THE EXPERIENCES OF PROFESSIONAL NURSES WORKING IN A PSYCHIATRIC HOSPITAL

By

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DECLARATION

I, Tefo Louis Moloi hereby declare that this mini-dissertation is a product of my own original work, unless otherwise stated, and that all sources that I have used or quoted have been indicated and acknowledged by means of complete and accurate referencing. I also declare that this research has not been previously published.

Signature: _____ Date: _____

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LETTER FROM LANGUAGE EDITOR

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To whom it may concern

LANGUAGE EDITING FOR THE THESIS: THE EXPERIENCES OF PROFESSIONAL NURSES WORKING IN A PSYCHIATRIC HOSPITAL, FOR THE DEGREE MASTER OF SOCIAL SCIENCES IN NURSING. (STUDENT: T L MOLOI).

I, Laura Ester Ziady, hereby declare that I have assisted student T L Moloi with the language editing of the abovementioned thesis, for the degree Master of Social Sciences in Nursing.

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LIST OF ABBREVIATIONS

CEO -Chief Executive Officer

DOH -Department of Health

DPSA -Department of Public Service and Administration

FG-Focus Group

HR -Human Resources

MDT-Multidisciplinary Team

OSD-Occupational Specific Dispensation

PDMS-Performance Development Management System

PDSDBC -Public Health and Social Development Sectorial Bargaining Council

PN-Professional Nurse

CONCEPT CLARIFICATION

Experiences: The Oxford English Dictionary (Soanes, Hawker & Elliot, 2006: 261) defines experience as *the practical contact with and observation of facts or events, and knowledge or skills gained over time.* For the requirements of this study, experience refers to those activities, situations and events that have occurred to professional nurses working in psychiatric units.This would include those lasting impressions that influence their way of thinking, behaviour, knowledge and the skills gained through being involved in or exposed to stimuli over a period of time in a psychiatric hospital (Stevenson & Waite, 2011: 51).

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

Psychiatric Hospital: This is a government mental health care centre, institution, facility, building or place, where a person could receive mental health care, that accommodates mentally ill patients (e.g. psychotic, post traumatic stress disorders, anxiety and mood disorders, etc.) and intellectually challenged patients, and provides treatment, rehabilitative assistance, diagnostic and/or therapeutic interventions (South African Mental Health Care Act, 2002: 10). In this study, a mental hospital is seen as a facility with psychiatric wards, or a custodial clinical environment as is recognised by the National Health Authority, with creative therapeutic wards and clinics for giving care, treatment and rehabilitation to people with psychiatric disorders.

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CHAPTER 1: ORIENTATION TO THE STUDY

1.1 INTRODUCTION AND PROBLEM STATEMENT

Mental health is a state of well-being during which individuals realize their potential, can cope with the normal stresses of life, work productively, and make contributions to their community. Mental illness is an important public health challenge, often under estimated as a public burden. The toll of mental illness on communities is tragic (Videbeck, 2014: 3).

Global mental health is an international perspective on different aspects of mental health. It is an area of study, research and practice that places a priority on improving mental health. The overall aim of the field of global mental health is to strengthen mental health all over the world, by providing information about mental health situations in all countries, and identifying mental health care needs in order to develop cost-effective interventions to meet those needs (Kessler, Anguila-Gaxiola, Alonso, Chatercji, Lee, Ormel, Ustun & Wang, 2009: 23-33).

The World Health Organization (WHO, *Mental Health Atlas.* 2011: 10) also estimates that one in four people in the world is affected by mental disorders at some point in their lives. Around the world, almost one million people die due to suicide every year, the third leading cause of death among young people.

According to South African Depression and Anxiety Group, 16, 5% of South Africans suffer from common mental disorders like depression and anxiety. Even more concerning is the fact that 17% of children and adolescents suffer from mental disorders. In South Africa, psychiatric nursing is a specialized area of nursing, with unique roles and functions. It involves dealing with the psychological distress, and spiritual, social, cultural and environmental suffering of mentally ill patients on a daily basis (Uys & Middleton, 2010: 7-11).

In South African psychiatric hospital admission statistics,the most important causes of disability due to mental health related conditions include mood disorders like depression and bipolar disorder, schizophrenia, substance-related disorders, cognitive disorders like delirium and dementia, and anxiety disorders like post-traumatic stress disorder and obsessive-compulsive disorders (Stein, 2013: 227).

In the past decades, psychiatric in-patient care has gone through major changes in order to improve efficiency and meet economic constraints. Concerns about global changes in the psychiatric care, due to shortages of psychiatric staff, low nurse-patient ratios and poor work environments, have been reported by the WHO (Tuvesson, Eklund & Wann-Hansson, 2012: 208-219).

Professional nurses play a pivotal role in implementing psycho-social interventions, which can significantly improve the mental health outcome of patients. Professional nurses are also the major providers of hospital care, and they have become an important resource in the delivery of mental health care in psychiatric hospitals (Stuart, 2013: 641).

The professional nurse's work is very demanding, at its essence an intimate and often intense interaction with mentally ill patients; an interaction that includes the confrontation of difficult and challenging behaviour on a regular basis. In addition, the professional nurses are faced with demands to provide a service which is efficient, effective and economic, while being ultimately accountable for the quality of the care they provide (Stuart, 2013: 11).

Furthermore, the working situation of professional nurses in psychiatric hospitals may be made more strenuous due to the various ethical challenges and moral difficulties they face in their everyday work. There is a need for further examination of their working conditions, not least their perception of any stress related to ethical and moral issues (Tuvesson *et al.* 2012: 209).

The recruitment and retention of psychiatric nurses in psychiatric hospitals continues to be an on-going issue due to the high staff turnover. Contributing factors include greater patient acuity, unpredictable and challenging workspaces, violence levels, increased paperwork and reduced managerial support (Ward, 2011: 77-75).

According to Ward (2010: 460), professional nurses who work in psychiatric hospitals are confronted by stressors in the professional environment, such as coping with stress, poor professional development opportunities, and inadequate therapeutic relationships in the working environment. Professional nurses often have to manage patients' emotional difficulties such as aggressive and violent behaviour, while providing care and rehabilitation to acute and chronic psychiatric patients on a daily basis.

During the researcher's clinical practice in a psychiatric hospital, he has noted that the attitudes and ability of psychiatric nurses providing psychiatric care is often poor, as has evidently also been noted by Bower, Simpson & Alexander (2005: 625). The professional nurses working in psychiatric hospitals experience physical health problems, depression, disruption of interpersonal relationships in their social and work life, as well as being exposed to physical abuse by patients associated with care giving (Bower *et al*. 2005: 626).

The functions of a psychiatric professional nurse include providing a suitable therapeutic environment for vulnerable and seriously mentally ill patients (Stuart, 2013: 11). The researcher has noted malpractices from some of professional nurses which lead to serious incidents, including coming late, substance abuse, absenteeism, lack of personal identification, not wearing full uniform, creating a noisy atmosphere with radios in the wards.

The reasons for development of "I don't care" attitude behaviour by professional nurses in the context of the researcher's workplace are not clear. It has therefore become an important issue for the researcher to explore the professional nurses' experiences of working daily in a psychiatric hospital. Professional nurses need to be psychologically healthy themselves to enable them to deal with the burden of psychiatric care and to avoid serious work related hazards. Improving the quality of

patient care in psychiatric wards requires increasing the nurses' motivations as much as possible to enhance their clinical competence (Stuart, 2013: 6).To ensure quality nursing care and job satisfaction, the professional nurses' stressors must be identified through gathering data from their experiences and be empowered with ways to cope with their challenging experiences.

1.2 RATIONALE FOR THE STUDY

Exploring and describing the experiences of professional nurses increased the understanding of and insight into their daily clinical experiences. The value of this study lies in the fact that the outcome assist with recommendations on how psychiatric hospital nursing managers can provide support to the professional nurses and improve their well-being for the purpose of empowering them with knowledge and skills of providing effective care. The therapeutic nurse-patient relationship established by professional nurses in the psychiatric hospital should provide hope for a better future for patients and their families (Stuart, 2013: 13).

1.3 PURPOSE

The purpose of this study was to explore and describe professional nurses' experiences of working in a psychiatric hospital. Based on the results of this phase of research, guidelines to improve nurse's experiences and thereby improve the quality of care to psychiatric patients was proposed.

1.4 RESEARCH QUESTION

"How do psychiatric professional nurses experience their daily work in a psychiatric hospital?"

1.5 PARADIGMATIC PERSPECTIVE

The term "paradigm" has been used by the philosopher and historian Thomas Kuhn in the 1922's for defining paradigm as a specific method of structuring reality. In this

study, the researcher wish to view and analyse the real experiences of professional nurse working in a psychiatric hospital (Brink, Van der Walt & Van Rensburg, 2012: 24).

The paradigm to be used by the researcher might guide and dictate what was studied, how questions should be asked and which rules might determine the interpretation of the answer obtained (Botma, Greeff, Mulaudzi & Wright, 2010: 40).

Research paradigms are based on philosophical assumptions, namely ontological, epistemological, methodological norms and interpretivism approach, which basically state who the researcher is, what the researcher knows and what the researcher does (Botma *et al.* 2010: 40).

1.5.1 ONTOLOGICAL ASSUMPTION

Ontology deals with the nature of reality and with the researcher's idea about the nature and characteristic of whatever is to be studied (Botma *et al.* 2010: 40). It is mainly concerned with how researchers view the world. The researcher believes that what people think, feel and refer to, is important and must be taken seriously, because people experience reality differently.

1.5.2 EPISTEMOLOGICAL ASSUMPTION

Epistemology is the science of knowing, and how knowledge is constructed or formatted. It deals with questions of how the researcher understands why people behave in a certain way (Botma *et al.* 2010: 40). It provides answers on how we know issues and clarifies matters, as well as illustrates the relationship between the researcher and the participants (Polit & Beck, 2012: 11). The researcher believes that through interacting with and listening to what people say, it is possible to understand their experiences.

Furthermore, epistemological views are objective, rational, neutral and in fact separate from society.Therefore, they do not have personal value. Epistemological questions are systematically described and could be used to collect data from a

large group of professional nurses working in a psychiatric hospital, and would be considered accurate (Botma *et al.* 2010: 45).

1.5.3 METHODOLOGICAL ASSUMPTIONS

Methodology refers to the method that is practically followed when a researcher wants to study something (Botma *et al.* 2010: 40). The researcher believes that qualitative research techniques would be the best choice to describe the professional life experiences of nurses and to give meaning to them. Grasping the above mentioned assumptions might assist the researcher in choosing a specific approach to follow in addressing the topic of the study.

1.5.4 INTERPRETIVISM

There are three dominant scientific philosophical approaches that the researcher can follow or choose to address an identified research problem. They include Positivism, Interpretivism and the Critical Theory Approach.

The approach that the researcher has wish for this paradigmatic perspective is interpretivism because interpretivism is about the understanding of social realities and how people interpret their own world. Interpretivists believe that people decide how to act in a situation according to their interpretation of that situation. The ontological position taken by the researcher is that peoples' experiences are real and should therefore be taken seriously. From the interpretivists' point of view, knowledge is constructed and based on observable phenomena, but always includes subjective beliefs, values and reasons (Botma *et al.* 2010:40).

Knowledge for this study was constructed by interacting and working through epistemological questions, while listening to what participants were accounting and the information; and experiences shared by the participants (Botma *et al.* 2010:45). . The methods associated with data gathering in interpretivism relate to interviewing and observation.

1.6 RESEARCH DESIGN

The focus of this research study is to explore, describe and gain insight into the experiences of professional nurses working in a psychiatric hospital. A research design is defined as a set of guidelines and instructions to be followed in addressing the research problem, or an overall plan for obtaining answers to the research question (Polit & Beck, 2012: 58). It also provides control over those factors that could influence the outcome of the study (Burns & Grove, 2009: 218).

The research design that best fits this study is a qualitative research design, using a phenomenological, descriptive, explorative, and contextual approach, since the purpose of this study is to explore and describe professional nurses' experiences of working in a psychiatric hospital.

1.7 RESEARCH TECHNIQUE

Since the researcher is looking for a range of ideas or feelings and the experiences that professional nurses have about working in a psychiatric hospital, *focus-group interviews* in the participants' natural setting would be the best research technique to be employed. This approach is a planned discussion designed to understand participants' perception, perspectives and experiences of working in a psychiatric hospital (De Vos, Strydom, Fouche & Delport, 2011: 360).

1.8 POPULATION AND UNIT OF ANALYSIS

1.8.1 POPULATION

Population is the entire group of all individuals that is of interest to the researcher (Brink *et al.* 2012:131). Parahoo (2006: 256) defines population as the total number of units from which data can potentially be collected. This study's population includes all professional nurses who interact with psychotic and intellectually challenged patients on a daily basis in a specific psychiatric hospital in central South Africa. At

the time of the study, there were 62 professional nurses who were a potential target for participating in the study working in this specific psychiatric hospital.

1.8.2 UNIT OF ANALYSIS

The unit of analysis involves selecting a group of people as a target of the study (Burns & Grove, 2009:361). These groups of people (professional nurses) are called units of analysis. Smaller group were formed and the selection process was repeated until saturation of data is obtained during the interviews.

According to Polit & Beck (2012:338), unit of analysis involves the process of selecting a portion of the population to represent the entire population. In this study a purposive sampling method was used. Purposive sampling involves the researcher in conscious selection of certain participants from whom he or she can learn about the issue which is the central focus of the study (Burns & Grove, 2009:325)

Inclusion criteria (details is further discussed in Chapter 2) for participating in this study were male and female professional nurses who had more than one year experience working with psychiatric patients in central South Africa at the time of the study. According to Burns & Grove (2009:361), the number of participants in a qualitative study is adequate when saturation of data is achieved in the study area.

Saturation of data occurs when additional participants provide no new information, and only redundant of previously collected data occurs. In this qualitative study, the sampling method utilized is a purposive sampling technique. The sample criteria include both inclusive and exclusive criteria (Botma *et al.* 2010:200).

1.9 EXPLORATIVE INTERVIEW

An explorative interview was conducted with a small sample of the population to refine the methodology, especially the research question. According to Burns & Grove (2009:44) and Polit & Beck (2012:195), an explorative interview is defined as

a small scale version or implementation of a larger study, as a trial of the proposed study that is conducted to refine the methodology.

The research facilitator and facilitator assistant conducted one focus-group interview that was recorded and transcribed in exactly the same format that would be reflected in the study, in order to familiarize them with the process, and to test the research question. The explorative interview did not have unexpected research outcome, therefore the research question was not changed, and the data collected during this interview were also used for the main study.

1.10 DATA COLLECTION PROCESS

Data collection is a precise, systematic gathering of information relevant to the research purpose and question of a study (Burns & Grove, 2009:441). As indicated, the method of data collection to be used in this study was the focus group-interview. The research question **"How do professional nurses experience their daily work in a psychiatric hospital?"** was applied in the participants' natural setting.

1.11 MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness refers to gaining knowledge and understanding of the true nature, essence, meanings, attributes, and characteristics of a particular phenomenon under study (Leininger, 1985: 68). The researcher's aim is to find reflection of the truth, and therefore he used the Lincoln & Guba model (1985:4) of trustworthiness.

According to Polit & Beck (2012:175), a researcher cannot contribute evidence to guide clinical practice if the findings are inaccurate, biased, fail to represent the experiences of the target group adequately, or are based on a misinterpretation of the data.

Scientific rigour in this study was apparent through the perceived credibility, conformability, dependability and transferability, as described by Polit and Beck (2012:582). Chapter Two includes an in-depth explanation of these concepts.

1.12 ETHICAL CONSIDERATIONS

1.12.1 COMPETENCE OF THE RESEARCHER

The researcher is a novice in qualitative research, and was therefore assisted during data collection by a skillfull qualitative researcher, who holds a Masters Degree in Psychiatric Nursing. During the focus group interviews the facilitator assistant, who also holds a Masters Degree in Psychiatric Nursing acted as an observer and document the placement of participants, the interaction between them and their non-verbal behaviour. The facilitator assistant also compiled field notes. The focus group interviews were therefore facilitated by a person with extensive experience in interviewing and utilisation of various communication techniques. Her expertise has added to the high quality to the study because of the rich data that she obtained from participants.

