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**The Experiences of Professional Nurses Regarding Patients Who Are  
Repeatedly Readmitted To a Psychiatric Hospital**

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3570923

A mini-thesis submitted in partial fulfilment of the of the requirements for the degree  
Master's in Nursing in the department of Nursing at the University of the Western Cape

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**The experiences of professional nurses regarding patients who are repeatedly readmitted  
to a psychiatric hospital**

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**Keywords**

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to a psychiatric hospital**

**Siyakudumisa Nontamo**

**List of Abbreviations**

ACT team: Assertive Community Treatment team

BMREC: Biomedical Research Ethics Committee

MHCA: Mental Healthcare Act

MHCU: Mental healthcare User

PN: Professional nurse

SANC: South African Nursing Council



## **Abstract**

**Siyakudumisa Nontamo**

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The frequent readmission of patients in psychiatric hospitals is caused by the relapse in their different psychiatric conditions. With a shortage of professional nurses, lack of resources, and an ever-increasing workload, the frequent readmission of psychiatric patients further worsens the situation.

The aim of this study was to explore the lived experiences of professional nurses who deal with patients who are repeatedly readmitted to a psychiatric hospital in the Western Cape, as little is known about the lived experiences of these nurses. The objective was to describe the feelings, perceptions and attitudes of these professional nurses regarding these patients who are repeatedly readmitted.

A qualitative, descriptive phenomenological research design was used to explore and describe the lived experiences of professional nurses who are caring for patients who have been repeatedly readmitted in a psychiatric hospital in the Western Cape. A purposive study of seven professional nurses was selected. Individual, in-depth phenomenological interviews were used to collect the data, after which the data saturation was met. These interviews were audiotaped, transcribed verbatim, and Colaizzi's (1978) seven steps method of qualitative data was applied to analyse the data collected.

The study found that nurses in the acute admissions ward experienced numerous challenges while caring for repeatedly readmitted patients. Nurses reported negative and positive experiences. Positive experiences include teamwork amongst staff members and passion for caring. Negative experiences include frustration and despondency. Furthermore, the hospital conditions, lack of cooperation between psychiatric hospitals and primary health clinics, and the local communities are sources of challenges that contribute to the revolving door syndrome.

The study recommends, amongst others, that the number of professional nurses be increased in the acute admissions units, and cooperation between psychiatric hospitals and primary healthcare clinics be strengthened and intensified. Further research needs to be

conducted to investigate the impact on the budget of the department of health and psychiatric hospitals in the Western Cape with regards to readmissions.



## Declaration

I, Siyakudumisa Nontamo, declare that the study entitled, *the experiences of professional nurses regarding patients who are repeatedly readmitted to a psychiatric hospital*, is my original work and has not been submitted for any degree or examination in any other university and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

Siyakudumisa Nontamo

Signature: .....

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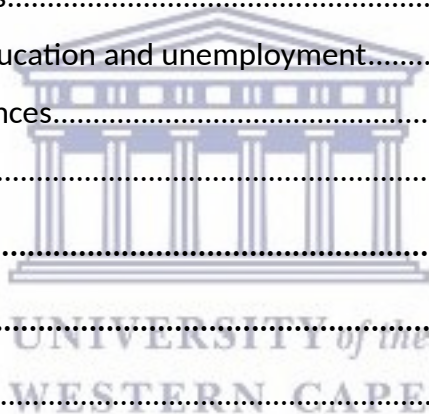
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## CHAPTER ONE

### INTRODUCTION AND BACKGROUND

#### 1.1. Introduction

This chapter displays the research problem, research question, aims, objectives, and significance of the study. The concept of readmission will be partly introduced, and the motivation behind embarking on this study is explored in this chapter. The literature relevant to the study will follow.

#### 1.2. Background

Psychiatric hospitals are experiencing high numbers of readmissions of acutely ill psychiatric patients (Kagabo, Hashibe, Kim, Kleinschmit, Clark & Alder, 2016). In the USA, almost one in seven persons admitted for psychiatric conditions are readmitted within one month after discharge (Sprah, Dernovsek, Wahlbeck, & Haaramo, 2017). According to Donisi, Tedeschi, Wahlbeck, Haaramo & Amaddeo (2016), the readmission rate in the USA is used as an indicator of the quality of care in psychiatric hospitals. According to Frick *et al.* (2013), the proportion of readmitted patients among the total of annual re-hospitalizations has risen from 7% to over 50% from 1971 in Canada. The study further asserts that, though these patients constitute a small number from a population-based perspective, they are costly.

Several studies conducted abroad viewed the rate of readmission in mental health institutions (Heslin & Weiss, 2015; Hu, Gonsahn & Nerenz, 2014). According to Barekatin, Macy, Hassannejad & Hosseini (2013), in Iran, the increased number of readmissions of patients in psychiatric hospitals put pressure on psychiatric hospitals that have limited resources. In the sub-Saharan Africa, Bimerew, Sonn, Kortebout (2007) stated that the abuse of alcohol and a flowering plant native to the Horn of Africa and Arabian Peninsula known as Khat were the contributing factors for the readmission of people with schizophrenia in Ethiopia. The study further asserted that communities contribute to the problems of substance abuse by providing and selling it to those who are mentally ill. It is

also revealed in the study that psychiatric patients use alcohol and Khat to tolerate the severe side effects of anti-psychotic drugs, and to suppress hunger.

In South Africa, Nxasana & Thupayagale-Tshweneagae (2014) stated that repeated readmission of psychiatric patients at psychiatric hospitals is linked to numerous factors, namely, shorter hospital stays, inadequate family support, and abuse of substances. In addition, Pieterse, Temmingh & Vogel (2016), and Heslin & Weiss (2015) state that the factors that are associated with high readmission rates among psychiatric patients are: adolescence, the male gender, lack of other treatment modalities e.g. individual therapy, poor access to adequate community-based aftercare services, and the type of diagnosis e.g. schizophrenia and mood disorders. The government spends huge amount of resources as a result of these readmissions (Nxasana & Thupayagale-Tshweneagae, 2014).

Trained professional psychiatric nurses play a vital role in the implementation of psychosocial rehabilitation interventions which are aimed at the well-being of psychiatric patients (Moloi, 2015). These psychiatric professional nurses are the major providers of care in psychiatric hospitals (Stuart, 2013). According to Stuart (2013), the provision of nursing care is demanding, given that mentally ill patients may be difficult and present challenging behaviour. In addition, professional nurses have to provide an efficient, effective and economical service. Furthermore, Moloi (2015) and Tuveesson *et al.* (2012:209) stated that the working conditions of professional nurses in psychiatric hospitals are strenuous. Recruitment of professional nurses as well as their retention in their respective wards at mental hospitals has not been solved yet. According to Ward (2011), greater patient acuity, unpredictable and challenging workplaces, violence levels, increased paperwork, and reduced managerial support contribute to poor recruitment and retention of mental health nurses within acute inpatient mental health facilities.

As a professional nurse who worked in psychiatric hospital, the researcher noticed that there were numerous challenges to working with repeatedly readmitted psychiatric patients. Therefore, the researcher sought to explore the lived experiences of nurses caring for repeatedly readmitted psychiatric patients in a psychiatric hospital in the Western Cape. Professional nurses in psychiatric hospitals experience emotional exhaustion and burnout as a result of a shortage of staff, with an ever-increasing workload. This may be attributed to the repeated readmission of psychiatric patients in psychiatric hospitals.

### **1.3. Problem statement**

Psychiatric patients being readmitted continuously due to relapses in their conditions has an effect on nurses caring for such patients (Jiang *et al.*, 2016). The patients are usually discharged in a stable mental state, only to be re-admitted within a short period of time due to a relapse which ranges from psychosis, violently aggressive behaviour, major depression, and poor physical state, amongst others. It would then appear that all the work that was done at hospital was in vain. This could lead to stress and burnout in nurses who care for the repeatedly readmitted patients. According to Moloï (2015), psychiatric nursing is undergoing significant difficulty in recruiting and retaining specialized and experienced professional nurses, due to many obstacles like readmissions, heavy workloads, and staff shortages in psychiatric hospitals. This phenomenon is called the revolving door syndrome. Although this syndrome is a worldwide phenomenon and not unique to South Africa, the effects on nurses have not been researched widely.

### **1.4. Research question**

The research question for this study: What are the lived experiences of professional nurses regarding patients who are repeatedly readmitted in a psychiatric hospital in the Western Cape?

### **1.5. Aim**

The purpose of this study is to explore the lived experiences of professional nurses who are caring for psychiatric patients who have been repeatedly readmitted to a psychiatric hospital in the Western Cape Province.

### **1.6. Objectives**

The objective of this study is to describe the feelings, perceptions, and attitudes of professional nurses regarding patients who are repeatedly readmitted to a psychiatric hospital in the Western Cape.

## 1.7. Definition of terms

**1. Professional Nurse:** According to section 31 of the Nursing Act (Act 33 of 2005), a professional nurse is a person who is qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed, and who is capable of assuming responsibility and accountability of such practice. In this study, the term *professional nurse* refers to a qualified registered nurse, who has registered with the South African Nursing Council to provide mental healthcare, treatment and rehabilitation services to psychiatric patients (Mental Health Care Act, 2002:10), and who will therefore meet the inclusion criteria for the study.

**2. Psychiatric patients:** Patients whose mental functioning is seriously impaired either temporarily or permanently, and is characterized by any one or more of the following: delusions, hallucinations, serious disorder of thought form, severe disturbance of mood, and sustained or repeated irrational behaviour indicating the presence of any of the signs listed (*Mental Health Act, 2002*). In this study, a psychiatric patient is a person whose mental functioning is impaired and is admitted to a psychiatric hospital for care, treatment and rehabilitation.

**3. Experiences:** The Oxford English Dictionary (Soanes, Hawker & Elliot, 2006: 261) describes experience as the practical contact with, and observation of facts or events, and knowledge or skills gained over time. As the requirement of this study, experience will be based on situations and events as experienced by professional nurses caring for readmitted mental healthcare users in an admission ward. This will include their feelings, impressions or perceptions, and their attitudes that influence their behaviour, way of thinking, and knowledge as they are exposed to the phenomenon over a period. (Stevenson & Waite, 2011: 51).

**4. Psychiatric Hospital:** This is a government mental healthcare centre, institution, facility, building or place, where a person receives mental health care, that accommodates mentally ill patients (e.g. psychotic, post-traumatic stress disorders, anxiety and mood disorders, etc.) and intellectually challenged patients, and provides treatment, rehabilitative assistance, diagnostic and/or therapeutic interventions (Mental Health Care Act, 2002: 10).



**5. Readmission:** Readmission or re-hospitalization is a term used to describe multiple admissions related to initial admission (Minott, 2008:3).

### **1.8. Significance of the study**

This study aims to provide insight and awareness on the impact that readmission of psychiatric patients has on nurses caring for them. This study also speaks on behalf of the professional nurses who are not able to speak for themselves about the challenges that this phenomenon entails. The researcher is certain that if these experiences are described and explored, the Department of Health, together with the psychiatric hospital management, will work together to combat the challenges that these professional nurses are facing with regard to readmitted psychiatric patients. This will help by preventing unnecessary burnout of nurses, and increase the motivation and drive to care for the psychiatric patients. By so doing, there will be better and quality patient care in psychiatric hospitals.

### **1.9. Motivation**

This study is motivated by an extreme shortage of literature available in South Africa regarding the experiences of professional nurses regarding patients who are repeatedly readmitted in psychiatric hospitals. Therefore, I have noted a great need to construct a body of literature that will be used in future to assess how professional nurses experience caring for the repeatedly readmitted psychiatric patients in psychiatric hospitals. Furthermore, this draws attention on whether there is a need to establish support measures for professional nurses who are caring for repeatedly readmitted psychiatric patients, and to determine what kind of support needs to be rendered.

### **1.10. The concept of readmission in nursing**

Readmission or re-hospitalization is a term used to describe multiple admissions related to initial admission (Minott, 2008:3). Minot (2008:3) further asserts that obtaining a readmissions rate of zero is not feasible and may even indicate poor quality care, as many readmissions are medically appropriate due to an unavoidable change in condition or a new

condition. According to Jencks *et al.* (2009), the gap between the percentage of readmissions and the percentage of potentially avoidable readmissions widens as the number of days increase, suggesting that efforts to prevent avoidable readmissions should target discharge planning and the time immediately following discharge. As individuals with multiple chronic conditions are at high risk for readmissions, improving disease and care management initiatives may help to maintain these individuals in community settings (Pham *et al.*, 2007: 1130-1139). According to Minott (2008: 5), despite the challenges related to readmissions, efforts have been taken to study the effectiveness of different interventions on reducing hospital readmissions and to create innovative processes within specific organizations to minimize inappropriate readmissions. The study further asserts that a lack of communication, seamless information exchange, and relationships between inpatient and outpatient providers inhibit providers from delivering high quality, patient-centred, and coordinated care. According to Machado, Leonidas, Santos and Souza (2012:447-457), readmissions may be disruptive to patients and their families, and represent a strain on limited healthcare resources. However, the study further asserts that readmissions may be avoided by providing adequate treatment during the index hospital stay, combined with an adequate discharge and transition plan and a follow-up regime that allows the patient to remain in the community after discharge.

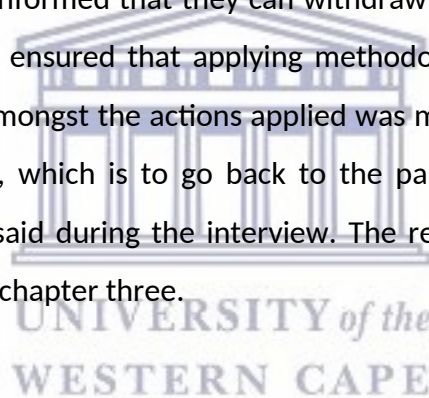


### **1.11. Overview of the research methodology**

The study used a qualitative methodology, using phenomenology as a research design to describe the lived experiences and feelings of professional nurses (Gray, Grove & Burn, 2013) regarding revolving door syndrome at a psychiatric hospital. Phenomenology was used as a study design in order to allow the significance of the lived experiences and feelings to come up and be described (Gerish & Lathlean, 2015). The descriptive phenomenology of Husserl was viewed by the researcher as the most relevant to utilize as a result of the main aim of the study, which is to describe the lived experiences and feelings by professional nurses regarding revolving door syndrome at a psychiatric hospital. Thus, the phenomenology research design helped focusing on “lived experiences” that nurses caring for readmitted patients in the psychiatric hospital have.

A purposive sampling technique was used to select professional nurses who are working in the acute admission wards. The indication for using this technique is that it selects individuals who have knowledge about the phenomenon. The initial study sample was twelve participants, and the data saturation was reached at seven participants. Therefore, seven participants were successfully interviewed.

This study used in-depth one-on-one interviews to elicit the experiences of professional nurses who are working with psychiatric patients who are readmitted at a psychiatric hospital in the Western Cape. Data analysis was manually done by the researcher and, with the use of Collaizi's (1978) seven step method, made use of an independent coder. The permission to conduct the study was granted by the University of the Western Cape's Ethics Committee (BM18/1/10), the Department of Health Ethics Committee, and the Lentegeur Psychiatric Hospital Ethics Committee. All participants gave informed consent to take part in the study. Participants were informed that they can withdraw any time they wish to do so. Trustworthiness of the study ensured that applying methodological actions increased the rigor of a qualitative study. Amongst the actions applied was making use of an independent coder and member checking, which is to go back to the participant to confirm that the report portrayed what they said during the interview. The research methodology for this study is discussed in-depth in chapter three.



## **1.12. Chapter outline**

### **Chapter One**

The chapter outlines the background of the study, presents the research problem, research question, aims, objectives, and sets out the significance of the study. The concept of readmission in nursing was introduced partly and in-depth, the motivation for conducting the study is also discussed in this chapter.

### **Chapter Two**

This chapter discusses the literature review, citing both international and local context and settle foundation for the exit point for the study. The background on factors associated with

the readmission of psychiatric patients will be discussed in this chapter. These factors relate to international studies, sub-Saharan Africa studies, South Africa studies, and lastly, in the Western Cape studies. The chapter further discusses the experiences of professional nurses who are caring for the psychiatric patients. Furthermore, the prevalence of readmitted psychiatric patients will also be discussed in this chapter. The gaps in the literature were pinpointed and the foundation for the study is laid.

### **Chapter three**

Chapter three introduces the methodology that was employed in order to research the research problem and answer the question asked in this study. Qualitative research methodology is discussed in-depth in this chapter. The descriptive phenomenology is discussed, and how it is applied to the nature of this study. Moreover, the methodological framework followed in reaching the conclusions of the study is also outlined in this chapter. The sampling, recruitment of participants, data collection, and data analysis methods are also discussed in this chapter.

### **Chapter Four**

This chapter displays the results of the study. Findings are displayed as themes which originated during the data analysis with the use of Collaizi's seven steps method of data analysis. Themes presented and direct quotation is used to portray results and general experiences of professional nurses caring for the repeatedly readmitted psychiatric patients.

### **Chapter Five**

This chapter is a continuation from chapter four. Detailed results are then compared to international and national studies. Each theme is discussed in detail. The key findings that are the link between themes are displayed in the discussion of each theme.

