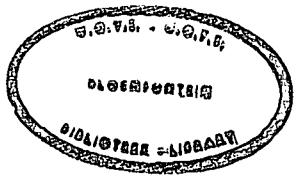

TITLE: STRESSORS EXPERIENCED BY STUDENT NURSES DURING CLINICAL PLACEMENT IN PSYCHIATRIC UNITS IN A HOSPITAL

BY

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DISSERTATION FOR THE MASTERS' DEGREE IN PSYCHIATRIC NURSING

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This study is dedicated to my late parents,

Papalala Abinaar John and

Khutsafalo Dikeledi Sehunoe

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SUMMARY

Psychiatric nursing students find themselves in a situation in which they are confronted by stressors in their personal and professional environment, as well as stressors caused by their inexperience in psychiatric nursing.

An exploratory study was conducted with the aim of discovering and describing possible stressors experienced by psychiatric nursing students during clinical placement in a psychiatric unit. The study had two objectives: firstly, to identify factors experienced by student nurses as stressful while working in psychiatric units and secondly, to recommend guidelines to minimise stress, for inclusion in the psychiatric clinical nursing curriculum.

For the purpose of the study an unstructured interview was conducted with each participant during their first placement in a psychiatric unit to identify the factors experienced as stressful.

The results indicated that all eight participants experienced average to high stress. Sources of stress identified included, among others, ineffective teaching and learning programmes, poor managerial governance of the service, detachment of professional nurses from their teaching role, poor relationships among staff, over-reliance on the medical model of care and patient neglect.

Psychiatric nursing students sampled indicated universal support for

in-service education and training for professional nurses, attitude change of professional nurses towards students, support for student initiatives, student involvement in patient care and adequate allocation of resources for patient care and nurse training.

Arising from the findings, guidelines were established for the guidance of psychiatric nursing students.

The exploration and description of stressors experienced by the psychiatric nursing students will help nurse educators plan clinical learning opportunities in such a way that they are less stressful, thus ensuring that psychiatric nursing students are equipped to utilise themselves as therapeutic instruments.

▫ OPSOMMING

Studente in psigiatriese verpleegkunde bevind hulself in 'n situasie waarin hulle met stressors in hul persoonlike en professionele omgewing gekonfronteer word, asook met stressors wat deur hul gebrek aan ervaring in psigiatriese verpleging veroorsaak word.

'n Verkennende studie is onderneem met die doel om moontlike stressors wat deur psigiatriese verpleegkunde studente tydens kliniese plasing in 'n psigiatriese eenheid ervaar mag word, te ontdek en te beskryf. Die doelwitte van die studie was eerstens, om faktore wat deur studente as stresvol beleef is wanneer hulle in psigiatriese eenhede gewerk het te identifiseer, en tweedens, om riglyne om stres te minimiseer voor te stel vir insluiting in die psigiatriese kliniese verpleegkunde kurrikulum.

Vir die doeleindes van die studie is 'n ongestruktureerde onderhoud met elk van die deelnemers tydens hul eerste plasing in 'n psigiatriese eenheid gevoer om die faktore wat hulle as stresvol beleef het, te identifiseer.

Die bevindinge het getoon dat al agt deelnemers gemiddelde tot hoë stres beleef het. Bronne van stres wat geidentifiseer is sluit, onder andere, die volgende in: oneffektiewe onderrig-en leerprograme, swak bestuur van die diens, afsydigheid van professionele verpleegkundiges jeens hul onderrigrol, swak verhoudings onder personeel, te veel steun op die mediese model van versorging en verwaarlosing van pasiënte.

Die psigiatriese verpleegkunde studente wat by die studie betrek is het almal ondersteuning vir die volgende aangedui: indiensopleiding vir professionele verpleegkundiges, verandering van houding van professionele verpleegkundiges teenoor studente, ondersteuning vir studente inisiatiewe, student betrokkenheid in pasiëntsorg en toereikende toewysing van hulpbronne vir pasiëntsorg en verpleegopleiding.

As gevolg van die bevindinge is riglyne vir die begeleiding van psigiatriese verpleegkunde studente opgestel

Die verkenning en beskrywing van stressors wat deur psigiatriese verpleegkunde studente ervaar word sal verpleegopvoeders help om kliniese leergeleenthede op so 'n manier te beplan dat hulle minder stresvol sal wees. Dit sal verseker dat studente toegerus sal wees om hulself as terapeutiese instrumente te gebruik.

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CHAPTER 1

1.1 INTRODUCTION

The system of nursing education has laid down extensive preparatory requirements for aspirant nurses in both the theoretical and practical components of their basic nursing education programs (Setsoe 1992: 32).

The acquisition of knowledge and experience in nursing specialities, used for selected learning experiences, allow these students to acquire increasing levels of skill in practice, and to emerge as expert nurses ready to provide a service of a comprehensive nature (Behner and Hageroff 1991: 33, Doyle 1980: 1 and Wilson 1994: 81).

Research has identified nursing as a high stress profession - nurses cope daily with extreme physical and psychological demands inherent in providing care to acute and chronic populations. These demands of caring for others can be extremely stressful (Mc Grath, Reid and Boones 1989: 345, Milne, Burdett and Beckett 1986: 59, Nash 1989: 37, Trygstad 1986: 23, and Wheeler and Riding 1994: 527).

Hlonipho (1994: 2) noted that the experiences together with the major responsibility that students face while still undergoing training, e.g. learning unfamiliar and complex theory, as well as the practice of nursing, involving very ill and highly disturbed patients causes severe stress.

It is reasonable to assume that nursing students in psychiatric settings also experience stress and it is of interest to the researcher, to investigate and verify this assumption.

1.2 RATIONALE

This study focuses on stressors student nurses experience as they utilise the psychiatric clinical situation for learning purposes. Utilisation of the clinical situation as a setting for implementing the theoretical basis for nursing practice is and has been, an integral part of nursing since its inception. Clinical experience is a basic component of the professional curriculum and serves as a unifying mechanism wherein concepts are rendered meaningful and principles tested (Doyle, 1980 : 7).

It provides opportunities to make judgements in real situations, to apply principles to various situations and to develop skills applicable to diverse settings. It also gives nursing students an opportunity to apply theory to practice, thus gaining confidence and security to function in such situations.

Zunguso as quoted by Doyle (1980 : 22), identified five areas of learning that require a clinical setting. These are :-

* transfer and application of knowledge
* practice in motor skills.
* practice in interviewing and developing nurse-patient

relationships

* practice in decision-making and problem-solving
* professional socialisation

Exposure of student nurses to psychiatric units allows them an opportunity to explore the situation, practice skills and become socialised in the process. During these experiences they rely more on teacher response as a measure of their performance and use their teachers as role models

The study was conducted while students were acquiring psychiatric skills to improve the mental health of their patients. Mental health refers to a dynamic process in which a person' s physical, cognitive, affective, behavioural and social dimensions interact functionally with one another and with the environment (Haber, Hoskins, Leach & Sideleau 1987:4). In secured environments and in healthy interaction of any nature with the environment a balance between the individual patterns of interactions and the environment are demonstrated. Sometimes stumbling blocks exist that interfere with this balance and deprive individuals of their mental health. Nursing students' interaction with the clinical situation is no exception.

Psychiatric nursing students find themselves in a situation in which they are confronted by stressors in their personal and professional environment, as well as stressors caused by their training. To ensure quality nursing and job satisfaction their stressors must be identified

and they must learn ways of coping with them.

They perceive the clinical experience as nursing, and as Doyle indicated, anything which is perceived by the student as an aid to becoming a nurse, has the potential for being either stressful or satisfying and the event is identified as either stressful or satisfying depending upon the perceived success of the outcome.

Nursing students seem to have a high need for positive reinforcement. They seem to set expectations for themselves as nurses and not as students of nursing, because of the way in which they perceive the clinical experience, and so encounter high levels of stress when their efforts to meet their expectations fail. Stress is produced when a goal, such as becoming a nurse is threatened or inhibited (Doyle, 1980:23).

The researcher realises the need to focus on experiences of student nurses with regard to stressors experienced in the clinical situation because these could interfere with attaining a goal, of being a nurse, and disturb their learning. The early identification of psychiatric nursing students with a high level of stress can be used as a preventive measure to ensure that they will be equipped to utilise themselves as therapeutic instruments.

1.3 PROBLEM STATEMENT

1.3.1 STRESS IN NURSING

Looking at the nursing profession as a whole, it can be seen that job-related stress affects all groups; student nurses (Fry, Karani and Tuckell 1982:13, Hlonipho,1994:4 Kleehammer, Hart and Keck 1990: 185, Lindop 1989: 173, Pagana 1988:419, Parkes, 1985:946, Thyer and Bazeley 1993:337), nurses working in high dependency units, e.g intensive care, operating theatre (Dewe 1988:375, Tyler and Ellison 1994:471), general and obstetric nurses (Cheatham and Stein 1982:161, Dewe 1989:310, Lobb and Reid 1987:60,Wheeler and Riding 1994: 528), oncology nurses (Nash 1989:37), military nurses (Baker, Menard and Johns, 1989: 738) and psychiatric nurses (Jones, Janman, Payne and Rick, 1987:131, Kunkler and Whittick 1991:173, Landeweerd and Boumans 1988:226 and Sullivan 1993:596

The principal occupational stressors for hospital nurses have consistently been identified as work overload, dealing with death and dying patients, poor communication with colleagues, the erratic nature of the job, shift work, inadequate preparation, lack of emotional support, conflict with doctors, uncertainty over authority, political and union issues, financial resources and increasing bureaucracy (Trygstad 1986: 23,Tyler and Ellison 1994: 369).

Despite this amount of research, stress awareness in the nursing

profession is low. Furthermore the prevailing attitude in nursing seems to be that nurses should either put up with the difficulties or get out (Hingley and Harris 1980 as quoted by Wheeler and Riding 1994: 527).

1.3.2 STRESS AMONG NURSING STUDENTS

Research acknowledging stress experienced specifically by student nurses has been extensively reported. The most common theme apparent throughout the literature on stress in the clinical experience, is that of students worrying about personal inadequacy and the possibility of making errors (Hlonipho 1994: 4, Kleehammer, et. al. 1990: 186, Lindop 1989: 175, Melia, 1982: 331, Pagana, 1988: 419, Parkes 1985: 950).

Kleehammer *et al* (1990: 186) indicated further sources of anxiety to include procedures, inadequate hospital equipment, interpersonal relationships with physicians and teaching staff members. They also reported that the highest level of anxiety expressed by students concerned the initial clinical experience. The stressful nature of this experience was also reported by Pagana (1988:419).

Thyer and Bazeley (1993: 337) reported that the presence of stress can have implications for work performance, and could lead to mental ill health and psychomotor disorders. He also reported that students who experience unresolved stress and lack of emotional support are likely

to experience impaired learning and performance ability. Despite the vast amount of research and the fact that in industry and other occupational groups, stress-related problems may cause profound financial loss (Dawkins, Depp and Selzer,1985: 9), stress related studies among student nurses in psychiatric settings are limited.

A literature search of stress in psychiatric settings revealed that most of the investigation in this field focused on registered psychiatric nurses and psychiatrists (Gray and Diers 1992:Handy 1991:44, Jones,et. al.1987:131, Kunkler and Whittick 1991:171, Landeweerd and Boumans 1988:226, Sullivan 1993:596). These groups of mental health professionals reported experiencing greater interpersonal involvement with their patients. This intimate contact and often intense relationship with disturbed people accounted for high levels of stress. They also reported that working in unresponsive, unappreciative and uncommunicative environments caused high stress. The single most stressful item identified among administrative issues was not being notified of changes before they occur.

Results from the above studies further indicate that psychiatric nurses are exposed to stressors common to other areas of nursing, e.g. staffing levels, overwork, administrative duties, to name but a few. In addition they face unique problems in their day to day work that reflect their interaction with a particular client group.

As Sullivan (1993:594) states, having to deal with patients who become physically violent, those that require continuous observation on a one-to-one basis because of their unpredictable behaviour and nursing a suicidal individual with a lack of manpower necessary to maintain a safe level, are unique problems of a nurse in a psychiatric setting.

It is unlikely that such situations would be observed to the same degree in other nursing specialities. It is reasonable to assume that student nurses working in mental health settings, are as susceptible to stress as other mental health practitioners but no study in this regard has been published as far as this researcher could determine.

The researcher 's perception is that if potential stress-producing situations can be identified, the clinical learning experiences of students can be tailored to make them less stressful, thus enhancing their learning and practise skills.

1.3.3 STRESS AND LEARNING

The literature indicates that there is a relationship between stress and learning. While some degree of stress is necessary to optimise learning, high levels of anxiety can impede learning and inhibit optimal functioning (Beck Rawlings and Williams: 1988: 176, Doyle 1980: 1, Tyler and Ellison 1994: 470).

In her study of "- The role of positive reinforcement and stress in student nurses ' clinical learning " - Doyle (1980: 1) found that when threat due to failure interacts with anxiety, interference with discrimination and abstraction is observed. She also found that stress had a detrimental effect on skilled behaviour. This is pertinent in nursing education because all of the above, i.e. discrimination, abstraction and skilled behaviour are necessary for safe, effective clinical practice.

Pagana (1988: 418) noted that learning to be a nurse is stressful when she described it as "a perilous enterprise because it requires learning how to cope with many difficult and stressing situations ". It is possible then, that learning within these situations may be compromised due to the anxiety produced.

According to the literature and the researcher 's experience, it is clear that nurses can experience stress while working in psychiatric units although no specific studies have been done with student nurses. This study therefore focuses on possible aspects which student nurses in psychiatric settings experience as stressful.

1.4 PURPOSE AND OBJECTIVES OF THE STUDY

The overall purpose of the study is:-

* to explore and describe possible stressors experienced by

student nurses during clinical placement in psychiatric units, and

* to make recommendations arising from the research study for inclusion in the psychiatric clinical nursing curriculum.

1.4.1 OBJECTIVES OF THE STUDY

In order to be able to achieve the overall purpose of the study the following objectives are proposed:-

* Identify factors experienced by student nurses as stressful while working in psychiatric units.

* Recommend guidelines that could minimise stress among psychiatric nursing students, for inclusion in the psychiatric clinical nursing curriculum.

