# UNIVERSITY OF THE WESTERN CAPE

## SCHOOL OF NURSING

# EXPERIENCES OF PROFESSIONAL NURSES IN CARING FOR PATIENTS WITH SUSPECTED MENTAL HEALTH DISORDERS

**Mini-dissertation submitted as part of the fulfillment of the requirements for the structured master's degree in psychiatric nursing science.**



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## Abbreviations

CHC - Community health centres

CNP - Clinical nurse practitioner

IMCI – Integrated management of childhood illness

LMICs - Low and middle- income countries

MH - Mental health

MHCUs - Mental health care user

mhGAP- Mental Health Gap Action Programme

PHC – Primary health care

PMH APNs – Psychiatric mental health advanced practice nurses

PTSD – Post-traumatic stress disorder

SASH – South African Stress and Health Survey

WHO – World Health Organisation

## Abstract

Psychiatric nurses are known for their person-centred care approach that offers help through a therapeutic communication approach. In South African nursing, a Professional Nurse is a nurse whose role include but not limited to conducting a comprehensive and holistic health assessment on clients of all age groups, with complex health problems, determines the health needs of the community, early detection, diagnosis, treatment and appropriate referral to higher levels of care.

This study aimed to explore the experiences of registered Nurses in dealing with patients with suspected mental health conditions in community health facilities in South Africa. The objectives of this study were to explore the nurses' experiences in caring for patients with suspected mental health conditions and explore challenges related to the caring of patients with mental health conditions at selected community health clinics in Cape Town.

The research project followed a qualitative approach. Participants were selected using purposive sampling, five in-depth interviews were conducted in two selected primary health clinics, and relevant information was obtained.

The study was approved by the Ethics Committee of the University of the Western Cape (Ref No. BM19/7/13) and was carried out following the principles of the Declaration of Helsinki.

In the findings, six themes emerged: Management of patients with suspected mental disorders Six themes emerged: Management of patients with suspected mental disorders; staffing challenges; Relationships among professional health care workers; Attitude towards patients with suspected mental health disorder; Barriers to effective service delivery and Strategies to improve experiences when dealing with patients with mental disorders. The subthemes were discussed with relevant literature and theories.



**Keywords:** Experiences, Mental health problem, Mental health care user, Primary health care, Nurses

## Declaration

I declare that the thesis entitled “Experiences of Professional nurses in caring for patients with suspected mental health disorders” which I hereby submit for the structured master’s degree in psychiatric nursing science at the University of the Western Cape, is my work and has never been submitted before to this university or any other Institution.

I declare that the references used are indicated in the reference list.

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# CHAPTER 1

# Introduction and Background to the Study

## 1.1 Introduction

Common mental health disorders in South Africa are defined as mood disorders, anxiety, substance use disorders, and post-traumatic stress disorder (Ali, Ryan & De Silva, 2016). Mental health disorders result in lower life expectancy, increased risk of co-morbid physical illnesses, and limited access to appropriate general health care services compared to the general population (Edmunds, 2018).

Management and screening of common mental health disorders in primary health care are still comparatively limited, with the African continent being particularly poorly represented (Kaminer, Owen & Schwartz, 2018). Screening of mental health disorders in primary health care would not only improve the quality of care (Ali et al., 2016) but remove the stigma that is linked to poverty, discrimination, and an increase in mortality rates (Susser & Patel, 2014) and improve the living conditions and health of these underprivileged persons (Mellins et al., 2017).

The SASH (South African Stress and Health) findings have identified that mental disorders in children have a negative impact on educational achievements and future prospects (Petersen & Lund, 2011). About 20% of children's burden of disease is attributed to mental health disorders, with suicide identified as the leading cause of adolescent deaths worldwide (Schulte-Körne, 2016). Studies report that the adjusted estimated prevalence of the mental disorder among children and adolescents in the Western Cape was 17%, with an estimated prevalence for generalised anxiety disorder of 11%, post-traumatic stress disorder (PTSD) 8%, and major depressive disorder at 8% (Jacob & Coetzee, 2018; Mokitimi et al., 2019).

In order to ensure early identification and treatment, there is a need for screening of children in schools and primary healthcare settings (Petersen & Lund, 2011). Health care practitioners should find ways to improve the health and living conditions of individuals living with mental health disorder(s) (Susser & Patel, 2014). Health care practitioners also should ensure that

treatment efforts include support and training of caregivers (parents or next of kin) to enhance client's outcomes (Mellins et al., 2017).

The lack of commitment from policy makers in low and middle-income countries (LMICs) (Mugisha et al., 2017) has been identified as one of the contributing factors towards the shortage of staff, ineffective use of resources, and inadequate training of PHC staff (Agyapong, Farren & Mcauliffe, 2016; Mugisha et al., 2017). In a South African study to investigate missed opportunities for addressing reproductive and mental health needs during patients' visit to primary health care, it was reported that many South Africans who may have benefited considerably, are not benefiting from these services, due to staff shortages, political and public sector/ leadership related issues (Sorsdahl et al., 2010).

The scarcity of mental health professionals in LMICs poses a challenge for the identification of problems and implementation of treatment efforts (Abera, Tesfaye, Belachew, & Hanlon, 2014; Mellins et al., 2017). A 2010 survey in the South African public Mental health system found a total of 11.95 mental health professionals, primarily nurses, per 100 000 people, with less than one psychiatrist, psychologist, or social worker per 100 000 people, with particularly acute shortages in impoverished and rural communities (Mellins et al., 2017).



A study conducted in South Africa concerning rural primary health care aligned with the National policy for integrating national policy into primary health care, reported a shortage of mental health care practitioners across all nine provinces, with four provinces that do not have full-time psychiatrists employed in their public rural areas (De Kock & Pillay, 2017).

shortages of health care workers, especially nurses negatively impacted the integration of mental health into primary care. Poor integration of mental health into primary health care level results in stigmatization and encourages over-use of already crowded psychiatric institutions (Spagnolo et al., 2018). Petersen and Lund noted that mental health care users (MHCU) have reported challenges which include long waiting periods, irregular and inconsistent identification of common mental health disorders at primary care level; as a result, patients

prefer psychiatric services compared to integrated primary health services (Petersen & Lund, 2011).

Despite the above challenges, the integration of mental health into primary health care has been identified as an effective way to manage and improve mental health services. Such challenges can be corrected through collaboration and coordination with the external stakeholders in order to improve service delivery within mental health (Matsea, Ryke, & Weyers, 2018). There is also growing evidence that integrating medical and psychiatric services into the community health care services results in improved primary healthcare outcomes without additional healthcare costs (Annamalai, Staeheli, Cole & Steiner, 2018).

Integrating mental health services into primary health care can be seen as a significant solution to addressing the human resource shortage in delivering mental health interventions (Mugisha et al., 2017). Therefore, it is important to ensure that primary care facilities have sufficient primary healthcare workers with the necessary skills and competencies to identify mental disorders, provide basic medication and psychosocial interventions, undertake crisis intervention, refer to specialist mental health services where appropriate, and provide psycho-education and support to patients and families (Funk et al., 2008).



Staff training, an increase in budget allocation for mental health within primary health care and provision of support to primary health care staff have been identified as vital to close the treatment gap for common mental disorders (Petersen & Lund, 2011). Although there is recognition of the services that nurses at the primary care level can provide for persons with mental illness, few studies have been conducted to identify practices of Professional nurses working in primary care setting in LMICs in screening for mental health disorders.

## 1.2 Problem statement

Common mental health disorders are associated with disability, poor prognosis of diseases (Arango et al., 2018), and have a negative impact on health care costs and economic

productivity (Gonçalves et al., 2014). Maconick et al. (2018) report a knowledge gap in the training of nurses that facilitate the integration of mental health into primary health care, which is concerning considering that nurses are the majority of healthcare providers in both specialised and primary health care services (World Health Organisation (WHO), n.d.). Although first level of care is accessible for persons with common mental disorders, studies report that at least fifty percent of common mental disorders remains undetected and untreated. The majority of persons with mental disorders do not have access to effective treatment, although treatment exists (World Health Organisation (WHO), n.d.) due to the lack of mental health policies and skills among primary health care nurses (Hlongwa & Sibiya, 2019). The shortage of financial and human resources remains evident (De Kock & Pillay, 2016), thus contributing to a negative impact on the screening and management of mental disorders, particularly at the primary care level.

As a nurse working at primary care level, I am aware of the challenges of providing quality care to increasing numbers of patients without a corresponding increase in human resources. Patients wait from early morning to be attended to and are frustrated by the excessive waiting times. When faced with such overwhelming patient needs, primary care nurses may not be able to adequately screen and manage common mental disorders in their patients. The researcher identified that there is a lack of information about nurses' experiences in management and screening of mental health disorders. This study aimed to explore the experiences of Professional Nurses in caring for patients with suspected mental health conditions at the community health clinics, in the South Peninsula Health District of the Metro Region, Cape Town.



## 1.3 Aim of the study

This study aimed to explore the experiences of Professional Nurses in caring for patients with suspected mental health conditions at community health clinics in the South Peninsula Health District of the Metro Region, Cape Town.

## 1.4 Objectives of the study

1.4.1. To explore the nurses' experiences in caring for patients with suspected mental health conditions within selected community clinics in Cape Town.

1.4.2. To explore challenges related to caring for patients with mental health conditions.

## 1.5 Definition of terms

**Clinical Nurse Practitioner** (CNP) is a Professional Nurse who holds a post-registration qualification in health assessment, clinical diagnosis, and treatment at the primary care level. This category can work with medical officers on a referral basis (South African Nursing Council, n.d.).

**Experiences** are the set of skills acquired through the repeated performance of a particular activity, which in turn, implies competence in performing the task of interest (Experiences, n.d.).



**Mental Health Nurse** "is a mental health care practitioner who is a professional nurse that has been trained as a mental health care nurse specialist and can provide prescribed mental health care, treatment, and rehabilitation services. Such nurse holds an additional qualification in Mental Health Nursing, in accordance with the Mental Health Care Act No.17 of 2002" (South African Nursing Council, 2020).

**Mental health problems** are defined by abnormal thoughts, perceptions, emotions, behaviour, and relationships with others (World Health Organisation (WHO), 2017).

**Nurses** are defined as professional nurses that are registered and accredited by the South African Nursing Council to practice for at least one of the following categories: Professional nurse, a midwife; staff nurse; auxiliary nurse; or auxiliary midwife (National Department of Health, 2005, p.25).

In this study the nurse includes all professional nurses registered under SANC R. 425 (general, primary care nurse specialists and psychiatric nurses), working at primary health care level, rendering direct care to patients with all types of illnesses and ailments, skilled and competent to offer the first level of nursing care that patients require.

**Primary health care**: defined as the service that "detects diagnoses and treats common mental health conditions, and organises the referral of more complicated mental health problems to more appropriate levels of mental health care." (Western Cape Government, 2014b, para. 1).

## 1.6 Significance of the study

This study will provide information about primary healthcare nurses' experiences in the screening and management of mental healthcare users. This information may contribute to the health care planner's understanding of the management of mental disorders within the primary care facilities and may inform service planning and delivery.

The findings of the study will be shared to provide information for government and health managers to identify the resources and structures needed to assist nurses to identify and manage persons with mental disorders in primary care settings.



## 1.7 Outline of the dissertation

This dissertation is structured as outlined below.

Chapter one introduces the background, problem statement, research aim, and objectives.