## Chapter Six

This chapter presents the summary and recommendations that address some of the challenges that appear as part of the experiences of professional nurses caring for repeatedly readmitted psychiatric patients. This chapter provides the conclusion of the study.

### 1.13. Conclusion

The research problem, aims, and objectives are described in this chapter. The research question that justifies the study is also introduced. The motivation for embarking on this particular study was well defined.

The following chapter will focus on the literature review related to the phenomenon under investigation. International, national, and local literature will be discussed.



## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1. Introduction

In this chapter, the study is contextualised to review the relevant literature. This chapter displays the general background on the factors associated with readmission of psychiatric patients at a psychiatric hospital. The background covers international, sub-Saharan, national, and local studies on the factors associated with the readmission of psychiatric patients. Furthermore, this chapter discusses the professional nurses' experiences of caring for mental healthcare users in a psychiatric hospital. Prevalence of readmitted psychiatric patients is discussed in-depth in this chapter.

#### 2.2. Background on factors associated with repeated readmissions

Repeated readmission or revolving door syndrome is described as a cyclical pattern of short-term readmissions to the psychiatry units of healthcare centres by young adults with chronic psychiatric disorders (Segen's Medical Dictionary, 2012). According to Frick, Lungyuth, Langrebe, Libermann & Hazak (2013), and Alper, O'Malley, & Greenwald (2017), a pessimistic model of a worsening of the course of illness with repeated hospitalizations is associated with "revolving door patients". Readmission of patients in psychiatric hospitals is not only a problem to a patient's health (Kalseth, Lassemo, Wahlbeck, Harramo & Magnussen, 2016), it is also a burden on hospital resources and increased workloads of nurses (Helm, Alaeddini, Stauffer, Bretthauer & Skolarus, 2015). This finding concurs with Lee, Ong, Koay and Kwan (2017) who found that, in Bahagia Ulu Kinta hospital in Malaysia, recurrent relapses and readmissions increase workloads and deplete the resources in mental health care centres. According to Barekatin *et al.* (2013), in Iran, the factors related to the readmission of patients with psychiatric disorders are various due to objective limitations, type of studies, or type of models used for analysing the data, but remained adamant that the type of diagnosis was associated with the number of readmissions. In sub-Saharan Africa, Bimerew, Sonn and Kortenbout (2007) also stated that alcohol and Khat abuse were the contributing factors for the readmission of people with schizophrenia in

Ethiopia. They assert that communities contribute to the problems of substance abuse by providing and selling it to those who are mentally ill. The study also reveals that psychiatric patients use alcohol and Khat to tolerate the severe side effects of anti-psychotic drugs, and to suppress hunger.

Furthermore, Mahashe (2014) asserted that non-adherence to treatment, refusing to take treatment, defaulting treatment, denial, indulging in substance abuse, stigma, and the effects of disease, violence and aggressive behaviour are the factors enhancing readmission of psychiatric patients to a mental health unit in East London, South Africa. Pieterse, Temmingh and Vogel (2016) noticed that, in Cape Town, factors that contribute to readmission include the presence of serious enduring mental illness, male gender, substance abuse, and poor social support.

### **2.3. Exploring the predictors of early readmission to psychiatric hospitals**

In a study conducted in London, England, by Tulloch, David and Thornicroft (2016: 181-193), 15 % of those discharged were readmitted within 90 days. The study used the Cox regression to explore the time of admission. In this study, the Cox regression demonstrated that the estimated baseline hazard of readmission declined steeply after discharge and that the effects of several predictors, especially diagnosis, changed over time -most notably, personality disorders were associated with increased readmissions relative to schizophrenia at the time of discharge. However, the same study also used logistic regression to create a predictive model for 90-day readmission, which found that increased readmission was associated with personality disorder diagnosis; shorter length of the index admission; number of discharges in the preceding two years; and having a high score at discharge on the HoNOS overactive and aggressive behaviour item, cognitive problems item, or hallucinations and delusions items.

Furthermore, in a study conducted in a psychiatric hospital in Canada, Barker *et al.* (2018: 139-149) found that the 30-day readmission rates were 9.3% (women) and 9.1% (men). The study revealed that many predictors were consistent between women and men. Women's reasons for readmission included personality disorders (aOR 1.21, 95% CI 1.03-1.42) and positive symptom score (aOR 1.41, 95%CI 1.09-1.82 for score of 1 vs. 0; aOR 1.44, 95%CI

1.26-1.64 for  $\text{mio} > 2$  vs. 0) increased odds of readmission. For men only, the study found that self-care problems at admission (aOR 1.20, 95% CI 1.06-1.36) and discharge (aOR 1.44, 95% CI 1.26-1.64 for score of 1.79, 95%CI 1.17-2.74 for 2 vs. 0), and mild anxiety rating (score of 1 vs 0: aOR 1.30, 95%CI 1.02-1.64, derivation model only) increased odds of readmission.

#### **2.4. Professional nurses' experiences on caring for mental healthcare users in a psychiatric hospital**

Professional nurses' primary role in general involves displaying attributes of respect, compassion, wisdom, sensitivity and care (Rudolfsson & Berggren, 2012). According to van Der Kluit *et al.* (2011), a lack of knowledge, skills, and additional training with respect to dealing with patients with mental illness influence the nurses to have bad experiences with psychiatric patients. However, Akiola (2015), and Chu *et al.* (2013) stated that negative attitudes and feelings towards drug abusers reduce therapeutic alliance and result in poor communication between the patients and nurses which consequentially lead to avoidance of seeking help by patients. The nurses and patients' relatives spend more time with patients, as a result, nurses and relatives become more vulnerable to aggression and violence ([Albashtawy, 2013](#)). Notwithstanding, Yaghoubi *et al.* (2013) asserted that other factors that may possibly hinder nurses' capability and motivation include ability, clarity, help, incentive, evaluation, validity, and environment, that usually provide leaders and staff with the necessary tools to improve performance.

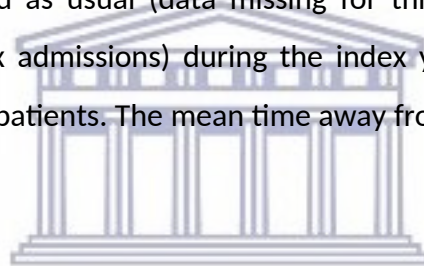
#### **2.5. Prevalence of readmitted psychiatric patients**

In a study conducted by Vigod, Tailor, Fung and Kurdyak (2013) in the USA, the percentage of readmissions occurring at the discharging institution ranged from 39% to 89% (median 73%), and from 37% to 86% (median 70%) for 30- and 90-day readmissions, respectively. The study also revealed that, using only within-hospital readmissions to rank hospitals by their readmission rates, only 56% of hospitals for 30-day readmissions and 50% for 90-day readmissions were ranked in the same quartile as when actual readmission rates were used. Another researcher in the USA, Mancuso (2016), revealed that readmission in psychiatric



hospitals is common, citing that one-third (32%) of persons discharged from a state psychiatric hospital setting were readmitted to a state psychiatric hospital within 540 days. This study further stated that, extending the metric to include community psychiatric hospitals or evaluation and treatment facility settings, 44 per cent of discharged persons were readmitted within 540 days.

In South Africa, Niehaus *et al.* (2015) conducted a study that sought to investigate crisis discharges and readmission risk in acute psychiatric male inpatients found that 438 patients who were admitted, 180 patients (41.0%) as a result of shortage of inpatient beds, were crisis discharge on their first discharge, whilst 254 (58.0%) were discharged as usual (missing data for four patients). The mean LOS for all admissions was 43.9 (s.d. =39.4) days. During the entire study period, 163 (37.2%) of the 438 index admissions were readmitted to hospital. Eighty-one (50.6%) of these readmissions were crisis discharge patients versus 79 (49.4%) who were discharged as usual (data missing for three patients). There were 68 readmissions (15.5% of index admissions) during the index year specifically, of which 37 (54.4%) were crisis discharge patients. The mean time away from hospital was 568 days (s.d. =291.9).



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## **2.6. Impact of readmission of psychiatric patients on professional nurses in a psychiatric hospital**

The impact of hospital readmission is negative to the hospital resources and limited professional nurses. According to Giuliano, Danesh and Funk (2016), numerous studies support the notion that improved nurse staffing is linked to improved patient outcomes. An increase in nursing staff provides patients with added surveillance, allowing nurses to spend more time providing direct patient care and preparing for patient discharge (Zhu *et al.*, 2012). Given this explanation, it is conceivable that low nurse staffing could have a negative influence on the preparation for discharge and could potentiate the risk for readmission (Giuliano, Danesh & Funk, 2016). Thus, the more readmissions of psychiatric patients, the higher the workload is for the professional nurses in the acute admission ward (Sobekwa, 2015: 69).

One of the negative effects of an ever-increasing workload on professional nurses is burnout and frustration, which ultimately reduces positive outcomes. Thus, the readmissions in the psychiatric hospital increases the volume of the inpatients and consequently leads to frustration, burnout, and annoyance of professional nurses (Williamson, Mullen & Wilson 2014). According to Gutsan, Patton, Willis and Coustasse (2018), the increasing number of in-patients as a result of readmission is likely to affect the nurse patient ratio. Furthermore, the authors revealed that the professional nurses become dissatisfied in their positions, and suffer from general fatigue attributed to the mismanagement of personnel and resources. As a result, nurses become demotivated and are unable to pursue their ambitions.

## **2.7. Conclusion**

The repeatedly readmitted or revolving door phenomenon is a worldwide challenge that is directly affecting every government in terms of budget and distribution of resources. Factors and causes of revolving door syndrome vary from country to country. The deinstitutionalization, shortage of hospital beds, rising substance abuse, and poor adherence to treatment are common factors that contribute to the revolving door phenomenon in South Africa. Nurses' primary role in hospitals in general include displaying respect, compassion, wisdom, sensitivity, and care. However, lack of knowledge, skills, and additional training with respect to dealing with patients with mental illness influence the nurses to have bad experience with psychiatric patients. Prevalence of psychiatric readmissions shows that the revolving door phenomenon is widely experienced and energy-draining on professional nurses. The recommendations from previous authors towards ending this phenomenon have been proven to have little impact.



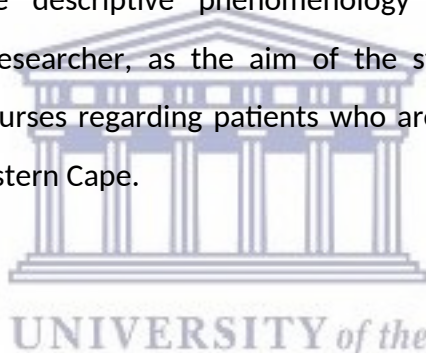
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## CHAPTER THREE

### RESEARCH DESIGN AND METHODS

#### 3.1. Introduction

The previous chapter discussed the literature review regarding to the phenomenon under investigation. This chapter describes and outlines the methodology followed in order to arrive at desirable results or findings which will be discussed in the next chapter. This study employed a descriptive qualitative research approach of phenomenology in order to explore and describe the lived experiences of professional nurses regarding patients who have been repeatedly readmitted at a psychiatric hospital in the Western Cape. Phenomenology was chosen as a study design to allow the core of the nurses' experience to come out and be described. Furthermore, the descriptive phenomenology was viewed as the most appropriate to use by the researcher, as the aim of the study is to explore the lived experiences of professional nurses regarding patients who are repeatedly readmitted to a psychiatric hospital in the Western Cape.



#### 3.2. Research design

According to Polit & Beck (2008: 203), "research design outlines a set of basic strategies that a researcher utilises in order to produce accurate and interpretable evidence". In this study, the researcher employed a qualitative research methodology, using a descriptive phenomenological design to describe the experiences of professional nurses that are caring for repeatedly readmitted patients at a psychiatric hospital.

##### 3.2.1. Qualitative research

A qualitative research approach was adopted in this study to arrive at the intended target or goal. According to Brink *et al* (2006: 13), a qualitative research approach is used to explore, describe and promote the understanding of human experiences. Moreover, Baumgartner *et al.* (2002:208) assert that this research approach allows the researcher to generate a detailed description of the information using an inquiry that is natural in nature. The

rationale for conducting qualitative research is to provide thick descriptions and understanding of events and actions (Babbie & Mouton, 2002: 270). According to Bowling (2005: 312), qualitative research allows the researcher to study people in their own natural setting by collecting naturally occurring data. Notwithstanding, qualitative research uncovers the thoughts, perceptions and feelings experienced by participants regarding a particular phenomenon (Minichiello *et al.*, 1999: 5). Therefore, in this study, the aim was to reveal and describe the experiences of nurses caring for patients who are repeatedly readmitted to a psychiatric hospital in the Western Cape. The main purpose was to explore the lived experiences of the professional nurses who care for these patients. As required in qualitative research, the researcher joined the participants as an “insider” and collected data that ultimately arrived at thick descriptions. Thick description in qualitative research, as described by Holloway (1997), as the detailed account of field experiences in which the researcher makes explicit the patterns of cultural and social relationships and puts them in context. Therefore, these thick descriptions will appear later in the study as the final output.

### 3.2.2. Phenomenology

According to Watson *et al.* (2008: 231), phenomenology is a philosophy and a research method that has gained attention in nursing, while Streutbert-Speziale & Carpenter (2007: 77) defined phenomenology as a science with the purpose of describing a specific phenomenon or the way in which things appear. Connelly (2010:126) asserts that phenomenology started years ago as a philosophical movement which focused on the nature of experience from the point of view of the person who has experienced that particular phenomenon which is known as the *lived experiences*. Therefore, in this study, the researcher employed a descriptive phenomenological approach in order to achieve the overall aim of the study, which was to explore the lived experiences of professional nurses regarding patients who are repeatedly readmitted to a psychiatric hospital in the Western Cape. The researcher intended to provide thick descriptions to reveal how it is to care for these patients instead of the participants’ reactions to the experience. According to while Streutbert-Speziale & Carpenter (2007), thick description

### **3.3. Research setting**

Burns & Grove (2009) define the research setting as the physical, social, and cultural location in which the researcher conducts a study. The study was conducted in two admission units (male and female) at a psychiatric hospital in the Western Cape. The hospital operates in the Mitchell's Plain Health District of the Metro. This facility forms part of the Associated Psychiatric Hospital (APH) in the Western Cape and serves as a referral facility to one-third of the province. It has a bed capacity of 740 beds which makes the hospital the largest psychiatric institution in the Western Cape. The 740 beds include general adult psychiatric services, child and adolescent services, forensic state patient services, and intellectual disability services. The acute admission area where the study was conducted is divided into two units, for males and females respectively.

### **3.4. Target population and sampling approach**

#### **3.4.1. Population**

Population refers to the total group of people that possess the standards that the researcher is interested in learning about (Brink *et al.*, 2012). The study focuses on all professional nurses working permanently in the acute admission wards of a psychiatric hospital for over the period of a year. The professional nurses in the admission wards were chosen because they are the ones who encounter the phenomenon of readmissions of patients in these units.

#### **3.4.2. Sampling approach**

A sample is found and obtained through a process of selecting a subset from the population in order to obtain data that is representative (Brink *et al.*, 2012). A purposive sampling technique was used to select professional nurses who are working in the acute admission wards. The indication for using this technique is that it selects individuals who will have knowledge about the phenomenon.

**Inclusion criteria:** Participants were included if, (1) they were nursing operational managers and professional nurses who work in either female or male wards; (2) they worked in these wards on a permanent basis for at least a year; and (3) professional nurses who can speak English as it is the medium language of communication.

**Exclusion criteria:** Participants were excluded from the study if they worked in the wards as agency staff or students who were doing practical placement, and professional nurses who are on night duty. Professional nurses with a history of mental illness / mental issues were also excluded from the study. Other nursing categories e.g enrolled nursing assistants and staff nurses will be excluded from the study.

### **3.5. Data Collection Method**

#### **3.5.1. Recruitment of participants**

Ethics clearance was sought from the Biomedical Research Ethics Committee (BMREC), with reference number BM18/1/10 to conduct the study (appendix 4). The Department of Health was approached for approval (appendix 6). Hospital management and operational managers were also approached for their permission to conduct the study at the hospital (appendix 7). Therefore, I physically went to the participants to set up an appointment. If it happened that the other potential participant was absent, the researcher tried of calling him/her on a phone to ask permission to meet her/him and to give an information sheet and explain the study. Each participant was provided with an information sheet. Those agreeing to participate were tendered with a consent form to sign. The information sheet comprises of the aim, objectives and the questions that were asked during the interview session. The information sheet clearly indicated that the participation is voluntary and that participants could withdraw from the study at any time if they felt the need to do so. The interview slots were at the time convenient to the participant.

#### **3.5.2. Data collection instrument**

This study used in-depth one-on-one interviews to describe the experiences of professional nurses who are working with psychiatric patients who are readmitted at a psychiatric

hospital in the Western Cape. The in-depth interviews helped the researcher to expand by probing (Jamshed, 2014). To expand on this, De Vos *et al.* (2011: 353) asserted that in-depth interviews are useful when the researcher aims to obtain a detailed picture of the participant's beliefs, perceptions and accounts regarding the phenomenon. The in-depth interview has one main question which is followed by probing to expand on what the participant has stated.

