

**EXPERIENCES OF PROFESSIONAL NURSES WORKING IN THE MAXIMUM-
SECURITY WARD - A CASE STUDY OF HAYANI HOSPITAL, VHEMBE
DISTRICT**

By

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DECLARATION

I, **Mulatedzi Precious Mulaudzi** hereby declare that the dissertation titled “Experiences of professional nurses working in the Maximum-Security Ward - a case study of Hayani Hospital, Vhembe District” is my original work, and is submitted in fulfilment for the requirements of a Master Degree in Advanced Nursing Science at the University of Venda.

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Mulaudzi M.P.

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Date

DEDICATION

This dissertation is dedicated to my three lovely angels, Hangwi, Tshilidzi and Maanda. My husband, my siblings, Thina, Tendani, Mulondo and Khangala, my mother, Vhakoma Vho-Nyawasedza Sihadi for your encouragement and support during this study.

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- Doctor. M.R. Ramovha and
- My manager – Mr. N.R. Lavhelani

ABSTRACT

In mental health, a Maximum-Security Ward is a special setting for care of patients who are unique and exceptional. People who have committed crimes due to their mental conditions are admitted for care, treatment and rehabilitation. Patients admitted in this ward are verbally and physically aggressive, violent, unpredictable, unmanageable and at times manipulative. Professional nurses working in the Maximum-Security Ward are at risk of suffering from occupational stress, burnout, lack motivation and are anxious. The aim of this study is to investigate the experiences of professional nurses working in the Maximum-Security Ward at Hayani hospital. A qualitative approach using a descriptive, exploratory and contextual design was used. A purposive, convenient sampling was used to sample professional nurses working in the Maximum-Security Ward of Hayani hospital. In-depth interviews were used to collect data. A voice recorder was utilised to record all data and the researcher being the main instrument for data collection. Dependability, confirmability and transferability were upheld to ensure trustworthiness of the findings. Data was analysed using Tech's eight steps approach. Three themes with their categories and subcategories emerged after data analysis. The themes were as follows: the participants' views on type of patients admitted in the ward, participants' views on safety in the ward and participants' views on staff interaction. The study recommended the following: Emotional counselling and debriefing sessions to be conducted at regular intervals or after a traumatic incident. Motivational and team building activities to be organised for professional nurses. Safety of professional nurses must be of significant value. More support is needed in times of emotional difficulties. Development of a model to support professional nurses.

Key words: Maximum Security Ward, Mental Health Care User, Mental Health Nursing, Observation patient, Professional nurse.

ACRONYMS

ECSACON	: East, Central and Southern African College of Nursing
MHCU	: Mental Health Care User
SAPS	: South African Police Service
SANC	: South African Nursing Council
SHARP	: The Safety and Health Assessment & Research for Prevention
WHO AFRO	: World Health Organisation Regional Office for Africa

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Professional nurses working in the Maximum-Security Wards often face challenges of nursing patients who are mentally ill and who have also committed gruesome crimes due to their mental conditions. The aims of admitting these patients in Maximum-Security Wards are to stabilise, treat, care and rehabilitate them so that they can be reintegrated back into their communities. According to Woldetsadiik (2015), in Africa, some governments used incarceration as a solution to prevent the mentally ill from injuring themselves, and to protect the public. Laws and policies were developed in Sub-Saharan Africa to integrate mental health care into community-based settings. In the Republic of South Africa, The Mental Health Care Act, No. 17 of 2002, whose object is to regulate mental health care in such a way that best possible care, treatment and rehabilitation services are made available to all people within limits of available resources (Mental Health Care Act, No. 17 of 2002). There is little research conducted on the topic into experiences of nurses working with these dangerous or violent patients. This study seeks to increase knowledge about experiences of nurses working in Maximum-Security Wards with mentally ill patients.

1.1.1. PROFESSIONAL NURSES

Globally, according to WHO-AFRO (World Health Organisation Regional Office for Africa) a professional nurse is a person who is duly qualified to provide care in health promotion, prevention measures, detection of abnormal conditions within the family and the community, the procurement of medical assistance in the execution of emergency measures in the absence of medical help. The ECSACON (East, Central and Southern African College of Nursing) with Nursing and Midwifery Professional Framework in Sub-Saharan Africa, stipulates that nurses are providers, collaborators, and advocators of promotive, curative, preventive, rehabilitative, and palliative care within the primary health care framework (Thornicroft, Rose & Kassam, 2017).

There is limited literature on the experiences of professional nurses working with mentally ill patients in the Maximum-Security setting. Professional nurses are expected to render nursing care in diverse settings and levels of care. In mental health, a Maximum-Security Ward is a special setting for mental health care (Bekelepi, 2015). According to a study conducted in Britain, by Dixon (2016), mentally disordered offenders are depicted as posing a serious risk to other patients, staff members and property. Society has viewed these mentally ill offenders as violent and unmanageable at home. Some of these patients end up committing gruesome crimes due to their mental conditions. They go through the normal justice system or court appearances, and when found unfit to stand trial or unable to accept the wrongfulness of their doing, they are referred to health institutions for care, treatment and rehabilitation (Marion, 2016).

In Europe, professional nurses assume the responsibility for planning, and managing care of patients, including the supervision of other health care workers, working autonomously or in teams with medical doctors and other health workers in the practical application of preventive and curative measures (Euro stat, 2017). According to the Canadian Nurses Association (2015) a professional (registered) nurse is a self-regulated health-care professional who works autonomously and in collaboration with others to enable individuals, families, groups, communities, populations to achieve optimum levels of health. They, too, are allocated to different health settings including mental health units (Canadian Nurses Association, 2015).

In the Republic of South Africa, a professional nurse is a person registered as a nurse or as a midwife in terms of the Nursing Act No. 33 of 2005. These are people who have undergone training (theoretical and practical) and have successfully fulfilled the South African Nursing Council (SANC) minimum requirements for registration as professional nurses. They are trained comprehensively to be allocated and work in different settings of hospitals, clinics, health centres, mobile community services and other setting.

1.1.2. MENTALLY ILL OFFENDER

According to Gardner (2016), statistics in Australia indicate that mentally ill offenders form 3% of all offenders. Female offenders are admitted, mainly charged with illicit drug trafficking. In a study by Trupin (2017) in Seattle, in the United States of America, juvenile mentally ill patients also committed crimes and these are the ones who reoffend more. Professional nurses are expected to render quality nursing care for these patients not as prisoners. When admitted in a secured ward these patients are subjected to some form of strict control defined through legislative policies and professional cultures of such institutions. In China, as Heyman, Godin, Reynolds, and Davies, (2015) reported that many cases of mentally ill offenders (especially in the rural arrears) are not brought to courts. Offenders in China are usually young, and form 87.7% of all offenders; they are uneducated and unmarried.

The development of the term 'mentally ill offender' in the United Kingdom, was started in the 19th century when a mentally ill person tried to assassinate King George 111, by then the term 'criminal lunatic' was used (Thornicroft, et al., 2017). It was then realised that these people have committed crimes, but they cannot take responsibility for their actions due to their mental illness. This was affirmed by a study in Germany which indicated that there is a high prevalence of severe mental illness and psychosis in offenders (Salize & Drebing, 2015).

In England, a person is regarded as morally responsible for the crime if that person did it deliberately, in full knowledge of the circumstances and consequences, chooses to commit that crime without being forced or coerced to do so by another person (Salize & Drebing, 2015). Personality and mental disorders impairs a person's ability to distinguish right from wrong and therefore crimes are committed. Mentally ill offenders are deemed not responsible for crimes committed, in a similar manner to children, and they eventually avoid judicial sanctions (Marion, 2016). These individuals are viewed as offenders and as patients at the same time, and moreover this makes it difficult to draw a line between the two.

In the United Kingdom (UK) it was realised that these people need safe custody because they pose a danger to people, property and themselves. This lead to the establishment of high and medium security health establishments (known as asylums

for the mentally ill) for the sake of treatment and care instead of having them punished or hanged for the crime they committed (Salize & Drebing, 2015).

In South Africa, mentally ill offenders refer to those patients or MHCU (Mental Health Care Users) who have been admitted to hospital because they have committed crimes and have been referred by law enforcement agencies (Swanepoel, 2015). Mental illness is a disorder of the mind that is judged by experts to interfere substantially with the person's ability to cope with the demands of life on a daily basis (Swanepoel, 2015). Offending is referred to as a failure to make rational choices (Singh, 2016). These patients are also referred to as 'forensic patients', and these terms will be used interchangeably in this study. Furthermore, these mentally ill offenders have been declared by the courts of law and diverted from jail custody, and instead, are admitted to state mental hospitals at the cost of the state (Fry, 2015). There are no clear statistics of mentally ill offenders available in the literature, and this makes it difficult to get the real global picture of the problem.

Mentally ill offenders are a burden to all governments because they are difficult to manage. They are a danger because of the high potential to be disruptive; they attack staff members and fellow patients (Rocha, Charen & Boronow, 2016). These offenders are usually admitted to Maximum-Security Wards for longer periods as compared to other patients, for care, treatment and rehabilitation. Some of them are placed in single rooms for containing and monitoring them. Safety of staff, patients, visitors and property is also ensured by separating violent patients from others (Murphy, 2017).

1.1.3. MAXIMUM-SECURITY WARD

The Maximum-Security Ward is a special setting or an establishment that is meant for provision of care, treatment and rehabilitation services for those people referred to this facility with different mental problems. This ward admits MHCUs who have committed crimes due to their mental illnesses and are referred by courts of law after it has been observed that they are unable to stand trial (Mental Health Care Act, 2002).

In the Limpopo Province, Hayani hospital is the only specialised institution with a distinctive feature of a Maximum-Security Ward that caters for mentally ill offenders. Generally nurses deal with anger, misunderstandings, squabbles and violence from patients that they take care of. Nurses are expected to give support, show empathy

and encouragement, provide guidance and also refer patients to other professionals for provision of total health of patients (Sukeri, Betancourt, Emsley, Nagdee & Erlacher, 2016).

Historically in the United Kingdom, the need for keeping criminally insane people was identified after some people were found not guilty of crimes due to their insanity (Morgan, Flora, Kroner, Mills, Varghese, Steffan, 2017). Legislation - the Criminal Lunatics Act was then passed, to allow for detention of those charged with murder, treason or felony through court orders. The high security hospitals were meant to detain those people who committed crimes due to mental conditions for providing their safety, safety of others, property and treatment (Sukeri, et al., 2016). This is not a punitive measure but a therapeutic act of protection. The protection of the community is also of utmost importance by ensuring that these patients do not attempt abscond or escape.

Different authors have their own viewpoints or ideas regarding The Maximum-Security Ward. These wards are generally set in such a manner that staff members and patients within the hospital are protected. Patients in this ward are expected to deal with all restrictions of their autonomy, to be assessed and be given greater freedom if they complied with the restrictions (Reynolds & Jones 2014). It is important that patients in the Maximum-Security Ward are treated in such a therapeutic manner that their illnesses are managed, and their behaviour made less dangerous for others and themselves (Flutert, 2017). It is difficult to contain mentally ill offenders in these Maximum-Security facilities because these are patients at high risk of committing murder, arson, rape, inciting violence, suicide and other gruesome crimes (Gardner, 2016).

According to Murphy, (2017) in the United Kingdom (UK) there are special hospitals meant for mentally disordered offenders, and historically they were known as institutions for the criminally insane. Murphy (2017), added by indicating that there are about 850 patients who will need to be cared for in the Maximum-Security Ward. In the United Kingdom there is also a short-term medium security and long-term low security care facilities for different kinds of offenders after assessment of their risk levels. In South Africa, the nine provinces have Maximum Security wards like the Eastern Cape with Fort England hospital, Gauteng has Weskoppies hospital.

According to Dixon, (2016) in a study conducted in Britain, patients who are in the Maximum-Security facilities are in danger of violence from their inmates. They also inflict self-harm and are prone to committing suicide. They are again liable to abuse illicit substances, like drugs, dagga and others. These can be smuggled into the ward without the notice of nurses or security officers. (Truppin, Turner, Steward & Wood, 2017). These patients are, on the other hand, concerned about long term institutionalisation, loss of family contact and side effects of psychotropic drugs. These are some of the issues that anger and frustrate patients in the wards.

These patients are also having other comorbid conditions, like personality disorders, depression, and bipolar mood disorders (Fry, 2015). Patients are also nursed for physical conditions, like hypertension, heart disease, infections and other minor ailments. It is the responsibility of professional nurses to ensure that patients are assessed, vital signs taken, a diagnosis made and a nursing care plan drawn to address any deviations (Mullins & Paler 2016). This is because most patients are unable to give a good account of themselves, leading to some conditions unnoticed, (Nordberg, 2015).

In South Africa, The Maximum-Security Ward also referred to in this study, as the forensic ward, or health establishment, is a unit in a psychiatric hospital that is a highly secured and demands close supervision and constant monitoring of patients. According to The Mental Health Care Act 17 of (2002) in South Africa, a Maximum-Security Ward can admit a patient from another health establishment if there is a history of absconding or the patient has attempted to abscond. A patient may also be transferred to the Maximum-Security Ward if they have inflicted harm or have a potential of harming others (Murphy, 2017).

In the Maximum-Security Ward, observation patients are also admitted for the sake of a 30 day observation period, as prescribed by the Courts of Law at a psychiatric institution. The observation patients, while admitted in this ward, are guarded by the South African Police Services (SAPS) members on a 24-hour basis. They are subject to be observed by the multidisciplinary team for compiling reports that will be presented in the Court of Law. They are brought by the SAPS or the Correctional Services members. The psychiatrist plays an important role in these cases because

they are sometimes summoned to give evidence in the Court of Law (Mental Health Care Act 17 of South Africa, 2002).

In South Africa Mental Health Care Act 17 of 2002 patients are also admitted in the Maximum-Security Ward after the courts have declared them as such. This, is after the observation period has elapsed, reports compiled, and the courts declare the person unfit to stand trial. Mental health care practitioners play a major role in the compilation of all reports.

The state patients, observation and involuntary patients are admitted through the prescripts of the Mental Health Care Act of 2002. Other than crimes they have committed while in their communities, the above patients are again likely to commit other crimes within the health establishment. If that happens, then the normal procedure as prescribed by the Criminal Procedure Act no 55 of 1977, is followed. Patients in the Maximum-Security Ward are prone to absconding from the facility. If the patient has absconded, assistance from the SAPS must be sought to apprehend him because they are potentially dangerous to others, themselves or property.

The other group of patients admitted in this ward are the involuntary patients. They also have committed crimes due to their mental illness. They have been found not able to accept the wrongfulness of their crimes and are admitted against their will treatment and rehabilitation. These patients generally pose danger to themselves, others and are likely to damage property.

For all the above patients, there is a Mental Health Review Board that oversees the procedures in terms of the admission, care treatment and rehabilitation of assisted and involuntary Mental Health Care Users (MHCU), mentally ill prisoners and certain aspects of the management of State patients Mental Health Care Act (2002). In the case of Hayani Hospital, the Vhembe District Mental Health Review Board is responsible for all documentations related to Mental Health Care Act forms that are completed for all patients including those in the Maximum-Security Ward. This is a legal board as prescribed by the Mental Health Care Act no 17 of 2002 and sits for assessment of forms on weekly basis. This board also stands for the rights of MHCUs to ensure that they are not exploited, abused or subjected to any form of degrading treatment. The board ensures that MHCU are not subjected to forced labour. According to section 11 of the Mental Health Care Act (2002), the care, treatment and

rehabilitation services must not be used as punishment or for the convenience of other people.

1.1.4. COMMON CRIMES COMMITTED

In many countries, there were increases in court ordered hospitalisation of mentally ill individuals who committed crimes (Roca, et al., 2016). The purpose of the hospitalisations was to stabilise and rehabilitate the patients before they are released back to their communities (Adams, Peden, Hall, Rayens, Staten, & Leukefeld, 2016). Some of the crimes committed would include domestic violence, murder, arson, and rape.