Chapter two describes literature related to the prevalence of mental disorders in South Africa, primary health care in South Africa, strategies in the management of mental disorders, challenges in integrating mental health into primary health care, the mental health care gap, and experiences of nurses at primary care level.

In chapter three the research design, setting, population, inclusion criteria, analysis, method, and ethics are discussed in detail.

Chapter four describes the participants in the study and presents the findings, supported by quotes from participants' interviews.

Chapter five presents the discussion of the findings of the study, recommendations, limitations of the study, and the conclusion.

Chapter six presents the limitations of the study, recommendations, and the conclusion.

# CHAPTER 2

# Literature Review

## 2.1 Introduction

The health care system in South Africa aims to provide comprehensive primary health care services for all people. The increase in mental illness can be combated through the integration of mental health services into general and primary health care services (Western Cape Government, 2014a). This chapter discusses the literature related to mental illness and the management thereof in South Africa, with particular reference to the primary level of care. Key search terms used to search the literature were: prevalence of mental health disorder in South Africa; mental health services at primary health care; experiences of nurses at primary care level; mental health care users; challenges of primary care nurses; integration of mental health services into primary health care South Africa.

The review is presented under the following themes:

- Prevalence of mental disorders in South Africa
- Primary health care in South Africa
- Strategies in the management of mental disorders
- Challenges in integrating mental health into primary health care
- Experiences of nurses at primary health care
- Mental health GAP

## 2.2 Prevalence of mental disorders in South Africa

The South African Stress and Health Survey (SASH) used a standardised and validated diagnostic tool to determine the prevalence of common mental disorders (Jacob & Coetzee, 2018). Jacob and Coetzee (2018) reported a 12-month prevalence of common mental disorders among South African adults of 16.5%. The lifetime prevalence of specific disorders

was reported as anxiety disorders (18.9%), substance use disorders (20.6%), and depression (9.8%) (Jacob & Coetzee, 2018; Kaminer et al., 2018).

Maternal depression is common in South Africa, with a prevalence ranging from 18%- 47% for antenatal depression and 32% to 35% for postnatal depression (Schneider et al., 2016) and Sijbrandij et al. (2016) reported that women who have been exposed to Gender-based violence are at high risk of developing common mental health disorders. In South Africa, it is estimated that 75% of people with mental disorders do not receive mental health services (World Health Organisation (WHO), 2016).

Research suggests a high prevalence of mental disorders in people living with HIV (Mellins et al., 2017; National Department of Health and South African National AIDS, 2016) and those diagnosed with Tuberculosis (National Department of Health and South African National AIDS, 2016). This is vital, especially when taking into consideration the high prevalence of HIV in South Africa. According to the studies done by UNAIDS (as cited in Mellins et al., 2017), about 6.3 million people were found to be HIV positive in South Africa, and an estimated 301 000 South Africans became ill with TB in 2018 (Kanabus, 2020).



There is also substantial evidence that mental and substance use disorders are associated with poor adherence to HIV and TB treatment (National Department of Health and South African National AIDS, 2016) and that the life expectancy of clients with mental illness is reduced by 17 years compared to people that are mentally well (Robson, Haddad, Gray, & Gournay, 2013).

Mental illnesses deprive children of the potential to realize and live productive lifestyles (Sanders & Turner, 2018). WHO reports on child and adolescent mental health note that mental illness is the leading cause of death in young people and up to twenty percent of children around the world suffer from mental illnesses (WHO & Child and Adolescent Health Unit, 2017).

## 2.3 Primary health care in South Africa

Primary health care aims to provide essential health care that is collectively accessible to individuals and families in the community and provided as close as possible to where people live and work (WHO, 1978). Stepped care and a collaborative model is the recommended approach for mental health care (Schneider et al., 2016, p. 158). Stepped care and a collaborative model refers to a system of delivering and monitoring mental health treatment through screening, diagnosing, and treating people with mental disorders, putting in place strategies to prevent mental disorders and application of key psychosocial and behavioural science skills; for example, interviewing, counselling and interpersonal skills, in their day to day work to improve overall health outcomes in primary mental health care (Bateup, Palmer & Catarino, 2020; Schneider et al., 2016).

The most recent WHO report on mental health highlights the importance of integrating mental health into primary healthcare as the most important role in the process of deinstitutionalization as it reduces stigma for people with mental disorders and their families, better accessibility to mental health services, and treatment of co-morbid and physical conditions (Petersen et al., 2016). Integration of mental health improves prevention and detection of individuals, family, and community within the national health system (National Department of Health, 2014).



## 2.4 Strategies in the management of mental disorders

According to Marais and Petersen (2015) South African Mental Health Care Act, no 17 of 2002 (Mental Health Care Act No. 17, 2002) aims to protect the rights of mental health care users (MHCUs) including the right to access care, rights to dignified and humane treatment, the right to confidentiality and privacy, the right to protection from physical and psychological abuse. The authors' highlight that implementation and enforcement of Mental Health Care Act no 17 of 2002 (Mental Health Care Act No. 17, 2002) has not been without challenges, due to many competing health priorities.

To improve health for the population, the Provincial Government of the Western Cape endorsed the Health care 2030 policy, to guide improvements of mental health services within Western Cape until 2030. This health care plan identified the need to increase the number of professionals to screen and manage people with mental health problems (Western Cape Government, 2014a).

The National Mental Health Policy Framework and Strategic plan 2013-2020 adopted in 2013, including the integration of mental health services into primary health care, thus aiming to reduce the mental health treatment gap and health burden (National Department of Health, 2014).

There are still concerns as to whether the plan is feasible and sustainable (De Kock & Pillay, 2016). A study conducted by Mugisha et al.,(2017) on the integration of mental health into primary healthcare in LMICs reported that to date only in South Africa have treatment programmes for maternal mental health been identified. Treatment programmes in South Africa include strategies to address vulnerable members of the society, including children and disabled persons to promote self-worth, skill development and enhance the quality of life (Mugisha et al., 2017).



## 2.5 Challenges in integrating mental health into Primary Health Care

The National Department of Health released guidelines on the management of MHCUs in primary care settings in 2006 (National Department of Health, 2014) and treatment guidelines for common mental disorders (Dube & Uys, 2015). Despite these guidelines, gaps still exist in the screening and management of persons with mental disorders at the primary care level (Dube & Uys, 2015).

Effective interventions to manage common mental disorders are available, however, these interventions require experts in mental health care who provide lengthy and costly treatment (Sijbrandij et al., 2016). Given the limited budget allocation for the mental health sector in

LMICs, it is unlikely that adequate, quality mental health services can be provided (Mugisha et al., 2017; Susser & Patel, 2014).

Studies done in human resources have reported that the number of psychiatrists and psychiatric nurses in relation to the population is still unacceptably low (De Kock & Pillay, 2016; Mugisha et al., 2017). Mental health nurses practising in South Africa constitute 9.7 per 100 000 of the population; on average, 56 Advanced Practice Mental health nurses were produced per year between 2007 and 2013, and the rate of psychiatrists to the population in 2016 was 0.37 per 100 000 (De Kock & Pillay, 2016). As a result of these shortages, in primary health care clinics, patients may be attended to by registered nurses with a General Nursing diploma with no psychiatric training, which might result in misdiagnosis and mismanagement of patients (Dube & Uys, 2015).

Despite the above-mentioned challenges, Burger, Ranchod, Rossouw, and Smith, (2016) reported that compared to other African countries, South Africa seems to be doing relatively well in terms of resources, mental health facilities, and provision of psychotropic medications. The country has also made improvements for decentralised care, management of emergency cases, and proper referrals to secondary mental health services providing a 72-hour assessment of persons needing urgent mental health care.



## 2.6 Experiences of nurses at the primary care level

Despite the improvement in policies, South African nurses providing primary care seem to be experiencing more challenges compared to developed countries (Hlongwa & Sibiya, 2019; Ned, Cloete & Mji, 2017). Nurses in rural areas have been reported to be working 24-hour shifts, which limits their time with their families, leaving them hopeless and frustrated, which then, in turn, affects quality clinical nursing care (Naylor & Kurtzman, 2010). A study conducted on the primary health care nurses' attitude towards people with severe mental disorders reports a high negative attitude among nurses towards persons with mental illness (Sahile et

al., 2019). The authors states that the negative attitude was associated with poor level of education, lack of experience and training about mental illness (Sahile et al., 2019).

In a study conducted in Limpopo province, nurses expressed challenges of infrastructural constraints, including the lack of necessities such as accommodation closer to work, and shortage of staff, which increased exhaustion and affected clinical nursing care (Mohale & Mulaudzi, 2008). Despite the challenges in LMICs, the nurses' views on training needs to increase provision of mental health services in primary healthcare reflected that nurses are eager to empower themselves to provide quality care to persons with serious mental illness, by realising that there's need and support for training to equip themselves about serious mental illness, Furthermore, they came with different suggestion how their visions or needs can be met and how their can access or training be provided without compromising patients care (Happell et al., 2013).

In contrast with the South African studies, a study conducted in Australia reported that primary care nurses were recognized and respected, had better interdisciplinary relationships, were satisfied with the quality of care provided to their patients, and had benefits that suited their life-style (Halcomb & Ashley, 2016).



A study conducted on the professional role of Greek-Cypriot community mental health nurses revealed that in developed countries, nurses view community nursing as an advantage rather than a challenge and more beneficial toward the MHCUs as it allows them to be involved in decision making concerning their treatment and rehabilitation (Karanikola et al., 2018).

## 2.7 Mental Health GAP (mhGAP) programme

The World Health Organisation launched its mhGAP (Mental Health Gap Action Programme) in 2008. MhGAP aims to reduce the treatment gap and improve mental health services in all regions around the world (World Health Organisation (WHO) et al., 2009), through scaling up

of mental health services, integrating mental health and primary healthcare as well as general medical services (Dua et al., 2011; World Health Organisation (WHO) et al., 2009).

The mhGAP programme provides a set of practical clinical guidelines and processes that prioritise neurological and substance use disorders to assist in the delivery of mental health care (Sorsdahl et al., 2012). These processes include situational analyses to determine the country's needs, strategies to improve treatment for these disorders, development of policy and legislative frameworks, and strengthening of health systems to improve the delivery of intervention packages (World Health Organisation (WHO) et al., 2009).

The WHO mhGAP Forum recommends that policy makers view mental health as a critical contributor to human capital scaling up of mental health through the adaptation of the use of technology (World Health Organisation (WHO), 2018). mhGAP Forum's key message was to recommend that policy makers pay attention to developing policies that promote the alleviation of poverty, promote nutrition, education, gender equality, and enhance equity (World Health Organisation (WHO), 2018).

The South African report on mental health across the nine provinces, reports differences in budget allocation for mental health-related problems. According to (Lund, Kleintjes, Kakuma, and Flisher, 2010) in all nine provinces, the policies are organised in line with the national policy of integrating mental health into primary health care.



## 2.8 Conclusion

The literature identifies the burden and risk factors for mental disorders in South Africa and the importance of the integration of mental health services into primary care. The challenges of integration, in particular, the shortage of human resources have been described. There is limited published information about the experiences of nurses working in primary care facilities in recognising and managing persons with suspected mental illness.

# CHAPTER 3

# Research methodology

## 3.1 Introduction

Qualitative research is a systematic, subjective approach used to describe life experiences and give them meaning (Burns, Grove, & Gray, 2011). Qualitative methodology is used when there is not enough information known about the phenomenon under study (Brink, van der Walt, & Rensburg, 2012) and when the researcher seeks the richness of multiple perspectives (Southam-Gerow & Dorsey, 2014).