### **3.5.3. Data collection process**

The data was collected after the participants were individually met and the consent forms were signed or returned for participation. A maximum of seven participants were successfully interviewed one on one with the use of in-depth interviews. Data saturation was met after interviewing those seven participants. Therefore, a total of seven participants were successfully interviewed. An interview guide was used for the progress of the interview. The interview consisted of an open-ended question in which probing was used. Interviews took place at a quiet area in the hospital where all participants felt comfortable, particularly in the wards, as this was in line with the nature of the phenomenological research, where the researcher studied participants in the environment that the phenomenon of interest takes place. The length of the interviews was between 30 to 45 minutes. The interview sessions were recorded by means of audiotape as per participants' permission and later transcribed verbatim.

### **3.5.4. Conducting a pre-test interview**

A pre-test interview was conducted with two professional nurses from the admission ward as it was beneficial for attaining a general feel for how the in-depth interviews proceeded. By so doing, the pre-test interview helped to resolve some of the challenges before proceeding with the sample. The professional nurses used in the test interview were excluded from the main research.

## **3.6. Data Analysis**



Data analysis in phenomenological research includes the identification and extraction of significant statements (Streubert-Speziale & Carpenter, 2007: 96). The reason is to keep each participant's lived experiences and feelings during the phenomenon investigation. Collaizi's (1978) seven steps method was used to analyse the data as a result of its flexibility.

### Structural Textual descriptions

Step 1: Read all participants description of the phenomenon.

Step 2: Return to the original transcripts and extract significant statements.

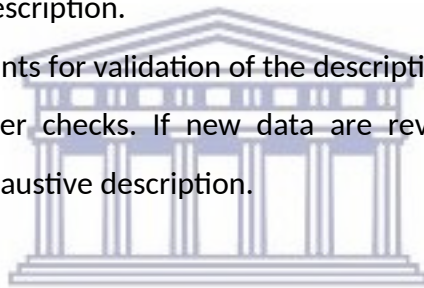
Step 3: Try to spell out the meaning of the significant statement.

Step 4: Organize the aggregate formalized meanings into the cluster of themes.

Step 5: Write an exhaustive description.

Step 6: Return to the participants for validation of the description.

Step 7: This is called member checks. If new data are revealed during the validation, incorporate them into the exhaustive description.



The application of the above steps is outlined below.

The first step of data analysis involved the reading of all interview transcripts that was transcribed verbatim one by one in order to be familiarized with the data.

The second step of data analysis involved the extraction phrases which describes the lived experiences of professional nurses. The process of coding the data was done at this stage. This involved the coding of each interview transcript one by one after it was read over and over by the researcher. Interview transcripts were given to an expert in qualitative research who is an independent coder.

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

The fourth step involved the organization of the categories that emerged from the interview transcripts into an umbrella cluster of themes. All the categories that emerged were scrutinized, organized, and placed under their respective themes.

The fifth and sixth steps involved writing the exhaustive description of the professional nurses' descriptions of their lived experiences. The last step involved taking back the final report to the participants to determine whether the participants perceived the final product as an accurate description of their overall experiences.

### **3.7. Ethics**

Ethics approval was obtained from the Biomedical Research Ethics Committee (BMREC), with reference number BM18/1/10. Permission was also obtained from the Western Cape Department of Health, and the Superintendent of the hospital. Ethical considerations are vital to any study because of the influence on the researcher's ability to acquire and retain participants (Polit & Hungler, 2001).

The following ethical principles were carefully observed in the study:

#### **a) Right to Self-determination**

All the subjects were respected and treated with dignity and as autonomous agents. The prospective subjects were informed of their right to decide, voluntarily, if they want to participate in the study or not (Polit & Beck, 2004).

#### **b) Right to full disclosure**

The researcher described the nature of the research to every professional nurse. The researcher explained the benefits of the results of the study, the reason for choosing professional nurses to participate in the study, and the positive impact it could bring in the future. The PNs were informed of their right to refuse participation and were therefore asked to sign a consent form which gave them the option of also refusing participation. The researcher's responsibility and the risks and benefits associated with study participation was

also explained to the participants. Participation in this research held no risks or benefits, however, the institution can benefit from the findings (Polit & Beck, 2004).

#### **c) Principle of Justice**

All the subjects received fair treatment and their right to privacy was highly maintained throughout the study. Anonymity was ensured.

#### **d) Principle of Beneficence**

The researcher has the duty to both do good and to avoid harm. The current research aimed to avoid harm to the participants as they were informed of their right to terminate their participation in the research at any time if any level of psychological harm was predicted as a result of study participation (Polit & Hungler, 2004).

#### **e) Rights of Institution**

The rights of the institution were protected by fully disclosing the nature of the study and the researcher's responsibility to the organization. The approval of the necessary authorities was sought in order to ensure that they are informed about the study and to gain their cooperation (Brink, 2006).

#### **f) Informed Consent**

The prospective participants were fully informed of the nature, purpose, scope and procedures used to collect the data (Polit & Hungler, 1999).

Each participant was given a consent form to sign which stated that they give permission to participate in the study.

### **3.8. Trustworthiness**

In the nature of qualitative research, the quality of the collected data remains important and is assessed by addressing the following terms: confirmability, credibility, dependability, and transferability (Burns & Grove, 2005: 75).

Confirmability is concerned with the amount to which the results can be confirmed by others. The data was checked and rechecked throughout to ensure that study results were confirmable. According to Baumgartner *et al.* (2002: 221), transferability is concerned with the amount to which the findings of the study could be transferable to other settings. Provision of descriptions of the research setting and study participants as well as thick descriptions of data has ascertained the transferability. Credibility aimed to provide faithful and accurate descriptions of the phenomena. Credibility was also ensured through the review of audio tapes, filed notes, member checking, and the presence of the independent coder. Dependability was achieved by carefully documenting a research plan, use of triangulation methods, and the role of the researcher being described. The use of the seven steps of Collaizi ensured that my study is dependable.

### **3.9. Reflexivity and bracketing**

The process of bracketing is paramount in phenomenological research. It is described as the process where the researcher set his or her views aside and ensures that his preconceived ideas about the phenomenon under investigation do not contaminate the data and findings. This study ensured that the preconceived ideas about the experiences of professional nurses regarding repeatedly readmitted psychiatric patients at a psychiatric hospital did not interfere with the data collected. In trying to limit further bias which was likely to influence the findings and results of the study, the researcher avoided embarking on an extensive literature review which was likely to impact on the findings (Streubert-Speziale & Carpenter, 2007:83). Rather, the researcher conducted an intensive literature review after the analysis of data was completed.

### **3.10. Limitations of the study**

The findings of the study are limited to professional nurses working in two acute admission units at a psychiatric hospital in which the research study took place. For that reason, its

results cannot be transferred to other acute units of psychiatric hospitals situated in the province or elsewhere. Moreover, the findings of the study are only relevant to the population considered and not the whole population of professional nurses in other units. Therefore, the researcher recommends that similar research studies be conducted in other acute admission units of hospitals in the province and elsewhere in the country.

### **3.11. Conclusion**

This chapter described the methodological reflection for this study. A qualitative research and phenomenological approached form the basis for the study. The appropriateness of these methods, data collection methods, and the analysis of the collected data was described in this chapter. Having discussed the methodology of this study, the following chapter will discuss the data analysis, findings, and the discussion of the findings. The chapter concentrated on themes that emerged during the one-on-one interviews that were conducted.



## CHAPTER FOUR


### Findings

#### 4.1. Introduction

The previous chapter outlined the methodology followed in order to arrive at the themes that emerged from the interviews that were carried out. Collaizi's (1978) seven steps of data analysis was used, which developed the themes that will be presented in this chapter. A demographic profile of the participants was generated which will be followed by the themes that emerged during the in-depth face-to-face phenomenological interviews.

#### 4.2. Demographic profiles of the participants

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



| <i>Identifier</i> | <i>Age</i> | <i>Gender</i> | <i>Race</i> | <i>Nursing category</i>  | <i>Years of experience as a nurse</i> | <i>Years of experience in the acute admission unit</i> |
|-------------------|------------|---------------|-------------|--------------------------|---------------------------------------|--|
| Participant A     | 45-49      | F             | Coloured    | Operational manager      | 20 years                              | 10 years   |
| Participant B     | 35-39      | F             | Coloured    | Professional nurse       | 15 years                              | 10 years   |
| Participant C     | 30-35      | F             | Coloured    | Professional nurse       | 10 years                              | 10 years   |
| Participant W     | 45-49      | F             | Coloured    | Chief professional nurse | 18 years                              | 9 years  |
| Participant X     | 40-45      | M             | Coloured    | Professional nurse       | 12 years                              | 3 years  |
| Participant y     | 30-35      | M             | Black       | Professional nurse       | 5 years                               | 2 years  |
| Participant Z     | 35-39      | M             | Black       | Professional nurse       | 9 years                               | 6 years  |

Figure 1: Characteristics of professional nurses

#### 4.3. Results and discussion

After the completion of the data analysis, four themes stood out from the interviews which now form the findings of the study. The themes that emerged are as follows: challenging working environment, positive job characteristics, negative work experiences, and socio-

economic factors. It is important to consider that themes are integrative. These four themes amount to the overall experiences of professional nurses caring for the repeatedly readmitted psychiatric patients in an acute admission unit. As stated in chapter one, the aim of this research is to describe these experiences. The discussion that will follow will be a description of some of the professional nurses' experiences. Each of the themes that came out has a few categories that fall under it. Each theme will be discussed through the categories that came out and direct quotations will be taken from participants' interview transcripts to produce an accurate description of the experience. The table below is the summary of the themes that emerged and the categories that fall under each of the themes. As indicated earlier, discussions and findings will discuss individual themes and the categories thereof. The discussion follows after the figure below.

| NUMBER | THEMES                          | CATEGORIES   |
|--------|---------------------------------|--|
| 1.     | Positive jobs characteristics   | <ul style="list-style-type: none"> <li>➤ Passion for caring</li> <li>➤ Team work amongst the team members</li> </ul>   |
| 2.     | Challenging working environment | <ul style="list-style-type: none"> <li>➤ Lack of support from family members</li> <li>➤ Compromised mental health</li> <li>➤ Drug abuse.</li> <li>➤ Ineffective ACT team</li> <li>➤ Increased patient numbers</li> <li>➤ Lack of managerial support</li> </ul> |
| 3.     | Negative experiences            | <ul style="list-style-type: none"> <li>➤ Feeling of despondency and frustration</li> <li>➤ Disregard of ward rules and activities by readmitted patients</li> </ul>  |
| 4.     | Socio-economic factors          | <ul style="list-style-type: none"> <li>➤ Poverty, lack of education and unemployment</li> <li>➤ Societal circumstances</li> </ul>  |

Figure 2: Summary of the themes that emerged during the study.

#### 4.4. Positive job characteristics

##### 4.4.1. Passion for caring

Despite the frustration and exhaustion caused by the revolving door syndrome of the psychiatric patients, professional nurses expressed their love and sympathy towards readmitted patients. Professional nurses in the admission wards expressed quite clearly that

they have to treat all patients with love and empathy. One participant conveyed in words the following assertion:

*In the other side you also feel empathy for these people because they come from home circumstances that is not too well..... (Participant A)*

*Sometimes you feel, maybe you don't do enough for them like health education or go deeper but we can't do any more than that..... (Participant A).*

One participant showed an understanding of the patient's situation, citing the inevitable challenges around the process of rehabilitation. The participants expressed the following:

*Because now sometimes they go home, they don't have a job and what happens if you don't have a job, you sit at home and you do all the wrong stuff..... (Participant B).*

One participant showed love and hope towards readmitted patients by saying:

*So the more we bring those people into to life, the better..... (Participant Z)*

Another participant expressed a good relationship with the readmitted patients, saying that:

*So often the patients are very happy to see us when they come back, and you build a relationship with a patient and you get to know the patient in and out. You get to know the family..... (Participant X)*

The other participant expressed her deepest love for the patients despite their nagging behaviour. The participant indicated that the readmitted patients are still human beings despite being readmitted. The participant said the following:

*They have a right to get married, they have a right to have children, we are saying they are mentally ill and we are locking them up like a prison.... (Participant C)*



#### **4.4.2. Team work amongst team members**

The participants in the study reported that, despite some challenges experienced during the admission of the psychiatric patients, all team members supported each other for the fulfilment of their duties. Participant B adamantly expressed words of belief and trust in the members of the team:

*The support amongst team members is soo immense, everyone gets on board from the security at the door to the operational manager. We work together at all times....*  
(Participant B)

One participant reiterated this call of team support by further reporting that sometimes staff members work beyond their scope of practice for the betterment of the patient. Thus, even a doctor can do a job of a security in times of a crisis. The participant expressed this as such:

*Though everyone is negative about the patients that are getting readmitted in the ward, I can I assure that we help each other always, even sometimes the male doctor helps us restraining the violent patient. Actually, everyone plays a part in the ward for the betterment of the patient.* (Participant B)

#### **4.5. Challenging working environment**

##### **4.5.1. Lack of support from family**

One of the challenges the professional nurses face in a psychiatric hospital is the lack of cooperation from the family of the mental healthcare user. One participant expressed the following:

*They take their medication home or families don't, there is no support system at home so at the end of the day when they, they take the medication wrong or they stop taking their medication.....* (Participant B)

The participant also indicated that, despite the neglect and lack of cooperation from the families of the mental healthcare users, other members of the disciplinary teams like doctors do convene a meeting with families to discuss the patient's condition and the benefits of adhering to treatment. The participant said the following words:

*Doctors do have family meetings with the families especially where that family needs to be educated..... (Participant B)*

Part of the reasons why the families are not cooperative is that they reject the patient, along with the neighbours and community. One participant expressed the following words:

*Part of the family not wanting these people, the community, not just the family, the neighbours..... (Participant C)*

According to one participant, one of the most important reasons for a family's lack of cooperation is their lack of knowledge of the patient's condition, which the nursing staff do not always, or only partly, provide:

*We treat this person here in the hospital with medication, with extremely minimal social interventions, minimal psycho education to the patient and minimal psycho education to the family or at times, not even any psycho education to the family, no psychological intervention to the patient and the family.....(Participant W)*

Another participant expressed the disappointment and annoyance of families towards psychiatric patients, saying the following:

*When families come in, their first thought as well, it's like... if you look at most of the families that actually come in, they wouldn't really say my son or my child or brother who have got a psychiatric problem. First thing they would actually say is, "He's using drugs." ..... (Participant Y)*

#### 4.5.2. Compromised mental health services

The participants in the study felt that the mental health services are compromised as some services are used inappropriately. One participant indicated that mental health is deserted in terms of funding. Lack of cooperation between the psychiatric hospital and primary healthcare sector has also been reported as one of the challenges that derail the rehabilitation of the psychiatric patient. One participant said the following words:

*I think besides what the community, the mental health clinics, there is the main [inaudible], they don't go out anymore to the houses to see if the patient is taking the medication, there is not a follow-up on these things, I think they just see the patient is not coming to the clinic anymore and then they don't worry..... (Participant A)*

Another participant stated that mental health should have a post-discharge rehabilitation ward, where the psychiatric patients would be prepared for life outside the hospital. The participant made it clear that sending patients straight home prematurely leads to a revolving door syndrome due to inevitable home situations, e.g. broken household, corrupt peers, and unchanged community situation. To qualify this statement, the participant said the following:

*There is not always placements for these people because then what happens, these people need to go back to the situation that they came from, you understand.... (Participant B)*

One participant said that there are available facilities and resources for psychosocial rehabilitation in the hospital, but they are not utilized for such. The participant said the following words:

*There is a lot of empty wards on the premises and that I know of and as well so I told people if everything in government is about money, there's no money ..... (Participant C)*

Another participant described the situation at the hospital as very tiring and overwhelming for the professional nurses. The participant indicated a heavy workload which causes

exhaustion and burnout as a result of a shortage of staff. To qualify this statement, the participant said these words:

*Due to nurse-patient ratio, we very insufficient. We sitting with 40 with six staff members on duty.... (Participant X)*

Another participant also showed frustration towards the neglect of mental health by both the government and the department of health. The participant indicated that funding injected into mental health has shown a decline in recent years. The following was said by the participant:

*There's not a lot of money that actually goes into psychiatry. So not a lot of funding coming into... in terms of your public awareness of it, there is less. Again, like I said, the system is a bit, it's frustrating as well as you can actually understand there's this problem..... (Participant Y).*

One participant added that primary health care lacks dedicated nurses in mental nursing to participate in the rehabilitation of the patient post-discharge. The participant further exposed one of the factors that derail the mental healthcare services in primary health care, mentioning workload and shortage of professional nurses:

*The community health sister, the mental health care sister in the community already has a load at the clinic. They have a lot of patients that they see Monday to Friday but sometimes, I feel they should actually have an extra person to go out to the family and to see—I know it's a risk, it's a dangerous risk—to actually see where these clients are living and how to support, you know, the clients itself, to have follow-up programmes..... (Participant X).*

Another participant echoed the same comments, saying that:

*Our community health nurses can only do so much. We actually need more advanced practitioners basically.... (Participant Y)*

Another participant reported that the pressure for beds for admission at the psychiatric hospital is growing day by day as many patients are admitted on a daily basis. It was also said that other patients are discharged prematurely as a result of crisis discharge to accommodate those patients who are more acute and psychotic.