1.12.2 PERMISSION TO CONDUCT THE STUDY

The research study commenced after formal written permission was granted by the Ethics Committee from the Faculty of Health Sciences, University of the Free State (Ethics number 180/2010). (Please refer to page 100 ADDENDUM 3). The gate-keepers of the research setting, namely the Head of Nursing, Nursing Area Managers and Nursing Operational Managers of the psychiatric hospital where the interviews were conducted, were contacted ahead of time for permission to be granted (refer to page 98 ADDENDUM 2).The Clinical Ethics and Research Committee of the Free State Psychiatric Hospital approved the study proposal (refer to page 102 ADDENDUM 4). After building a relationship of trust with the participants, the researcher also obtained their willingness to participate in the study (refer to page 94 ADDENDUM 1).

1.12.3 INFORMED CONSENT BY PARTICIPANTS

Informed consent is an ethical principle that requires that the researcher obtains the voluntary participation of the participants after informing them of possible risks and benefits encountered during the research (Polit & Beck, 2012: 730).

The researcher held the information sessions at their workplace with the potential participants about the intended study, including a brief description of the purpose and process of the study. The researcher ensured that each prospective participant was well informed before signing in as a voluntary participant, as Burns & Grove (2009: 197; 209) state that the voluntary consent of human participants is essential for the conduct of ethical research.

The informed consent was obtained from all the professional nurses who participated in the study and the researcher handed it out with an information document repeating the verbal statements (refer to ADDENDUM 1).

The information document contained the following information:

- *An introduction* about who the researcher is, and what the intentions of the research study are
- *An invitation to participate,* whereby the researcher requests permission from participants
- *An explanation of what is involved in the study,* for example how long the participants are expected to be involved with the study, and what participant involvement in the study would entail
- Participants were informed that there was no personal *risk* involved in the study
- *The benefits* for the participants involved in the study were explained
- It was stated that participation is *voluntary,* and if participants refuse to participate, or willingly discontinue participation, there would be no penalty or loss of benefits that participants are otherwise entitled to

- The *contact details of the researcher* were given for further enquiry, for reporting on study related matters, as well as for reporting complaints and problems regarding the study.

The participants were given a copy of the information document and the informed consent by hand by the researcher after the schedule meeting of information sharing held to ensure that the conditions of the agreement are always available to them. (refer to ADDENDUM 1).

1.12.4 ASSURANCE OF CONFIDENTIALITY

All the collected data and participant information were treated as confidential. Only those directly involved with gathering and analyzing data refer to would have access to the information, and unauthorized persons were denied access (refer to ADDENDUM 6). For this study, the researcher safe guarded the right of privacy of the participants by assuring them that they would not be linked to the information provided by using their real names. Rather they would be identified with a data code number (e.g. PN1 or PN3, etc.) during the data collection phase. No information provided would be made accessible to parties other than those involved in the research (Botma *et al.* 2010: 19).

Data would not be linked to a specific participant and no hidden equipment such as cameras would be used. The facilitator maintained the participants' Right to Privacy by building a rapport by being open and honest, clarifying the process of the research study, including the signing of a confidentiality pledge by participants for not divulging shared information (Botma *et al.* 2010: 19). Transcripts, records and audiotapes would be kept under lock and key. After the tapes had fulfilled their research purpose, they are destroyed, according to the governing research rules of the University of the Free State. Participants were assured of confidentiality in their covering letter as well as verbally before the interviews (Burns & Grove, 2009: 197).

1.12.5 THE RIGHT TO EQUALITY, JUSTICE, HUMAN DIGNITY, AND PROTECTION AGAINST HARM

Participants would be treated equally and no discrimination based race, gender, socio-economic status or disability would be practiced. The facilitator undertook to refrain from making any value judgments during the research process. The facilitator would ensure that any possible emotional, physical harm or exploitation of the participants be excluded. Should the participants experience any discomfort, they would have a right to withdraw from the research process (Polit & Beck, 2012: 152-155).

1.12.6 THE RIGHT TO FREEDOM OF CHOICE, EXPRESSION AND ACCESS TO INFORMATION

Participant's involvement in the research study would be voluntary and they may withdraw or terminate their participation at any stage without fear of prejudice. Participants would be informed of the purpose of the research, as well as the methods and procedures. They were also informed on means of recording data, the duration, nature of individual participation and the possible advantages and their long term benefits of their patients and psychiatric hospital. Informed consent would be obtained from all participants, while the identity, affiliation and qualifications of the researcher would be made known. The participants would also have access to the research findings, if they would have wished (Polit & Beck, 2012: 158).

1.13 QUALITATIVE DATA ANALYSIS

Data analysis is the process of bringing order, structure and meaning to a mass of collected data (Burns & Grove, 2009: 44). Gathering, interpreting and reporting qualitative research findings required a researcher to spend time planning how data is recorded, collected, before reading and rereading the verbatim transcripts of the interviews and field notes. Including a third researcher (i.e. co-coder) to review the data and verify categories, serves as validity check (Streubert & Carpenter, 2011: 67).

De Vos *et al.* (2012: 402-404) explain data analyses as reducing the volume of raw information, sifting significance from trivia, doing preliminary analyses that identifies significant patterns, and constructing a framework for communicating the essence of what the data reveals, including generating categories and coding data.

The interviews would be done in English, followed by verbatim transcription directly after the interview. The field notes would be reviewed in the context of the entire interview session, to determine words, phrases, descriptions and terms central to the research topic as noted. The researcher used the method of Tesch to analyse the data (Tesch, 1992:117).

1.14 CONCLUSION

Chapter 1 includes a summary of the background, problem statement, purpose, research design and methodology of the study.
Chapter 2 reflected on the methodology and design of the research study.

1.15 OUTLINE OF THE STUDY

This research study was divided into four distinct chapters that flow into each other to describe and explore the experiences of professional nurses working in a psychiatric hospital.

The report reflects the following organization and content:

Chapter 1: The chapter illustrates the study's background, research problem, purpose, research question, research design, methods of data analysis.

Chapter 2: The chapter includes details on the research methodology and design that followed to conduct this study.

Chapter 3: The chapter reflects the results of the data collected and literature control used. Therefore at this juncture the experiences of

professional nurses working in a psychiatric hospital was described and explored critically.

Chapter 4: The final chapter includes a discussion of the findings, the conclusion, recommendation and limitation of the study.

CHAPTER 2: RESEARCH METHODOLOGY AND DESIGN

2.1 INTRODUCTION

In Chapter one, the researcher introduced the topic of understanding of professional nurses' experiences of working in a psychiatric hospital. The problem statement was clearly defined as possible attitude and work-related factors that make the nurses less responsive to their patients, and a tentative plan of all the processes that would be involved in carrying out the study was discussed.

This chapter clarified the plan and structure of the study by discussing the research methodology in detail. The researcher used methodological studies to investigate ways of obtaining high quality data and conduct rigorous research to ensure that the purpose of the study is attained. By refining methods of obtaining, organizing or analyzing data (Polit & Beck, 2012: 268), clear results were obtained.

Polit & Beck (2012: 556) further define the research method as a technique that is used to organize and structure a study in a systematic manner from start to finish, meaning from data collection to data analysis. Data was gathered by means of focus-group interviews. This chapter further reflect a description of a qualitative, phenomenological, descriptive, explorative and contextual study design which was utilized to meet the purpose of the study. The researcher ensured that the research processes are valid and reliable, and that all ethical considerations are maintained.

2.2 RESEARCH DESIGN

The research methodology and design are the processes researchers use for preparing and implementing a study in a manner most likely to accomplish the eventual goal. It furthermore provides control over those factors that could directly influence the outcome of the study (Burns & Grove, 2009: 218).

To address the research problem, the researcher has a set of guidelines and instructions to follow (Burns & Grove, 2009: 218). The research design drove the

study by exploring and describing the experiences of professional nurses working in a selected psychiatric hospital. It is the structure of an enquiry which gives it the basis and framework upon which the methods were implemented, thereby improved the trustworthiness of the study (Polit & Beck, 2012: 741).

2.3 QUALITATIVE RESEARCH

Burns & Grove (2009: 23) describe qualitative research as a systematic, interactive and subjective approach that is used to gain insight into the “life experiences” of people and to discover the meaning underlying these experiences.

Based on the fore mentioned authors’ viewpoints, a qualitative research design was deemed the most appropriate design to describe and promote an understanding of professional nurses’ experiences of working in a psychiatric hospital. The researcher compiled a holistic picture based on the analysis of words, reports, and the detailed views of informants, while conducting the study in the participants’ natural setting (De Vos *et al*. 2012: 64)

Qualitative researchit is concerned mainly with how people make sense of their lives, experiences and structure of their world (Creswell, 2009: 182). Moreover, it is important to note that this design attempts to understand the meanings that people give to their deeds or to social phenomena. In other words, researchers refer to people from the inside (De Vos *et al*. 2012: 63).

According to Leedy & Ormrod (2005: 134), qualitative research studies, typically serve one or more of the following purposes, such as *Describing* to reveal the nature of certain situations, settings, processes, relationships, systems and people; or *Interpreting* to enable the researcher to gain new insights about a particular phenomenon and discover the problems that exist within the phenomenon.

According to Burns and Grove (2009: 8), this subjectivity is essential to understanding human experiences. That is why the researcher becomes actively involved, using subjective methods like participant interviewing and observation. The

participants explain their experiences to the researcher, and then the researcher must interpret the explanations provided by all the participants.

Polit & Beck (2012: 14) state that a qualitative research approach is useful when researchers attempt to understand social processes in context, while examining the subjective nature of human life, with the aim of increasing their understanding thereof. A subjective phenomenon like "*experiences"* is thus best studied qualitatively, as qualitative research intends to unfold the response of the whole human being, not just specific parts or behaviours. It is used to answer questions about the complex nature of phenomena, often with the purpose of describing and understanding the phenomena from the participants' point of view (Polit & Beck, 2012: 14).

A qualitative design refers to a process of understanding, based on methodological traditions of inquiry used to explore social or human problems. It therefore means that this design focuses on individual perceptions, experiences and how these are described (Creswell, 2009: 51). In summary, the aim of qualitative research is to produce understanding on the basis of rich contextual and detailed information that could, for example, be achieved by active involvement of the investigator, using subjective methods like observation and interviewing (Burns & Grove, 2009: 71-72). A phenomenological, descriptive, explorative and contextual approach within this qualitative research design would ideally examine and describes the experiences of professional nurses working in a psychiatric hospital.

2.3.1 PHENOMENOLOGICAL STUDY DESIGN

Many researchers in the human sciences, particularly nursing researchers, select phenomenology to explore the nature and meaning of phenomena evident in ordinary everyday lived experience, as well as to examine unclear or unexplored issues in nursing (Burns & Grove, 2009: 55).

A phenomenological study design is a humanistic study phenomenon that is conducted in a variety of ways, with the aim to describe an experience as was lived by study participants and then interpreted by the researcher (Burns & Grove, 2009: 25). Its purpose is to understand and to describe what happened in individual lives,

and meaning in the context of those lived experiences (Polit & Beck, 2012: 494). Phenomenologists examine the human experiences of individuals within their life-world through the interpretation provided by the research participants involved in a study. These experiences are called lived experiences (Burns & Grove, 2009: 54).

Phenomenological research is therefore regarded by researchers as a reliable methodology of inquiry, in so far as lived experiences are expressed.

According to Leedy and Ormrod (2005: 139), phenomenological studies attempt to understand people's perceptions, perspectives and understanding of a particular situation. Thus this phenomenological study tries to answer question of what it is like working in a psychiatric hospital.

The researcher has personal experience related to the phenomenon in question, and wants to gain a better understanding of the experiences of the other professional nurses working in psychiatric hospitals. Burns and Grove (2009: 55) state that phenomenological research is an effective methodology to discover meaning in complex experience as it is lived by a person; the phenomenologist views a person as integrated in the environment.

The purpose of phenomenological research is to describe what people experience, how they interpret the meaning of their underlying experience and what meaning the experiences hold for them (Brink *et al.* 2012: 113). The researcher aimed to capture the "lived experiences" of the study participants by conducting focus group interviews.

2.3.2 DESCRIPTIVE STUDY DESIGN

Polit & Beck (2012: 18, 226) explain that descriptive qualitative research describes the dimensions or characteristics of individuals and/or groups. By explaining the in-depth probing nature and meanings of phenomena, and importance thereof, the purpose of descriptive studies of observing, describing and documenting aspects of

a situation as it naturally occurs and serves becomes a starting point for research development.

Burns & Grove (2009: 237) report that descriptive studies may be used to develop a theory, identify problems or justify current practice, make judgments, or to determine what others in similar situations are doing. The comments of the afore-mentioned authors have convinced the researcher that this particular design is the most appropriate to gain more information, knowledge and direction about how professional nurses experience working in a psychiatric hospital. The final purpose of the design is to discover new meaning or generate a new body of knowledge about concepts or topic where limited, or no research has been conducted (Burns & Grove, 2009: 237).

As the name implies, descriptive designs provide descriptions in order to answer the research question. The design may be used to gain more information about characteristics within a particular field of study in order to obtain an overall picture of the research phenomenon and describe situations as they naturally occur (Brink *et al.* 2012: 112).

2.3.3 EXPLORATIVE STUDY DESIGN

Exploratory research begins with a phenomenon of interest, but rather than simply observing and describing it with the purpose of gaining new insight, explorative studies investigate the full n.ature of the phenomenon, the manner in which it manifests, and all other factors which are related to it (Polit & Beck 2012: 18).

An exploratory study design is often the first stage in the sequence of a study, and addressed the “what” question and everything about the topic that is potentially important (Polit & Beck, 2012: 727). Therefore, the researcher used this design in order to establish facts in depth, and to gain new ideas and insight into the study participants’ lived experiences.

Polit & Beck (2012: 21) further note that an explorative study is designed to shed light on the various ways in which a phenomenon manifests and on any underlying

processes.The researcher, via the facilitator, made use of an explorative research design to gain new knowledge into the experiences of the professional nurses in an identified psychiatric hospital; to discover new ideas and answer unanswered questions about the matter being studied, and to generate information that would facilitate an understanding of these experiences.

Focus group interviews are useful in exploratory research as they generate new ideas and result interpretations, being uniquely suited to the quick identification of qualitative similarities and differences.

2.3.4 CONTEXTUAL STUDY DESIGN

Contextual study design involves a detailed and systematic examination of the content of a particular body of material for the purpose of identifying patterns, themes, or biases. It is typically performed on various forms of human communication (Leedy & Ormrod, 2005: 142).

The contextual approach commits the researcher to defining the world from the perspective of those that have been studied. The researcher made use of methodological techniques that included observation of participant's cues, focus group interviewing and field note analysis. The main aim of contextual design is to investigate single, individual or limited numbers of people holistically, including their bodies, their world and their concerns, and to preserve their individuality in the final analysis (Creswell, 2007: 238).

The contextual approach requires that research be done in the natural setting of the participants (Creswell, 2007: 181). This study was conducted in a psychiatric hospital in central South Africa and included the hospital's professional nurses who render daily psychiatric nursing service as the participants.

The particular psychiatric hospital where the researcher was conducting the research, is divided into two main sections, with separation of the genders. There is a section for intellectually disabled patients, with several wards differentiated according to the level of intellectual function of the patients. There is also the

psychiatric department that includes psychiatric adult/child out-patients admitted as day patients; forensic wards for patients sent for observation by courts of law; acute care wards for actively psychotic patients; chronic long term wards for patients who have difficulty in recovering from psychiatric conditions; and an Affective Ward mostly for patients who present with personality disorders that affect their social and occupational status.

Professional nurses treat psychiatric patients who are delusional, angry, manic and depressed; those that have attempted suicide, as well as patients who are out of control due to substance abuse, and schizophrenia. Other patients are admitted as forensic patients whereby a court of law issues an order in terms of the Criminal-Procedure Act for a State patient to be admitted in the mental health care institution, for assessment, treatment, evaluation and rehabilitation because of confirmed episodes of for example rape; murder; bi-polar or personality disorders; depression; impulse control issues; addiction; or other psychotic disorders.They work with patients who are often seen at their worst and most vulnerable, when their mental illnesses acute. Irrespective of this, these patients have to be treated with dignity and rationality, even though they may be out of control.