The researcher used a qualitative methodology to explore the experiences of Professional Nurses in caring for patients with suspected mental health disorders. A qualitative descriptive and contextual approach was utilised to help the researcher better understand the meanings and perspectives of the nurses being studied (Maxwell, 2013). Colorafi and Evans suggest that a qualitative descriptive approach is appropriate for obtaining rich data and understanding experience, and researchers who use a descriptive approach stay close to their data (Colorafi & Evans, 2016).



## 3.2 Study Design

Qualitative exploratory research is used to explore a problem that has not been clearly defined as the researcher seeks to gain a better understanding (Polit & Beck, 2010). The researcher used an exploratory, descriptive, and contextual qualitative approach to explore the experiences of Professional Nurses in dealing with patients with suspected mental health conditions. A qualitative approach in this study was appropriate as it provided insights into nurses' experiences with regard to caring for persons with suspected mental illness (Tappen, 2011).

Despite WHO recommendations for mental health to be integrated into primary health care, few nurses possess the knowledge and skills necessary to identify and manage mental illness appropriately (World Health Organisation (WHO), n.d.).

The purpose of this study was to explore the experiences of Professional Nurses in caring for clients with suspected mental disorders in selected community health centres in Cape Town.

### 3.3 Study Setting

The setting for the study was two primary health care facilities situated in the South Peninsula Health District of the Metro Region in Cape Town (Masiphumelele and Ocean View) which refer patients to Valkenberg hospital in Cape Town. This hospital is one of four psychiatric academic hospitals that provide specialist inpatient and outpatient services for the Western Cape. The areas served by the facilities mentioned above differ with respect to socio-economic status, race and thus provide for diversity. The majority of the population served by two facilities fall into the lower-middle income bracket and thus utilise public health facilities almost exclusively. The two facilities are not accredited for placement of nursing students (non-academic facilities) and are in under-researched areas of the Cape Town metropole health district. The facilities are staffed mainly by Medical Officers, Pharmacists, the nursing manager, professional nurses assisted by enrolled and auxiliary nurses.



### 3.4 Population and Sample

The population in qualitative research is the total set of information sources that are potentially relevant to answering the research question (van Rijnsoever, 2017). The population for this study was Professional Nurses working in the selected community health clinics in the South Peninsula Health district of the Metro Region of Western Cape. There were eleven (11) Professional Nurses permanently employed in the above-mentioned facilities during the period of data collection.

A sample is a subset of population elements (Burns et al., 2011; Polit & Beck, 2010). Purposive sampling was used during the study. Purposive sampling is a sampling technique that represents the researchers' judgement regarding participants who possess knowledge and experience about the topic of interest (Brink et al., 2012). This includes people who have the ability to communicate their experiences well, able to express their opinions in a clear, reflective manner (Wu Suen, Huang & Lee, 2014). Sampling continued until no new information was obtained (Brink et al., 2012). It is estimated that data saturation in a descriptive study occurs after 10 or fewer participants have been interviewed (Moser & Korstjens, 2018). Studies indicate that in qualitative research the data saturation relies on the richness of the data provided by the participants, the more relevant the data the fewer the participants required to participate in the study (Malterud, Siersma & Guassora, 2016; Shaheen, Pradhan & Ranajee, 2018). In this study, saturation is reached after five interviews.

### 3.5 Inclusion criteria

Burns et al.( 2011) define eligibility criteria as a set of characteristics that are necessary for membership in a required population. The inclusion criteria were as follows:

- All Professional nurses working in the primary health care facilities, including those consulting for general health services and facility operational managers.
- Professional nurses with at least one or more year(s) of experience in a primary care clinic (after completion of community service if required). It was assumed that this would be sufficient time to have gained relevant experience.
- Able to communicate in one of the three official languages (English, IsiXhosa, and Afrikaans) in health facilities as per the Western Cape Language Act (The Provincial parliament of the Western Cape, 1998).

### 3.6 Exclusion criteria

Professional nurses who met the criteria for inclusion but were on leave or absent from the facility during the data collection period were excluded.

### 3.7 Instrument

An interview schedule with open-ended questions and prompts was used by the researcher. In-depth qualitative interview questions were formatted using the research topic, questions modified to be broad for interviewees to narrate their experiences. Interviews in health care research enable the researcher to document perspectives of reality extend understanding of people's motivations, perceptions, and experiences that happen in real-life settings (Adhabi & Anozie, 2017). While conducting interviews, the researcher served as the main research instrument (Xu & Storr, 2012) needed to strike a balance between being non-judgmental, and being neutral. During the interview, the researcher created a safe space to ensure that participants felt safe to share their experiences (Pezalla, Pettigrew & Miller-Day, 2015).



### 3.8 Pilot interview

'A pilot study is a small-scale methodological test conducted to prepare for the main study and is intended to ensure that methods or ideas would work in practice' (Kim, 2011, p. 191). The aim of the pilot interview in qualitative research is to clarify uncertainties while ensuring that questions are properly interpreted, and cover the content necessary to measure all concepts, to determine the reasonable time frame to complete the interview, while allowing the researcher to perfect interviewing skills (Dikko, 2016, p. 522). Two pilot interviews were conducted with two participants in a different facility prior to the actual study to identify practical problems concerning the interview schedule and to establish the length of the time required for the interview. The study supervisor provided feedback on the interview recordings and

suggested better use of probing questions and interviewing techniques. The pilot interviews were not included in the main study.

### 3.9 Gaining access

After gaining ethics approval from the Biomedical Research Ethics Committee of the University of the Western Cape (Appendix A), the researcher requested permission to conduct a study from the Western Cape Department of Health (Appendix D). Permission was also requested from the City of Cape Town Health Research Committee (Appendix F). Permission was also requested and granted from the managers in Masiphumelele and Ocean View community health clinics (Appendix G).

Arrangements were made with facility managers to introduce the study to the professional nurses in each facility. The potential participants were given an opportunity to ask questions. An information sheet was given to all professional nurses, with the researcher's contact details. The facility managers agreed to release participants for 30 to 45 minutes to participate in the study. Interested persons were asked to leave their names and contact details with the researcher or with the facility manager. The researcher then arranged individual appointments with these participants to conduct interviews.



### 3.10 Data gathering

Prior to data collection, it was important that the researcher identified any pre-conceived information about the topic of the study, write it down, and set it aside for the researcher to be able to consider every perception on the topic and be open to the meaning that participants attach to the phenomena (Burns et al., 2011). The researcher did this by writing daily reflections in her research journal.

At the appointed time and place, with each participant, the researcher explained the purpose of the research, obtained written informed consent (Appendix B), including for audio recording,

ensured that the participant had understood the voluntary nature of his/her participation and the right to withdraw (Blandford, 2013). The researcher conducted all interviews personally in English and IsiXhosa according to the preference of the participant (she is fluent in both languages).

The researcher began the interview with the broad opening statement “Can you tell me about your experiences of caring for the patients with a suspected mental health problem(s) who attend the facility?” This broad question was followed by more specific questions that asked the interviewee to elaborate, explain, or compare. For example, “could you tell me more about that? In what way? Can you elaborate more? What makes you say that?” The researcher listened and probed to obtain a deeper and fuller understanding of the participants’ experience in dealing with patients with suspected mental health conditions at the community health clinics.

The researcher encouraged participants to talk freely. The researcher observed emotional gestures and body language and made brief notes throughout the interview. Towards the end of the interview, the researcher summarized the information to confirm with the participant if the summary reflected his/her experiences. The researcher then ended the interview by asking the participants if they had any additional comments they may have wished to make (Tappen, 2011). She then acknowledged and thanked the participant. Many participants think of additional things to say once the recorder is off, and these may be noted, while ensuring that the participant leaves feeling satisfied and not distressed (Blandford, 2013). She also reminded the participants how the information would be treated and used.

### 3.11 Data management and storage

Audio-recorded interviews and field notes were managed and organised in a form that was understood by the researcher. The researcher transcribed all the interviews. Interviews which were in IsiXhosa were translated into English and transcribed by the researcher, who is fluent

in both languages. Each interview transcript was coded to protect the participant's identity (Polit & Beck, 2010).

Signed consent forms, audio-recordings, and anonymised transcripts were kept safely on a password-protected computer to which only the researcher has access. All data will be kept for five years and then destroyed.

### 3.12 Data analysis

A thematic approach was employed to analyse the data. The researcher analysed the data using an inductive approach following the six-phase process for data analysis (Braun & Clarke, 2006). The phases are as follows:

- Step 1: Become familiar with the data
- Step 2: Generate initial codes
- Step 3: Search for themes
- Step 4: Review themes
- Step 5: Define themes
- Step 6: Write-up



The analysis was done manually by the researcher. The researcher read and reread through the transcribed data to familiarise herself with the data to get a sense of the information in the participants' own words, before beginning to search for patterns. The researcher began building a coding scheme using the highlighters and colour pens to indicate the potential patterns of all participants' descriptions of the phenomena. A systematic process of identifying and extracting relevant features of the data in relation to the research question was used. In this manner, themes and subthemes emerged from the data (Clarke & Braun, 2017).

The identified themes were grouped into main categories, subcategories, and leftover categories. And lastly, the concrete words and phrases were specifically translated into scientific terms.

## 3.13 Trustworthiness

Trustworthiness is the term used to describe the adequacy and appropriateness of the necessary steps and procedures that were followed to generate the findings of the study to address the questions proposed in the study (Tappen, 2011). The researcher ensured trustworthiness to ensure that the findings reported are credible, dependable, confirmable, and transferable.

### Credibility

Credibility refers to confidence in the truth in the interpretation of the data of the study (Connelly, 2016). Nowell, Norris, White and Moules (2017) state that credibility addresses the aspects between participants' views and the researcher's representation of them. To ensure the credibility of the results, the researcher followed the correct procedures to recruit the participants, obtained the right information in line with the objectives of the study. The researcher clarified participant responses that were not clear to ensure that credible information was obtained.



### Dependability

Dependability refers to the researcher's role in ensuring steps followed are logic, traceable and clearly documented. Nowell et al.( 2017) state that dependability can be achieved using two elements, audit trail of process logs and peer-debriefings. In this study, dependability was achieved by making the study supervisor aware of all the processes, procedures followed throughout the study and she guided the study from start to finish.

### Confirmability

Confirmability is the extent to which other researchers can review the audit trail and agree that the authors' conclusions are logical (Grove, Gray, & Burns, 2015, p. 392). Following data collection and data analysing by the researcher, the researcher utilised the services of a second coder who is experienced in qualitative research for confirming the coding performed by the researcher. This co-coder had access to all the audio recordings and transcripts, followed the same procedure the researcher followed in analysis. The researcher and co-coder compared the themes for similarities and differences were resolved through discussion to ensure that the results are a true reflection of what the participants wanted to convey to the researcher.

### Transferability

Transferability refers to the extent to which qualitative findings can be applied in other settings with similar participants (Grove et al., 2015). Connelly (2016) states that researchers can ensure a study's transferability by providing a rich, detailed description of the context, location, and people studied, and by being transparent about analysis.

The researcher ensured transferability by following the right procedures in conducting interviews and recruiting the right participants towards achieving the objectives of the study, the findings of the study could be transferred to individuals with similar characteristics within other or similar contexts.

