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Lived experiences of nurses caring for adolescents with mental health problems in a Psychiatric hospital in the Western Cape Province

By

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A mini-thesis submitted in partial fulfilment of the requirements for the Degree of Magister Curationis in the School of Nursing, Faculty of Community and Health Sciences, University of the Western Cape.

Supervisor: Prof. O. Adejumo

November, 2013

DECLARATION

I declare that *Lived Experiences of nurses caring for adolescents with mental health problems in a Psychiatric hospital in the Western Cape Province* is my own work, that it has not been submitted for any degree or examination at any other University, and that all the sources have been indicated and acknowledged by complete references.

Patricia Nomasizakhe Satani   November, 2013

Signed……………………………….

KEYWORDS

Lived experiences

Nurses

Caring

Adolescent Mental Health Care Users

Phenomenology

Psychiatric hospital

Western Cape Province

South Africa

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LIST OF ABBREVIATIONS

CAMHS- Child and Adolescent Mental Health Services

MDT-Multidisciplinary Team

MHCU-Adolescent Mental Health Care User

SANC-South African Nursing Council

RN- Registered Nurse

EN- Enrolled Nurse

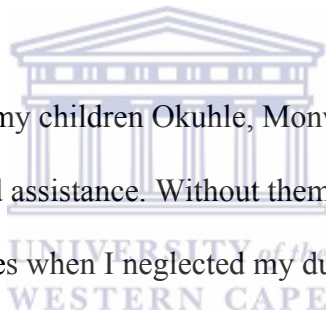ENA- Enrolled Nursing Assistant

DEDICATION

I dedicate this work to my late maternal grandmother Nopasika Nkombi for her spirit and encouragement.

ACKNOWLEDGEMENTS

I wish to convey my sincere gratitude to:

ABSTRACT

Mental health care for adolescents is currently provided in a range of settings world-wide. These include the pediatrics units, general hospitals and specialized in-patient units for adolescents. However, care in these specialized units has hitherto not been evaluated.

A phenomenological approach as a method and design was chosen to enable participants to describe and explore the lived experiences of nurses caring for adolescents in specialized psychiatric units of the selected psychiatric hospital. A purposive sampling method was used to select respondents. In-depth interviews were conducted with nurses caring for adolescents with mental health problems. Data saturation was reached with seven respondents. Interviews were recorded with a tape recorder that was only accessible to the researcher. Data analysis followed Collazi's style that included listening to the recorded data, transcribing, coding, and intuition, reflection, reducing and interpreting the data.

Ethical clearance was obtained from University of the Western Cape Higher Degrees Committee. The researcher requested permission to conduct the study at selected Psychiatric hospital from the Medical Superintendent and research ethics committee. Informed consent was also sought for those who agreed to participate in the study. Participants remained anonymous as their identity was not revealed. Only information related to the study was collected. Anonymity was assured by omitting names from transcripts as participants were given numbers only rather than using their names. The in-depth interviews were conducted in a quiet office to ensure privacy and confidentiality.

The five themes with sub-themes that emerged as experiences of nurses were: Challenging adolescent MHCUs population such as verbal abuse by adolescent MHCUs, threats of physical assault by adolescent MHCUs, and stressful working environment; Nurse's feelings
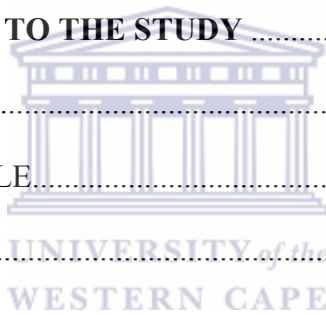
(Fear of accusations, feeling unsafe, outcomes of care); interpersonal relationships among MDT members which are both positive and negative (Positive: support from fellow nurses, Negative: Lack of recognition, poor interpersonal relationships among members of the MDT); and Learning opportunities within adolescent units and willingness to care (passion about caring, understanding the adolescent MHCU).

Irrespective of the challenges that nurses encountered while caring for these MHCUs, they reported the adolescent units as providing a favourable environment for learning and have opportunities for professional growth. Their passion to care motivated them to endure the challenges. Improvement in the mental state of an adolescent MHCU contributed to job satisfaction. There is a need to understand the adolescent as both a MHCUs and as a person who has reached a certain stage in life that is characterized by challenges.

There is also a need for emotional support to prevent emotional injuries which will result in compromised nursing care. Debriefing individual nurses after experiencing traumatic incidents is recommended. Support group sessions where nurses and team members are allowed to vent out their experiences of the week may help in dealing with the emotions and the challenges of nursing these adolescents. Continuous in-service training that will equip nurses on understanding the behaviour of adolescent MHCUs as well monthly team building exercises are necessary within the adolescent units. This will help in improving interpersonal relations among nurses, their managers and the other members of the team.

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CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1. Introduction

Nursing adolescent Mental Health Care Users in a specialized unit is regarded as a specialty field of nursing within the mental health stream (Uys & Middleton, 2004: 542). Therefore, for one to be able to nurse these patients there is need to be academically prepared. In South Africa, mental health nurses have a limited exposure to children and adolescent psychiatry during the four year basic training in nursing. Uys and Middleton (2004: 541-542) and van Rhyn (2006: v-vi) contend that, for one to be a specialty nurse in the field of child and adolescent psychiatry, one has to undertake postgraduate studies, such as the Advanced Diploma in Child and Adolescent Psychiatry, which is offered only at the University of Free State in South Africa. This chapter focuses on the background, purpose, problem statement and aim of the study. It also presents the research question, significance of the study and definitions for key terms.

1.2. Background

Lund, Boyce, Flisher, Kafaar and Dawes (2009) observe that the number of children and adolescents diagnosed with mental health disorders is increasing, internationally. Specialist child and adolescent mental health services are provided for children and adolescents with serious emotional disturbances up to the age of 18 years. These include young people with diagnosable psychiatric disorders whose condition is considered seriously detrimental to their growth or development and/or where there are substantial difficulties in the person's social or family environment. Emotional disturbance in

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childhood and adolescence may present in a variety of ways. While symptoms may include impaired reality testing, hallucinations, depression and suicidal behavior, emotional disturbance in adolescents presents more often in other ways such as hyperactivity, nightmares, fearfulness, bed-wetting, language problems, refusal to attend school, and stealing (Uys & Middleton, 2004: 542-550; Bauman, 2007). Adolescents from 16 to 18 years of age may receive a service from either, Child and Adolescent Mental Health Services (CAMHS) or Adult Mental Health Services (AMHS), depending on their needs. Failure to provide timely, effective and appropriate interventions to these children can have profound and lasting consequences (Buckley, 2010:1226).

Frisch and Frisch (2006) define psychiatric mental health nursing as a specialized area of nursing practice, which has subcategories such as child, adolescents, adult and geriatric nursing. They further explain that in order to practice in these subcategories one needs graduate level or certification. In the South African context, "mental health nursing is seen as part of the basic education of professional nurses in order to equip them to work as generalist nurses in the comprehensive health services of this country"(Uys & Middleton (2004 : 59). Therefore, in a study conducted by Mavundla (2008:1573) nurses working at a general hospital setting, caring for mentally ill felt inadequately prepared to care. The presence of a mentally ill individual was reported to be hampering those nurses from performing their daily routine as they felt unsafe among mentally ill patients (Mavundla, 2008:1574).

Not being aware as to what interventions to use when caring for adolescent with mental health problems was stated as the most fascinating experience by Australian nurses caring for them in general hospital wards. Those nurses lacked confidence in carrying out their duties for the adolescent MHCUs while nursing them in the acute medical wards

(Ramritu, Courtney, Stanley & Finlason, 2002). This phenomenological study explores and describes the lived experiences of nurses caring for adolescents with mental health problems in the specialized adolescent units of a psychiatric hospital.

1.3. Problem statement

As a nurse that has cared for the adolescent MHCUs over the past six years, the researcher found them to be challenging, resisting authority and testing limits. As a result of that experience, she felt compelled to investigate and explore how other nurses in a similar situation experience caring for MHCUs. Behaviour during early adolescent ages such as between ages of 11-14 years becomes erratic and impulsive as these youngsters shift their primary role models from caregivers to peers. They tend to resist authority in an effort to gain more independence and autonomy (Frisch & Frisch, 2006). Their behaviours are unpredictable as they tend to act than to react. This may pose a challenge and a risk to the nurse caring for them. Most attention in literature has been focusing on nursing adolescent MHCUs in pediatric and general hospital wards. In a study conducted by Reid-Searle, Dwyer, Happell, Moxham, Kahl, Morris, and Wheatland (2009:3443) lack of support from other MDT members came out as a major concern for the nurses who care for the mentally challenged children in a pediatric unit of a general hospital.

The lived experiences of nurses caring for adolescent MHCUs in dedicated psychiatric units is not known, as South Africa has limited resources for these services. In the Western Cape Province, there are only two in-patient units dedicated for this service. After graduating as a professional nurse, the researcher's first-hand experience was at a tertiary psychiatry hospital where she nursed adolescent Mental Health Care Users presenting with a variety of mental health disorders in a specialized adolescent unit. The

researcher became aware of own challenges and demands as well as inconsistent feelings of self-worth as a nurse. She wondered how other nurses reacted in a similar situation and what their lived experiences were. Therefore, there is a need for an investigation into the lived experiences of nurses caring for these patients in dedicated specialized units.

1.4. Research question

The research question of this study was as follows:

What does it mean for nurses to be caring for an adolescent with mental health problems at a psychiatric hospital in the Western Cape?

1.5. Aim of the study

The aim of the study was to explore and describe nurses' lived experiences of caring for adolescent MHCUs in the in-patient psychiatric units based at a tertiary psychiatric hospital in Cape Town, Western Cape province.
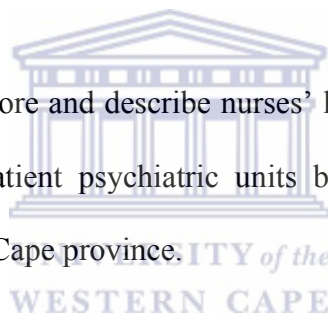
1.6. Purpose of the study

The purpose of this study was to investigate, explore and describe nurses' lived experiences of caring for adolescents in the in-patient psychiatric units based at a tertiary psychiatric hospital in Cape Town, Western Cape province.

1.7. Significance of the study

It is hoped that knowledge of nurses' experiences of nursing adolescent MHCUs may bring new insights to nursing managers and enable them to provide required support to the affected nurses. This may assist in improving service delivery. The results of this study may also influence the decisions and policies that are made by these managers in

placing the required nurses in these units as they become aware of the nurses' experiences and the impacts on caring.

1.8 Definition of key concepts

Mental Health Care User (MHCU) has been defined by the Mental Health Care Act no 17 (2002: 10) "as a person receiving care, treatment, and rehabilitation or using a health service at a health establishment intended to enhancing the metal status of the user". In this study, the term 'Adolescent Mental health Care User' is used to refer to either a male or a female teenager from the age of 10-18 years who is receiving treatment, care and rehabilitation from the selected psychiatric hospital on an in-patient basis. In this mini-thesis, the term "adolescent MHCU is used to refer to adolescent patients with mental health problems.

Experience: The *Oxford English Dictionary* (Soanes, Hawker & Elliot 2005: 313) defines experience as the 'practical contact with and observation of facts or events, knowledge gained over certain time as well as an event that affects a person'. In this study, lived experiences have therefore been considered as own feelings, emotions, related events, perception as expressed or described by the participants in caring for adolescent MHCUs.

Nurse: This term refers to a person registered under section 31(1) of the South African Nursing Act No 33 of 2005 who practices nursing or midwifery. In this research, this term has been used to refer to all the categories of nurses including Enrolled Nursing Assistants, Enrolled Nurses and Registered Professional Nurses who care for adolescent MHCUs.

Caring: refers to a science that includes a humanitarian, human science orientation, human caring process, phenomenon and experience (Vance, 2003). This author further identified caring behaviors shown by nurses in caring for patients such as attentive listening, comforting, honesty, patience, responsibility as well as providing information to assist the patient to make informed decisions. Caring and nursing are used interchangeably in this study to refer to the listed caring behaviours. In addition, the two terms are used to refer to integral nursing values that include touch, sensitivity and respect.