2.4 RESEARCH TECHNIQUE

The purpose of the research technique is to select a method by which the researcher can gather information that is relevant to the research question. In this study, the researcher is exploring a range of ideas or feelings, and the experiences that professional nurses have while working in a psychiatric hospital with which *focus-group interviews* were conducted.

2.4.1 FOCUS-GROUP INTERVIEWS

The answer to the question “How do professional nurses experience working in a psychiatric hospital?” demands the application of some technique or method to find what concerns each person's reality. It can easily be done by gathering people into groups, creating ideal environmental conditions for more spontaneous expression, and facilitating the interaction of everybody. TABLE 2.1 presents the advantages and disadvantages of focus group research (Morgan, 1997: 6-17).

TABLE 2.1

Advantages of focus group interviews	Disadvantages of focus group interviews
• They are comparatively easy to conduct • Allows exploration of topics and generating hypotheses • Generates the opportunity to collect data from the group interaction, which concentrates on the topic of the researcher's interest • Has high "face validity" (data) • Low cost in comparisonto other methods • Supplies speedy results (in terms of evidence of the meeting of the group) • Allows the researcher to increase the size of the sample in qualitative studies	• Not based in natural settings • The researcher has less control over the data that are generated • Not possible for the researcher to know whether the interaction observed in the group he/she studies is the individual behaviour or not • Data analysis is more difficult • The interaction in the group forms a social atmosphere and the comments should only be interpreted inside this context • Demands interviewers that are well trained • Takes effort to assemble the groups • The discussion should be conducted in an atmosphere that facilitates the dialogue, which can be problematic if the participants do not co-operate

Morgan (1997:6-17) Advantages and Disadvantages of the *Focus Group*

According to (Morgan, 1997: 4), the focus group is one of the qualitative research methods that can be utilized in the search for answers to social questions and whose application is useful in the social sciences. The method has been used in areas such as management, marketing, decision and information systems, among others. Its general characteristics depend on the homogeneity of the group, the sequence of the sessions, the obtaining of qualitative data, and focusing on a topic.

Focus group interviews are organised, planned discussions with a selected group of individuals, designed to obtain experience, views and several perspectives on a defined single topic of interest, conducted in a permissive, non-threatening

environment (De Vos *et al.* 2011: 360). A facilitator with good leadership and interpersonal skill conducts interviews by creating a tolerant environment in the focus group that encourages the participants to share their experiences without pressurizing them.

For the purpose of this study, focus group interviews were conducted as a means of having a better understanding of how professional nurses experience, feel or think about working in a psychiatric hospital. The duration of each focus group interview took between 45-60 minutes (*De Vos et al.* 2011: 361).

2.4.2 COMMUNICATION TECHNIQUES

Communication techniques used by the facilitator during the interviews include:

- *Minimal verbal responses,* e.g. using nodding, or saying “mm-mm, yes, I see” to show the participant that the researcher is listening
- *Paraphrasing, which* means the facilitator enriched the participants’ meaning by repeating words in another form, with similar a meaning
- *Clarification, meaning* obtaining clarity on unclear statements, e.g. “Could you tell me more about…?”
- *Reflection, e.g.* echoing something important that the participant has just said, in order to get him/her to expand on that idea
- *Encouragement,* such as encouraging a participant to pursue a line of thought, e.g. “I find that fascinating, tell me more.”
- *Commenting* means the facilitator injects his / her own idea or feeling into the conversation to stimulate the participant into saying more, e.g. “I always thought that…”
- *Reflective summary means that* the facilitator summarizes the participant’s verbalised ideas, thoughts and feelings to refer to if they both understood each other
- *Listening,* the facilitator must use superb listening skills
- *Probing*, the purpose of probing is to deepen the participant’s response to a question; so as to increase the richness of the data obtained (*De Vos et al.* 2007: 289).

2.5 METHODOLOGICAL PROCESS

In order to describe and explore the experiences of professional nurses working in a psychiatric hospital, methodological process assisted the researcher in investigating and gathering data to ensure validity and reliability in a study (Botma *et al.* 2010: 41).

2.5.1 POPULATION

Population refers to the entire group of individuals who have common characteristics that are of interest to the researcher (Polit & Beck, 2012: 273), as well as the total set of individual who meet the researcher's criteria of interest (Brink *et al.* 2012: 131). This subset or portion of the population should participate in the study in such a way that the entire population of interest is represented (Brink *et al.* 2012: 132). All the professional nurses working in a psychiatric hospital in central South Africa daily formed the population of this study.

2.5.2 UNIT OF ANALYSIS

The unit of analysis involves selecting a group of people as a target to study (Burns & Grove, 2009: 361).These groups of people are called units of analysis. Polit & Beck (2012: 745) refer to a unit of analysis as the focus or the basic unit of the individual study participants to be used. This set of individuals has to meet the sampling criteria. For this study, the unit of analysis is all the professional nurses working in the psychiatric wards, performing their clinical nursing duties.

Arrangements were made with the participants with regard to the date, time and venue, confirmed in writing. The contact numbers of the researcher were provided, in case of enquiry. For the purpose of this qualitative research, the varied experiences of the professional nurses' daily working in a psychiatric hospital were the focus. The researcher selected those participants who were willing and able to provide extensive information on their experiences (Burns & Grove, 2009: 361).

During data collection, saturation was reached after 30 participants were interviewed. This number of participants presented with adequate data, by repeating the same information and themes that emerged in previous groups. When additional sampling provides no new information, only redundancy of previously collected data, the subject has been exhausted (Brink *et al.* 2012: 148). For this qualitative study, the sampling method that was utilized is the purposive sampling technique.

2.5.2.1 Purposive Sampling Technique

According to Creswell (2007: 125), purposive sampling is used in qualitative research to select individuals and sites for study because they can purposefully create understanding of a research problem or central phenomenon in the study.

Burns & Grove (2009: 361) and Polit & Beck (2012: 517) both indicate that many qualitative researchers use purposive sampling methods to select specific participants, events or situations that they believe provided them with rich data needed to gain insight and discover new meaning in their area of study.

The researcher applied purposive sampling by selecting only professional nurses to illustrate some features or processes that are of interest in the study. Professional nurses are seen to be knowledgeable and are expects on the issues under study, namely their lived experiences (Botma *et al*. 2010: 201). These participants have characteristics that are essential for membership in the sample, such as the ability to read and write comprehensively and communication ability in a specific language (English) in the case of this study.

2.5.2.2 The inclusion criteria:

Professional nurses were selected who:

- perform clinical duties on day duty in the psychiatric hospital wards (the Forensic, Acute and Chronic ward, Mental Retardation Wards, Out Patient Departments and Affective Ward)
- are not part of the nursing management
- are part of the permanent staff establishment of the psychiatric hospital
- were of both genders, regardless of the race and age mixed into the group
- had a minimum of one year experience working in a psychiatric hospital
- were able to understand and speak English as the medium of communication during the interviews.

2.5.2.3 The exclusion criteria

Professional nurses were excluded from the study that:

- were working night duty, due to unavailability of facilitator and assistant researchers at night
- were not working in the wards, as they don't give direct 24hour psychiatric nursing care, for example infection control, occupational health or quality assurance practitioners, etc.
- were on leave e.g. annual, sick or study leave, etc., since they were not within reach to be given information document and to sign consent.

2.6 EXPLORATIVE INTERVIEW

An explorative interview is a mini version or trial of a proposed study, conducted with a small sample of the population to refine the methodology, the research question (Burns & Grove, 2009: 44). This improves the quality of the research by pre-investigating the feasibility of the planned research study, and testing the research question for clarity before introducing it on main study (Brink *et al.* 2012: 174) and (Polit & Beck, 2012: 195).

The facilitator and facilitator assistant conducted one focus-group interview with four participants that was recorded and transcribed in exactly the same format in the main study, in order to familiarize them with the process and to assess whether the research question was clear and unambiguous enough. An explorative interview facilitates collection of the type of information needed to meet the research purpose of this study, and would also detect problems that must be solved (e.g. voice recorder audibility and function) before the main study is attempted. If the explorative interview shows that the research question is valid, it does not need to change, and the data collected during this interview can be used in the main study.

The participants in the explorative interview demonstrated similar characteristics to the participants to be included in the main sample, as they were selected from the same group. During the explorative interview, the facilitator practiced the introduction (welcoming and setting ground rules) and delivery of the research question. The facilitator posed one open-ended question that allowed participants to respond in their own words. The question was: **“How do you experience working in a psychiatric hospital?”**

All participants then answered the question freely. The facilitator used probing and pausing techniques, and follow up questions as needed to gain more insight into the meaning of the participant’s words. The facilitator avoided any verbal comments that could signal approval, or offering any personal opinions. Immediately after the session, the facilitator assistant (who was handling the logistics of the interviews by carefully taking field notes, monitoring the audio recording equipment and observing the participants’ reactions), met with the researcher to check if the voice recorder captured the comments and give feedback regarding the explorative interview itself.

The research question needed no amendment after the explorative interview was completed, since all participants grasped the question and the data that had been collected was valid. It was therefore also included in the main study.

2.7 DATA COLLECTION

Data collection is a precise, systematic gathering of information relevant to the research purpose and question in a study. The data collection method is completed according to set standards of ethical principles (Burns & Groves, 2009: 441). Polit & Beck (2012: 725) define data collection as the means of gathering the information needed to address the research problem. In this study, arrangements were made with the participants with regard to the date, time and venues of the focus group interviews, and documented in the information letter provided to them.

The contact number of the researcher was also provided. The method of data collection used in this study was focus group interviewing, supplemented with two audio digital tapes. They were conducted in the participants' workplace in their natural setting. The participants had knowledge of the nature of the study and willing to take part (this stands as informed consent). Any data collected is not traceable back to a particular individual, thus maintaining their right to privacy (Leedy & Ormond, 2005: 144). To gain access to the research recruitment site, the researcher acquired the approval of the psychiatric hospital's nursing management (Creswell, 2007: 184).

During the data collection, the researcher proposes the following steps:

- Gaining access to the research site
- Identifying participants for the study
- Identifying a suitable interview venue
- Arranging the focus-group interviews
- Conducting the interviews.

Authorization to conduct the research study was also received from the Clinical Ethics and Research Committee of the hospital (refer to refer to ADDENDUM 4) and the Ethics committee of the Faculty of Health Sciences, University of the Free State.

Since the researcher is staying in Johannesburg, a telephonic appointment was made with the head of nursing management of the selected psychiatric hospital to brief her on the purpose and outline of the study including approval from hospital ethical committee proof (see ADDENDUM 4) and ethical clearance (refer to

ADDENDUM 1). Confirmed date was then obtained from head of nursing who in turn requested her area managers to hold information sharing with the researcher..

To determine the size of population and to reach agreement to release required participants from their duties for the interviews at specified times, meeting with the nursing area managers was held in order to brief them on the purpose of the research study and the recruitment procedure. The researcher obtained a register of all the professional nurses working in the psychiatric wards and the intellectually disabled wards. The meeting resulted in nursing area managers handing out the list of professional nurses who are working in the psychiatric wards who assisted in the data collection process. The area mangers also scheduled meeting of the researcher with the ward operational managers of the psychiatric hospital wards for the following day.

The ward operational managers agreed to two days for data collection, when almost all professional nurses were on duty and also invited their ward professional nurses to assemble at central point to meet with the researcher to hand over information document and to sign consent form of willing participation for data collection. After gaining entry into the research setting, the data collection process could be initiated (Leedy & Ormond, 2005: 102). As already stated, the focus-group interviews were conducted in the participants' workplace, in a known and safe environment, conducive to the comfort of the participants. Data was collected by an experienced independent facilitator who is not part of staff establishment, but is experienced in conducting focus group interviews using open-ended question techniques. An experienced research assistant, nominated by the researcher and approved by researcher's supervisor, kept observational and chronological field notes that consist of a summary of everything said or observed.

The participants were assembled as planned. The information documents and voluntary consent forms were handed to each participant (refer to attached Addendum 1). Out of sixty two (62) professional nurses who met the inclusion criteria (i.e. professional nurses from the hospital staff population), forty two (42) professional nurses were available and willing to participate during the study period. They were briefed as described, and signed the voluntary consent form. Although 42

professional nurses had indicated their willingness to participate, saturation of data was reached by participant number thirty (30).

According to the guidelines indicated by Leedy & Ormond (2005: 143), a facilitator assistant is supposed to record any potentially useful data thoroughly, accurately and systematically by compiling field notes (sometimes called memos) and recording audiotapes. The researcher was not part of the proceedings during the interviews, as he has been part of the management in the specific psychiatric hospital and might influence the trustworthiness of the results. The participants could perhaps fail to open up about their experiences due to suspicion or fear of possible future victimization.

Four focus group sessions were conducted over two days, with two groups consisting of seven (7) members each, and the last two groups each consisting of eight (8) members.

To build a rapport and break the ice, some beverages were provided prior to the commencement of focus group interview. This ensured that the participants socialize and relaxed, promoting conversation and communication within the group. The required data saturation was reached during the fourth focus group of homogenous participants. Before the interview process, the facilitator clarified the process of how focus group interviews work for the participants, the functions of a facilitator during the interviews and sketched how the interviews would be conducted.

The facilitator also reminded the group members of their responsibility to maintain confidentiality regarding the group data and emphasized at the beginning and at the end of each session that participants should respect each other's privacy (Polit & Beck, 2012: 395). Participants were reminded that participation in the study is voluntary and that they were free to withdraw if they so wished. During each interview, the facilitator tried to stimulate discussion to ensure that all group members took part and shared their experiences. Quieter participants were given an opportunity to speak.

During each focus group interview, the central research question was asked for the purpose of data collection, namely**: "How do you experience working in a psychiatric hospital?"** This allowed flexibility in the responses. The facilitator assumed a non-argumentative, supportive and sympathetically understanding attitude with participants at all times.

As indicated, the data were recorded by the facilitator assistant, using two digital voice recorder recordings of everything said, and handwritten field notes documenting events, gestures made, tone of voice, body language and behaviour observed. Participants' reactions and attitudes were thus observed and noted throughout the interviews.

2.7.1 VENUE

The researcher followed the hospital protocol of booking the facilitative interview venue before time. Enough chairs and small tables for each participant were put in place, including seating for the facilitator and research assistant.The size and room temperature of the specific venue was chosen by the researcher to be conducive to a successful interview.

Chairs were arranged in a semi-circular shape, to allow the group to focus on and make eye contact with the facilitator. This communality encouraged the participants to open up during interviews.

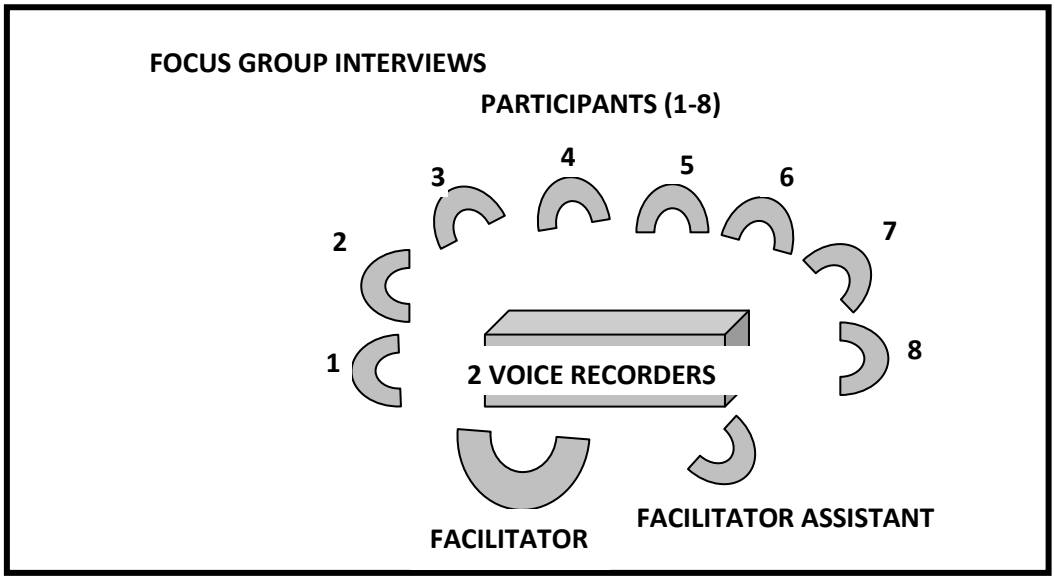
The facilitator assistant placed her two digital voice recorders in full view on her table. Coding cards for anonymously identifying the participant's were prepared and placed on each participant's table. Beverages were available in the venue and were served by facilitator assistant before commencement of each group interview.