The participant said the following:

*Most of them don't stay long here as a result of the bed pressure. So sometimes they are discharged due to crisis because the bed is needed for out coming patients but like you say. (Participant C)*

#### **4.5.3. Drug abuse**

Amongst the factors that the participants face in treating the psychiatric clients, drug abuse was mentioned as one of the stumbling blocks to rehabilitation. One participant said the following:

*I think a lot of stress by the whole family, drug abuse is also one of them, it can be financially that they can't afford to go to clinics..... (Participant A).*

Another participant asserted that the availability of drugs in the community where these patients come from distorts their decisions upon discharge and during psychosocial readiness sessions. The participant also described the availability of drugs influence the promises and determination that these patients make before they are discharged. The following was said by the participants:

*You saw patients leaving here and the said, I am not going to come back again, they promise you that they are not going to come back again, they say I don't want to see this place again but a few months later you see the patient comes back and then they use substances maybe and then they are responsible for themselves for being in here and still, they didn't take their medication..... (Participant B)*

*So I think it's intoxication, acute intoxication, then she comes, once it's gone then she is better and discharged very soon but keep on coming back also very often so today and this has been over the past few years, not just a few months now.....(Participant C)*

It was revealed by another participant that the problem of drug abuse has gone beyond the control of the psychiatric hospital authorities. The participant stood firm by saying that the issue of drugs in the communities around hospitals is inevitable:

*Like I said, this has become a just not for institution because if drugs are freely and easily available outside, no matter what we can try to do at the hospital or as the institution, the drugs are accessed from the out- the substances are accessed from the outside, and they happen to be what lead to psychosis. So, whether you like it or not, chances are high that patients are going to get back here..... (Participant W)*

*It is because substance is a problem; it's a huge problem..... (Participant B)*

Participants singled out drug abuse as the leader amongst all other factors that cause readmission in psychiatric hospitals in Cape Town. The participant said the following words:

*Substance abuse is one of the leading factors..... (Participant W)*

*Eighty per cent of our patients are drug abuse.... (Participant X)*

#### **4.5.4. Ineffective ACT team**

It was reported by one participant that there is a team that looks at the challenges and achievements of the psychiatric patient. The team is known as the Assertive Community Treatment (ACT) team. The participant reported that the team comprises of a doctor, psychologist, social worker, and a professional nurse. The

participant extended that one of the functions of the ACT team is to collaborate and integrate the mental healthcare services. The participant said that this team is not functioning the way it is supposed to function, citing that follow-ups are not made according to the prescription of the ACT team. The participant said the following words:

*We do have but they don't follow them up outside, they refer when they discharge we refer so either it is to our OPD, our own OPD or to their local clinic in the community and that's where they follow up and they have to trace them from there but from our side, no. (Participant W)*

Another participant mentioned inconsistency in the functioning of the ACT team. The participant revealed that not all MHCU meet the criteria of patient follow-up post-discharge. The participant was determined to say that the ACT team is not functional. The following statement was made by the participant:

*Here by us, like I said, we have a acting, a [indistinct 00:16:46] social worker, the doctor, and a few professional nurses. So they do follow-ups but it's not follow-up on all of the patients. It is only certain patients that meet the criteria which get [intervenes]..... (Participant X).*

#### **4.5.5. Increased patient numbers**

Another participant reported that one of the effects of revolving door syndrome is patient overflow, which subsequently leads to stress and negative attitudes towards both the MHCU and other staff members. The participant said the following statement to effect this statement:

*In the ward, it is the old [inaudible] of the ward, the staff is not enough you know, skeleton staff sometimes, that is mostly then you have to sit with [inaudible] overflow in the ward and you don't give much attention to these people, you get frustrated if they act out, you get angry sometimes towards staff and the patient.....(Participant B)*

#### 4.5.6. Lack of managerial support

One participant expressed frustration from lack of managerial involvement in the prevention of readmission to the psychiatric hospital. The participant reported that if it was good support from management, readmission would be minimised. The participant added that despite efforts the staff is putting in to engage the management, there is still no solution from the management. The participant said the following:

*No, no, no, no, we've discussed it. We've discussed it. Again, like in anything in the profession, you've gotta go through channels of communications. So we've discussed it at a higher level, taking it forward but then again, there's only so much you can do. That's the frustration. This matter was taken up further and [indistinct 00:15:23] should the patients actually stay here longer, maybe the turnaround for them coming back would be longer.....(Participant Y)*

The same participant also stated that the management is more interested in numbers and statistics than the welfare of the patient. The participants describe his concern with the following words:

*For certain places it's about numbers in terms of stats, things like that. Then you got a fellow hospital in terms of overcrowding and things like that there. The patient as an individual is not really taken into consideration. He's just seen more as a number sometimes. So that's a bit of a challenge.... (Participant Y)*

One participant emphasized that some of the professional nurses have ideas that can help reduce the readmission, but they could not practise what has not been approved by the management. The participant:



*I always try to explain to people that there's higher powers that's in place. We have the faces here but there's a lot of things that we [indistinct] do in terms of following orders. We only limited to so much we can do..... (Participant Y)*

Another participant asserted that she once acted as manager, so she was part of the management team. The participant reported there is absolutely no management involvement in bringing changes and prevent readmission. The participant said the following:

*I would just answer it because as I acted previously, I once answered this kind of question because I felt maybe we don't do much in terms of following out our outpatients. We only care about them when they come in..... (Participant Z).*

It was reported by another participant that the issue of shortage of nurses is not solved yet. The management is well aware of the shortage of nurses in the facility, but this problem has not been rectified by the management. The participant described the shortage of staff as one of the factors that exert pressure on the nurses. The participant said the following:

*that people that goes off sick, people that go on leave, sometimes there is not a replacement there for these people. Now take the day before four staff [inaudible] and we have got the capacity of 32, you see that is extra where we have a capacity of 30..... (Participant B)*

## **4.6. Negative experiences**

### **4.6.1. Feeling of frustration and despondency**

One of the participants expressed how frustrating and annoying is to see a patient that received quality nursing care readmitted in the ward. The participant reported that seeing the patient again drains all courage and determination towards the rehabilitation of the patient:

*Okay when a patient comes in that you see in the door, what you call it, revolving door, you get frustrated because you give health education and you help the family.... (Participant A)*

*You get despondent, despondent after a while.... (Participant A)*

The participant further expressed that, despite the frustration caused by the readmission of psychiatric patients in the hospital, the feeling eventually subsides as a result of the nature of sympathy nurses has. The participant said the following:

*Frustrated, you get angry when they come in but after a while when you talk to them and talk to them and they disappear, then we accept the patient for who he is and he can't help for certain things in life that is happening to him.... (Participant A)*

One participant expressed that it pains so much to see the patients back that they have cared for, because most of these patients make promises to never use drugs again. They promise to comply with the rehabilitation dos and don'ts. The participant said the following:

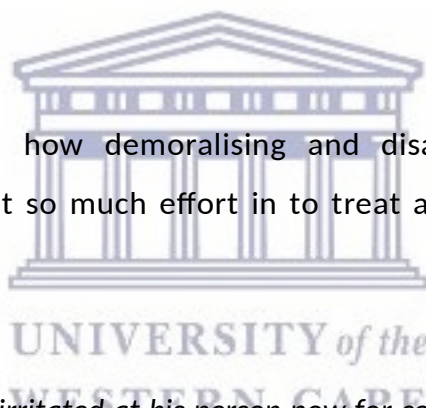
*You feel so, a little irritated, you feel disappointed because when I saw her immediately I was like, oh my word, not again because particularly this patient, you get different types of patients like with the revolving door.... (Participant C)*

*Okay, it really frustrates when you come with a patient they've been discharged and then they come back, they worse than before or maybe you saw patients leaving here and the said, I am not going to come back again, they promise you that they are not going to come back again, they say I don't want to see this place again but a few months later you see the patient comes back and then they use substances maybe and then they are responsible for themselves for being in here and still.....(Participant B).*

The readmitted patients were not only frustrating but were also exhausting. Another participant said that revolving door syndrome causes nurses to hate psychiatric nursing. The participant was critical of the fact that readmitted patients were putting a lot of strain on the shoulders of the nurses in the admission wards. It was revealed by this participant that it is risky to treat readmitted patients because they come back in an acute state and more psychotic. The participant said the following:

*I feel like it's frustrating. It's tiring. It's a risk because they are, they [indistinct] this person. Few days, weeks after discharge they are back [indistinct]. So, it's just tiring and exhausting. It makes you... makes me to not like the psychiatry at all... (Participant W).*

One participant expressed how demoralising and disappointing is to care for someone who you have put so much effort in to treat and care for. The following was said by the participant:



*You feel disappointed, a little irritated at his person now for coming back again (Participant C)*

#### **4.6.2. Disregard of ward rules and disrespectful behaviour**

It was mentioned by another participant that the patients who are readmitted neglect the ward rules. They abuse other patients by showing claiming the territory, and acting as if they are in charge of the ward. The following was expressed by the participant:

*No, there's a difference because they know the ward, they know the rules, they know the stuff and they are more, we are in charge here.... (Participant A)*

Another participant stated that patients who have been readmitted are the instigators law breaking and disorder in the ward by other patients. They know the routine of the ward and they know every staff member of the ward, and they think that they have the right to deliberately break the rules of the ward. The participant said the following:

*Like I know the rules in the ward and I know what to do, they can easily get others that is one of the main things they do, they instigate and they try to break the rules in the ward..... (Participant B)*

It was revealed by another participant that not all readmitted patients behave the same. The participant mentioned that it depends on which condition the patient is suffering from, saying that those suffering from bipolar mood disorder or other conditions like depression disobey more than others. The participant said the following:

*It varies from person to person, but most of... and it varies person to person, then the level of psychosis because if said patient is actually psychotic, they are going to be out of it. They are going to be out of touch with reality and everything, whereas if a person is less psychotic, he's going [indistinct 00:13:01] in a different manner. Then again, in a schizophrenic patient and a bipolar patient are going to react in a different way because if you've got a bipolar patient, he's going to be up and down, pacing up and down, intrusive, disruptive and everything, whereas the psychotic one could be just laughing..... (Participant W)*

Despite the positive work attributed towards patients by the nurses, the issue of disrespect by patients towards staff members derail the love, compassion and patience from professional nurses. The participant addressed this by saying the following:

*I think sometimes staff gets upset in the sense that often our patients are very disrespectful when they come in. They would be verbally abusive, sometimes aggressive, physically abusive, threatening, and often sometimes, staff cannot handle that... (Participant X)*

One participant revealed that some of these readmitted patients come back demanding special attention and want to rule over other the patients. The participant said the following:

*she is demanding a lot of things because she feels entitled, she is known here, everyone knows her, she wants special treatment or preference above other patients and that is actually where the problem was starting.... (Participant C)*

Some of them manipulate the situation of the ward because they know all that is being done in the ward. They know the questions asked in the mental status examination and other assessment like patient interviews. They know all the answers to give because they have been asked these questions previously. Another participant expressed his frustration towards this kind behaviour:

*They know, "If I get admitted, in order for me to move toward 6, I need to be able to be cooperative." So, can they [indistinct 00:13:48] to manipulate the system. They learn to manipulate the MSD [indistinct] the assessment, including the [indistinct]. They know what answers to give you.*

## **4.7. Socio-economic factors**

### **4.7.1. Poverty, lack of education and unemployment**

One of the reasons why patients are readmitted is the fact that they are unemployed and have nothing to do during the day. The participant perceived that one of the challenging factors that cause patients to be readmitted is poverty and lack of education from the families of the patients. The participant said the following:

*Lack of social support at home—it can be poverty, it can be unemployment rate, it can be that a family does not really have insight..... (Participant X)*

The participant continued to explain the effects of poverty in rehabilitating a patient outside the hospital. Some patients take medicine on an empty stomach. The participant said the following:

*Other issues are also like poverty. Patients believe that- often patients believe that they can't take the medication if they don't have food in their tummy.... (Participant X)*

Another participant stated that the poverty-stricken patient ends up doing drugs. Thus, poverty and drug abuse are attached to one another. The participant said the following:

*I find that drugs and socio-economic circumstances that are here, actually contribute a hell of a lot to guys that they're coming back all the time..... (Participant Y)*

Despite the education level of the MHCU, the lack of education from the family members has also impacted negatively on the rehabilitation of the MHCU. It is even worse if both the MHCU and his family are uneducated and uncivilised, the readmission is quite imminent. One participant described the effects of lack of education from the families of the MHCUs:

*they take their medication home or families don't, there is no support system at home [inaudible] so at the end of the day when they, they take the medication wrong or they stop taking their medication, when they feel like, look here, I feel better, I don't need it, I feel better. Some of them do think, although you have educated them..... (Participant B).*

#### **4.7.2. Societal circumstances**

One participant alluded to the fact that it is very difficult to rehabilitate the MHCU in an area where drugs are cheaply available. The participant also extended that these are inevitable challenges that are difficult to prevent. The participant also expressed that issues of drug abuse can never be defeated by only one department, but it demands the attention of other departments like the police and the department of Social Development. The participant said:

*I don't even think management can do much. I believe it's way beyond it. I mean, when I say it's straight beyond it, I won't believe it would have to be interdepartmental collaboration. That means people have to- the Department of Health, Department of Social Development, Department of Police and stuff that [indistinct], it starts with them before it can go here, because today it's mainly substance abuse is one of the major contributing factors today..... (Participant W).*

Another participant expressed her annoyance with the fact that the clients are discharged straight back into the areas where they relapsed from. The participant described the issue of discharging the client to the same area with the same peers as very destructive to the process of rehabilitation. The participant expressed the following words:

*it's not gonna happen but the day of discharge when they discharged into their family's care, they often- 70% of those cases relapses the very first day because they go to their friends on the street corners.... (Participant X)*

Another participant expressed that it is beyond anyone's control to not discharge the MHCU back home. Sometimes the situation is not conducive to rehabilitation, like a broken household, a poverty-stricken household, and a household with a history of mental illness amongst the family members. The participant said the following:

*You get to know the family and the circumstances [indistinct 00:05:19]. Sometimes, unfortunately, some circumstances cannot be changed. There are times also when*

*the whole family is affected by mental illness. What I mean is that it is not only the patient that has a mental illness..... (Participant X)*

#### **4.8. Conclusion**

This chapter presented findings from the professional nurses' experiences in caring for repeatedly readmitted patients in acute admission wards. The findings are presented by a cluster of themes that emerged during the data analysis, and these themes were discussed with the use of categories that make up each theme. Positive and negative experiences emerged and were discussed in regards to other themes. The following chapter will be discussing the findings.





## CHAPTER FIVE

### DISCUSSION OF FINDINGS

#### 5.1. Introduction

The previous chapter presented and described findings of the professional nurses' experiences towards repeatedly readmitted patients in a psychiatric hospital. The chapter described and discussed the findings in particular. It should be known that the researcher focused on the description of the experiences as lived by the professional nurses who participated in the study. This is in line with the nature of the descriptive phenomenological approach of Husserl as it is the underlying philosophy in this study. This chapter, conforming to the previous chapter, discusses and answers the research question that motivated the study. It explains the main objective of the study, which was to explore and describe the experiences of professional nurses who are caring for repeatedly readmitted patients in a psychiatric hospital in the Western Cape. The chapter discusses each of the four themes that emerged during face-to-face interviews by focusing on each of the categories that made up each theme, and compares and confirms the findings with international and national studies. Some of the categories that will be presented will be discussed in combination with others as they go hand in hand, for example, the disregard of ward rules and disrespectful behaviour.

#### 5.2. Discussion

##### 5.2.1. Positive job characteristic

Despite the negative experiences (which will be discussed later in the chapter) that were reported by the participants in the study, two sub-themes emerged as being positive while caring for repeatedly readmitted patients in an acute admission unit in a psychiatric hospital. The sub-themes were *passion for caring* and *team work among other team members*. Both sub-themes will be discussed below.

### **5.2.1.1. Passion for caring**

The nurses who participated in the study said that working in a challenging environment and under difficult conditions, which included exhaustion and frustration (discussed later in this study), is tiring and counterproductive towards the successful rehabilitation of the psychiatric patient. Despite these unbearable conditions, professional nurses reported that they remain empathetic of the situation of the patient and strive to fulfil the mandate of adhering to the prescriptions of the profession. This finding concurs with the finding of Al-Awadhi (2018:35) who investigated nurses' attitudes towards patients with mental illness in a psychiatric hospital in Kuwait, and found that the direct or indirect suffering due to mental illness may generate empathic concern from professional nurses towards the mentally ill. This study found that more experienced mental health nurses who participated in the study were the ones who showed empathy towards mental illness regardless of new admission or readmission. This finding is consistent with the findings of Chiu-Yueh, Huei-Lan and Yun-Fang (2015) which indicated that nurses who were older had more clinical experiences in mental health care, and demonstrated greater empathy and expressed more positive attitudes towards people with mental illness, regardless of new admission or readmission.