In South Africa, mentally ill offenders are those patients who have committed crimes due to their mental conditions. In the Maximum-Security Ward, patients were referred from courts, prison or police cells after it was realised that they could not stand the normal court proceedings. Some were referred as observation patients, because they had committed gruesome crimes.

The commonest crimes committed were murder and attempted murder, rape, arson, assault with grievous bodily harm, common assault, and destruction of property (Nordberg, 2015). These patients were subjected to processes of the criminal justice system and were declared to be fit for admission at a psychiatric institution (Morgan, et al., 2017). Some patients were admitted as state patients, as classified as such by the court directive in terms of section 77 of the Criminal Procedure Act, No. 51 of 1977. These are patients who have been declared unfit to stand trial or could not appreciate the wrongdoing for the crimes committed. Swanepoel (2015), further indicates that their judgements were impaired and, therefore, they had no capacity to control their conduct.

1.1.5. SAFETY IN THE MAXIMUM-SECURITY WARD

The challenge posed in psychiatric hospitals is that mentally ill offenders are to be nursed in hospital because they are regarded as patients, rather than criminals (Oguchukwu, Uys, Karien, Okoronto & Dipp, 2017). These patients are often violent, physically, verbally and sexually aggressive, many a times posing a danger to fellow patients and staff members. Hoyle and Emslie, (2016) emphasise the need by

professionals to identify signs and symptoms of mental illness as early as possible, before they become a threat to staff and patients; thereby insuring safety in the ward. Constant observation, knowledge and skills to identify early warning signs is imperative for staff working in the Maximum-Security Ward (Flutert, 2017).

In terms of safety, Butler, (2016) found that security in the Maximum-Security setting was deemed not adequate for staff members and patients as well. It was further recommended that high security services be established within the ward for protecting patients and staff. In the Maximum-Security Wards there were some crimes committed by the mentally ill offenders, like homicide, committed on staff members or fellow patients.

1.1.6. EXPERIENCES OF NURSES WORKING IN THE MAXIMUM-SECURITY WARD

Forensic mental health nurses have specific roles, which differ from other mental nurses in that patients nursed are complex, with multiple pathologies. Working with mentally ill offenders is a stressful experience on its own; it demands tolerance and understanding from the side of staff members. The environment potentially more dangerous than a normal general ward. According to Haius, Brown and Whittington, (2017) there is always a risk of violence and disruption by patients who have personality problems or have relapsed in the ward. Nurses are subjected to stress and burnout due to the nature of their work, (Dickinson and Wright, 2016). Working with mentally ill offenders can be scary because of frequent threats of violence and incidences by patients in the Maximum-Security Ward. Female nurses are the most vulnerable group and few would opt to work in such an environment due to the feeling that their safety is always compromised.

The other aspect that renders a Maximum-Security Ward a special ward is the fact that patients nursed are often rejected by their families and communities. The stigma attached to mental illness is even more when a patient has committed a crime. This is a form of discrimination and is mainly due to lack of understanding on the part of the public (Thornicroft, et al 2017). Stigmatisation and discrimination are some of the aspects that contribute to anger and frustration of patients and this makes them more violent and unmanageable. Nurses do not work in isolation from other health

professionals, they interact and collaborate with health professional and non-health professionals, like the police and security personnel (National Mental Health Strategic Framework 2013-2020). Teamwork is of great importance in working in the Maximum-Security Ward. Roles of different professionals are explicit and different, but they interacted in helping the patient's senses to come to reality (Adore & Byrt 2018).

Nurses who have witnessed, were involved, or threatened in a violent incident, display fear, anxiety and negative attitudes. They are often affected by stress and burnout as a result of the negative incidences happening in the ward (Dickinson & Wright, 2016). This is sometimes attributed to lack of support by the management. Nurses are most of the times exposed to various traumatic situations, such as violence and aggression from patients (Singh, Rajoo, Ismail, Wang, Saikin, Sasidaran, 2017). Female nurses are also allocated to nurse mentally ill offenders. They are no exception to these traumatic experiences. A study conducted by Singh (2017) reveals that female nurses view male psychiatric patients as more violent, dangerous and aggressive, and therefore they feel threatened by nursing them. Nurses feel that they can work in the male forensic sections if they get more monetary incentives, career prospects, allowances or additional leave. According to Murphy (2017), female nurses also indicated that they would appreciate working in Maximum-Security Wards if the environment was safer, there was a better nurse-patient ratio, and for gaining new skills, experience and knowledge.

In a literature review by Sullivan (2016), it has been found that nurses working in Maximum-Security settings in mental health are at risk of suffering from occupational stress, and developing burnout syndrome. Nurses are exposed to harassment, which can be physical and sexual, thereby adding to stress levels and poor performance. This may, in a way, negatively affect the way they render nursing care to patients. Sullivan, (2016) further indicates that there is little literature about nurses working in such settings as the Maximum-Security Ward. Female nurses are allocated to work in the Maximum-Security ward that is overflowing with f patients who are aggressive and violent at times and they take normal shifts like their male counterparts.

Research indicates that many professional nurses become perplexed and frustrated by MHCU who have personality disorders (Coffey & Byrt, 2016). Nurses are also emotionally affected by working with mentally ill offenders and may react by feeling

puzzled, irritated and frustrated. It has been indicated that nurses are expected to give quality nursing care in a custodial environment and they are more highly stressed than nurses who work in prison. Parish (2015) further indicates that nurses are unable to help clients to change their behaviour and act defensively in their presence. Nurses are easily manipulated by patients because they are afraid of them.

In a study by Bekelepi (2015), it was found that some patients smuggled drugs and other dangerous contrabands like knives and other sharp objects into the ward. This placed the lives of patients and professional nurses at a greater risk. The availability of illicit substances in the ward aggravated the patients' mental instability. This is a state of affairs that is difficult to manage because patients who committed these dangerous activities are unpredictable and could strike in any way they wanted (Abraham, 2017). Professional nurses at the end are expected to intervene when patients fight over trivial things emanating from smuggling and trade of illegal items in the ward (Fry, 2016).

1.1.7. CHALLENGES OF NURSES WORKING IN THE MAXIMUM- SECURITY WARD

In South Africa, nurses form the frontline work in a health setting and are exposed to many challenges from patients and their relatives. Fry (2016), in his study, postulated that nurses, as service providers have got special and serious needs equally to other health workers. In his study where the Scottish government tried to devise means to prevent suicide among health workers in forensic wards. The study also found that the longer nurses stay in a Maximum-Security setting, the easier it became for them to identify patients at high risk and then take prompt and effective action.

The setting of the Maximum-Security Ward is not a usual ward setting and it needs highly experienced and trained nurses to deal with the type of patients admitted in the ward. The management of difficult patients in the ward is a challenge to all staff members working in a Maximum -Security Ward. Violent or aggressive patients pose a threat to workers and fellow patients as well (Sullivan, 2016).

Difficult decisions have been made to contain restless patients and those who display untoward behaviour in a way of protecting staff members and patients in the ward. During this process of giving care to MHCUs, professional nurses suffer burnout

syndrome and they are in need of support. The support needed can be given to individuals or groups. Parish (2015), further indicates that supervision can prevent the scourge of burnout syndrome.

Female nurses who work in the Maximum-Security Ward are prone to violence, sexual discrimination and sexual harassment. It is society that generally expects women to suppress their anger. There have been reported cases of increased violence against women who work in the Maximum-Security Wards (Adams, 2016). These women also needed support to deal with their day to day stress and anger. They again needed to be assisted in skills to manage patients anger more effectively (Cordal, 2015). Women are encouraged to trust themselves, become more assertive, talk about their difficulties, acknowledge and express anger (Adams, 2016)..

Mental illness is a genuine burden for all countries in the world, especially when a patient has committed a crime due to their mental condition. According to Woldetsadilk (2015), in Africa, governments are using incarceration as a solution to prevent the mentally ill from injuring themselves and to protect the public. Laws and policies have been developed in Sub-Saharan Africa to integrate mental health care into community-based settings. In the Republic of South Africa, there is an act; The Mental Health Care Act, No 17 of 2002, whose object is to regulate mental health care in such a way that best possible care, treatment and rehabilitation services were made available to all people within limits of available resources; section 3 of The Mental Health Care Act, No12 of 2002.

In South Africa, nurses form the frontline workers and are exposed to many challenges from patients and their relatives. Fry, (2015) in his study postulates that nurses, as service providers have special and serious needs equally to other health workers. In this study, the Scottish government tried to devise a means to prevent suicide among health workers in forensic wards. The study also found that the longer nurses stay in a Maximum-Security setting, the easier it becomes for them to identify patients at high risk and then take prompt and effective action.

1.2. PROBLEM STATEMENT

The Maximum-Security Ward at Hayani hospital is a special setting that admits male patients who have committed crimes due to their mental illnesses. Patients are

referred to this ward through the courts of law after it is found that they are unable to stand trial in compliance with the Criminal Procedure Act 51 of 1977, and the Mental Health Care Act 17 of 2002. These patients are violent, aggressive, are uncontrollable and difficult to manage. Professional nurses render nursing care on a 24 hour basis and are in constant contact with the patients than more than other health professionals. The safety of nurses is compromised and they are subjected to occupational injuries. The researcher is a psychiatric nurse in the hospital and is concerned about the experiences of professional nurses as they work with mentally ill patients in the Maximum-Security Ward.

Minor and major incidences occur almost every time in the ward and are managed administratively. In April 2016, an unfortunate incident happened when a professional nurse was attacked to death by a patient in the ward Capricorn News (15/04/2016). At a certain instance, a violent patient was physically aggressive so much that one male professional nurse's back was injured during the shoving. In another incident, a professional nurse's fingers were virtually deformed after wrestling with a patient who wanted to kill a staff member. These incidents prompted the researcher to find out more about these shocking and lived daily experiences of professional nurses. The focus was on professional nurses only, and not other health professionals. The occurrence of these incidences affects professional nurses negatively as they cause stress, fear, anxiety, tension, burnout, low morale, lack of commitment, and poor performance (Coffey & Byrt, 2016). In this study, the researcher investigated the experiences of professional nurses working in the Maximum-Security Ward of Hayani hospital. Not enough scientific data has been found regarding the experiences of professional nurses working with mentally ill patients in the Maximum-Security Ward.

1.3. PURPOSE OF THE STUDY

The purpose of this study was to investigate the experiences of professional nurses working with mentally ill patients in the Maximum-Security Ward at Hayani hospital.

1.4. RESEARCH QUESTION

This study was guided by the following research question:

What are the experiences of professional nurses working with mentally ill patients in the Maximum-Security Ward?.

1.5. OBJECTIVES OF THE STUDY

The objectives of this study were to:

- Explore the experiences of professional nurses working with mentally ill patients in the Maximum-Security Ward.
- Describe the experiences of professional nurses working with mentally ill patients in the Maximum-Security Ward.

1.6. SIGNIFICANCE OF THE STUDY

The following will benefit from this study:

Professional nurses: This is the group that may benefit by getting a platform to ventilate their experiences as they work in the Maximum-Security Ward.

Body of knowledge: The study findings may add on the available scientific data regarding experiences of professional nurses working in the Maximum - Security Ward. New research areas might arise giving birth to more forthcoming research studies.

The Department of Health: The directorate responsible for nursing will have information of what nurses are experiencing while working in the Maximum -Security Ward.

The Nursing Education sector: Educational needs for specific professional nurses will be identified during curriculum development.

1.7. OPERATIONAL DEFINITIONS

1.7.1. Mental health nursing is concerned with the prevention, treatment and nursing care of people of all ages who are suffering from mental illness and its effects (WHO, 1998).

In this study, mental health nursing refers to an area of nursing speciality that is concerned with caring for people with mental illness and who have committed crimes and are admitted in the Maximum-Security Ward.

1.7.2. Mental Health Care User refers to a person receiving care, treatment and rehabilitation services at a health establishment aimed at enhancing the mental health status of this person. This includes a user, state patient and mentally ill offender, and where a person concerned is below the age of 18, or is incapable of taking decisions, (Mental Health Care Act, No 17 of 2002).

In this study a Mental Health Care User is any person who is admitted in the Maximum-Security Ward.

1.7.3. Mentally ill offender/ State patient/ Forensic patient refers to a person in respect of whom an order has been issued in terms of section 52(3) a of the Mental Health Care Act, No 17 of 2002, to enable the provision of care treatment and rehabilitation services at a health establishment designated in terms of section 49 of the Mental Health Care Act, Criminal procedure Act 51 of 1977.

In this study, a mentally ill offender/ State patient/ Forensic patient is a person referred by court of law for admission in the Maximum-Security ward, and has committed crimes due to mental illness and who has been declared unfit to stand court trial.

1.7.4. Observation patient refers to a person who committed a crime and was referred by the court of law to be detained in a mental health establishment for the sake of close assessment, Criminal procedure Act 51 of 1977.

In this study, an observation patient is a person admitted to the Maximum-Security Ward of Hayani hospital for the sake of assessment for a period not more than 30 days.

1.7.5. Professional nurse refers to a person registered in a category under section 31(1) of the Nursing Act no 33 of 2005, in order to practice nursing or midwifery, Nursing Act 33 of 2005.

In this study, a professional nurse is a person who is allocated and in charge of the Maximum-Security Ward of Hayani hospital.

1.8 THEORETICAL ASSUMPTIONS

This study departs from the following theoretical underpinning, which influences the assumptions that are fundamental to the theoretical reasoning of the study. The assumptions of the Theory for Health Promotion (RAU 2001), together with the assumptions of Bernstein (2016), in describing experiences will be utilized. In this study, 'a person' refers to all professional nurses. Each one of these professional nurses is a multi-dimensional being (spirit, body and mind), and is seen as a person who is functioning holistically in interaction with their environment in an interactive manner. The mind is composed of the intellect, emotions and volition. The intellect refers to the capacity and the quality of the psychological processes of thinking, association, analysis, judgment and understanding of which a student is capable. A professional nurse needs a healthy mind for appropriate and effective coping with the experiences from their environment.

Bernstein (2016) describes the positive feeling of individuals when they view the environment resources as responsive 'adaptedness'. Stress may result if there is a perceived imbalance between environmental demands and capability to manage them with internal and external resources. However, the individual's attributes and situational elements, such as social and emotional support for coping may relieve the stress as a good fit between the internal and external demands and resources. It is on the basis of these theoretical assumptions that experiences of professional nurses working in Maximum-Security ward is viewed as a main study aim, which needs to be explored scientifically.

1.9 RESEARCH METHODOLOGY

This study was conducted using a situational analysis, where only a qualitative design was used. The study methodology and design will be discussed in detail in chapter 2.

Research design

According to Brink, Van de Walt and Van Rensburg, (2016) research design is a procedure which the research has to follow throughout the study, from sampling, data collection and the approaches that the researcher will use when analysing data. Since the study is focusing on the experiences of professional nurses working in the Maximum-Security Ward, the following approaches were applied, namely: qualitative,

explorative, descriptive and contextual. The designs will be discussed in chapter 2 of the study.

Qualitative

Qualitative research refers to openness, relevance, epistemological and methodological congruence, thoroughness in data collection and the analysis process, and researcher's self-understanding (Brink, 2016). In this study, the researcher used a qualitative design to allow professional nurses to narrate the depth, richness and complexity inherent in their experiences of working in the Maximum-Security Ward, and secondly, because little was known about the topic at hand.

Exploratory

The exploratory qualitative research component seeks to explore and give answers in different ways about how a phenomena and process occur (Polit & Beck, 2012). In this study, experiences of professional nurses working in the Maximum-Security Ward were explored.