The researcher arrived before each interview to ensure that the room was free from distractions, such as irritating sounds.

Outside noise that could interfere with the audio recordings was controlled by placing A4 size paper notices with "Silence Interviews in Process" in bold writing at the

entrance of the venue, with an arrow showing the location of the area. The windows and blinds were closed and the lights turned on. Since it was a very hot day, the air conditioner which produced no disturbing sounds was turned on, controlling the temperature of the room. Participants were requested to switch off their cellular phones to prevent any distructions.

FIGURE 2.1 THE SETTING OF FOCUS GROUP INTERVIEWS VENUE



Important note: The researcher was not part of setting out the interview venue where the data collection took place, since he is well known in the hospital. As previously stated, this was done to avoid possible bias during data collection and to make sure that his presence could not influence the findings of the research in any manner.

2.8 FIELD NOTES

Field notes are records of what the researcher observes and hears during interviews. They are compiled during the interview as a method to preserve data for analysis later in the research (De Vos *et al,* 2011: 372). Polit & Beck (2012: 728) state that field notes are notes taken by the researcher to record the unstructured observations made in the field, and the interpretation of those observation. They form the

backbone of data collection and field data analysis, and should be jotted down to serve as memory tool for the events taking place.

Field notes are actual discussions and communication, the participants' attitude, as well as the research assistant's perceptions, personal feelings, quotes, easily forgotten details, emotional reactions, ideas, impressions, reflections and conclusions. According to Polit & Beck, (2012: 549), there are four specific types of field notes, namely, observational, theoretical, methodological and personal.

2.8.1 OBSERVATIONAL NOTES (DESCRIPTIVE)

Observation notes provide an account of what actually happened. Researchers use all their senses during observations, i.e. noting the participants' and facilitator's physical surroundings, verbal and non-verbal responses. Verbal responses include paralinguistic prompts, e.g. voice level, pitch and fluency in speech, while non-verbal behaviours include kinetics such as eye contact; facial expression; as well as mouth, shoulder and leg movements. An objective description of observed events and conversation always includes information about actions, dialogue and context, and should be recorded as completely and objectively as possible (Polit & Beck, 2012: 548).

2.8.2 THEORETICAL NOTES (ANALYTICAL)

Theoretical notes aim to derive meaning from the observation notes. The observer thinks about the behaviour seen, then interprets and relates observation to other behaviour. The researcher documented thoughts about how to make sense of what is going on. These notes are the researcher's efforts to attach meaning to filed observations, and serve as a starting point for subsequent analysis (Polit & Beck, 2012: 549).

2.8.3 METHODOLOGICAL NOTES

Methodological notes reflect the strategies and methods used during the observations, and provided instructions or reminders about how subsequent observations are made (Polit & Beck, 2012: 549).

2.8.4 PERSONAL NOTES

These comprise of the comments about the researcher's own feelings while in the field. It is essential to reflect on such feelings, as there is no other way to determine whether those feelings are perhaps influencing what is observed or what is being done while playing a participant role. Personal notes can also contain reflection relating to observed or perceived ethical dilemmas and possible conflicts. This is why personal notes are often also called reflective notes**,** as they document the researcher's personal experiences, reflections, suppositions, ideas, problems, impressions, bias and progress.

2.9 MEASURES TO ENSURE TRUSTWORTHINESS: SCIENTIFIC RIGOR

In qualitative research, the term "rigor" is associated with striving for excellence, openness, relevance, thoroughness in collecting data and scrupulous adherence to details and strict accuracy (Burns & Grove, 2009: 54). The goal of rigor in qualitative research is to accurately represent study participants' experiences (Streubert & Carpenter, 2011: 48). Participants in this study were asked to be sincere and truthful about all the information they provided. This perspective traditionally stimulates the development of *trustworthiness* in qualitative research.

In order to ensure trustworthiness, Lincoln and Guba (1985**:** 290-294) have outlined four epistemological standards, strategies and criteria by which the quality or worth of a qualitative study can be evaluated (Polit & Beck, 2012: 589-585 and Brink *et al.* 2012:126). In a qualitative approach, the four criteria that establish and intensify trustworthiness are credibility, transferability, confirmability and dependability.

TABLE 2.2 Four Criteria of Trustworthiness

EPISTEMOLOGICAL STANDARDS/STRATEGIES	CRITERIA	APPLICATION
TRUTH VALUE/ CREDIBILITY A qualitative study is credible when its results are viewed as the truth and seen to be accurate by those interviewed (Polit & Beck, 2012:724).	Triangulation	During the study, to collect and interpret data the researcher used the three experienced researchers in describing a rigour in qualitative research and different data sources of information and using it to build different themes to gain an in-depth understanding of the participants' experiences (Botma *et al* 2010: 231).
	Authority of the Researcher	The academic qualification of the facilitator and facilitator assistant and including co-coder on this study are credibly verified by study leader of the researcher and thereby accepted and acknowledged based on their status as having expertise on nursing psychiatric qualitative research experience (Botma *et al* 2010: 37).
	Persistent Observation	This application was done by the facilitator assistant to observe all events related to the researched phenomenon in

EPISTEMOLOGICAL STANDARDS/STRATEGIES	CRITERIA	APPLICATION
		the natural setting, to provide in-depth findings and to uncover the exact truth about the different participants' experiences. For example: studying the participants' non-verbal communication cues such as avoiding eye contact or turning away from the facilitator (Polit & Beck,2012:589)
APPLICABILITY/TRANSFERABILITY It enables other researchers to utilize the results of the research in similar context with similar participants	Dense Description	According to Lincoln & Guba (1985:316), the facilitator assistant provided a dense description of the participants' experiences to enable someone else who is interested transferring or verifying the information to reach a conclusion about whether the transfer would be possible. It is ensured by saturated data collection
CONSISTENCY/ DEPENDABILITY This is an inquiry audit, whereby data are collected and examined by an external reviewer to ensure that the processes and procedures that were used by researcher in this study are acceptable, is	Triangulation	Phenomenological interviews are conducted with participants until the data become saturated, and no new information is gathered. Observations, personal notes as well as methodological notes were made during the focus

EPISTEMOLOGICAL STANDARDS/STRATEGIES	CRITERIA	APPLICATION
an acceptable method of establishing trustworthiness (Brink *et al.* 2012: 127).		group interviews, and then a literature review was completed as a control to increase the reliability.
	Stepwise Replication	An independent co-coder and researcher met and compared data results for analysis. They reached consensus regarding the study's common themes, as well as the categories and sub-categories that emerged throughout the discussions.
NEUTRALITY/CONFIMABILITY Neutrality and confirmability guarantees that the findings, conclusions and recommendations of the study are supported by the collected data (Brink *et al. 2012:127).* The data is recognized as reputable when both truth and applicability have been confirmed after checking and rechecking the information	Audit Trail	The results and findings of the research process, including raw data, field notes, and memos, observational information, data reduction, retained audiotapes were analyzed by the independent co-coder, as well as those theoretical notes relating to trustworthiness. These documents were kept to show what transpired during the research process.

2.10 ETHICAL CONSIDERATIONS:

The study's ethical issues were discussed in Chapter One, including the moral obligations to which the researcher ought to conform when research involves human subjects whose rights need to be protected (Brink *et al.* 2012: 33-34). Included in this document are the various permissions obtained from the appropriate committees and an example of the informed consent given by the participants.

As has been stated, the participants were informed of the purpose of the study, the data collection procedure, and that the confidentiality would be ensured. They were also assured that they could withdraw from this study at any time, without any penalty.The participants indicated that they understood the purpose of this study and participated voluntarily, because they recognized the significance and benefit of the study regarding delivery of ethical nursing care in psychiatric settings. A written consent form was obtained from each participant.

2.11 DATA ANALYSIS

De Vos *et al.* (2011: 252) say that data analyses involve reducing the volume of raw information, sifting significance from trivia, identifying significant patterns and constructing a framework to communicate the essence of what the data reveals.Data analysis involves reading through the data repeatedly, breaking the data down and then re-building it again in novel ways (Terre Blanche, Durrhem & Painter 2007: 322). Generally, data analysis is not a separate step in the qualitative research process, but is done concurrently with data collection (Brink *et al.* 2012: 193).

The researcher commenced with data analysis using two digital voice recorders which have folders for each interview, to ensure accurate retrieval of information. Data analysis is the process of bringing order, structure and meaning to the mass of collected data (Brink *et al.* 2012: 192). The interviews were done in English, and later after one week followed by verbatim transcription directly after the interviews. The field notes were reviewed in the context of the entire interview session, searching for words, phrases, descriptions and terms that are central to the research topic.

All data collected were coded and analyzed separately by an external, independent co-coder with extensive experience in qualitative research methods, as well as a Doctoral Degree in Psychiatric Nursing Science. The researcher gave an independent co-coder the verbatim transcriptions and field notes, so that she could do her own data analysis. The researcher and the co-coder therefore analyzed the data separately, after which they met to discuss and reach consensus about the coding of the data. The transcribed audio-recorded interviews and the field notes were analyzed using Tesch's method (1992) as cited by Creswell (2009: 192).

Tech's approach proposed eight steps to engage the researcher in a systematic process to analyze textual data:

- The researcher would obtain a sense of the whole by reading through the transcriptions carefully
- Ideas that come to researcher's mind would be jotted down
- A list of all topics would be compiled; similar topics would be clustered together, and moulded into subject matter that could then be arranged into major topics, unique topics and "leftovers"
- The researcher would then take the list and add the data, before the topics are abbreviated into codes and the codes are written next to the appropriate segments of the text. The researcher would try out this preliminary organizing scheme to judge whether any new themes or codes emerge
- The researcher would now find the most descriptive topics and turn them into themes. The researcher endeavours to reduce the total number of themes by grouping together topics that relate to each other. Lines can be drawn between the themes to show interrelationships
- Ultimately the researcher would make a final decision regarding the abbreviations for each theme and alphabetize the codes developed
- The data belonging in each theme would be assembled in one place and a preliminary analysis would be performed.

After each interview session, the researcher listened to each voice recording to ensure familiarity with their content. The contents, as well as all changes in voice

tone and pauses were captured in the field notes. The emotions of the participants were particularly carefully scrutinized during the interviews. Subsequent to the interviews, the audio recorded data and the field notes were transcribed.

The transcriptions were then typed and read again to check for key words that occurred frequently. The researcher underlined words and phrases he identified as being representative of participants experiences of working in a psychiatric hospital. A systematic process of analysing the data was used to ensure uniformity in the analysis of the interviews. Themes and sub-themes were identified from the experiences described by the participants.

The researcher engaged with the independent co-coder, experienced in psychiatric nursing qualitative research to analyse the data. The co-coder was given unelaborated copies of the transcribed focus group interviews for her individual analysis.

Themes and sub-themes were established and described according to significant themes which emerge. Sub-themes are developed to construct deeper levels of meaning. To illustrate sub-themes and provide referential adequacy, direct quotations of some professional nurse's responses were included.

2.12 CONCLUSION

Chapter two provided a description of the methods and techniques followed during the research process. A detailed depiction of how data were collected and analyzed has been outlined. Chapter Three included the actual report of the research findings, while themes were discussed in more detail, and substantiated by the appropriate quotes from interview transcripts and inferences from the literature.

CHAPTER 3: DISCUSSION OF RESULTS, CROSS VALIDATION AND LITERATURE CONTROL

3.1 INTRODUCTION

The research methodology has been discussed in Chapter Two. The focus in this chapter focused on discussion of results and literature control of the results of the focus group interviews conducted with the participants, as well as the cross validation report. Using focus groups interviewing was the choice of the researcher since this research method is less threatening to many study participants. Furthermore, the socially orientated environment where the research took place was helpful in deepening the discussion of perceptions, ideas, opinions and thoughts (Bowling, 2009: 424).

Another advantage of the focus group interview is that it creates a sense of belonging in which a group flourishes, thus increasing the participants' sense of cohesiveness. This in turn helps them to feel safe in sharing information, discuss personal problems and provide possible solutions (Bowling, 2009: 425). As described, the researcher used the focus group interviews as a primary source of qualitative data, combined with field notes for documenting data analysis (Streubert & Carpenter, 2011: 182-183).

The purpose of this study was to explore professional nurses' experiences of working in a psychiatric hospital, in order to generate information and to recommend guidelines that would facilitate optimal improvement or enhancement of the overall mental health service delivery. As described, all the participants' were asked an open-ended question, namely **"How do you experience working in a psychiatric hospital?"**. The data analysis, organisation, and interpretation were completed using Tesch's method of data analysis for qualitative research (Tesch 1992: 117).

Three main themes of information emerged during the process of data analysis, namely:

- **Stressful working conditions exist in a psychiatric hospital**
- **The environment is unsupportive towards psychiatric nurses' and the patients' needs**
- **Lack of managerial support**

In this chapter, each of these themes was discussed with the supporting quotations from the participants, and the related literature was cited as a control for the findings. The supplementary data (verbatim transcripts) was presented as they were provided, without any attempt by the researcher to correct grammatical errors as they were coded to facilitate analysis**.**

3.2 DESCRIPTION OF THE SAMPLE

The sample consisted of professional nurses, both male and female, who are South African Black and Coloureds persons and it is important to note that other races like Whites or Indians participants were not necessarily part of exclusion criteria but they were not available during time of data collection.

English was used as the communal medium of communication as both these ethnic groups comprehend it well. In the South African context, the term *Coloured* refers to an ethnic group of mixed-race people who possess some sub-Saharan African ancestry but not enough to be considered Black under the law of the Republic of South Africa.

South African Blacks are the predominant population group in the Free State province. All the study participants live within the geographic area of the study site in Bloemfontein. The ages of the participants ranged from 25 to 45 years in age, with varying years of clinical psychiatric nursing experience. Included were married and single professionals.

3.3 ORGANISATION OF THE PROCESS OF DATA ANALYSIS

Data were analysed using Tesch's method of analysis of qualitative data (Tesch, 1992: 117). A detailed description of this method has been provided in chapter 2. The researcher listened to audio recordings of the interviews, and has read and re-read the verbatim transcripts to get a global understanding of the interviews and to familiarize himself with the data. Next, the researcher picked verbatim transcripts, and started analysing them one by one, until all the transcripts had been analysed and comparable ideas or topics had been identified and coded.

After coding, similar topics were grouped together into themes. From each theme, a number of sub-themes also emerged. An independent co-coder, (refer to **page 105** ADDENDUM 5 & 6), assisted in the coding process. After discussion between the researcher and co-coder, the researcher continued with coding all the interviews into comparable themes and sub-themes.

3.4 FRAMEWORK FOR DATA ANALYSIS

On achieving saturation of information, the researcher verified that all the themes that emerged in one group were also present in the other groups, even if presented in different ways. The authenticity of the focus group interviews, the themes and sub-themes were then verified by the qualified independent co-coder. The researcher and the independent co-coder then discussed the themes and sub-themes that they identified independently with one another, grouping them with their accompanying quotations from the data, and confirmed that they were indeed supported by the completed literature control. These are presented in **Table 3.1** below.

3.5 CODING METHOD

Coding was guided by Tesch's method following the central research question, namely:

"What are your experiences of working in a psychiatric hospital?"