### Reflexivity

Xu & Storr (2012) describe reflexivity as an extent to which the researcher's personal experience and presumptions can influence the findings of their interviews. For the purposes of this study, reflexivity was achieved by the researcher by being aware of her feelings, thoughts, and judgements. As a health worker, the researcher acknowledged that she has some background knowledge about the phenomena being studied. To overcome bias during data collection, the researcher made field notes which she used to reflect on her behaviour

during the data collection, which assisted the researcher to be neutral so that her reactions towards the participants during data collection did not affect the findings of the study.

### 3.14 Ethical Considerations

The Declaration of Helsinki was developed to guide the researchers in the protection of human rights subjects during the research (World Medical Association, 2013). The researcher's responsibility when conducting research with human subjects is to ensure the participants' rights to self-determination, privacy, integrity, anonymity, and confidentiality, that there is fair selection and treatment, and that the participants are protected from discomfort and harm (World Medical Association, 2013). All above rights were respected and ethical clearance was obtained from the Research Ethics Committee of the Faculty of Community and Health Sciences, the University of the Western Cape, and access to the institutions was granted by the City of Cape Town and facility management.

#### 3.14.1 Informed consent

The purpose of the study was explained to all potential participants. The researcher explained why the participants were invited to participate in the study, what would be expected from them, potential risks and discomfort. The participants were informed that data collection would be taken by means of audio recording and field notes made by the researcher during interviews. All that their data would be kept confidential. The details of the researcher and study supervisor were left with the participants in case they needed more information about their participation. On the day of the interview, the participants gave verbal and written voluntary consent (Appendix B).

#### 3.14.2The right to confidentiality

The right to privacy is described as the freedom that one poses to determine to what extent can the participants' private information be shared with others**.** (Grove et al., 2015)**.** The audio recordings and transcripts are kept in a locked drawer to which only the researcher has access.

The participants were treated equally during the research, the researcher ensured that the agreement made with the participants was kept, the rights of the participants were protected and they were advised of confidentiality and the anonymity of their response (Brink et al., 2012). The researcher has ensured that when reporting the findings of the researcher that the personal details of the participants are kept confidential and that participants cannot be identified.

### 3.14.3. Anonymity

Anonymity refers to the researcher's role in ensuring that the information collected during the study should not be available to anyone beyond the immediate study team (Grove et al., 2015). The researcher ensured that the identity of the participants was kept confidential, data collected during interviews is nameless it cannot be linked to any name (Grove et al., 2015, p.107).

### 3.14.4 Risks and benefit



The researcher took steps to ensure not only participants' safety but also patient care was not compromised. The researcher arranged with the participants to conduct interviews during the days where the workload was minimal, during lunch breaks, and in afternoons. In cases where the facility was busy, the researcher arranged to meet with willing participants outside working hours. All participants were informed that the Counselling services in ICAS Employees Health and wellness programmes were available should they need it. All of the participants did not show any interest in contacting this unit, although this was offered.

### 3.14.5 Principle of beneficence

The principle of beneficence means that the researcher must act in a way that benefits the members (Grove et al., 2015). The participants can benefit if the findings of the study are used

to inform practice and policies within the facilities. Findings will be shared with participants to enhance their professional work.

### 3.14.6 Principle of respect for persons

The principle of respect for a person encompasses the participant's right to self-determination, to decide whether or not to participate in the research study (Grove et al., 2015). Participants were informed about the study and their rights as participants; whether or not to participate in the research, freedom to withdraw from the study without giving an explanation or without penalty.

## 3.15 Conclusion

In this chapter, the researcher described the methodology of the study, data collection, data analysis, trustworthiness, and ethical aspects.

# CHAPTER 4

# Presentation of findings

## 4.1 Introduction

This chapter presents the findings of the experiences of professional nurses in caring for patients with suspected mental health conditions in selected, community health clinics in Cape Town. These findings are supported by participant quotes from the transcripts.

## 4.2 Participants

There were eleven (11) professional nurses in the two facilities. Individual interviews were conducted with five (5) professional nurses who met the criteria for inclusion. The clinical experience of the participants ranged from one year after community service to nine years.

**Table 1: Collated extracted from the interviews of Professional nurses' experience in caring for patients with suspected mental health.**



| Segments | Subthemes |
|---|---|
| Negative Job aspects | Aggressive of Patients<br>Knowledge of mental health symptoms<br>Staff shortage<br>Feeling not good enough<br>Frustrating, I feel like I can do more<br>Not feeling good enough<br>Difficulties in identifying mental illness<br>That makes me feel bad cause it like I am lacking somewhere<br>It becomes frustrating to keep someone who is stable due to social problems<br>I felt so bad cause I don't like being harassed and embarrassed because now I could see her voice was on top<br>Some of the patients using drugs |
| Neutral | Patients referral<br>the support the staff receive from MDT<br>Staff is aware of the problem<br>Able to identify significant service, even though she did not utilise the service |

| Segments | Subthemes |
|---|---|
| Positive Job aspects | Willingness to help,<br>Empathy,<br>Support within from interprofessional collaboration<br>Debriefing programme<br>Eager to learn<br>Most importantly to get the job done |

**Table 2: Demographic information of participants**

| Gender (not Sex) | N (No of participants) |
|---|---|
| Male | 2 |
| Female | 3 |
| Total (N) | 5 |
| Age | |
| 27-30 | 2 |
| 31-34 | 1 |
| 35-38 | 0 |
| 39-42 | 2 |
| Total (N) | 5 |
| Qualifications | |
| PN | 3 |
| CNP | 2 |
| Total (N) | 5 |
| Experience in years | |
| 0-2 | 3 |
| 3-5 | 0 |
| 6-9 | 1 |
| 10-12 | 1 |
| Total (N) | 5 |



## 4.3 Overview of themes and subthemes

Six themes with subthemes emerged from individual interviews with the professional nurses working in the selected community health clinics when asked about their experiences in caring

for patients with suspected mental health care users. See the table below for the presentation of themes.

**Table 3: Summary of themes and subthemes**

| | Theme | Subtheme |
|---|---|---|
| 1. | Management of patients with suspected mental health disorders | - Knowledge of symptoms of mental disorders<br>- Association of mental health with aggression.<br>- Lack of knowledge about medication management or hospital admission protocols. |
| 2. | Staffing challenges | - Shortage of human resource<br>- Lack of information and skills necessary in the screening of patients with mental health disorders.<br>- Safety of the staff |
| 3. | Relationships among professional healthcare workers | - Multi-disciplinary team (MDT)<br>- Teamwork among nursing staff |
| 4. .00. | The attitude of nurses towards patients with suspected mental illness | - Feelings of guilt and lack of confidence<br>- Willingness to learn and help |
| 5. | Barriers to effective service delivery | - Lack of cooperation from patients.<br>- Lack of support from families |
| 6. | Strategies to improve experiences when dealing with patients with mental disorders | - Support needs from professionals with expertise in mental health<br>- The need to be empowered with skills and knowledge<br>- Improving infrastructure to enhance staff safety<br>- Providing the opportunity to share information and support with others |

## 4.4 Presentation of themes

### 4.4.1 Theme 1: Management of patients with suspected mental health disorders

In this theme, participants reflected on how they managed patients with suspected mental health conditions including challenges associated with screening, referral procedure, knowledge about medication, and hospital admission to other levels of care for patients with suspected mental health disorders.

*Sub-theme 1.1 Knowledge of symptoms of mental disorders*

Participants shared some of their experiences during the assessment process of patients with a suspected mental disorder, and how they use their knowledge to make decisions. This participant explained how she conducted an assessment:

> "*You can easily pick it out, like on history taking, for instance, the patient is complaining of the headache. You have to exclude the type of headaches, as you know. The migraines, meningitis whatever causes the headache, and then the physiological headache, you know. if you got a stress headache, for instance, you can enquire if there is something that is stressing you at home? So by the time you are probing the information from this client you, you can pick up, okay this one is near to a depression*…" (P4, F, CNP).



*Sub-theme 1.2: Association of mental health with aggression*

Participants mostly associated mental disorders with aggression or violence. In the case where the patient presented with aggressive behaviour it was relatively easy for the participants to identify that the patient had mental illness: *"…for example, if the patient is aggressive, you are in the hospital you can contact the doctor to prescribe the sedative*" (P5. F, PN).

Mental illness was not the cause of violence, However, the family and communities at times influence how persons with mental illness conduct themselves: "*But you find that the is an underlying cause for that, maybe it is violence at home*…" (P3, M, CNP).

Though participants mostly associated mental health symptoms with aggression, participants reported it was in rare cases where the patients have been physically aggressive. They reported being mostly verbally abused: "*I just came to this room and then I drank a lot of water but deep down really considering my age to be degraded like that. To be called with such a vulgar language*" (P4, F, CNP).

*Sub-theme 1.3: Lack of knowledge about medication management or hospital admission protocols*

The participants indicated that they had no clear guideline for screening, treatment, or referral of persons with mental disorders. None of the participants had personally used the procedures of the Mental Health Care Act no 17 of 2002 (Mental Health Care Act No. 17, 2002) to refer a person for admission to a mental health care facility. Participants mentioned that in such cases, they referred the patient to the doctor, to complete the referral letter to the district hospital, "*Also because I'm not a psychiatry nurse. After discussing with the doctor, maybe they say sister now, okay sister you can try this medication*" (P4, F, CNP).

One participant expressed his lack of knowledge on procedures in managing patients with suspected mental health disorder: "*My challenge is that currently in this clinic that I am working in don't know what process I would follow. Maybe they still going to tell me*" (P2, M, PN).

### 4.4.2 Theme 2:Staffing challenges

Participants experienced some challenges which made it difficult for them to effectively manage patients with suspected or diagnosed mental disorders. These included an overall

staff shortage, lack of skills, safety concerns, and inadequate training in managing patients with suspected mental health conditions.

*Subtheme 2.1 Shortage of human resources*

Participants were concerned about the shortage of staff at a community level with increasing numbers of patients. Concerns included the lack of specialised mental health practitioners available in the health centres and that no psychiatrist could review chronic medication prescriptions. Despite this, the community facilities had to cope with patients referred to them from the psychiatric hospitals and they felt that they were ill-equipped to cope with such patients: *"…We do not have a mental health nurse with the speciality and yet we receive referrals of patients with mental illness from tertiary institutions*" (P3, M, CNP).

It was difficult to manage patients who needed more support without adequate infrastructure and personnel*: "The clinic is always full and even worse when there is a shortage of staff…*" (P2, M, PN).

Participants felt overwhelmed by the time required when screening for suspected mental health care patients, as it involves counselling, assessment interviews with patients, and patient support. For some participants, it was easier to focus on the patient's physical complaints and illness rather than deal with the suspected mental or emotional problem. The participants also noted the need for specialised mental health care nurses to ensure that quality mental health care is rendered. For this participant there was also the conflict of needing to provide care for other patients:

*"...the clinic we don't have enough resources, for example, if you are a professional nurse who is IMCI* [Integrated management of childhood illness] *trained and now you want to nurse a psych patient, who is going to nurse these other clients?"* This participant was very aware of the importance of having enough time to work with suspected mental disorders:

*"Psychiatric patients require time because you have to talk to them, provide psychotherapy"* (P2, M, PN).

*Sub-theme 2.2: Lack of information and skills necessary in the screening of patients with suspected mental health disorders*

It was important for participants to have enough knowledge and skill to manage a person with a suspected mental disorder, as noted by these participants: "*Otherwise, I am not that skilled to easily identify that this person has a mental health problem*" (P1, F, PN).