Descriptive

A descriptive design is concerned with gathering information from a represented sample of the population (Brink, 2016). In this study, the researcher gave professional nurses an opportunity to describe their experiences of working in the Maximum-Security Ward.

Contextual

According to Polit and Beck, (2012), and Brink, (2016), contextual design seeks to explore and give answers into different ways about how the phenomena and processes take place. Furthermore, contextual design aims to describe and understand events within a concrete and natural context as they take place. This study is contextual in nature, because individual interviews were conducted with professional nurses in the Maximum-Security Ward as their place of work.

1.10 STUDY SETTING

The study setting is a specific place or places where the data will be collected, a real life situation or environment (Brink, 2016).

This study was conducted in the Maximum-Security Ward of Hayani Hospital. The study setting will be discussed in detail in chapter 2.

1.12 POPULATION

According to both Burns and Grove (2012), and Brink, (2016), a population is the entire group or object that is of interest to the researcher or that meets the criteria the researcher is studying about. In this study, the population were professional nurses working at Hayani hospital in the Vhembe District of the Limpopo Province.

1.13 SAMPLING METHOD

Sampling

According to Wood and Haber, (2014), sampling is a process of selecting a portion or subset of the designated population to represent the entire population. A non-probability sampling was used in this study. The purposive sampling method is based on the judgement of the researcher regarding participants that are typical or representative of the study or who are especially knowledgeable about the question at issue (Brink, 2016). The sampling method will be discussed in detail in chapter 2.

1.14 DATA COLLECTION

According to Polit and Beck, (2012) data collection is the gathering of information to address a research problem. In this study, data collection will include preparation, data collection, instrument and a role of the researcher, and these will be discussed in detail in chapter 2. The researcher used effective communication skills to facilitate interviews (Brink, 2016) as a data collection instrument. Details of all effective communication skills will also be discussed in chapter 2.

1.15 DATA ANALYSIS

Data analysis entails categorizing, ordering, manipulating and summarizing the data and describing them in meaningful terms with the aim of highlighting useful information, suggesting conclusions and supporting decision making (Brink, 2016). In this study, the researcher analysed data following a step-wise format, as defined in Tesch's eight steps of data analysis (Creswell, 2014). Details of the steps will be discussed in chapter 2.

1.16 LITERATURE CONTROL

After data analysis, experiences of professional nurses working in the Maximum Security ward were identified and a literature control was conducted.

1.17 MEASURES TO ENSURE TRUSTWORTHINESS

Polit and Beck, (2012), describe trustworthiness to a degree of confidence qualitative researchers have in their data, assessed using the criteria of credibility, transferability, dependability and conformability. These are described below, and details will be discussed in chapter 2.

Credibility (Truth value)

Credibility refers to the confidence in truth of the data and the interpretation thereof (Brink, 2016).

Transferability (Applicability)

According to Brink, (2016) transferability refers to the extent to which the findings will be applied in other contexts or with other respondents.

Conformability (Neutrality)

Polit and Beck, (2012) describe conformability as the state that the results could be verified by others to the objective and the findings are reflective of the participants and the study itself.

Dependability (Consistency)

According to Brink, (2016) dependability refers to the provision of evidence such that if the study will be repeated with similar participants in similar context, its findings will be similar.

1.18 ETHICAL CONSIDERATIONS

According to Babbie, (2017), and to and Burns & Grove (2016), ethics are a set of moral principles which are suggested by an individual or group, and a branch of philosophy that deals with morality. Permission was obtained by the researcher from the University of Venda's ethics committee, the Department of Health of the Limpopo Province, in the Vhembe District, and from the Hayani hospital, where data was collected. The researcher, in this study, ensured the following ethical principles to protect the rights of the participants, which will be explained in full in chapter 2.

- Permission to conduct the study
- Principle of respect for persons
- Principles of beneficence
- Principle of justice

1.19 OUTLINE OF THE DISSERTATION

The chapters in this dissertation are organised as follows:

Chapter 1: Orientation to the study

Chapter 2: Research Methodology

Chapter 3: Discussion of the results

Chapter 4: Conclusion, Limitations and Recommendations

1.20 CONCLUSION

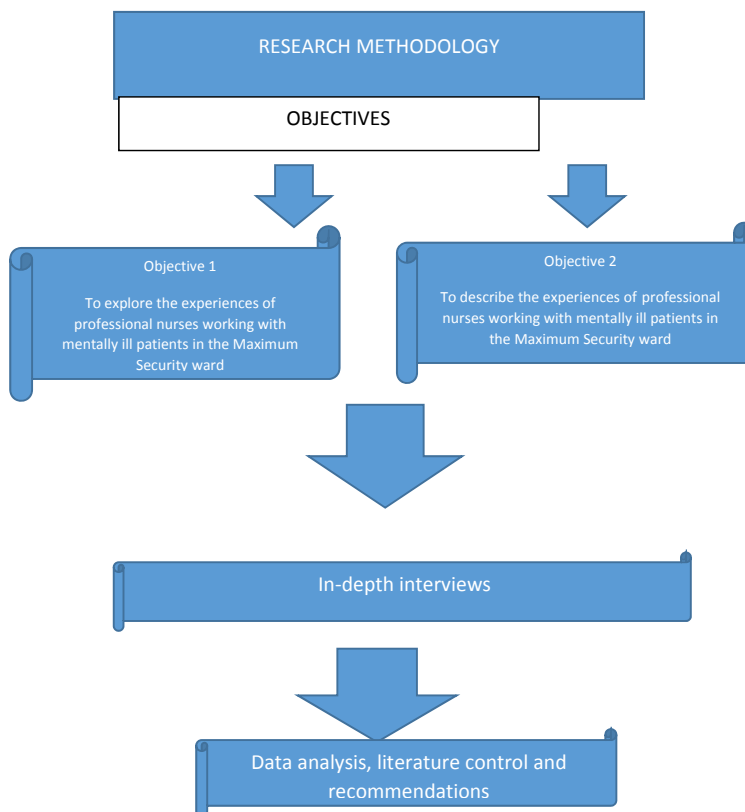
This chapter gave an overview of the study which included the introduction, background of the study, problem statement, purpose, research question, objectives, significance, operational definitions and theoretical assumptions. The next chapter gives details about design and methodology of the study.

CHAPTER 2 RESEARCH METHODOLOGY

2.1. INTRODUCTION

Chapter 1 described the overview of the study to enable the researcher to uncover the research topic. This chapter describes the research methodology that was followed to achieve the objectives of the study. The purpose of this section is to describe the research design and the methodology that was used during the study. The research approach for this study was qualitative, explorative, descriptive and contextual. Figure 1 is a diagrammatic presentation of the whole research process.

Figure 1



2.2. RESEARCH DESIGN

2.2.1. Qualitative design

Qualitative research is a systematic, subjective approach used to describe life experience and give it meaning. It is exploratory and descriptive in nature (Burns & Grove, 2016). In this study, a qualitative design was chosen to investigate and describe the intensity, extent, richness and magnitude of lived experiences of professional nurses working with mentally ill patients in the Maximum-Security Ward. This allowed professional nurses to give full expressions of their day-to-day encounters; they narrated in their own words about their lived experiences without being limited.

2.2.2. Exploratory design

Exploratory research, according to Burns and Grove (2016), and Brink (2016), is conducted to get facts, gather new data and to determine if there are interesting patterns in the collected data. In this study, the exploratory method was suitable to gain new insights, discover new ideas and increase knowledge about experiences of professional nurses working in a specialised unit for mentally ill people that are in the Maximum-Security Ward. Participants are given a chance to explain their lived experiences until the researcher feels that there is no more new information coming from participants; that is when data saturation occurred.

2.2.3. Descriptive design

Descriptive research accurately portrays particular individual or real life situations for the purpose of discovering new meaning, describing what exists and categorising information (Burns & Grove, 2016). The aim is mainly to describe and document

aspects of a situation as it naturally occurs (Polit & Beck, 2017). In this study, professional nurses described their personal lived experiences of working in the Maximum-Security Ward.

2.2.4. Contextual design

The study was contextual because the researcher would want to understand the phenomenon against the background of the whole context and such context confirms meaning of the specific phenomenon (Babbie, 2017). This study was contextual in the sense that individual interviews were conducted with professional nurses who are working in the Maximum-Security Ward at the Hayani hospital. The study focused on professional nurses only and no other category of nurses was included. The focus of the study at hand did not change throughout the in-depth interviews. Any other information from outside of the topic was not entertained at all.

2.3. THE STUDY SETTING

The study setting is a specific place where data is gathered. In a qualitative study the setting is naturalistic in the field because the researcher is interested in people's experiences (Polit & Beck 2017). Hayani hospital is the only specialised institution for the mentally ill in the Vhembe District. It is situated in the Thulamela Local Municipality in the Sibasa area along the Masisi road, and is next to Makwarela location. The Limpopo Province is 70% rural, and 30% urban.

Hayani hospital has three main sections: the Forensic section (Maximum-Security Ward, the Semi-closed Ward and Open ward), the Chronic section (two male wards and one female ward), and the Inpatient Care Section (two female and two male intellectual disability wards). At Hayani hospital there are other units like the Staff or Occupational Health Clinic, the HIV Care and Treatment unit and a makeshift Out Patient Department. The Nursing administrative office is responsible for Nursing Audit and training, Occupational Health and Infection Prevention and Control.

There are more female nurses than male nurses at Hayani hospital. The current total number of nurses is 255, with 177 being female, and 77 male nurses. There are all categories of nurses working at Hayani hospital; that is Registered Professional

nurses, Staff nurses and Assistant nurses. There is one Nurse Manager, two Deputy Managers, two Area Managers, nine Operational Managers, 105 Professional nurses, 10 Community Service Practitioners, 42 Staff nurses and 83 Assistant nurses. 12 professional nurses are qualified in Advanced Psychiatry rendering them to be specialty nurses in this field. All but three professional nurses have a basic qualification in Psychiatric nursing. Some registered staff nurses have undergone training in Elective psychiatry, and others have done the general training of Staff nurses.

The distinctive feature of Hayani hospital is the availability of the Maximum-Security Ward. This is a ward that admits only male patients. The Maximum-Security Ward admits Forensic patients, Observation patients, State patients and involuntary MHCUs according to the provisions of Mental Health Care Act 17 of 2002. These are patients who have committed crimes due to mental illness. Patients on observation are also admitted as referrals from courts for the period of observation and compilation of reports on observations made on their behaviour and mental status. The Maximum-Security Ward is a 35 bedded unit. At present, the unit is overcrowded with a total of 54 patients in the unit. More beds were added to cater for the large number of patients. Observation patients are guarded by South African Police Service (SAPS) as prescribed by the Mental Health Care Act 17 of 2002.

The hospital admits and caters for mentally ill patients coming from all districts in the Limpopo Province. The most common conditions nursed at Hayani hospital are schizophrenia, bipolar mood disorder and intellectual disability.

2.4. STUDY POPULATION

A population is the entire group of persons or objects that is of interest to the researcher or that meets the criteria the researcher is interested in studying (Burns & Grove, 2016; Brink, 2016). The population of this study is all professional nurses working at Hayani Hospital.

2.5. SAMPLING METHODS

A sampling method is described as the process of selecting a sample from the population in order to obtain information regarding a phenomenon in a way that represents the population of interest (Burns & Grove, 2016; Brink, 2016).

Non-probability, purposive, convenient sampling was used in this study. The purposive sampling method is based on the judgement of the researcher regarding subjects or objects that are typical or representative of the topic being studied or who are especially knowledgeable about the question at issue (Brink, 2016). Sampling of the hospital was purposive. In this study, a total of 18 professional nurses who were currently working at the Maximum-Security Ward were recruited to participate in the study. Recruitment was done during a ward meeting that was held in the Maximum-Security Ward on a day then many professional nurses were on duty.

The study information was explained, and the researcher invited those who were interested to participate. The reason for selecting them was fully explained to them that they were experts in the topic under study by virtue of working in that special ward. They were informed that should they wish to participate, they would be interviewed so that they give a detailed account of their experiences with working with mentally ill offenders. This is done to establish rapport, co-operation and trust with the prospective participants through such meetings.

The purpose and objective of the research was explained to the participants. A description of how the participants were selected was explained to the nurses. The persons who will access the data were made known to the participants. Since a voice recorder was used, the researcher explained to nurses that the study supervisors will be the ones who will listen to the tape and the tape will be kept as a record out of reach of people who are not part of the study.

Professional nurses in the unit were told that they are not forced to participate in the study. Those nurses who wished to participate in the study were told that they have the right to withdraw from participating anytime they wish to do so during the study. Professional nurses who wished to participate were given an information sheet for them to give consent to participate in writing. Verbal consent was allowed and professional nurses could give information during interviews. Nurses who wished to participate were given information on how data collection would be done; that is

through in-depth interviews and a voice recorder. They were shown how to operate the voice recorder so that they may know how to operate it or stop when a need arose.

Convenience sampling was used to select those professional nurses on duty on the day of visit who agreed to participate. The professional nurses who would be sampled for the study were readily available, would have voluntarily availed themselves to researcher to be interviewed. The sampled professional nurses were the ones who narrated their experiences of working in the Maximum-Security Ward. A maximum of 15 professional nurses would be interviewed.

2.6. DATA COLLECTION

Data collection is the precise, systematic, gathering of information relevant to the research purpose or specific objectives, question, or hypothesis of the study (Burns & Grove, 2016). In this study, data collection includes the stages of preparation, the data collection and the role of the researcher.

2.6.1. Preparation

Permission to conduct the study was requested from the Department of Health in the Limpopo Province, the Vhembe District Department of Health and also the Chief Executive Officer of Hayani Hospital.

The researcher requested permission from the management of Hayani Hospital to conduct research with nurses working in the Maximum-Security Ward to explore their experiences of working with mentally ill offenders. The researcher was the one to collect data from participants and no one else was involved in the collection of data.

The researcher also sought permission from the Operational manager in charge of the ward for conducting the study in the ward setting.

The interview was guided by one broad question. Gadgets used were a voice recorder which uses alternate current, for the sake of backup a smart phone, spare batteries and another voice recorder would be available and used if problems with the former voice recorder arose.

2.6.2. Data collection instrument

The main instrument for data collection was the researcher. The researcher observed, listened and talked to participants. Data was collected through in-depth interviews. This simply means a *one-on-one* interview between the researcher and participant. Professional nurses working in the Maximum-Security Ward were interviewed individually because their work does not allow for a bigger group at a time and they are shift workers who are working with patients.

The interview is a method of data collection in which the interviewer obtains responses from a participant in a face-to-face encounter (Brink 2016). The interviews were guided by one broad question as follows:

“How do you experience working with mentally ill patients in the Maximum-Security Ward?”

After this broad question was posed, probing questions followed. This question enabled the researcher to get a deeper understanding of experiences of professional nurses working in the Maximum-Security Ward at Hayani hospital. All interviews were conducted in Tshivenda and translated into English. A voice recorder was used to capture the interviews. Recorded interviews were transcribed verbatim before data was analysed.

2.6.3. Interviewing

The interview language was Tshivenda and was at the level of the participants to encourage them to feel comfortable to express their views. During the interview, dichotomous response questions were avoided, instead open-ended questions were used to probe deeper for more information. This encouraged participants to answer questions from their own perspective, and not the researcher’s point of view.

The interviews did not disrupt services supposed to be rendered to patients or the visitors and other staff members because they were conducted during the lunch hour of the participants.

2.6.4. The role of the researcher

The researcher was the main research and listening instrument for the fact that she observed, interviewed, recorded, analysed and interpreted what the participants have

said and did while she interacted with them. The researcher started by establishing rapport and a sense of trust by greeting participants, displaying acceptance, respect, empathy, honesty, openness and modesty.