Table 3.1 Central Themes and Sub-Themes

Central Themes:
Working in a psychiatric hospital can be challenging and stressful and the environment is unsupportive towards the psychiatric nurse's physical and psychological needs. The following themes were identified from the transcribed focus group interviews conducted:

Theme	**Sub-Themes**	**Quotes**
3.1.1. Stressful working conditions exist in a psychiatric hospital.	Psychiatric nurses experience working in a psychiatric hospital to be stressful and challenging with regard to: **3.1.1.2** Safety of self (personal safety)	***"…it is difficult working with psychiatry because us as personnel we are not really protected, it's all about patients and us we are not like human being anymore." PN2 (FG3)*** ***"…Especially us ladies we work at Acute wards with dangerous, aggressive and violent patients." PN2 (FG3)*** ***"…When you are doing night duty you find that you as a professional nurse you are nursing 20 patients and when male patients physically fight you as a female you must intervene…" PN5 (FG2)***

Theme	Sub-Themes	Quotes
	3.1.1.3 Shortage of staff	***"First of all, there is shortage of staff, and if you complain about that you never get any answer and nurse to patient ratio does not balance…. PN5 (FG1)*** ***"At this moment there is no staff, we are short-staffed, only two in ward but still awaiting to admit two new patients who are coming being aggressive" PN2 (FG3)*** ***"We have to work overtimes sometimes when the other professional nurses are not available in other wards." PN3 (FG4)*** "***Sometime there will be a time where you are requested to work two wards when professional nurse of other ward next to you absents him/herself then you are requested to nurse another twenty to make now 40 patients by one professional nurse." PN5 (FG2)***

Theme	Sub-Themes	Quotes
	3.1.1.4 The stigma attached to mentally ill patients and psychiatric hospitals.	***"Even our colleagues from other general hospital put stigma to our patients when they are referred for medical investigations, they have attitude comments towards our patients and not keen to admit our patients in their hospital regardless of serious medical condition that warrants admission…" PN8 (FG2)*** ***"Community still do not understand mental illness, people still think it's over and done with you…" PN4 (FG3)*** ***"…stigma and the attitude of the community towards our patients, in case if patient is granted leave or pass out to visit home, the family does not want to take responsibility of taking care of patient since our patients' needs supervision. PN8 (FG2)***
3.1.2 The environment is unsupportive towards psychiatric nurses' and the patients' needs	Psychiatric nurses experience the psychiatric hospital environment as unsupportive towards	***"...Yes, it is definitely one sided, it's like now there is no toilet for personnel in my ward, we drink water from basin at the toilet, I have***

Theme	Sub-Themes	Quotes
	their needs and the patients' needs with regard to: **3.1.2.1** Physical needs e.g. hygiene/health	***been raising this several times, they say there is nothing they can do…" PN1 (FG1)***
	3.1.2.2 Financial needs • Overtime payment • Danger allowance • Dissatisfaction with remuneration	***.".To make matters worse even our HR here takes some months to pay us our night overtimes and allowances..." PN3 (FG1)*** ***"…the other thing is our overtime takes long time to pay out as compared to other neighbouring hospital, so here you have to wait six to eight weeks after you have forgotten how many hours are being owed to us…" PN7 (FG2)*** ***…but when danger allowance is paid, we receive less amount as compared with doctors who spend less than two hours… PN4 (FG1)*** ***"We also don't get salary for speciality of psychiatry; they want us to do advanced psychiatry, whereas there are some who get speciality without***

Theme	Sub-Themes	Quotes
		"One other thing they don't consider is that money is the motivator when working. We are denied to have overtime money to earn a little extra and then you know in PDMS when we are being evaluated there's portion they ask if you are taking extra remunerative work from outside public sector". PN3 (FG1)
	3.1.2.3 Educational needs *Selection criteria for educational needs*	***"…with advanced psychiatry and took only six personnel and four of them are operational managers for next year, so selection was not fair because it means I am going to wait for 15 years for my turn to come for training…"…" PN3 (FG1)*** ***"The criteria for selection are not even explained to us…" PN4 (FG1)*** ***"When you want to do advance psychiatry, they need us to be having a degree before you do Masters in advance psychiatry at University of the Free State and we got***

Theme	Sub-Themes	Quotes
		diploma and our hospital want at least six years' experience of having worked in this psychiatric hospital, they make things so difficult for us" PN6 (FG3) ***"…we were never informed of the selection criteria…" PN1 (FG4)***
	3.1.2.4 Perceived discrimination	***"The managers gives us forms to fill in which course will like to develop ourselves but at the end we are not send to do training, when the time comes, the in-charge will be telling you that the ward is short-staffed, who is going to work if you go for training." PN7 (FG2)*** ***"…poor implementation of OSD, there is favouritism of payments of cash bonuses which sometimes become unfair for individual for work very hard…" PN1 (FG4)***

Theme	Sub-Themes	Quotes
	3.1.2.5 The need for continued professional development (CPD)	***"Management need to send us on training but it happens scarce, very scarce." PN4 (FG4)*** ***"…there is poor academic development in this hospital…" PN1 (FG1)*** ***"…not all are trained with computer skills…we lack skill development" PN4 (FG4)***
3.1.3 Lack of managerial support	Psychiatric nurses experience a lack of support from the management in relation to: **3.1.3.1** The shortage of staff	***"You will be two in one ward and you are supposed to do the work of a professional nurse as well as the work of junior nurses….so it is real a problem to us and when you try to talk to your supervisor; they do not take action." PN5(FG4)***
	3.1.3.2 Patient incidents	***"They don't understand if patient can say this, it's because of psychosis, they always take whatever the patient is saying as true because they say the patient is always right, we are on our own." PN2 (FG3)*** ***"I was once suspended for three months with no***

Theme	Sub-Themes	Quotes
		pay".PN7 (FG4) ***"…this in itself contributes in lot of untoward incidents and management is going to blame about why you did not do this and that instead of giving you support, you will feel as if you are now in SANC disciplinary hearing proceedings being accused of negligence." PN5 (FG1)***
	3.1.3.3 Lack of visibility of management	***"I don't like to see them only when there are problems in the ward, they should just come to see how are we doing and how we are working and know our routine." PN5 (FG2)*** ***"…for me since I worked here I never seen a management meeting where all nursing personnel are called to raise our concerns…" PN5 (FG3)*** ***"Our manager, nursing manager hardly comes to oversee our work…so what I am saying in short is that our nursing manager is not in touch with us." PN4(FG4)***

Theme	Sub-Themes	Quotes
3.1.4 Recommendations for nurses working in a psychiatric hospital	Professional nurses made suggestions /recommendations for improving their working conditions in a psychiatric hospital: **3.1.4.1** Increased managerial support **3.1.4.2** Need for continued professional staff development	***"…they should just come to see how are we doing and how we are working and know our routine…" PN5 (FG2)*** **"*They can maybe even let us attend counselling course to empower patients to substitute substance abuse course…" PN6(FG2)***

The findings of this study found in Table 3.1 are followed by a detailed discussion of themes that emerged during the data analysis in the next section. These findings were compared with and verified against existing literature on the subject.

3.6 DISCUSSION OF RESULTS AND LITERATURE CONTROL

A literature control was only conducted after the data collection and data analysis was concluded in order to verify the real life findings against those found in literature (Burns & Grove, 2009: 93). After collection and analysis of data, the findings are compared to relevant literature to identify similarities and differences. Unique findings obtained in this study are highlighted, as well as those common findings uncovered by other studies. The discussion of findings is based on the identified themes and sub-themes.

3.6.1 STRESSFUL WORKING CONDITIONS IN A PSYCHIATRIC HOSPITAL

3.6.1.1 Safety of self

According to Sadock and Sadock (2007: 489), psychiatric patients may suffer from psychosis that includes hallucinations, delusions or suspiciousness. The acute symptoms are supported by emotional instability and feelings of anger that can be projected towards professional nurses in a verbal or physical manner.

The professional nurses that work with psychiatric patients who are presenting with symptoms of aggression and violence may experience fear, anger, frustration, helplessness and job dissatisfaction (Ngako, Van Rensburg & Mataboge, 2012: 2). These negative experiences can have negative impact to professional nurses to work effectively with those psychiatric patients presenting with acute symptoms.This is supported by the account of a distressed participant in this study:

> ***"I can say I been overwhelmed with fear because state patient are dangerous…. I feel I am at risk, we as professional we spend a lot of time with patients whereas doctors spend less time with the patient" PN2 (FG2)***

Konstantinos & Christina (2008: 191) also indicated that the stressors chiefly related to psychiatric patients' care include mainly violent incidents. A participant describes his concerns with horror around the impact the heavy workload of nurses have on psychiatric patient care and the health of nurses:

> ***"I think if you are working at the psychiatric hospital, the people who at risk are professional nurses more than anyone because they spend 24hrs with the patient who are aggressive and attempting suicide" PN4 (F3).***

Moran, Cocoman, Scott, Matthews, Staniuliene & Valimaki (2009: 599) concluded in their study that working in areas with high levels of aggression and violence forced professional nurses to suppress their own emotions in an effort to do their job.

Participants in this study also expressed that they experienced emotional reactions like fear and anger, but tried not to acknowledge such emotional reactions by suppressing them. On-going suppression may jeopardise the professional nurse's morale and their mental well-being.

3.6.1.2 Shortage of staff

The shortage of staff force professional nurses to overwork. This results in exhaustion and job dissatisfaction. Professional nurses subsequently become discouraged and even absent themselves from work as a sign of protest against the situation in which they find themselves (Bimenyimana, Poggenpoel, Myburgh & Van Niekerk, 2009: 7).This situation further decreases the already overstretched number of staff, causing more stress and anxiety in those who are on duty. This is what one of the participants had to say about this subject:

> ***"That point raised of shortage of staff it is really a problem here because sometimes we work in two wards and deal with a large number of patients supposed to do the work of a professional nurse as well as the work … you will be two in one ward and you are of junior nurses." PN5 (FG4)***

Inadequate staffing was a point raised by most participants, while dealing with physically threatening, difficult or demanding patients was the most stressful aspect of their daily work. Konstantinos & Christina, (2008:193) agree that lack of nursing staff was found to have a negative correlation to psychiatric nurses' stress levels.

> ***"When you are doing night duty you find that you as a female professional nurse you are nursing 20 patients and when male patients physically fight you as a female you must intervene. Sometime there will be a time where you are requested to work two wards when professional nurse of other ward next to you absents him/herself then you are requested to nurse another twenty to make now 40 patients by one professional nurse. At the end who is going to be responsible if an incident happen to the other ward while busy***

giving medication to another ward. At the end you will be faced with disciplinary and suspension". PN 5(FG3).

Shortage of staff undermines the quality of mental health care in a psychiatric hospital. Treating patients with mental health issues requires especially skilled professional nurses who can provide the best possible care. Overcrowded and understaffed psychiatric wards are leaving patients fearful for their safety and unable to make effective recoveries (Schierenbeck, Johansson, Andersson & Van Rooyen, 2013:113).

3.6.1.3 The stigma attached to mental ill patients and psychiatric hospital.

Smith & Cashwell (2010:191) have verified that there have been many attempts to highlight the topic of stigmatization of adults with mental illness for the general population. In fact, it was suggested that the delivery of mental health care could not be improved without the eradication of all mental health stigmatization. External consequences of stigmatization include exclusion, discrimination, prejudice, stereotyping, and social distance. Furthermore, patients who experience stigmatization are more inclined to be noncompliant with recommended mental health care and prescribed medication.

Wahl & Aroesty-Cohen (2010: 53) indicate that researchers have found that persons diagnosed with a psychiatric disorder were more likely to adhere to a medication regimen when they perceived lower levels of stigmatization associated with their mental illness. Stigmatization is defined as a sign of disgrace or discredit which sets a person apart from others (Wahl & Aroesty-Cohen 2010: 53).

Ross & Goldner (2009: 560) confirmed that a large percentage of other health professionals' appear to share some commonly held stereotypical beliefs of mental illness with the general population that may be based on media generated and historical misrepresentations. Among the negative descriptors seen as applicable to persons with mental illness are that they are unpredictable, weird, threatening, dangerous, violent and bizarre. These conceptualizations understandably give rise to fearful attitudes among psychiatric professionals as well as in the lay community.

> ***"The society in general has stereotype views about mental illness and how it affects people. Many people believe that people with psychiatric patients are violent and dangerous, when the fact they are more at risk of being attacked or harming themselves than harming themselves".PN6 (FG3)***

The misrepresentations are also thought to be perpetuated by the segregation of mental health client populations from the general medical community, thereby segregating the staff as well (Ross & Goldner, 2009: 564). Many patients' problems are made worse by stigmatization and discrimination they also experience from their families and employers. What makes this pervading negative attitude worse is that those professional nurses working at the psychiatric hospital experience secondary effects of the social stigma attached to mental ill health and discrimination from other health professionals, who do not work at psychiatric hospitals. For example, the participant said:

> ***"Even our colleagues from other general hospital put stigma to our patients when they are referred for medical investigations, they also do not want to take care of our patients and not keen to admit our patients in their hospital regardless of serious medical condition that warrants admission, they just give treatment and send patient back to us and as a results of their rejection, our patients dies. It goes same way with the doctors, the never spend time with patient to hear real basic needs of patient, they just come 15 minutes and they are gone".PN 8 (FG2)***

Ewertzon, Lutzen, Svensson, & Andershed (2010: 422) state that the involvement of family members in psychiatric care is important for the recovery of persons with psychotic disorders, which subsequently reduces the burden on the family. Family members experience that psychiatric healthcare professionals do not show any interest in finding out more about their patients' personal experiences or understanding.

"Personally I think there is less than by multi-desciplinary team with regard to involvement of family members, most of the time they give responsibility of meeting the family to social worker and the social worker is unable to explain health education unless its social challenges as a results we got problems of re-admissions because family has not been taught by the whole psychiatric team members". PN 1FG 2)

Several studies have also established that there is a relationship between internalized stigmatization and diminished self-esteem and hope among patients (Watson, Corrigan, Larson & Sell, 2007: 1314). The researcher's personal opinion is that all psychiatric trained nurses should stand up against mental health discrimination whenever it is encountered. This means challenging people who use disrespectful language or telling a joke about mentally ill patients.

3.6.2 UNSUPPORTIVE ENVIRONMENT TOWARDS PSYCHIATRIC NURSES' AND PATIENTS' NEEDS

3.6.2.1 Physical needs

Psychiatric nursing is defined as a holistic activity concerned with the bio-psychosocial-spiritual dimensions of the individual and his/her experience of mental health and illness (Middleton & Uys, 2009: 577). The participants raised concerns about the chronic shortage of material resources like soap, toothbrushes/ toothpaste, clothes; as well as the poor or malfunctioning toilet / bathroom facilities in the psychiatric hospital. Sometimes there is no drinking water to be OBTAINED from the bathroom taps.

"Issue of maintenance also is a challenge, showers not working, we have to use basins for washing patients, no hot water at times washing of patients, lack of material resources e.g. scales for weighing patients also dysfunctional because some medication you administer them according to the weight of patient." PN2 (FG3)

If psychiatric nursing is to be holistic, it must account for the spiritual as well as the physical, social, and psychological needs and health experiences of patients (Awara & Fasey, 2008:183). According to participant in the study:

"…….actually find psychiatry very interesting, it actually helps people to deal with social lives the experience we gather here in our working environment. It helps us in solving problems that are happening in our homes……" PN3 (F2)

Holistically, patients should be provided with appropriate food and drink to meet their nutritional, therapeutic and cultural needs. Patients should have access to fresh air and exercise space. A smoke-free environment is mandatory in South Africa. Access to appropriate, clean washing and toilet facilities should be provided and maintained at all times to combat human rights abuses and address the present deficiencies in the psychiatric hospitals (Mkhize, 2007: 137-142).

3.6.2.2 Financial needs

(a) Overtime payments

According to Chapter 2 of the South African Basic Conditions and Employment Act, Act No. 75 of 1997, describing the Regulation of Working Time, an employer must pay an employee at least one and one-half times the employee's wage for any overtime worked. A participant expressed her dissatisfaction about not being provided an opportunity to work overtime as follows:

"One other thing they don't consider is that money is the motivator when working. We are denied to have overtime money to earn a little extra and then you know in PDMS when we are being evaluated there's portion they ask if you are taking extra remunerative work from outside public sector. We end doing that because we don't get money for overtime here and we are being overstretched to work two wards. To make matters worse even our HR here takes some months to pay us our night overtimes and allowances" PN3 (FG4).