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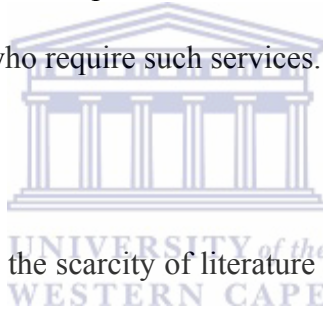
1.9. Motivation

This study has been motivated by the scarcity of literature focusing on the experiences of nurses caring for adolescent MHCUs in specialised adolescent units in South Africa. Caring for these particular clients is perceived by the general population as both physically and emotionally draining hence the general perspective that adolescents are a difficult population to care for. Previous studies have focussed on caring for adolescent MHCUs in either paediatric wards of general hospitals or adult general wards. Adolescence is a cross road between childhood and maturity, therefore, teens need to develop a sense of self and personal identity. They may seem to be challenging while they are trying to discover their own self. Success in the adolescent stage results in the ability to stay true to yourself while failure leads to a role confusion and a weak sense of self (Shaffer & Kipp, 2010). Those with a weak sense of self may end up being victims of

peer pressure. They may end up experimenting with substances which may result in mental sickness.

1.10. Study outline

Chapter 1: The researcher introduces the reader to the study. This chapter includes the problem statement, study aim, and the research questions.

Chapter 2: In this chapter, focus is on both published qualitative and quantitative research findings related to this study.

Chapter 3:

This chapter presents the methodological aspects of the research that is largely qualitative. These include research design, sampling, data collection and analysis

Chapter 4:

The focus of this chapter is on the presentation of study findings which are presented as themes and categories that emerged from the in-depth interviews which were conducted. Direct extracts from the interviews has been used to strengthen the themes and categories. Data analysis was guided by the Collaizi's (1978) seven steps, which shaped the themes that are presented in this chapter. A respondent's profile is outlined followed by themes and categories that emerged from the phenomenological data which was collected through in-depth interviews. This chapter ends with a summary of the main results of the study.
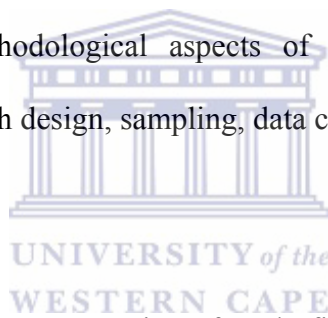
Chapter 5:

In this chapter, focus is on summarizing and discussing outstanding points from the data. In addition, validation of study findings through the use of literature, as well as the discussion of possible implications of this study in practice and ward policy development, are presented in this chapter. The chapter ends with recommendations for practice and further research as well as the conclusion of the study.

1.11. Conclusion

This chapter focused on the problem statement, study aim, and the research questions asked in exploring the experiences of nurses caring for adolescents with mental health problems. The research question that buttresses the study has been clearly defined. The aspects that motivated the researcher to conduct this study are also outlined. The following chapter will therefore focus on literature review on both quantitative and qualitative studies that have been undertaken.
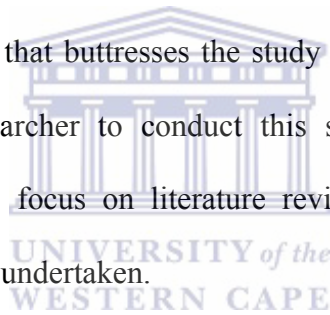
CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This chapter focuses on the review of literature relevant to this study. Welman, Kruger and Mitchel (2012: 39) state that "a review of related literature provides the researcher with important facts and background about the subject under study". The researcher did a broad search on the databases such as EbscoHost, CINAHL, PubMed, Google Scholar, Scopus and Sabinet. During the search, the researcher identified a gap in the existing literature with regards to qualitative studies about the experiences of nurses caring for adolescent MHCUs in the specialised adolescent in-patients units. This review was only limited to familiarize the researcher with the topic and to integrate the study with previous studies.

In phenomenological studies, a second round of literature is reviewed after data collection to verify and illustrate limitations of our understanding of human experiences. Literature may be used to support the experiences that emerge from the participants (Depoy & Gitlin, 2011).

2.2. Prevalence of mental disorders among adolescents

In United States of America, a National Comorbidity Survey – Adolescent Supplement (NCS-A) has been used to determine the prevalence of mental disorders among adolescents from age 13-18 years. It has been discovered that anxiety disorders is the highest among the adolescent population accounting for 31.9%, behaviour disorders

19.1%, mood disorders 14.3 % and substance abuse related disorders accounting for 11.4 %. The overall prevalence of disorders with severe impairment and distress is about 22.2%, and 11.2 % accounts for mood disorders, 8.3% anxiety disorders and 9.6% behaviour related disorders (Merikangas, He, Burstein, Swanson, 2010:2).

Unlike in America, prevalence statistics of mental disorders among adolescents in South Africa have been combined with that of children. Therefore, the available statistics are based on ages 0-19 years and suggest that the overall prevalence of mental diseases among these children is 17%. Generalized anxiety disorders is the highest among other mental health disorders accounting for 11.0%, followed by depressive disorders 8.0%, attention deficit hyperactive disorder 5.0%, social phobia 5.0%, conduct disorders 4.0, and schizophrenia being the lowest at 0.5% (Kleintjes,Flisher, Fick, Railoun, Molteno and Robertson, 2006:157-160).
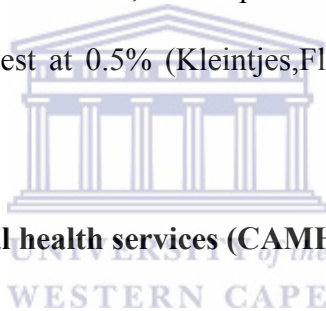
2.3. Child and adolescent mental health services (CAMHS)

Patel, Flisher, Hetrick and McGorry (2007:1302) assert that "mental disorders account for a large proportion of the disease burden in children and adolescents in all societies". Most of these disorders begin during the youth age and are often detected later in life. Poor mental health care is related to other health and development concerns in adolescents such as violence, substance abuse, poor reproductive and sexual life. WHO (2009) and Patel *et.al* (2007: 1302-1304) identify challenges in addressing mental health for children and adolescents as shortage of mental health professionals, lack of motivation in non-specialist health care workers, and the stigma associated with mental disorders. As a result of these shortages, formalized care for serious mental disorders is provided in psychiatric hospitals rather than in preferred general or out-patient units.

When working in an environment with staff shortages, one will compensate for the shortage by overworking oneself and this in itself will result in physical drainage, emotional weakness as well as loss of joy in performing one's duties.

Patel *et.al* (2007: 1302) further contend that due to limited resources and staff shortages, children and adolescents' mental health problems are either inappropriately treated or left untreated. As a result, they are likely to experience persistent distress and reduction in quality of life such as diminished social, educational and vocational prospects.

2.4. Nurses' experiences of caring for adolescent MHCUs

Adolescents with mental health problems have poor service cover in low- and middle-income countries (Lund, Boyce, Flisher, Kafaar & Dawes, 2009:1121). As a result of shortage of specialized mental health in-patient adolescent's services, the experiences of nurses caring for these patients in the specialized units have not been explored. Most articles focused on nursing adolescents at different settings such as general hospital settings.

In a mixed method study done in Ireland, Buckley (2010:1226) discovered that nurses who care for children and adolescents with mental health disorders in general pediatric wards felt educationally unprepared, and consequently they feel emotionally challenged and vulnerable. Those nurses are experiencing some difficulty in caring as the patients can be violent and require more energy and time. These nurses experienced dissatisfaction with caring for these patients in general pediatric wards and thought that nursing them in specialized units may be a solution. Reid-Searle, Dwyer, Happell, Moxham, Kahl, Morris, and Wheatland (2009: 3441-3446) conducted a qualitative study to explore the experiences of general nurses caring for children with mental health

disorders, in rural children's wards in Australia. Focus groups were used. Two themes related to experiences emerged such as, 'Role preparation and adequacy, and lack of support and resources'. A follow up to this study was a participatory action research study conducted by Maxham, Dwyer, Happel, Reid-Searl, Morris and Wheatland (2009:1434-1437), with the aim of "evaluating strategies by general nurses in improving management of children and adolescents with mental health disorders in rural children's wards". The results are comparable to the latter as the current study discovered that nurses need ongoing education and support to enable them to care better for the patients although the setting as well as the method used is different.

Ramritu, Courtney, Stanley and Finlason (2002) conducted a descriptive survey on generalist nurses who provide care to adolescents with mental health problems. The aim was to determine satisfaction with their abilities to provide care, challenges encountered in care provision and strategies to be used in providing optimal nursing care. The study results also revealed that 67% of nurses were inadequately prepared to care for adolescent MHCUs. The study suggested strategies to improve nursing care such as provision of appropriate environment and facilities; greater support from specialist mental health nurses and further nurse education on caring for adolescent MHCUs.

2.5. Presentation of a mentally challenged adolescent patient

Adolescent MHCUs presents with a variety of symptoms that are dependent on the underlying psychiatric diagnosis. Their presentation is quite different from the adults as it is mostly accompanied by some behavioral difficulties. Adolescents that are diagnosed with bipolar mood disorder, for instance, will present with exaggerated mood swings between depression and manic symptoms. A change in behavior such as lack of

motivation and interest illustrated by dropped performance in school or in social activities as well as feelings of unworthy are common to depressed adolescents. As adolescents tend to act than react, it is common to see clients that will self-destruct, acting out their impulses towards themselves or towards others. Conduct disorders related behaviors tend to persist from childhood to adolescence and adulthood. Therefore, those adolescents will present with drug abuse, juvenile delinquency, antisocial traits, crime as well as poor physical health (Uys & Middleton, 2004:542-547).

Most adolescents present with substance induced mental disorders. Methamphetamine use has been isolated with most mental health problems such as psychosis, depression, anxiety, and violent behavior. In a study conducted in the Pacific Islands on adolescent males, it was discovered that those who used methamphetamine were significantly likely to participate in aggressive behavior (Pinhey & Wells, 2007 cited in Pluddemann, Flisher, McKetin, Parry & Lombard, 2009).

According to Uys and Middleton (2004:366-370), patients presenting with psychosis will have symptoms which include, delusions, hallucinations and may be suspicious, have emotional instability characterized by anger and aggression. Nursing those patients therefore becomes difficult as one will have a constant feeling of being unsafe.

 2.6. Nursing care

 According to Frisch and Frisch (2009), nursing profession has long been considered as the backbone to health and physical welfare. Through evolution of nursing as the profession, the art of nursing leads to increasingly less time for the application of our humanistic skills. This demands that nurses work more effectively and efficiently. Nursing of adolescents may be very demanding for some nurses as this group of

individuals may have challenging behaviors. As a result of that, nurses may feel burnout out and over tired. They may feel a depletion of energy, decreased ability to concentrate and a sense of hopelessness (Frisch & Frisch, 2006).

According to Dziopa and Ahern (2009) in order to build and formulate ideas contributing to the development of a therapeutic relationship in advance practice mental health nursing, the establishment of quality nurse-patient therapeutic relationship is important. They emphasize that interpersonal interaction is the core practice in most nursing situations including mental health nursing. The importance of the physical presence of the nurse in the bedside of a depressed patient and how beneficial this can be to alleviating fears has also been foregrounded (Uys & Middleton, 2010 and Dziopa and Ahern, 2009). Therefore, when nurses are not there, the quality of the therapeutic relationship can be questioned. The therapeutic relationship should be mutually beneficial for both the patient and the nurse; it should therefore be based on respect.

Setting limits, for instance, preserves personal stability and promotes a quality relationship between the mental health nurse and the adolescent MHCU. In other words, it protects the nurse from burn out and can be achieved through this therapeutic relationship between a nurse and a patient based on mutual respect (Dzopa & Ahern, 2009).

According to Delany (2006:170), in children and adolescent psychiatric units, nursing staff are the ones that spend twenty four hours with the patients when compared to other members of the multi-disciplinary team who are only there for a few hours of the day. This allows them a unique opportunity to develop an understanding of cognitive,

regulatory and emotional process of their patients. They are always available to attend to the needs of patients.

2.7. Role of mental health nurses in CAMHS

In addition to the traditional nursing roles, nurses working in psychiatric or mental health services perform extended roles. These include conducting physical and developmental assessment of children and adolescents by identifying environmental threats to health in the family, homes and the community. They function as problem solvers for both the patients and their families as they advocate for them when the need arises. Some nurses also function as case managers, coordinating the provision of services to children and adolescents as well as to the family members. Nurses are able to access the physical and emotional development of adolescents, monitor prescribed drugs and also function as crisis managers when a crisis arises (Evans, 2006).

The duties of these nurses further include helping patients in taking part in certain activities, giving medication, observing the patient's response to the medication or treatment given as well as advocating for the patient's needs. Maddocks, Johnson, Wright, and Stickley (2010:675) further add that building a trusting relationship, advocating for the patient's rights and autonomy as well as minimizing the risk and protecting children and are fully nursing duties. According to these authors, nurses are expected to build trusting therapeutic relationships with their patients, advocating for their rights as well as providing high levels of support and these requirements may cause complications and contradictions, leaving nurses balancing their conflicting roles and responsibilities.