1.5 CENTRAL STATEMENT

Exploring and describing stressors experienced by student nurses in the psychiatric clinical situation will help nurse educators to plan clinical learning opportunities in a such a way as to make them less stressful, thus enhancing learning and practice skills of nursing students.

1.6 DEFINITION OF TERMS

Stress

Anticipatory feelings of anxiety in relation to learning in the psychiatric unit as reported by the psychiatric nursing student.

Psychiatric Unit

A setting in which psychiatric nursing students receive clinical experience with hospitalised mentally ill patients.

Psychiatric Nursing Student

A learner acquiring knowledge and skill in the practice of psychiatric nursing during the third year of training.

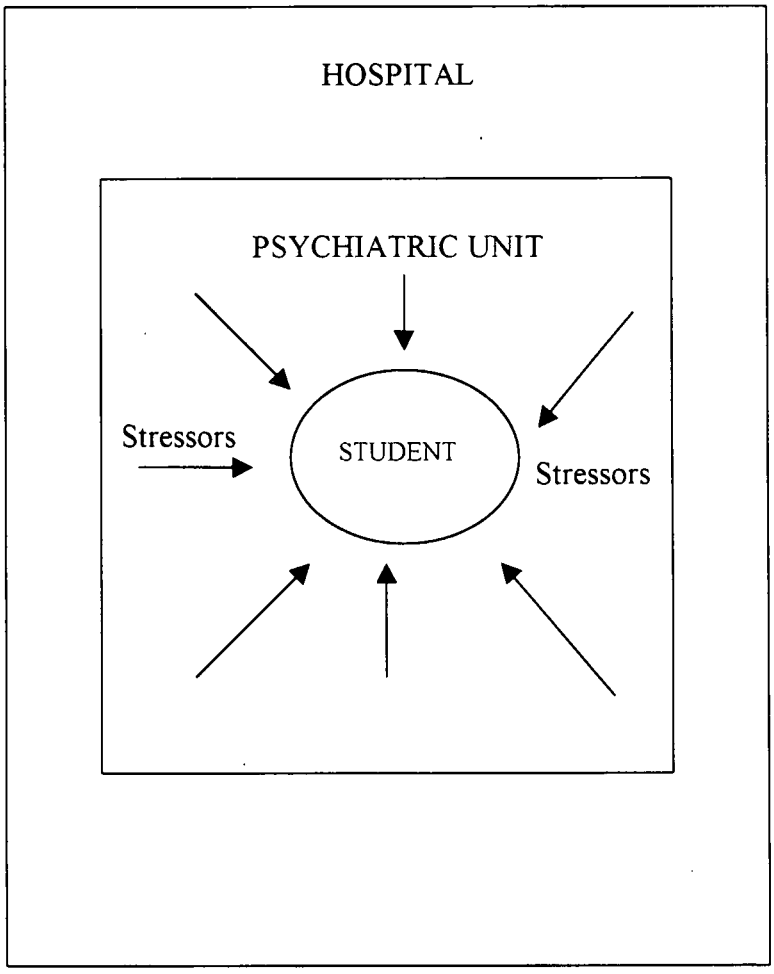
Stressor

Events or circumstances experienced by psychiatric nursing student in the psychiatric setting as stress-producing.

1. 7 CONCEPTUAL FRAMEWORK

A conceptual framework explains the relationship between events or interrelated concepts. (Brink and Wood 1983 : 44) The conceptual framework for this study will explain the relationship between student nurses and possible stressors experienced during clinical placement in a psychiatric unit.

FIGURE : 1.1 CONCEPTUAL FRAMEWORK



(Conceptual Framework is developed by the researcher of the present study - GONTSANA R. M. 1998)

The student nurses and the psychiatric unit have unique characteristics that could be affected negatively by the relationship, and the possibility of addressing these characteristics can always minimise their effects.

1.8 METHODOLOGY

1.8.1 STUDY DESIGN

A qualitative study that was contextual, descriptive and exploratory was used with the objective of obtaining insight into the critical data required on the phenomenon being studied, and collecting accurate information.

Contextual

It is contextual in that the individuals are from a specific college and data was obtained from a specific hospital.

Exploration

The topic was explored to gain insight into how students experienced the psychiatric clinical situation.

Descriptive

Descriptions of the students' experiences were collected as an opportunity of obtaining accurate and meaningful information of the phenomenon under study.

1.8.2 CHOOSING THE SETTING

The study was conducted in the psychiatric section of a hospital in the North West Province. This section is a 450 bed institution serving a

catchment area of a population of approximately 750,000. It accommodates both chronic and acute mental patients. It is a teaching hospital for nursing programmes and was chosen because:

- It is the only institution in the area that offers psychiatric clinical experiences for nurses pursuing the integrated Diploma in Nursing (General, Community , Psychiatric nursing) and Midwifery.
- Access to the institution was convenient for the researcher because it is within reach.

1.8.3 POPULATION AND SAMPLING METHODS

1.8.3.1 POPULATION

The study population comprised of third year full-time psychiatric nursing students pursuing the integrated Diploma in Nursing (General, Community, Psychiatric nursing) and Midwifery. Students were from a nursing college in the North West Province from 1996 until the time of the study. Students following an integrated programme are placed in psychiatric wards for the first time in their third year.

1.8.3.2 SAMPLE

Psychiatric nursing students included in the study were:-

- those in the third year of the program in a nursing college.
- those in the above level of study, assigned to provide care to

psychiatrically ill patients in the psychiatric section of Bophelong Community Hospital.

- both male and female students were included in the study.

1.8.3.3 SAMPLE AND SAMPLING METHODS

A purposive convenience sample of psychiatric nursing students who voluntarily agreed to participate in the study were selected. The sample size depended on saturation of data.

1.9 PILOT STUDY

A pilot study with two participants from the fourth year of study senior to the proposed sample group was conducted to identify possible stumbling blocks to gathering data. It was also conducted to assess whether the questions would produce the necessary information. Two questions were asked :

- Describe the factors which cause you stress while working in a psychiatric unit
- What would you recommend to reduce your stress and improve your placement in a psychiatric unit?

1.10 DATA COLLECTION

To identify the information concerning stressors experienced by the participants in the clinical situation an in-depth unstructured interview

was conducted. The interview was selected as it is well suited to the exploration of perceptions regarding experiences. It allows the participants to talk freely about their experiences and has an advantage of flexibility which allows the researcher to grasp more fully the subject's experience (Kvale 1983:171-196, Treece and Treece 1986:235).

Each interview session was tape-recorded and transcribed word for word, so as not to loose its meaning. The researcher also wrote field notes during data gathering. The reasons for tape-recording the interview was explained to each subject, namely to explore her \ his views on stressors experienced in depth, and not to loose his/her inputs.

1.11 TRUSTWORTHINESS OF THE STUDY

Most quantitative researchers recognise and document the worth of a project by assessing the reliability and validity of the work. Just as there is a need to look at the accuracy and trustworthiness of various kinds of quantitative data in different ways, there is a need to look at qualitative methods for different ways of ensuring the quality of findings (Krefting,1991: 214).

Agar in (Krefting, 1991:215) support the idea that a different language is needed to fit the qualitative view, one that will replace reliability and validity with such terms as credibility, accuracy of representation

and authority of the writer. To this end Guba and Lincoln's model for trustworthiness will be used in this study to ensure rigor. This model describes four general criteria for evaluation of trustworthiness:

* truth value
* applicability
* consistency
* practicability (Lincoln and Guba 1985: 301)

These criteria will be discussed in detail in Chapter two of this study.

1.12 DATA ANALYSIS

The procedure of data analysis described by Tesch as quoted by Creswell, (1994: 155) was used. The purpose of data analysis was to discover themes, categories and sub-categories related to the experienced stressors and other information.

These steps engage the researcher in a systematic process of analysing data and was carried out as follows:

- Get the sense of the whole. Read through all the transcriptions carefully. Perhaps jot down some ideas as they come to mind.

- Pick one interview document - the most interesting, the shortest, the one on top of the pile. Go through it asking yourself, "what is this about ?" Do not think about 'the substance ' of

the information but rather its underlying meaning. Write thoughts in the margin.

- When you have completed this task for several informants, make a list of all the topics. Cluster together similar topics. Form these topics into columns that might be arrayed as major topics, unique topics and leftovers.

- Now take this list and go back to your data. Abbreviate the topics as codes and write the codes next to the appropriate segment of the text. Try out this preliminary organising scheme to see whether new categories and codes emerge.

- Find the most descriptive wording for the topics and turn them into categories. Look to educing your total list of categories by grouping topics that relate to each other. Perhaps draw lines between your categories to show inter-relationships.

- Make a final decision on the abbreviation for each category and alphabetise these codes.

- Assemble the data material belonging to each category and synthesise a preliminary analysis.

- If necessary recode your existing data.

Once the above process was completed similar themes were placed together and categorised. The final product was to be shared with an independent coder to compare the analyses done independently and to reach a consensus on appropriate themes, categories and sub-categories for this study. Tesch'steps of data analysis as presented in pages 30, 31, and 32 of this study were given to an independent coder with a master' degree who was doing her doctoral degree in psychiatric nursing. She is also an advanced practitioner in psychiatric nursing, with experience in qualitative research methodology. She was requested to analyse the transcribed data.

The researcher then met with the independent coder to compare the analyses and hold consensus discussions.

1.13 ETHICAL ASPECTS

In order to proceed with the study, permission was obtained from:-

- Department of Health and Developmental Social Welfare (North-West Province) to conduct a study.
- College management to involve nursing students in their programme.
- Participants were informed of the study and those willing to participate were contacted by the researcher, at which time informed consent was obtained.

- Anonymity of participants in the research was ensured.

1.14 DISCUSSION OF RESULTS

Results will be discussed in the light of relevant literature and information obtained from similar studies by other researchers.

1.15 DIVISION OF CHAPTERS

Chapter 1 - Problem Statement

Chapter 2 - Research Design and Method.

Chapter 3 - Analysis, Discussion of Results and Literature Control.

Chapter 4 - Conclusions and Recommendations

Chapter 5 - Guidelines for inclusion in the psychiatric clinical nursing curricula.

CHAPTER 2
METHODOLOGY

CHAPTER 2

2.1 INTRODUCTION

In this chapter the research method followed to ensure that the purposes of the study were attained will be described. The researcher's role, the setting where the study was conducted the target population and the process of sample selection will be discussed. This chapter also includes a description of the method, used for conducting a pilot study, for data gathering and analysis and for ensuring the trustworthiness of the study. A discussion of how the results of the study were compared and combined with relevant literature to determine the current knowledge of the phenomenon being studied will also be presented.

2.2 RESEARCH OBJECTIVES OF THE STUDY

The overall purpose of this study is to explore and describe the stressors experienced by psychiatric nursing students and to recommend guidelines that would address these for inclusion in the psychiatric clinical nursing curriculum. In order to achieve this purpose the following objectives are proposed :-

- explore and describe factors experienced by student nurses as stressful while working in a psychiatric unit.

- recommend guidelines that could minimise stress among students

for inclusion in the psychiatric clinical nursing curriculum.

2.3 THE RESEARCH DESIGN OF THE STUDY

A qualitative research design which is explorative, descriptive and contextual was used with the objective of obtaining insight into the critical data required to explore stressors experienced by student nurses in psychiatric clinical units.

2.3.1 QUALITATIVE RESEARCH DESIGN

According to Burns & Grove, (1993: 26, 66) qualitative research means a systematic subjective approach used to describe life experiences and give them meaning. It is a way to gain insights through discovering meanings. Within a holistic framework, qualitative research is a means of exploring the depth, richness and complexity inherent in phenomena. The insights from this process can guide nursing practice and aid the process of building nursing knowledge.

The intent of qualitative research is to understand a particular social situation, event, role, group or interaction. It is largely an investigative process where the researcher gradually makes sense of a social phenomenon by contrasting, comparing and classifying the object of study.

Marshal and Rossman (1989) as quoted by Creswell (1994:148)

suggest that this entails immersion in the everyday life of the setting chosen for study. The researcher enters the informant's world and through ongoing interaction seeks the informant's perspectives and meaning.

The researcher had interactions with participants through interviews to gather their experiences of the clinical situation. These experiences were analysed to gain meaning.

2.3.2 DESCRIPTIVE

Qualitative research is descriptive in that the researcher is interested in the process, meaning and understanding gained through words and pictures (Creswell, 1994: 145). It provides an accurate portrayal or account of characteristics of a particular event or group in a real life situation for the purpose of discovering meaning describing what exists, determining the frequency with which something occurs and categorising information (Burns and Grove 1993: 733).

To discover the characteristics of the phenomenon being studied the participants described their experiences in the psychiatric setting, identified the factors that caused stress for them, and it was through these descriptions that meaning and understanding was gained.

2.3.3 EXPLORATORY

The method implies that the researcher is willing to study new ideas

and possibilities and not to allow predetermined ideas and hypothesis to direct the research process (Mouton and Marais, 1990: 45).

The research method allows the researcher to explore the topic when the variables are unknown.

In this study in-depth interviews were conducted and field notes done to gain insight into participants' experiences of stressors in the clinical situation.

2.3.4 CONTEXTUAL

Contextual represents a specific set of properties that pertain to a phenomenon along a dimensional range. It is furthermore, the particular set of conditions within which the interaction strategies are taken to manage, handle, carry out and respond to a specific phenomenon (Strauss and Corbin, 1990: 101).

The research is bound to individuals pursuing the integrated Diploma in Nursing (General, Community, Psychiatric nursing) and Midwifery who are in their third year of training and from a specific hospital and training institution.

2.4 RESEARCH METHOD

The researcher aimed to obtain as much information about stressors as

possible. To gather this the following aspects will be discussed: sampling methods, data gathering strategies and the role of the researcher.

2.4.1 : SAMPLING METHODS

A purposive convenience sampling of psychiatric nursing students who voluntarily agreed to participate in the study and were in the third year of their training were selected. The students were pursuing the integrated Diploma in Nursing (General, Community, Psychiatric nursing) and Midwifery training programme.

During the last week of the participants (students ') block period they were asked to volunteer for the study after listening to a complete explanation by the researcher.

- PURPOSIVE SAMPLE

  It involves the conscious selection by the researcher of certain subjects to include in the study.