In this study, participants reported that, despite the lack of management support, and the availability of cheap drugs outside the hospital (to be discussed later in the study), nurses remain supportive and caring towards those readmitted patients, because of the oath they took that they would be supportive and caring towards patients at all times. This finding is in line with Hem, Gjerberg, Husum and Pedersen (2017: 13), who researched the ethical challenges when using coercion in mental health care in Norway and found that, when there is a doubt about what is the right or best thing to do, the result may be ethically challenged. Hem *et.al* (2017) further asserted that a professional nurse is bound by the moral values and ethics of the profession when caring for the psychiatric patient.

### **5.2.1.2. Team work**

The study found that professional nurses in the acute admission unit, where the study was conducted, described working as a unit with other multi-disciplinary team members as one of the important drives and motivation towards work. The finding above concurs with the

finding of Haines, Perkins, Evans, and McCabe (2018), who investigated how a multi-disciplinary team functions and takes decisions with foreign mental health patients in London, and the personal values and assumptions of those involved, as well as by the power dynamics linked to the knowledge and responsibility of each member of the team. One participant in this study said, *"You know, the doctors, social workers and psychologists work hand in hand to treat and manage the patient. There is a good working relationship amongst all these professionals in the ward, we are like family"*. This sentiment concurs with the findings of Ma, McHugh and Aiken (2016) that administrative support to professional nursing and inter-professional partnerships are two attributes of the work environment that can lower the risk of readmission. Another participant in this study reported that the patients sometimes become aggressive, demanding to be discharged from the ward. This finding is supported by Bousardt, Hoogendoorn, Noorthoorn, Hummelen and Nijman (2015) who pursued a study on predicting inpatient aggression by self-reported impulsivity in foreign psychiatric patients, and found that psychiatric patients start to show signs of impatience characterised by aggression, especially those were readmitted. The other participant in this study said that a multi-disciplinary team like psychologists' step in to assist in the de-escalation of the patients' aggression. The doctors would also intervene by prescribing sedative agents to calm the patient down. This finding showed a cooperative multi-disciplinary team in the acute admission ward. This finding is consistent with the finding of Jacobson, Trust, Garcia-Pittman and Ayers (2018:307-317) who investigated the effectiveness and impact of good working relationships amongst team members in a psychiatric hospital in the USA at the Dell Medical school in Texas. They asserted that the model of collaboration at the psychiatric hospital, amongst multi-disciplinary teams, yielded good results that would contribute to preserve the function and quality of life among psychiatric patients.

In this study, some participants stated that they were overwhelmed by the support of the multidisciplinary team during difficult and crisis situations. For an example, one participant alluded that, despite the burnout and the exhaustion caused by readmitted patients, the multidisciplinary team showed positive attitudes. This

finding concurs with the finding of Johnson, Worthington, Gredecki, Rachel and Wilks-Riley (2016: 64-75), in a study that researched the relationship between trust, the impact of boundary violations, and burnout among staff within a forensic psychiatric service. They found that a higher frequency of boundary violations reported by professionals was associated with lower levels emotional exhaustion, depersonalisation, and greater cooperative behaviours amongst colleagues.

### **5.2.2. Challenging working environment**

This theme discusses the challenges faced by the professional nurses day-to-day while delivering psychiatric services and caring for repeatedly readmitted patients in the hospital. These challenges had an impact on the professional nurses and therefore moulded some of their experiences. Throughout the interviews, as indicated in chapter four, these experiences were recurrent, and the professional nurses reported that these experiences affected the delivery of quality nursing care, which will be discussed later in the study.

#### **5.2.2.1. Lack of support from families of psychiatric patients**

The study found that the families of the patients who have been repeatedly readmitted are not as supportive as they should be. Some participants reported that the instructions given to the family of the patient were not properly followed, which included attending scheduled family meetings at the institution. This finding concurs with the finding of Simons, Mulder, Breuk, Rigter, Domburgh and Vermeiren (2018: 66), who investigated the determinants of parental participation in family-centred care in a juvenile justice institution in the Netherlands. Their study found that parents of the juveniles admitted to these institutions were not attending the meetings as scheduled. The common cause of this default emanated from the distance between the institution and households of the family members. Furthermore, transport fees were also reported to be a stumbling block for the family to visit regularly, especially if the client stayed for long period in the institution. In addition, in this study the researcher also found that the main challenges that hinder the patient rehabilitation while at home were lack of social support, stigma, and the conflict that the patients caused, which is similar to the finding of Ae-Ngibise, Doku, and Owusu-Agyei (2015)

of a study conducted in Ghana, which investigated the experiences of caregivers of people living with serious mental disorders, and found that financial difficulties, social exclusion, depression, and inadequate time for other social responsibilities as their main challenges. The researcher in this study also noted that families and relatives of the psychiatric patients become fed up towards patients who get readmitted repeatedly. This finding is consistent with the finding of Lal *et al.* (2019:24-29), who pursued a study to investigate the family members' experiences and perspectives of relapse in a first episode of psychosis. Their study found that the relapse of their family members from their treatment imposed a lot of strain. Their study further asserted that the families expressed words of disappointment in the treatment relapse by saying "here comes again". Iseselo, Kajula & Yhya-Malima (2016), who conducted a study in Tanzania to find the psychosocial problem of families caring for relatives with mental illness and their coping strategies, also found that caring for the psychiatric patient who has been discharged from the psychiatric hospital is challenging, as clients need their full attention and time. Notwithstanding, another participant in this study reported that it is not only a lack of education and poverty that result in poor family support and that impacts badly on the rehabilitation of the patient, but also the lack of psycho-education by the nurses towards the families and caregivers of the repeatedly readmitted patients. This finding is similar to a finding of Lefley (2009: 40), who investigated the importance of family psycho-education for serious mental illness. The study found that families needed to be taught behavioural management techniques to help the patient and family cope with schizophrenia.

#### **5.2.2.2. Compromised mental health**

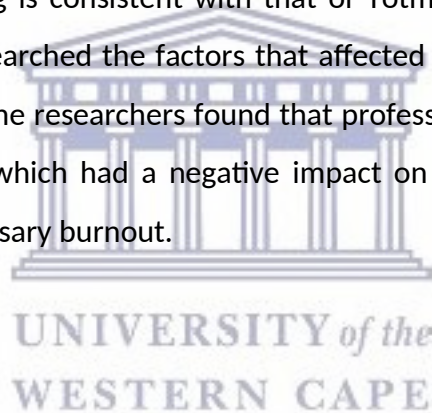
Some respondents reported that one of the factors that derail the mental health service is lack of funding. The participants further said that resources, e.g. money and staffing, make the mental health service appear poor and not improving. The lack of funding in this regard has been reported by other participants as affecting the primary health care of patients. The lack of psychiatric professional nurses, community doctors, and other medical practitioners, have been mentioned by the respondents as a result of lack of funding towards mental health care. This finding is consistent with the finding of Weisstub, Thomasma and Gauthier (2013: 167), in their study conducted in the USA. Weisstub *et al.* found that community

mental health services were insufficient, poorly funded, fragmented among public and private health care, mental health and human service agencies, and resulted in treatment delivery problems and gaps in providing coordinated and appropriate service. Their study further asserted that very few professionals in community mental health agencies have been specifically trained to serve this population.

Other participants that participated in the study mentioned that the shortage of beds has contributed directly to the phenomenon of revolving door syndrome. The participants reported that some MHCU are discharged prematurely in order to accommodate patients awaiting admission. This finding is consistent with the finding of Blom, Erwander and Ivarsson (2015), in a study conducted in the USA that investigated the probability of readmission within 30 days of hospital discharge, which was positively associated with inpatient bed occupancy at discharge. The study found that high inpatient bed occupancy is associated with premature discharges from inpatient wards and points to the need for a closer study of the subject. Their study concurs with the findings of Donisi, Tedeschi, Wahlbeck, Haaramo and Amaddeo (2016), that the shortage of beds in the psychiatric hospital results in premature discharge and the possibility of readmission.

The participants in the study reported that the cooperation and coordination between primary health care and psychiatric hospitals is not as strong and effective as it should be. This finding is consistent with the finding of the study conducted by Storm, Husebo, Thomas, Elwyn and Zisman-Ilani (2019:1-16), which investigated the coordination of mental healthcare services for people with serious mental illness. People with serious mental illness face adjustment challenges during transitions, and the continuity of care seems ineffective. One respondent reported that the hospital does not do follow-ups on these patients, while the local clinic is not aware of the patient discharged to them to continue with care. As a result, this is exacerbated by the shortage of trained psychiatric nurses in primary health care. This finding is similar to the finding of Afillalo, Soucy, Xue, Colacone, Jourdenais and Boivin (2015), that it is recognisable that resources for patients who suffer from psychiatric illness are insufficient. According to WHO (2001: 6), effective referral-links between primary, secondary and tertiary levels of care need to be in place by developing a collaborating network in order to provide mental health services. One participant alluded to the deficiencies of the mental health system which impacts badly on the rehabilitation of the

psychiatric patient once discharged from the psychiatric hospital. This finding corresponds with the finding of Mendenhall *et al.* (2016: 442-455) who conducted a study in Kenya that investigated nurses' perceptions of mental health care in primary care settings, and found that there were still extraordinary treatment gaps in mental health services because of the need for and availability of mental health services, which are extraordinarily misaligned. Their study further conveyed that the shortage of psychiatrists, trained psychiatric nurses, and psychologists in the primary health care is the major challenge towards the integration of services from the psychiatric hospital into the primary health care. In this study, one participant also made mention of the shortage of staffing in the hospital, which compromises the quality of care of the psychiatric patients in the hospital. The participant mentioned that the nurse-patient ratio is sometimes impaired, having to care for 40 patients with only six nursing staff on duty as a result of the shortage of professional nurses in the ward. This staff finding is consistent with that of Totman, Hundt, Wearn, Paul and Johnson (2011: 29), who researched the factors that affected the morale of the staff in an inpatients ward in England. The researchers found that professional nurses reported severe a shortage of nursing staff, which had a negative impact on the morale of the staff and subsequently caused unnecessary burnout.



### **5.2.2.3. Drug abuse**

As highlighted in chapter four, participants reported drug abuse as one of the leading causes of relapse in psychiatric patients that have been recently discharged. As a result, participants reported that the availability of cheap drugs and alcohol in the Western Cape has posed a serious threat to the rehabilitation of the MHCU. This is consistent with the findings Ramson and Chetty (2016: 67-84), who found in their study that the dominance of illicit drug abuse in Cape Town has contributed severely to health problems, high crime rates, violence, sexual abuse, injury, traffic accidents, and increasing dysfunctional family and community life. Their study further describes drug abuse amongst adolescents as constantly increasing where methamphetamine ('tik') is reported to be the drug of choice. This finding concurs with the findings of Hamdulay & Mash (2011: 88), who investigated the prevalence of substance use and its association amongst students attending a high school in Mitchell's Plain, Cape Town, which found that the prevalence of substance abuse use

amongst adolescents is high for all substances. Furthermore, they also asserted that alcohol, tobacco, and cannabis are the commonest substances of use amongst these adolescents.

Another participant reported that drug abuse is one of the contributors to treatment relapse amongst patients who are mentally ill in the Western Cape. The participant further mentioned that the main consequence of not adhering to treatment is relapse. This finding is consistent with the findings of that of Velligan *et al.* (2017) that schizophrenia or related disorders, alcohol misuse, and dagga and other drug abuses were significant predictors of non-adherence within six months of the patients' first episode, and have a great potential of non-adherence to anti-psychotropic drugs.

#### **5.2.2.4. Increased patient numbers**

As indicated in the previous chapter, professional nurses reported that the shortage of staff put a strain on their shoulders. This is caused by an ever-increasing number of inpatients in the acute admission unit. Thus, the number of inpatients overwhelms the number of professional nurses in the acute admission ward. This finding is consistent with Sobekwa (2015:69), who found that the number of patients admitted to the acute admission unit was unacceptably high at Lentegeur Psychiatric hospital in Cape Town. The author further asserted that the readmissions contributed to a big number of patients admitted daily. This finding concurs with the finding of Niehaus *et al.* (2008), who conducted a study on crisis discharge and readmission risk in a male acute psychiatric unit at Stikland hospital in the Western Cape and found that there is immense pressure on the acute psychiatric units to admit patients. The author further clarified that the need for beds forces the management to implement a 'crisis discharge' which subsequently yielded an increasing number of readmissions.

One participant mentioned that the majority of the patients that they admit on a daily basis are patients who defaulted treatment and relapsed. The participant further stated that almost half of the patients admitted to the ward were readmitted. This finding is consistent with the finding of Al-Shehhi, Al-Sinawi, Jose and Youssef (2017: 224-231) in a retrospective study that investigated the rate and predictors of one-year readmission in a tertiary psychiatric hospital in Egypt. They found that 80 % client of the patients in their cohort were



constituted from patients who were readmitted. When asked about their overall feeling of the situation, they expressed negative experiences which aggravated by patients who were constantly readmitted.

#### **5.2.2.5. Lack of managerial support**

Professional nurses who participated in the study reported a lack of support from the management of the hospital. All the participants of this study concurred that the management is well aware about the problem and its impact on the nurses in the acute wards. The participants reported that the revolving door phenomenon is being regarded by management as usual phenomenon. Another participant mentioned that there are no efforts or changes made by the management to try to end or reduce the rate of readmissions in the hospital. The study is consistent with the finding of Sherring and Knight (2009: 1239), who found in their study that nurses who felt unsupported and under-valued by the management led to demotivation which consequently led to burnout and exhaustion. This study concurs with the findings of Sobekwa (2015: 75), which sought to find the experiences of nurses caring for mental healthcare users in an acute admission ward at a psychiatric hospital in the Western Cape. Sobekwa's (2015) study found that nurses expressed that they were unappreciated by the hospital management for their efforts despite working under compromising circumstances with a shortage of staff, increased workload, and difficult patients.

#### **5.2.2.6 Ineffective ACT team**

One participant reported that there is an existing task team called the Assertive Community Task team (ACT) to coordinate and integrate mental health services from the psychiatric hospital to the primary health clinics. This team also oversees the welfare of the MHCU post-discharge from the psychiatric hospital to the community. The professional nurses in the acute admission wards did not think this team was as effective as it should be. This study found that one of the factors that hinder the effectiveness of the ACT team was due to little number of patients assigned to them. This finding is consistent with the finding of Kortrijk, Schaefer, van Weeghel, Mulder and Kamperman (2019), in a study that investigated the trajectories of patients with severe mental illness in a two-year contact with Flexible ACT

team using ROM (Routine Outcome Monitoring). These authors found that, over two years, most patients remained relatively stable in terms of psychosocial functioning, but needed treatment during two years of contact with the ACT team derived little or no benefit. Therefore, participants in this study reported boldly that the impact of the ACT team towards preventing hospital readmissions is unnoticeable.

### **5.2.3. Negative experiences**

This theme addresses some of the important experiences that were reported by professional nurses as being negative. Professional nurses reported that the disregard of ward rules was one of the negative experiences they had when caring for the repeatedly readmitted mental healthcare users. All participants also reported that seeing the patients readmitted was another negative experience that contributed to their feelings of frustration.

#### **5.2.3.1. Feeling of frustration and despondency**

The professional nurses who participated in the study reported that they feel frustrated when they come across a patient who they had care for before. They said that they felt like all the efforts they made to treat the patient seemed to have been in vain. This finding is consistent with the finding of Williamson, Mullen and Wilson (2014) in their study to understand revolving door patients in general practice, and found that participants reported to have been frustrated, fed up, annoyed and sometimes angry towards readmitted patients.

Other participants reported that treating the same patient repeatedly is both physically and emotionally draining and subsequently leads to burnout and exhaustion. The participants also revealed that one of the causes of frustration towards the readmitted patients is disappointment, which emanated from the promises made by the patients with regard to recovery and rehabilitation. One participant showed sadness when expressing that patients, while in the ward, demonstrate a need to change and dissatisfaction with the life they live, but implementation towards behavioural modification seems less. The participant further clarified that some of these patients do not deliberately lie to nurses, but fail to peer pressure from friends. This finding is consistent with the finding of Azmi, Hussin, Ishak and

Fhiri (2018) that, amongst other factors that have been associated with relapse on addiction, is peer pressure, especially from old friends who still use drugs. Therefore, the patient would struggle to adhere to treatment. According to Swanepoel, Geyer and Crafford (2016: 430), skills and knowledge gained during time in hospital by patients are not internalized, as a result, skills are not applied once people are discharged from hospital. This results in frustration amongst professional nurses, whose efforts seem to have no positive impact.

#### **5.2.3.2. Disregard of ward rules**

The participants in the study reported that when the psychiatric patients came to the ward for a second time or more, they tended to manipulate other patients. The participants further reported that patients know the routine of the ward, and they took advantage of that by simply neglecting the rules patients are bound to obey. Some participants in the study indicated that psychiatric patients who have been readmitted are always showing manipulative behaviours towards nursing staff. This finding is in line with the finding of Lampert (2016) who investigated how difficult patients are handled, and found that manipulative patients always threaten, cajole, cry and sometimes throw temper tantrums. This author further added that the manipulative patients can also convince you to call the doctor or ask for more pain medicine, give them special attention and treatment, or otherwise do what they demand. This led to professional nurses not taking the repeatedly readmitted patient seriously and gave less attention to them.