Unlike in the South African context where nurses have no specialization in CAMHS, nurses in the United Kingdom are educationally prepared to practise as Nurse Consultants, who have the key role in strengthening the capability of nursing through their various specializations. Nurse consultants in Child and Adolescent Mental Health Service's (CAMHS) therefore provide a range of psychotherapeutic interventions such as Cognitive Behaviour Therapy (CBT), Dialectical Behaviour Therapy (DBT) and Family Therapy (FT) to individual children and adolescents as well as to their families and careers. These nurses are engaged in consultative relationships with the Health Department as nurse advisors and are encouraged and supported to celebrate their success in the public domain. This is done through offering them support in developing their skills in research and publishing their work in accredited journals as well as presenting at the conferences (McDougal, 2005).
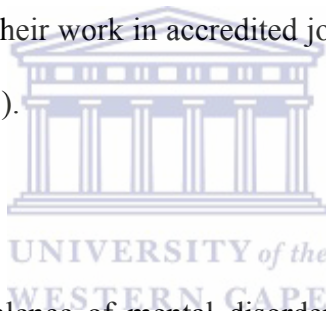
2.8. Conclusion

This chapter presented the prevalence of mental disorders among adolescents, a brief overview on the presentation of a mentally challenged adolescent, nursing care and the role of mental health care nurses in the adolescent units. The following chapter will focus on the research design, methodology, sampling, data collection process and analysis in qualitative research.

CHAPTER 3

METHODOLOGY

3.1. Introduction

This chapter focuses on research design, methodology, sampling, data collection and analysis process in qualitative research. This phenomenological study is descriptive in nature and is based on Edmund Husserl's transcendental tradition of phenomenology. Husserl believed that the phenomenological method facilitates the descriptive analysis of experience (Nieswiadomy, 1993).

3.2. Research design

3.2.1. Qualitative research approach

Qualitative research methodology is defined as a systematic, subjective approach used to describe life experiences and offer them a meaning. It allows the researcher to be close to the study subjects, and as a result, in- depth information is obtained. This type of research aims to study people in a natural social setting and collects naturally occurring data (Burns & Grove, 2009; Brink, 2006).

This research is largely qualitative as the researcher aimed at investigating, exploring and describing the experiences of nurses caring for adolescents with mental health problems in a psychiatric hospital in the Western Cape Province. The researcher conducted in-depth unstructured interviews with nurses in their own natural setting, which is their work place.

3.2.2. Phenomenology

According to Streubert, Speziale and Carpenter (2003), Edmund Husserl is considered as the prominent leader during the second phase of phenomenological movement in Germany. His belief was that this philosophy should be a rigorous science which would restore contact with deeper human concerns. He further believed that phenomenology should become the foundation for all philosophy and science. Streubert, Speziale and Carpenter (2003:52), further assert that "*Phenomenology is a science whose purpose is to describe a particular phenomenon or the appearance of things, as lived experiences*". Edmund Husserl represents the transcendental tradition of phenomenology. This study aimed to explore and describe the experiences of nurses caring for adolescents in a specialized unit of a particular psychiatric hospital. In order to achieve this aim, the researcher utilized descriptive phenomenology which is characterized by intuition, analyzing and describing the findings (Spiegelberg, 1975 cited in Streubert Speziale & Carpenter, 2003: 60).

Intuition is the first step which requires the researcher to totally immerse herself or himself on the phenomenon under investigation. The researcher becomes a data collection tool and listens to individual descriptions of the quality of life through the interview.

Analyzing the data involves identifying the essence of the phenomenon under investigation. The researcher explores the relationship and connections with adjacent phenomenon.

Describing is the last stage which aims to communicate and bring to written and verbal distinct, critical elements of a phenomenon. It is the fundamental part of intuition and

analyzing. Intuition and analyzing occur simultaneously while description is addressed separately (Struebert Speziale & Carpenter 2003: 60).

The broad question propelling this methodology is 'what is the meaning of one's lived experiences' and the only source of information is the person who has lived the experience. Therefore, in order to gain an in-depth insight into the nurse's lived experiences of caring for adolescent MHCUs in specialized psychiatric units; this study utilized a descriptive phenomenological approach. This method guided and assisted the researcher in exploring and describing the nurses' lived experiences. According to Connelly (2010), phenomenology focuses on the nature of the experience from the viewpoints of those who have experienced the phenomena of the researcher's interests. Munhall in Connelly (2010) asserts that the main interest of a phenomenologist "*is to know what the experience was like to live not just a person's reaction to the experience*". This means that it explores the lived experiences of particular individuals as it provides researchers with the framework for discovering what is/was it like to live an experience.

Furthermore, Mapp (2008) contends that the aim of an enquiry that is phenomenological in nature is to describe fully the lived experience and it is believes that only the individuals who have experienced that phenomenon can communicate it with the people outside that experience. The purpose is not to confirm or deny what is experienced as phenomenological reduction allows the researcher to reflect and describe the meanings behind lived experiences of individuals (Wertz, 2005).

3.3. Research setting

The selected Psychiatric hospital is in the Western Cape Province under Cape Town Metropolitan region and also forms part of the Associated Psychiatric Hospitals (APH). It

is divided into two sections, namely, Intellectual Disability Services and Psychiatric services. Psychiatric Services is further divided into sub-sections which include adolescent's mental health services. There are two in-patient adolescent units. The first adolescent unit has a total bed capacity of 18 while the other unit has a capacity of 12 beds. In order to be admitted in these units, a child needs to be in the age range of 12 to 18 years and should be residing in the Western Cape Province.

3.4. Population and sampling

3.4.1. Population

According Lobiondo–Wood and Haber (2006), a population is the entire group of people or objects that meet the criteria that the researcher is interested in studying. For the purpose of this study, population refers to all the nurses permanently working in the two in-patient adolescent units of the selected psychiatric hospital. The staff complement for both units when combined is 24 nurses of all categories for both day and night shift.

3.4.2. Sampling approach

This study used purposive sampling also known as judgmental sampling (Burns & Groove, 2009: 355). Individual nurses that have knowledge about the topic of interest or the phenomenon in question were selected to participate. Therefore, the sample purely represents the nurses who are living the experience of nursing adolescents in the specialized adolescent's psychiatric units. Sample size in qualitative studies has not been proven to have any significance, thus, a small sample of 10 nurses agreed to participate. There are numerous factors that can affect a sample size in phenomenology studies; therefore Cresswell (1998: 64) suggests a sample of 5 to 25 participants depending on the purpose of the study while Morse (1994: 225) suggests a sample size of at least 6

participants. These numbers are just a guidance as these authors do not present empirical arguments as to why these numbers and not the others. Data saturation was reached after the seventh interview as no new themes emerged from the interviews .According to Gibson and Brown (2009: 29), data saturation is a fundamental aspect in the late stage of theme and category development and refers to a point when no new themes emerge from new data.

Inclusion criteria

All nurses permanently employed directly involved in nursing adolescents in the past six months were included. Nurses working on night duty were also deliberately included as they are subjected to different working circumstances and conditions.

Exclusion criteria

This study was only limited to the nurses that are currently working in the adolescent's units in both day and night shift on a permanent basis. As such, nurses who do not meet these criteria such as operational managers were excluded.

3.5. Data collection

3.5.1. Data collection process

Burns and Grove (2007:4) state that data collection is the exact, systematic collection of relevant information to the research. The researcher was granted permission to conduct the study by UWC Ethics Committee (see appendix 4). Written permission to conduct the study was also sought from the Research Committee of the selected psychiatric hospital (see appendix 5). The nursing area managers as well as the two operational managers of the adolescent units were approached for permission to interview nurses for the study.

The researcher then continued with making appointments with particular individuals for meetings. Appointments were arranged telephonically with participants that were currently working night shift. The purpose of the meetings was for the researcher to inform participants about the nature and the purpose of the study. Information sheets (see appendix 1) were given to individuals and explained. For those participants that were willing to participate in this study, informed consent forms (see appendix 2) were given to them to fill in and sign. Data collection commenced at the end of September 2012 and was completed towards the end of January, 2013. This was due to the fact that one participant pulled out of the study in December 2012 and the researcher had to conduct an interview with another willing participant in January, 2013.

3.5.2. Data collection method

In order to get an in-depth exploration of the nurses' experiences, interviews were used as a data collection method. In phenomenological research, interviews are considered the main method of data collection as they facilitate a situation whereby the participant's description of experiences can be explored, illuminated and probed. There have been various debates in literature concerning whether the interview process should be unstructured and open ended (Baille 1996 cited in Maddocks *et.al*, 2010) or semi structured (Koch, 1996 cited in Maddocks *et.al*, 2010). However, Connelly (2010) asserts that different methods can be used to collect data in phenomenological studies. Such methods include in-depth unstructured interviews, which were used in this study. Unstructured open ended, in-depth interviews were conducted with individual participants who chose to participate in the study. These interviews were conducted in a private office within their work environment and audio taped using a recording devise so as to allow full and accurate analysis. The recording devise was tested prior to use. Data

was collected until saturation was reached and there were no new themes emerging from the new data. Field notes were also taken to supplement the recorded data.

3.5.3. Data collection tool

Unstructured in-depth interviews were used to collect data. A broad question 'Could you please tell me what it means for you to be caring for adolescents with mental health problems' was asked followed by probes. Probes and nudging were also used to encourage participants to expand on their stories (see Appendix 3). An audio recording device was used to record all the unstructured interviews with permission from the willing participants.

3.5.4. Pilot

The researcher interviewed two participants as a pilot for the current study, to determine whether the tool would produce any methodological challenges, however their responses were not used in the actual study as there interruptions during the interview process.

3.6. Data analysis

There are several procedural interpretations of phenomenological method, but the suitable method that guided data analysis in this study is Collazzi's method (as cited in Wojnar & Swanson, 2007). The steps are as follows:

- Describing the phenomenon of interest
- Collecting participants' descriptions of the phenomenon
- Reading all participants' description of the phenomenon
- Returning to the original transcripts and extracting the significant statements
- Spelling out the meaning of each significant statement

- Organizing the aggregate formalized meanings into clusters of themes

- Writing an exhaustive description

- Returning to the participants for validation of the description

- If new data are revealed during the validation, incorporate them into an exhaustive description.

Data obtained from the participants was transcribed, analyzed and coded for themes and meanings, which allowed an easy understanding of the experiences. This was done manually. Collaizzi's (as cited in Wojnar & Swanson, 2007) method was used to guide the analysis as explained below.

The researcher listened to the recorded tapes more than once and transcribed the recorded data. The researcher read through individual transcript to get the sense of the whole meaning that the participant was expressing. This allowed her to try and formulate the meaning of each significant statement through re-reading the transcripts with due sensitivity to the nurses' lived experiences. The researcher also organised the formulated constructs or themes into clusters of related themes as well as referring the theme clusters back to the original descriptions to validate them, thereby determining if the original description contained anything that was not accounted for in the theme clusters and whether the theme clusters proposed anything not implied in the original descriptions. Five themes emerged from the data and will be discussed in details in chapter four.

The researcher integrated the results into a description of the investigated topic. A final validation was achieved by asking an independent coder who is familiar with the environment to check how the themes and categories compare with his and by incorporating any new data into the exhaustive description of the situation.

3.7. Qualitative Rigor

3.7.1. Bracketing

During data collection, the researcher had to bracket her own feelings and experiences of caring for adolescents for the past six years to avoid bias. By bracketing our preconceived ideas, we are likely not to contaminate and spoil the data (Basset, 2004). Bracketing is essential in order to achieve and make the research valid and true from the participant's point of view.

3.7.2. Reflexivity

The researcher was aware that her own experiences of caring for adolescent MHCUs may affect the study. Therefore, she maintained a distance and refrained from being involved by allowing participants to reveal their own experiences in detail and bracketing her own feelings and emotions.
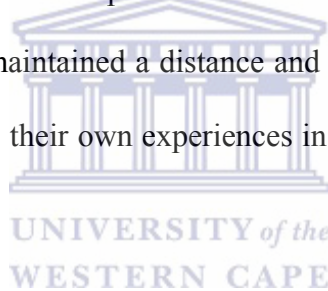
3.7.3. Trustworthy

This is about presenting, managing and analyzing data accurately as it is experienced by participants (Edmen & Sandelowski, 1999:6). Cuba and Lincolin (1994) described credibility; conformability, dependability and transferability to address qualitative rigor.

Credibility:

It refers to the authentic and faithful description of evidence of participants in their unique context (Carboni, 1995). To achieve this, the researcher respected phenomenological originality by interpreting and submerging herself in the participant transcripts before analysis. The researcher involved an independent coder during data

analysis to ensure that the results of the study are credible. Member checking was done throughout data collection as a final transcript was given to the participant to read and report if there was any information that could be misunderstood and misinterpreted.