Participants expressed reasons for the perceived gap in knowledge about managing patients with suspected mental health conditions. Most participants had only completed modules in mental health nursing at the undergraduate level, and had limited clinical experience, and that only under the supervision of a professional nurse: "*Concerning PHC, I think we doing well but when it comes*

*to patients with mental illness we not doing well. Most of us last did mental health when we were undergraduates, even then we did not understand much because we were working under supervision limited with what we were allowed to do" (*P5, F, PN).



*Subtheme 2.3: Safety of the Staff*

Participants noted concerns with regards to safety, when dealing with patients with mental disorders or suspected mental disorders, as their behaviour was often unpredictable. Aggressive behaviour was particularly difficult to deal with. They were concerned that the structure and layout of the facility were not conducive to manage patients showing aggressive behaviour which put staff and other patients at risk of harm. At times participants were forced to prioritise mental health care users in the facility as a safety measure to avoid volatile and potentially dangerous situations in which the person became impatient and

agitated. In the community in which the clinic is located there is a risk of gang violence: "*...sometimes we are forced to fast track certain people because they are gunman or leaders of the gang; people are in fear. That is if you get me, which is mental instability itself*" (P3, M, CNP).

### 4.4.3 Theme 3: Relationships among professional health care workers

In this theme, participants reflected on work relationships and the importance of harmonious relationships within the working environment, not only within the nursing profession but also with other members of the multidisciplinary team.

*Subtheme 3.1: Multi-disciplinary team (MDT)*

The participants were appreciative of the support received from other members of the multidisciplinary team (MDT). They recognised the importance of inter-profession collaboration in assessment and accurate diagnosis. The support of a medical professional was valued: *"… we do have the doctor on-site as well who usually assist with assessment and diagnosis*" (P3, M, CNP).



One participant expressed how helpful it was to have a psychologist to assist patients with psychological problems. *"We used to have a psychologist in the clinic that used to come here in the clinic every fourth night but he's no longer coming. That used to help us a lot because we would refer to her when patients have psychological problems*" (P1, F, PN).

*Subtheme 3.2: Teamwork among nursing staff*

Participants expressed how important it is to work together as a team within the nursing profession, supporting one another to overcome their day to day challenges. *"… sometimes you do not feel like working up, but you think of your colleagues they stress and pressure that they will go through if you not at work*" (P4, F CNP).

### 4.4.4 Theme 4: Attitude towards patients with a suspected mental health disorder

Participants' reflections on feelings that they went through when facing challenges in dealing with patients with suspected mental disorders and what support needs they feel could empower them to improve their caring needs to the vulnerable group.

*Sub-theme 4.1: Feelings of guilt and lack of confidence*

Participants were aware of their responsibility as professional nurses in caring for patients with suspected mental illness; participants expressed feelings of sadness when they cannot help the patient. Some participants reflected on the experiences where they had previously referred the patients but the patient does not receive relevant support to change his or her circumstances: "*That makes me feel bad because I feel like I am lacking somewhere in my management, I feel like I am supposed to assist the patient but I don't know how because I don't know how to assist the client*" (P1, F, PN).

*Sub-theme 4.2: Willingness to learn and help*

A participant expressed his willingness to learn as follows: *"…every time I have a problem or cannot resolve the problem myself, I always consult with the doctor*" (P1, F, PN).

Nurses are not all prepared with skills to work with people with suspected mental disorders, however, they were willing to help persons with suspected mental disorders while learning in the process: "*We always try our best to manage the situation most of the time, at least we have doctors that assist us…*" (P5, F, PN)

### 4.4.5 Theme 5: Barriers to effective service delivery

In this theme, the participants indicated the barriers to effective service delivery which include lack of cooperation from patients and lack of understanding from families.

*Sub-theme 5.1: Lack of co-operation from patients*

The participants verbalised feelings of frustration caused by patients not receiving the same treatment every day. That when patients are frustrated they also frustrate the staff as well. "when *they don't get the same treatment every day you find that they are frustrated themselves and now pushing for that to happen every day which can be frustrating to you as a nurse*" (P3, M, CNP).

*Sub-theme 5.2: Lack of support from families*

Participants reflected on the challenges that patients with mental health disorders are facing, one participant felt that there were situations she could observe a patient's compliance to treatment for the betterment of his or her condition, but the family support system is not enough. "*…Yes the are those situations where you see that the patient is unwell but sometimes you see or get situations where you see that the patient is trying, he has insight about his condition, he tries to cope the best way he knows how but family is not supportive enough" (*P5, F, PN).



**4.4.6 Theme 6: Strategies to improve experiences when dealing with patients with mental disorders**

Participants were asked to offer suggestions about what they felt would facilitate the provision of primary level services to mental health care users and those with suspected mental disorders.

*Sub-theme 6.1: Support needs from professionals with expertise in mental health*

The participants felt that they would benefit from having a Specialist nurse in mental health within the facility to assist with mental health patients. It was important for them that relationships with the primary level facility, secondary and tertiary hospitals were promoted and effective. They felt this would facilitate the integration of mental health care. Practical Approach to Care Kit (PACK) guide was not seen as effective for this participant:

"*We would appreciate the assistance, maybe if we can have a mental healthcare nurse in the facility or psychiatrist. Besides, have some sort steps with exactly what to do besides the manual, because the manual is the manual (Symptom-Based Integrated Approach to the Adult Primary Care). It does not give much in terms of management, how to monitor and maintain"* (P3, M, CNP).

*Sub-theme 6.2: The need to be empowered with knowledge and skills*

Participants felt that they needed support to feel safe and competent in their roles. Support from facility management, particularly emotional support if injuries occurred while on duty was important for participants. They felt that proper orientation of newly appointed staff regular, in-service mental health training would enable them to manage their patients more effectively: *"...Say proper orientation to newly appointed staff, because like in other facilities that I have worked in I know there's a guideline*

*that the staff use to manage the patients…"* (P2, M, PN).



*Sub-theme 6.3: Improving infrastructure to enhance staff safety*

It is difficult in any primary care facility to guarantee safety, particularly in high-risk areas, and the participants were aware of this challenge. They felt, however, that more could be done to minimise risk. Options that could be considered including placing panic buttons in all the consultation rooms; clear emergency protocols which included contacting the police services if necessary. This they felt, would go a long way to reducing anxiety and making them feel safer. "like *something that you can press in your consultation room without having to call someone and tell them to call the security you having a problem*" (P5, F, PN).

*Sub-theme 6.4: Providing the opportunity to share information and support with others*

Participants acknowledged the support system that was meant to empower the staff, however, it has not been practical. A participant expressed her challenges with regards to Peer Mentoring as follows. "*… sometimes not all of us we make it to the session because most of us you would find that we still busy with work. We do not make it to the meeting"* (P1, F, PN).

**Conclusion**

In this chapter, the findings emanating from the data analysis has been presented. It is clear the nurse were prepared to work with patients presenting with a suspected mental disorder yet, felt that there was much more that could be done to support them. Participants also identified barriers that hindered the quality of care when caring for patients with suspected mental illness in primary health care clinics.

# CHAPTER 5

# Discussion

## 5.1 Introduction

The chapter discusses the findings of the study in relation to relevant literature and theories.

## 5.2 Discussion

In this study, the researcher explored the experiences of nurses in caring for patients with suspected mental health conditions in two community health clinics. Six themes emerged: Management of patients with suspected mental disorders; staffing challenges; Relationships among professional health care workers; Attitude towards patients with suspected mental health disorder; Barriers to effective service delivery and Strategies to improve experiences when dealing with patients with mental disorders.

### 5.2.1 Management of patients with suspected mental health disorders

While participants in this study had the basic knowledge of mental health symptoms, they recognised that this was not sufficient to make informed care decisions. A study by Mariam, Bedaso, Ayano and Ebrahim (2016) in Ethiopia aimed to assess knowledge, attitude, and associated factors of nurses towards mental illness. This study found that the nurses had adequate knowledge and positive attitudes towards the treatment of mental health conditions (Mariam et al., 2016). Dube and Uys (2016) reported similar findings in a study in Kwazulu-Natal province South Africa; nurses working in clinics had knowledge that was necessary to identify and manage patients with mental health conditions.

In the present study, though the participants demonstrated knowledge of mental health symptoms, most participants associated mental health disorders with aggression, which was considered as an obvious or even diagnostic symptom of mental disorder. As health workplace violence occurs mainly occurs in psychiatric, emergency departments, and waiting rooms (Mento et al., 2020). It is not unexpected that health care practitioners should

associate aggression with mental health. Ruiz-Hernandez, Lopez-Garcia, Llor-Esteban, Galián-Muñoz, and Benavente-Reche (2016), in a study conducted in Spain, reported that at least one out of four violence reported in the workplace takes place in a health care setting. Similar, study in violence towards health care workers reported between 8 to 38% of health care workers being physically assaulted at least once during their careers (Alsaleem et al., 2018) with nurses being at higher risk of violence (physical and verbal) when compared to physicians (Cheung, Lee, Yip, 2018).

The participants also reported that it was in rare cases that they would experience physical violence from patients, but what was most common was non-physical violence, which at times left them feeling degraded. In the study by Ruiz-Hernández et al. (2016), it was found that in primary health care, nonphysical violence towards health care professionals was more frequent than physical violence. Similarly, an international study, conducted in China reported health care workers being at high-risk exposure for verbal abuse when it was compared to other forms of violence in the workplace (Sun et al., 2017).

Findings of the study reported that the participants lack knowledge about medication management or hospital admission protocols. Contrary to the study, Upadhaya et al. (2020) evaluated the integration of chronic care elements in primary health care for people with mental illness. The study reported that the implementation of Mental health care practitioners at the primary care level had a positive impact on the quality of care systems for chronic mental illness (Upadhaya, et al., 2020). Furthermore, there were clear guidelines for primary healthcare staff to help identify signs and symptoms of mental disorders on suspected patients, the staff could even quote the documents and guidelines they were referring to when managing patients with mental disorders (Upadhaya, et al., 2020).

### 5.2.2. Staffing challenges

Participants reported a concern with regards to the shortage of human resources in the primary health care facilities, especially health practitioners with advanced training in mental

health. In South Africa, the majority of the population utilise public health facilities (Mahlathi & Dlamini, 2017), and there is an increasing need for mental health services at the primary care level (Maconick et al., 2018).

Despite the formulation of policy and guidelines in efforts to close the mental health Gap by integrating mental health into primary health, the lack of human resources remains evident (Schneider et al., 2016). The lack of human resources was also reported as one of the challenges affecting the implementation of the Policy on Integration of Mental Health Care into primary healthcare in KwaZulu-Natal province, South Africa (Hlongwa & Sibiya, 2019).

Human resource shortage in primary mental healthcare is a worldwide problem (Altschul et al., 2018; De Kock & Pillay, 2016; Delaney, 2017). Related to what we can learn in similar studies to address the shortage of mental professionals, developed countries have looked at improving the training and scope of practice laws of Psychiatric Mental Health Advanced Practice Nurses (PMH APN), allowing PMH APN to assess, diagnose and prescribe for mental health patients without being supervised by a psychiatrist or a doctor (Delaney, 2017).