(b) Danger allowance

Psychiatric clinical practice in an acute care inpatient ward requires that psychiatric nurses identify and manage dangerous patients. On most acute psychiatric wards, the patients' diagnoses range from schizophrenia, bipolar mood disorders, substance induced psychosis, personality disorders and other psychotic disorders and forensic patients with impulse control issues accused of crime such as rape, murder, fraud, etc. (Brook, 2011: Online).The study's participants feel at risk at all times while on duty, because of the type of patient they nurse and the lack of support from management. For example:

> ***"There was also a serious incidence of fire eruption in one of the long-term ward, the ward burnt down, there are two patients who died on this incidence, and it was caused by one of the hallucinating patient. The investigation is going on, and if you check, there was one professional nurse working in two wards of 60 patients and one assistant nurse in each ward. No one would ask as investigations are going on, who is going to be accountable because they will not blame or charge patient with arson because of psychosis, the person who will be asked questions is the professional nurse since he was in-charge, he will be faced with question like where were you, what you have been doing and at the end professional nurse will be suspended". PN3 (FG1)***

(c) Dissatisfactionwith remuneration

The national health system administered by the, Department of Health (DOH) in South Africa (S.A.) has been experiencing many challenges in health work force production, recruitment and retention (S.A. DOH, 2011: 10). A holistic and innovative approach towards strengthening human resources for the national health care has been critical for the improvement of performance in the health system (S.A. DOH, 2011: 11). In the year 2007, the Public Health and Social Development Sectoral Bargaining Council (PHSDSBC) and the South African government implemented the Occupational Specific Dispensation (OSD), a financial incentive that enabled the introduction of new salary scales for identified occupations in the public sector (PHSDSBC, 2007: 2). The Department of Public Service and Administration (DPSA)

drafted detailed guidelines on the OSD policy implementation, aimed at attracting and retaining employees, thereby improving service delivery in the public sector DPSA (2007:1) and PHSDSBC (2007: 1). The OSD policy defines the remuneration structure, frequency of pay progression, grade progression opportunities, career pathing, recognition of appropriate experience, required levels of performance, and translation measures of identified occupations (DPSA 2007:1, and PHSDSBC 2007: 1).

A 2009 review of health system performance reported inadequate planning prior to the introduction of the OSD, resulting in variations of and inconsistencies in the policy implementation across the nine South African provinces (Integrated Support Teams, 2009: 9).

There were also inequalities raised by participants that there's unfair system of a salary remuneration with the fact that some of professional nurses had no advanced psychiatric qualifications but having same job description. The monetary benefits of the OSD have created professional jealousy in the psychiatric hospital. During interviews, the majority of participants demonstrated feelings of anger, frustration, despair, hopelessness and demoralisation when coming to issues of remuneration. There were deep emotions of hurt from each participant and in the groups while this issue was being discussed, as this was their main concern.

> ***"There is this thing that you know; poor implementation of OSD, there is favouritism of payments of cash bonuses which sometimes become unfair for individual for work very hard. Let's say this time I am the one who is getting the reward of cash bonus and then the next time automatically I know that another professional nurse is going to be the one to get the cash bonus the following year and even if I pull my socks up and work hard I am not going to get it because why? Why for? I know I am not going to get anything the next time. So in a way it like puts us down and our morals down because I know that the next time we assess other professional nurse, whether he was under performing or absent from duty for several days, or whether he is having poor professional conduct, he***

is the one to get the cash bonus even though I am the one who is always coming on duty and doing beyond all the expected service delivery but because it is how it is supposed to be implemented around here, what can I say? So that is my problem with implementation of PDMS".PN1 (FG3)

It seemed that the job description of the professional nurses and the salaries earned when compared between themselves and their managers was a point of uneasiness. A job description is a written statement that explains the purpose, scope, duties and responsibilities with regard to the job requirements of a specified post (Clark, 2008: 3-10). Participant stated that:

"Our job description is the same as an operational manager but we are earning a less salary and we are doing much more than what the operational managers do". PN5 (FG4)

The implementation of the OSD document has caused confusion among the majority of professional nurses who participated in the study. For example, a participant who was very concerned about the confusion reported:

"My concern is they have now turned around OSD package because initially when you done the post basic psychiatry course in psychiatry it was regarded as speciality, now they have changed, they regard advanced psychiatry as speciality, they no longer regard post basic one year diploma as OSD speciality and the managers themselves cannot differentiate between advanced psychiatry and post basic psychiatry diploma". PN2 (FG4)

Recruitment and retention of professional nurses in a psychiatric hospital requires the proper financial reward as a measure to contribute to job satisfaction

3.6.2.3 Educational needs

(a) Selection criteria for educational needs

The participants stated that they were not informed of what is going on regarding selection criteria and are not involved in decision making that affects them directly. It was noted to observe that this issue was raised several times in all the different groups. The amount of time spent on this issue is significant and it is important to note that this topic stimulated vigorous, wide ranging discussions and much interaction among participants in all the groups.

Leech & Onwuegbuzie, (2008: 580) clarifies *Intensity of Expression* as the moods and emotions that arise as various topics are covered in a group. This issue became an emotional concern, through which there were moments of group excitement turned to mild hostile silences and frustrations, until it became a heated discussion accompanied by anger in all participants. This was the discussions' climax:

> ***"There is no one who can give straight information but seemingly is long term experience of working here… the selection criteria is not that transparent for career development" PN2 (FG2)***

Participants further expressed their concern that the lack of exposure to education brings fear due to inadequate skill and knowledge of mental health care. This factor was also highlighted by the research conducted by Reed & Fitzgerald (2005: 254).

(b) Perceived discrimination

According to the South African Employment Equity Act, No. 55 of 1998, discrimination is showing favour, prejudice or bias for or against a person, on arbitrary grounds. For the purpose of this study, the term ***discrimination*** indicates ***employment*** and ***occupation,*** and specifically access to vocational training as part of the terms and conditions of employment. The majority of the participants expressed unhappiness because they felt they are being disadvantaged because of the limited opportunities to further their studies. One of them said:

"For an example, professional nurses who work in primary health care, they never finish five years without being send for PHC course but here its different, one works even ten years without being send to do speciality in psychiatry".PN1(FG3)

Participants raised their concerns about their need of being provided with knowledge about the appropriate criteria for training selection, as well as being treated equally, in a transparent and efficient manner:

"It is only the matrons that are good; there were 6 matrons that were chosen. Yes it is all about the matrons, they go for the computer courses and we just go for CPR training and they force us to take it…" PN5 (FG4)

(c) The need for continued professional development (CPD)

Continued Professional Development (CPD) is defined as a range of learning activities through which professional nurses are able to maintain and develop themselves throughout their career, to ensure that they keep their skills and knowledge up to date and retain their capacity to practice safely, effectively and legally within their evolving scope of practice (Jones & Jenkins, 2006: 8). Participants in the study aired their concerns about ineffective teaching and learning programmes available in the psychiatric hospital, due to the lack of skilled and specialized nurses

"…we need to also develop ourselves…" PN4 (FG1)

3.6.3 MANAGERIAL SUPPORT

Managers and supervisors in the psychiatric hospital have a critical role as the voice of the hospital. They are responsible for promoting a culture of knowledge and flexibility; developing support characteristics; promote communication and engage the professional nurses in all matters and manner of well-being. According to Yragui, Silverstein, Foley, Johnson, & Demsky (2012: 6), a family-type of supportive management would have employees who report higher levels of job satisfaction, better physical health, lower turnover intentions and higher performance.

The lack of organizational management support in the psychiatric hospital was often cited by participants as affecting staff and patient safety, quality of care, and positive staff-patient interactions. Managerial support is essential for creating therapeutic and safe environments, building constructive relationships with staff, being able and available to unambiguously communicate with staff, and for modelling appropriate behaviour (Yragui *et al.* 2012: 34).

3.6.3.1 Shortage of staff

Lower psychiatric nurse staffing levels areassociated with a higher risk for nurse burnout. According to Hanrahan, Aiken, McClaine, & Hanlon (2010: 2002) larger psychiatric nurse workloads (i.e. more patients per nurse) are significantly related to higher psychiatric nurse burnout (One participant in the study described that he felt frustrated about the shortage of staff and expressed his concern about the lack of support from management as follows:

> ***"First of all, there is shortage of staff, and if you complain about that you never get any answer and nurse to patient ratio does not balance. Per 3 patient there must be one professional nurse, but here you will be faced with a situation where one professional nurse per 28 patient assisted by either one enrolled nurse or assistant nurse. This in itself contribute in lot of untoward incidences and management is going to blame about why you did not do this and that instead of giving you support, you will feel as if you are now in SANC disciplinary hearing proceedings being accused of negligence" PN5 (FG3)***

An adequate nurse staffing ratio is essential in a hospital environment, if continuous quality patient care is to be delivered. A nurse-patient ratio imbalance, specifically understaffing with professional nurses in the psychiatric wards, leads to a higher incidence of serious adverse events (Jooste & Prinsloo, 2013: 122). Regarding this, the participant commented that:

"…the issue of lack of support from management with regard to short staffing of professional nurses in the hospital, the management is only known when there are problems like an adverse event in the ward…" PN5 (FG2)

According to Lizano & Mor Barak (2012: 1770) a demand is defined as the physical, psychological, organisational and social responsibilities of a job that requires sustained physical or psychological effort. Job demands are assumed to be positively and primarily related to emotional exhaustion. This specific sub-theme indicates that an increase in the psychiatric hospital job demand is being experienced by the professional nurses.

The research of Bimenyimana *et al.* (2009; 7) indicates that a shortage of staff generates professional overwork in a psychiatric hospital. This results in tiredness and job dissatisfaction. Professional nurses working in a psychiatric hospital then become discouraged, and even absent themselves from work as a sign of protest against the situation in which they find themselves. In return, this causes anxiety in those who are on duty. One participant said:

"……we are being overstretched to work two wards." PN3 (FG1)

Staffing affects the nursing staff productivity, the quality of care provided to patients and even the retention of nurses. Staffing is defined by Muller (2009:300) as a process that involves the determination of positions, recruitment of personnel, the advertisement of positions, as well as the selection, appointment and placement of personnel. Clark (2008: 327) states that the shortage of nurses is a global problem that places a burden on every hospital, especially in specialized areas such as psychiatry.

3.6.3.2 Patient incidents

Professional nurses working with psychiatric patients presenting with acute symptoms work in a complex environment. This environment is characterised by psychiatric patients who may present with a history of violence, sexual assault and substance misuse (Ngako *et al.* 2012:9). Another participant related:

> ***"It is not fair at all, the management is not even keen in hiring experienced psychiatric qualified professional nurses to come and improve our skills instead they will be waiting for community service nurse who comes once in a year". PN2 (FG4)***

Furthermore, the participants expressed their feelings of isolation and dissatisfaction concerning the support they expect from other multi-professional team members. Bimenyimana *et al.* (2009: 7) also alluded that despite the shortages of professional nurses, it seems that the rest of the multi-professional team members expect the psychiatric nurses to do the work of other team members, while nobody helps them in the challenges they face while caring for patients. This participant said:

> ***"The nurses are expected to do everything, for example, when the psychologist, social worker or occupational therapist come in the ward, they all depend on our assistance for patient's files, forms, referrals, reporting on patients mental health status etc.".PN4 (FG2)***

3.6.3.3 The lack of visibility of management

Management visibility enhances professional nurses' autonomy. According to Malhotra, Budhwar & Prowse (2007: 2076) autonomy indicates the ability of the employees to determine the direction in which they should carry out their job. Lin (2007: 135) states that autonomy seems to be an extrinsic reward offered to employees. Lin (2007: 135) also argued that management styles that emphasise autonomy among co-workers ensure that strong relationships are developed, with high job satisfaction. The study participants stated that they would only ever see management when there is a serious adverse event.

"…***In this hospital it never happen we meet the CEO or general meetings like staff indaba where management come to listen to our opinions…"." PN7(FG2).***

What was interesting in this study was that, when participants were referring to their management, they were using words such as **"they", "in their offices",** and when talking about themselves they used words such as **"us"** or **"we".** This indicates a clear line of ruling and demarcation between the two groups', i.e. professional nurses in the wards and the management in their offices.

"…some of us are being moved from one ward to another because they say you are stubborn when we raise our concerns. One other thing they don't consider is that money is the motivator when working. We are denied to have overtime money to earn a little extra and then you know in PDMS when we are being evaluated there's portion they ask if are we taking extra remunerative work from outside public sector. We end doing that because we don't get money for overtime". PN5 (FG 3)

3.6.4 RECOMMENDATIONS FOR WORKING IN PSYCHIATRIC HOSPITAL

3.6.4.1 Managerial support

A number of the participants in the study said that they were being ill-treated by managers, while some said that there were no formal platforms to discuss their issues; as a result, they now feel they have given up. "That's why there is a high turnover rate and absenteeism in this hospital".

Participants raised concerns about the lack of planned team building activities for them but their managers are seen going on outings without them. Bimenyimana *et al. (*2009:7) supports the possibility of the participants' feelings of isolation and dissatisfaction concerning the support they expect from the management. In fact, this lack of support is experienced in many ways. Despite the staff shortage, participant's complained that in many instances management is not there to help, but mainly to emphasise the mistakes made by the nurses. One participant said that they need

more appreciation from management, e.g. to hold functions like issuing annual best performance/excellence awards:

> ***"Sometimes it would be nice after accreditation assessment and hospital has done well, they send us thank you cards, to appreciate the hard work we have done before we are assessed and evaluated by external accreditation" PN6 (FG2)***

The invisibility of top management was also a concern in that that no meetings are held with the Nursing Service Manager, CEO or HR Managers, excluding when there is a problem or incident.

3.6.4.2 Support for continued professional development

The lack of consistent, effective, and appropriate training was frequently brought up during the interviews, as a continual source of frustration. Almost all the participants described that they felt agitated and hopeless because their management failed to acknowledge the importance of sending professional nurses for advanced psychiatry training. One of them reported:

> ***"They also send us forms to fill in for personal skill development but they rarely send us to those courses we requested"PN3 (FG1)***

Another participant added that:

> **PN 6: For me since I started working here from 2008 until 2010 I have been applying for study leave and bursary, so every time is regret, regret, so now I am studying on my own and experiencing hell especially for attending classes or exam, is a problem.**

In a very agitated tone of voice the same participant said:

> ***"They are aware and they have made arrangement with university of North West to offer us with advanced psychiatry and took only six***

personnel and four of them are operational managers for next year, so selection was not fair because it means I am going to wait for 15 years for my turn to come for training". PN6 (FG1)

The recruitment and retention of mental health nurses within inpatient mentalhealth facilities continues to be an on-going issue due to decreased and / or unskilled managerial support. The recruitment and retention of mental health nurses is of an on-going professional nursing concern worldwide (Happell, 2009: 38). In the words of a participant:

"To add on this, it also become a challenge when patients suffer from medical condition like T.B. or infectious diseases to avoid spread of infection because we lack knowledge or forgotten how to treat medical condition since we have done them while on our training. So it is still important to do training on courses which are not psychiatric orientate". PN3 (FG2).

3.7 ANALYSIS OF FIELD NOTES

Field notes refer to transcribed notes or the written accounts derived from data collected during observations and interviews. As has been described, field notes should be written as soon as possible after the observation and/or interviews. Field notes serve as a backup when audio recordings fail, and aid in capturing nonverbal information. Field notes are used to "broaden the researcher's range of vision" and to produce data that was of use in later stages of the system design. Polit & Beck (2012: 728) describe field notes as the researcher's short explanation of unstructured observations made in the field, with the interpretations of those observations.

3.7.1 OBSERVATIONAL/DESCRIPTIVE NOTES:

These are short reports, portraits or descriptions of the individual participants, the physical setting, and the facilitator's account of particular events that occurred and activities that took place during an interview. Observation is the best way of identifying the different types of behaviour displayed by participants (Booyens, 2011:222).