- CONVENIENCE SAMPLE

  Subjects are included in the study because they happen to be there at the right place.

Participants of this study were integrated nursing students providing care to psychiatrically ill patients in a psychiatric setting. Their experiences of stress was to be explored and a purposive convenience

sample was thus used.

Criteria for Sample Selection

The criteria for selection of the study population sample were:-

- Integrated Diploma in Nursing (General, Community, Psychiatric nursing) and Midwifery students in their third year of clinical experiences with hospitalised mentally ill patients.

- The students were assigned to provide care to mentally ill patients within the psychiatric section of a hospital in the North West Province.

- Both males and females were included in the study.

2.4.2 PILOT STUDY

The purpose of the pilot study was two fold: first to identify the possible stumbling blocks in gathering data, and secondly to verify the validity of the question.

Two participants in their fourth year following the same programme with the same conditions, were invited to participate because of their exposure in the psychiatric clinical setting. Both consented. Both were interviewed after hours, avoiding any disruption of their learning and

the delivery of patient care. An hour's video taping session was considered a reasonable period. Video recordings were used to allow the supervisor of the research project to assess the researcher 's communication and interviewing skills.

Data from the two participants were used and their responses proved that the two questions asked yielded stressors experienced and the necessary recommendations were forth coming.

2.4.3 METHOD OF DATA COLLECTION

The data collection tool was an in-depth unstructured interview which provided a better response rate, permitted collection of large amounts of data and the researcher was able to clarify grey areas during the interview.

The researcher contacted each participant selected to participate to make an appointment for an interview during the second and/or third week of clinical placement.
Interviews were conducted privately at the participant 's residence for the following reasons:-

- To reduce the inherent distortions in the interview situation by collecting data in the student 's natural context.

- To ensure free expression of experiences.

All interviews were tape-recorded.

Two open ended questions were asked, i.e.

(1) Describe the factors which cause you stress while working in a psychiatric unit.

(2) What would you recommend to reduce your stress and improve your placement in a psychiatric unit.

The interview comprised listening and information giving. The researcher listened attentively while the participant described in detail her/his experiences of factors that caused him/her stress in the clinical situation.

For effective data gathering a guide that include the following aspects was used:-

- Instructions to the interviewee - opening statement.
- The key research questions to be asked.
- A book in which reflective notes, descriptive notes and personal notes were recorded.

The first ten to fifteen (10-15) minutes of the interview were used to build rapport with participants . It was necessary to build trust with participants since the researcher was working with them as an official.

Without rapport they might have closed up and relevant and appropriate information might not have been elicited.

Each interview lasted between sixty (60) to ninety (90) minutes, was transcribed within 48 hours to capture participants ' information.

2.4.4 THE ROLE OF THE RESEARCHER

The researcher was a lecturer in psychiatric nursing and social science for the integrated Diploma in Nursing (General, Community, Psychiatric nursing) and Midwifery, and this has equipped her with the theoretical knowledge of stress as a topic and she practised psychiatric nursing for about ten years.

* **ENTRY INTO THE SETTING**

The sample selection was accomplished by sending a letter to the Principal of the college, requesting involvement of students in the study. Participants were informed of the study and those students who agreed to participate constituted the sample.

In order to proceed with the study , permission was obtained from the Department of Health and Developmental Social Welfare (North West Province) to conduct a study at the hospital. A brief proposal of the research was included with the request.

* USE OF COMMUNICATION TECHNIQUES

Communication techniques were used during interviewing to clarify unclear areas and obtain the depth of information needed

Techniques used included:

- Minimal verbal responses : means that the interviewer adopts a less active role and allows more time for talk.

- Reflecting : directing back to the participant his/her feelings, questions and content.

- Clarifying : attempting to put into words vague ideas or unclear thoughts of the participant to enhance the researcher's understanding or asking the participant to explain what he means.

- Restating : repeating to the participant the main thought he/she has expressed

- Focusing : questions or statements that help the participant expand on a topic of importance

- Summarising : summarising involves tying together into one statement several views and feelings at the end of a discussion unit or an interview. The main purpose is to give the interviewee a feeling of movement in exploring ideas and feelings, as well as an awareness of progress in communication.

  (Stuart & Sundeen, 1997: 117)

The researcher controlled her involvement in the research to avoid bias by not interfering or imposing her knowledge of the phenomenon during the interviews.

* THE USE OF BRACKETING

The researcher needs to think through the dynamics of interaction between the self and the data occurring during analysis. This critical thinking used to examine the interaction leads to bracketing, which helps the researcher avoid misinterpreting the phenomenon as experienced (Burns & Grove, 1993:569).

* INTUITION

Intuition is an insight or the understanding of a situation or event as a whole that usually cannot be logically explained. It may also be described as a "gut feeling ". Intuiting is a process of actually looking at the phenomenon. The researcher focuses all awareness and energy

on the subject of interest to allow an increase in insight (Oiler as quoted by Burns & Grove, 1993: 578). In this study the researcher concentrated on and was fully absorbed in the experience being studied to gain more insight.

- **FIELD NOTES**

Cards were used to record field notes relating to observations made during the interview, personal thoughts such as speculations, feelings, problems, ideas, hunches, impression by the researcher and accounts of particular events (Creswell, 1994: 153). These notes were recorded in a format demarcating descriptive notes, theoretical notes, reflective and methodological notes from one another
(Wilson, 1989 :381).

* Descriptive notes

These are descriptions of the physical setting and accounts of particular events and activities. In this research study observational notes contained the number allocated to a particular interview, things observed during the interview, the setting and some form of simple interpretation attached.

* Reflective notes

These are notes about one 's own reactions and experiences. The

researcher has an opportunity to record personal thoughts, such as feelings, ideas, problems impressions and prejudices.

* Theoretical notes

These are purposeful attempts to derive meaning from observational notes. The researcher interpreted, inferred and hypothesised to build her analytic skill.

* Methodological notes

These are instructions to oneself, critiques of one 's tactics and reminders about methodological approaches that might be fruitful. The researcher evaluated her interview conduct against the research design and method.

Field notes will be discussed in Chapter 3 of this study.

2.4.5 DESCRIPTION OF THE SETTING

The hospital was chosen as the setting for conducting this research project. It has been a clinical teaching facility for psychiatric nurses for almost 20 years. It is situated in a sub-urban town of Mafikeng. It started in 1966 as an open-door psychiatric hospital with ±2,500 patients. In 1976 it was opened to both physically ill and maternity patients. The psychiatric section of this hospital is presently a 450 bed institution serving a catchment area with a population of ±750,000.

The initial basic programme at the setting was a three-year course in mental nursing, which was later followed by a one-year Diploma in Psychiatric Nursing. It is presently used as a clinical experience facility for students pursuing the integrated Diploma in Nursing (General, Community, Psychiatry nursing) and Midwifery, Bachelor of Nursing Science and the one-year psychiatric nursing programme. Students from the participating College of Nursing have clinical experiences on a monthly basis twice a year and are supervised by registered nurse-educators based in the psychiatric units.

2.4.6 DATA ANALYSIS TECHNIQUES/PROCEDURES

This was conducted as an activity simultaneously with data collection and data interpretation.

The data was analysed using the Tesch method of analysis (as quoted by Creswell, 1994: 155). The method emphasise that the researcher should address the steps presented below.

- **THE PROCESS OF DATA ANALYSIS**

(1) *GET THE SENSE OF THE WHOLE*

- The researcher reads through all transcriptions carefully.

- Perhaps jot down some ideas as they come

to mind.

The researcher should allow herself to read each interview as many times as is necessary to apprehend its essential features, without being pressured to move forward analytically. Yet inevitably, just reading will move her forward as every subsequent interaction with the text will yield new thoughts (Sandelowski, 1995 : 374). It is thus necessary to jot down some ideas as they come to mind.

Giorgi, (1985: 10) affirms the above stating that the researcher reads the entire description in order to get a general sense of the whole situation and to understand the language of the participant.

(2) *PICK ONE INTERVIEW DOCUMENT- THE MOST INTERESTING, THE SHORTEST, THE ONE ON TOP OF THE PILE. GO THROUGH IT ASKING YOURSELF "WHAT IS THIS ABOOUT "DO NOT THINK ABOUT THE "SUBSTANCE" OF THE INFORMATION BUT RATHER IUNDERLYING MEANING.*

- Write thoughts in the margin.

The thoughts, in combination with other ideas coming with simultaneous immersion in the phenomenon being studied, and other sources of inspiration comprise reflective memos that also constitute data for analysis (Sandelowski, 1995: 373)

(3) WHEN YOU HAVE COMPLETED THIS TASK FOR SEVERAL INFORMANTS. MAKE A LIST OF TOPICS.

- Cluster together similar topics
- Form these topics into columns that might be arrayed as major topics, unique topics and left overs.

According to Sandelowski (1995: 375), any framework chosen at this preliminary stage of data analysis is used to put data into a more usable form, in a form that allows the researcher to see all the data in a new form. In inductive kinds of qualitative work any framework for analysis must ultimately be data driven, or must earn its way into the study by virtue of its fit with the faithfulness of the data.

Probably the most fundamental operation in the analysis of qualitative data is that of discovering significant classes of things, persons and events and the properties which characterise them. In this process the researcher names classes and links one with another(Schatzman & Strauss, 1993: 110)

(4) NOW TAKE THIS LIST AND GO BACK TO YOUR DATA. ABBRIAVIATE THE TOPICS AS CODES AND WRITE THE CODES NEXT TO THE APPROPRIATE SEGMENTS OF THE TEXT.

- Try out this preliminary organising scheme to

see whether new categories and codes emerge

Another way to approach data systematically is to designate, with the simplest wording possible, the story-telling being discussed (Sandelowski,1995:374).

5) *FIND THE MOST DESCRIPTIVE WORDING FOR THE TOPICS AND TURN THEM INTO CATEGORIES*

- Look to reducing the total list of categories by grouping topics that relate to one another. Perhaps draw lines between categories to show interrelationships.

(6) MAKE A FINAL DECISION ON THE ABBREVIATION FOR EACH CATEGORY, ALPHABETISE THESE CODES.

Sandlelowski (1995: 375) puts it simply when she states " another way to approach data systematically is to designate, with the simplest wording possible, the story-telling being discussed".

(7) *ASSEMBLE THE MEANING UNITS BELONGING TO EACH CATEGORY AND SYNTHESISE A PRELIMINARY ANALYSIS*

(8) IF NECESSARY RECODE YOUR

2.4.7 TRUSTWORTHINESS

For the purpose of this study Guba's model for establishing trustworthiness of qualitative research was used. This model was used as it is well developed and has been used extensively by qualitative reseachers. The model is based on four aspects namely :

Truth value
Applicability
Consistency and
Neutrality. (Krefting, 1991 : 215)

* Truth value

Truth value is usually obtained from the discovery of human experiences as they are lived and perceived by informants. Lincoln and Guba in Krefting (1991:215), termed this credibility. Researchers then need to focus on testing their findings against various groups from whom the data was drawn or persons who are familiar with the phenomenon being studied.

Sandelowski, as quoted by Krefting (1991: 215), suggests that a qualitative study is credible when it presents such accurate descriptions or interpretations of human experience that people who share that experience would immediately recognise the description.

The researcher carried out the research project in such a way that the probability of the findings being found credible was enhanced, by involving an independent coder in analysing the data. Field notes were taken to identify the non-verbal aspects of the participants and feelings of the researcher. Literature control was also done.

To establish the trustworthiness of this study participants were selected to check whether what was presented as a product is what they really experienced. This theory is reinforced by Marascuilo as qouted by Creswell, (1994:215) who stated that a study is valid if consumers recognise the descriptions as true.

The technique of participant reviewing data and the use of their original narratives to illustrate themes provides validity due to the perceived truth of the experiences as confirmed by the participants.

* Applicability

This refers to the degree to which the findings can be applied to other contexts and settings or to other groups. Guba (1981)in Krefting (1991: 215), presents applicability by referring to fittingness or transferability as the criterion against which it can be assessed. Generalisation in qualitative research is not relevant because every research situation is made up of particular informants. The purpose of applicability is to describe a particular situation/phenomenon and not to generalise.

It is clear from the above that if there is to be transferability, the burden of proof lies with the original investigator rather than with the person seeking to make an application elsewhere (Krefting, 1991:216)

* Consistency

This is the extent to which repeated administration of a measure will provide the same data, or the extent to which the measure administered once, but by different people, produces equivalent results.(Krefting, 1991:216)

* Neutrality

This refers to the degree to which the findings are a function solely of the informants and conditions of the research and not of other biases, motivations and perspectives (Krefting, 1991:216).

Table 2.1 that follows gives the description of the application of strategies to ensure trustworthiness in the study

TABLE 2.1 : APPICATION OF STRATEGIES TO ENSURE TRUSTWORTHINESS

STRATEGY	CRITERIA	APPLICATION
Credibility	Prolonged and varied field experience	Ten years of interaction with nursing students as a tutor.
	Reflexivity	Field notes were taken.
	Triangulation	Interviews were conducted on different days and times with different participants. Field notes. Literature control.
	Member checking	Consensus discussions with the participants. Field notes were taken. Consensus discussion with an independent coder.
	Peer examination	An independent coder who is doing her doctoral degree and is also an advanced practitioner in psychiatric nursing analysed the data. An expert, doctorally prepared and experienced in qualitative research methodology, and also being an advanced practitioner in psychiatric nursing supervised the study.

Transferability	Nominated sample	A purposive convenience sample was used.
	Dense description of the research method	A complete description of methodology including literature control and verbatim quotes from Individual interviews.
Dependability	Dependability audit	Question checking with literature Tesch steps of data analysis were given to the independent coder to do the analysis.
	Dense description	As discussed under Transferability.
	Triangulation	As discussed under Credibility
	Peer examination	As discussed under Credibility
	Code-recode procedure	Consensus discussion between researcher and coder.
Confirmability	Confirmability audit	Independent coder
	Triangulation	As discussed above
	Reflexivity	As discussed above

2.4.8 LITERATURE CONTROL

The review of the literature in terms of the phenomenon being studied, namely, stressors experienced during clinical placement in psychiatric units, is presented after data collection and analysis to compare and combine findings from the study with the literature, to determine the current knowledge of the phenomenon.