The findings revealed that the participants were overwhelmed by the pressure of assessing physical problems and dealing with patients with suspected mental health disorders in a busy working environment with inadequate nursing staff. Literature support that workload was reported to be the common cause of stress in the workplace due to lack of staff over demand of nursing services, lack of support in nurses, and uncertainty with treatment (Alenezi, Aboshaiqah & Baker, 2018). In addition, a previous study among government hospitals and primary health care centres in Saudi Arabia, the study reported increased workload caused by the shortage of staff to be a leading cause of work-related stress among nursing staff (Alenezi et al., 2018). Similarly, Gerber ( 2018) reported increased workload pressure in primary healthcare as a result of increased workload caused by growing numbers of mental healthcare patients.

Findings of the study indicated that there was a gap in the integration of mental health services into primary health care, participants expressed challenges in the continued training of nurses about Mental health. As a result of lack of training, one participant mentioned that if a patient with suspected mental illness would present with different symptoms, other than aggression, one participant mentioned that she would not be able to identify that the patient had a mental illness. The findings are consonance with studies relating to the investigation of barriers and constraints in integrating mental health into primary healthcare where, the primary healthcare staff indicated that the reason they lack knowledge was because they have not received any refresher training in mental health since they started their practice (Wakida et al., 2019), as a result, these challenges hinder their ability to provide appropriate mental health care (Dikobe, Manyedi, & Sehularo, 2016). Similar to Gerber (2018) found that doctors and nurses working in primary health care were not clear on what was expected of them to do with regards to the mental health care users.

The participants were concerned about the lack of proper orientation on newly appointed staff. For example, within primary health care, nurses were aware that there were supposed to have guideline document which guides nurses on management of certain conditions within the first level of care but they have never been introduced to it, which leaves them managing clients based on general knowledge and or depending on the medical staff for advice or other nurses who have been in the service longer. This has differed from the study conducted by Ashley, Brown, Halcomb, and Peters ( 2018) that reported most participants to have received an orientation to their new role workplace when they were appointed in primary health care.

### 2.2.3 Attitudes towards patients with suspected mental health disorders

Nurses are generally known for their warm caring attribute which is what sets them apart from other health care professionals, nurses in most cases put the needs of their patients before their own. The psychoanalytic theory of nursing (Pehlivan & Güner, 2016) encourages nurses to have compassion and empathy through emotional engagement and

listening to patients (McKinnon, 2018). The attitude of nurses in the practice towards people with mental illness is generally positive, always willing to help and sympathy towards mental health patients (Ihalainen-Tamlander et al., 2016). This statement corresponds with the findings of this study, the participants were interested and willing to learn more about mental illnesses and they were eager to assist patients with suspected mental health disorders.

Literature indicated that sometimes it is difficult yet important, for nurses working in mental health to balance emotional involvement and professional distance in their relationships with mental health patients (Hagen, Knizek & Hjelmeland, 2017). The above statement may have been true in the case of this study when it was conducted, the participants expressed that they were times they would feel bad because they felt that they were not doing enough for the patients with suspected mental health disorders. Especially if they refer the patients and the patients present later with the same problem.

### 5.2.4 Relationships among professional health care workers

Participants agreed that having a good relationship with a multidisciplinary team played an important role in managing patients with suspected mental health conditions. Participants were comfortable to seek assistance from other members of the multidisciplinary team in situations where the patient needed further care and treatment. Literature supports that no profession works in isolation and that interprofessional collaboration in mental health offers healthcare professionals the opportunity to prioritize patient-centred care (Bháird et al., 2016). Tomizawa, Shigeta, and Reeves (2017) described the interprofessional collaboration as a comprehensive approach to prevent relapse and manage chronic conditions of patients with mental illness.

Nurses are the largest component of the service delivery system within primary health care. Therefore teamwork makes a huge difference in the quality of work nurses produce when combined, nursing collaboration has a significant impact on both patients and nurses (Kalisch & Xie, 2014). Findings of the study noted that the support nurses get from their

colleagues accrues a lot of emotional benefit to them while carrying out their duties. Besides, dealing with mental health patients can be exhausting at times but emotional support from colleagues in providing quality nursing care to mental health patients was what gets them through the day.

### 5.2.5 Barriers to effective service delivery

Participants expressed how the lack of support and understanding from family members has impacted the patient with mental illness. Participants reflected that there were times the nurses observed that the patient is compliant with the treatment, however due to social challenges and lack of support system from family members, violence at home, the patient relapse. These results concur with the findings of the study on barriers to self-management of mental illness, where patients with mental illness reported feeling isolated and alone (Blixen et al., 2016). The patients felt that they lack support from family and friends in helping them deal with mental illness, while others had reported having lost family support completely (Blixen et al., 2016). However, studies also state that families with a person suffering from a mental disorder often have challenges in adjusting and functioning due to lack of knowledge (Mathew et al., 2017). Therefore, enhancing family support through self-help groups, improving strategies to alleviate stigma and discrimination could improve the quality of life in persons living with mental illness (Leslie et al., 2016; Mathew et al., 2017).

# CHAPTER 6

# Limitation, recommendations and conclusion

## 6.1 Introduction

In this chapter limitations of the study are acknowledged and recommendations are made. The key findings from this study are: challenges related to management of patients with suspected mental disorders, to human resources and barriers to effective service delivery. Support system among staff members, positive relationships among MDT and strategies to improve experiences of nurses working in a primary care setting are. needed.

## 6.2 Strengths and limitations of the study

Initially, the researcher had selected three primary health care facilities in the area of the study, however, permission was not granted to conduct the study in Fish Hoek health facility. The researcher appreciates that a group of participants had a different length of experience, which means all categories of professional nurses were represented. While the researcher appreciates that the staff had good relationships in working together, recruitment of participants remained a challenge due to a shortage of staff to increasing demand in the community. While other professional nurses were not willing to participate as they felt it was time-consuming and complaint of exhaustion and negative experiences in previous researchers, such as not receiving the results of the study, following after they have participated in the study. However, despite the challenges encountered by the researcher the aim and objectives of the study were achieved.

## 6.3 Recommendations for policy, nursing education, practice, and further research

### 6.3.1 Policy

Implementation of policies has the potential to increase marginalized patients' access to primary and preventive care in ways that can improve their health outcomes and substantially reduce their health care costs (Kalagi et al., 2018). Mental health care Act no 17 of 2002 is the prescribed policy to guide mental health care, treatment, and rehabilitation services in South Africa, it sets out procedures for admission of mentally ill persons (Mental Health Care Act No. 17, 2002). Therefore, the researcher suggests the implementation of the Policy on Integration of mental health care into the PHC level.

### 6.3.2 Nursing Education

Maconick et al (2018) indicate that providing mental health in-service training is the key knowledge gap towards an integrated mental health system, as it encourages task shifting of first-line treatment care to primary care nurses. Findings of the study indicated that participants had no clear guidelines in the management of suspected mental health condition, therefore it is recommended as the first line of treatment, they are trained in early detection, diagnosis, treatment, and appropriate referrals to higher levels of care. The Pack manual or Symptom-Based Integrated Approach to the Adult Primary Care 2019/2020, from 122-132 (Care, Symptom-Based Integrated Approach to the Adult Primary 2019/2020, 2020) gives clear guidelines for the management of mental health at the primary care level, including related Mental Health care Act forms. Therefore, induction on the use of a Symptom-Based Integrated Approach to the Adult Primary Care to newly appointed staff would be recommended, including assessment of in-service training needs should as per job description of the staff.

While training and education are important, it is also important that the Skill Development Officer evaluates the relevance of whether the training improves patients' outcomes rather

than burnout or stress. Evidence-based research reported that communication errors have a negative impact on students' nurses (Serçekuş & Başkale, 2016). Therefore, the in-service training committee should ensure that nurses are consulted in the development of in-service training needs assessment form and assessment methods should be used to ensure that nurses have more than one method of expressing their in-service training needs. The provision of comprehensive clinical mental health education promotes confidence, competence in nurses, and minimizes negative attitudes towards patients with mental illness (Shahif, Idris, Lupat & Rahman, 2019).

The inclusion of these facilities for training of nurses and other health care professionals would be beneficial not only for the students, but would support the work done by staff at the facility.

### 6.3.3 Nursing Practice

Primary health care nurses are at the forefront in the first level of care, and there are a number of challenges in caring for patients with mental disorders at this level (Bjorkman, Andersson, Bergström & Salzmann-Erikson, 2018). The nurse should be able to access theoretical and skill training opportunities related to the management of patients with suspected mental disorders in primary health care facilities (Gruber et al., 2020). The findings of the study indicated that nurses could benefit from informal support from colleagues provided in a structured approach, in an instance where this is not happening, nurses should take the initiative to develop more supportive ways of working; incorporating peer support, formal clinical supervision, and the support of other professions in developing appropriate coping strategies.

Health facility and nursing management should endeavour to manage staffing needs to meet the health needs of the community. Supervision and support by competent professionals should be included in the facility routine so that all personnel benefits from such programmes.

Standing operating procedures, telephonic orders and policies for the management of person with mental disorders should be available and regularly updated. This includes management of new patients and referrals from other facilities. A concise document to assist nurses in history taking and mental state assessment would be beneficial.

The referral structures for primary healthcare should be strengthened so that the nurses feel supported in their management of person with suspected mental disorders. Primary level staff should be provided opportunities to interact with the staff at the psychiatric hospital to promote learning and appropriate referrals.

### 6.3.4 Further research

There is room for further research with regards to the implementation of policies and guidelines related to the management of patients with suspected mental disorder in primary health care. Future research should be conducted in other settings and provinces.

## 6.4 Conclusion

The more experienced the nurses, the better they were in managing challenges when dealing with patients with suspected mental health conditions, while newly appointed staff had more challenges as they relied upon medical staff and clinical nurse practitioners to provide care. Therefore, efforts towards improving the support and training of nurses about mental health were desired to decrease the adverse effects of nurses when dealing with patients with suspected mental health conditions.

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## APPENDIX A: Ethics approval for research

UNIVERSITY of the WESTERN CAPE

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
www.uwc.ac.za

18 September 2019

Ms B Mtshawuli
School of Nursing
**Faculty of Community and Health Sciences**

**Ethics Reference Number:** BM19/7/13

**Project Title:** The experiences of professional nurses in caring for patients with suspected mental health conditions at the community health clinics, in the South Peninsula Health District of the Metro Region, Cape Town.

**Approval Period:** 17 September 2019 – 17 September 2020

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*

***BMREC REGISTRATION NUMBER -130416-050***

**APPENDIX B : Example of consent form**


UNIVERSITY OF THE WESTERN CAPE
Private Bag X 17, Bellville 7535, South Africa

*Tel: +27 21-959 5043, Fax: 27 21-959 5000*

E-mail: 3140860@myuwc.ac.za

PARTICIPANT CONSENT FORM

Title of Research Project: The experiences of Professional Nurses in caring for patients with suspected mental health conditions at the community health clinics, in the South Peninsula Health District of the Metro Region, Cape Town.

The study has been described to me in a 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 I have a right to accept or refuse audio recording during my interview and 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.



Signed: _____ _____

Participant Date and place

_____ _____

Researcher Date and place

**APPENDIX C: Information sheet**

Private Bag X 17, Bellville 7535, South Africa

*Tel: +27 21-959 5043, Fax: 27 21-959 5000*

E-mail: 3140860@myuwc.ac.za

INFORMATION SHEET

Project Title: The experiences of Professional Nurses in caring for patients with suspected mental health conditions at the community health clinics, in the South Peninsula Health District of the Metro Region, Cape Town.

I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what would be required from you. Please take time to read the following information carefully. Ask questions if anything you read is not clear or would like more information. Take time to decide whether to take part.