During the study's interviews there was fluctuation noted in the expression of mood. The facilitator made an effort to ensure that every participant contribute to the discussion by managing the conversations of the dominant participants and probing quiet and shy participants. The facilitator applied flexibility, sensitivity, a sense of humour, linked ideas together and encouraged participation from everyone. The facilitator tried not to dictate the course of discussion or lose control of the conversation, did not judge comments or behave like an "expert", and neither informed or educated participants during the focus group facilitation.

3.7.2 THEORETICAL NOTES:

Theoretical notes document the researcher's thoughts about how to make sense of what is going on. They form part of the researcher's efforts to attach meaning to observational notes and become part of data analysis (Polit & Beck, 2012: 548). In this study, the facilitator assistant and the researcher interpreted the non-verbal actions and responses displayed by participants mentioned in the observational notes.

3.7.3 METHODOLOGICAL NOTES:

Methodological notes are reflections about the various strategies and methods used during data collection (Botma *et al.* 2012: 218). For example, in the study the researcher made a telephonic appointment with the nursing management of the psychiatric hospital. Later he also confirmed the appointment at the arranged time for information sharing with the selected potential participants, prior to the data collection. The researcher further arranged with the facilitator and facilitator assistant

regarding the interviews' scheduled days and times. On the day of interviews, the participants were re-orientated regarding the topic and purpose of the research study. Adherence to anonymity and confidentiality was again emphasized, and their informed consent was received. All these steps are listed in the methodological notes.

3.7.3.1 Personal notes:

Personal notes are comments about the researcher's own feelings and perceptions, and records his reflection on whether the identified feelings and perceptions influenced what was being observed (Botma *et al.* 2012: 218). While analysing the facilitator assistant notes, the researcher felt emotionally affected by some of the participants' emotional reactions on the sub-themes of being in overwhelming situations and having feelings of helplessness. Many participants nodded in agreement whenever a fellow participant expressed feelings of helplessness at work.

3.7.3.2 Demographic notes:

Demographic notes provide the cover information with regard to the time, place, date and weather conditions that describe the field setting, as well as when and where the interviews took place (Creswell, 2009: 182). Most of the professional nursing staff showed an interest to participate in the study, but others were reluctant since the arranged venue was away from their wards and they had to walk just less than a kilometre on a hot sunny day. Each participant was provided with a chair and a single desk arranged in a semi-oval shape, with the facilitator and facilitator assistant facing the middle, viewed by all participants (refer to Fig.2.1). The venue was temperature-controlled, with the air conditioner turned on to cool the environment, the electric lights switched on and the door and windows with their blinds were closed to minimize noise and interruptions. A size A4 paper notice outside the door of the venue requested "Silence Please" indicating the venue with an arrow.

3.8 CONCLUSION:

Based on analysis of the data from all four the focus group interviews, it appears that professional nurses definitely need financial, emotional and physical support from their managers in this psychiatric hospital. Notably, most participants in the focus groups experience unsatisfactory support from their managers.

The trustworthiness of focus group interview findings is based on the purpose of the research and the circumstances that gave rise to the research being done. The issue of trustworthiness was addressed throughout the research process, through data collection to the analysis and interpretation stages.

Focus groups were helpful in developing a clearer understanding of the real-life experiences of professional nurses, as they able to elicit the perceptions, feelings and thinking of the nurses about their experiences of working in a psychiatric hospital. This chapter presented the identified data themes and the sub-themes that emerged during data analysis. Furthermore, relevant literature was presented as control for the research findings.

Chapter Four focused on the summary of those findings, the conclusions drawn by the researcher, with identified implications and some limitations and recommendations.

CHAPTER 4. STUDY FINDINGS, SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS THE STUDY

4.1 INTRODUCTION

The data presentation and literature control for the research on the professional nurses' real-life experiences of daily working in a psychiatric hospital has been discussed in Chapter Three. The data collected during the focus group interviews were analysed discussed. In this chapter the findings, summary, conclusions, recommendations and limitations of the study was discussed.

The conclusions was based on the major themes and sub-themes identified from the psychiatric nurse participants' work experiences. The suggestions offered by participants was considered when drawing conclusions and making final recommendations to address the purpose of the study. All the offered recommendations are based on an in-depth analysis of the participants' "lived experiences".

4.2 DISCUSSION OF FINDINGS

4.2.1 STRESSFUL WORKING CONDITIONS IN A PSYCHIATRIC HOSPITAL

4.2.1.1 Safety of self

(a) Summary

The professional nurse participants in the study who work in a psychiatric hospital verbalized their concern that they are at higher risk than other multi-disciplinary team (MDT) members in health care service since they spend 24hours on day and night duty, encountering violent and aggressive behaviour from patients. They specifically commented that the hospital security personnel are not fully supportive of them, because of lack of training in mental ill-health issues and also not covered by a

danger allowance if any incidence occurs. Stubbs & Dickens (2008: 351-35) confirm that there is a tendency for violent and aggressive behaviour by psychiatric patients towards clinical staff in almost all psychiatric hospitals. This can have a detrimental effect on their physical, psychological, emotional and spiritual well-being.

(d) Conclusion

Prevention and management of patient aggression and violence should be a priority in any psychiatric hospital. According to the WHO (WHO, 2003: 28), focus on and continuous training programmes regarding the utilization of physical calming and restraint techniques for potentially violent patients could benefit professional nurses who work in psychiatric hospitals. This needs to be implemented as a priority procedure.

(c) Recommendations

The researcher suggests that further research should address the efficacy of all types of interventions aimed at reducing patient aggression and violence. The routine arrangement for debriefing of professional nurses after incidents of aggression and violence should be considered vital.

4.2.1.2 Shortage of staff

(a) Summary

One of the most frustrating responsibilities of any professional nurse is determining the staffing numbers needed to deliver safe and appropriate nursing care (Reid & Silver, 2013: 216). In a study done by Schierenbeck *et al*. (2013: 113) in the Eastern Cape, South Africa, it was confirmed that the lack of staff is a major challenge and concern in psychiatric hospitals where professional nurses are running the wards without the expertise of physicians or psychiatrists.

The shortage of nursing staff forces professional nurses to overwork. This results in tiredness and job dissatisfaction. Professional nurses subsequently become discouraged and even absent themselves from work as a sign of protest against the situation in which they find themselves. This further decreases the already

overstretched number of staff, leading to additional stress and anxiety in those who are on duty (Schierenbeck *et al.* 2013: 113).

(b) Conclusion

The researcher agrees with Ward (2011: 77-85) that recruitment and retention of psychiatric nurses within psychiatric hospitals should be, and still is an on-going issue.

(c) Recommendation

Facilitating the active recruitment and development of psychiatric nurses by involving them in policy development and implementation avoided misinterpretations / misunderstandings that could lead to perceptions of unfair treatment.

Recommendations for policy improvements could include:

- clear communication between management and nursing staff to ensure that everyone has the same understanding of the hospital's policy.
- consultation and involvement of front-line professional nurses in policy-making.
- extensive, standardised training and orientation for nursing management and staff to ensure the uniform interpretation of policies.
- fairness in the application of policy criteria.
- improved monitoring and evaluation of job description.

4.2.1.3 Stigma attached to mental ill patients and psychiatric hospital

(a) Summary

The general public, many Multi Disciplinary Team (MDT) professionals, as well as some people living with mental disorders and their families remain ill-informed about the exact effects of mental ill heath stigmatization. The community at large also requires significant changes to this customary perception. A study by Schierenbeck *et al.* (2013: 115) confirms that a great concern for the participants in the study had been the stigmatizing of people with mental disabilities by their own family, friends, and society. Tension between the rights and responsibilities of families, and the rights and responsibilities of people living with mental disorders are of concern to

many psychiatric nursing professionals. Negative consequences of any stigmatizing related to mental illness, both internal and external, include a decrease in self-esteem, and an increase in shame, fear and social distance among psychiatric patients.

(b) Conclusion

Families play an important role in supporting and caring for persons living with a mental disorder. Legislation should be taken into account concerning the needs and rights of patients with mental disorders, and their family responsibilities. Families caring for relatives with mental disorders may require information from professionals about the nature of the illnesses and the current treatment options, so that they can care for their relatives effectively. The MDT should therefore deal with the needs of separate families to gain access to such information, when necessary. It should also ensure that individuals' needs for confidentiality are balanced against families' needs for information (WHO, 2003: 35).

(c) Recommendation

Continuing professional orientation and training programs/ courses for mental health professional nurses, as well as other professionals from outside the mental health sector, including patients' families, may lead to a better understanding of mental ill health and mental disorders. As with mentally well people, applying the principles of the South African Constitution that contains Bill of Rights in Chapter Two creates human rights culture in South Africa and rigorously to persons with mental disorders may help to establish a common language and awareness between professionals from different disciplines. Periodic education and awareness campaigns should be targeted at the general public. Organizing workshops involving family members to explore family support roles and do family therapy when needed is also an easily conceivable option in reducing negativity towards mental well-being (WHO, 2003: 37).

Media interventions for changing public attitudes and subjective norms towards being more empathetic with mental illness, or to increase public perception of the possibility to prevent or control mental illness, could also be effective in reducing stigmatization. Today open and fair-minded communication within a social system

(e.g. via the mass media) is possible, and positive mental health media messages should contain clear ideas that are beneficial, relevant, and simple to understand.

4.2.2 UNSUPPORTIVE ENVIRONMENT REGARDING PSYCHIATRIC NURSES AND PATIENTS' NEEDS

4.2.2.1 Physical and financial needs

(a) Summary

Shortages of material resources like soap, clothes, toothbrushes/ tooth paste, poor toilet facilities and drinking water in the ward bathrooms reflect poor attention to psychiatric patients' basic physical needs. Participants raised their dissatisfaction about the remuneration of overtime and danger allowance. They stated that other MDT members are better remunerated than the nurses, whereas the nurses spend more time with the patients than other MDT members do. The fact that poor interpretation and implementation of the performance and development management system (PDMS) and the occupational specific dispensation (OSD) documents lead to nurses getting bonuses not in accord with their job performance was also an issue of concern.

As there are no financially remunerative overtime opportunities, professional nurses tend to work outside the public sector to boost their financial status. A big frustration is the severe delay in payment of night overtime by human resource management. It takes up to three months instead of six weeks before the HR pays the overtime. Professional nurses who have completed a post-basic diploma in psychiatric nursing do not benefit from speciality remuneration (OSD) as do the nurses who have completed an Advanced Psychiatric Nursing qualification.

(b) Conclusion

Inadequate and unequal salaries prompt professional nurses to leave the profession, and often even the country, for the sake of opportunities that offer better financial rewards. In the case of this study, the nursing management of this psychiatric hospital could perhaps negotiate with the human resources department (HR) responsible so that a realistic time frame for processing the overtime documentation

and claims could be agreed upon. This would give the professional nurses an approximation of how their claims are progressing, and when to follow up.

(c) Recommendation

A re-evaluation of salaries and remunerations against the market value of similar staff might be a good point of departure in addressing this problem. The HR department could also be urged to speed up financial compensation claims. Management should be able to follow up on complaints by professional nurses regarding this sub-theme, and then give constructive feedback to the staff. Availability of patient care resources (e.g. equipment, supplies and medical items) is of vital importance for professional nurses to be able to do their jobs effectively.

4.2.2.2 Educational needs

(a) Summary

Educational empowerment and skill development was reported to be a challenge by many participants. Selection criteria for continued professional development (CPD) programmes were perceived as discriminating against further training opportunities. Participants raised the concern that opportunities are only available to certain personnel (e.g. operational managers). No bursaries or study leave is being granted, with the result that professional nurses apply in their personal capacity and then find it difficult to attend classes. Management delays in sending staff for advanced psychiatric training and as a result there is a lack of experienced, specialized nurses to empower the non-experienced nurses. Instead their recruitment is focused on community service nurses. There is an educational need for clinical professional nurses to develop the personal and professional qualities required throughout their professional lives.

(b) Conclusion

Management can contribute to the development of professional nurses' further training opportunities by providing appropriate training schedules for courses available to nursing personnel. According to Dazi (2008: Online) and Meyer, Naude, Shangase & Van Niekerk (2009: 90). CPD is an on-going process whereby members of the profession maintain, improve and broaden their professional knowledge,

problem solving and technical skills, expertise and competence. The management of the psychiatric hospital needs to improve interpersonal communication and their discovery of their nursing staff's continued educational needs. By briefing the hospital's professional nurses on all aspects of the administrative and clinical "business" including nursing costs and strategic plans, integrity is seen to be practiced. Fair and transparent selection criteria should be made available on request for nurses who want to complete further study opportunities.

(c) Recommendation

The researcher considers it of utmost importance to promote opportunities for speciality training for professional nurses working in a psychiatric hospital. CPD is a cycle that necessitates a practical skills review, identification of learning needs professional reading and study; group discussion; participation in relevant clinical learning activities and reflection on the value of those activities (Artuso, 2010: Online). It is on the basis of the above that the psychiatric hospital management would be wise to appoint a specific, trained person who controls and monitor a CPD programme for all hospital staff. Management needs to provide their professional nurses with job related training, to ensure that they have the knowledge and skills necessary to carry out key tasks and deal effectively with psychiatric patients. Appropriate training can turn potential into productivity, and is essential in ensuring that a psychiatric hospital gets the best benefit possible from the abilities of their professional nurses.

4.2.3 MANAGEMENT SUPPORT

(a) Summary

Shortage of staff results in an increase in patient adverse incidents and is worsened by a lack of managerial visibility and support. Imbalanced nurse-patient ratios is extremely detrimental to a hospital's credibility. As a standard rule, one nurse is allocated per three patients, but most psychiatric hospital wards do not comply with these staffing levels, especially at night when 28 patients per one professional nurse is the rule. Obviously adverse incidents such as a recorded incident of fire breaking out that led to the deaths of two patients due to shortage of staff, is of grave concern. The normal night staff ratio is one professional per 20 patients. Every time a

professional nurse from an adjacent ward absents him/herself it leads to one professional to 40 patients on duty. Participants in the study tell that their hospital was recently inspected for Department of Health accreditation. Though the staff did well, no appreciation was shown by their managers neither was a thank you card was received. In this hospital, no functions are held for issuing certificates for best performance/ excellent awards. No team building activities are planned for the wards' staff. No nursing forums, clinical meetings or staff indaba are held and nursing personnel views are not heard, as they are not involved in decision making. According to the participants, the CEO and other hospital managers are not aware of what is going on in the wards, as they only pay attention to the wards when there is a problem or incident.

(b) Conclusion

Communication with the psychiatric hospital management is required for a number of different reasons, including for better mutual understanding and because it is more effective to have access to relevant information when needed (The King's fund, 2012: Online). Holding meetings with nurses and inviting the Nursing Service Manager, CEO and HR Managers enhances communication. Legg (2011: 63) points out that provision of good psychosocial care emanates from good communication. Management should not only give attention to the wards when there is a problem or incident. Management should rather ensure that employees are equipped with the necessary knowledge, skills, supplies, instruments and other resources to do their jobs, and that there is a balance in the load and tasks to be handled. Staff shortages anda lack of visibility by management makes professional nurses feel demoralised, angry, neglected, frustrated, burnt out, leading to no or little job satisfaction and ahigh turnover rate due to resignation.

(c) Recommendation

The problem of staff shortages need to be addressed without delay. Participation in decision-making can enhance the employees' feeling of communality and membership, and contribute meaningfully to sense of hospital coherence. Recruiting and appointing specialised professional nurse educators in psychiatry can also improve retention rates and better the minimum expected quality psychiatric skills for patients.

4.3 LIMITATIONS OF THE STUDY

Certain limitations emerged during conducting this study that could have affected the richness of data.

The following limitations were identified:

- All interviews were conducted in English, which is not the first language of most of the participants. This could have made it difficult for some participants to express themselves effectively.
- The study focused only on the professional nurses, even though other categories of nurses (staff nurses and assistant nurses) also experience patient's aggressive and alternative behaviour. Their participation could possibly have enriched the data collected even more.
- Even though the researcher was not a facilitator for conducting the focus group interviews, the researcher suspects that the participants held back some information as they might erroneously had the impression that the researcher could still be employed in their hospital management.
- Even though the facilitator managed to conduct sufficient interviews, the number of professional nurses is viewed as very limited, if compared to the total number of professional nurses in the hospital. Due to respective leave, shift changes and routine commitments, not all possible numbers of nurses were included in the hospital population. Interview times also clashed with some participants' daily schedules and routines, e.g. ward team rounds, leaving at the end of a half-day shift.