The collected data was analysed and arranged in categories and themes. For each theme, with the interpreted response, literature was advanced as a basis for comparing results found in this study. A discussion of the study findings incorporates references to other reports and indicates how the study findings deviate from previous research on the same phenomenon or how it supports that work.

2.5 PRESENTATION OF ETHICAL CONSIDERATION

In order to proceed with the study permission was obtained from the college principal for the involvement of students and from the Department of Health and Developmental Social Welfare to conduct the study.

Participation in the study was voluntary, with freedom to withdraw at any time. Subjects were informed of the nature of the study before consenting to participate. They were also told of the requirement that

each interview would be tape-recorded and given the assurance that the material from the interviews would be handled in the strictest confidence. No mention of an individual subject 's name would occur in the data analysis and discussion of results of the study. The tapes will be destroyed after examination of the study.

Participants were also informed that information would be used only for educational and research purposes. There would be no danger of physical risks inherent in the study since interviewing was the only method of data collection; however, some minimal psychological risks such as being upset may occur with some subjects. If the interview should seem to be upsetting the subject, the researcher would terminate it. The researcher 's experience in psychiatric nursing ought to enhance her ability to judge the degree of stress being experienced by the participant so that the stress would not be allowed to overpower her/ him. In such instances the researcher would consult with an expert clinician who would assist the subject to diminish her/his anguish. The participants ' rights, interests and wishes would be considered first when choices are made regarding reporting the data.

2.6 CONCLUSION

In this chapter the research method, the process of data collection and the Tesch's method of data analysis were thoroughly discussed. Measures of summarising data were described to assist the researcher in treating all the information presented by the participants.

CHAPTER 3

ANALYSIS, DISCUSSION OF RESULTS AN LITERATURE CONTROL

CHAPTER 3

3.1 INTRODUCTION

In the previous chapter the research design and method were discussed. In this chapter the focus will be on the results of interviews conducted with participants regarding stressors experienced in the clinical situation.

The interviews were conducted in English but for four participants both English and Setswana were used . These were audio taped and subsequently transcribed word for word, after which they were analysed using Tesch's steps of data analysis as set out Creswell, (1994:154-155). Tesch's method is described in detail in chapter 2.

Before commencing with the interviews informed consent was obtained from the Department of Health and Developmental Social Welfare, from the management of the participating college as well as from the participants.

A pilot study was carried out with two senior psychiatric nursing students who were participating in the study. No problems or potential problems were identified in the pilot study. The data was saturated after eight participants had been interviewed, necessitating no further interviews.

Follow-up interviews were conducted with three participating nursing students to verify if the results reached during analysis were indeed reflective of their verbalised experiences. All three nursing students concurred with the results.

Tesch' steps of data analysis as described in (chapter 1, pages 30, 31, 32) were given to an independent coder who is a doctoral student with knowledge and experience of the qualitative research method, was requested to analyse the transcribed data independently. Following consensus discussions with the independent coder, the descriptions by the participants of the factors that causes them stress were grouped into themes, categories, and sub-categories as reflected in Table : 3.1 of this study.

The literature control will be integrated with the results as a further measure of ensuring the reliability of the findings, since control of the literature confirms reliability (Woods & Catanzaro, 1989: 136).

TABLE 3.1 : MAJOR THEMES CATEGORIES AND SUB-CATEGORIES

MAJOR THEME	CATEGORY	SUB-CATEGORIES
1. Lack of integration of theory to practice	Ineffective teaching and learning programmes for psychiatric nursing students	◦ No correlation between theory and practice ◦ No proper orientation of participants to the clinical situation ◦ Unclear/absence of clinical learning Objectives • Limited exposure to the clinical units • Overcrowding of students in the clinical situation
	De-motivated students	• Lack of interest in psychiatric nursing. • Feeling emotionally drained. ◦ Lack of potential/inadequacy of participants in giving care to psychiatric patients • Fear of psychiatric patients
2. Failure of the service to appreciate a holistic approach to psychiatric nursing care	Over-reliance of the service on the medical model of care	• Failure to use other methods of treatment. • Lack of rehabilitation programmes for patient care.

	Failure to provide a therapeutic environment	◦ Use of de-humanising equipment for psychiatric care ◦ Unkept ward environment ◦ Working environment not conducive to patient care.
3. Inadequate/ Insufficient professional support	Poor managerial governance of the service	◦ Failure by the participating college t place students in an adequate training facility. ◦ Resisting students' inputs into the Management processes. ◦ Understaffing of registered psychiatric nurses in psychiatric units • Absence of the multidisciplinary tea members
	Detachment of the professional nurses from their teaching role	◦ Inadequate knowledge of the subject. • Lack of professional Commitment.
	Poor relationships among staff, management staff and participants.	• Inadequate communication among st Management and the participants.
4. Lack of resources	Patient neglect	• Misuse of sub-professional categorie of nursing to do the duties of professi nurses. • Use of patients as workforce

3.2 PRESENTATION AND DISCUSSION OF THE FINDINGS

In analysing the data gathered from the participants, the major themes identified were lack of integrating theory with practice, failure of the service to appreciate a holistic approach to psychiatric care, lack of professional support and lack of resources. These themes will be discussed and where possible substantiated by the appropriate quotes from the transcripts and literature

3.2.1 MAJOR THEME : Lack of integration of theory with Practice

The findings indicate the existence of two categories in this major theme, namely, ineffective teaching and learning programmes for psychiatric nursing students and de-motivated nursing students.

Greaves, (1985: 40) views integration as a way of organising the curriculum to assist the learner to analyse and apply the relationship between content, concepts and principles in their practice. A nurse must be able to put into practice what she has learnt in theory, apply the knowledge obtained in classroom situations, exercise educated judgement and make skilled observations throughout the process of caring for a patient.

To be able to do all this she needs practice skills and information. Skill and information are learnt in an interactive manner, for it is impossible to learn one without the other in practice professions such

as nursing.

3.2.1.1 CATEGORY - In effective teaching and learning programme for psychiatric nursing students.

Five sub-categories were identified under this category namely, no correlation of theory to practice, no proper orientation of participants to the clinical situation, unclear/absence of clinical learning objectives, limited exposure to the clinical units, and overcrowding of students in clinical units, and these will be discussed in the paragraphs that follow.

SUB-CATEGORY : No correlation between theory and practice.

Almost all eight participants described in some way the problem of applying facts learned from a book or in the classroom to the day-to-day nursing care as very distressing. They reported being unable to understand and correlate what they saw in the wards with what they were taught, and the following excerpts from their interviews characterise this sub-category:

> *"you are in the theoretical setting doing schizophrenia, and when you go to the clinical area you are allocated to a mentally retarded ward."*

> *" there is a problem in linking the two."*

" you cannot interpret the behaviour of the patient and actually co-ordinate it to that.... that which we have read from the book, hence we actually cannot link this to practice. "

This finding is in agreement with Mokwena (1991: 11), but disagrees with the findings of Fry et al, (1982: 22) and Wilson (1994: 83) who stated that the nursing students reported being able to understand some classroom and reading material only after they observed or practised in the clinical situation.

Mokwena (1991:11)on the other hand found that the respondents in her study stated that their experiences in the work environment conflicted with what they learnt in theory.

Due to an apparent lack of knowledge of more descriptive expressions to use (English is their second language) the participants of the study used words such as merge, link, apply, to describe this lack of co-ordination.

SUB-CATEGORY: No proper orientation of participants to the clinical situation

Of the eight participants four reported feeling lost and not welcome in the units. The quotations below supports these feelings:

"....in fact we did not know what was expected of us. The

orientation we were given did not help us in any way....we were lost in those units....we needed to be supported now and again and this was not forthcoming."

" I think they should orientate the person in the ward every time.... But this is not done and most of the time you spent almost the whole allocation period without a supervisor."

" nothing is said to us as students."

" there is no one who helps you to adjust in that area."

Two of the participants reported being given a general orientation to the psychiatric department. The statement below summarises it all:

"We are in brief informed of the clinical area we are going to be working in, as a means of allaying our anxieties."

Pohl, (1978 : 87) stated that orientation of new workers to the nursing unit is an important process, not only for the effective functioning of the unit but also for the personal adjustment and work satisfaction of the new person.

The present findings are in agreement with Hlonipho (1994: 6) who reported that it is a frightening experience for students to be expected to work in the clinical setting before they are orientated irrespective of

their level of training. She further stated that 80% of the students experienced high levels of stress when they were not properly orientated,shown procedures and given the necessary supportive guidance.

Pohl, (1978 : 87), stated further that if there has been a general orientation, the nurse should know what has been discussed in order to avoid repetition and omissions in the orientation to the unit.

SUB-CATEGORY: Unclear / absence of clinical learning objectives

Objectives are descriptions of definite student competence which must be achieved at the end or completion of a unit of work.

Four of the participants reported that they were unaware of what was expected of them. What were they to accomplish in the patient units in view of the fact that nothing was planned for them? The statements below made by participants bear testimony to this:

"they do not know why we are in those units.... no objectives."

" when I get into the psychiatric ward, I need to be aware of

what the ward objectives are, and at the same time, what the psychiatric ward sister expects of me...., clear descriptions of

these will be helpful to us as students because we will be focused."

This finding is a unique contribution to this study as the available literature emphasises that carefully formulated objectives give both the nurse and the student direction for planning, carrying out and evaluating education (Greaves, 1985 : 79, Mellish & Brink, 1989:252).

SUB-CATEGORY : Limited exposure to the clinical units

Two of the participants reported being exposed to the psychiatric units for very short periods. Two weeks, a month and/or three weeks were cited as placement periods, and this was reported as making learning and caring for patients difficult.

This is how they substantiated the notion

" The hours allocated for psychiatric nursing practise are very short, sometimes you are allocated for two weeks and you cannot do what you wanted to do....like.... you want to implement a rehabilitation programme for the patient. It means you work only the first week to establish a working relationship, you cannot do all that you wanted to do for the patient"

" This is our second exposure to the psychiatric clinical units .... I can say this is the third week because last time it was only two weeks and I really gained nothing."

This finding is supported by Mokoena (1991: 6). In her study "Professional socialisation as a curriculum component for training nursing students at the University of Bophuthatswana", she reported that the preparation of a nursing student into the role of a professional nurse in the work environment was inadequate due to insufficient time allocated for practical work and experience.

Reports of limited exposure to the clinical situation are suprising in view of the fact that the South African Nursing Council has laid down minimum requirements for obtaining learning experiences in the various branches of nursing i.e general nursing, midwifery, psychiatric nursing and community nursing (R425, SANC. 1985:14 as amended).

SUB-CATEGORY: Overcrowding of students in the clinical units

Five of the participants reported being allocated in large numbers in one unit and related this to their inability to learn because of insufficient learning opportunities, as expressed in the statements below

> *" About eight or nine students are allocated to a single ward which can actually accommodate four to five students, and as a result the unit is in itself no longer an educative situation.... We are all there doing nothing, we are actually overcrowded as students."*

" If we were few in the wards or maybe two or three, they will give us the attention, but we are so many that they see us as a disturbing mob."

This finding corroborates those of other researches. Bestenbier (1992: 99), in her study of stress experienced by nursing students during psychiatric clinical practica stated that too many students at various institutions were allocated to the same wards at the same time.

Sutherland (1995 : 131), alluded to the fact that students assigned to a psychiatric clinical facility are often unavailable for instructor contact, due to their placement in several geographically separated units.

What Sutherland alluded in the above paragraph may be anticipated in psychiatric nurse training because of inadequate services in this field, unless educators have enough vision to review their curricula for appropriate use of facilities and guidance of the students in those areas.

In summary, participants reported that ineffective teaching and learning programmes subjected them to a constant flow of experiences they could perceive and pay attention to, but because of limited knowledge in the area, and ineffective supervision, they did nothing in return to address these experiences and this increased their stress.

Mellish & Brink, (1989:228) support the viewpoint of a planned

programme for teaching and learning in the clinical situation. They state that the plan or programme drawn up for effective clinical instruction should, among others, be provided to every registered participant and the specific contribution expected from each one of them spelled out. It may even be necessary to organise programmes of in-service education to keep personnel aware of their responsibilities and of teaching techniques and evaluation methods.

Similarly, Pohl (1987: 127) emphasised the fact that the planning of the overall teaching programme is as much a part of the nurse 's function as is actual teaching as this will make the integration of theory and practice more meaningful for the attainment of the nursing curriculum goals.

3.2.1.2 CATEGORY : De-motivated students

Four sub-categories were identified namely, lack of interest in psychiatric nursing, lack of potential or inadequacy in giving care to psychiatric patients, fear of psychiatric patients and feeling emotionally drained.

Few of the participants reported being de-motivated and frustrated about being in the psychiatric unit. Newstrom and Davis (1997: 37) stated that, frustration is a result of a motivation(drive) being blocked to prevent one from reaching a desired goal. This situation becomes more serious when there is long-run frustration.

The participants of this study expressed their long-standing frustration through concepts such as not interested, bored and discouraged. The experiences of the participants are presented below.

SUB-CATEGORY : Lack of interest in psychiatric nursing

Five participants reported feeling discouraged, having diminished interest and being miserable because of the negative attitudes of other staff and the environment they were working in. The statements from their transcripts illustrate this:

"The nurses ignore you and you end up hating the situation and seeing these nurses as not interested in your welfare as a student."

" When you make initiatives there is no one who supports you."

" You are more reduced to an ordinary worker in that area."

In a few instances participants quoted incidents in which they were passive observers rather than real participants in the situation. They identified a variety of unit problems that contributed to their low morale, for instance, resistance of staff especially assistant nurses, to new ideas, feelings of neglect by the hospital and the college and having no leaders, except for temporary leaders at all times. This led to their withdrawal from both the patients and the staff.

The statements below bear testimony to this:

> *" Because we are many, we happen to be in a group, we don't mix with patients, we mix as students. "*

> *"Some of the patients are aggressive and the way the assistant nurses handle them, you don't know whether this is the right way or whether they are doing that to protect themselves. As a student you fail to understand whether you are giving care or you are fighting for your safety. "*

These findings are supported by many authors, including Gray & Diers(1992:27) and Parkes (1985: 949) who explicitly confirmed the experiences of the participants of the present study, in her statement that "anticipatory anxiety seemed adaptive in promoting information seeking but occasionally ***severe anxiety reactions occurred*** in students watching other staff members carrying out distressing procedures."