1. Who I am and what this study is about?

My name is Babalwa Mtshawuli, I am currently studying Part-time Master's Degree in Nursing (MA Cur) at the University of the Western Cape; as part of my studies I am expected to conduct a research study as a requirement for the degree. The aim of this study is to explore experiences of Professional Nurses in caring for patients with suspected mental health conditions at the community health clinics, in the South Peninsula Health District of the Metro Region, Cape Town.

2. Why have you been invited to take part?

You have been invited to take part in the study because you are the nurse at primary care level, the researcher believes that you have enough experience and knowledge about the topic of interest. If you agree to participate in this study, you will be interviewed regarding your experiences in caring for patients with suspected mental health disorders who attend the clinic. I will be asking open ended questions, which will be followed by probes. The interview should take about 45 to 60 minutes of your time.

3. Would my taking part in the study be kept confidential?

The researcher undertakes to protect your identity and the nature of your contribution. To ensure your anonymity, your name will be kept confidential and will not appear on any documentation. To ensure confidentiality the researcher will ensure that the interview is done in a quiet place where there will be no distractions.

4. How will the information you have provided be recoded, stored and protected?

Signed consent forms and audio recordings will be kept safely on a password protected computer that only myself has access to it until after my degree has been conferred. The transcript with no identifying information will be retained for further five years following the final submission. All data will be destroyed within the prescribed period. However, under the freedom of legalisation you have access to information you have provided.

5. What are the possible risks and benefits of taking part?

This study carries minimal risk, however, if any of the questions cause you distress, and you wish to speak to someone about this, I will arrange with your supervisor and ICAS for you to be referred to an appropriate counsellor. Whilst there are no immediate benefits for those people participating in the project, it is hoped that this findings of the study will inform practice and policy. Findings will be shared with participants in order to enhance their professional work.



6. May I withdraw from the study if I change my mind?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you choose to participate, you may stop participating anytime you change your mind without penalty or lose any benefits to which you otherwise qualify.

7. Who do I contact if I have any questions?

This research is being conducted by the researcher who is a registered student at the School of Nursing, University of the Western Cape. If you have any questions about the research study please contact the researcher, Miss Babalwa Mtshawuli at: 3140860@myuwc.ac.za or call 0739690317.

Prof. J. Chipps

Head of Department: School of Nursing

University of the Western Cape

Private Bag X17 Bellville
7535
jchipps@uwc.ac.za

Prof Anthea 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



BMREC

Research Office
New Arts Building

C-Block, Top Floor, Room 28

University of the Western Cape

Private Bag x17 Bellville,
7535

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

**APPENDIX D: Application letter to conduct the study**

CONSENT LETTER TO CONDUCT RESEARCH FROM THE DEPARTMENT OF HEALTH WESTERN PROVINCE

14 Everest Close

Heather Park

7100

18 September 2019

Health research coordinator

Cape Town Municipality

Cape Town

8000

Dear sir/madam

Re: Application to conduct a research study: The experiences of Professional Nurses in dealing with patients with suspected mental health conditions at the community health clinics, in the South Peninsula Health District of the Metro Region, Cape Town.

My name is Babalwa Mtshawuli, I am currently studying Part-time Master's Degree in Nursing (MA Cur) with the University of the Western Cape; as part of my studies I am expected to conduct a research study as a requirement for the degree. I hereby request your permission to conduct this study in the sub-district of Metro region (South Peninsula Health District) in the following primary healthcare facilities namely: Fish Hoek, Masiphumelele and Ocean View.

The researcher will be using an exploratory descriptive qualitative approach to explore the experiences of Professional Nurses in dealing with patients with suspected Mental Disorders. An unstructured interview will be conducted to collect data from the nurses. Interviews will be conducted at a time and place to suit the nurse and the facility. All care will be taken to ensure that service delivery and patient care is not affected.

A copy of the proposed study is attached. I would be happy to provide any further information. You may also contact my supervisor, Professor Pat Mayers at pmayers@uwc.ac.za.

Your approval of this study will be appreciated.

Yours truly,

B. Mtshawuli 3140860

Mental healthcare nurse

**APPENDIX E: Response from Western Department of Health**

**REF: WC_201909_019**

Dear Researcher

Please note that the following facilities are managed by the City of Cape Town.

- **FISH HOEK CLINIC**
- **MASIPHUMELELE CLINIC**
- **OCEAN VIEW CLINIC**

Kindly note that research proposals wishing to access facilities that are managed by the City of Cape Town need to be submitted via the City of Cape Town Website The contact person for City of Cape Town is Natacha Berkowitz: Natacha.Berkowitz@capetown.gov.za Tel: (021) 400-3981.

Kindly direct all queries for Research Proposals to Dr Sabela Petros on 021 483 0866 or alternatively Sabela.Petros@westerncape.gov.za

Thank you.

Ashleigh Levendall

Intern

Directorate : Health Impact Assessment

Western Cape Government : Health

Address : 5th Floor, 8 Riebeek Street, Cape Town

Tel: (021) 483 0881

Fax: (021) 483 6058

Email :Ashleigh.Levendall@westerncape.gov.za

Website :www.westerncape.gov.za

**APPENDIX F: Application To City Health Research committee**

CONSENT LETTER TO CONDUCT RESEARCH FROM CAPE TOWN CITY HEALTH RESEARCH COMMITTEE

14 Everest Close
Heather Park, 7100

17 September 2019

Health Research Coordinator

Cape Town Municipality

Cape Town

8000

Dear sir/madam

Re: **Application to conduct a research study: The experiences of Professional Nurses in caring with patients with suspected mental health conditions at the community health clinics, in the South Peninsula Health District of the Metro Region, Cape Town.**



My name is Babalwa Mtshawuli, I am currently studying Part-time Master's Degree in Nursing (MA Cur) with the University of the Western Cape; as part of my studies I am expected to conduct a research study as a requirement for the degree. I hereby request your permission to conduct this study in the sub-district of Metro region (South Peninsula Health District) in the following primary healthcare facilities namely: Fish Hoek, Masiphumelele and Ocean View.

The researcher will be using an exploratory descriptive qualitative approach to explore the experiences of Professional Nurses in caring with patients with suspected Mental Disorders. An unstructured interview will be conducted to collect data from the nurses. Interviews will be conducted at a time and place to suit the nurse and the facility. All care will be taken to ensure that service delivery and patient care is not affected.

A copy of the proposed study is attached. I would be happy to provide any further information. You may also contact my supervisor, Professor Pat Mayers at pmayers@uwc.ac.za.

Your approval of this study will be appreciated.

Yours faithfully

B. Mtshawuli
UWC student number
3140860

## APPENDIX G: City Health Research request approval

CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

CITY HEALTH

Dr Natacha Berkowitz
Epidemiologist: City Health

T: 021 400 6864 F: 021 421 4894
E: Natacha.Berkowitz@capetown.gov.za

Ref: 24663 2019-10-21

**RE: The experiences of Professional Nurses in caring for patients with suspected mental health conditions at the community health clinics, in the South Peninsula Health District of the Metro Region, Cape Town.**

Dear Babalwa Mtshawuli

Your research request has been approved as per your protocol. Please refer to the subsequent pages for the approval of any facilities or focus areas requested. Approval comments on any proposed impact on City Health resources are also provided.

**Northern & Western:**

Contact Person: Dr Andile Zimba (Area North Manager)

Tel/Cell: 021 980 1230/084 627 2425

Email: Andile.Zimba@capetown.gov.za

**Mitchells Plain & Southern:**

Contact Person: Mrs Soraya Elloker (Area South Manager)

Tel/Cell: 021 400 3983/084 222 1478

Email: Soraya.Elloker@capetown.gov.za



**Please note the following:**

1. All individual patient and staff information obtained must be kept confidential.
2. Access to the clinic and its patients must be arranged with the relevant Manager such that normal activities are not disrupted.
3. A copy of the final report must be uploaded to http://web1.capetown.gov.za/web1/mars/ProjectClosure/UploadReport/0/8221, within 6 months of its completion and feedback must also be given to the clinics involved.
4. Your project has been given an ID Number (8221). Please use this in any future correspondence with us.
5. No monetary incentives to be paid to clients on the City Health premises
6. If this research gives rise to a publication , please submit a draft before publication for City Health comment and include a disclaimer in the publication that "the research findings and recommendations do not represent an official view of the City of Cape Town "

Thank you for your co-operation and please contact me if you require any further information or assistance.

Kind Regards
Dr Natacha Berkowitz Epidemiologist: City Health

## APPENDIX H: Research Summary for Managers

**Please make this form easy to read and concise (max 1.5 pages).**

Facility where you will conduct the research: Fish Hoek, Masiphumelele and Ocean View primary health care facilities.

Research Title: The experiences of Professional Nurses in caring for patients with suspected mental health conditions at the community health clinics, in the South Peninsula Health District of the Metro Region, Cape Town.

NHRD Number: BM19/7/13
Researcher name and contact number: Babalwa Mtshawuli, contact: 0710181262/0739690317

Have you obtained full ethics approval – Yes

Summary of Research (please make this section easy to read - maximum 250 words)

My name is Babalwa Mtshawuli, I am currently studying Part-time Master's Degree in Nursing (MA Cur) at the University of the Western Cape; as part of my studies, I am expected to conduct a research study as a requirement for the degree. The aim of this study is to explore experiences of Professional Nurses in caring for patients with suspected mental health conditions at the community health clinics, in the South Peninsula Health District of the Metro Region, Cape Town.
Purposive sampling will be used to recruit participants. Data collection will be conducted using in-depth interviews and during the interviews written notes and audio records will be taken by the researcher. At the appointed time and place, with each participant, the researcher will explain the purpose of the research, obtain written Informed consent, including for audio recording, to ensure that each participant have understood the voluntary nature of his/her participation and the right to withdraw. Following the interview, each interview script will be coded to protect participants' identity. Data collected from the study will be kept confidential. All the data collected during the study will be kept in a password protected file, physically protected computer. Results of this study will not be released in any way that might afford identification of individuals participating in the study.

---

1. *Benefits of the study:*
   - There are no immediate benefits for those people participating in the project, it is hoped that this findings of the study will inform practice and policy. Findings will be shared with participants in order to enhance their professional work.

2. *Staff involvement*: (Will this add to staff workload? Please be detailed, and include categories of staff)
   - The study will not necessary add any workload to the staff, the staff is not expected to perform any physical work other than participating on in-depth- interview. The category of the staff will include All Professional nurses working in the primary healthcare facilities, including those consulting for general health services and facility operational managers. Professional nurses with at least one or more year(s) of experience in a primary care clinic (after completion of community service if required). It is assumed that this will be sufficient time to have gained relevant experience.

3. *Effect on Service Provision*- (will this slow down services?)
   - The study will however have minimal impact on service delivery, the interested staff will be asked to indicate their names with the researcher or the operational manager. The researcher will then arrange individual appointments, based on the staff availability.

4. *Impact on patients.*
   - The study will have no impact on the patients, as the researcher is interested in exploring the experiences of professional nurses in caring for patients with suspected mental health conditions at the above mentioned community health clinics.

5. *Requirements: space, equipment, consumables, Lab test, x-rays, etc.*
   - A quiet office space, with no distraction will be required to conduct the interviews.

6. What date will you be at the facility(Est start & end date)?
   - On the 01 November 2019

7. What date can we expect a feedback report on your research?
   - 15 December 2019

## APPENDIX I: Co-coder's letter

Basic Research Advocacy
& Initiative Networks

E: brainsghana@gmail.com
A: P.O.Box WY 423, Kwabenya, Accra
T: +233 (0) 24 147 3915 | +233 (0) 24 211 8395
L: Hse No. 170 Madina estate. Adjacent to the magistrate court

March 30, 2021.