The researcher has a role to explain the process fully to the participants so that they may feel relaxed and the environment to be as natural as possible. The researcher explained to participants that they are not forced to participate and are free to withdraw from the study anytime they wish to. Participants should be informed that their answers will neither be wrong or right so that they may express themselves without fear and express opinions from their own point of view. They were told that they should not mention any names during the interview. The researcher tried to know the questions by heart but kept notes of the questions to remind her. The researcher used effective communication skills to facilitate the interview (Burns & Grove, 2016; Brink, 2016).

Those who drop out will be replaced by others picked from the pool because they will have the same criteria to be included in the study. The study topic at hand is sensitive and the researcher as an experienced psychiatric nurse would be able to deal with emotions that may overwhelm the participants. Crisis intervention skills were applied when the need arose. A referral system to psychologist or a doctor is always in place when a participant needs such. The researcher applied her effective communication skills during the interview.

- **Listening**

The researcher gathered information by listening attentively to participants giving details about the posed questions. This was done throughout the interview and the study.

- **Probing**

Probing was used to deepen the response to a question that has been posed and to increase the richness of the data. Probing was used by the researcher by direct questioning after what had just been said. Repeating significant words can lead to further elaboration of statements and opinions. The researcher asked clear single questions and used words that made sense to the participants. When open ended

questions were used, it allowed participants to get a chance to answer and give details in their own terms not the ones for the researcher.

- **Effective use of self**

The researcher maintained eye contact to show that she is not only interested in the participants but also to what they have to say. As a result, participants paid more attention to the researcher and what she had to say. The researcher also allowed participants to talk back or ask questions.

- **Paraphrasing**

The researcher chose the most important details of what the participant had just said in order to capture the essence of what is said and reflects them back to the participant. Paraphrases were used by the researcher to get a clear and exact meaning of what the participant had said

- **Non -verbal responses**

The researcher used non-verbal responses like nodding the head or positive facial expressions, silence or a polite smile. This was done to encourage the participant to get time to think and come up with more detailed responses because the researcher would have given the participant plenty of time to be free to reflect on what he or she wanted to say.

- **Minimal verbal responses**

Minimal verbal responses like 'yes', 'uh-huh', 'I hear what you are saying', 'tell me more', were used by the researcher to allow free flowing responses from the participant. This gave the chance for participants to freely express their perceived experiences.

- **Clarification**

The researcher allowed participants to clarify what they said to make ideas clearer and free from ambiguity, and to avoid confusion and assumptions by the researcher. It is like paraphrasing but used less frequently and encompasses more information.

- **Validation**

The researcher observed the participants and interpreted their non-verbal communication like gestures, body posture, and facial expression. The researcher listened attentively to what the participant was saying verbally and noted the quality and tone of the voice. This gave more and deeper meaning of what the participant said through unsaid messages.

- **Reflecting**

The researcher repeated the statements that the participant had uttered in a question form so that she made sure that she had understood the statement correctly and to allow the participant to say more.

- **Focusing**

The researcher gave participants full attention for them to talk about their experiences so that they may focus on the questions at hand. The sitting arrangement enabled the participants to be free to express their opinions. The chairs for the researcher and the participant were the same, placed at the same level and no table was placed between them. The environment was as natural to the participant as possible. The interview was conducted away from other people in a private and comfortable area in an identified office in the Maximum-Security Ward. The interviews did not disturb service delivery and work schedules because they were conducted during lunch time for the professional nurses and resting time for patients.

2.7. DATA ANALYSIS

Data analysis refers to the process of bringing order, structure and meaning to the mass of collected data (Burns & Grove, 2016). Data analysis entails categorising, ordering, manipulating and summarising the data and describing them in meaningful terms (Brink, 2016). In this study, Tesch's steps of data analysis were followed as supported by Streubert and Capenter (1999). The steps are as follows:

Step one: Get a sense of the whole:

The researcher read through all the transcripts carefully, to get a sense of the whole several times, to acquaint the researcher with data collected and jotted down some ideas which came to her mind.

Step two: Pick one document:

The researcher picked the most interesting transcript which was also short and read it through again and made sense of it. The researcher then underlined thoughts that came out and wrote in the margin. These notes were later used to group similar topics together.

Step three: Clustering together of similar topics:

All the topics were listed and those that are similar were clustered together. These topics were then formed into columns arranged as major topics, unique topics, and leftovers. Leftovers were placed in a separate file in case they will be needed during writing of research findings. Different colour pens were used to simplify the task.

Step four: Abbreviate the topics as codes:

The researcher took the list and then went back to review the data again. Topics were abbreviated as codes and written next to the appropriate segments of the text. Thereafter, the researcher tried to organise scheme preliminarily to see if the new categories and codes emerged.

Step five: Describe the topics:

The researcher tried to find the most descriptive wording for the topics and turn them into categories or themes and sub-themes. The researcher reduced the total list of categories by grouping the topics that relate to each other and then drew lines between the categories to show interrelationships.

Step six: Abbreviate categories:

A final decision was made on the abbreviation for each category and codes, and they were arranged alphabetically. This was done after going through the codes for several times making sure that all codes are noted.

Step seven: Assemble data:

Data material belonging to each other were assembled and a preliminary analysis was done. These made it easier for the researcher to come up with themes and sub themes based on the grouping.

Step eight: Recoding:

The researcher recoded the existing data to ensure that all necessary information was available. The data was again recoded with the supervisor and other researchers.

2.8. ETHICAL CONSIDERATIONS

According to Burns and Grove, (2016) and Brink (2016), ethics refers to a branch of philosophy that deals with morality. It contains a set of propositions for the intellectual analysis of morality and a means of striving for rational ends. Therefore, in research, ethics ensures that the rights of participants are observed, protected and respected. In this study the researcher ensured that the following are observed:

2.8.1. Permission to conduct the study

The researcher requested permission to conduct this study from the following: permission at university level was requested from the University of Venda Research and Ethics Committee and Higher Degree's Committee of the School of Health Sciences (see Annexure A), The Limpopo Province Department of Health Research Ethics Committee (refer to Annexure C1 and C2). Permission was also requested from The Vhembe District Department of Health (refer to Annexure D1 and D2). At institution level, the management of Hayani through the CEO was also requested to grant the researcher permission to conduct the study in the Maximum-Security Ward (see Annexure E1 and E2). At unit level permission was sought by engaging the Operational Manager. Finally, permission was requested from participants who would be given an information sheet to peruse and sign to grant a researcher permission to interview them.

2.8.2. Informed consent

Informed consent refers to informing the participants about the type of information needed, their degree of understanding and the fact that the participants have the choice of whether to give consent or not (Brink, 2016). Information concerning the aim of the study and process of data collection was given to potential participants to gain their free cooperation (see Annexure F). After this a written permission was requested from participants (see Annexure G). A verbal permission to participate was also acceptable.

2.8.3. The right to self-determination

The right to self-determination was ensured by allowing participants to decide whether or not to participate in the study and letting them know that they have a right to withdraw from the study at any time during the study. The researcher issued an informed consent sheet to professional nurses working in the Maximum-Security Ward for them to consent in writing. A verbal consent was also be accepted for those who do not wish to endorse their willingness to participate in writing Brink (2016).

2.8.4. Principle of beneficence

The researcher made sure that no harm or discomfort, be it psychological or physical, was inflicted on the participants. This was explained in full detail to participants

2.8.5. Principle of justice

Participants were chosen randomly in a fair and just manner. The choice to participate or withdraw rests on the participants themselves

2.8.6. Right to anonymity

Actual names were not used throughout the process of data collection. Each participant was provided with a number. That was the only thing to identify the participants. A list of participants and their matching number was kept undisclosed.

2.8.7. Confidentiality

No names of participants were ever mentioned during the study.

2.9. MEASURES TO ENSURE TRUSTWORTHINESS

According to Polit & Beck, (2017), trustworthiness encompasses the degree of confidence that the researcher has on the data they have collected using the following criteria: credibility, transferability, conformability and dependability as described below. During the study the researcher will ensure trustworthiness of the study using the following model of Lincoln & Guba (1995).

2.9.1. Credibility

Credibility in this study was attained by selecting the target population accurately and by ensuring that participants meet the set criteria. The participants were interviewed to the point at which there was data saturation. In this study, credibility was ensured through prolonged engagement, persistent observation and member checking.

- **Prolonged engagement**

In this study prolonged engagements and persistent observation with participants allowed for identification of recurring patterns, themes, and values for the validation of perspectives. The researcher met with the participants during preparations for the interviews, in order to establish rapport and build trust.

- **Persistent observation**

The researcher observed the participants and listened attentively as they were being interviewed, probed for clarity on issues raised by participants and focused on elements that are most relevant to the research focus. The researcher in this study took note of all important points that are uttered by participants.

- **Member checking**

In this study, member checking was done throughout the interview by deliberate probing. The preliminary findings of the researcher were discussed with the participants. After data had been fully analysed the researcher went back to participants for a final member check to determine if what was transcribed was what they really meant.

2.9.2. Transferability (Applicability)

To ensure transferability, biographical information was obtained, and a detailed description of the research methodology and findings was provided. In the naturalistic paradigm, the transferability of a working hypothesis to other situations depends on the degree of similarity between the original situation and the situation to which it is transferred. In this study transferability was ensured by densely describing the background information of participants. The research context and setting was also be described, so as to allow others to assess how transferable the findings are. The purposive sampling technique was used to select participants who fit the criteria described.

2.9.3 Dependability (Consistency)

In this study the researcher transcribed data word for word from the recorded interviews after collection. Data was analysed, and findings were disseminated to participants and those who are likely to benefit.. In this study the researcher coded the data and waited for a certain period and returned to the recoded tape of the same data to ensure accuracy.

2.9.4. Confirmability (Neutrality)

In this study confirmability was ensured by playing back the tape-recorded interviews and verbatim transcriptions to participants to check if what they had said was what they meant. The researcher tried to be non-judgmental, non-influential and strove to report what was found in an impartial way.

2.10. DISSEMINATION OF INFORMATION

It is of no value doing research unless one lets people know about the findings. The findings of this study will be communicated to colleagues and others interested in the topic through writing publications or presentations at conferences. More importantly, to those who participated in the research study because they have contributed more, and they would want to know what the findings are.

This chapter outlined the methodology that was used, the study setting and population, sampling method, data collection, data analysis, ethical considerations and measures to ensure trustworthiness. Chapter 3 deals with the discussion of results, description of sample, themes, categories and subcategories which emerged during the process of data analysis.

CHAPTER 3

DISCUSSION OF FINDINGS

3.1. INTRODUCTION

Chapter 2 dealt with the discussion of the methodology that was used to conduct this study. This chapter is a description of findings obtained from data collected from professional nurses at Hayani hospital regarding their experiences in working in the Maximum-Security Ward through in-depth individual interviews. The description of the sample, themes, categories and subcategories which emerged during the process of data analysis will be presented in detail below.

3.2. DESCRIPTION OF THE SAMPLE

The sample of this study consisted of professional nurses working in the Maximum-Security Ward of Hayani hospital. Seven professional nurses volunteered to be interviewed, four were females and three were males. Five of the professional nurses were allocated to the Maximum-Security Ward of Hayani hospital for their first year while two of them worked in the Maximum-Security Ward for a period of over a decade.

Table 3.1. Sample profile of participants.

Number of participants	Experience in years	Gender
5	1-6 years	1 male and 4 females
2	18-20 years	Males

3.3. DISCUSSION OF RESEARCH FINDINGS

Data was analysed using Tesch's eight steps of data analysis in Creswell (2004). Three themes were identified from the collected and analysed data and are as follows:

1. Participants' perceived views on the type of patients admitted in the Maximum-Security Ward.
2. Participants' perceived views on safety in the ward.
3. Participants' views of staff interaction.

Each theme will be discussed separately.

3.3.1. THEME 1: Participants' perceived views on the type of patients admitted in the Maximum-Security Ward.

Table 3.2 indicates the theme, categories and subcategories.

THEMES	CATEGORIES	SUBCATEGORIES
Participants' perceived views on the type of patients admitted in the Maximum-Security Ward.	Patients committed crimes in the community	Unfit to stand trial Patients have committed crimes Observation patients State patients Mentally ill patients Dangerous patients Relapse
	Incidences that take place in the ward	Staff member killed in the ward Patients fight each other Staff members injured by patients

		<p>I have a swelling on my back</p> <p>Patient hit me on the eye</p> <p>Fractured fingers</p> <p>They bite and assault each other.</p> <p>Minor injuries.</p>
	Emotional experiences	<p>Still scared</p> <p>I work with fear</p> <p>Anxiety</p> <p>Stress</p> <p>Get tired to go to work.</p> <p>I feel threatened</p> <p>It did not go well with me</p> <p>We got counselling, but I am not completely healed.</p> <p>I am fearful at times</p> <p>Even when it is painful, we tolerate</p>

Discussion of theme 1: Participants' perceived views on the type of patients admitted in the Maximum-Security Ward.

From the data presented above, the majority of participants indicated that the patients who are admitted in this ward have undergone court or legal processes because they have committed some form of serious crime in their communities. Some of them were unable stand trial which prompted prosecutors to send them for observation by mental health experts like psychiatrists, psychologists, professional nurses and others for a specified period of not more than 30 days in a psychiatric institution.

- **Patients committed crimes in the community**

All patients admitted at Hayani have committed crimes which may have been aggravated by their mental illness. Participants had this to say about patients admitted after committing crimes in the community and quoted as follows:

“Most of the patients have committed gruesome crimes like murder, they should have been incarcerated in prison”.

“Some killed people, some have burned houses, some have destroyed things at home or promised to hurt people. This results in them being apprehended by police. When they are in jail, they are assessed, and it is found that those crimes were committed due to mental disturbance. There was something wrong with their mind”.

“Crimes committed by most of these patients, there is murder, assaults and rapes. They are serious crimes for the state”.

“After they have noted that they may be mentally ill they are then transferred here for treatment”.

“Yes, they went to court for trial and they are found to be not fit to stand trial or court proceedings”.

“They may first come for a short period for observation and sent back to courts. After observation it is then seen that they are fit to be admitted here for treatment”.

“These patients admitted here have committed crimes in their homes”.

“These are the people who when they were in court for their crimes, when they undergo court proceedings they do not follow the instructions as the prosecutor of those handling the case would expect”.

The types of patients admitted in the Maximum-Security Ward are mainly state patients, observation and involuntary patients. This was reiterated by almost all participants. These patients have undergone the normal legal processes that are applied when a person has committed a crime as outlined by the Criminal Procedures Act. When the courts find that the offender does not have the ability to appreciate the wrongfulness of his act then the Mental Health Care Act, No 17 of 2002 comes into action.

The above quotations are supported in a study conducted by Rocha, et al. (2016), who indicate that a person who has set a store on fire because he had auditory hallucinations was brought to an emergency department by police instead of taking him to jail. The study furthermore alluded that the man was then admitted in a unit for observation as this was a criminal act.

Violence is common in mentally ill people and they commit crimes due to their mental illness (Gardener, 2016). Not everyone who is mentally ill commits crimes. In fact, statistics indicate that crimes committed by mentally ill people are less than those who are not mentally ill. Gardener, (2016) states that 95% of gun violence is committed by people who do not have a diagnosis of mental illness

The process of admitting mentally ill offenders cannot be complete without the involvement of the criminal justice system. Hospitals admitting patients for treatment and rehabilitation work hand in glove with the courts and professional nurses are the ones to process the legal forms and the admission procedures (Sukeri, et al., 2016).

In a study conducted in the Eastern Cape Province of the Republic of South Africa, by Sukeri, et al. (2016), they state that Forensic psychiatric services exist at the interface between mental health and the criminal justice system sectors, this is a stage when if an individual is found unfit to stand trial, then the review board will make an order that the person should remain in custody.