Schwartz & Will as quoted by Gray & Diers (1992:27), defined "mutual withdrawal" (possibly observed in the present study) as a coping mechanism used by nurses to deal with low morale. The withdrawal of nurses from patients and from each other occurred in a cycle: nurses expected support from other staff, but did not recieve any, and patients expected staff support, but received none. Both

responded by withdrawing.

SUB-CATEGORY : Feeling Emotionally drained

Two participants reported feeling tired, tense and exhausted. The work stressors that emerged as contributing most to feelings of emotional exhaustion related to the varied and complex nature and treatment of mental health problems as reflected in the statement below:

> *"you use most of the skills to evaluate patients, you do not use manual skills a lot, and as such end up tired the whole day. At home you are tired."*

This finding is substantiated by Dewe (1989: 315) who stated that situations may by their very nature be extremely tense (i.e looking after patients in a critical or unstable condition) and more often than not leave one drained and exhausted when the situation has passed.

Maslash as cited by Bassson & van der Merwe (1992 :21) asserts that younger and less experienced workers are more prone to emotional exhaustion than more experienced workers. The above may be seen by participants as relatively unimportant, but when seen in the light of the developmental needs of the student nurses it takes on a different complexion.

The developmental tasks of youth, as explained by Gerdes, (1988: 186) are to establish an identity, to develop the capacity intimacy and commitment to others as well as to become psychologically independent in the adult world.

Student nurses would be motivated by these tasks to participate in social and interpersonal settings outside of work to allow their developmental processes to proceed normally. This source of stress could thus arise from the core conflict between their career commitment and the satisfaction of their personal needs.

Lindop (1989: 174) in support, reported that environmental effects such as rigid ward routines and physical feelings of stress such as exhaustion, accounted for a number of stressors.

SUB-CATEGORY : Lack of potential or inadequacy of participants in giving care to psychiatric patients

Issues of responsibility and fears of giving inadequate care to patients, are a major source of concern among qualified nurses (Parkes,1985: 948). Similar concerns were apparent in the present study. The psychiatric nursing students' vulnerability and inexperience, combined with the situational demands, were the major factors underlying feelings of inadequacy in this study.

Almost all eight participants reported feeling inadequate in giving care to patients. The comments below reflect this notion.

" ....their behaviour will start to change and you start pulling out of the situation, you need somebody, you cannot handle this by yourself."

" It is stressful because if you cannot interact with the patient, you cannot do anything for that patient."

" I heard that you could arrange for patients to go to town or arrange soccer for them in the community: I have never witnessed this done. We as students never initiated this....We felt maybe we are not allowed to take patients out of the ward, so we do not know whether to engage them in activities."

" .....as a result we find ourselves in a difficult situation which makes us not to know what to do, which makes us experience the stress in the units and so lose interest."

One of the participants expressed the whole idea well by stating that :

" I am normally a bold person, but because of the clinical practical that I have received there, I would not practise my psychiatric nursing as expected."

The finding is supported by Parkes(1985: 949) and Pagana(1988

:420), who indicated that feelings of inadequacy expressed by students in her study were due to lack of knowledge and simultaneously increasing responsibility and expectations.

The participants were challenged but discouraged by the opportunity to apply their knowledge and skills in the clinical area.

SUB-CATEGORY: Fear of psychiatric patients

Two participants identified this theme as stressful, and two factors appeared to influence the intensity of their stressful experiences: firstly, the perceived level of predictability and secondly the availability of manpower to help deal with the actual experience. Experiences were stated in a subtle manner as indicated in the statements below

> *" ....another thing that really stress me is to find male patients undressing in front of female students who are allocated to male units,....this is morally wrong. At times the nurse is afraid of these patients, and when they realise this fright they do the action repeatedly in an unpredictable manner."*

> *" Other patients are difficult to manage especially if you are a student. They tend to bully us....and it will be like you are afraid of the patient, you cannot do anything for the patient...*

The finding correspond with that of Pagana (1989: 402). The comments reflective of uncertainty in her study mainly refer to fear of

the unknown and uncertainty regarding expectations.

Warner, (1991: 12) reported that students who observed bizarre behaviour in patients expressed their tension as surprise, fear, suspicion and embarrassment. The patient behaviours that violated the social norms made students feel tense and uncomfortable.

In summary the sub-categories discussed above relate to participants' lack of knowledge and personal ineffectiveness, which can lead to a loss of motivation to help.

3.2.2 MAJOR THEME : Failure of the service to appreciate a holistic approach to psychiatric nursing care.

Two categories were identified from this major theme, namely: over-reliance of the service on the medical model of care, and failure to provide a therapeutic environment for patients.

3.2.2.1 CATEGORY : Over-reliance of the service on the medical model of care

Two sub-categories were identified under this category, namely, failure to use other methods of treatment and lack of rehabilitation programmes for patients.

Proponents of the medical model view emotional and behavioural disturbances in the same way as they view physical disease. They

focus on the diagnosis of a mental illness and subsequent treatment is based on this diagnosis with somatic treatments being the important components of the treatment process. The interpersonal aspect of the medical model varies widely, from intensive insight oriented intervention to brief, superficial medication supervision. This view has implications for psychiatric nursing practice, because when nurses care for psychiatric patients they are primarily responsible for their wellbeing.

Providing nursing care is a collaborative effort, with both the nurse and the patient contributing ideas and energy to the therapeutic process. With the medical model their responsibility includes administration of medications prescribed by the physician as the head of the service.

This model is associated with a limited view of people and a limited role of the nurse. It is the conceptual basis for the continued use of biological therapies in the care of psychiatric clients (Beck et al, 1988: 32).

SUB-CATEGORY: Failure to use other methods of treatment

Five participants reported that patients were given only medication as a form of treatment and they claim this made it difficult to interact with patients because they remained drowsy for most of the day.

The statements made by the participants bear testimony to this :

" you have to use resources in the clinical situation ward for the good of the patient, but because of the effects of medication, you cannot use them."

" registered nurses are not aware of or are not interested in new interventions like group work."

" I think they can be able to improvise where facilities are lacking if they know intervention that could be given to patients like mere reading or looking at pictures from magazines."

One of the fundamental roles of the nurse is to enable people with mental health problems to meet their basic needs and to restore the individual's wellbeing as far as possible, and this she can do by adopting holistic health principles of practice.

Beck *et al* (1988 : 21), states that the holistic health principles of practice constitute a framework that can be used in any care setting, and that they enhance quality care.

This finding is unique to this study because no literature could be identified in which it is discussed.

SUB-CATEGORY: Lack of rehabilitation programmes for psychiatric patients

Almost all participants reported that recreational facilities were not adequate for patient care. They stated that patients were idling for most of their stay. Their statements clearly emphasise this aspect.

> *" what we do is to stay with the patients in the ward for the whole day, or could actually take them to the sport ground which is no more there, because it is used as an area where contractors are working.... so we just have to stay for the whole day Monday to Monday."*

> *" you are not only short of facilities for occupying patients, they themselves are in tatters."*

> *"....what is done is to watch over patients, nothing is done for them to grow."*

The finding is also a unique contribution to this study.

3.2.2.2 CATEGORY : Failure to provide a therapeutic environment

Three sub-categories were identified under this category, namely, use of de-humanising equipment for patient care, unkept environment and

working environment not conducive to patient care. These sub—categories will be discussed below.

Beck *et al* (1988: 461) refers to a therapeutic environment as the general setting where treatment occurs regardless of the philosophy of treatment. Nursing assumes an important function in the creation of a therapeutic environment in that the nurse provides for healthy interactions and learning situations that enable the patient adequate adjustment. Privacy, safety, protection and comfort are components of a therapeutic environment (Kreigh & Perko. 19, 44)

According to the participants' statements, patients in this study were not afforded these components.

SUB-CATEGORY : Use of de-humanising equipment for patient care.

Of the eight participants, six felt strongly that the use of equipment was not therapeutic for the care of psychiatric patients. They reported that patients were devalued, and this is how they expressed it:

> *" If you can see the dishes they are eating with, the cups they are drinking from...., are not psychiatrically therapeutic. "*

> *" eating from dishes that are demeaning...., not really for human use. "*

" I feel patients should be given some privacy, but the layout is working against this. "

" there should be a place where patients can sit like other hospitals...., a dining area where they could sit and eat. At this hospital patients eat on their laps. "

Both Dawkins *et al* (1988: 11) and Trygstad (1986: 26) corroborated this finding. They reported their respondents being stressed because of an unresponsive work environment and finding out that warehouses did not have ward supplies in stock.

SUB-CATEGORY : Unkept ward environment

One of the participants reported that the physical work environment was not well kept. Wards were described as dirty. Words like filthy and unkept were used. The quotation below captured this experience:

" Psychiatric units themselves are usually very filthy...., they are not clean.... and because of the conditions prevailing there, they are now very dirty and there is nobody who enjoys to stay in such conditions for the whole day. "

The finding coincides with Dawkins *et al* (1986 :11). In their study, "Stress and the psychiatric nurse", their respondents identified aspects such as lack of cleanliness and maintenance and noise within the

environment as distressing.

SUB-CATEGORY : Working environment not conducive to patient care

All the participants reported that the environment was not conducive to patient care. It provided no privacy, protection and/or security to patients . The participants' concerns are reflected in their statements:

> *" The physical layout of the unit is also not good....it does not give chance to individualised caring. You find a ward that is open, with flat lower beds,...patients should be given some privacy, but the lay out is working this."*

> *"There are renovations and patients are overcrowded."*

> *"The environment within the wards is not pleasing, patients move around without clothes and there are no fences, so patients' security is not guaranteed. It is like nobody cares.*

This finding is a unique contribution to this study, even though Khanyile (1992: 5) in her study " Where is team work in psychiatric hospital," alluded some facts that endorse it, when she highlighted the fact that the psychiatric nurses worked in environments where they went without tea breaks because of the distance they had to walk. The

alternative was to take their tea in crowded rooms in close proximity to their patients. She indicated that the needs of nurses and patients should be given priority since they usually spend most of the day together.

3.2.3 MAJOR THEME : Inadequate / insufficient professional support

Three categories were identified ,namely, poor managerial governance of the service, detachment of the professional nurses from their teaching role, poor relationships among staff, management and participants. The discussion of the categories follow below.

Participants in this study were student nurses who needed an opportunity for growth, and this opportunity was provided for by the supervisory relationship designed to facilitate their exploration and self-awareness.

Newstrom & Davis (1997: 27) defined supervision as an exchange between practising professionals to enable the development of professional skills.

Participants stated that professional support was lacking from both the clinically based nurse educators and the ward sisters. They experienced their supervisory attitudes and practices as stressful. These included, among others, their lack of responsiveness to students'

and patients' needs and insufficient information about psychiatric nursing care.

3.2.3.1 CATEGORY : Poor managerial governance of the service

Four sub-categories , i.e, failure of the participating college to place students in an adequate training facility resisting students inputs into the managerial process, understaffing of registered psychiatric nurses in psychiatric units and absence of the multidisciplinary team members.

Issues referred to in this category related to organisational practices. Stress centred around practices that indicated valuing of the service over clients and staff, and an uncommunicative work environment that makes changes for the sake of changes.

SUB-CATEGORY : Failure of the participating college to place students in an adequate clinical training facility services to provide quality care to patients to facilitate psychiatric nurse training.

Services of the participating hospital were in such a state that both patient care and nurse training were threatened. Participants were placed for clinical experiences even though conditions were not favourable, as this was the only psychiatric hospital in the province. Participants does felt cheated and that their learning needs were not

taken seriously.

Five of the participants identified this sub-category as stressful and their experiences are captured in the statements that follow:

" I think if you place students where administration is generally poor, you are exposing those students to an area that is very critical, which is going to act negatively to their academic development or their mental development as students."

" Is it really possible to renovate the whole hospital at once with patients in that hospital? ... but this is happening and is distressing".

This sub-category is supported by Khanyile, 1992 :25), who stated that in some psychiatric units of psychiatric community services there are general practitioners who need help from psychiatrically trained nurses, when required to assess the condition of patients and when psychiatric treatment has to be prescribed. All too often in this situation the nurse writes up the treatment needed and all the doctor does is to append his signature.

Having doctors who are unable to exercise their skills because of limited knowledge is not conducive to nurse training because students rely on their guidance.

SUB-CATEGORY : Resisting students inputs in managerial processes

The development of a student nurse involves both professional development and personal development, and both are facilitated in the learning process. Involvement of students in decision making is necessary for the functioning of the college. Even though the participants of this study were involved at decision making level, they felt their inputs were never accepted and this caused stress for them.

Two of the participants felt strongly about this sub-category. Their comments are reflected in the statement below:

> *"…. Because of the background of where we come from, there is this tendency eh…., that we have to be passive consumers of information. We don't have to make inputs to the authorities because I think they believe that they cannot have ideas from people who are supposed to be taught."*

According to Catalano (in Zwane, 1997: 92), to educate student nurses for professional practice in hospitals, one must treat them as professionals-in-training. He suggested that nurse educators may not be doing this, because the traditional nurse educator was an authoritarian, who demanded obedience overtly and covertly.

What Catalano stated may in a way answer the experiences of the

participants of this study. But with transformation hitting all spheres of the social environment, students can no longer accept this enforced obedience lying down. They have embraced democracy and the bill of rights which encompasses amongst others freedom of speech and this has encouraged them to break this culture of obedience.

The sub-category discussed above is supported by Dawkins *et al* (1985: 15). They reported that non-involvement in the decision making process was significantly related to poor physical health, escapist drinking, low self esteem, low job satisfaction and absenteeism from work.

SUB-CATEGORY: Understaffing of registered psychiatric nurses in psychiatric units

All eight participants reported that there were understaffing of registered psychiatric nurses in psychiatric units and that this led to insufficient and/or inappropriate guidance in these areas. The statements below bear testimony to this view:

> *"The wards are most of the time without registered nurses, the bulk of the personnel allocated to these wards are assistant nurses and a few enrolled nurses....there are no registered psychiatric nurses.... This affects our training, ...because when the sister is off-duty or is not there, there is no one who guides us."*

"....nobody complains that there is no registered psychiatric nurse. Nobody actually ....if the psychiatric nurse is not there, gives us information."