#### **5.2.4. Socio-economic factors**

This theme reveals the impact of unemployment and poverty on the readmission of the psychiatric patients to hospital in the Western Cape. This section also looks at what influence a society has on the rehabilitation of the psychiatric patient. Professional nurses reported that these factors are solemnly beyond their control and management control, thus, it is an inevitable situation that no one has control over.

#### **5.2.4.1. Poverty, poor education and unemployment**

The professional nurses who participated in this study reported that most of their patients do not have formal jobs or basic education, and come from a poverty-stricken family where there is only one source of income, which is the grandmother's pension. This finding is consistent with the finding of Lee, Ong, Koay and Kwan (2017), in a study that investigated early readmissions and associated socio-demographic, clinical factors in a psychiatric hospital in Malaysia. They found over 80% of participants in their study were unemployed and were readmitted before the 30 days after discharge ended. In the current South African economic system, unemployment is related to a lack of education (Bazaz & Akram: 2017). In addition, patients with schizophrenia who come from poverty-stricken households were likely to be readmitted within 30 days of discharge (Heslin & Weiss: 2012). One participant noted that most of the psychotropic drugs are taken on an empty stomach, therefore food will be in great demand. The client's default on using their medication and embark on substance abuse and alcoholism which is the only available activity to them. This finding is consistent with the finding of Swanepoel, Geyer and Crafford (2016: 430), in their study that sought to find the risk factors for relapse among young African adults following inpatient treatment for drug abuse in the Gauteng province. These authors found that young African adults placed themselves at risk of struggling to find employment by not completing secondary and tertiary education. Their study further indicated that young African adults lacked basic life skills, i.e. conflict management, stress management, coping skills and assertiveness, where these skills could enable the maintenance of abstinence.

#### **5.2.4.2. Societal circumstances**

Professional nurses in the study reported that most readmitted patients come from communities that still stigmatise patients suffering from mental illness. One participant added that unacceptance of psychiatric patients in the community derail the smooth transition towards rehabilitation of psychiatric patients. This finding corresponds with the finding of Stuart and Sartorius (2018: 621-635) in a survey which aimed to fight mental illness-related stigma. They found that negative societal responses to people with a mental illness may be the single barrier to the development of mental health programmes e.g. rehabilitation.

One participant said that the patients come from societies that are not conducive to the recovery of the patients, citing that patients are discharged to the same broken family, homelessness, and corrupt peers. This finding accords with the finding of Cater, Ward, Thorndike, Donelan and Wexler (2019) that substance use disorder, homelessness, or having two or more unmet needs e.g. difficulty in paying for food and clothing or housing, make psychiatric patients vulnerable for readmission. They further added that these challenges are preventable.

One participant reported that their patients come from communities that are not conducive for recovery. The conditions include the availability of drugs, alcohol and other substances to everyone including the minors. This finding corresponds with the finding of Swanepoel, Geyer and Crafford (2016: 430) who said that young Africans are functioning within environments that are not conducive to recovery because of the availability and accessibility to drugs. These authors further reported that the lack of support from and stigmatization by community members can create a sense of loneliness and eventually cause the young African adult to feel less committed and motivated to maintain abstinence.

### **5.3. Conclusion**

This chapter discussed the findings of the study on the experiences of professional nurses caring for the repeatedly readmitted patients in an acute unit. The findings acknowledged that professional nurses experienced distinct experiences while caring for these individuals. The findings were discussed and presented according to four themes that emerged during the interviews. Professional nurses emphasized the exhaustion exerted by repeatedly readmitted patients as unbearable, having worked under the compromised conditions that professional nurses face day to day. The following chapter will concentrate on the summary of findings, recommendations and further research.

## CHAPTER SIX

### SUMMARY OF FINDINGS AND RECOMMENDATIONS

#### 6.1. Introduction

The previous chapter discussed the findings of the study in depth. The study focused on the professional nurses' experiences of caring for repeatedly readmitted patients in a psychiatric hospital in the Western Cape. The objective of the study was to describe the feelings, perceptions and attitudes of professional nurses regarding patients who are repeatedly readmitted. Since the researcher's overall aim was to describe the lived experiences of professional nurses, a descriptive phenomenological approach was chosen. With the use of a phenomenological approach, the researcher believes that the objective was achieved. Therefore, this chapter concludes the findings and provides recommendations which are based on those findings.

This research began with a brief review of the literature pertaining to the study. International, national and local literature review were reviewed. The researcher found that, in South Africa, there was only one study available similar to the phenomenon investigated. The study was done by Sobekwa (2015) in Cape Town. Her study investigated the experiences of nurses caring for mental healthcare users in an acute admission unit at a psychiatric hospital. As it was mentioned in chapter five, the study done by Sobekwa paved the way for the development of literature on the professional nurses' experiences in acute psychiatric units. However, the sample of the study consisted of only PNs. Furthermore, the study achieved its objective, that there is little known about the experiences of professional nurses regarding patients who are repeatedly readmitted in psychiatric hospitals in the Western Cape.

#### 6.2. Summary of findings

The conclusion of this study will be discussed below using the themes that emerged from the data collection, as demonstrated in chapter four and discussed in chapter five. It is of paramount importance to mention that the themes interlink with one another. All these

themes represent the overall experiences of professional nurses caring for repeatedly readmitted patients in a psychiatric hospital. Four themes emerged from the data collection, and each theme has its own sub-categories. The themes were as follows: Positive job characteristics (*passion for caring and team work amongst team members*), challenging working environment (*lack of support from families, compromised mental health services, drug abuse, ineffective ACT team, increased patient numbers, and lack of managerial support*), negative experiences (*feeling of frustration and despondency, and disregard of ward rules and disrespectful behaviour*), and socio-economic factors (*poverty, lack of education and unemployment, and societal circumstances*).

### **6.2.1. Positive job aspects**

The professional nurses who participated in the study reported some positive job characteristics that are related their job. The professional nurses reported positive working attributes towards the clients because they understood their background situations. The professional nurses reported that they know every patient's background and situation, as result the professional nurses become sympathetic of patients coming from the disadvantaged households. They reported that caring for repeatedly readmitted patients develops a sense of both sympathy and empathy. The influence of nursing values, the nurse's pledge and nursing ethics on developing and shaping a compassionate professional in a professional nurse, played a significant role. The professional nurses also indicated that they sometimes feel empathic because they feel they are the only ones who can modify the patients' behaviour. One other aspect of positive job characteristics was teamwork. Professional nurses reported that the work atmosphere inside the ward seems conducive for all staff members to work hand-in-hand. The professional nurses in the study vehemently reported that they work as a team. The professional nurses reported that, despite the shortage of nurses in the wards, good working relationships have always been maintained. One participant reported that doctors, psychologists and social workers are very cooperative and maintained that cooperation produced good treatment outcomes.

### **6.2.2. Challenging working environment**

The professional nurses who participated in the study experienced caring for a repeatedly readmitted patients as challenging. Professional nurses viewed working with repeatedly readmitted patients as unbearable as there are issues that impedes patient care. The challenges that professional nurses are facing in the psychiatric hospital include the following: lack of support from families and caregivers of the psychiatric patients, compromised mental health, drug abuse, an ineffective ACT team, increased patient numbers, and lack managerial support.

The professional nurses reported that some families are not cooperative in terms of executing the orders and instructions given to them. Some families and caregivers come from broken households where everyone, including the children, is abusing drugs. The participants in the study also reported that some family members are illiterate and cannot recall all the information given to them by the professional nurse prior to the discharge of the patient. Some families do not implement the orders from the hospital because they are fed up with their loved ones or family members being readmitted now and again. Thus, the families lose hope and patience as a result of the constant relapse. Professional nurses in the study reported the mental health service as being compromised. Among services that were reported as compromised was the link between psychiatric hospital and primary health. Most of the participants in the study reported that the patients are not being followed up after they are discharged; thus, there is no system in place to ensure that the discharged psychiatric patient is smoothly transferred from the psychiatric hospital to the local clinic.

Other participants in the study reported that the area in which the psychiatric hospital is located in is dominated by the trade in illicit drugs to adolescents and young adults. They reported drug abuse as one of the stumbling blocks to the patient's recovery. One participant reported that illicit drugs are cheaply available in the townships of Cape Town, and made easily accessible to children and adolescence. Therefore, the high rate of unemployment and poverty make the patients more vulnerable to drug and alcohol abuse. The participants also indicated that the management and ACT teams are both unsupportive. The participants reported that the management is well aware of the factors associated with the readmission of patients in the psychiatric hospital, but are not contributing enough to end the phenomenon. The shortage of professional nurses in the acute admission ward was



reported. The impact of this shortage has been reported as being negative, causing an imbalance in the nurse-patient ratio, where the number of inpatients overwhelm the number of professional nurses on duty. The effect of increased inpatient numbers has led to burnout and physical exhaustion in professional nurses. One participant expressed his views about the effect of the ACT team, reporting that the team only attends to some patients and neglecting others, which does not yield good results.

### **6.2.3. Negative experiences**

Professional nurses reported negative experiences regarding caring for the repeatedly readmitted psychiatric patients. Professional nurses expressed their frustration and despondency when seeing the same patient that was discharged in a stable condition come back in an acute state. One participant mentioned that the revolving door syndrome is not only physically draining on professional nurses, but also emotionally impairing as a result of efforts that seem to be fruitless. One participant said that they also experience being lied to by patients who promise not to default on their medication and to never come back to the ward again for admission.

Some participants in the study reported that they sometimes understand the situation of the households of the patients, the drug abuse and alcoholism by other family members. Caregivers and peers of the patients may hinder the recovery of the patients. Some professional nurses mentioned that when the patients are readmitted in the ward, they bully and manipulate other patients who are new in the ward. The professional nurses also reported that the patients disregard and disrupt the ward's educative sessions, e.g. the patients feel that they know all the staff members of the ward, therefore, they disregard some of obligatory responsibilities, e.g. they do not want to sleep the same time like other patients.

### **6.2.4. Socio-economic factors**

Despite the positive and negative working attributes discussed in the study as reported by the participants, one of the challenges that increase the readmission of patients in psychiatric hospital is poverty, lack of education and unemployment. The professional

nurses reported that though they counsel the patients on the benefits of adhering to treatment and the danger of defaulting treatment, societal factors, like the stigma attached to psychiatric patients, derail the recovery of the patients because their self-confidence becomes impaired. Poverty and lack of education amongst young adults in the Western Cape is worsening the revolving door syndrome phenomenon in the psychiatric hospitals. The participants reported that they discharge the patients back to the same communities, with the same peers and same broken families. The professional nurses indicated this factor is inevitable because there are no facilities available for patients for rehabilitation after discharged from the hospital.

### **6.3. Recommendations**

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

#### **6.3.1. Nursing practice**

##### **6.3.1.1. Increasing nursing workforce**

The study has identified that the shortage of professional nurses in psychiatric hospitals is an on-going problem that needs attention and urgent rectification. The researcher acknowledges that the shortage of professional nurses is a worldwide challenge and it has a negative impact on the well-being of the patients. As mentioned by the professional nurses in the study, the admission unit is a challenging environment to work in and it should be prioritised above other units due to the high volume of patients awaiting admission. If the admission unit is adequately staffed, the quality of patient care would improve. Therefore, it would be prudent if the number of professional nurses in the admission ward is increased.

##### **6.3.1.2. Debriefing sessions**

Given the fact that the acute admission units are challenging and demanding areas to work in, it has become obvious that there is a great need to introduce 'debriefing sessions' for professional nurses. This is necessary as these professional nurses are dealing with

repeatedly readmitted patients who are difficult to deal with. Professional nurses in the study reported that the patients who are repeatedly readmitted are not obeying the rules and the routines of the ward, and some patients also presents with aggression and violence. Debriefing sessions may assist the professional nurses to vent out their feelings to a professional body who would be able to identify sources of burnout and stress. Professional nurses have suggested limiting the number of patients being readmitted in the hospital, therefore debriefing sessions would also offer an opportunity for the suggestions and opinions to come out. Hopefully, this would make the professional nurses feel more appreciated and that their opinions and suggestions are being listened to.

#### **6.3.1.3. Deprivation of a right to perform pre-discharge education**

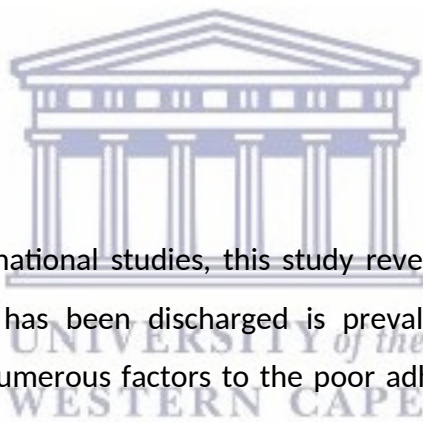
The study has shown that professional nurses are not given an independent role of educating the patients about compliance and about components of psychosocial rehabilitation. As a result, they feel that if they were directly involved, the number of incoming patients for readmission would decrease. The professional nurses in the study all reported that pre-discharge education currently is only performed by a doctor and a psychologist. It would then be necessary for nurses to be given a slot for pre-discharge education as they are the ones that stay with the patient 24 hours a day. They all felt that if the opportunity was be granted, some unnecessary readmissions would be prevented.

#### **6.3.1.4. Workload**

The study has indicated that the workload of professional nurses is overwhelming. One professional nurse mentioned that the nurse-patient ratio policy does not apply in the admission ward at the psychiatric hospital. One participant mentioned that they sometimes have to care for about 40 patients with only eight nursing staff on duty, including other categories, only two professional nurses precisely. The professional nurses mentioned that this extreme shortage of professional nurses makes them vulnerable to injuries and medico legal hazards, because the number of patients outnumber the number of nurses on duty. Therefore, this call for adequate staffing and strict institutional policies is appropriate and relevant.

#### **6.3.1.5. Link between PHC and psychiatric hospitals**

The study has highlighted that the link between psychiatric hospitals and primary health care is not as effective as it should be. Professional nurses reported that patients are not properly followed up after they are discharged from the psychiatric hospital. Despite the fact that there is an existing ACT team in the psychiatric hospital, its presence has been noticed as inefficient as many patients are readmitted daily. Therefore, strengthening and reviewing the PHC-PSYCHIATRIC hospital referral and transfer policies is needed. The professional nurses had a strong view that all psychiatric patients that were discharged from the hospital should be a priority for the ACT team, regardless of the condition and its severity. The meeting to plan for preventative strategies to decrease the incoming readmitted patients should be convened urgently in order to ease the pressure on professional nurses.



#### **6.4. Nursing education**

Like other national and international studies, this study revealed that poor adherence to treatment after the patient has been discharged is prevalent amongst patients being readmitted to the hospital. Numerous factors to the poor adherence have been discussed throughout the study, one of which was uncooperative family members and the relapse from drug abuse and alcoholism. Family therapy should be intensified and facilitated by professional nurses. Professional nurses should be in-serviced on how individual therapy and family therapy should be conducted. Professional nurses should be directly involved in the rehabilitation of the psychiatric patients by giving them the responsibility and opportunity to plan for the psychosocial rehabilitation of the patient.

#### **6.5. Further research**

The study recommends that further research be done on the prevalence of readmission within the acute admission units of the psychiatric hospital. This will allow the hospital

management to quantify and come up with strategies for dealing with the phenomenon of revolving door syndrome at hospitals.

The researcher also recommends that further study should be conducted on how the readmission of psychiatric patients in the acute units impacts on the productivity and quality of care in the hospital. Such research will determine whether there is indeed a need to introduce measures to deal with readmission decisively.

Lastly, ongoing research is recommended on the experiences of family members whose relatives have been repeatedly readmitted in the psychiatric hospital. This will help to elucidate the entire feeling of the professional nurses and families of the patients in order to find comprehensive, preventive and curative measures for the revolving door syndrome.

## **6.6. Conclusion**

Professional nurses caring for repeatedly readmitted patients in the acute admission ward of the psychiatric hospital reported different experiences. The study reported both positive and negative experiences as elaborated by the professional nurses interviewed for this study. Professional nurses reported caring for a repeatedly readmitted psychiatric patient as challenging, and that they felt unsupported by the management and ACT team.

The professional nurses reported that the problem of readmission has been a long standing one and nothing is being done by the management to curb that. They also reported that, though the ACT team was established to help reduce such readmissions, its effect is very little. The nurses also noted that institutional challenges, e.g. the shortage of staff and the shortage of beds as a result of de-institutionalization, directly cause the readmission of psychiatric patients in the hospital. The family and caregivers of the patients that were repeatedly readmitted were also perceived as unsupportive. Furthermore, the community that these patients come from was also viewed as unsupportive as a result of the stigma that they attach to the psychiatric patients, and the availability of cheap drugs and alcohol to everyone including psychiatric patients also posed problems.

## References

Ae-Ngibise, K.A., Doku, V.C.K., Asante, K.P. & Owusu-Agyei, S. (2015). The experiences of caregivers of people living with serious mental disorders: a study from rural Ghana, *Global Health Action*, 8:1 [10.3402/gha.v8.26957](https://doi.org/10.3402/gha.v8.26957).