Confirmability:

This refers to the method which is free from bias, objectivity, and neutrality of data. This was ensured by correct recording of activities, making sure that the method used is rigor, bracketing was used, auditing as well as peer debriefing. The audit trail was used where by the researcher consulted the supervisor more often to double check on what was being done. The researcher consulted an independent coder and compared with him on how themes and categories have been constructed. This was done to ensure that the study results are confirmable. The aim of confirmability was to demonstrate as clear as possible the processes that led to the conclusion (Morse, 1994).
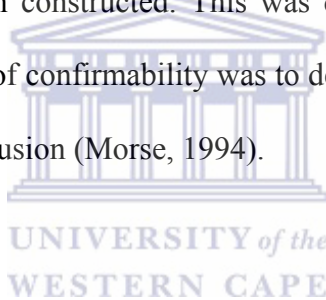
Dependability:

Dependability refers to the stability of data over time and over conditions, and it is achieved once credibility of the research findings is assured (Streubert Speziale & Carpenter, 2007). Credibility was ensured by auditing, for instance, the researcher double checked with the independent coder and her supervisor on the transcripts, categories and theme formations.

Transferability:

This refers to the fitting of findings to other similar contexts and was ensured by doing a thick description of the research context, whereby the researcher gave as much information as possible, making sure that all the findings were well explained.

3.8. Ethical considerations

To ensure that the study adheres to the ethical standards of a research process, an ethical approval was obtained from the Higher Degrees Committee at the University of the Western Cape for the study to be conducted (see Appendix 4). The researcher sent a letter to the Research Ethics Committee of the selected psychiatric committee requesting permission to conduct the study (see Appendix 5). The Research Ethics Committee of the selected Psychiatric hospital granted permission to the researcher to conduct the study (see Appendix 6). This study further adhered to the following ethical principles:

3.8.1. Informed Consent and participation

Participants were informed that they had the right to withdrawal at any time, ask for clarification throughout the study and could only give information that they felt comfortable with. Participation in the study was strictly voluntary and no one was coerced to participate. Participants were informed that they had the right to refuse to participate. A consent form was given to those who agreed to participate (see appendix 2). One participant exercised this choice by withdrawing from the study and could not be penalized for that (see appendix1).

3.8.2. Confidentiality and anonymity

Participants were ensured that only information related to the study was collected and that there would be not interfering with the subject's privacy. Anonymity was ensured by omitting names on transcripts as participants were given codes. The in-depth interviews were conducted in a quite office to ensure privacy and confidentiality. Maintaining scientific honesty was achieved by adhering to reporting the study results without any fabrication, but with objectivity and integrity. Participants were informed that an audio

tape recorder would be used during data collection. The tapes were locked in a safe place that was only accessible to the researcher. Recorded data will be kept for three years following the study and thereafter be destroyed (Burns & Grove, 2009; Brink, 2006, Lobiondo-Wood & Haber, 2006).

3.8.3. Protection from harm

There was no immediate risk involved with participating in this project. If participants could feel emotionally disturbed during the interviews, it was the researcher's responsibility to make an appointment with the relevant counselor immediately. The researcher also planned to refer such individuals through Employee Health and Wellness Program (E.H.W.P.) for counseling and support.

3.9. Study limitations

Since this study was only limited to nurses caring for adolescents in the specialized adolescent units of one hospital, its results cannot be generalized for other similar settings; therefore, this study is context-based. The findings of this study are only applicable to the population that was under study.

3.10. Conclusion

In this chapter, the researcher focused and discussed research design and methodological theory and how it was applied in this study. The next chapter will focus on the presentation of the findings of the study which are signified by means of themes and categories that emerged from the in-depth interviews which were conducted.

CHAPTER FOUR

FINDINGS OF THE STUDY

4.1. Introduction

The previous chapter focussed on describing the methodology and has led to this chapter, which presents the study findings. Themes and categories that emerged from the in-depth interviews which were conducted are presented in this chapter. Data analysis was guided by the Collaizi's (1978), seven steps which shaped the themes presented in this chapter. In order to guide the reader on who exactly were the respondents in this study, respondents' profiles are outlined followed by themes and categories that emerged from the phenomenological data which was collected through in-depth interviews.

4.2. Demographic characteristics of respondents

In-depth interviews were conducted with seven respondents who were caring for adolescent MHCUs in the specialized adolescent units of a psychiatric hospital in the Western Cape Province at the time of data collection. Nurses from different categories were interviewed, with diverse years of experience of working in the adolescent units on both day and night shifts.

Their demographic details are as follows: Out of the seven nurses, four were male professional nurses (PNs) and three were female nurses. Two of the female nurses were PNs while one of them was an Enrolled Nursing Assistant (ENA). The ages of the male respondents ranged from 35-45 years while that of female nurses ranged from 35-40 years. In terms of years of experience in the adolescent units, two male PNs have been working there for the past three years, one male PN for one year and the other male PN

for the past eight years. Two female PNs have been working there for the past three to five years while the ENA has been working there for the past six years.

4.3. Data Analysis -Themes and categories

Upon completion of data analysis, five themes with sub themes emerged from the collected data and they constitute the study findings. Each of the five themes that emerged has categories that fall under it except for theme four. Each theme is discussed through the categories that emerged and direct quotations were extracted from participants' interview transcripts to provide an accurate description of their experiences. It is important to note that the themes are interlinked and are as follows:

4.3.1. Challenging environment with MHCUs

Respondents described caring for the adolescent MHCUs population as challenging and stressful. This is based on nurses' lived experiences that they have encountered while caring for adolescent MHCUs such as being verbally abused, fear of physical assaults and accusations, and uncooperative behaviour of adolescent MHCUs.

4.3.1.1. Verbal abuse and the difficult adolescent MHCUs

The category 'verbal abuse' leads to specific outcomes such as anger, hurt, and disrespect. Respondents expressed feelings of being hurt as well as annoyed when they are disrespected by the adolescent MHCUs through verbal abuse. Being shouted at and being called with degrading names are the kinds of verbal abuse that nurses have to endure while caring for adolescent MHCUs. Some nurses find this kind of behaviour as unacceptable and kind of disrespect for them as adults.

Resp. 03 '*They swear to you with your mother's thing, you know (pointing to her genitals) and they can also attack you (quiet, looking angry).*

Resp. 05 '*Their behaviour is unacceptable at times..., I mean, they really swear (frowns and looks angry). I am not used to that.*

Resp. 01 '*The client does not respect you ...being disrespected by an adolescent ...in such a way that you...like wonder how does the adolescent child behave at home (silent).*

One respondent further mentioned that although she becomes angry and sad, her experience of caring for adolescents helps her to endure those feelings as she is firm towards adolescent MHCUs.

Resp. 05 '*I just feel down; my spirit goes down. I become sad and sometimes angry, but my experience of working with them makes me firm'... 'When I started in this unit I used to be sad and feel helpless because I was not used at being shouted by children and having children swearing at me. Now I think with the experience that I have gained, it makes me firm towards them'.*

Caring for adolescent MHCUs in the specialized units for a prolonged period has its advantages for this respondent as it helps her to understand and to deal with negative emotions that the adolescent MHCUs evoke. Respondents have indicated the fact that adolescent MHCUs are difficult to care for as they are still developing and posing a challenge to a person caring for them. When you care for them you should have an understanding of their development as not every nurse is willing to care for adolescents.

Resp. 01 '*They are still developing so they will be challenges for you as a carer caring for them… You should understand that they are still developing. Sometimes you also find clients that hate you'.*

Resp. 02 '*I have found out that in my profession not a lot of people like to work with adolescents because the general consensus is that they are difficult to work with'.*

Adolescent MHCUs are difficult to handle as their behaviour has been reported by some respondents to be unacceptable as they disrespect those that care for them and this evokes some feelings of hurt.

Resp. 01 '*Respect, the client does not respect you ....being disrespected by an adolescent in such a way that you like wonder how the adolescent child behaves at home'. …. Sometimes as a person you feel hurt when being disrespected by a person younger than you'.*

Challenging behaviour of adolescent MHCUs can also lead to emotional drainage as it is the case with one male professional nurse who finds an adolescent MHCU with personality traits to be emotionally draining as her behaviour is difficult to deal with.

Resp. 06 '*She has some personality traits, some borderline traits. Personally, I am getting tired of her, she is emotionally draining. Her behaviour is unbearable… this girl is manipulative'.*

Caring for adolescent MHCUs has been expressed by nurses in this study as challenging as these MHCUs tend to be non-cooperative at times. They tend not follow instructions on purpose as they want to see what the nurse will do if they just disobey him or her on purpose.

Resp. 03 '*I cannot say they do not understand. But it is something they do, but they want to see what you will do if they do not listen to you'.*

The challenging behaviour of adolescents creates a predicament for one nurse caring for them as he has his own rules and ways of disciplining his own children, and could not apply it to the MHCUs. This respondent explains as follows:

Resp. 04 '*It creates a dilemma because I am a parent a and a carer so now the way you perform your duties, for instance, I have my own rules as a parent, but here I am a career, a nursing professional guided by policies and acts. So now this creates a dilemma to me… These kids are not my kids; that is a fact. Working with somebody's kid is an experience on its own'*.

4.3.1.2. Threats of physical assault by adolescent MHCUs

Although there are no physical attacks reported, respondents are constantly in fear that they might occur as the behaviour of adolescent MHCUs is non-predictable. Respondents feel unhappy and unsafe as they may be physically attacked by the adolescent MHCUs.
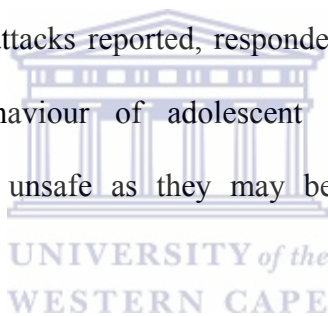
Resp. 03 '*I mean physically attacked ... I feel unhappy, mh (sigh)*

Resp. 06 '*You feel threatened, unsafe and scared among patients as you do not know what might happen to you'*.

Not having enough single rooms and seclusion rooms for aggressive patients also poses a danger to the nurses and other MHCUs in the unit as these aggressive patients will be left among the adolescent patient community instead of being nursed in isolation until they get better:

Resp.07 '…*There are no single rooms, not enough seclusion rooms to seclude those that are aggressive and agitated. It is really stressful to work in a limited space. I mean, it is difficult to deal with different illnesses and this affects how we manage the patients'*.

4.3.1.3. *Stressful working environment*

Apart from the fear of being physically attacked by adolescent MHCUs, respondents have reported that working environment tends to be emotionally disturbing and stressful due to uncooperative behaviour of adolescent MHCUs. They become constantly worried about their safety and security and even uncertain of what may happen to them. Respondents feel threatened as they may be physical assaulted by the adolescent MHCUs.

Resp. 06 '*You feel threatened, unsafe and scared among patients as you do not know what might happen to you. Gangsters do not really think; they can just kill you as a nurse as they might think you are protecting their members such as this young girl.*

For one respondent, coming to an adolescent unit as well as caring for adolescent MHCUs with mental illness comorbid to substance use has been identified as a challenge in caring.

Resp. 05'*For me, at the beginning, it was a challenge because I was not used to working with adolescents who are psychotic. The other thing that is more challenging is that of caring for them with their mental illness as well as their substance abuse history.*

Caring for adolescent MHCUs in a specialized unit has been described as both traumatic and dangerous as the adolescent MHCU can either attack you or accuse you of something that you did not do.

Resp. 03 '*It is a little bit difficult because you work under dangerous conditions, where the patient can attack you and also (mh quiet) under stress….I mean, mh, sometimes there are patients that want to kill themselves so every time the patient does something you must always be after them to see what they are doing because if something should happen it will be your fault'*.

Resp. 06 '*I feel scared and unsafe. As a result, when I have to take a patient to the treatment room, I always ask a female security or a female colleague to be there.*

Adolescent MHCUs present with different problems such as trauma. As a result, respondents reported feeling traumatised and emotionally drained when dealing with such cases.

Resp. 02 '*I find that working with them can be quiet draining for you as a person. …It has been draining at times with my years of working in here in the sense that when a child experiences trauma then you as an adult, I think the secondary trauma to you is worse… but for adolescents and children you really, you take it more emotionally than when an adult is hurt… All in all, you also feel hurt'*.

Resp. 06 '*Nursing an adolescent is quite emotionally draining. At times you feel unhappy in this unit'… This unit is emotionally draining, especially to a male nurse'*.