" provision of qualified staff members has to be looked into because I believe a psychiatric nurse has to be in charge of a psychiatric unit."

This finding is unique to this study. Most literature relates to the supervisory attitudes and practices of nurses and not shortages or understaffing of this category. Supervision of a student in any field of nursing cannot be overemphasised.

Kagan and Werner (in Rolfe, 1990: 195) has summed up this position as follows " The supervisor must work with the trainee on issues involving any of the trainee's personal attributes which hinders his/her development as a therapist". In this sense, the task is similar to psychotherapy itself but it has the important difference of being concerned primarily with the professional rather than the personal aspects of the trainee's life.

Similarly, Reynolds (in Rolfe, 1990: 197) notes the similarities between the supervision relationship and the nurse-client relationship, an observation that is given a practical application by Stuart and Sundeen (1997: 138), who see the process of supervision as being a special kind of learning situation in which the supervisor-student

relationship is employed as a tool to examine the therapist-client relationship. Thus the student comes to empathise with clients by experiencing a therapeutic- type relationship with his /her supervisor.

All research consulted for the study indicates that the persons in charge of care exert a considerable influence on the clinical work and learning environments. Their personality, management style, clinical skills and commitment to education are crucial contributing factors (Ironbar & Hooper, 1989:223).

SUB-CATEGORY: Absence of the multidisciplinary team members

Six participants reported that the multidisciplinary team approach is not practised in this institution because of lack of team members. The statements from their transcripts emphasise this concern:

> *"There is no psychiatrist....and some of the patients....according to our own evaluation can go home, but without the psychiatrist's assessment....they remain long in the hospital and finally develop institutional neurosis."*

> *" At the psychiatric department there is only one social worker, and looking at her workload, she won't be able to cover all aspects....and some of the aspects that could be important for patient care will be left out. There is also one doctor, who I was*

told did not even finish psychiatric training. Looking at all these....who is going to provide intensive care to patients if there is no psychiatrist , no social worker and other members of the team."

This finding is a unique contribution to this study and the comments presented in the statements emphasise, the need for the presence of such a team. Members of such a team should expand their skills to provide a relevant services to consumers.

3.2.3.2 CATEGORY : Detachment of the professional nurses from their teaching role

When students join the nursing profession, it is assumed that they know nothing or at the most, little about nursing. They must be guided to a stage where they can assume responsibility for their nursing actions. This socialisation process has traditionally been and is still the function of professional nurses.

With nursing developments, the ward sister's function is supplemented by nurse educators whose main aim is to guide students in the clinical situation . They both perform this function because of the expert knowledge they posses about care in the clinical situation.

SUB-CATEGORY: Inadequate knowledge of the subject.

Seven participants reported that the professional nurses could not impart knowledge and showed minimal interest in the whole process of student learning. Some of their inputs are captured in the statements that follow:

> *" Failure of planning is attributed to the people working in the wards because they do not have the expertise....it also seems as a problem of administration, because as an employer what is expected from an employee is that he will be able to deliver the goods. In this institution they are just taking people for the sake of taking."*

> *" When you request their guidance they refer you to the nurse educators."*

> *"....sometimes you need knowledge that is recent. The assistant nurses might have gained experience through the years, by working in the psychiatric section, but their experience just like that of the clinical staff in these wards is outdated."*

Participants reported their experiences with their clinical tutors as stressful. They stated that their clinical tutors had no interest in the educational needs of them as learners, they were not aware of their

responsibilities and where these end.

In her study Pagana (1988 : 422) found that clinical instructors were described as a threat by the student nurses. They were frequently described as being intimidating, threatening, impatient, strict and demanding.

In the present study participants described their clinical tutors as incompetent and disorganised. Some of their comments in this regard were:

> *" Registered people should do their bit or request for help. "*

> *" They are not up to date with the trends, because basically they are just there for evaluation. "*

This finding is not in agreement with studies done by Pagana (1988:422), Parkes (1985: 948) and Mokwena (1991: 10). In their studies unit staff were described by their students as being helpful, while tutors were reported to be strict and emphasised appropriate demonstration of clinical knowledge and skills.

In her study Pagana (1988:422) found that many of her respondents were stressed by the fact that the instructor was watching and evaluating their every move. Parkes (1985 :948) on the other hand suggested that pressure of work also contributed to the inadequate teaching and support offered, and in some cases senior nurses

appeared to be unaware of the need for such help.

Fry et al (1982: 25) pointed out that most students in the clinical situation (77,9%) felt that they were adequately helped and consequently found working in the wards a rewarding experience.

SUB-CATEGORY: Lack of commitment from the professional nurses

All eight participants reported that both the ward sisters and the clinical tutors had no interest in their work.
The exerpts below summarise this aspect:

> *" In most instances even the presence of a registered nurse does not help you... they are most of the time visiting other sisters in other wards. If they are in the ward they are at the nurses station and only giving directives"*

> *" At times the psychiatric nurse is there, but the attitude of the psychiatric nurse is not conducive for him and for the student to interact. "*

In a few comments participants expressed the desire for clinical tutors to be more supportive and to spend more time with them. One participant said:

" As students we are expected to be continually assessed, but the clinical tutors do not make themselves available in guiding us, you know....thus it becomes difficult because we meet at a specific time, and for the rest of the time you don't integrate with them. "

This point is echoed by Altucher (in Rolfe, 1990: 195), who claims that the supervisor's task is to manage the supervisee's level of discomfort and anxiety at a point high enough to produce the motivation for learning, yet low enough so that the student is not overwhelmed by the anxiety.

One other participant lamented at nurse educators limited support time by reporting that:

" When the tutors come to the wards, it is when they are doing evaluation, then you won't miss them. "

One of the clearest implications of this study for nurse educators, is the necessity to differentiate teaching time from evaluation time as suggested by Kushnir (in Wilson, 1994:86). According to Kushnir if this distinction is not made, the students will view all interactions with the clinical tutor as evaluation.

According to the Standards for Nursing Practice formulated by the South African Interim Nursing Council (Amendment: Laws committee.

July 1997:12), commitment of nurses to accountable safe practice is one of the values fundamental to nursing. In the present study both unit staff and nurse educators did not subscribe to this value and this impacted on nurse training and patient care. The nurse has a duty not to permit negligent care of her patient, and where she sees negligent care, she must bring this to the notice of someone who has the right to interfere. Neglecting students who are learning to give care to patients is allowing neglect of patients and this had to be addressed.

3.2.3.3 CATEGORY : Poor relationships among staff, management and participants

Problems reported by the participants included ineffective/inadequate interaction and communication that not only affected students but was also noticeable between nurse educators and ward sisters, and between ward sisters and management. One sub-category was identified.

SUB-CATEGORY : Inadequate communication among staff, management and the participants

Interpersonal problems between juniors and those in charge, are widely regarded as sources of stress in hospital settings (Parkes, 1985: 947). In the present study many of the interpersonal problems reported were due to attitude problems. Experiences below capture this:

" The nurses on the other hand are not friendly, their

interpersonal relationship is not good and this obstructs you as a student from asking questions."

"Being treated like ordinary workers " was also a frequent and understandable source of resentment, since the majority of these participants were striving to achieve a professional status and independence.

Working relationships between staff members were also a potential source of problems. Participants expressed concern at the attitude of the ward sisters to nurse educators, and this they said occurred sufficiently frequent to have a lasting and adverse effect on their motivation, as captured in the following experience of a participant:

" ....the students may not e....are not that much interested, and even the psychiatric nurses working in there, does not interrelate rightly to the tutors, to the extent that they can hardly transfer what the tutor told them to transfer to us, as it is...."

Parkes (1985 : 947) made a similar finding. He pointed out that the tendency for ward sisters to reprimand students who had made mistakes, rather than to respond to their needs and the distress this caused for students. The subjects of her study perceived themselves as powerless to argue even if they were blamed unjustly.

3.2.4 MAJOR THEME : Lack of resources

The findings indicated one category in this major theme, namely, patient neglect.

3.2.4.1 CATEGORY : Patient Neglect

Five participants reported that patients were misused, not cared for and psychologically mishandled. Two sub-categories, use of patients as a workforce, and the misuse of the sub-professional categories of nursing to do the duties of professional nurses.

SUB-CATEGORY : Misuse of the sub-professional categories of nursing to do the duties of professional nurses

Almost all participants reported concern at the free use of both assistant nurses and enrolled nurses as charge nurses in the psychiatric units. Their statements bear testimony to this,

> *" A psychiatric ward is run by enrolled nurse....she is just using her experience, but she is actually not qualified....she uses more of the practical part of it, which is not according to theory."*

> *" ....these nurses at times give patients over-dosage because they do not know anything about psychiatric care."*

" most of the time it is students and assistant nurses, there is no one who can, can....obviously give you information you need."

Despite what other participants said one had this to say:

"they are based in the psychiatric clinical area and some of the assistant nurses who do not have psychiatric nursing as a course help us a lot"

This finding relates actions contrary to the scope of practice of the enrolled nurse. Their scope is limited to carrying out those aspects of nursing care that have been planned and initiated and are supervised by a registered nurse. They may not (except in emergencies) perform the functions of a registered nurse. While the enrolled nurse performs functions under supervision, the scope of practice of the enrolled nursing assistant limits her to assisting registered nurses, midwives and enrolled nurses with nursing regimes which have been planned and initiated by them. She works under the direct or indirect supervision of registered nurses (Mellish & Brink, 1989:8).

Participants of the present study felt they were not gaining anything from the psychiatric hospital because they were supervised and taught by this enrolled category.

Despite this concern a large number of enrolled nurses were identified

by the South African Interim Nursing Council (SAINC) during their accreditation visit in October 1998 and this has adverse implications for the training of nurses (SAINC Bophelong Accreditation report, October 1998 : 6).

This finding is unique to this study as it was not discussed in any of the studies consulted.

SUB-CATEGORY : Use of patients as a workforce

Four participants reported that patients were abused by using them to do duties for which personnel were hired. Patients were cleaning other patients, feeding those who were unable to feed themselves and cleaned the units. The participants reported this as follows,

> *" Patients are used as workforce to clean the wards even though cleaners are hired and are paid.... When there are changes in patients ' behaviour patterns, they mess the ward and the people appointed for the job still ignore the state at which the wards are like. "*

One participant stated that it was demoralising to observe the treatment offered to patients.
He had this to say,

> *"Patients are really not cared for. As a student you always*

ask yourself how you will feel if it was your brother or father being treated this way. The way they are treated increases the stigma attached to them"

" Two nurses have to work in a ward for a day....to care for 30 – 40 psychotic patients....they are unable to cater for the needs of these patients as individuals, and I feel patients are neglected because it is impossible to give appropriate care being only two."

This finding is unique to this study since similar findings have not been documented in the literature.

According to the standards of nursing practice of the South African Interim Nursing Council, a mentally disturbed person is considered by the nursing profession as an unusually vulnerable patient and is nursed as a high risk patient with rights to protection of his/her person, privacy, confidentiality and property(Amended – Laws committee, July 1997: 14).

Misuse of this category of patients is not acceptable by the nursing profession and even the Constitution of this country forbids this in its Charter of Human Rights (Act No 108, 1996 : 10).

3.3 PARTICIPATIVE RECOMMENDATIONS

The second part of the question was included to provide participants

with the opportunity to make recommendations with regard to aspects which could limit the stress experienced in the psychiatric clinical situation. In addressing this part the participants made the following recommendations:

- Adequate in-service education and training for professional nurses working in the psychiatric units.
- Strengthening interpersonal relationships between students and the professional nurses and between professional nurses and management.
- Constructive and adequate orientation of nursing students before actual exposure to the clinical area.
- Involvement of nursing students in the planning of learning activities in the clinical units.
- Provision of adequate resources for nurse training and patient care.
- Adequate exposure of nursing students in the psychiatric units.

3.4 DISCUSSION OF THE FIELD NOTES

Field notes were made as an addition to the interviews. A complete exposition of their contents is given below.

3.4.1 OBSERVATION NOTES AND THEORETICAL NOTES

Table 3.2 reflects observational and theoretical notes relevant to this discussion.

TABLE : 3.2 OBSERVATIONAL AND THEORETICAL NOTES

OBSERVATIONAL NOTES	THEORETICAL NOTES
Some participants gave limited information of their experiences with ward sisters	Possible interpretation for this observation is: o The researcher may have been seen as being in collusion with the tutors. o There may be fear of reprisals should the researcher prove untrustworthy by not upholding confidentiality and/or anonymity. • Participants may have selectively chosen what they believed to be relevant or irrelevant to the interview.
Most participants were very free and open about environmental factors that they found stressful.	• Their expectation of the situation being looked into by the Department of Health and Developmental Social Welfare was heightened by the researcher's employment at the provincial office of the same department.
The description of how the nurse educators were experienced in the clinical situation as " well....when they come they do their work", was common among the participants in the initial stages of the interview.	In the initial stages of the interviews, not much rapport existed between the researcher and the participants and in spite of the informed consent obtained from them, they seemed sceptical of the researcher's motives. As the relationship between the researcher and The participants gradually developed trust they became more free and open in their communication, realising that it was not the involvement of the nurse educator per se but how this related to their stress that was being investigated. It is the researcher's contention that previous experience as a psychiatric nurse assisted her in facilitating this development.

3.4.2 METHODOLOGICAL NOTES

Methodological notes are instructions to oneself, a reminder, a critique of one's own tactics. It notes timing, sequencing, stationing, stage setting or maneuvering (Wilson, 1998:435).

The following methodological notes were borne in mind in the process of interviewing.

- Avoid asking leading questions which may create an impression that a specific answer is sought.
- Avoid using double-barrel questions which may confuse the participants as to which question to answer first and which one is more important .
- Use as much minimal response as possible.
- Do not compare interviews with each other but be as objective and open as possible with each and every interview.

3.4.3 PERSONAL / REFLECTIVE NOTES

Reflective notes are notes about the researcher's reactions and experiences (Wilson, 1989 : 435).

