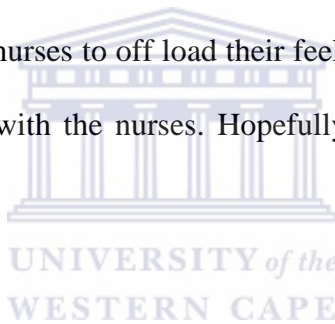
6.3.1.3 Workload

The study has shown that the workload that nurses are confronted with in acute admission units is beyond their control and this eventually impacts on patient outcomes. Nurses that have to care for over thirty four patients while they are only nine constitute a medico-legal hazard. Very often, in cases where numbers of patients abnormally outnumber the accepted nurse ratio, serious incidents occur and nurses are usually questioned in those circumstances. This calls for strict institutional policies, adequate staffing levels for adequate patient numbers.

6.4 Nursing education

Like other national and international studies, this study has revealed that aggression is very prevalent in acute admission units of psychiatric hospitals. I recommend that ongoing in-service trainings pertaining to the management of aggression be introduced at the hospital. All staff should be encouraged to attend the trainings. The in-service training may be done in terms of ongoing workshops by members of the multi-disciplinary team. Training would have to be very practical so as to allow all those involved in the well-being of MHCUs to implement the necessary measures.

6.5 Further research

The researcher recommends that further research be done on the prevalence of patient aggression within the acute admission units of the hospital. This will allow the hospital managers to quantify and determine the steps of dealing with aggression.
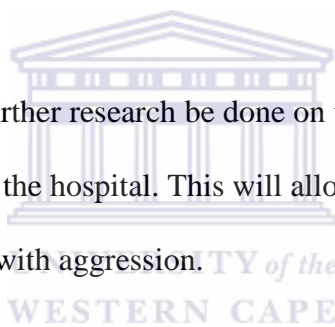
The researcher also recommends that further research be conducted on the levels of burnout amongst nurses working in acute admissions units of the hospital. Such research will determine whether there is indeed a need to introduce measures to deal with burnout.

Lastly, ongoing research is recommended on the experiences of nurses caring for MHCUs in other units such as forensic psychiatry, intellectual disability and child and adolescent units in order to have a comprehensive picture of how nurses' experience caring for MHCU's at the entire hospital.

6.6 Conclusion

Nurses caring for MHCUs in an acute admission unit of the psychiatric hospital described different experiences. The study reported both positive and negative experiences while caring for MHCUs. Nurses described the caring for MHCUs in the unit as challenging, felt unsafe when carrying out their duties, some experienced assault by MHCUs, felt uncared for and unsupported by authorities. Nurses experienced shortages of staff, having to deal with increased patient numbers and increased workload remained a challenge which eventually led to feelings of burnout and emotional exhaustion. However, despite such negative experiences, nurses remained passionate about caring for MHCU's and strong teamwork that surfaced during interviews seemed to be their source of strength. Positive experiences included recovery of MHCUs and teamwork.

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Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959, Fax: 27 21-959

E-mail:

Information sheet

To: Participant

Project title: Experiences of Nurses caring for Mental Health Care Users in an acute admission unit at a psychiatric hospital in the Western Cape

What is the study about?

This research project is conducted by Mr. Zintle Sobekwa from the University of the Western Cape. We are inviting you to participate in this research project because you are a nurse and you work and care for Mental Health Care Users in an acute admission unit and you have experienced how it is to care for this group of users is and therefore you are likely to share your experiences with the researcher. The purpose of this research project is to explore and describe the experiences of nurses who care for Mental Health Care Users in an acute admission unit at a psychiatric hospital in the Western Cape. There is currently not much known about your experiences while caring for MHCUs and this study aims to speak to nurse managers and policy makers on your behalf.

What will I be asked if I agree to participate in the study?

You will be asked to share your experiences regarding caring for acutely ill MHCUs. The researcher will schedule an interview with you in a private and quiet room within the hospital. The one on one interview will be conducted with you by the researcher and it will take about 30-40 minutes. The interviews will be audio-taped with a digital recording device and field notes will also be taken so that the researcher can go back and verify what you will share. You will be

asked open ended questions regarding your experiences in an acute admission unit. E.g. I may ask you to describe your day in an acute admission unit? How do you feel about working in the unit e.t.c. these questions will be followed by further questions depending on the answers that you give? There will be no right or wrong answer.

Would my participation in the study be kept confidential?

We will do our best to keep your personal information confidential. To help protect your confidentiality, the audio-taped interviews will be stored in a compact disc which will be stored in a locked and safe cabinet where no one will be able to access it except the researcher. Your name will not be mentioned or identified in the report. Identification codes will be used instead of names. e.g. participate 1 or participant A. If we write a report or article about this research project, your identity will be protected to the maximum extent possible.

What are the risks of this research?

There are no risks involved in this study. However, there researcher understands that during the course of the interview, you may recall experiences that may have disturbed you while working in the unit. But should this be the case, you will be referred to the appropriate counseling services.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the researcher to learn more about your experiences of caring for acutely ill MHCUs in an acute male admission unit. We hope that, in future, other people might benefit from this study through improved understanding of your experiences of caring for acutely ill MHCUs and what may be done to turn the situation around.