When a child is traumatized, it impacts on their development. The secondary trauma to the respondent evokes hurt feelings, Resp. 02 '*I personally feel hurt and angry at the same time because old people should know better that traumatizing a child as this will have a life time impact on the development of that particular child.*

Being denied a few months break from a stressful working environment can result in anger as the nurse may feel as if she/he is being forced to work under those circumstances.

Resp. 02 '*I feel angry because seemingly they are forcing me to stay in this unit although I really need to be out for a certain period… I am due for a break now because I am emotionally drained*'.

One respondent reported being stressed with caring for adolescent MHCUs in a limited space as he feels that it impacts negatively on his care as there are inadequate seclusion rooms to put aggressive patients and those that need single rooms.

Resp. 07 '…*There are no single rooms, not enough seclusion rooms to seclude those that are aggressive and agitated. It is really stressful to work in a limited space. I mean, it is difficult to deal with different illnesses and this affects how we manage the patients.*
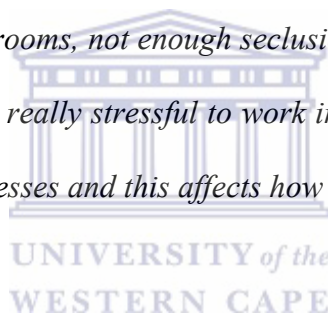
4.3.2. Nurses feelings

Respondents described caring for adolescent MHCUs as emotionally draining at times although there has been positive aspects resulting from the act of caring. Fear of accusations, feeling unsafe and feeling of job satisfaction emerged as categories of this theme.

4.3.2.1.*Fear of accusations (sexual assault and verbal abuse of female nurses by MHCUs)*

Respondents feel unsafe while caring for adolescent MHCUs as they tend to be blamed should any incident occur while caring for these adolescents; therefore, they should be vigilant at all times to prevent such incidents.

Resp. 03 '*If something should happen it will be your fault'.*

A male professional nurse reported being unhappy and unsafe in the unit as the female adolescent MHCUs have a tendency of accusing male nurses of inappropriate sexual behaviour towards them.

Resp. 06 '*These girls have a tendency of accusing us male nurses, saying that Mr so and so did this to me although you never did anything to them. They even accuse you of making gestures'… This unit is emotionally draining, especially to a male nurse'.*

For male respondents, the accusations that are made by adolescent MHCUs can also result in emotional drainage as this is the case with resp. 06.

4.3.2.2. *Feeling unsafe*

Respondents feel unsafe among adolescent MHCUs as their behaviour is unpredictable. The fact that some of the adolescent MHCUs were involved with gangs prior to admission makes respondents to feel unsafe among the adolescents as well as among their close friends and families that visit the units.

Resp. 03 '*It is a little bit difficult because you work under dangerous conditions, where the patient can attack you ... most of these patients are coming from outside, gangsters, things like that.*

Resp. 06 '*You do not feel safe in this unit . ... We had a female patient that was involved with a wrong gang and she was a girlfriend of a major drug lord or dealer'… It felt so unsafe. I was scared that the gangsters might come in the unit to look for her and I will also be in danger. Everybody in the ward was scared.*

Resp. 07 '*The working conditions are not safe, but the patients are'.*

Resp. 07 '*Nurses' safety is not guaranteed because sometimes we admit patients that are sick, who are also members of gangs and are gangsters while at home. It is worse when working on night duty because there are only a few people on duty at that time. I used to work with one or two female nurses on night duty. You keep on constantly worried about what if an ex-patient who is a gangster can decide to rock up in the unit and do something on you. What if they get lucky at the entrance gates and are not searched and end up in the ward with guns. You feel scared.*

Respondents feel unhappy and unsafe as they may be physically attacked by the adolescent MHCUs.

Resp. 03. '*I mean physically attacked ... I feel unhappy, mh (sigh)*

Respondents concerned about the adolescent MHCUs sexual inappropriate behaviour towards the nurses as this may result in compromised nursing care. Both male and female nurses feel threatened among them as their safety is compromised as MHCUs can either physically or sexually harass you or accuse you of inappropriate sexual behaviour towards them. Therefore, as a nurse you should be careful when you engage MHCUs into a conversation.

Resp. 03 '*Some patients are mh, they are sexually inappropriate ... whereby a patient can just touch you.*'

Resp. 06 '*You feel threatened, unsafe and scared among patients as you do not know what might happen to you… This patient also reported that when looking at female nurses and securities, he gets an erection and now this is starting to bother him as he sometimes have this urge to just grab them and have sex ... I must always think of whether it is safe to talk to the patients as well as how to talk to them*'.

4.3.2.3. *Feelings of job satisfaction - Improvement in adolescent MHCUs condition*

Irrespective of the challenges that the respondents are facing while caring for adolescent MHCUs, there are positive outcomes that result from the act of caring for these MHCUs. Most respondents reported feeling good and satisfied when they notice improvement in the condition of their clients.

Resp. 02 '*When you see a particular case or patient progressing well you feel good about yourself, I mean, you feel positive and rewarded as well'.*

Resp. 07 '*Patient improvement, their recovery or when they get discharged, you feel happy for playing a part of the recovery process for the patients.*

These positive feelings result in a feeling of job satisfaction as well as confidence in caring for adolescent MHCUs.

Resp. 03 '*It shows that those who do not relapse do appreciate what the Adolescent Unit staff is doing... Positive things are happiness. Some patients do not come back, which shows that the staff (employees) are really working.*

Resp. 05 '*Seeing that at the end the patients have learnt something from the groups makes me confident... I can also say that I feel good when seeing their progress even when they get discharged'.*

Resp. 06 '*We feel very pleased when these patients do well, I feel like I did my job well.*

Resp. 07 '*…For me personally, when I notice some recovery in these patients from psychosis, I feel happy and good even if it is just a minor shift because it leads to a major recovery.'*

Seeing an adolescent MHCU, understanding the purpose of the group or talk during either individual or group sessions makes respondents feel good and confident about nursing adolescent MHCUs.

Rep. 05 '*Seeing that at the end the patients have learnt something from the groups makes me confident'.*

Resp. 06 *'It felt so good at the end of the session when the patient seemed to understand the purpose of our talk'.*

For one female professional nurse when particular MHCUs are being removed from a traumatic situation and placed in a safe environment, it results in positive feelings as she can really see the progress or achievements in the patients.

Resp. 02 *'I felt so good when she was taken by foster parents as her biological father was sexually abusing her and her mother was covering up for this man'.*

Although caring for adolescent MHCUs within a team has been identified to be challenging, it has its own advantages in facilitating efficient patient care and service delivery.

Resp. 04 '*...Having and working within an MDT as well as with managers is a positive experience because it enhances good patient care and nursing care because solutions are reached immediately.'*

4.3.3. Interpersonal relationships among MDT members

Respondents described interpersonal relationships as either having a positive or negative impact on caring. Positive and negative relationships emerged as categories for theme

with subcategories such as support from fellow nurses; lack of recognition and poor interpersonal relationships among the MDT.

4.3.3.1. *Positive relationships*

-Support from fellow nurses

Although nurses feel not understood and unsupported by nursing management and by the MDT, at least they feel supported by fellow nursing colleagues within the unit.

Resp. 01 '*I was lucky to work with a good and supportive nursing team. I mean, I was lucky to have a good team leader who shows interest in supporting us.*

Resp. 05. '*But with the help of colleagues (nursing), I managed although it was not easy.*

Resp. 07 '*Mh… (quiet)…. We support each other, shame (pity), as nurses through-out all the challenges that we face in nursing these patients'.*

As a result, when a nurse notices that a fellow nursing colleague is hurt, disturbed or feeling down, they sit and talk about their feelings so that they do not impact on the kind of care and service they render to the adolescent MHCU.

Rep. 01 '*If he (his colleague) sees that something/someone disturbed or hurt you he comes to you and talks to you and asks about your daily experience'.*

One respondent reported that talking about their daily experiences helps them not to take their work related frustrations home.

Resp. 01 '*Sometimes before we knock off we sit down and talk about what we have experienced during the day. This helps so that you do not take frustrations to your home. least when I leave, I leave calm'.*

4.3.3.2. *Negative relationships*

-Lack of recognition

Respondents have reported not being recognised as professional enough by MDT as their input in MHCUs related matters is not valued although they play a crucial role in caring for adolescent MHCUs. Being unrecognised by the MDT members results in feelings of anger and hurt.

Resp. 06 '*Some of these therapists forget that we are nursing these patients for 24 hours.*

Respondents feel that since they are not well-recognised as professionals by other MDT members, nurses' input on patient related matters is undervalued and not taken into consideration when decisions on treatment plans are made. This evokes negative feelings such as anger.

Resp. 02 '*When we give feedback to the cardex (*meetings on focussing patient progress*) or ward rounds, some MDT members seem to overrule our feedback… This makes me angry because we are trained to do our job and on top of that we have more experience in observing the behaviours of adolescent patients'*.

Resp. 06 '*…. I felt so angry, I thought this woman is undermining my judgement and disrespecting nurses in this unit'*.

Respondents feel undermined and not valued as playing a vital role in the care of adolescent MHCUs although they feel that they are competent and have the necessary expertise in caring for such patients.

Rep.01 '*Further than that, they (multi-disciplinary team members) think that giving medication is the only service that nurses are good at. That is why I am hear according to*

them (multi-disciplinary team members) further than that is nothing they think I can offer'.

Resp. 02 ….'*We are trained to do our job and on top of that we have more experience in observing the behaviours of adolescent patients'.*

4.3.3.3. *Poor interpersonal relationships among members of the MDT*

Although nursing also forms part of the MDT, respondents felt that as nurses that are directly involved in caring for adolescents, they are not well supported by the other disciplines within the MDT as well as by their nurse managers.

Resp. 01 '*Even for our frustration, other disciplines I do not feel like they can support us. For other disciplines, I do not think they will make any difference because for them, a nurse is just a nurse'.*

Resp. 03 '*I do not feel like we are getting support from the MDT.*

Nurses that are directly involved with caring for adolescent MHCUs feel that nurse managers do not really understand them. As a result of this, one respondent verbalized wanting to quit due to anger.

Resp. 02 '*Being not understood by the nursing management makes you feel angry and want to quit… I requested a three months relief just to be sent to another area within the hospital, but …it seems as if they do not understand me…. I feel angry because seemingly they are forcing me to stay in this unit although I really need to be out for a certain period'.*

Being not understood by the nursing management evokes anger and helplessness as the respondent cannot just leave the unit without the permission to do so.

Resp. 02 '*I mean being angry and feeling helpless as I cannot just leave the unit without their permission.*'

Being stuck in a situation can also impact on the kind of care the respondents have to offer to the adolescent MHCUs.

Resp. 02 '*I feel like I hate working in this unit. ... I hate the working conditions*'.

As a result of being disrespected and undermined by MDT members while caring for adolescent MHCUs, respondents have developed some negative attitudes towards the other team members.

Resp. 02 '*This makes me angry towards the MDT*'.

Resp. 06 '*I felt so angry, I thought this woman is undermining my judgement and disrespecting nurses in this unit …There are those scenarios where you can see that the MDT thinks the worst about us nurses.*'
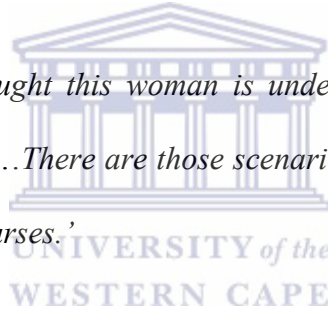
Working as an MDT and closely with nursing managers comes with its own perks. According to one male professional nurse, this can result in favours, that is, nurse managers will have preference over certain individuals within the nursing team and resulting in compromised nursing relationships which further results in compromised nursing care.

Resp. 04 '*But being close to managers also creates problems as managers start to favour certain individuals over the others. This has a negative impact on the other nurses*'... *eish sister, mh, managers, I mean nursing managers develop friendly relationships and then favouritism comes in.*

This respondent further explained his dissatisfaction with regard to these preferences within the unit which evokes feelings of anger and sadness. He even made an example of a duty roster that will be altered by nurse managers to accommodate those nurses that they favour.

Resp. 04 '*Even the way duties are drafted in the nursing roster really shows that so and so is friends with nursing managers. This results in anger and sadness from me as well but what can I do? It also results in professionalism concerning caring being questioned…*'

This respondent further explains that negative relationships destabilize the team spirit and therefore impacts badly on patient care as some nurses will be absent from duty or be reluctant to perform certain duties that were intended to be done by those nurses that are being favoured.

Resp. 04 '*Nurses become inconsistent. It further in absenteeism which further leads to lack of productivity in me and reluctance to participate in other ward activities and difficulties in recognising other activities that need to be done for these patients. Those that are being favoured benefit as managers will manipulate the ward activities to cover for them… I am talking about bad recording of off duties, cheating other people's hours*'.