The following personal notes were recorded in the course of the interviews. The most striking personal experience of the researcher in conducting this study was the internal discomfort with the researcher's

role as opposed to the therapeutic relationship normally assumed in the clinical situation. The inability to avoid being interventive in the face of obvious need led to feelings of guilt, loss of opportunities to meet the expressed needs of the participants.

This was accentuated by the fact that the professional nurses (i.e both the nurse educators and the ward sisters) who caused participants this discomfort are the ones who should identify participants' needs and concerns and deal with them or refer accordingly.

The researcher was also not in a position to mention or discuss the participants expressed concerns to the professional nurses as this would have breached the confidentiality of which participants had been assured.

The researcher also experienced frustration with some of the participants who wanted to derail the interview for their own concerns. Moreover being a nurse educator with experience regarding interactions with this type of participant, the researcher continually guarded against losing focus and dwelling on participants' problems. The use of bracketing facilitated the interviews.

3.5 SUMMARY

The social context of the psychiatric clinical situation and the interactions that occurred among the participants of the present study, nurse educators, patients and the staff were the basis of the meanings

participants assigned to the learning process and the roles each individual played in this setting.

The clinical situation assessed is a small part of the large number of experiences that could be interpreted as stress producing by the participants.

Inadequate preparation for the psychological demands of nursing is seen as a major source of stress and uncertainty among students (Parkes, 1985 :950) and the present study tended to confirm this. Demands experienced by the participants were not only external. Internal needs were also salient. Needs for self-esteem, achievement, mastery and relationships with others were threatened in the ward setting and these threats constituted major sources of stress.

Interactive relations between the professional staff and students were unattended because of professional detachment and failure to take part in regular social activities. The situation was compounded by students in general and nursing students in particular, developing political awareness. To address this awareness and to transform nursing education in line with mainstream education, as well as other changes currently taking place in the country, demands that management of training institutions, nurse educators and hospital managers included, take a look at how democracy and transparency should be articulated as well as how violation of human rights can be avoided.

The results of this study suggest that a fundamental change is required by nurses in the clinical situation in the way they handle learners. It would seem that a more caring and positive approach to them is required along with a realistic appraisal of just how stressful their clinical experiences can be.

It is important to make those in positions of influence aware of the need to know how to recognise the emergence of a stress spiral which may have been internalised.

The results of this study have created a greater awareness of the stress experienced by the student nurses in our psychiatric units. In the next chapter, conclusions recommendations and limitations of the study will be presented based on the findings .

CHAPTER 4

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY.

CHAPTER 4

4.1 INTRODUCTION

In the previous chapter, results of the interviews conducted with participants, integrated with the literature control were discussed. In this chapter conclusions, recommendations and the limitations of the study will be presented based on the findings of the study.

4.2 : CONCLUSIONS

The present study aimed at identifying factors that cause stress in psychiatric nursing students, and the experiences reported can be regarded as typical of third year students in this context.

The participants ' meaning as defined in this study is consistent with the premise of symbolic interactionism. Symbolic interactionism is a sociological theory in which meaning is an outcome of social interaction. There is a constant interplay between defining the situation, assigning meaning to people, things and events and responding to that situation.

The results of the present study have shown the importance of interaction between the social context of the clinical situation and the participants. They interacted in the clinical situation with staff and

patients, and it was through this interaction that responses, related to their acquisation of knowledge were made.

The non-stimulating, non-supportive environment in which the participants found themselves, affected them so seriously that they were not interested and had no potential for giving patient care.

The main theme that evolved from the content analysis was that participants' stress was increased by what they experienced as non supportive staff in the clinical situation. This finding is supported by those of Pagana (1985:422) and Kleehammer *et al*, (1990: 187). The concurrence of findings is an indication that clinical staff need to be continually cognisant of how their interactions with students are perceived. Clinical nursing personnel seen to be non- supportive may have a great negative impact on the student's ability to learn due to stress.

Relevant knowledge and skills are largely inevitable in the early stages of training, but the initial placement in the clinical situation, (as in the case of these students) can be exciting and challenging if careful teaching and supervision are provided.

Ward sisters and senior nurses are charged with this function. But one must not lose sight of the fact that ward sisters themselves are under considerable stress and they see patient care, rather than teaching students as their first priority. This was also indicated in the responses

of participants, who stated that they were referred to the tutors when they requested assistance from sisters. A further reason for their reluctance to teach may be the lack of the skills necessary to carry out these two conflicting aspects of their role.

A generally negative conception of management was noted in the study and this deserves some explanation. The finding suggests that the psychological conditions in which psychiatric nursing students work may be problematic. The students in the current study held strong views about the organisational characteristics of the research setting, and believe that their views were not taken into consideration when important decisions were taken.

The results could indicate the reality of the situation or alternatively, they could reflect some underlying feeling of discontent manifesting in this manner. As Trygstad (1986: 25) noted, discontent amongst nurses is a comment on the style of leadership, patterns of communication and quality of interactions that operate within the work environment. Ultimately an individual's experience of stress occurs within an organisational context and the contextual variables in operation will affect the appraisal of stress by the individual .

The psychiatric clinical setting of this study was part of a particular set of organisational relationships. Being part of the National Health Service facilities, all interactions took place within a specific social climate which was characterised by uncertainty.

The economic situation and changes in the political philosophy have produced a culture characterised by reduced financial provision for health care accompanied by an increasing demand for these services. The organisation of care within these services is therefore a reflection of a particular structure, and various policies and procedures in operation impose various constraints. While some sources of stress are the result of the clinical work of nurses, others reflect a specific organisational context.

4.3 RECOMMENDATIONS

The following recommendations are made from the research findings

4.3.1 EDUCATION AND TRAINING

- Students need assistance in identifying and recognising sources of stress as well as developing ways of coping and adjusting to the conflicting demands of their developmental stage.

- Orientation of psychiatric nursing students before actual exposure to the clinical situation is a fundamental requirement for the provision of safe patient care and purposeful learning. This should be structured and planned to facilitate adjustment of nursing students to their professional role.

- A structured and planned clinical nursing practice in which all

involved take part will make the integration of theory and practice more meaningful and facilitate the attainment of nursing goals. Selection, organisation and the presentation of optimal learning opportunities and activities compatible with the nursing students' learning needs will enhance the internalisation of basic psychomotor skills and make the teaching- learning process more meaningful.

- The nursing education institution should establish and maintain an effective communication system with students. Before decisions are taken consultation with students should take place to discuss and allow them to present their views on areas of concern, and these should be considered. This will establish and maintain rapport between members of staff and the nursing students.

- Tutors in both the formal and the clinical educational setting would benefit from training in more dynamic approaches to stress management. They are the key people to produce change in the outlook of students and this might prevent the growth of the stress spiral.

- There is a need for the nursing college to review its curriculum in order to access all available facilities very early in the training of students.

- The supervision and guidance of students cannot be overemphasised. Good practice is promoted by involving the person to the utmost in his/her own progress. Stuart and Sundeen (1987: 21) suggest that experienced practitioners benefit just as the much as students from regular supervision.

  Platt- Koch, as quoted by Rolfe(1990: 197), goes further and states that " it is a disservice to both the patient and the nurse to attempt to do psychiatric treatment without adequate clinical supervision" and concludes " supervision is a valuable tool that the nurse therapist should use to develop the professional self".

  - Clinical learning objectives for students should be clear.

  - Due to the shortage of clinical tutors students should be followed up at least once a week to help them with their learning problems.

4.3.2 CLINICAL SITUATION

- Psychiatric nursing personnel in the clinical practice should be made aware of the stress experienced by student nurses in order to create support for them and other staff members in the unit. Staff support groups are a useful way of coping with stress.

- Psychiatric nursing students and professional nurses can

discuss their work-related feelings and problems with others in a setting that encourages emotional support and positive problem-solving. Sharing problems reduces the sense of isolation of the worker.

- Stress is often conceptualised by organisations as being the result of personal weakness and stress management is aimed at the individual. Stress management should be the responsibility of both the organisation and the employee. Organisational assistance in identifying and attending to stressful work circumstances is vital to stress management programmes. The tendency to regard stress as personal weakness will induce further stress for potentially effective nurses and thus lead to inefficient and costly nursing services. Stressful factors within the psychiatric situation should thus be addressed, and not be attributed to individual weaknesses.

- Improvement of the general working conditions in psychiatric units is necessary.

- Patient care is the sole responsibility of any health care institution. Patients' rights and needs should be respected. The use of patients as workers should be limited to therapeutic purposes and should not cover shortages of personnel. This affect students because they fail to understand what is therapeutic for patient allocation, and what is not.

- The last accreditation visit of the South African Interim Nursing Council to the research setting was in October 1997. The inspectresses found that specific problems needed to be addressed in terms of the norms and standards of the Council, for example the need for adequate learning opportunities for student training and the staff-student ratio which was inadequate particularly in the psychiatric section of the hospital. In view of the findings of the study and the accreditation report of the South African Interim Nursing Council the researcher recommends a follow-up accreditation visit to this facility (SAINC Bophelong Accreditation report, October 1998:8).

- Better co-operation between clinical tutors from the college and registered nurses in the ward is necessary.

- Registered nurses in the ward should receive a copy of the objectives the students need to reach during their placement in a specific ward.

- Support groups for students in which they can ventilate feelings and problems should be formed. The leader should be an independent person whom the student do not know because this is less threatening.

- Students should not be placed in units for psychiatric training if there is no registered psychiatric nurse allocated to the unit.

- Implement programmes or actions for ward staff to motivate them and to help them recognise their contribution to student training.

4.3.3 RESEARCH

- Important future research would be to compare the results of this study with the experiences of the psychiatric nursing students allocated in the setting after being guided psychologically to see what the outcome is.
- Stress experienced by trained psychiatric nurses and its influence upon events should also be researched.
- A follow-up study to compare the experiences of the same group of participants in the same units after they have received psychological guidance, would be valuable.

4.4 LIMITATIONS OF THE STUDY

As with any research project the present study exhibited certain flaws in the research design and deficiencies in methodology which may have influenced the findings.

- The study only identified sources of stress within a short period, ie a month of the students' clinical placement. A longitudinal study would measure stress more accurately over time.

- The use of the fourth year students in the pilot study could have affected the outcome of the pilot results, because they have a better understanding of stress and stress management than the third year students.

Despite these limitations the research results have potential value for psychiatric nursing students, nurse educators and nurse managers.

4. 5 CONCLUSION

In this chapter the conclusions and recommendations reached, and the limitations of the study were given. Recommendations given could help in limiting stress for students in both the theoretical and the practical learning situations.

CHAPTER 5

GUIDELINES FOR THE PSYCHOLOGICAL SUPPORT OF PSYCHIATRIC NURSING STUDENTS

CHAPTER 5

5.1 INTRODUCTION

The nursing personnel in the psychiatric units were non-supportive and exhibited non-productive coping behaviours such as conflicts, negative job attitude and decreased efficiency and this accounted for the stress psychiatric nursing students experienced. The most common response of nurses and managers to these problems was to state the need for additional staffing, which is rarely a viable solution when staff discontent is present (Guillory & Riggin, 1991: 170).

The discontent of the students in the study does not preclude additional staffing as an option, but an alternative approach to the problem is to provide support and assist them in their effort to cope effectively with stress. In this chapter guidelines for the psychological support of psychiatric nursing students during clinical placement will be discussed and recommended for inclusion in their psychiatric clinical practica curriculum.

5.2 GUIDELINES FOR THE PSYCHOLOGICAL SUPPORT OF PSYCHIATRIC NURSING STUDENTS DURING PSYCHIATRIC NURSING PRACTICA.

To minimise the experience of stress, which could lead to psychiatric nursing students abandoning nursing, the following guidelines should

be considered for inclusion in their psychiatric nursing clinical practise curriculum.

5.2.1 DEVELOPMENTAL MEASURES

- **Stress management Training & Development**

Strengthening students' personal resources is as important a means of reducing the adverse effects of stress as support from the clinical staff and tutors. Psychiatric nursing students should attend a stress management course during their orientation month or within the first month of their exposure to psychiatric units.

Evidence suggests that individual coping skills can be improved, and work-related anxiety reduced by stress management training techniques, such as relaxation exercises, desensitisation.

Greeff (1998 :91) has developed a series of self-awareness exercises to help nurses recognise their stress and to improve their capacity to deal with it. The exercises could be used and where necessary adapted for the present students' environment. Increasing the availability of stress management training to psychiatric nursing students could do much to enhance their coping skills.

- Students should be allocated to psychiatric units when they have completed the psychiatric nursing theory, or in line with what they

have completed theoretically so that they can apply the theory to practice.

There is a need for the training institution to obtain access to and authorisation for the placement of students in a variety of settings according to curriculum needs, and placement should be for long enough periods to enhance meaningful learning.

- Psychiatric nursing students should be helped to identify stressors in both their work situation and personal life and the emphasis should be on coping skills. Although students have limited skills, personality characteristics and other individual resources may act to reduce the degree of stress experienced. Religious beliefs, previous life experiences and educational attainments may be valuable resources to facilitate adaptation to psychiatric units.

Students should be guided in cognitive coping and behavioural strategies which Warner (1991: 14) identifies as follows :

Cognitive

- distancing from, rising above the situation, minimising the event and using cognitive shifts.

Behavioural

- ignoring, withdrawing, catharsis by sharing and laughter

5.2.2. SUPPORT GUIDELINES

- **Professional psychological support services**

Students should be provided with a support service that will

- provide confidential counselling and information
- be accessible to as many students as possible.

Such a service will offer nurses valuable opportunities for resolving specific problems and for more general professional and personal development through individual counselling or participation in groups.

The psychological support service may be staffed by an advanced psychiatric nurse or a tutor who has attended advanced courses in stress management.

- Personal Tutor support system

Clinical tutors could also contribute to the support available to students through a consultative relationship. Since students spend one month placements in the psychiatric units, it is possible for the tutors to schedule a thirty minute consultation session for a third of the group per day. Two days per week will suffice and enough time will be available for the clinical tutor to make rounds and interact with other students who are not scheduled for consultation.

It will be necessary to arrange appointments with students. The

interaction should occur off the unit in a setting that permits uninterrupted conversation and protection of the student.