Afilalo, M., Xue, X., Soucy, N., Colacone, A., Jourdenais, E. & Boivin, J. & (2015). *Patient Needs, Required Level of Care, and Reasons Delaying Hospital Discharge for Nonacute Patients Occupying Acute Hospital Beds*. *Journal for Healthcare Quality / Volume 0, issue 0*, <https://doi.org/10.1111/jhq.12076>.

Akinola, O.R. (2015). *Mental Health Professionals' Attitude and Perception of their Role in Tackling Substance Abuse and Related Disorders in Nigeria*. *Scholar works Journal*. Waiden University.

Albashtawy, M. (2013). *Workplace violence against nurses in emergency departments in Jordan*. *International Nursing Review Journal* (vol. 60, issue 4 Dec. 2013. 550-555).

Al-Awadhi, A., Atawneh, F., Alalyan, M.Z.Y., Shahid, A.A., Al-Alkhadhari, S. & Zahid, M.A. (2018). *Nurses' attitude towards patient with mental illness in a general hospital in Kuwait*. Mohammad Ajmal Zahid. Department of Psychiatry, Health Sciences Center, Kuwait University, Safat, Kuwait.

Al-Shehhi, A., Al-Sinawi, H.N., Jose, S. & Youssef, R. (2017). *Rate and Predictors of 1-year Readmission in Tertiary Psychiatric Hospitals*. *Saudi J Med Med*.

Alper, E., O'Malley, T.A., Greenwald.J. (2017). *Hospital discharge and readmission*. ©2017 Up-to-date, Inc.

Azmi, A.A., Hussin, H., Ishak, S.I.D. & Fhiri, N.D. (2018). Drug Addicts: Psychosocial Factor Contributing to Relapse. MATEC Web of Conferences **150**, 05097 (2018) MUCET 2017

Barekaini, M., Maracy, R.M, Hassannejad, R. & Hosseini, R. (2013), *Factors Associated with Readmission of Patients at University Hospital Psychiatric Ward in Iran*, volume 2013, Iran. <http://dx.doi.org/10.1155/2013/685625>.

Babbie, E. & Mouton, J (2002). *The practice of social research*. Cape Town. Oxford University Press.

Barker, L.C., Gruneir, A., Fung, K., Herrmann, N., Kurdyak, P., Lin, E., Rochon, P.A., Seitz, D. & Tailor, V.H. (2017). *Predicting psychiatric readmission: sex-specific models to predict 30-day readmission following acute psychiatric hospitalization*. *Soc Psychiatr Epidemiol*. February 2018, volume 53, Issue 2, pp 139-149. Springer Berlin Heidelberg.

Basson, M., Julie, H., & Adejumo, O. (2014). *Professional nurses' attitudes and perception towards the mentally ill in an associated psychiatric hospital*. *African Journal for Physical Health Education, Recreation and Dance*, [Supplement 1](#), Dec 2014, p. 523 – 537. Cape Town.

Baumgartner, T.A., Strong, C.H., & Hensley, L.D. (2002). *Conducting and reading research in health and human performance (3<sup>rd</sup>)*. McGraw-Hill Higher Education, Boston Burr Ridge.

Bazaz, R.Y. & Akram, M. (2017). *Education and unemployment in Jammu and Kashmir: A study on embedding employability into the educational curriculum*. *The Eastern Anthropologist* 70(3), 285-300, 2017. Researchgate.net.

Bimerew M. S., [Sonn, F.C.](#), [Kortenbout, W. P.](#) (2007). *Substance abuse and the risk of readmission of people with schizophrenia at Amanuel Psychiatric Hospital, Ethiopia.* [US National Library of Medicine National Institutes of Health](#), 2007 Jun; 30(2):74-81.

Blom, M. C., Erwander, K., Gustafsson, L., Landin-Olsson, M., Jonsson, F. & Ivarsson, K (2015). *The probability of readmission within 30 days of hospital discharge is positively associated with inpatient bed occupancy at discharge: a retrospective cohort study.* Department of Clinical Science Lund, Lund University, HS 32, EA-blocket, 2<sup>nd</sup> floor, SE-22185, Lund, Sweden.

Bousardt, A.M., Hoogendoorn, A.W, Noorthoorn, E.O., Hummelen, J.W. & Nijman, H.L. (2016). *Predicting inpatient aggression by self-reported impulsivity in forensic psychiatric patients.* *Crim Behav Ment Health.* 2016 Jul; 26(3): 161-73.doi:10.1002/cbm.1955. Epub 2015 April 17.

Bowling, A. (2005). *Research methods in health: Investigating health and health services (2<sup>nd</sup> ed.).* USA: Open University Press.

Brink, H., Van der Walt, C. & Van Rensburg, G. (2006). *Fundamentals of Research Methodology for Health Care Professionals (2<sup>nd</sup>ed).* Cape Town: Juta.

Brink, H., Van der Walt, C. & Van Rensburg, G. (2012). *Fundamentals of Research Methodology for Health Care Professionals 3<sup>rd</sup>ed).* Cape Town: Juta and company (Pty) Ltd.

Burns, N., & Grove, S. (2005). *The practice of Nursing Research: Conduct, Critique, and Utilization (5<sup>th</sup> edition).* Elsevier Saunders, USA.



Carter, J., Ward, C., Thorndike, A., Donelan, K. & Wexler, D.J. (2019). *Social Factors and Patient Perceptions Associated With Preventable Hospital Readmissions*. *Journal of Patient Experience*, 2374373518825143. <https://doi.org/10.1007/s00127-017-1450-5>.

Chiu-Yueh, H., Huei-Lan, L. & Yun-Fang, T. (2015). *Factors influencing mental health nurses, attitudes towards people with mental illness*. *International Journal of Mental Health Nursing*/ volume 24, Issue 3. <https://doi.org/10.1111/inm.12129>.

Chu, C., & Galang, A. (2013). *Hospital nurses' attitudes towards patient with history of illicit drug use*. Research Support, Non-U.S. Gov't, Journal Article. [The Canadian Nurse](#) [01 Jun 2013, 109(6):29-33.

Colaizzi, P.F., 1978, 'Psychological research as the phenomenologist views it', in R.S. Valle & M. King (eds.), *Existential phenomenological alternatives for psychology*, pp.48-71, Oxford University Press, New York.

Connelly, L.M. (2010). What is phenomenology? *MEDSURG Nursing*, 19 (2), 127-128

De Vos, A.S., Strydom, H., Fourche, C.B. & Delport, C.S.L. (2011). *Research at grass roots: for the social sciences and human service professionals*. (4<sup>th</sup> ed.). Cape Town: Van Schalk Publishers.

Donisi, V., Tedeschi, F., Wahlbeck, K., Haarano, P. & Amadeo, F. (2016). *Predisposing factors predicting readmissions of psychiatric patients: a systematic review of the literature*. [BMC Psychiatry](#).2016; 16: 449. [10.1186/s12888-016-1114-0](https://doi.org/10.1186/s12888-016-1114-0)

Frick, U., Frick, H., Langguth, B., Landgrebe, M., Hübner-Liebermann, B., Hazak, G. (2013). *The Revolving Door Phenomenon Revisited: Time to Readmission in 17'415 Patients with 37'697 Hospitalisations at a German Psychiatric Hospital*. PLoS ONE 8(10): e75612. <https://doi.org/10.1371/journal.pone.0075612>.

Gerish, K., & Lathlean, J (2015). *Research Process in Nursing*. 7<sup>th</sup> edition: Wiley publishers. John Willey & Sons. Copyright.

Giuliano. K.K., Danesh. V., and Funk. M. (2016). *The relationship between nurse staffing and 30-day readmission for adults with heart failure*. The Journal of nursing administration 46 (1), 25, 2016.

Gray, J.R., Grove, S.K., & Burns, N (2013). *The Practice of nursing research E-Book: Appraisal, synthesis and Generation of evidence*. Elsevier.2013. <http://evolve.elsevier.com>.



Gutsan. M., Patton. J., Willis. K.W., & Coustasse. A. (2018). *Burnout syndrome and nurse to patient ratio in the workplace*. Management Faculty Research. Marshal University.

Haines, A., Perkins, E., Evans, E.A. & McCabe, R. (2018). *Multidisciplinary team functioning and decision making within forensic mental health*. Mental Health Review Journal, Vol. 23 Issue: 3, pp. 185-196, <http://doi.org/10.1108/MHRJ-01-2018-0001>.

Hamdulay, A. K. & Mash, R. (2011). *The prevalence of substance use and its associations amongst students attending high school in Mitchells Plain, Cape Town*. South African Family Practice, 53(1): 83-90. <http://www.safpj.co.za>

Helm, J.E., Alaeddini, A., Stauffer, J.M., Bretthauer, K.M., & Skolarus, T.A (2015). *Reducing Hospital Readmissions by Integrating Empirical Prediction with Resource Optimization*. Production and operations management Journal.doi: 10.1111/poms.12377.

Hem, M.H., Gjerberg, E., Husum, T.L. & Perdersen, R. (2017). *Ethical challenges when using coercion in mental healthcare: A systematic review*. University of Oslo, Norway. Epub 2016 Mar 1.

Heslin, K.C., & Weiss, A. J (2015). *Care and transition interventions to rehospitalizations*.66 Canal Centre Plaza, suite 302 Alexandria, Virginia 22314

Holloway, I. (1997). *Basic Concepts for Qualitative Research*. London: Blackwell Science.

Hu, J., Gonsahn, M.D., & Nerenz, D. R (2014). *Socio-economic status and readmission evidence from an urban teaching hospital*.Health Aff May 2014 vol. 33 no. 5 778-785.

Iseselo, K. M., Kajula, L., & Yahya-Malima, K. L (2016). *The psychosocial problems of families caring for relatives with mental illness and their coping strategies: a qualitative urban based study in Dar es Salaam, Tanzania*. BCM Psychiatry, BCM series-open, inclusive and trusted 2016 16:146

Jacobson, J., Garcia-Pittman, E.C. & Ayers. (2018). *Multidisciplinary Approaches*. In: Tampi R., Tampi D., Boyle L. (eds) *Psychiatry Disorder Late in Life*. Springer, Cham [https://doi.org/10.1007/978-3319-73078-3\\_28](https://doi.org/10.1007/978-3319-73078-3_28).

Jamshed, S. (2014). *Qualitative research method-interviewing and observation*. Department of Pharmacy Practice, Kulliyah of Pharmacy, International Islamic University, Malaysia, Kuantan Campus , Pahang, Malaysia. [Pharmacist1992@live.com](mailto:Pharmacist1992@live.com).

Jiang, H.J., Boutwell, A.E., Maxwell, J., Bourgoin, A., Regestein, M., Andres, E (2016). *Understanding patient, provider, and system factors related to Medicaid*

Johnson, H., Worthington, R., Gredecki, N. & Wilks-Riley, F.R. (2016). *The relationship between trust in work colleagues, impact of boundary violations and burnout among staff within a forensic psychiatric service*. Journal of Forensic Practice, Vol. 18 Issue: 1, pp.64-75, <https://doi.org/10.1108/JFP-03-2015-0024>.

Kagabo, R., Kim, J., Hashibe, M., Kleinschmit, K., Clark, C., & Alder (2016). *Predictors of hospital readmission for children with psychiatric illness who have received an initial course of treatment*. Journal of Psychiatric and Mental Health 1 (2), 1-7, 2016.

Kalseth, J., Lassemo, E., Wahlbeck, K., Harramo, P., & Magnussen, J (2016). *Psychiatric readmissions and their association with environment and health system*. BMC Psychiatry, BMC series-open, inclusive and trusted, 2016 16:376. <https://doi.org/10.1186/s12888-016-1099-8>

Kortrijk, H., Schaefer, B., van Weeghel, J., Mulder, C.L. & Kamperman, A. (2019). *Trajectories of patients with severe mental illness in two-year contact with Flexible Assertive Community Treatment teams using Routine Outcome Monitoring data: An observational study*. PLOS ONE, Edited by Daniel Vigo, vol. 14, issue 1, p. e0207680.[doi:10.1371/journal.pone.0270680](https://doi.org/10.1371/journal.pone.0270680).

Lal, S., Malla, A., Marandola, G., Theriault, J., Tibbo, P., Manchanda, R., Williams, R., Joobar, R. & Banks, N. (2017). "Worried about relapse": Family members' experiences and perspectives of relapse in first-episode psychosis. *Early Intervention in Psychiatry* / Volume 13, Issue 1. <https://doi.org/10.1111/eip.12440>.

Lampert, L. (2016). *How to Handle Difficult Patients*. Ausmed Publishers, Ausmed Education Pty Ltd (ABN: 33 107 354 441).

Lee, W.J., Ong, L.Y., Koay, S.N. & Kwan, Z.E. (2017). *Early readmissions and associated socio-demographic, clinical factors in a psychiatric hospital, Malaysia*. Hospital Bahagia Ulu Kinta, 31250, Tanjung Rambutan, Perak, Malaysia. *Asean Journal of psychiatry*, vol. 18 (2), January-June 2017: XX-XX.

Lefley, P. H (2009). *Family Psychoeducation for Serious Mental Illness*. Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780195340495.001.0001>



Ma, C., McHugh, M.D. & Aiken, L. (2016). *Organization of Hospital Nursing and 30-day Readmissions in Medicare Patients Undergoing Surgery*. *Med Care*. Author manuscript; available in PMC 2016 Jan 1. *Med Care*. 2015 Jan; 53(1): 65-70.

Machado. V, Leonidas. C, Santos. M.M, & Souza. J. (2012). *Psychiatric readmission: integrative review of the literature*. Department of Psychology, Faculty of philosophy, Sciences and letters of Ribeirao Preto, Universidade de Sao Paulo, Ribeirao Preto, Brazil.

Mancuso. D. (2015). *Quality indicators and outcomes for Persons from State Psychiatric hospitals*. Department of Social and Health Service. Services and Support Administration. Research and Data Analysis Division. January 2015. Report Olympia, Washington.

Mahashe, N.P (2014). *Factors enhancing readmission of psychiatric patients to a mental health unit in East London as described by their caregivers*. University of Fort Hare, East London.

Mendenhall, E., Isaiah, G., Nelson, B., Musau, A., Koon, A.D., Smith, L., Mutiso, V. & Ndetei, D. (2015). *Nurses' perceptions of mental healthcare in primary-care settings in Kenya*. *Global Public Health, an International Journal for Research, Policy and Practice*. Volume 13, 2018 – Issue 4, <https://doi.org/10.1080/17441692.2016.1207196>.

Minichiello, V., Aroni, R. Timewell, E., & Alexander, L. (1999). *In-depth interviewing Principles, techniques, analysis* (2<sup>nd</sup> ed.). Sydney, Australia: Longman.

Minott, J. 2008. *Reducing hospital readmissions*. *Academy Health*: 1–15.

Moloi, T.L (2015), *the experiences of professional nurses working in a psychiatric hospital*. University of Free State, <http://hdl.handle.net/11660/1426>

Niehaus, D.J.N., Koen, L., Galal, U., Dhansay, K., Ousthuizen, P.P., Emsley, R.A & Jordan, E. (2008). *Crisis discharges and readmissions risk in acute psychiatric male inpatients*. *BMC Psychiatry*. <https://doi.org/10.1186/1471-244X-8-44>.

Nxasana, T., & Thupayagale-Tshweneagae (2014). *Nurses' Perceptions on the Readmission of Psychiatric Patients One Year after Discharge*. (Vol.16. No 1). *Africa Journal of Nursing and Midwifery*.

Pieterse, D., Temmingh, H., Vogel, W (2016). *Factors associate with readmission in South African adolescents discharge from two inpatient psychosocial rehabilitation unit*.

Department of Psychiatry and Mental Health University of Cape town, 28(3), 199-212. Retrieved on Dec 2016. <http://dx.doi.org/10.2989/17280583.2016.1259165>.

Polit, D. F., & Beck, C. T. (2004). *Nursing research. Principles and methods*. Philadelphia: Lippincott.

Polit, D. F., & Hungler, B. P. (2001). *Essentials of nursing research Methods, appraisal and utilization*. Philadelphia: Lippincott.

Pham, H.H, Schrag. D, O'Malley. A. S, Wu. B, & Bach. P.B. (2007). *Care Patterns in Medicare and Their Implications for Pay for Performance*, New England Journal of Medicine, Vol. 356, No. 11, March 15, 2007, pp. 1130-9

Ramson, S.M. & Chetty, R. (2016). *Taking strain: theorising drug use in the Cape Flats*. Acta Criminologica: Southern African Journal of Criminology, Volume 29 Number 3. Criminological and Victimological Society of Southern Africa (CRIMSA), <https://hdl.handle.net/10520/EJC-4a8a9fe01>.

Rudolfsson. G, & Berggren. I. (2012). *Nursing students' perspectives on the patient and the impact of the nursing culture: a meta-synthesis*. Department of Nursing, Health and culture, University West, Trollhattan, Sweden. [Gudrun.rudolfsson@hv.se](mailto:Gudrun.rudolfsson@hv.se). J Nurs Manag. 2012 Sep; 20(6): 771-81. doi: 10.1111/j. 1365-2834.2012.01470.x. Epub 2012 Aug 28.

Segen's Medical Dictionary. © 2012 Farlez, Inc. All rights reserved.