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 not 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 anything.

Is any assistance available if I am negatively affected by participating in this study?

Yes. If are negatively affected through participating in this research, you will be refereed to the counseling services via the Occupational Health and Safety officer.

What if I have questions?

This research is being conducted by Mr. Zintle Sobekwa from the School of Nursing (SoN) at the University of the Western Cape. If you have any questions about the research study itself, please contact him at: 07888 18686

Address   No 22, De Bussy Street, Crescent Road

               Mandalay, 7585

Email: Zintle.sobekwa@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:

Head of Department

Dean of the Faculty of Community and Health Sciences:

University of the Western Cape

Private Bag X 17

Bellville 7535

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

APPENDIX- 2

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959, Fax: 27 21-959

E-mail:

Consent form

I …………………………………………………………………………………….hereby give my permission to participate in the research project stated above. I have read and understood the information sheet and I am fully aware of the nature of the study. I understand that my participation in the proposed study is voluntary and I that I can withdraw from the study anytime I wish. I understand that all the information that I will share will be kept confidential and anonymous. I agree to be interviewed during the research process and that the interviews will be audio-taped and kept in a safe place where no one will be able to access them except the researcher.

…….I further agree to be give permission to be audio-taped during my participation in the study

…….I do not agree to be audio-taped during my participation in the study.

I further understand that there are no compensations that I will receive from participating in the study and I am participating out of my free will and I was not forced to participate.

Participant's Signature……………………………………………………………………..

Date…………………………………………………………………………………..

Place………………………………………………………………………………………

Witness 1…………………………………………………………..

Witness 2…………………………………………………………..

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Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959, Fax: 27 21-959

E-mail:

Interview questions

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1. Would you please describe your lived experiences of caring for acutely ill MHCUs in your ward?

2. How would you describe your experiences of caring for MHCUs in this unit?

3. Is there anything else that you would like to share with regard to your experiences of working in this unit?

The researcher will use the following for the purpose of probing:

4. What do you mean by?
5. In what ways?
6. Anything else?

Appendix 4: Ethical clearance letter (UWC

OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT

UNIVERSITY *of the*
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17 April 2012

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape has approved the methodology and ethics of the following research project by:
Mr Z Sobekwa (School of Nursing)

Research Project: Experiences of nurses caring for mental health care users in an acute admission unit at a psychiatric hospital.

Registration no: 12/3/14

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

A place of quality,
a place to grow, from hope
to action through knowledge

APPENDIX: 5

<div align="right">

No 22,

De Bussy Street,

Mandalay, 7585

Contact No: 0732310183

</div>

Lentegeur Psychiatric Hospital

Private Bag X1

Highlands Drive

Mitchell's plain, 7585

<u>**Request to conduct research at your Health establishment**</u>

I am Zintle Sobekwa, a postgraduate student studying towards a Masters Degree in advanced psychiatric nursing in the department of nursing at the University of the Western Cape. I am interested in conducting a study entitled "**Experiences of nurses caring for Mental Health Care Users in an acute admission unit at a Psychiatric hospital"** as part of the degree program. I am Professional Nurse who currently works at your establishment and I am interested in exploring and describing how nurses experience caring for Mental Health Care Users in an acute admission unit. However, in order for me to proceed with the study I require your permission to interview about 10 nurses who work in your two acute admission units.

I hereby request your permission to conduct my research at your health establishment. Hereby attached is the copy of the nurse's consent forms and the information sheet. The study has been approved (see attached ethical clearance letter) by the ethics committee and the senate of the UWC. Participation in the study is voluntary and participants have a choice to withdraw from the study at any given time. All information will be handled confidentially and will be transcribed personally. The nurse's anonymity will be ensured throughout the study. This will be done by using pseudonyms to protect the participants' identities.

Information acquired through this research project will be shared with all participants prior to public dissemination. Results of the study will be published in an accredited journal and a peer review journal.

Thanking you in advance

Yours truly

Zintle Sobekwa

20 May 2012

Lentegeur Hospital Research Ethics Committee

Lentegeur Hospital
Highlands Drive
Mitchells Plain
7785

To whom it may concern

Re: Research Project - **Experiences of nurses caring for Mental Health Care Users in an acute admission unit at a Psychiatric hospital.**

Principal Investigator – Mr Zintle Sobekwa

This serves to confirm that the above research project has been granted ethical approval by the hospital Research Ethics Committee.

Yours Faithfully

Dr P Smith
Chair – Research Ethics Committee
Lentegeur Hospital

Appendix 7: Editorial Certificate

Private Bag x17, Bellville 7535, South Africa

Tel: +27 021 959-9398. Fax: +27 021 959-1212

gmheta@uwc.ac.za

UNIVERSITY *of the*
WESTERN CAPE

11th November, 2012

To whom it may concern

Re: <u>**Editing certificate for Zintle Charles Sobekwa**</u>

This serves to confirm that I edited Zintle Charles Sobekwa's mini-thesis entitled **Experiences of nurses caring for mental health care users in an acute admission unit at a psychiatric hospital.**

Yours sincerely,

Gift Mheta (Dr.)
Lecturer, Linguistics Department