The system should permit the expression and exploration of the student's personal issues affecting communication in the unit. Through examination of these problems manifesting within relationships, the tutor assists the student in identifying and sometimes resolving her own problems. Referral to the professional psychological support service should be made when identified problems are beyond the scope of the tutor.

- **Peer group support meeting**

Psychiatric nursing students should be encouraged to hold peer group meetings every two to four weeks in order to create an opportunity for the ventilation of distressing feelings. This will allow them a means of escape and tension release.

- **Supervision**

Supervision is a process whereby students are supported, guided and developed as people and professionals within the ambit of the programme objectives. There is a need to identify the role or function of everyone involved in clinical guidance in order to provide optimal supervision of students. Tutors should be available either directly or indirectly for students training in psychiatric units. Structured

supervision should be carried out on a weekly basis, and an opportunity for individual supervision should be made possible.
The tutor-student ratio should be improved to reach the objectives outlined in the clinical learning guide.

5.2.3 Personal development guidelines

- Psychiatric nursing students should be advised of preventive approaches necessary for reducing the causes of stress. Practices that encourage change in lifestyle such as exercise, muscle relaxation, swimming, meditation and yoga should be recommended.

Supportive interventions for psychiatric nursing students could promote assertive interactions, develop effective communication, explore the dynamics of their stress and provide a supportive problem solving environment

Figure 5.1 that follows explains the process of psychological support model and what could be attained through that process.

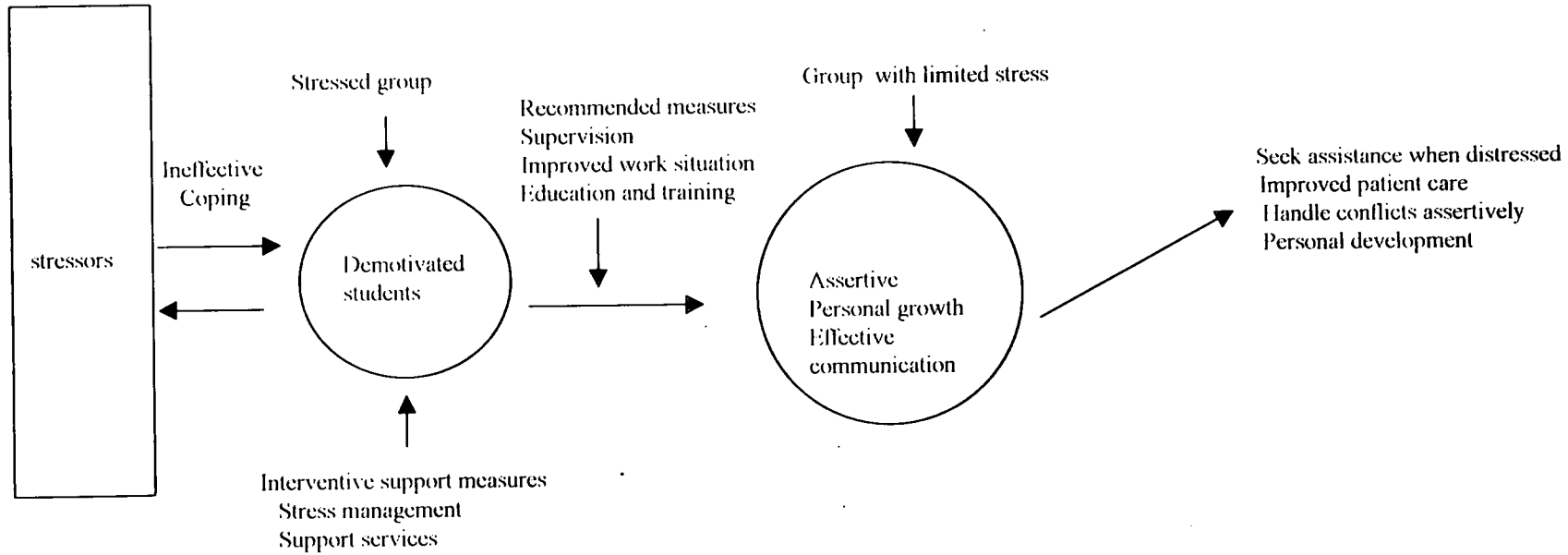


FIGURE 5.1 Support model for psychiatric nursing students(adapted from Guillory B A & Rigging, O. Z. 1991)

5.3 CONCLUSION

The results of this study suggest that a fundamental change is required by nurses in the clinical situation regarding the way they handle psychiatric nursing students. It would seem that a more caring and positive approach is required along with a realistic appraisal of just how stressful the clinical experience can be.

Student contact is important to student learning and for fostering an interpersonal relationship between the tutor and the student. The quality of the relationship is dependent on the tutor's availability to the student, ability to assist the student in managing stressful situations and the skill in acting as a resource person and advisor.

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APPENDIX I

P. O. BOX 6671

MMABATHO

2735

20th MAY 1996.
~~18 JANUARY 1996~~

The Director
Human Resource Directorate
Private Bag X2086
MMABATHO
2735

Sir/Madam

REQUEST TO CONDUCT RESEARCH AT BOPHELONG COMMUNITY HOSPITAL

I hereby request permission to utilize Bophelong Community Hospital and to enlist the co-operation of the nursing students during the data collection process for my Master's degree project.

My research study ~~deals~~ deals with "STRESS EXPERIENCED BY STUDENT NURSES IN THE PSYCHIATRIC CLINICAL SITUATION".

This investigation is designed to establish problems experienced by students, their implications on the service and on student performance with the sole aim of improving clinical practice and student training.

Although students responses cannot be shared with the authorities copies of the final project will be made available to your directorate.

Hoping that my request will be favourably considered.

Thank you for your co-operation.

Approved

PM Goutsamo

REPUBLIC OF SOUTH AFRICA

NORTH WEST PROVINCE

To. 5.

APPENDIX 2

KANTOORO YA/OFFICE OF THE/KANTOOR VAN DIE

BOPHUTHATSWANA COLLEGE OF NURSING
PRIVATE BAG X2178
M A F I K E N G
2745

Nr. Tshup./Ref. No./Verw. Nr.

Botso Go/Enquiries/Navrae

MRS PULE M.M.E.

Nr. Mog./Tel. No. (0140) 841288

20 MARCH 1996

Mrs R. Gontsana
P. O. Box 6671
MMABATHO
2735

Madam,

RE: YOUR REQUEST TO UTILIZE BOPCON STUDENTS FOR MASTER'S DEGREE PROGRAMME

The College Management hereby grants you permission to utilize the students at Bophelong Campus.

We wish you good luck with your studies.

PULE M.M.E.

SEGOLE S.M.

Interview 8

Abbreviations : Researcher - R

Participant - S

R: Good morning sir

S: Morning ma'am

R: How are you

S: I am fine and you ma'am

R: I am Ok thanks. By the way how are things at Bophelong Hospital.

S: The area is still being renovated, but it looks like it will address the needs of the consumers.

R: In which units within the psychiatric section have you worked, and how did you experience those units

S: I have worked in both the admission ward and the rehabilitation ward. The rehabilitation ward was more interesting. Patients in there were happy and very active. In the admission ward, the patients were dull though some of them were frightening. But all in all I have enjoyed working in the rehabilitation unit

R: Hmm...., this is interesting. Before we start with the interview, I would like to highlight my role in the whole research project. I am studying with the University of Orange Free State, doing Masters in social science-psychiatric nursing. I am thus expected to do a research project to be awarded this degree. The project should be in an area of my interest which happen to be psychiatric nursing. That is why I have asked you and your colleagues so that I can collect information for this project. The study will be assessed by the University and if it is within acceptable limits, they will then award me the degree.

I also want to thank you greatly for accepting my request to gather information from you and the time offered. Without you participation I

may not have being able to get what I wanted and that is why I am thankful.

To gather the necessary information then I will request you to describe to me the factors that causes stress for you as a student in the psychiatric clinical units.

S: The main area that causes stress for me in the wards is the inadequate number of personnel in these areas. The wards are most of the time without registered nurses. The bulk of personnel allocated in the wards are assistant nurses and few enrolled nurses..... there are no registered psychiatric nurses. The wards that are at time having registered nurses, even then one or two are admission wards and security units. This affect our training..... because when the sister is off-duty or sick there is no one who could guide us.

Psychiatric nursing is very difficult and patients usually react differently...., or presents behaviour that do not relate to what you have learnt at college. .... so if I don't have anyone who can say, it is the same condition that you are thinking of .... you get totally lost.

R: Hmmm.....

S: Some of the patients are aggressive and the assistant nurses handle them,in a such a wau that you don't know whether this is the r ight way or whether they are doing that to protect themselves. As student you fail to understand whether you are giving care or you are fighting for your safety. When you ask the sister when she is in, you are informed that patients are at times testing environments and that is why they must be disciplined.

In certain instances even the presence of the registered nurse does not help you. They are most of the time visiting other sisters in other wards. If they are in the ward they are at the nurses station and only giving directives. When you request their guidance they refer you to the tutors. If you are

in the clinical situation and you are not guided, you gain nothing and at the end of it all, feel inadequate to help patients.

R: Hmm....., what happens when you are refered to the tutors ?

S: What can happen? Nothing, instead we as students try as a group to discuss and refer to books, but otherwise it is really difficult in these units.

R: Aha.....,

S: There are tutors based in the clinical situation ..... you see them only when it is your clinical department lecture day, or when you call them in to supervise a procedure. Otherwise they are in their offices. We really experience the problem of putting in practice what we have been taught. As I earlier said, some of the conditions that we have learnt or read in the books are difficult to identify in the clinical situation. You can picture how we are as students in those wards, this side sisters show little interest and on the other hand the tutors are very busy to follow us up in the clinical situation. When tutors come to the wards is when they are doing their evaluation, then you won't miss them. We are really not guided in the clinical situation.

The other thing is lack of facilities. There is nothing in the psychiatric units, patients move about with trousers that are not closing properly in front, they are without jerseys nor shoes. Psychiatric patients roam around and even if you say they should remain in the wards they go out. They like to ask for cigarettes from the visiting community members, so they move around. The other thing is there is nothing that could keep them busy, even the soccer ground that was there is used as a storing place for the contractors who are renovating the hospital. What can you really expect from these patients. When the poor people fail to adhere to instructions of staying in the wards, they are given medication by the assistant nurses so that they sleep and don't roam around. These nurses at times give patients

overdosage and because they do not know anything about psychiatric care, they hide this information when a medical practitioner is called to check on the patient.

R: Hmmm....,

S: Bophelong is really not a suitable place for us train in, or for any student who need guidance. We as students at times use our own in-door games to play with patients. At times we play among ourselves and let patients sit and watch as we play, as some of them take a lot of time in doing the wrong things. The only thing the patients get is food. Maybe it is as stated or believed that medication makes them eat a lot.

Another thing that really stress me is to find male patients undressing in-front of the female students who are allocated in male units. This is morally wrong. At times these nurses are afraid to say or help these patients, and when patients realise this they do the action frequently. I do not know how this could be solved but it is distressing.

R: I do understand, but if I may ask this are these female nurses not working in the male wards in the general hospital. Don't they do basic activities like bathing, and if so what is the difference.

S: Ma'am you are comparing two things that are not comparable. The working of the female nurses in these units is not the problem but what happens during their day to day activities is what is morally wrong. Patients in general hospitals are mental right and cannot undress in front of females, but in psychiatric units these patients undresses in full view and at times unexpectedly.

R: Hmm....

S: I think the physical layout of the units is also not good. The way they are built does not give chance to individualised caring. You find a ward that

is open with flat, low beds. I feel patients should be given some privacy but the lay out is working against this. Presently the nurses stations are burglared, so instead of a nurse ensuring safety of the patient, management with the type of renovations made, ensure safety of the nurse which might at the end of the day be a danger for the particular nurse. If the patients can find the nurse alone in the ward with this burglar open they can close him in and injure him. Even the hygiene of the ward is not good. Patients are used as workforce to clean the wards, even though there are cleaners. When there are changes in their behaviour patterns they mess the units and the people appointed for the work also ignore the state of affairs as they are.

R: If I may summarise what you have been saying. You stated that there is inadequate personnel in psychiatric units especially qualified psychiatric nurses, most of the personnel in these units are assistant nurses and enrolled nurses and these are the people you are always with as students. The clinically based tutors are not giving you support. There no facilities for caring of patients, and that you feel it is morally wrong for male patients to undress infront of female nurses. The units are not clean and not therapeutic for the patients. Is there something that you can still think of in relation to factors that causes stress for you in the psychiatric units.

S: I don't think I still have something to say, except that facilities used by patients.... dishes, panicans used for drinking tea are really not therapeutic or even socially acceptable. Patients are really not cared for appropriately. As a student you always ask yourself how you will feel if it was your brother been treated this way. The way their treated increases stigmatisation of psychiatry

The occupational therapy department is also not doing anything for the patients. Ma'am there is no area in the psychiatric department where you can move out as student and proudly say I have learnt something.....

R: Having stated all these factors what can you recommend that could address and minimise them.

S: I will recommend that there be proper allocation of registered psychiatric nurses in the units. These nurses should be in-serviced and be guided on caring for patients and on what is expected of them with regard to nurse training. I think they can be able to improvise where facilities are lacking if they know interventions that could be given to patients like mere reading or looking at pictures for patients. Assistant nurses should be given basic knowledge and skills about psychiatric care and use of medication with psychiatric patients.

Enough facilities should be provided. Now that the hospital is renovated, the needs of the patients should be considered, eg they should be allowed to share being twoin a room, have their own belongings and mirrors and shaving equipments be provided. In-door games should be bought for each ward and strict control over these exercised. I do not know whether female students will be penalised for not working in some male wards, but I will recommend that they be allocated in male rehabilitation wards, as patients in these units are not that psychotic.

Tutors and ward sisters should be informed of their teaching function. They should help us so that we are properly trained to give better care to patients. Maybe other tutors who are at college should also accompany students in the clinical situation. They will be able to explain some of the patients behaviour more clearer because they are teaching us. Some sisters working in this units should be allowed to move to the general section of the ward because this might prompt them to be active.

R: Hmm, this is encouraging and I hope what you have presented will help me attain my objectives. I wish to thank you again for your time and presence and wish you all the luck in your endeavours. Thank you.

S: Thank you ma'am