Poor interpersonal relationships with the team further results in inconsistency which hampers adolescent MHCUs care. The team will agree on a certain aspect and certain individuals within the MDT will decide not to follow it. This results in tension among nurses and other MDT members as well as in prolonged hospital stay as the necessary decisions concerning patient discharge will not be taken.

Resp. 07 '*There is inconsistency which further makes it difficult to nurse these patients. No consistency means that some nurses will treat a particular patient differently and others may do the opposite.*'

Resp. 04' *Inconsistency in terms of caring for the patients such as fairly limit settings, conflict of ideas regarding limit settings. For instance, you will try to be fair with the child but the MDT might misinterpret it as if you are being harsh to the kid. You try fair limit setting and team comes and jeopardizes it. So now this creates conflict among staff members. I mean conflict because of counter transference.*'

Resp. 07 '*Mh, consistency (quiet) you see now .... For example, if there is a behaviour modification plan that should be followed for a particular patient, some people will decide to do their own thing. As a result, we will not come to the same conclusion. We end up keeping the patient unnecessary for a long time in the hospital because we as a team have not taken a decision about that particular child.*

Resp.07 '*The inconsistency is between us nurses and other team members from other disciplines, we are also working as members of the team. The inconsistency causes difficulties in managing the patients because for me if a behaviour modification plan has been drafted and all the disciplines agreed upon it, then it should be followed by everyone. Jaar, (interpreted as yes) I said it is difficult to manage these patients, but if we were following the behaviour modification plans things should have been different. This should have benefits to the patient but now nursing care becomes interrupted because of other disciplines.*

4.3.4. Learning opportunities

This was the only theme with no categories. The adolescent units provide a conducive environment for life-long learning which results in professional growth. The knowledge and insight respondents gain also helps them to know what they can do in their particular communities should they face any adolescent that needs care. Now they are even aware of how adolescent mental health problems manifest themselves or present.

Resp. 01 '*Lived experience (SILENT)… like I said, working here for me was an eye opener. I was not bad at all. I would not say it was may be bad because like now … the knowledge that I gained, I feel that I can apply it anywhere I work if I am placed in any ward I will not have any difficulties'.*

Resp. 02 '*At least with working with them I gained more insight into their behaviour, their way of thinking and that helps in my work… I understand them as well as their presentation; I mean, the way their mental illness presents because it is different from the old people'.*

Resp. 03 '*Now I have learnt a lot about what drugs can do to an adolescent child....now I know what you can do in your community if you come across a sick adolescent. And also, what you can do if your child is doing the stuff (drugs) you know (sigh).'*

Resp. 07 '*In these units, one has a chance to learn some new skills as we are given opportunities to attend short courses like in-service training. Also, an individual has a choice of grabbing the opportunities. You need to upgrade yourself, attend courses and upgrade yourself through education.'*

On-going education within the unit such as in-service training has been identified as being helpful in assisting those respondents that recently joined the adolescent wards as well as those that have been there for some time in assisting them with patient care.

Resp. 05 '…*and in-service training also helped me to gain skills and made it easy for me… him or her. Now I can say that I have confidence in running groups. At the end I feel that I have achieved the objectives in the groups although I used not to feel like that.*

Resp. 01 'I have developed professionally from this unit'.

One respondent also mentioned that caring for adolescent MHCUs helped her to do her own introspection resulting in improved understanding of her own self. This process assisted her to know and understand herself better in terms of helping.

Resp. 02 '*I learnt a lot about myself especially having to help the patient'.*

4.3.5. Commitment to care

Respondents expressed professional mandate to care, such as understanding the adolescent MHCUs, and being passionate about caring for them.

4.3.5.1. *Passion about caring*

Some nurses caring for adolescent MHCU have verbalised willingness to care for this population. Their willingness to care is being motivated by the passion they have for caring for MHCUs irrespective of the obstacles that they experience while rendering the caring service.

Resp. 01… '*For me you must mhh You must have mhh, a a a, you must love what you are doing so that you like understand that adolescents will not be like any other adult clients cause they are at their developmental stage (quiet) mh,mh adolescents will not be like*

aaa any adult clients, they are still developing so they will be challenges for you as a carer caring for them.

Resp. 02 'For me personally, I have always liked children, ah.., to work with adolescents ah mh … I love caring for adolescents'.

Resp. 04 'These children are in need of care and you decided to choose this career to provide the care they need'.

Because of the willingness to care for adolescent MHCUs, a nurse will not even complain about the challenges faced in the adolescent units as he or she does not want to jeopardize the caring process.

Resp. 04 'Now because you want to help these kids you end up not complaining'.

4.3.5.2. *Understanding the adolescent MHCU*

There is a need to understand adolescent MHCUs as recipients of mental health care with behaviours that might not be acceptable under normal circumstances. For instance their behaviour and disrespect is understood and acceptable to some respondents as the adolescent MHCUs is not disrespecting anyone by choice:

Resp. 07 '*I try to understand them as sick adolescents. If they were not sick and disrespecting me things could have been different, but now the fact that they are dealing with mental illness makes it different. Also, the fact that you are dealing with mental health patients makes the situation different'.*

Resp. 01 '*The client is not disrespecting you by choice but sometimes it is due to their illness. It is not like the client does not like you. You should understand that they are still developing…*

Some respondents have indicated the importance of understanding that adolescent MHCUs are still developing and there will be challenges that are associated with their development from childhood to the most challenging adolescent stage. Nurses caring for adolescents therefore highlight the importance of understanding adolescence as a developmental stage and adolescent MHCUs as children that have reached this stage of development which they associate with challenges.

Resp. 01 '*You must love what you are doing so that you like understand that adolescents will not be like any other adult clients because they are at their developmental stage (quiet) mh,mh adolescents will not be like aaa any adult clients, they are still developing so they will be challenges for you as a carer caring for them…*'

Resp. 04 '*They need care so whatever rule you apply they will challenge it, and remember they are at the adolescent stage and challenging is part of their development as well as their illness.*'

The adolescent stage has been associated with peer pressure and erratic behaviour and one respondent further elaborates what the adolescent MHCUs have been through.

Resp. 04 '*These kids have gone through life challenges such as peer pressure, substance abuse and disabilities. Some of them have used drugs, I mean, illegal drugs and they became intoxicated with alcohol as well*'.

4.4. CONCLUSION

This chapter only gave findings from the collected data. It focused on a detailed outline of the five themes that emerged from the data that has been analysed. The themes with sub themes were as follows: Challenging adolescent MHCUs population (*verbal abuse by adolescent MHCUs, threats of physical assault by adolescent MHCUs, Stressful working*

environment), Nurses' feelings (*Fear of accusations, feeling unsafe, outcomes of care)*, Interpersonal relationships among MDT members (Positive: *support from fellow nurses*, Negative: *Lack of recognition, poor interpersonal relationships among members of the MDT)*; and Learning opportunities within adolescent units and willingness to care (*passion about caring, understanding the adolescent MHCU).* Anecdotes from the respondents' interviews were quoted to give a voice to the respondents in expressing their experiences of caring for adolescents with mental health problems. The next chapter will focus on the discussion of the findings. Relevant literature will be used to validate the study findings.

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CHAPTER 5

DISCUSSION OF FINDINGS

5.1. Introduction

This chapter focuses on discussion of study findings and validation of study findings through the use of literature, as well as the discussion of possible implications of this study in practice and ward policy development.This chapter also includes conclusion and recommendations pertaining to the experiences of nurses caring for adolescents. Each salient theme is discussed and study findings are validated through the use of literature as a second round of literature links the study with the existing studies. Studies on experiences of nurses caring for adolescents are very limited; however, the researcher also used studies on experiences of nurses caring for acute mentally disturbed patients of which some of them were adults. The aim of this study was to investigate, explore and describe the lived experiences of nurses caring for adolescents with mental health problems in a psychiatric hospital in the Western Cape Province.

5.2. Lived experiences

The following emerged from the data as the experiences of nurses caring for adolescents with mental health problems as outlined in page 51: Challenging adolescent MHCUs population (*verbal abuse by adolescent MHCUs, threats of physical assault by adolescent MHCUs, Stressful working environment)*, Nurses' feelings (*Fear of accusations, feeling unsafe, outcomes of care)*, Interpersonal relationships among MDT members (Positive: *support from fellow nurses*, Negative: *Lack of recognition, poor interpersonal relationships among members of the MDT)*; and Learning opportunities

within adolescent units and willingness to care (*passion about caring, understanding the adolescent MHCU).*

5.2.1. Challenging environment with MHCUs

Nurses who participated in this study described caring for the adolescent MHCUs population as challenging and stressful. This is based on nurses' lived experiences that they have encountered while caring for adolescent MHCUs in the challenging environment such as being verbally abused, fear of physical assaults and accusations due to uncooperative behaviour of adolescent MHCUs (Uys & Middleton ;2004).

Nurses in this study reported that being insulted by adolescent MHCUs as a sign of disrespect. They feel annoyed when not respected by these clients in such a way that they even question whether these adolescents respect their own parents at their homes. Some nurses even pointed out the difficulty of separating mental illness such as borderline traits from plain misbehaviour of the adolescent MHCU. The findings are consistent with the study findings of Ngako, van Rensberg and Mataboge (2012: 5). They conducted a study to explore and describe the experiences of Psychiatric Nurse Professionals working with acute MHCUs, presenting with acute symptoms of mental illness. Their study results revealed that both male and female nurses are being disrespected by the acute MHCUs. Symptoms of mental illness also play a major role in this regard as some of the patients may present with aggressive and disrespectful behaviour towards the nurses caring for them.

Although there are no physical attacks reported, respondents are constantly in fear that they might occur as the behaviour of adolescent MHCUs is non–predictable. Respondents feel unhappy and unsafe as they may be physically attacked by the adolescent MHCUs.

According to Uys and Middleton (2004), patients with psychosis will have symptoms which include delusions, hallucinations and may be suspicious, and have emotional instability characterized by anger and aggression. Nursing adolescent MHCUs therefore becomes a challenge and difficult as one will have a constant feeling of being unsafe as they can attack nurses without any provocations.

In a review of literature by Anderson and West (2011), age plays a major role in the pattern of violence towards nurses. The two scholars observe that younger MHCUs are more likely to be violent than older adults. Risk factors for this are both static and dynamic such as substance use, non-adherence to treatment, depression, suicidal ideation or intent and impulsivity. According to Privitera, Weisman, and Cerulli (2005), cited in by Anderson and West (2011) and Chang *et.al* (2005), nursing staff are at higher risk of violence and threats as their role of setting limits increases their vulnerability. These authors further state that nurses' chances of being threatened and attacked by MHCUs are high as they are seen as figures of authority, due to the nurses close proximity to the patients as compared to other MDT members.

Nurses who participated in this study described that nursing adolescent MHCUs in the specialized units as stressful and challenging. They reported their working environment to be emotionally disturbing and stressful due to uncooperative behaviour of adolescent MHCUs. The structural working environment can also be stressful as there is a limited space and inadequate seclusion rooms to seclude the aggressive MHCUs.

These results are further consistent with Ngako, van Rensburg and Mataboge (2012:5-6). Their findings revealed that limited resources such as not having enough closed wards create a burden to caring. Quality nursing care is therefore compromised when there are

limited resources. For instance, aggressive MHCUs that would normally be nursed in single rooms end up being among the other clients, thus creating disruptions. Nurses end up showing emotional reactions towards the aggressive MHCUs and work environment become stressful.

Mental health nursing has been described as stressful as it is characterized by emotional exhaustion, depersonalization and perception of lack of accomplishment (Sherring & Knight, 2009). The study by Sherring and Knight (2009:1239) conducted to describe burnout among mental health nurses working in a city trust, revealed that nurses experiencing burnout are more likely to stay out of work, taking sick leave and also considering leaving their jobs. Burnout is a stressful reaction which is a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment.

Chang, Hancock, Johnson, Daly and Jackson (2005) did a study aiming to review literature on factors related role stress in nurses and present strategies for addressing it. These authors, asserts that role stress may be viewed as the result of disproportion between an individual's perception of the characteristics of a specific role. Common environmental factors associated with roles stress include but not limited to: low supportive relationships, high job demands, having little or no control on one's job and low supportive relationships (Chapman, 1993; Fong, 1993 cited in Chang *et.al* 2005).

Nurses caring for adolescent MHCUs in this study seem to be constantly worried about their safety and security and even uncertain of what should happen to them. They feel threatened as they may be physically assaulted by the adolescent MHCUs. These nurses are also concerned about their safety as some of the adolescent patients are gangster members and therefore the gang members from the communities might come to the unit to perform some violent acts. These study findings are consistent with the findings of

Chang *et.al* (2005) which revealed that violence can also be a source of stress for nurses as these nurses may receive violence from either the patients, their relatives, and from other professional groups within the workplace. Furthermore, nurses according to these authors are confronted with violence and harassment with the working environment on a daily basis.