Morgan, et al. (2017), support that those offenders who commit crimes due to mental illness should not be incarcerated in prison as criminals, but should be treated in hospitals not correctional facilities. This supports the fact that these people must be nursed in facilities like the Maximum-Security ward or Forensic units because of their mental status. Notwithstanding the crimes that these people have committed, it is imperative that they get medical treatment, support, care and rehabilitation that they

deserve and be nursed by qualified people like professional nurses who have pertinent qualifications and skills in psychiatric nursing.

- **Incidences that take place in the ward**

In this study participants indicated that these patients can be dangerous to each other and to staff members too. Security officers are deployed on a 24-hour basis for the sake of providing manpower to protecting staff and patients. The above has been confirmed in a study conducted in Washington by The Safety & Health Assessment & Research for Prevention (SHARP) – Research for Safe Work, (2018); it has been found that mental health care workers experience the highest rates of simple assaults in the health care sector with 43.2 assaults per 1000 workers. The study further indicates that some other studies have revealed that psychiatric nurses report more violent attacks than other nurses. This includes physical assaults, verbal assaults and threats of assaults. In the study, psychiatric nurses revealed that they had low staff morale which lead to a high rate of unscheduled absences from work, poor quality of work, lack of continuity of patient care, staff frustration and disengagement (Fitzgibbon, 2018).

In this study the following quotes illustrate how participants experience violence in the ward where patients are admitted.

“There are patients who are strong and overpower us even if we are many. These are many staff members who were injured, some deformed. I have a big swelling on my back due to human bite by a patient in the ward”.

“I was hit in the eye”.

“One incident that happened to such an extent that one nurse lost her life in the ward”.

“Death can happen, there was one death which is still horrifying us. It’s always in our minds”.

In a study by Kelly, Fenwick, Brekke and Novacco (2017), staff members in the United States of America all reported to have experienced some form of physical assault and

verbal assault. The study, moreover, showed that nurses in a forensic unit reported that they or their colleagues had suffered minor to severe injuries, or even death. Additionally, the same study revealed that psychiatric settings are the ones with more cases of violence reported. According to the study by Kelly et al (2017), after an injury nurses experienced persistent pain, headaches, muscle tension and stress. This only emphasizes how dangerous patients are in this ward.

“In this ward you can be surprised when patients fight among themselves, you find that when you look into the fight, you won’t know its origin. Some patients will fight over why the other patient is looking at them – only that”.

Rocha, et al, (2016) have also cited an example to support the above quotations, of a patient who attacked a nurse in the ward by beating him in the head and stabbing him with a pen causing severe injury. The fights in the ward among patients are usually over trivial issues, and they are very common. This may lead to injuries and harm inflicted on patients by fellow patients. The patients are also capable of harming staff members.

In this study, there is one incident that is still in the minds of all participants – the fact that one of their colleagues was murdered in the ward by a patient. This makes them afraid of these dangerous patients. When talking about a professional nurse killed in the ward, a participant is stated:

“This is a bad thing even today we are still thinking about it in this ward”.

These patients also fight among themselves and injure each other during the process. It has also been indicated that it is common that staff members are attacked in the unit and they sustain injuries. This has been supported by Van Wyk , Traut & Julie, (2014), in a study conducted in Cape Town, where they reported on aggressive and violent behaviour in patients within mental health facilities. Such incidences are a threat to the wellbeing of patients and nursing staff members occurs globally and is a serious and frequent clinical and nursing care problem.

“ ...a staff member had injured fingers while he was handling an aggressive patient“.

“I was hit on the eye and was also bitten on my back”.

- **Emotional experiences**

Most of the participants indicated that they work with fear and anxiety. This goes along with the type of patients admitted in the ward and all the dangerous incidences that take place in the ward.

Participants said that:

"The fact that a person died in the ward...I can say that since that incident took place until now... I feel threatened. It did not go well with me at all".

"We were used to her in the ward. We got counselling, but I am not completely healed because in Tshivenda they say that tshitaka tshe wa vhona nowa u di ri i tshe ngomu".
[A shrub you once saw a snake in you think the snake is still there].

"I think I must persevere to work in this ward although I am fearful at times".

The majority of participants indicated that patients can attack a staff member or fight among themselves.

Patients can differ among themselves and they fight or promise to hurt staff members".

"When they relapse they see a worker as something else or eventually hit the staff member. Like they may attack a staff member who is unaware".

"I am sometimes too tired to come to work because of the difficulty of this ward and the dangerousness of patients".

"...I sometimes feel tired to go to work".

"...Yes, to me this thing comes sometimes that I feel discouraged to come to work. Many a times after some fights have taken place, when I knock off and go home I think about it and I am touched".

Conclusion

Patients admitted to this ward have committed crimes due to their mental conditions and were found unable to appreciate the wrongfulness of their acts. Professional nurses render nursing care to them as patients not as criminals (Xiaoping, Dengke, Jiang, Bai, Cucolo, & Perlin, 2017).

Sleman, Jenkins & Bungay (2017), describe the experiences of nurses working in this setting as that of anxiety and fear when handling these patients. When they start to fight, they should be separated and even the use of seclusion rooms where nurses should observe the quarter hourly until they are stable.

The occurrence of different incidences in the ward, be they minor or major, makes professional nurses afraid to work in this ward. The main fear being that anything can happen to them. Violence in this ward is a common thing, but no one can get used to it. Professional nurses are there to ensure that therapeutic activities are applied to patients. While nursing these patients they also become victims of fights, and verbal and physical aggressions which may result in fatalities.

3.3.2. Theme 2. Participant's perceived views on safety of the ward.

Table 3.3 illustrates the theme, categories and subcategories.

THEMES	CATEGORIES	SUBCATEGORIES
Participant's perceived views on safety of the ward.	Unsafe ward environment	Safety of professional nurses is not guaranteed More males than female staff members Patients envy you. Presence of security officers Security is not tight Dangerous patients Unpredictable patients Patients end up fighting us. We feel unsafe
	Overcrowding in the ward	Working with difficulty

		<p>Overcrowded ward</p> <p>Patients rejected by families</p> <p>Discharges are rare</p>
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Aggression towards professional nurses is a global issue in psychiatric settings (Bekelepi, 2015). In a study conducted in Western Cape (South African) hospitals, Bekelepi found that professional nurses in these setting are vulnerable to physical assaults, verbal aggression and sexual assaults. These patients become aggressive even when they were not provoked. From the data collected in this study, all participants indicated that all patients are dangerous. This is precipitated by the fact that they have committed crimes before admission. The crimes committed also have been committed under the influence mental illness. In this study, participants have indicated that patients in this ward are

"... unpredictable because one will never know what is in their minds".

Relapses are also common in the ward and this makes staff members more afraid. The ward is risky for anyone who finds themselves inside, be it staff members, patients, or visitors (Hoyle & Emsley, 2016). The presence of security offices is a fact that indicates the danger that those patients present. Some staff members say that they are working with difficulty and they are scared. All participants indicated that the ward environment is not safe for them to work in.

The following quotes depict how unsafe the participants feel in the ward.

"We are having private securities and in-house security officers. Whatever we do, they are always by our side".

" Especially as a female and young as I am, because these patients may show that they envy you".

"The dangerous thing here is that security is not tight to an extent that one can feel safe. U a kona u zwi pfa uri hafha tshinwe na tshinwe tshi nga itea..." [As you can feel that anything can happen].

"Our safety is not guaranteed".

"We are safe when there is no violence but when there are fights we feel unsafe".

"Hey, my safety, I saw that we are not completely safe. Especially as a female young as I am because these patients may show that they envy you".

"One can say that work is work".

"We work in the name of Jesus".

"We must tolerate because ... U vha u mushumo washu. Even when it is painful we tolerate so that we can help them".

The majority of participants verbalised that

"We are having private securities and in-house security officers. Whatever we do, they are always by our side".

Patients admitted in this ward are highly unpredictable because of their mental conditions. Their behaviour can change at a wink of an eye. All participants talked about a colleague who lost her life in the ward because she was brutally attacked by a patient.

This has been portrayed by two participants, who indicated that:

"... These patients are highly dangerous because most of the time I can say that..... they are not predictable. You cannot have an expectation of what is going to happen the next moment. Anytime you can be surprised when something unusual has happened in the ward".

"These patients are highly dangerous because they are not predictable".

It simply means that they are coming to work because one must work. The fact that there are security officers in the unit indicates that the protection of staff and patients is of paramount importance. All participants indicate the presence of security officers in case manpower is needed, and to prevent abscondments, and minimise fights.

Staff members are always tearful because they do not know what is going to happen in the next moment. They are always on the alert for fear of being attacked by patients or patients attacking each other (Salize & Drebbling, 2015).

Murphy (2017) supports that these patients need to stay for longer periods to rehabilitate and treat them. Therefore, nurses are faced with patients who will stay for longer periods in the ward. Murphy further explains that safety in these settings is not guaranteed, and nurses need extra protection by security staff who are always deployed in the ward (Reynolds, Jones, Davies, Freeth & Reynolds, 2016). The risk of injuries and harm is high in this unit nurses and other staff members must ensure that all restriction on patients are enforced, but this again frustrates the patients.

- **Overcrowding in the ward**

It is important to generate and maintain a sense of safety for professional nurses in a highly secured setting. According to Haius, et al. (2017), forensic wards are highly populated with patients who have a history of violent offences. The study further indicated that professional nurses feel unsafe because of the acuity levels of mental illness, especially at the early stages of admission. Participants indicated that the ward is not safe because of the type and conditions of patients admitted in this ward. Wards are overcrowded; the number of patients admitted surpasses the expected number according to the set capacity of the ward. In a study by Van Wyk (2016), it has been indicated that patients with different diagnoses being accommodated in one ward, overcrowding prevails, and the safety of patients and staff is not guaranteed. This overcrowding has been linked to violence, because patients may become overstimulated and be easily irritated, frustrated and angry. Van Wyk (2016), furthermore indicated that negative interaction between patients and nurses may be associated with violence because of high levels of anger in patients. Quotes from participants include:

“Patients are many...”.

“When we compare to other people, working with patients in other sections these ones are difficult to such an extent that we should be paid more than nurses in other sections“.

“We do not concentrate on what kind of a person this is and what he committed”.

“The bed capacity was full because there were others who slept on sponge mattresses on the floor. They slept there but were overcrowded”.

Participants verbalised the reason why the ward is overcrowded and said:

“Because they are rejected (patients), this ward is full of patients, some being rejected because of the crimes they committed. We are working with difficulty in this ward”.

“It is difficult to deal with a person who is not accepted by the people they belong to”.

“People that we are working for here do not have good relationships with the people in their homes because of the crimes they have committed”.

“Problems that these patients have are not tolerated in their homes by their people. When they come here this is their home. This is their last hope. That is why I say they need people who tolerate them for they do not have anywhere to go”.

“Discharges are rare, it is mostly the leave of absence. They again come back having committed more crimes”.

Conclusion

Participants mentioned that the ward is overcrowded by mainly rejected patients and the fact that discharges are rare for these patients. Sukeri, et al. (2016), supports that mentally ill offenders can cause an increased workload on the service. A study at Fort England in the Eastern Cape Province, by Sukeri, et al. (2016), furthermore found that the average length of stay was at 494 days and the bed utilisation rate at 203,54%. This confirms the experience of professional nurses of working in a ward that is always overcrowded by patients whose behaviour is not predictable and are dangerous. It has been recommended by Van Wyk (2016), that aggressive and violence episodes are common and need immediate intervention. In-service training is usually needed to improve staff-patient interaction. These patients have special needs that they present with. That is the reason a multi-disciplinary team comes to place when a serious understanding to these needs is to be displaced. Interventions are then needed to ensure that specific needs are catered for (Mullins & Pater, 2016)

Rejection by families and long stays in the ward renders the ward risky and dangerous for patients and professional nurses as well (Haius, et al., 2017).

Patients who are admitted in the Maximum-Security setting are assessed to ascertain their mental status at the time. These affect professional nurses because they have to assess a mentally ill person whose behaviour may change at any time during the assessment and there are inadequate rooms for conducting therapies (Butler, 2016). The fact that patients admitted here have committed crimes and are rejected by their families or communities is a complication on its own (Van Wyk, 2016). The number is always above the approved bed capacity because discharges are rare.

Mentally ill offenders are admitted to the wards with stringent control measures in terms of physical structures, routine and restricted movements, until they are stabilised (Slemon, Jenkins & Bungee, 2017). Professional nurses have a duty to ensure the safety of patients and themselves. This is supported in a study by Marion (2016), who found that mentally ill criminals are detained in facilities that include patient care, custody and control to enhance active treatment and rehabilitation for these forensic patients. Marion (2016), further indicates that the above control measures are meant to prevent escapes and other criminal acts, and to assure the safety of patients, community and staff members. The fact that patients are treated not as criminals is meant to enhance respectful treatment and dignity within a secured setting (Cordal, 2015).

In the Maximum-Security Ward, safety and security is enhanced by the installation of electronically monitored by video surveillance (Rocha, et al., 2018). Participants did not feel safe in the ward and this has heightened their fear of working in the Maximum-Security Ward.

Theme 3. Participants' views of staff interaction.

Table 3.4 indicates the theme, categories and subcategories

THEMES	CATEGORIES	SUBCATEGORIES
Participants' views of staff interaction.	Support for Professional nurses	Co-operation Management support us Support each other Motivate each other

		<p>Work as a team</p> <p>Man power</p> <p>Presence of Security officers</p> <p>Working well</p> <p>Enjoy working for a long time</p> <p>Doctors prescribe medication seclusion</p>
	Learning opportunities	<p>Learned a lot</p> <p>Did not know the act</p> <p>Ability to solve personal problems</p>

In this study, almost all participants talked about team work and co-operation among staff members to ensure safety and security in the Maximum-Security Ward. Staff members give each other support while handling these mentally ill patients. Some participants also mentioned some things about the management that supports them even during difficult incidences. They work as a team to protect each other and patients who can fall victims of fellow aggressive patients. It has been indicated that doctors also play a role in prescribing medications to sedate the patient or place him in a safe area like seclusion and single rooms.

Social support is an employee's perception that their supervisors and co-workers value their contribution and care about their wellbeing. The study also postulated that incivility can occur in workplaces with low social support from supervisors and co-workers.

SHARP (2018), also indicates that the occasional presence of leadership is extremely relevant for patients, promotion of staff morale and safety in a psychiatric hospital setting. Psychiatric nurses feel less safe than clinical staff in the clinical setting. The staff experiences of patient conflict, patient and staff assaults are said to be related with staff feeling unsafe. The safety of nurses depends on co-worker support and team work to safely manage agitated patients in the ward. The study by SHARP (2018), reveals that in other instances, team work was valued and reported on, but in contrast to some instances it was tenuous or less successful.

The team spirit in the unit was emphasised by the majority of participants who verbalised that:

“If a patient has to be injected then we work as a team like we negotiate with him to calm down. The others will be preparing his medications so that he can be injected if he is aggressive“.

“We work as a team here and you will not feel like you do not like coming to work. We support each other”.

“Team work is helping because one cannot face a patient alone, we go together”.

“ Because of team work. We are able to live with them depending on the treatment they get”.

In this study other participants reiterated issues of team work by saying that they can advise a person who wants to work in this ward by saying

“He/she can go having told him/herself that she is going to work as a team. To work hard and engage in team work and not work alone”.

“With our management they support us in the ward. They come to visit us to see the way we are working. Even when there is something bad that has happened, they come to visit us”.

- **Learning opportunities**

Some of the participants indicated that it was a learning centre:

“I learned of other conditions which I did not know especially the acts that are applied, the type of patients”.

Other participants indicated that the ward has taught them to learn to cope with their personal life:

“The more you work here the more you are able to solve personal problems. I have learned a lot. Now the challenges that we come across to are building us”.

“What I like here actually is the challenges. I want to work in an environment which has something new or different”.