Sherring, S. & Knight, D. (2009). *An exploration of burnout among city mental health nurses*. British Journal of Nursing.

Simons, I., Mulder, E., Breuk, R., Rigter, H., van Domburgh, L. & Vermeiren, R. (2018). *Determinants of parental participation in Family-centered Care in Juvenile Justice Institutions*. *Child & Family Social Work/* Volume 24, Issue 1, <https://doi.org/10.1111/cfs.12581>.

Sobekwa, ZC. (2012). *Experiences of nurses caring for the psychiatric patients in an acute admission unit at a psychiatric hospital*.

South African Nursing Council. 2005. Act 33 of 2005. Pretoria: Government Printer

Sprah, L., Dernovsek, M.Z., Wahlbeck, K. & Harramo, P (2017). *Psychiatric readmissions and their association with physical morbidity*. *MC Psychiatry BMC series – open, inclusive and trusted* 201717:2. <https://doi.org/10.1186/s12888-016-1172-3>

Storm, M., Husebo, A.M.L., Thomas, C.E., Elwyn, G. & Zisman-ilani, Y. (2019). *Coordinating mental health services for people with serious mental illness: A scoping Review of Transmission from psychiatric hospital psychiatric hospital to community*. Springer US, <https://doi.org/10.1007/s10488-018-00918-7>

Streubert-Speziale, H.J. & Carpenter, D.R. (2007). *Qualitative research in nursing: advancing the humanistic imperative*. Lippincott Williams & Wilkins, Philadelphia.

Stuart, G.W. 2013. *Principles and Practice of Psychiatric Nursing*. 10th edition. Philadelphia: Elsevier/Mosby.

Stuart, H. & Sartorius, N. (2019). *Fighting Mental Illness-Related Stigma: What We Have Learned*. In: Javed A., Fountoulakids K. (eds) *Advances in Psychiatry*. Springer, Cham. [https://doi.org/10.1007/978-3-319-70554-5\\_36](https://doi.org/10.1007/978-3-319-70554-5_36).



Swanepoel, I., Geyer, S. & Crafford, G. (2016). *Risk factors for relapse among young African adults following in-patient treatment for drug abuse in the Gauteng*. Social Work (Stellenbosch. Online). 2016, vol. 52, n.3, pp.414-438. ISSN 2312-7198, <https://dx.doi.org/10.15270/52-2-617>.

Tulloch. A.D, Davids. A.S, & Thornicroft.G. (2016). *Exploring the predictors of early readmission to psychiatric hospital*. Kings College London, Kings Health Partners, Institute of Psychiatry, PO29, De Crespigny Park, London SE5 8AF,UK.

Totman, J., Hundt, G. L., Wearn, E., Paul, M., & Johnson, S. (2011). *Factors affecting staff morale on inpatient mental health wards in England: A qualitative investigation*. BCM Psychiatry 2011 11:68. <https://doi.org/10.1186/1471-244X-11-68>

Turesson, H., Eklund, M, & Wann-Hansson, C. (2012). *Stress of Conscience Among Psychiatric Nursing Staff in Relation to Environmental and Individual Factors*. Sweden: Sage.

Van der Kluit, M.J., & Goosens, P.J.J (2011). *Factors influencing attitudes of nurses in general health care towards patient with comorbid mental illness*. US National library of Medicine National institutes of health. [Issues Ment Health Nurs.](https://doi.org/10.3109/01612840.2011.571360) 2011; 32(8):519-27.doi: 10.3109/01612840.2011.571360

Velligan, D.I., Sajatovic, M., Hatch, A., Kramata, P. & Docherty, J.P. (2017). *Why do psychiatric patients stop antipsychotic medication? A systematic review of reasons for nonadherence to medication in patients with serious mental illness*. PubMed Publishers. Patient Prefer Adherence. 2017 Mar 3; 11: 449-468.doi: 10.2147/PPA.S124658.eCollection 2017.

Ward, L. 2011. *Mental Health Nursing and Stress: Maintaining Balance*. International Journal of Mental Health Nursing, 20(2): 77-85. doi: 10.1111/j.1447-0349.2010.00715. x.

Watson, R., McKenna, H., Cowman, S., & Keady, J. (2008). *Nursing research: designs and method*. Edinburg: New York: Churchill Livingstone.

Weisstub, D.N., Thomasma, D.C. & Gaunthier, S. (2013). *Aging: Caring for our Elders*. Dordrecht; Springer Science.

Williamson. A.E., Mullen. K., and Wilson. (2014). *Understanding "revolving door" patients in general practice: a qualitative study*. General practice and Primary Care, School of Medicine, College of MVLS, University of Glasgow, Glasgow, Scotland.  
[andrea.williamson@glasgow.ac.uk](mailto:andrea.williamson@glasgow.ac.uk).

Yaghoubi. M., Javadi. M., Rakhsh. F. & Bahadori. (2013). *A study of determining factors affecting the performance of nurses based on the achieve model in selected hospital of Isfahan (Iran)*. Health Management Research Center, Baqiyatallah University of Medical Sciences, Tehran, Management of Healthcare Services. Health Management and economic research center, Health Information Technology Research Center, Isfahan University of Medical Sciences, Isfahan, Tehran, Iran.

Zhu. X.W., You. L.M., et al. (2012). *Nurse staffing levels make a difference on patient outcomes: a multisite study in Chinese hospitals*. J Nurs Scholarship. 2012; 44(3):266-273.



#### APPENDIX-1

### UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 731987599 Fax: Not applicable

E-mail: 3570923@myuwc.ac.za

UNIVERSITY of the  
WESTERN CAPE

#### Information Sheet

***Project Title: The experiences of professional nurses regarding patients who are repeatedly readmitted to a psychiatric hospital in the Western Cape.***

#### **What is this study about?**

This is a research project being conducted by Nontamo Siyakudumisa at the University of the Western Cape. We are inviting you to participate in this research project because you have experience in caring for the patients that were readmitted in your ward. The purpose of this research project is to explore the lived experiences of professional nurses who are caring for patients who have been repeatedly readmitted to a psychiatric hospital in the Western Cape Province.

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

You will be asked to describe and explore your lived experiences of caring for repeatedly readmitted mental health care user(s) in your ward. The study will be conducted in the psychiatric hospital at the ward where you are working at. The focus of the interview will be on your experience on caring for the readmitted psychiatric patients. These “readmitted” patients will be those patients who have been repeatedly admitted at the hospital for more than once. The duration of our interview will be approximately 45 minutes to 1 hour. There will only be one question to be asked in your interview which is ‘to describe your lived experiences of caring for repeatedly readmitted mental health care user(s) in your ward’.

### **Would my participation in this study be kept confidential?**

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, during the interview, the researcher will not mention your name but the researcher will call you Mr./Mrs./Miss ‘X’, ‘Y’ ‘Z’ and any other alphabet. The only biographic data that will represent you in the survey will be your age, gender, and race. By so doing, the researcher will not forget your identity during the analysis of data. The identity of the alphabet named above will only be known by the researcher. To ensure your confidentiality, all the recordings will be kept safe in a computer and all the survey papers and documents will be locked in a safe filling cabinet in my supervisor’s office at the University. The information that will be kept in a computer will be protected by the passwords that will only be known by me. If we write a report or article about this research project, your identity will be protected. In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities’ information that comes to our attention concerning child abuse or neglect or potential harm to you or others. In this event, we will inform you that we have to break confidentiality to fulfil our legal responsibility to report to the designated authorities.

### **What are the risks of this research?**

There may be some risks from participating in this research study. There may be emotions emanating from the interview. During the interview, you may be probed to describe your attitudes and perceptions towards this phenomenon of patients being readmitted, therefore this maybe a risk posed by the research. All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimize such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

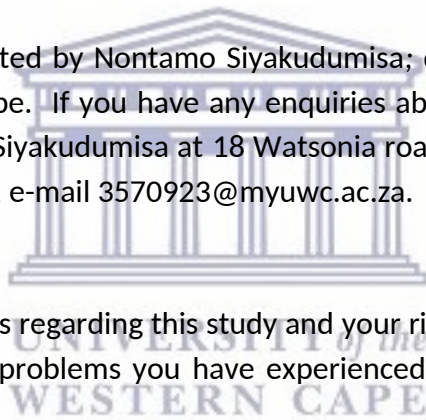
### **What are the benefits of this research?**

The benefits to you include speaking on your behalf on the burden, strain and workload that the readmitted psychiatric patients put on nurses. This research is not designed to help you personally, but the results may help the investigator learn more about the feelings, perceptions, and attitudes of professional nurses towards patients who are repeatedly readmitted to a psychiatric hospital in the Western Cape. We hope that, in the future, other people might benefit from this study through improved understanding of the burden and workload caused this phenomenon by the department authorities and hospital authorities respectively. This will also benefit the society on possibly preventable factors contributing to readmission of psychiatric patients at the psychiatric hospital.

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

#### **What if I have questions?**

This research is being conducted by Nontamo Siyakudumisa; department of nursing at the University of the Western Cape. If you have any enquiries about the research study itself, please contact Mr. Nontamo Siyakudumisa at 18 Watsonia road, Bellar, Cape Town: contact no: 0731987599/0631992411, e-mail 3570923@myuwc.ac.za.



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

Prof. J. Chipps

Head of Department

School of Nursing

University of the Western Cape

Private Bag X17

Bellville 7535

Prof A Rhoda, Dean of the Faculty of Community and Health Sciences

University of the Western Cape

Private Bag X17

Bellville 7535 [chs-deansoffice@uwc.ac.za](mailto:chs-deansoffice@uwc.ac.za)

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

(REFERENCE NUMBER: BM18/1/10)



## APPENDIX-2



### UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-850 4722 Fax: not applicable

E-mail: 3570923@myuwc.ac.za

#### Consent Form

##### Title of Research Project:

*The experiences of professional nurses regarding patients who are repeatedly readmitted to a psychiatric hospital in the Western Cape.*

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

Participant's name

Participant's signature

Date

## APPENDIX-3



### UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

**Tel: +27 21-850 4722 Fax: not applicable**

**E-mail: 3570923@myuwc.ac.za**

### **Interview questions**

---

1. Would you please describe your lived experiences of caring for repeatedly readmitted patients(s) in your ward?

For probing purposes, the researcher will use the following:

- ✓ What do you mean by?
- ✓ In what ways?
- ✓ Anything else?



### **APPENDIX-4**



**OFFICE OF THE DIRECTOR: RESEARCH  
RESEARCH AND INNOVATION DIVISION**

Private Bag X17, Bellville 7535  
South Africa  
T: +27 21 959 4111/2948  
F: +27 21 959 3170  
E: [research-ethics@uwc.ac.za](mailto:research-ethics@uwc.ac.za)  
[www.uwc.ac.za](http://www.uwc.ac.za)

28 March 2018

Ms S Nontamo

<http://etd.uwc.ac.za/>



**Ethics Reference Number:** BM18/1/10

**Project Title:** The experiences of professional nurses regarding patients who are repeatedly readmitted to a psychiatric hospital in the Western Cape.

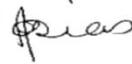
**Approval Period:** 22 March 2018 – 22 March 2019

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

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

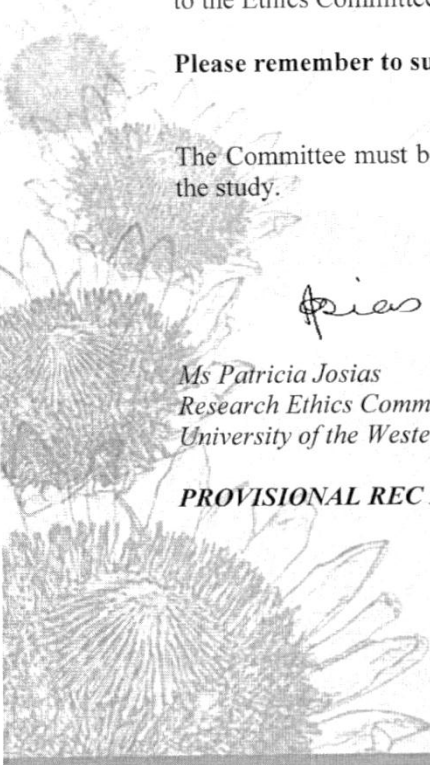
**Please remember to submit a progress report in good time for annual renewal.**

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



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

**PROVISIONAL REC NUMBER -130416-050**



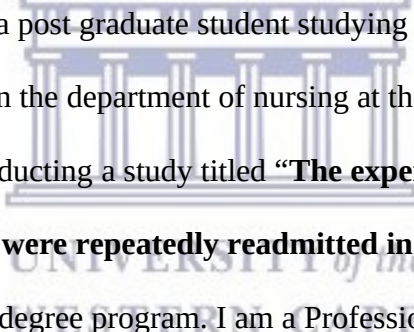
## APPENDIX 5

No. 18 Watsonia road,  
Bellar,  
Cape Town  
7535

Contact number: 0731987599

Lentegeur Psychiatric Hospital  
Private Bag X 1  
Highland Drive  
Mitchell's plain

### **Request to conduct research at your Health establishment**



I am Siyakudumisa Nontamo, a post graduate 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 in conducting a study titled "**The experiences of professional nurses towards patients who were repeatedly readmitted in a psychiatric hospital in the Western Cape**" as part of the degree program. I am a Professional nurse who currently works in Eastern Cape for the Department of Health and I am interested in exploring and describing how professional nurses experience caring for the repeatedly readmitted psychiatric patients in the acute admission ward. However, in order for me to move on with my study I require your permission to interview about 12 nurses who work in your two acute admission units.

I hereby request your permission to conduct my research at your health establishment.

Herewith attached is the copy of the professional nurse's consent forms and the information sheet. The study has been approved (see attached ethical clearance letter) by the ethics committee and the senate of the UWC. Participation in the study is voluntary and participants

have a choice to withdraw from the study at any given time. All information will be handled confidentially and will be transcribed personally. The nurse's anonymity will be ensured throughout the study. This will be done by using alphabets 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.

Thank you in advance

Yours faithfully

Siyakudumisa Nontamo



## APPENDIX 6



**Western Cape  
Government**  
Health

Health impact assessment  
Health research sub-directorate  
Health.Research@westerncape.gov.za  
Tel: +27 21 483 0866; fax: +27 21 483 9895  
5<sup>th</sup> Floor, Norton Rose House, 8 Kiebeek Street, Cape Town, 8001  
[www.capegateway.gov.za](http://www.capegateway.gov.za)

REFERENCE: WC\_201804\_005  
ENQUIRIES: Dr Sabela Petros

---

University of Western Cape  
Robert Sobukwe Road  
Bellville  
Cape Town  
7530

For attention: Mr Siyakudumisa Notamo

**Re: The experiences of professional nurses regarding patients who are repeatedly readmitted to a psychiatric hospital in the Western Cape.**

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research. Please contact the following person to assist you with any further enquiries in accessing the following sites:

**Lentegeur Hospital**

**Ms Nadine Jacobs**

**021 370 1105**

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.
2. By being granted access to provincial health facilities, you are expressing consent to provide the department with an electronic copy of the final feedback (**annexure 9**) within six months of completion of your project. This can be submitted to the provincial Research Co-ordinator ([Health.Research@westerncape.gov.za](mailto:Health.Research@westerncape.gov.za)).

which was submitted, you are expected to complete and submit a progress report  
(Annexure 8) to the provincial Research Co-ordinator  
(Health.Research@westerncape.gov.za).

4. The reference number above should be quoted in all future correspondence.

## APPENDIX 7

Yours sincerely



DIRECTORATE: GENERAL SPECIALISED AND  
EMERGENCY SERVICES

REFERENCE: Research Committee

ENQUIRIES: Ms Nadine Jacobs

20 June 2018

**From: Research and Ethics Committee**

**Lentegeur Hospital**

**To: Siyakudumisa Nontamo**

Dear Ms Nontamo,

Thank you for your submission to the Research and Ethics Committee at Lentegeur Hospital. We note that your proposed study was approved by the University of the Western Cape.

This serves to confirm that your research project titled "**The experiences of professional nurses regarding patients who are repeatedly readmitted to a psychiatric hospital in the Western Cape**" has been granted approval by the hospital Research Ethics Committee for the period June 2018 to June 2019.

You would be required to submit progress and final report to the hospital for our record of research conducted at the facility.

A handwritten signature in blue ink, appearing to read "Lebogang Phahladira".

**Dr Lebogang Phahladira**  
**Chairperson: Research and Ethics Committee**

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## APPENDIX 8



*Copy-Editing & Proofreading  
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## EDITORIAL CERTIFICATE

This document certifies that the manuscript listed below was edited for proper English language, punctuation, grammar, spelling, sentence structure and phrasing.

**Manuscript title:**            The Experiences of Professional Nurses Regarding Patients  
Who Are Repeatedly Readmitted to a Psychiatric Hospital

**Author:**                                Siyakudumisa Nontamo

**Date Issued:**                                10 April 2019

This document certifies that the manuscript listed above was edited by a certified copy-editor and proofreader. Neither the research content nor the author's intentions were altered in any way during the editing process. The author has the right to accept or reject any suggestions and changes made to the manuscript.

*Nathalie Hattingh*  
Copy-Editor & Proofreader