4.4 CONCLUSION

Nursing research is essential for improving nursing practices in preparation for the future, as well as for the rivalry in providing high quality patient care in the overall health care system.

The choice of a qualitative method for conducting this study was found to be logical, as the research is aimed at understanding the experiences of the professional nurses working in a psychiatric hospital.

Nursing management must have good information and knowledge to keep nursing competitive in the global economy. This requires development and employment of nurse specialists and researchers to manage human beings to their full potential. This is an investment that keeps people, the future human capital, from depreciation.

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ADDENDUM 1

CONSENT FORM

You are hereby requested to participate voluntarily in a research study titled: **"The Experiences of Professional Nurses working in a Psychiatric Complex".** You have been informed by the student researcher (TL Moloi) and you may contact Mr Moloi at 082 476 8677 at any time if you have questions or concerns about this research study.

You may also contact the Secretariat of the Ethics Committee of Faculty of Health Sciences at The University of Free State, on telephone number (051) 405 2812 if you have any questions about your rights as a research participant.

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to terminate participation, and there are no cost nor risks forbeing involved in this study. If you decide to participate, you will be given a signed copy of this document as well as a participation information sheet, which is a document that serves as a written summary for the research study. Should you agree; would you hereby give consent to your participation in this study research?

The research study, including the above information has been verbally described to me. I understand what my involvement in the study means and I voluntary agree to participate in the study mentioned above.

Signature of the Participant Date

I have explained this study to the above participant and sought his/her understanding for informed consent

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Signature of the Researcher Date----------

INFORMATION DOCUMENT

STUDY TITLE: THE EXPERIENCES OF PROFESSIONAL NURSES WORKING IN A

PSYCHIATRIC COMPLEX

RESEARCHER: T. L. MOLOI (Registered Nurse)

FACILITATOR OF INTERVIEWS: An Experienced M.Soc.Sc. in Nursing

CO-CODER: An Expert in Qualitative Research Data Analysis

Dear Participant.

We, the above mentioned, are doing research on **"The experiences of professional nurses working in a Psychiatric Complex".** Research is just the process to learn the answer to a question. In this research study we want to learn how professional nurses daily experience working in a psychiatric complex. The research is designed to establish problems experienced by professional nurses, their implications for the service and on professional nurse's performance with the sole aim of improving clinical practice or quality standards. We are hereby asking you to participate in this research study.

Mr. T. L. Moloi is an M.Soc.Sc. (Psychiatric Nursing) student at The University of Free State, presently doing research studies. The programme requires that the researcher must complete the research studies by conducting a research project. The researcher has had a formal preparation in research methodology and this proposal has been acknowledged by supervision of an experienced professional qualitative researcher with a PhD in Nursing. The researcher will also engage an experienced co-coder in data analysis. The facilitator who will conduct the focus group interviews holds a Master's Degree in Nursing and is experienced in qualitative research interviewing skills.

In order to develop the project, the researcher needs to conduct the focus group interviews. A focus group interview will run for approximately sixty (60) minutes, and strict ethical guidelines will be adhered to. The focus groups will be audio taped for verification of findings and to facilitate later data analysis. Tapes will only be stored until the data collection process is exhausted and the transcription is done, then they will be destroyed. The procedure for approved publication will be explained. Your responses will not be shared with the hospital management/authorities but copies of the final project will be made available to the Directorate.

There is no cost or remuneration for the participant resulting from participation in the research and there are absolutely no risks or discomfort involved for participants that are foreseeable. You are hereby requested to participate voluntarily in this research study and you have the right to withdraw at any stage of the research, should you wish to do so. You will not be penalized or lose benefits if you refuse to participate or decide to terminate participation.

Efforts will be made to keep personal information confidential but absolute confidentiality cannot be guaranteed. Your name will be omitted during all discussions and will not be accessible to anyone.The results of this research will be made available to you on request. You may contact the Secretariat of the Ethics Committee of Faculty of Health Sciences at The University of Free State on the given telephone numbers if you as participant have any question about your rights as a research participant.

Yours truly,

T. L. MOLOI.
M.Soc.Sc. (Psychiatric Nursing) Student (UFS).
Student Number: 2005106501.

ADDENDUM 2

5 STEENBRAS CRESCENT

BLOEMSIDE

9306

23 AUGUST 2010

THE CHIEF EXECUTIVE OFFICER AND HEAD OF NURSING

FREE STATE PSYCHIATRIC COMPLEX

PRIVATE BAG X 20607

BLOEMFONTEIN

DEAR SIR/MADAM

REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT FSPC:

I Tefo Louis Moloi, I am the student of The University of Free State and my student number is 2005106501. I kindly request permission to conduct research on **"The Experiences of Professional Nurses working in a Psychiatric Complex".** This investigation is designed to establish challenges or problems experienced by professional nurses, their implications on the service and on professional nurse's performance with the sole aim of improving quality clinical practice and the environmental climate that is conducive.

The study will be conducted to fulfill the requirements of a Masters Degree in Psychiatric Nursing with The University of Free State. Qualitative data will be collected from professional nurses who work daily in psychiatric wards using focus-group interviews method. The copy of the research proposal will be sent to you for review as soon as the Ethics Committee of Faculty of Health Sciences of The University of Free State has approved it.

ADDENDUM 3

UNIVERSITEIT VAN DIE VRYSTAAT
UNIVERSITY OF THE FREE STATE
YUNIVESITHI YA FREISTATA

Direktoraat: Fakulteitsadministrasie / Directorate: Faculty Administration
Fakulteit Gesondheidswetenskappe / Faculty of Health Sciences

Research Division
Internal Post Box G10
☎(051) 4052812
Fax (051) 4444360

E-mail address: StraussIS@ufs.ac.za

Ms H Strauss

2010-12-01

MR TL MOLOI
PSYCHIATRIC COMPLEX OF THE FREE STATE
BLOEMFONTEIN
9301

REC Reference number: REC-230408-011

Dear Mr Moloi

ETOVS NR 180/2010
PROJECT TITLE: THE EXPERIENCES OF PROFESSIONAL NURSES WORKING IN A PSYCHIATRIC HOSPITAL.

- You are hereby kindly informed that the Ethics Committee approved the above study at the meeting held on 30 November 2010
- Kindly note that the Ethics Committee wishes to draw the attention of the study leader to the concerns raised by the Committee regarding information that was taken from a book and pasted into the protocol
- Committee guidance documents: Declaration of Helsinki, ICH, GCP and MRC Guidelines on Bio Medical Research, Clinical Trial Guidelines 2000 Department of Health RSA: Ethics in Health Research: Principles Structure and Processes Department of Health RSA 2004 Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa Second Edition (2006) the Constitution of the Ethics Committee of the Faculty of Health Sciences and the Guidelines of the SA Medicines Control Council as well as Laws and Regulations with regard to the Control of Medicines.
- Any amendment, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval
- The Committee must be informed of any serious adverse event and/or termination of the study
- A progress report should be submitted within one year of approval of long term studies and a final report at completion of both short term and long term studies
- Kindly refer to the ETOVS reference number in correspondence to the Ethics Committee secretariat

Yours faithfully

CHAIR: ETHICS COMMITTEE

Cc: Dr L van Rhyn

ADDENDUM 4

free state psychiatric complex

Department of Health
Free State Psychiatric Complex
FREE STATE PROVINCE

26 January 2011

To: Mr TL Moloi

Approval to Conduct Research at Free State Psychiatric Complex

Your application to conduct the study entitled **"The Experiences of Professional Nurses working in a Psychiatric Complex"**, was approved at the Free State Psychiatric Complex Clinical Ethics and Research Committee meeting held on 26 January 2011.

With kind regards

PROF PJ PRETORIUS
HEAD: DEPARTMENT OF PSYCHIATRY

ADDENDUM 5

Qualitative Data Analysis

Masters: Psychiatric Nursing

T. Moloi

THIS IS TO CERTIFY THAT

Dr. Annie Temane has co-coded the following qualitative data:

4 Focus Group Interviews

For the study:

THE EXPERIENCES OF PSYCHIATRIC NURSES WORKING IN A PSYCHIATRIC HOSPITAL

I declare that the candidate and I have reached consensus on the major themes, categories and codes reflected by the data during a consensus discussion. I further declare that adequate data saturation was achieved as evidenced by repeating themes.

Annie Temane

M.A.Temane (D.Cur; Research Methodology)

annie.temane@gmail.com

ADDENDUM 6

CONFIDENTIALITY AGREEMENT

CONFIDENTIALITY AGREEMENT WITH REGARDS TO INDEPENDENT CODING OF THE DATA FOR THE STUDY

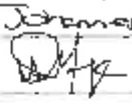
1. I understand that the identities of all participants are personal and confidential and may not be revealed to any person.
2. I understand that all material received for coding is personal and confidential.
3. I understand that the research design and method of this study are intellectual property of the researcher(s).
4. I undertake herewith to treat the following information with utmost professional confidentiality;
    a. The name of each participants;
    b. Material received;
    c. Content of the information made known to me of each person; and
    d. Content of the research design and method of this study.

PRINT NAME: Dr A Terrence

SIGNATURE : 

DATE: 12/09/14

PLACE: Johannesburg

WITNESS: 

SUMMARY

The need for care of people with mental health problems in psychiatric hospitals has increased globally. Professional nurses are the major providers of psychiatric hospital care and have become an important resource in the delivery of mental health care. However, the attitudes and ability of many nurses in providing this care has been shown to be poor, which has a negative impact on the quality of psychiatric care. As in the rest of the nursing profession, psychiatric nursing is undergoing significant difficulty in recruiting and retaining specialised and experienced professional nurses, due to many obstacles created by current conditions in psychiatric hospitals.

The researcher opted to conduct research in a psychiatric hospital where the demand for care and education is high, while support from mental health nurses is low. The aim was to explore the professional nurses work experiences and the issues that they believe affect their care for people with mental health problems. It is essential to improve clinical nursing practice in preparation for the future and to foster collaboration/ competition in providing quality psychiatric care within the health care system.

In an attempt to address this problem and to propose guidelines that assist professional nurses in managing mental health service delivery more effectively, the researcher identified the need to empower professional nurses with ways to learn how to cope with their challenging experiences. Based on the results of this research study, guidelines to improve nurse's work experience and thereby improve the quality of care to psychiatric patients are proposed.

A qualitative (phenomenological, descriptive, explorative and contextual) study design was employed to conduct the studying in a central South African public psychiatric hospital. Purposive sampling was applied to select professional nurse participants. Focus group interviews were used as the method for data collection. Data saturation was reached after four rounds of group interviews. All interviews were audio taped and transcribed verbatim. The researcher,

facilitator, facilitator assistant and an independent co-coder reached consensus regarding the identified themes from the data analysis, during a meeting organised for this purpose. The interviews were analysed by using Tesch's method of data analysis for qualitative research. Field notes were also kept. A literature control followed the description of the results.

The findings suggest that the majority of the participants experience predominantly negative attitudes regarding working in a psychiatric hospital. The most prominent themes included that participants felt incompetent in managing aggressive or restless patients due to being short staffed, as well as working in an unmaintained, unsafe physical locality, with an unsupportive managerial environment.

As a result, professional nurses working in a psychiatric hospital are emotionally, psychologically and physically affected. They respond with subsequent emotions and behaviour that include fear, anger, frustration, despair, hopelessness and helplessness, absenteeism, and the development of an "I don't care "attitude.

Several recommendations have emerged from this study, with emphasis on sending the message to nursing management about the risks professional nurses face whenever they are performing their mental health care daily duties. Management support with regard to issues like availability of resources, enough staff and equipment should be the main priority to enhance trusting relationships. This might help in retaining and recruiting more registered nurses to work in psychiatric hospitals.

OPSOMMING

Die behoefte aan sorg van persone met geestesgesondheids probleme in psigiatriese hospitale het globaal toegeneem. Geregistreerde verpleegkundiges is die hoofverskaffers van psigiatriese hospital sorg en het ‘n belangrike hulpmiddel in hierdie tipe verpleegsorg geword. Ongelukkig is die houding van baie verpleegkundiges tydens hierdie sorg minder as gewens, wat ‘n negatiewe uitkoms op die kwaliteit van psigiatriese sorg het. Soos in die res van die verpleeg dissiplines, ondervind psigiatrie ook aansienlike probleme in die werwing en behoud van gespesialiseerde en ervare professionele verpleegkundiges. Dit kom as gevolg van ‘n wye verskeidenheid van struikel blokke voor, wat weens omstandighede in psigiatriese hospitale heers.

Die navorser het besluit om spesifiek navorsing te onderneem in ‘n psigiatriese hospitaal waar die pasiënt sorg eise hoog is, maar die ondersteuning van en opleiding deur geestesgesondheid spesialiste laag is. Die doel was om die professionele verpleegkundiges se werks ervaring en die kwessies wat hulle self glo hulle versorging van persone met geestesongesteldheid raak, te ondersoek. Verpleegnavorsing is noodsaaklik om die kliniese verpleegpraktyk in voorbereiding op die toekoms te verbeter, en om samewerking / kompetisie in die gesondheidsorg stelsel te ontwikkel om so doende kwaliteit psigiatriese sorg te verskaf.

In ‘n poging om hierdie probleem aan te spreek, en riglyne daar te stel wat profesionele verpleegkundiges sal help om geestesgesondheid sorg meer doeltreffend te lewer; het die navorser die behoefte identifiseer om verpleegkundiges, deur onderrig in hoe om hul uitdagende ondervidinge te hanteer, te bemagtig. Gevolglik kan die resultate van hierdie studie as gids voorgestel word oor hoe om die psigiatriese verpleegkundiges se werksondervindinge te verbeter, en daardeur ook die kwaliteit van sorg aan die geestesongestelde pasiënte.

‘n Kwalitatiewe (fenomenologiese, beskrywende, eksploratiewe en kontekstuele) navorsingsontwerp is aangewend om die studie in ‘n openbare

psigiatriese hospitaal in sentraal Suid-Afrika te onderneem. Doelgerigte steekproefneming is toegepas om deelnemers uit die geregistreerde verpleegkundige personeelgroep te selekteer. Daar is van fokus groep onderhoude as data versamelings metode gebruik gemaak. Data saturasie is binne vier rondtes van groeps onderhoude bereik. Al die onderhoude is op audioband vasgelê en verbatim getranskribeer. Daarna is die onderhoude en veldnotas aan die hand van Tesch se metode van kwalitatiewe data-analise ontleed. Na data-analise het die navorser, fasiliteerder, fasiliterings assistent en ‘n onafhanklike mede-koordineerder tydens ‘n spesiale vergadering konsensus t.o.v. die universele temas in die studie bereik. Beskrywing van die uitslae is met ‘n literatuurstudie opgevolg.

Uit die bevindings kan afgelei word dat die meerderheid van die deelnemers ‘n oorwegend negatiewe houding ten opsigte van hul werk in die psigiatriese hospitaal handhaaf. Die mees prominente temas sluit in dat die verpleegkundiges weens personeel tekorte onbevoeg voel tydens die verpleging van aggressiewe of rustelose pasiënte, en hulle in onveilige fisiese omstandighede bevind wat swak instand gehou is. Laastens is die lae vlak van bestuursondersteuning ook ‘n faktor wat hulle werk bemoeilik. As gevolg hiervan word geregistreerde verpleegkundiges by hul werk in die psigiatriese hospitaal emosioneel, psigologies en fisiek aangetas. Hulle respondeer met emosies en gedrag wat vrees, woede, frustrasie, hulpelooshied, hopeloosheid, afwesigheid en die ontwikkeling van traak-my-nie-agtigheid insluit.

Verskeie aanbevelings het na die studie vorendag gekom, veral met klem op die instelling van bestuursondersteuning om vertrouensverhoudings te verbeter en die geregistreerde verpleegkundiges se vermoeëns om hulle werksomstandighede in ‘n psigiatriese hospitaal te hanteer.