Conclusion

Professional nurses indicated that without team work and support for each other, working in the Maximum-Security Ward would be difficult for them. This is aggravated by the dangerousness of the patients that they take care of. It is therefore recommended that upper level management, unit directors and supervisors need to be trained to foster a culture of maintaining staff support and safety (Flynn, 2017).

SHARP (2018), concluded that support in a psychiatric organization means an employees' perception that their supervisors and co-workers value their contribution and care about their wellbeing. It is further supported by citing that if there is no teamwork, patients may pick it up, and staff members can be rendered unsafe.

Slemon et al. (2017), emphasise the personal responsibility of staff members to empower themselves and learn about different potential risks in the Maximum-Security setting. Slemon, et al., further emphasise the importance of creating a therapeutic environment and maintaining therapeutic relationships with patients for the sake of their safety.

According to Ekahau (2015), it is said that managers must do what they promise. They should conduct regular safety meetings with the team and create a culture of safety for both staff and patients. Through this, staff members can feel wanted and supported. It is further reiterated that staff members must report all forms of violence in the ward to their supervisors.

According to Slemon, et al. (2017), it is imperative that professional nurses in special mental health services such as these be highly acquainted with up to date knowledge and skills to be able to handle the patients.

Professional nurses should be able to identify special needs and concerns in a manner that promotes quality care. Learning is a continuous process and professional nurses should learn to take care of themselves so that they can take care of others (Rocha, et al., 2018). This concludes chapter 3, which is the summary of the research findings. The next chapter deals with the conclusion, limitations and recommendations of this study.

CHAPTER 4

EVALUATION, CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

4.1. INTRODUCTION

Chapter 3 of this study presented the findings of the experiences of professional nurses working in the Maximum-Security Ward, themes, categories and subcategories that emerged during data analysis as well as the sample description of participants. This chapter of the study presents the conclusion about the experiences of professional nurses working in the Maximum-Security Ward at Hayani hospital. This chapter outlines the conclusion, limitations, and interpretation of the research findings, and recommendations and further research.

4.2. EVALUATION OF THE STUDY

This study is evaluated against its purpose and objectives as set out in chapter one.

The purpose of the study was to explore the experiences of professional nurses working in the Maximum-Security Ward at Hayani hospital. The purpose of the study was achieved through in-depth individual interviews with the participants. The interviews were guided by one open-ended question which was constructed under the supervision of the research promoters *How you experience working with mentally ill patients in the Maximum-Security Ward?*

Participants were sampled through purposive, convenient sampling. Data was collected from participants and was analysed using six steps of qualitative analysis by Creswell as fully described in chapter two.

The objectives of the study were to:

- Explore the experiences of professional nurses working in the Maximum-Security Ward at Hayani hospital.
- Describe the experiences of professional nurses working in the Maximum-Security Ward at Hayani hospital.

The objectives listed above were set in chapter one and realised in chapter 3 of this study.

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4.3. STUDY FINDINGS

The objectives of the study were achieved, as the experiences of professional nurses working in the Maximum-Security Ward at Hayani hospital were explored and described in detail. During the interviews exploration was done in order to discover more detail about the professional nurses lived experiences in the Maximum-Security Ward. The following quotes illustrates how professional nurses narrated their experiences:

"I have to say that we are in a dilemma. When you work here you are in a ludzedzekwa to say that if it goes well it is good for the country, if it doesn't go well it is again for the country. This is a scary place (ndi fhethu hu no ofhisa)".

"...We are fearful. It's just that we can't be scared and all run away. If we run away there will be no therapy. This is where tolerance comes into action. We must tolerate because U vha u mushumo washu (it is our job). Even when it is painful we tolerate so that we can help them. We also feel stressed by this situation".

"...experience here in MSW, like when I came here there are things that have happened. When we came here we had fear to work here".

4.4. CONCLUSIONS OF THE STUDY

Three themes emerged from the study, namely:

4.4.3.1. Theme 1: Participants' perceived views on the type of patients admitted in the Maximum-Security Ward.

- **Patients committed crimes in the community**

This study revealed that all patients admitted in the Maximum-Security Ward have committed some form of crime in the community. They have undergone the normal legal court proceedings, were found unable to stand trials. Therefore for the reason mentioned above they cannot be admitted in correctional services, they must be taken care of in the hospital ward. The fact that these patients have committed crimes and they are mentally ill poses a threat to professional nurses who must take care of them.

- **Incidences that take place in the ward**

The findings of the study revealed that violence in this ward is a common thing but certainly no one ever gets used to it. Professional nurses in this ward are there to ensure that therapeutic nursing activities for patient are conducted. While nursing these patients they also become victims of fights, verbal and physical aggressions which may result in minor injuries to serious fatalities.

- **Emotional experiences**

This study revealed that professional nurses experience different emotional problems like anxiety, stress and others. This calls for management to organise regular counselling and debriefing for staff after a traumatic incidence.

4.4.3.2. Theme 2: Participant's perceived views on safety of the ward.

- **Unsafe ward environment.**

The findings of this study indicate that the ward is not safe because of the type of patients nursed in the ward. All participants indicate the presence of security officers in case manpower is needed and to prevent abscondments and minimise fights among patients and nurses. Staff members are always fearful because they do not know what is going to happen next moment and they are always on alert for fear of being attacked by patients or patients attacking each other.

- **Overcrowding in the ward**

The findings in this study revealed that the ward is overflowing with patients who have different diagnoses like state patients, observations and others. This is a serious burden because of the critical nature and mental statuses of patients.

4.4.3.3. Theme 3: Participants' views of staff interaction

- **Support for Professional nurses**

This study has revealed that professional nurses need constant support and care to enable them to take care of patients in the ward. It is therefore recommended that upper level management, Unit directors and supervisors need to be trained to foster a culture of maintaining staff support and safety.

- **Learning opportunities**

In this study it was revealed by participants that despite the dangerous conditions and bizarre mental conditions of patients they have learned a lot from this ward. They indicated that they can resolve some of their personal life problems after they have learned to cope in these difficult situations.

4.54. LIMITATIONS OF THE STUDY

This study was limited only to professional nurses and no other category of nurses working in the Maximum-Security Ward were included in the study.

4.65. RECOMMENDATIONS

Recommendations for professional nurses

Emotional counselling and debriefing sessions need to be organised for professional nurses regularly or after traumatic incidences Motivational and team building activities should be held at regular intervals to uplift the morale of professional nurses. Continuous training and benchmarking from other institutions is recommended to keep professional nurses abreast of new developments in this field of speciality.

Recommendations for Department of Health

The Department of Health should establish support structures for professional nurses to back up their emotional difficulties. More support is needed for professional nurses in terms of physical structure, CCTV cameras and reduction of overcrowding in the ward.

Recommendations for further research

Based on the findings of this study, the researcher recommends a study to develop a model to support professional nurses working in the Maximum-Security Ward.

4.7.6. SUMMARY

This last chapter of the study presented the evaluation based on the aim and objectives as set in chapter one and they were all achieved. In this chapter the following were outlined:

Evaluation, study findings, conclusion, limitations as well as the recommendations of the study.

The findings of the study indicated that the objectives of the study were achieved. Participants were given a chance to describe their lived experiences as they work in the Maximum-Security Ward. Conclusions were made after data analysis and three themes emerged and were described.

Recommendations for the professional nurses, the department of health and for further research were outlined.

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UNIVERSITY OF VENDA

OFFICE OF THE DEPUTY VICE-CHANCELLOR: ACADEMIC

TO : MRMS M.P. MULAUDZI
SCHOOL OF HEALTH SCIENCES

FROM: SENIOR PROFESSOR L.B. KHOSA
DEPUTY VICE-CHANCELLOR: ACADEMIC

DATE : 23 FEBRUARY 2018


DECISIONS TAKEN BY UHDC OF 23RD FEBRUARY 2018

Application for approval of Master's research proposal in Health Sciences: M.P. Mulaudzi (11534304)

Topic: 'Experiences of professional nurses working in the maximum-security ward-a case study of selected Hospital, Vhembe District in Limpopo Province, Republic of South Africa.'

Supervisor	UNIVEN	Dr. M. Maluleke
Co-supervisor	UNIVEN	Prof. M.L. Nestikweta

UHDC approved Masters proposal


Senior Professor L.B. Khoza
ACTING DEPUTY VICE-CHANCELLOR: ACADEMIC

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms MP Mulaudzi

Student No:
11534304

PROJECT TITLE: **Experiences of professional nurses working in the maximum security ward- a case study of Hayani Hospital.**

PROJECT NO: **SHS/18/PDC/04/0405**

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr M Maluleke	University of Venda	Supervisor
Prof ML Nelshikweta	University of Venda	Co - Supervisor
Ms MP Mulaudzi	University of Venda	Investigator - Student

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: May 2018

Decision by Ethical Clearance Committee Granted

Signature of Chairperson of the Committee: 

Name of the Chairperson of the Committee: Senior Prof. G.E. Ekosse



University of Venda

PRIVATE BAG X5050, THOHOYANDOU, 0950, LIMPOPO PROVINCE, SOUTH AFRICA

TELEPHONE (015) 962 148513 FAX (015) 962 14362

"A quality driven financially sustainable, rural-based Comprehensive University"

ANNEXURE C1

PROVINCIAL DEPARTMENT OF HEALTH PERMISSION LETTER

The Head of Department
Provincial Department of Health -- Limpopo
P/Bag x9302
Polokwane

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I, Mulatedzi Precious Mulaudzi a student doing Master Curations in nursing at the University of Venda request permission to conduct research in Vhembe District – Hayani hospital.

The title of the study is **‘The experiences of professional nurses working in the Maximum-Security Ward, a case study of Hayani Hospital, Vhembe District in Limpopo Province.**

The purpose of the study

The study aims to explore and describe the experiences of professional nurses working in the Maximum Security ward a case of Hayani Hospital in Vhembe District. To achieve this purpose, I need to interview professional nurses who are caring for the mental health users who are admitted at Hayani Hospital in the Maximum-Security Ward to participate in this study. In this study in-depth interview as a method of data collection will be used to explore and describe the experiences of professional nurses working in the Maximum-Security Ward at Hayani hospital.

The significance of the study

Professional nurses are the group that will benefit because they will get a platform to ventilate their experiences as they work in the Maximum-Security Ward. The study findings will add on the available scientific data regarding experiences of professional nurses working in the Maximum-Security Ward. The directorate responsible for nursing will have information of what nurses are going through while working in the

Maximum-Security Ward. The Nursing Education sector will benefit during curriculum development for addressing specific educational needs of professional nurses.

For any information needed on the matter not reflected in this correspondence, the contact details are as follows:

Promoter: Doctor Maluleke Mary Cell number: 0763949752

Co-promoter: Prof Netshikweta M.L Cell number: 0724933694

Principal researcher: Mulaudzi M.P Cell number: 0722154935

Mulaudzi Mulatedzi Precious.

Signed:.....

Date:



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Stander SS (015 283 8650)

Ref:LP_201807008

Mulaudzi MP
University of Venda
Private bag X5050
Tlohoenyandou


Greetings,

RE Experiences of professional nurses working in the maximum security ward- a case study of Hayani Hospital

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:-
 - Research must be loaded on the NHRD site (<http://nhrd.hst.org.za>) by the researcher.
 - Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.
 - In the course of your study there should be no action that disrupts the services, or incur any cost on the Department.
 - After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
 - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
 - The above approval is valid for a 3 year period.
 - If the proposal has been amended, a new approval should be sought from the Department of Health.
 - Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.


Head of Department


Date

Private Bag X9302 Polokwane
Fidel Castro Ruz House, 18 College Street, Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.
Website: <http://www.limpopo.gov.za>

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ANNEXURE D1

VHEMBE DISTRICT-DEPARTMENT OF HEALTH PERMISSION LETTER

The Head of Department
Vhembe District Department of Health
P/Bag x
Thohoyandou

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I, Mulatedzi Precious Mulaudzi a student doing Master Curations in nursing at the University of Venda request permission to conduct research in Vhembe District – Hayani hospital.

The title of the study is **‘The experiences of professional nurses working in the Maximum-Security Ward, a case study of Hayani Hospital, Vhembe District in Limpopo Province.**

The purpose of the study

The study aims to investigate the experiences of professional nurses working in the Maximum-Security Ward a case of Hayani Hospital in Vhembe District. To achieve this purpose, I need to interview professional nurses who are caring for the mental health users who are admitted at Hayani Hospital in the Maximum-Security Ward to participate in this study. In this study in-depth interview as a method of data collection will be used to explore and describe the experiences of professional nurses working in the Maximum-Security Ward at Hayani hospital.

The significance of the study

Professional nurses are the group that will benefit because they will get a platform to ventilate their experiences as they work in the Maximum-Security Ward. The study findings will add on the available scientific data regarding experiences of professional nurses working in the Maximum-Security Ward. The directorate responsible for nursing will have information of what nurses are going through while working in the



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF HEALTH
VHEMBE DISTRICT**

Ref: S5/6
Enq: Muvuri MME
Date: 13 July 2018

Dear Sir/Madam

PERMISSION TO CONDUCT RESEARCH "The experiences of professional nurses working in the Maximum Security Ward, a case study of Hayani Hospital, Vhembe District in Limpopo Province" Mulaudzi M.P

1. The above matter refers.
2. Your letter received on the 13/07/2018 requesting for permission to do research in our facilities is hereby acknowledged.
1. The District has no objection to your request.
2. You are however advised to make the necessary arrangements with the facilities concerned.
3. Wishing you success in your endeavor.

.....
CHIEF DIRECTOR

13/7/2018
.....
DATE

Private Bag X5009 THOHYANDOU 0950
OLD parliamentary Building Tel (015) 962 1000 (Health) (015) 962 4958 (Social Dev) Fax (015) 962 2274/4623
Old Parliamentary Building Tel: (015) 962 1848, (015) 962 3852, (015) 962 1754, (015) 962 1001/2/3/4/5/6 Fax (015) 962 2273, (015) 962 227



ANNEXURE E1

REQUEST LETTER FOR HAYANI HOSPITAL

P.O. BOX 2746

Thohoyandou

0950

01 August 2018

The CEO

Hayani Hospital

P/Bag x2272

Sibasa

0973

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

This letter serves as an application to conduct research about 'The experiences of professional nurses working in the Maximum Security Ward, a case of Hayani Hospital in Vhembe District in Limpopo Province'.

I am presently doing Master Curations in nursing at the University of Venda. The study will be conducted at Hayani Hospital in Vhembe District in Limpopo Province. This study is conducted under the supervision of Dr. M. Maluleke and Professor L. Netshikweta University of Venda.

The purpose of study:

To investigate the experiences of professional nurses working in the Maximum Security Ward of Hayani Hospital in Vhembe District.

OBJECTIVES

- To explore the experiences of professional nurses working with mentally ill patients in the Maximum Security ward.
- To describe the experiences of professional nurses working with mentally ill patients in the Maximum Security ward.

To achieve this purpose, I need to interview professional nurses who are caring for the mental health users who are admitted at Hayani Hospital in the Maximum Security Ward. In this study in-depth interview as a method of data collection will be used to explore and describe the experiences of professional nurses working in the Maximum Security Ward at Hayani hospital.

For any information contact the principal researcher on the following numbers: Cell: 0722154935

Thank you.

Mulaudzi Mulatedzi Precious

Principal researcher signature:.....Date:



REF: 8/1/1
ENQUIRIES: Makakavhule T.
DATE: 03/08/2018

To: Ms Mulaudzi M.P
PO Box 2746
Thohoyandou
0950

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

1. The above matter refers.
2. We acknowledged receipt of your letter dated 01 August 2018.
3. Permission is hereby granted to conduct the study on "The experiences of Professional nurses working in the Maximum Security Ward- a case study of Hayani Hospital".
4. Kindly make sure that you contact Nursing Administration Office and arrange all the logistics before you start.
5. Hoping that you find this in order.