**To whom it may concern**

Dear Sir/Madam,

**Co-coder declaration**

I hereby declare that I, Feikoab Parimah, co-coded the mini-dissertation by Babalwa Mtshawuli entitled *'Experiences of professional nurses in caring for patients with suspected mental health disorders'*. Thank you.

Yours Sincerely,

Feikoab Parimah
Psychologist/Author

## APPENDIX J: Editors letter

Nathan T Lowe
9 Lamborghini Avenue
Wierda Park
Centurion
0157
Email: nathanthomaslowe@gmail.com
30 March 2021

To whom it may concern

I hereby declare that I, Nathan Thomas Lowe, edited the mini-dissertation by Babalwa Mtshawuli entitled 'Experiences of professional nurses in caring for patients with suspected mental health disorders'.

Regards

Nathan T. Lowe

Language practitioner for the University of Pretoria's Language Unit

## APPENDIX K: Interview

**Researcher**: [shake hands] Good morning Mr

**Zukie**: Good morning

**Researcher**: how are you doing today?

**Zukie:** doing fine, thanks for asking

**Researcher:** you can have a sit

**Zukie**: thank you [sitting down]

**Researche**r: before we begin, I need you to sign for me the consent form that you agreed to participate to the study voluntarily. Consent that during the interview you also giving me permission to recorder audio of the interview and that you understand you rights as the participant that you can withdraw anytime without forfeiting any benefits should you change your mind.



**Zukie**: [signing the consent]

**Researcher**: mm… For the purpose of the record, even though I have introduced myself earlier. My name is Babalwa, I am a student, doing Masters at University of the Western Cape. As part of my studies, I am required to do research. The topic of my research is to explore experiences of professional Nurses in caring for patients with suspected mental health conditions at the community health clinics. The inclusion criteria of this study is that you must be at least one year of experience after completing the community service professional nurse (CSPN).

During the interview, you will be asked about your experiences in caring for patients with suspected mental health conditions. I will be asking open-ended questions, which

will be followed by probes. The interview should take about 45 to 60 minutes of your time. The researcher will ensure that your identity is protected at all times, the results of the study will be generalised of reported in a way that know body can identify who said what. If it happens that while we talking, some of your experiences might trigger traumatic events that you went through, which might leave you distressed you can contact me directly or via your supervisor that we can arrange counselling for you with ICAS.

I just want you to know that there is no right or wrong answer and u can answer the questions in a language that you comfortable with but preferable English if you do not mind please. At the end of the interview, as part of appreciation of your time you will receive a hundred rand Pick n Pay voucher….

Before we begin with the interview, do you have any questions that you have?

**Zukie** : [shaking the head] No

**Researcher**: in that note, before we begin the interview, could you please give me a bit of background about yourself, so that I can get to know you?

**Zukie**: what do you want to know about me?

**Researcher**: I want to know who is Mr …, how long have you been working here?

**Zukie**: I am a professional nurse here at City of Cape Town, I studied in College, Outside the Western Cape Province. Did my community service in a General Hospital, In that Province and then I worked for 5 years. I moved to Cape Town in 2018 March, employed by City of Cape Town and started my employment on 1 June 2018. So ya. been doing trauma cases mostly in my previous employment, TB just started now. So ya.

**Researcher**: I understand since you are in trauma you caring for patients with different health conditions, today I just want us to talk about your experiences in caring for patients with suspected mental health conditions.

**Zukie**: okay

**Researcher**: Can you please tell me about your experiences when caring for patients who present with suspected mental health symptoms?

**Zukie**: Uhm..mm. I would say since I do not deal with them directly. I would say since I deal with patients in all calibres. In mental health I would say that we assess them like physically, how they look, like are they taken care of eh... Their mental health status like your..., where are you? Orientation wise and issue them with treatment if the patient is still able to take care of himself or herself. However, if not we usually refer them to secondary hospital for further assistant and management.

Here most of our patients that we see, normally they usually not aggressive, they just abide by the rules, it a rare case when they become aggressive. Most of the time, they come for their medication, we just check for validity of the script and issue the medication. Check if they know which medication to take and when? Basically we guide them minimally, they know which medication they take and their due dates. For those that are not compliant we send them back to secondary hospital. In the facility we don't have a psychiatric nurse or psychiatrist, they don't get full consultation. We manage them like that.

**Researcher**: How do you feel about caring for patients with suspected mental illness?

**Zukie**: eh. On a personal level, I would say fine, I'm cool to work with them especially those that are manageable or that are on treatment. Other than that they are very

frustrating cause… Number 1. You do not know what could happen when a person come in, you have to expect anything when the person comes in, because you don't know if he / she is a mental health patient. 2. You might fear that you might be in danger, but you just have to portray whatever you learnt in school, like your body language. Moreover, the most important thing is to watch the tone of your voice, but do not be too comfortable. On a personal level I would say I am fine in managing them but do not be too comfortable, that is all that I could say.

**Researcher**: Have you ever had any challenges with a patient with suspected mental health condition? If yes, tell about the events or behaviour that take place when dealing with a patient with suspected mental health conditions.

**Zukie**: In this community I would say a lot due to the anger they portray, for some with no reason. But you find that the is an underlying cause for that, maybe it is violence at home or drug use. So those are the main two concerns that you facing around the community. I would say there is a lot but you actually need to screen in order to actually say that this is mental health care issue.



But I think I have dealt with one recently on Antenatal care visit. She did mention that she sometimes uses drugs; I counselled her and with the help of the Dr completed referral to the centre here in the community. So ya.. it is a challenge at the end especially when you helping someone who keeps going back to the same problems.

**Researcher**: Just to take you back a little, you mentioned that it can be frustrating caring for mental healthcare users with mental illness, tell me more about that

**Zukie**: ohh, ok. We treat them as 'fast tracks', fast track is basically meaning you come in, get your folder, get your things you leave. But the facility is not ideally like that

always, patients with mental illness can't be fast tracked all the time because of the business of that hour on that particular day, as we get emergency cases as well within the facility. So when they don't get the same treatment every day, you find that they are frustrated themselves and now pushing for that to happen every day which can be frustrating to you as a nurse.

Someone just come in and put in their folder and come inside to ask when am I next, but you not yet next because there are other fast tracked like older people their bloods needs to be taken, things like that. So their frustration comes back from them to you, as they put too much pressure than what you already going through. That's what I meant or what I was trying to mention. Other than that, they fine to work with, just that they don't want to wait.

**Researcher**: when managing clients with mental illness, especially for suspected cases. Do you have a guide in terms of how to go about management of MHCU?

**Zukie:** Fortunately, for us we do use the pack, but mostly in trauma, we do have the doctor on site as well who usually assist with assessment and diagnosing. However, sometimes they do not diagnose they just stabilise the patient and refer to general hospitals. After completing a few documents as mentioned in the guideline.

**Researcher**: tell me more about your challenges in caring for clients with suspected mental health conditions?

**Zukie**: there is no system whereby a specialised nurse or medical officer comes for their reviews, so our doctors usually reviews the patients and then they do not have the expertise mos. So I would say that is a challenge for us.

**Researcher**: [nodding the head] hmhm

**Zukie**: so we would appreciate assistance, maybe having if we can have mental healthcare nurse in the facility or psychiatrist. And have some sort steps with exactly what to do besides the manual, because manual is the manual. It does really give much in terms of management, how to monitor and maintain. Those are the challenges I can identify and besides the fast tracks wanting to be fast tracks all the time.

**Researcher**: have you ever had a situation where you wanted to help a patient but you could not?

**Zukie**: No, I could not really say so, because every situation is assessed differently and managed based on the findings of the assessment. Like the patient I told you about in the antenatal, I provided counselling that she can understand the dangers of using drugs while pregnant and completed referral to the social worker at the community centre where she can receive further assistance and join support groups of pregnant women with similar problems. Where as if she maybe had drug induced psychosis things could have been different.



**Researcher**: before I make a quick summary of what you just told me. Do you have any question you would like to ask?

**Zukie**: what are you like trying to understand about our experiences when caring for mental healthcare users?

**Researcher:** I want to understand your experiences; it could be a positive or negative experience as the primary care givers in clinics when caring for patients with suspected mental disorders… Basically in your own view what it means to care for patients with suspected mental health problem based on your experience.

**Zukie**: I get what you are saying, but we as professional nurses we have that basic knowledge, if it's not right then it's mental health. That you always know how to differentiate. So I don't think you will get something new from us other than what you already know.

Like most challenges are mostly affect us are not directly related to us but are affected by the community you working in. for example here the community is mostly frustrated due to social economic status, increased drug prevalence, the abuse ne? so from their kids, most of them are staying with their kids mos. Their kids abuse them, then they come here to voice out their frustrations.

For me would not really say it's a mental health problem but it is portrayed as a mental health problem because if you are angry all the time and you cannot control it you are not well. If you are abused most of the time that also will consequence affect mental health. The environment is not conducive for small children to play in the sense that now when it come to the clinic we sometime forced to fast track certain people because they are gun man or leaders of the gang, people are in fear. That is if you get me, that is mental instability itself.



Then you get those that are working with the gang, so people cannot really be happy and voice out their feeling or concerns. Like say I am an advocate for Mr who and who because you might never know who is listening. Drugs are prevalent, so are guns you see them on daily basis, even children they see these people as role models because they get arrested this month a month later they out. For me that is the reasons are would say are a challenge for the community and us when it comes to mental health.

If we can get more people to work with the community or increase community projects to keep more young people, busy. Because there a drop out even in schools which is

normal, they do not see the importance of education in school. They see the “drug” that it’s a fast life style for them because that is what they are exposed to most of the time. So that is not normal.

**Researcher**: How do all these challenges make you feel as the health care provider?

**Zukie**: it affects in a way that you feel the need to treat everyone as a threat, you cannot fully counsel or understand where the problem is because you have your own thinking at the back of your mind, you might not get the response you want from the person. Because you worried that this person might ask why am I asking all questions that are related to drugs, even though you suspect that the person still taking drugs even though they are on anti-psychotropic. That on its own it is frustrating for community health worker on its own as in referring to me mostly and its worrying.

Like we grew up being told that education is the key to success, but now it’s seems they changed the locks [laughs]. However, for us the key has worked because we hear, have jobs, which we can be able to provide for our families.

Another challenge, the race thing. One would come in angry not because of the line or services but just because of your colour which is a huge problem within this community. It’s a treat in a sense that you have to have to be in a defensive mechanism, as much as we offer the services you have to maintain the professional friendliness nothing beyond that because you don’t know what they thinking. Moreover, it is not easy to change people who they are, and their prejudices.

**Researche**r: Based on the information you provided about your experiences in caring for patients with suspected mental health condition I could say you are passionate about your work, and you indicated that you work well with your team as you

mentioned that doctors also assist with assessments of mental healthcare users at times. You also mentioned the feelings of frustrations, which are as results of pressure placed on staff by patients, as at times they do not understand that sometimes they have to wait on ques, they cannot always be prioritised at all times. You also made a few recommendations with regards to the staffing needs… before we conclude with the interview, would you like to add anything?

**Zukie**: No, that is all for now.

**Researcher**: I would like to thank you for taking your time to participate in this interview, I really appreciate your time.

**Zukie**: it's only a pleasure

The end…