Currid (2009:40-46) performed a phenomenological study to explore the lived experiences of stress among nurses in mental health NHS trust in London. The results of Currid's study revealed that nurses that are subject to violent and aggressive behaviour from patients can be reluctant to engage with those patients. This is due to the anxiety of being hurt and fear of experiencing further intimidation from the patients.

Some respondents in the current study further reported being emotionally drained and being affected by secondary trauma resulting from caring for adolescents that have been victims of sexual abuse. For instance, when a patient is traumatized, the secondary emotional trauma becomes worse to the nurses. They reported different emotions such as anger towards the families and perpetrators of violent acts as well as being emotionally hurt and traumatized. These results are consistent with what Spinelli (2011) refers to as 'vicarious trauma'. This author conducted a phenomenological study on how psychiatric nurses perceive their experiences of vicarious trauma emanating from caring for survivors of childhood sexual abuse. Spinelli's (2011) study results revealed that being exposed to traumatic events as a nurse while treating sexually abused children and adolescents victims can lead to Post Traumatic Stress Disorder, helplessness, and isolation as this experience evokes different emotions.

Nurses reported that caring for this patient population has its own challenges that one has to face on a daily basis. The fact that these MHCUs are at the adolescent stage itself

results in them displaying an inappropriate behaviour. This challenging behaviour is interpreted as disrespect by the elders (nurses). Caring for adolescent MHCUs has been reported as a challenge and different from caring for adults. This is due to the fact that adolescence itself is a challenging stage as the adolescent is in search for his or her own identity. The work environment itself is emotionally disturbing as the respondents feel threatened by adolescent MHCUs while rendering their service. This is due to the fact that some of the adolescent MHCUs were active gang members prior to admission to the units. Although the respondents did not mention any current physical assaults, they feel threatened.

5.2.2. Nurses feelings

Nurses in this study reported feeling threatened among adolescents as their safety is compromised. Adolescent MHCUs can either physically or sexually harass the nurses. Nurses can also be accused by MHCUs for inappropriate sexual behaviour. As such, nurses should be careful when they engage the adolescent MHCUs in a conversation. Male respondents reported being unhappy in the unit as he might be accused of making unwanted gestures by female Adolescent MHCUs. The accusations result in emotional drainage and nurses need to be cautious and vigilant at all times.

According to Turk, Graham and Verhulst (2009), clinical features of bipolar affective disorders include abnormal elevation of mood, excitement, pressure of talk and flight of ideas. Adolescent patients in the manic episode normally present with disinhibited sexual behaviour. While patients with schizophrenia, a mental disorder with mostly onset on adolescents, usually presents with delusions which are false beliefs and hallucinations which are false perceptions without a sensory stimulus. The results of this study

confirmed this as some of the adolescent MHCUs have presented with these symptoms, thus leaving nurses caring for them in a compromised position as they had feelings of being unsafe and threatened and defenceless as they can be accused of making gestures or be victims of both physical and sexual violence.

Despite the challenges mentioned before, respondents in this study reported feeling delighted and rewarded when they see the outcomes of care such as progress and improvement in the adolescent MHCUs conditions. This progress further results in job satisfaction and improved confidence among these nurses. This study finding is consistent with Mohadien (2008:63) who conducted a study to explore the factors influencing job satisfaction of nurses working in the same psychiatric hospital. Nurses on her study also reported feeling happy and fulfilled when they see progress in patient care as it is their primary role to care for their patients.

Although caring for adolescent MHCUs within a team has been identified to be challenging, it has its own advantages in facilitating efficient patient care and service delivery. One respondent even appreciated the fact that they are working as a MDT as he feels that team work facilitates efficient patient care and service delivery hence decisions can be easily reached. These results are consistent with the study of Hill- Smith (2012:14-19), exploring staff relationships within the MDT, based on the United Kingdom context. Hill-Smith's study results revealed that good multi-disciplinary work is of importance in delivering high quality clinical care in CAMHS.

Nurses reported a constant fear of being blamed should anything happen to adolescent MHCUs male nurses show constant fear as they might be accused of inappropriate sexual behaviour towards the MHCUs. The nurses' safety is compromised and they are constantly afraid as they may be attacked by the adolescent MHCUs. Nurses reported

being unhappy and scared as their safety is compromised while rendering their services. They are either afraid that they might be either accused or attacked by the adolescent MHCUs.

5.2.3. Interpersonal relationships among MDT members

Results of the current study revealed that interpersonal relationships within the team can either have a positive or negative impact on service delivery. These relationships resulted in both positive feelings such as good support from fellow nursing colleagues and negative feelings resulting from lack of nursing recognition and poor interpersonal relationships among team members.

According to Hill-Smith (2012:19), a good multi-disciplinary relationship is of importance in CAMHS. As such, professionals need to understand each other, be flexible, and move away for the traditional demarcated roles. For instance, apart from the traditional nursing duties, nurses in CAMHS provide a wide range of psychotherapeutic interventions including the cognitive behaviour therapies and family therapies which used to be categorised as non-nursing roles. In the current study, nurses reported some evidence of blurring roles within the adolescent units. For instance, nurses are expected to either facilitate or co-facilitate dual diagnosis groups and some other therapeutic interventions for adolescent MHCUs.

Nurses who participated in this study reported lack of recognition from MDT. They feel less recognised for their efforts and for their skills. These nurses feel undermined by other team members as if they are less capable of doing their own job. There is some evidence of blurring roles within the adolescent units and nurses feel threatened by other team members. Brown, Crawford, and Darongkamas (2010:425-435) conducted a study

to interrogate the implications of team work approach for professional identities and professional boundaries for those working in community mental health. Although their study was based on a semi-rural area in United Kingdom, the results are consistent with the results of the current study. Brown's study results revealed some evidence of blurring roles within the team members and boundaries that were actively encouraged by the experience of the interdisciplinary modes of working. The eroding professional boundaries within the team may be perceived by other team members as a threat. (Brown *et.al*.2010:425).

During data analysis, it became so clear that nurses caring for adolescent MHCUs in this particular adolescent unit of this psychiatric hospital do not really enjoy or have any positive interpersonal relationships with non-nursing MDT members. These respondents reported feelings of being hurt, annoyed and being sad as they are not being valued by other MDT members from other disciplines as well as their nurse managers. Their input on patient related discussions is devalued although they are the ones that are physically there for the adolescent MHCUs, thus having an advantage of observing them throughout. According to Wuest (1998), cited in Brown *et.al* (2010), attending to one's professional voice allows team members to limit the number of extent of caring demands and to draw self-knowledge to their caring.

 Delaney (2006), states that on child and adolescents psychiatric units, nursing staff has more exposure to the patients and this helps them to have a better understanding of the hospitalized child and adolescent patient. Most team members in the adolescent units seem to underuse this opportunity as it appears in these study results. Nurses provide the first point of contact for families and individual MHCUs thus the prolonged exposure to

other people's experiences increases the nurses' awareness and understanding throughout the service (Hill-Smith, 2012:16).

Nurses in this study also reported lack of support from fellow nurse managers and other team members as one of the reasons that make them feel unhappy and unappreciated within the unit. The results of the current study are consistent with the study results of Ngako and van Rensburg (2012:5), where nurses reported lack of support from other members of the team such as doctors, supervisors and family members of MHCUs. This rejection and lack of support creates a negative effect on their work which results in their work being a burden.

Nurses' value work environment which provides opportunities to make decisions based on their expertise and professional judgement. As a result, they want to be involved in decisions that can affect their working conditions (Laschinger, 2003:411). Nurses caring for adolescent MHCUs in the current study feel undermined and unappreciated as professionals within the MDT. They report not being considered when decisions and patient matters are discussed. The findings of the current study are in contrary to those results of Mohadien (2008: 73), who did her study at the same hospital. Her study results revealed that nurses are enjoying good working relationships with MDT members who are non-nursing colleagues. This is perhaps due to the fact that Mohadien's study was a quantitative one which focussed on all the nurses of the particular psychiatric hospital working at different wards.

Most respondents reported feelings of helplessness and anger that are being evoked by not being understood by the nursing management. These feelings result in further lack of motivation in performing daily duties as well as feeling of leaving the adolescent units. These respondents feel unsupported by the nursing managers as well as other MDT

members from other disciplines. Further, inconsistency within the unit among nurses, their managers and other disciplines hamper nursing care rendered to the adolescent MHCUs. This further evokes feelings of anger, dissatisfaction and sadness. Some adolescent MHCUs end up being hospitalized for longer as the behaviour modification plans that are being drawn by the MDT are not being carried out as agreed upon. These results are consistent with the findings of Chapman and Fong, 1993 cited in Chang *et.al* (2005). Their study results highlighted low supportive relationships, high job demands and having little or no control on one's job as common environmental factors associated with stress among nurses. When nurses perceive their work environment to be empowering, they feel more supported and practise in a professional manner (Laschinger, 2003).

These findings are also consistent with the study results of Sherring and Knight (2009) who conducted a study to explore and describe burnout among nurses. Their results revealed that nurses that are devalued and unappreciated feel demotivated and burnt out. Thus, burnout occurs when the physical and emotional stress of nursing gets to be too much thus resulting in professional dissatisfaction as it is the case in the nurses caring for adolescent MHCUs. Results of the study conducted by Mohadien (2008) also confirm that nurses in this psychiatric hospital felt unappreciated and unrecognised and this further result in job dissatisfaction.

Although respondents in this study felt not understood and unsupported by nursing management and by other MDT members from other disciplines, at least they feel supported and appreciated by fellow nursing colleagues within the unit. This study finding is consistent with the findings of Mohadien (2008:71-72), where nurses in her study indicated negative relationships with their managers but enjoyed positive

interpersonal relationships that contribute to their sense of job satisfaction with their nursing colleagues.

While nurses that participated in this study felt unsupported by the nursing management and by the MDT, they reported getting full emotional support from their fellow nursing colleagues at ward level. These nurses reported that the members of the MDT do not recognise them as part of the team. They feel undermined although they have been trained to perform their duties. They further report not being valued as playing a role within the MDT. Inconsistence among nurses and the MDT members jeopardize the adolescent MHCUs care as some interventions are either delayed or not carried out as expected.

5.2.4. Learning opportunities within adolescent units

When nurses perceive their work environment to be empowering, they feel more supported to practise in a professional manner (Laschinger, 2003:411). Thus, irrespective of all the negative experiences that seem to be obstacles in nurses caring for adolescent MHCUs, respondents in this study reported the adolescent units as providing a favourable environment for life-long learning, through in-service training and exposure in the units. Being in the unit itself, provide respondents an opportunity to realize that symptoms of mental illness in adolescent MHCUs present differently from adults. These results are consistent with McDougal's (2006) statement which asserts that CAMH nursing equip nurses with the essential skills and competencies as it explores best practice in a variety of settings and addresses issues pertaining to adolescent MHCUs. These issues include self-harm, ADHD, eating disorders, misuse of substances and disorders comorbid to substance use.

French, Du Plessis and Scrooby (2011, 539:544) conducted a study to 'explore and describe the experience, as well as perceptions of coping mechanisms of nurses working in the multi-skill setting, and to formulate recommendations to promote their emotional well-being'. Their study revealed that multi skill settings provide a favourable learning environment as nurses learnt to work independently. It allowed an opportunity for those nurses who want to further their studies from being an ENA to an EN level. The results of the current study are consistent with French, Du Plessis and Scrooby (2011) study results although the context is different. For instance, one respondent, who is an ENA with no formal training in psychiatry, mentioned that the knowledge and insight that she gained in the adolescent units also helps her to know what she can do in her particular community when she comes across any adolescent that needs care. The environment provides additional skills, broadens one's scope of practice and helps in improving efficacy through coordination of skills. Nurses caring for adolescent MHCUs are eager to further their studies because they are working in a specialised area with a different population of MHCUs.

Despite the challenges that have been mentioned, nurses caring for adolescent MHCUs reported that the adolescent units provide a conducive and favourable environment for life long education. This is through in-service training and extensive exposure to adolescents as well as upgrading one's qualifications.

5.2.5. Commitment to caring

During the interviews, it became so common in most respondents that they commit themselves to care for adolescent MHCUs irrespective of the challenges they encounter while rendering such service. Their commitment to care is motivated by the passion they

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have for adolescent MHCUs. This passion to care further leads to nurses having a better understanding of the adolescent MHCUs as beneficiaries of mental health and as adolescents who are facing an erratic developmental stage in life.