ACTING CHIEF EXECUTIVE OFFICER

16/10/2018
DATE

Hayani Psychiatric Hospital, Private Bag X2272, SIBA5A, 0970
Tel: (015) 963 7620 • Fax: (015) 963 2394

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ANNEXURE F

PARTICIPANT INFORMATION SHEET

Dear participant

REQUEST FOR CONSENT FROM PARTICIPANTS

I am a professional nurse at Hayani Hospital and a master's student at the University of Venda, School of Health. I am presently conducting a research study entitled "**The experiences of professional nurses working in the Maximum-Security Ward at Hayani Hospital in Vhembe District in Limpopo.**"

The purpose of the study

The study aims to investigate the experiences of professional nurses working in the Maximum Security ward a case of Hayani Hospital in Vhembe District. To achieve this purpose, I need to interview professional nurses who are caring for the mental health users who are admitted at Hayani Hospital in the Maximum-Security Ward to participate in this study. In this study in-depth interview as a method of data collection will be used to explore and describe the experiences of professional nurses working in the Maximum-Security Ward at Hayani hospital.

Objectives

The objectives of this study are to:

- Explore the experiences of professional nurses working in the Maximum-Security Ward
- Describe the experiences of professional nurses working in the Maximum-Security Ward

The significance of the study

Professional nurses are the group that will benefit because they will get a platform to ventilate their experiences as they work in the Maximum-Security Ward.

The study findings will add on the available scientific data regarding experiences of professional nurses working in the Maximum-Security Ward. The directorate

responsible for nursing will have information of what nurses are going through while working in the Maximum Security ward.

The Nursing Education sector will benefit during curriculum development for addressing specific educational needs of professional nurses.

Risks involved

There are no risks anticipated during the interview sessions other than that you may feel tired and this may lead to some discomforts as you share with me your experiences of working in the Maximum Security ward.

Benefits of the study

This will benefit the body of knowledge in the sense that more light and information will be shed on the experiences of professional nurses working in Maximum-Security Ward.

The data collection process

The interview will be recorded by a voice recorder, transcribed verbatim and verified with you and the independent expert. The recorded information will be erased on completion of transcribing the tapes to ensure confidentiality. Your anonymity will be safeguarded by excluding the use of names. The information related to the discussions will only be accessible to me and the promoters of the study. No data will ever be linked to your name.

Participant's right

You are of course under no compulsion to participate in this study, but if you do so, you have the right to withdraw at any stage of the research.

Contact details

Your participation in this project is appreciated and if you have any queries please contact the promoters and the principal researcher at the numbers listed below:

Promoter: Doctor Maluleke Mary: Cell number: 0763949752

Co-promoter: Prof Netshikweta M.L: Cell number: 0724933694

Principal researcher: Mulaudzi M.P: Cell number: 0722154935

ANNEXURE G INFORMED CONSENT

I _____ on this the _____ day of _____ 2017 hereby consent to:

1. Being interviewed by _____ on the topic “the experiences of professional nurses working in the Maximum-Security Ward, a case study of Hayani hospital, Vhembe district of Limpopo province, South Africa”.
2. The interviews will be audiotaped.

I also understand that:

1. I am free to end my involvement or to recall my consent to participate in this research any time.
2. Information given up to the point of my termination of participation could however still be used by the principal researcher.
3. No reimbursement will be made by the principal researcher for information given or my participation in this project.
4. I may refrain from answering questions should I feel these are an invasion of my privacy.
5. By signing this agreement I undertake to give honest answers to reasonable question and not to mislead the principal researcher.

I hereby acknowledge that the principal researcher/interviewer has:

- 1 discussed the purpose and objectives of this research project with me
- 2 informed me about the content of this agreement
- 3 informed me about the implications of signing this agreement

As I sign this agreement the principal researcher undertake to:

- 1 Maintain confidentiality, and privacy regarding the interviewee's identity and information given by the interviewee;
- 2 Arrange in advance a suitable time and place for an interview to take place; and
- 3 Safe guard the duplicate of this agreement.

(Interviewee) _____ DATE: _____

(Interviewer) _____ DATE: _____

ANNEXURE HI

NAME: MULAUDZI M.P

STUDENT NUMBER: 11534304

DEGREE: MASTERS IN NURSING

SUPERVISOR: DR. MALULEKE M

**EXPERIENCES OF PROFESSIONAL NURSES WORKING IN THE
MAXIMUM SECURITY WARD – A CASE STUDY OF HAYANI
HOSPITAL. VHEMBE DISTRICT, LIMPOPO PROVINCE- SOUTH
AFRICA.**

TRANSCRIBED INTERVIEW

R- Good afternoon

P- Good Afternoon

R- How are you?

P- I am well and how are you?

R- I am Mulatedzi Mulaudzi, I don't want you to say your name. Errrr, currently I am a student at the University of Venda, I am doing a Master's degree. I have a research that I am doing which is about "experiences of professional nurse working in the maximum security ward'. Now today I am checking whether my interview guide is working or not. I have requested you to assist me; do you allow this to continue?

P- Yes I allow this.

R- If you agree then I am thankful of that. What actually is happening is that anytime during the interview you can tell me, as of now what I am talking to you I am recording this conversation with my cell phone. If you feel like you don't want to continue or you want to stop this interview, you can press in this button for us not to continue. Anyway I am thankful. The truth is that whatever we are talking about will not be known by other people. It will be between you and me. Your name will not be used in anyway. Errrrr if you don't want to continue with this interview you are allowed to stop anytime. Actually there are neither monies nor any other gifts that you will get for participating in this interview. Errrrrr there is nothing that will be attached to your name. What you will be saying is confidential it ends between you and me. This can only be used by people who are supervising me at the university.

R- Do you understand this?

P- Yes, I understand.

R- Thank you. The fact of the matter is, my question is that you have ever worked in the Maximum Security Ward, is that correct?

P- Yes, it's correct.

R- Errrrr can you assist me if you could please, explain to me about your own experience of working in the Maximum Security Ward. How was it?

R-- Maintain eye contact

P- Hey! I found it very good because we could be working with forensic cases but when we started community services practice we didn't have exposure because when we were doing practical's we were not exposed to forensic unit.

R- Uhmmm

P- So I saw that it was a learning centre because I learned of other conditions there which I didn't know, especially the acts, that now are acts applied, the type of patients. I realised that there, it was well detailed.

R- Thank you. I heard that you talked about type of patients, did I understand it well that you are talking about different types of patients who are admitted in the Maximum Security Ward?

P- Yes.

R- If that is the case please explain to me the types of patients admitted in the Maximum Security Ward? Furthermore what could have happened in those pts.

P – OK. I can say that or start with the state patients.

R- Uhmmmm

P- With the state patients I could not understand when it is said that the patient ends up being a state patient who is he.

R – Yes

P – Then and those involuntary patients I could then know that if it's an involuntary patient he is brought without his consent by relatives or those people who feel that his condition needs treatment of mental illness.

R – I wanted to know what makes people to be admitted in Maximum Security Ward, not admitted in other wards that we know of.

P – In my understanding, when a person is admitted in the Maximum Security Ward, we find that most of the patients have committed gruesome crimes like murder, who should have been incarcerated in prison, but it was realised that they are mentally ill and if they are in prison they are unsafe and should be brought to hospitals.

R- Yes, it's true.

P – Now you as a nurse while working in the Maximum Security Ward, when it comes to your safety, how did you see it?

P – Hey my safety- I saw that we were not completely safe. Especially as a female and young as I am, because these patients may show that they envy you.

R – Uhmhhh

P – Or they would greet you all day, so we felt that as females the safety is not guaranteed.

R- What did you do as you woke up every day to go and work in Maximum Security Ward, what did you do to keep yourself safe.

P – I made sure that when I was doing tasks away from others, I would ask other people so that we can work as a team.

R-- Silent

P- One should not do things alone. If you wanted to visit the bathroom, you can ask someone to accompany you or tell them I am entering. People would tell the time you entered.

R – Uhmhhhhh

R- Management support how would you say it was?

P- Management support was good because we used to hear that they were organising security officers for us. This shows that managers were doing efforts that safety of the staff is low.

R: Nodding head

R – Thank you.

R - With cooperation between you and you as female nurses and those others who are males, would you explain how you viewed it?

P- It was very good. Because the male nurses would stand even if patients are aggressive, they would intervene. We females did not intervene or even entering the dormitories, it was not allowed that we enter alone, we were supported by the males.

R – Thank you. By the time that you were working in the Maximum Security Ward, how full was the ward with patients. If you remember well.

P- It was said that there were more than the beds.

R- Uhmhhh , huhhh!

P- The bed capacity of the ward was full because there were others who slept on sponge mattresses on the floor. They slept there but were overcrowded.

R- Following what you have just said, because these patients are known as troublesome patients who are aggressive, when they are many like that, in the ward how did people manage them?

P- No, people were just trying, but others could be controlled while others especially those from prison were still very ill. To control them is difficult.

R- It is said that Maximum Security Ward as a ward has nurses, are there any other health workers there?

P – They are there like occupational therapists who work with them by helping patients, rehabilitating them that they may work to put food on the table.

R- I see, other than the occupational therapists?

P- There are doctors.

R- Uhmhhh, thank you.

P – Yes, yes.

R – Cooperation between the group of nurses and other mental health workers, how was it because when I see it these people are coming for the same patient.

P- It was good.

R- Uhmhhhhh

P - The occupational therapists have their own space and they station there, assisting patients there.

R—Nodding head

P-- As they are working there they are also assisted by nurses and doctors and doctors also intervene.

R – Can you say something regarding job satisfaction as a nurse in the Maximum Security Ward, Talking about job satisfaction?

P – Yes, errr, job satisfaction. I was thrilled by the fact that while in the Maximum Security Ward, as I look I found that I feared a lot there but because the patients were many, it means that the work overload was big. But I looked at it in a positive manner; it means that one would have learned a lot.

R- It is heard that nurses, sometimes get tired to go to work. This is what is called burnout it's another language. Did you ever come across this feeling while working in the Maximum Security Ward?

P- No, I didn't come across these.

R- Thank you.

R – What can you advise another nurse who wishes to work in the Maximum Security Ward?

P- I can advise that he/she can go having told him/herself that she is going to work with a team. To work hard and engage in team work and not work alone.

R—Nodding head

R- Thank you very much. These are the workers called security officers, their work, attached to nursing; do you think it is relevant?

P- Yes.

R – Can you explain why you think it is relevant?

P – I think it is relevant because nurses as nurses are unable to restrict in a manner that security officers can do.

R – I hear you.

P- Yes.

R- Thank you so much. I thank you for your time. This recording that I made now, I will play it back so you can listen that I recorded you and this is exactly what you said. After that because as I recorded you I will transcribe it verbatim. I will come back to you to indicate that I wrote what you really said. At the end of my work I should have indicated what you explained. Now I thank you very much, I say next time I will ask you like this and we say at a place with no disturbances, being the two of us talking and finish our conversation. The other thing is that do you have any questions to ask?

P- No, I don't have.

R – Thank you so much, have a good day. We shall meet again.

P- Thank you

END OF INTERVIEW END OF INTERVIEW END OF INTERVIEW

ANNEXURE H2

TRANSCRIPT OF INTERVIEW 1

UNIVERSITY OF VENDA

MULAUDZI M.P: II534304

MASTER IN NURSING:

KEY:

R- researcher

P- participant

Start

R: Good afternoon

P: Good afternoon

R: How are you?

P: I am fine and how are you?

R: It is too hot today

P: Very hot

R: It is better here

P: Yes

R: Its because it is uphill

P: Yes a cool wind is blowing (laughing)

R: Yes, I have decided to come to you at your workplace

P: Yes

R: I am Mulatedzi Mulaudzi, a student at the University of Venda. Like we agreed during the meeting and over the phone today that I am going to come today to interview you. I am doing Masters in Nursing and I am conducting a research in a topic "experiences of professional nursing working in the Maximum Security ward". What

we are doing now is that I am collecting data for this study, can I go on now to interview you today?

P: Yes I agree

R: If you agree, your names and will not be mentioned anywhere and will not be written down. What we are saying today will be recorded verbatim, and I will come back to you to verify if this is what you have said. If there is something that I may need to ask you then I will do so. I may think of something else after I have gone or you think of something else you could have said too, now can we continue?

P: Yes we can continue

R: The other thing is that when we conduct this interview, you are not going to be paid or given any incentive for participating neither money nor gifts. Do you wish to continue after knowing that you are not going to get anything?

P: Yes we can continue

R: This is a tape recorder to record all that we are going to say. If you feel that you don't want to continue, then you can press here. You are also free to withdraw anytime during the interview should you feel so.

My question is like I told you my study is about "experiences of professional nurse working in the MSW, how are your experiences of working with mentally ill patients in this ward? How can you explain this? I am talking about your experiences.

P: Ok. My experiences since I started in this MSW, they are common challenges that occur in every work setting as I understand this. But in the MSW the people that we work with are mentally ill and they need a person who is tolerant to provide their needs.

R: Uhm

P: Also to provide for what they want

R: Uhm, Thank you, I heard that you said sometimes about common challenges which may occur anywhere but what happens here, according to you is different from other work situations. Can you explain why you say it is different from others?

P: Ok, it is different because people that we are working for here do not have good do not have good relationships with the people in their homes, because of the crimes they

committed. It is difficult to deal with a person who is not accepted by the people they belong to.

R: Uhm

P: As a nurse you have to act as a relative and as a nurse to that person and act like you know them even if they are strangers to you.

R: I understand you indicated that working here requires a person with tolerance.

P: Yes

R: What could be the cause of this?

P: Tolerance, It's because problems that the patients have are not tolerated in their homes by their people. When they come here this is their home –“it is their last hope” so that is why I say they need people who tolerate them for they do not have anywhere to go.

R: it shows that these people have committed crimes, Am I right?

P: Yes

R: Can you please explain what kind of crimes they have committed?

P: Ok, crimes committed for most of these patients there is murder, assaults and rapes

R: These are gruesome crimes.

P: Yes big crimes for the states

R: When we look at this it is not anyone who commit murder and rapes and others or big crimes who comes to this institution. Why are this once here, not like others who committed similar crimes?

P: Ok. When they finally come here its because they committed those crimes due to their mental illness. They could not stand trial in courts.

R: I understand. You taked about providing for the needs to this mentally ill people, talking about mental illness we are talking about patients who have committed serious crimes. This is not prison, you have no guns, this is a hospital you are nurses not policeman. How do you cope?

P: Hey! Ahhhh, it is very difficult to do this but we have learnt to handle this people. We use the education that we have, the experience from individuals as we take care of them. We have different sessions with them. We have individual sessions. This is done to correct their behaviours and we don't treat them as criminals but as patients.

R: Yes

P: Yes we treat them as patients not like people who committed crimes, who are prisoned. We are trying to make their minds stable and not be psychotic so that they may also get to live well with fellow patients, they are also given leaves to try to find out if they can be able to live at their homes.

R: As you said that you treat them as patients, they have the potential to commit crimes how do you deal with them?

P: Yes crimes also occur in the ward, they argue amongst themselves or with staff members. We go to an extent of explaining to him when he is stabilised by medication. We indicate that in behaviour not acceptable in the hospital because we are dealing with medical issues only.

R: So what are other crimes or challenges that are done or committed on workers by patients?

P: There are many challenges happening here by patients to nurses are (I don't know how to say it). It is the behaviour of that person or he is not cooperative with us in the hospital or you find that the person refuses treatment.

R: Ehh

P: When his injection is due. He refuses to be injected and say they are abused but we are only trying to give them therapy. That is where violence erupts. The other thing is that the patient may not have visitors. His frustration also mounts and he displaces this to nurses. ;

Hu swika hune frustration yawe ai bvisela kha manese.