Respondents felt a need to understand the adolescent MHCUs as both the recipients of mental health care as well as adolescents. This helps them to understand their erratic behaviour associated with adolescence as a developmental stage. It is through this understanding that the respondents begin to accept behaviours that would be unacceptable under normal circumstances. There is also a need to understand the adolescent MHCUs as recipients of mental health care, therefore with a behaviour that might not be acceptable under normal circumstances. For instance, their behaviour and disrespect is understood and acceptable to some respondents as the adolescent MHCUs are not disrespecting anyone by choice. One respondent even noted the fact that the adolescent MHCUs have used and abused substances makes them to behave strangely and disrespecting the nurses.
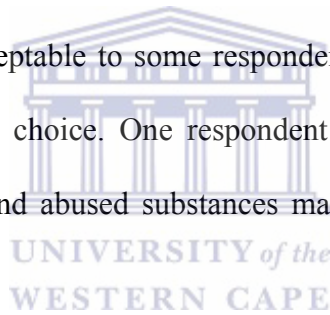
Nurses that participated in this study reported having passion for caring for adolescent MHCUs in specialized adolescent units. They see these adolescents as in need of their care and have chosen their nursing career to help those that are in need. Respondents reported that for one to be able to care for these adolescents there is need to understand them as adolescents as well as understanding them as MHCUs that are in need of mental health care.

5.3. CONCLUSION AND RECOMMENDATIONS

The aim of the study was to investigate, explore and describe the lived experiences of nurses caring for adolescents with mental health problems. The researcher achieved this

through the use of phenomenological approach. She bracketed her experiences of working in that environment for six years. Due to the limited literature on experiences of nurses caring for adolescents in specialised wards, the researcher consulted both national and international studies on experiences of nurses. The researcher could not manage to get or access a South African based study on this particular topic. This has been due to the limited number of specialized adolescent units in this country.

This chapter discussed the findings of the study on the experiences of nurses caring for adolescents with mental health problems psychiatric hospital in the Western Cape Province. It is evident from the findings that nurses encountered various experiences while caring for adolescent MHCUs.

5.4. RECOMMENDATIONS

5.4.1. Recommendations related to nursing practice

Nurses caring for adolescent MHCUs find it to be challenging and demanding. Lack of support from nurse managers and team members has been pointed out as one of the challenging experiences of nursing for adolescents with mental health problems. Based on the results of this study, involvement of the nursing management in supporting nurses at ward level is highly recommended. These nurses should be given emotional support to prevent emotional injuries which will result in compromised nursing care. Debriefing individual nurses after experiencing traumatic incidents is recommended. Support groups sessions where nurses and team members are allowed to vent out their experiences of the week may help in dealing with the emotions and the challenges of nursing these adolescents. Hopefully debriefing sessions will assist nurses in dealing with challenges involved in caring for Adolescent MHCUs.
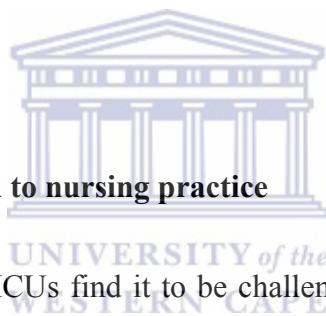
5.4.2. Nursing education

In order to equip nurses to practice in this sub speciality within psychiatry, there is a need to undertake the specific advanced nursing Diploma or masters in Child and Adolescent psychiatry. At present, these speciality courses are only offered at the University of Free State. The researcher highly recommends on-going in-service trainings that will equip nurses on understanding the behaviour of adolescent MHCUs and measures on how to handle them as their presentation of mental illness is different from that of adult patients. Monthly team building activities with all the other MDT members will assist nurses as well as the team to develop a team spirit that will assist them in working together towards the same goal of caring for the adolescent MHCUs as they will be able to work together without undermining each other's interventions.

5.4.3. Implications on further nursing studies

Further nursing studies should be carried out based on the support offered to nurses caring for adolescent MHCUs. This will allow the institution to identify whether there is enough support or there is need to offer support to these nurses. It will be necessary to conduct a study on how the experiences of nurses impact on the way they perform their duties.

5.5. Conclusion

Different experiences were described by nurses caring for adolescent MHCUs. The study reported both positive and negative experiences of nurses which they encounter while caring for adolescents. The act of caring for these particular MHCUs has been described by the nurses as challenging and demanding due to their behaviour as well as the fact that they are adolescents. Working within the MDT evokes both positive and negative

relations. Irrespective of the challenges that nurses encountered while caring for these MHCUs, they reported the adolescent units as providing a favourable environment for learning and having opportunities for professional growth. Although there are challenges, nurses are still passionate about caring for adolescent MHCUs. They reported being motivated to care by passion, improvement in the mental state of a MHCU and an understanding of the adolescent as both an MHCU and as a person who has reached a certain stage in life that is characterized by challenges.

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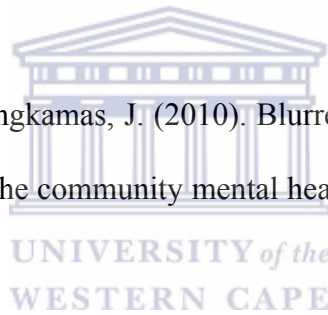
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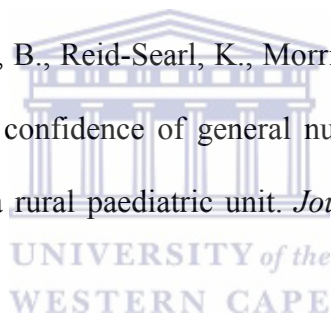
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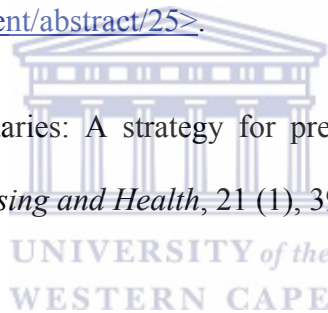
UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Student Researcher's Details:

Patricia Nomasizakhe Satani

16 Flame Street

Mont Claire

Cell   :   078 287 2007

Phone :   021 370 1475

Email :   pnsatani@gmail.com

Title: Lived Experiences of Nurses Caring for Adolescents with Mental Health Problems in a Psychiatric hospital in the Western Cape Province.

What is the study about?

This is a research project conducted by Patricia Nomasizakhe Satani at the University of the Western Cape. We are inviting you to participate in this research because you will be granted an opportunity to describe your experiences of caring for adolescents with mental health problems. The purpose of this study is to describe the nurses' experience of caring for adolescent with mental health conditions in an in-patient unit.

What will I be asked if I agree to participate?

You will be asked to come to a quiet office in the ward, where the researcher will conduct an interview. This interview will not take more than an hour.

Would my participation in this study be kept confidential?

We will do our best to keep your personal information confidential. To help protect your confidentiality, personal data will be locked in a cabinet. The computer that will be utilised to store information will be password protected. The researcher will use codes instead of your name. Codes will be placed on the collected data. Through the use of identification key, the researcher will be able to link the collected data to your identity. If we write a report or article about this project, your identity will be protected to the maximum extent.

What are the risks of this research?

There is no immediate risk involved with participating in this project. If a participant feels emotionally disturbed during the interview, it will be the researcher's responsibility to make an appointment with a relevant counsellor for the participant.

What are the benefits of this research?

The research is not designed to help you personally, but the results may help the investigator learn more about the nurse's experiences of caring for adolescents with mental health problems. We hope that in future other people might benefit from this study through improved understanding of experiences of nurses who care for adolescents with mental health problems in the specialised adolescent units.

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

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any

time. If you decide not to participate in this study or you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

The research is being conducted by Patricia Nomasizakhe Satani of the School of Nursing at the University of the Western Cape. If you have questions about the research study itself, please contact the researcher, her contact numbers are on the previous page. Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you experienced related to the study, please contact:

Dean of the Faculty of Community and Health Sciences:

Professor H.C. Klopper

University of the Western Cape

Private Bag X17

Bellville 7535

021 959 2631

hcklopper@uwc.ac.za

Acting Head of Department

Professor K. Jooste

University of the Western Cape

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Supervisor:

Professor O. Adejumo

University of the Western Cape

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Bellville 7535

021 959 3024

oadejumo@uwc.ac.za

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

UNIVERSITY OF THE WESTERN CAP

Private Bag X 17, Bellville 7535, South Africa

Student Researcher's Details

Patricia Nomasizakhe Satani

 16 Flame Street

 Montclaire

 7785

 Contact No. : 078 287 2007

Title: Lived Experiences of Nurses Caring for Adolescents with Mental health Problems in a Psychiatric hospital in the Western Cape Province.

 Participant's name :

Signature :

Witness name :

Signature :

Date :

 I, the participant have been invited to participate in the above research project / study undertaken by Patricia Nomasizakhe Satani, a Masters student of the University of Western Cape. It was explained that my identity will not be disclosed, my participation is strictly voluntary and I have a right to withdraw from the study at any time. Such withdrawal will not have any negative impact on me. All the questions that I posed have been answered. I have been informed that although the results of the study will be published, I will remain anonymous. Information or results obtained from the study will

be confidential but will be used for a master's degree. There is no personal gain, financial or other, in my participation in this study. Interviews will be conducted with me; personal questions will be asked. The interviews will be audio-tape recorded.

I hereby agree voluntarily to participate in the project / study.

Signed at_____ on_____ 20_____

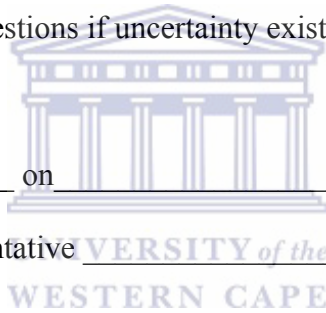Participant_____ Witness_____

Statement by / for Researcher

I, the undersigned _____ declare that I explained the

content of the document in English to the Participant, Mr / Mrs /Ms

_____

and requested him / her to ask questions if uncertainty existed about any aspect of the

document.

Signed at _____ on_____ 20_____

Researcher / Researchers representative_____

Witness_____

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

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

E-mail: pnsatani@gmail.com

Interview questions

Could you please tell me what it mean for you to be caring for adolescents with mental health problems?

The researcher used probes for more information thus asking the following:

What do you mean?

Please explain?

Anything else?

UNIVERSITY *of the*
WESTERN CAPE

15 August 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:
Mrs PN Satani (School of Nursing)

Research Project:	Experiences of nurses caring for adolescents with mental health problems in a psychiatric hospital in the Western Cape Province.
Registration no:	12/4/19

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

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

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

Private Bag X17, Bellville 7535, South Africa
T: +27 21 959 2988/2948 . F: +27 21 959 3170
E: pjosias@uwc.ac.za
www.uwc.ac.za

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

APPENDIX 5 :

<div align="right">

16 Flame Street

Montclaire

7785

Cell: 078 287 2007
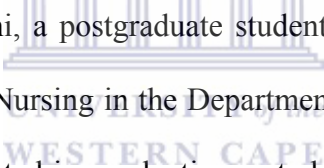
</div>

Lentegeur Psychiatric Hospital

Private Bag X1

Highlands Drive

Mitchell's Plain, 7585

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

I am Patricia Nomasizakhe Satani, a postgraduate student studying towards a Master's 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 '**Lived Experiences of nurses caring for adolescents with mental health problems in a psychiatric hospital in the Western Cape Province'** as part of the degree program. I am a Professional Nurse who currently works at your establishment and I am interested in investigating, exploring and describing how nurses experience caring for adolescents with mental health problems in the adolescent units.

For this study to be a success, I require your permission to interview about 10 nurses currently working in the adolescent units. 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 nurses' anonymity will be ensured throughout the study. This will be done by using codes 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. A copy of the nurse's consent forms and the information sheet has been attached to this letter.

Thanking you in advance

Yours faithfully

Patricia Nomasizakhe Satani

Lentegeur Hospital

04 September 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 adolescents with mental health problems in a psychiatric hospital in the Western Cape Province

Principal Investigator – Mrs P N Satani

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

UNIVERSITY *of the* WESTERN CAPE

Yours Faithfully

Dr P Smith
Chair – Research Ethics Committee
Lentegeur Hospital

20 Bosbell Hof
19 Weltevreden Street
Boston
7530

19/02/2014

Dear Ms Patricia Nomasizakhe Satani,

Your thesis titled, **Lived experiences of nurses caring for adolescents with mental health**

problems in a Psychiatric hospital in the Western Cape Province really makes a very

interesting reading. However, there are some changes that I have made. I corrected and

improved the following:

- coherence

- grammar

- punctuation

- spellings

- shortened forms

- repetitions

- referencing

- formatting

Should you need anything clarified, do not hesitate to contact me.

Yours faithfully,

Gift Mheta (PhD)

Cell: 073 954 8913