R: Does it ever happen that nurses are hurt during these violent spells?

P: Yes it happens they can hurt nurses.

R: In what manner? Can you explain further?

P: Errr.....Mostly when they fight amongst each other, and we try to separate them, they change focus and from fellow patients and then attack the nurses. That's were it happens. When we try to reprimand him and we would want him to stay in the seclusion room and he refuses then he may assault nurses when we take him to seclusion.

R: When you want to separate him from others.

P: Yes to protect staff members, other patients and himself.

R: Ok I understand. When you say that these patients can be violent at times are you not fearful of them?

P: We are fearful. Its just that we cannot be scared and all run away. If we run away there will be no therapy. This is where tolerance comes into action. We must tolerate because U vha u mushumo washu. Even when it is painful we tolerate so that we can help them. We also feel stressed by this situation.

R: What can you say about your safety?

P: Errr,,,we are safe when there is no violence but when there fights we feel unsafe. We feel safe because there are people working with us like security officers when fighting starts they are the ones who assist us.

R: Thank you. When are these patients said to be discharge?

P: Errr in MSW, most of these patients go through LOA. When doctors and nurses think that the patient is stable and we involve their families. Family members are called in to discuss the condition of the patient to check if they accept him. If they accept him then we release him on leave of absence. If they live better life at home, for more than six months and we realise that he is coping well then he is discharged to the nearest hospital. Discharges are rare its mostly LOAs. They again come back having committed more crimes.

R: As you work here, what can you say about job satisfaction?

P: Our working conditions in the MSW?

R: Yes- job satisfaction.

P: AHHH...i can't give this 100% - we are working. The reason I don't give 100% is that it depends on us as we work with patients to prevent incidences but we know anything can happen to us.

R: Does this add to your fear?

P: Our safety is not guaranteed.

R: What can you say to a person who wishes to work here?

P: To a person who wishes to work here, I can say it is good to work here especially if they like psychiatry, Forensic psychiatry. They can get experience. By working in the MSW, they get an opportunity to see patients with different conditions like those aggressive ones. That is where we learn about their management and see psychiatry at its best if they like it.

R: What do you think can be improved in your working environment based on your experience?

P: What can be improved in the MSW is that there be provision of an area for sessions. We hold our sessions outside where safety is not guaranteed. Even the distance between the nurse and the patient is so open that if he wants to do something he can do it with ease when you are with him. If there could be a place for such sessions, it would be better for individual and group therapies and will be conducive for patients such as these.

R: You are nurses, you talked about security officers and doctors, how do you work with each other?

P: In MSW we work very well even doctors and security officers. like when a patient arrives, security officers assist even when relatives come to visit the patient. When the patient wants to collect something from the fridge. Security officers accompanies him for the sake of safety of staff and prevent abscondments

R: How do you work with social workers and others?

P: We work very well with others, but the only challenge is that they don't attend weekly climate meetings and the challenges that are to be attended are not tackled'. The frustrations are displayed to nurses because patients won't have answers. Nurses do

not have the powers to provide those needs supposed to be given by specific health workers like social workers, dietician and psychologist

R: We are near the end of our interview. Does it happen that patients harm staff members seriously?

P: Yes it happens. One incident that happened to such an extent that one nurse lost her life. It happens that nurses are hurt, and they undergo treatment. Those incidences are also recorded,

R: Thank you so much is there anything you want to add from what we have been talking about?

P: No, I am right.

R: Please don't go away I am still thanking you on record. Thank you so much we are at the end of our interview. Like I told you I am going to write this conversation verbatim. Should my supervisor want to verify this, they are going to use this voice recorder. What is all so important is that the service was not disturbed. That is why I came here over lunch as we agreed over the phone. I will again come back to you should I need clarification on what you said and if you also need to add something you can contact me. Thank you.

P: Ok.

END END END END

ANNEXURE H3

TRANSCRIPTION 2

UNIVERSITY OF VENDA

MULAUDZI M.P: II534304

MASTER IN NURSING: 2017

KEY:

R- principal researcher

P- participant

Start

R: Good afternoon.

P: Good afternoon

R: How are you?

P: I am fine and how are you

R: I am very well. I have come to see you here at your workplace.

P: Yes. That is good.

R: You are working while others are resting.

P: Yes , we are working while others are resting what can we do.

R: Hmm. (laughing). I understand. It has also rained.

P: Hmm

R: Hmm, it means the ploughing season is here.

P: Yes we are going to have fresh vegetable – madelele.

R: Everything including worms.

P: Yes everything is there and mishidzhi too.

R: Nobody can say they are dying of hunger.

P: Yes. They just go and pick vegetables freely.

R: Thank you so much. Yes. I am Mulatedzi Mulaudzi, a student at the University of Venda

I am doing my Master in nursing. Like we agreed during the meeting and over the phone

today that I am going to come today to interview you.. I am doing a research study on a topic saying “The experiences of professional nurses working in the Maximum-security

ward at Hayani hospital. It means a need to hear of your experiences as professional nurses from the professional nurses themselves as the work in this ward. Err. Like we agreed over the phone and on the first meeting that I came here I would like to

interview professional nurses. The first thing that I can explain is that your name will not be mentioned anywhere in this study. We are not going to use your name and it will not be heard of that it is you who said what and when. The other thing is that this recordings .you can see me holding this thing, itis a voice recorder and it will be capturing all that we will be saying. From there I am going to transcribe word for word and write .it down. I will come again to confirm if what I have written down is correct or not. Err. Do you agree that we continue?

P: Yes. We can continue because we have the little about our experiences here .

R: thank you so much. The fact is that when we are doing this you not have a problem . if you feel you don't want to continue with this interview, you just press this button (pointing at button). You are not forced to continue with the interview if you feel like you don't want. The other thing is that when I come to your working place— this is what I told you that I first agree with .you to come and interview you while you are at your workplace. However, does the interview disturb any services?

P: No. it does not disturb because it is our lunch time and we are here. You have come at the right time .

R: Thank you. I thank you that you have agreed that we go on with the interview. While I am doing this interview, you are not going to get any incentives in a form of money, gifts nor any other thing. You are doing this voluntarily knowing that you will not be paid. After I have explained this to you, do you still feel that we should continue?

P: Yes. Very much. We .will work smoothly with you like you have indicated. We can continue.

R: Thank you. My first question is: according to you, how do you experience working with mentally ill patients in the Maximum Security ward ?

P: Actually our experience as we see it here is a bit long but we are going to pin point(u topola zwituku). That we know. Like our work is to..... I don't know if I have to say that we are in a dilemma I would be wrong or not. When you work here you are in a ludzedzekwa to say that if it goes well it is good for the country, if it doesn't go well it is again for the country. This is a scary place (ndi fhethu hu no ofhisa).

R: Hmm

P: It isscary because the people we are working for are not reliable. He can change anytime while you are happy together.

R: Hmm

P: That is some of the experiences that we have. We are always fearful. Secondly even if we work very well- we are fearful of this place (ri a hu ofha hafha fhethu).

R: Yes

P: We are afraid because of the conditions of these patients even if there are medications that we give them. We are not sure that when we give them medications their lives will be.

R: Thank you. You have indicated that working here as you explained in an English word you said it is a dilemma, can you explain the deep meaning of dilemma.

P: Actually when patients are admitted legally here, we must accept them lawfully. If we leave them we are in trouble. Even if we help them like we do, they have rights to say that they were not well assisted and we again fall into trouble. That is the dilemma

that I am talking about. It may happen that I assist him and all goes well and their relatives also accepts that.

It may also happen that I assist and the patient wants that this one must fall into trouble “hoyu ndi khou toda uri a wele khakhathini”. That is why I say we are in a dilemma.

R: Can you explain what you mean by falling into trouble – in what manner?

P: Nowadays people have got their lawyers who always speak on their behalf and if you don't give what is expected they will say they were not taken care of as expected as far as they know. You can explain that you have given the right thing, and he pushes that he was not treated well-- seeing his lawyers' because of this and that. When that is investigated you end up in trouble.

R: You must not worry, you can answer you cellphone.

P: answering his call.

R: Can we continue?

P: Yes we can

R: Now you have used a word that dilemma if I am correct it means that you may do something thinking that you are doing right but on the other hand you are erring. If you don't do it you will be making a mistake too. Is this what you mean?

P: Yes that is what I meant. 'Ndi kholomo ya musanda u a i khada ndi mulandu, uailitsha ndi mulandu'. That is the way I see a dilemma. When it comes to work ,everything is going well. It is just that these people we work for, we don't trust them. You can have little trust on them and you trust them on what they can do while you are observing them

R: ...pauses..... hmmm

P: That is how our people are.

R: When you say our people are you referring to patients?

P: I am talking about our patients in the ward.

R: What kind of patients or what type of people end up here?

P: Actually there are three types of patients that are admitted here in this hospital.

R: Yes nodding head.

P: There are those who come for observation. To be checked if they are really ill or not. They will be checking that by doctors who have been trained for that and nurses who will be assisting.

R: hmmm

P: Number one it's the observation patients.

R: Observation patients while still here. What type of people are these, why are they called observation patients?

P: These are the people who when they were in court for their crimes, when they undergo court proceedings they don't follow the instructions as the prosecutors or those handling the case would expect. Then they suspect that the answering is not right they order that the person be examined for his mental status. Forms are completed by the relevant people and the person ends up admitted here. When we stay with him here-the doctor trained for that will examine his ;for a ;period of thirty days only. He will be checked if he can follow instructions or not . if it happens that

R: (someone knocking) you can come in, come in.....

P:the person can take instructions then he is returned to court to stand for his trial. If it is found that his mental status is disturbed then he is admitted and given treatment prescribed by the psychiatrist.

R: Patients that you are talking about as far as I am concerned you say there is a crime committed. What have they done?

P: Crimes can differ, it can be assault with intent to cause harm or arson on big buildings worth of much money. Breaking cars. Those are the people who are apprehended , sent to court and unable to stand trial, they are suspected for mental instability for not following court proceedings and sent for psychiatrist. That is the other type of patients that we have.

R: What about those that rape and commit murder where do they get to?

P: ahaaaaa! Those that rape and commit murder is another category and they are called state patients after they have been observed for a number of days then goes back to court. If they can stand trial then they undergo all court proceedings, if they cannot stand trial then they are admitted as state patients.

R:silent.....

P: There is no discharge but they are given leave of absence. If they relapse at home, no one follows them but the family must report them to the SAPS then they will bring him to the hospital.

R: Thank you said previously that using a Tshivenda word that u shuma hafha lu tou vha ludzedzekwa. Can you please explain what you mean?

P: It means that if you make a mistake and the law gets in, you are in trouble if you do good even the community will say what a good nurse

R: ohhhh

P: That is the thing.

R: It means ludzedzdfekwa is more or less like dilemma,

P: That is correct

R: Ok thank you. You explained earlier that you work with fear. What brings about this fear?

P: The fear is brought about by the type of patients that we serve. Before they can get medication they are violent but even after medication they have thoughts that are unpredictable. They can memorise you when they are on LOA at home they can market you because they are known as mentally ill if they hurt you it won't be a serious matter because it is a known mentally ill patient. Even though you would have been hurt but he has nothing to lose.

R: I understand that you say that these people have committed gruesome crimes like rape, murder, breaking and other things that you have explained. How do you protect yourself

P: According to my knowledge and experience it is good that one does not work alone, we work as a team, if something happens we do it together.

R: Uhm

P: We even tell each other that we are going to someone who did something. We even assign who will start talking to the patient in a humane manner. If the situation boils then we plead with the patient if that doesn't help then we give medication as prescribed. Sometimes scuffles ensues and after that we say that is how we work.

R: I understand. While working with these patients who are criminals you don't have weapons like guns to protect yourselves like policemen, you have nothing. How do you feel about your safety?

P: That is why we have security officers to support nursing staff by manpower because no guns are allowed here. We only trust medications prescribed by the doctor – injection.

R: I hear you

P: As you are working here are there any injuries that can be incurred on workers?

R: They can be there and recorded to indicate that one of us is injured and we send them to our senior so that they can examine the extent of the injury and they would determine if the government can compensate or not. That is all we work in the name of Jesus

P: To work in the name of Jesus do you mean that you are tolerating something that is difficult. That is to tolerate what is difficult hoping that our works will be paid by Jesus.

R: Thank you and I understand you. Can you please explain what are the injuries incurred by staf?

P: The first injury is one can get fractured fingers after being kicked by a patient. lot may happen that clothes white can be dirtied after shoving and shuffling. It happens. Death can happen there was one death which is still horrifying us. Its always in our minds. When we talk about this ward, we think someone can die because we don't know what the patient may take to hurt you that is why I say it is terrifying. Looks down, frowning and sad.

R: You mean that your colleague passed on being hurt by a patient?

P: Yes. We say that on our own eyes. We saw her lying down after what happened. (Looks very sad).

That is why we say we are fearful go say that we don't know what the patient may do. They are dangerous. That is why we say anything that is lying around that can be picked by a patient must be removed from eyesight.

R: You say that any object that can be a weapon is taken away to prevent injuries

P: Things like pieces of wood, nails and others are taken away because we don't know what the patient is thinking about. They may pick anything and use it to injure others. Even these light tables can be picked up and be used to injure each other. That is why we always stay close to them.

R: I wanted to come to that that what do you do when patients fight among themselves?

P: Like we are having security officers we separate and apprehend them, call the doctor for prescription of medication they can be place in a single room for a specified time. When they are in a single room we as nurse ago and check what is happening and what are they doing. After the specified time has elapsed we sit with them and do counselling on what had happened. We must talk to them to indicate that what they are doing is wrong so as to prepare them tyo stay in the community and avoid such behaviour.

R: Thank you so much. We have talked about so many things here, do you have anything more to talk about?

P: One can add to say if possible if the patients number can be reduced it would be much better and then we can control these patients better. If it is full like this then heyyyyyyyyy ,,,,,when you come to work you say that heyyy I am going to that place where there are always fights and you are up to separate fighters. That is some of the things.

R: Are you saying the ward is full to the brim?

P: Yes it is full to the brim. There are so many people.

R: How do you cope with so many patients?

P: Team work that we have is assisting us a lot.

R: Uhhmmm

P: That is what I can add.

R: Thank you so much. I think you for participating and leaving your lunch hour to come for this interview. Thank you for informing me that you work i ludzedzdekwa, you have fear, you are anxious, but you are coping through teamwork. You also get your safety and security from security officers.

Thank you. All that we have said here, I am going to transcribe word for word and I will again to show you if what I have written is what we have said or not. That will be a prof that indeed an interview has been conducted. The other thing is that what I have written will be seen by my supervisors for them to check if I am conducting these interviews correctly as expected.

However there are instances when I may come back to you to probe for more information. That will e for a short time. I may come for clarification because when I transcribe i might realise that there is information that i should have probed on.

P:I agree that you may come and let us continue in the meantime I also will be giving the little on our views on the work that we do.

R: thank you

P: I also thank you

R: You can go and work well.

END END END END END

ANNEXURE H4

Transcript of interview 3

Student: Mulaudzi M.P

Student number: 11534304

24 November 2017

R: Good afternoon.

P: Good afternoon

R: How are you?

P: I am fine and how are you?

R: I am fine.

P: Yes

R: I am here to see you.

P: Yes

R: It is only the sun that is too hot.

P: Yes. it is extremely hot.

R: Uhhh. You are happy because it is hot allowing people to plough.

P: Yes we have already started ploughing. We are only waiting to sow our seeds.

R: Oh. That is great. I am Mulatedzi Mulaudzi, a student at UNIVEN. I am doing a masters degree in nursing. Now I am conducting a study on experiences of professional nurses working in the Maximum Security ward (MSW). You will remember that I once came here last month in a meeting to recruit you to participate in this study. Err, You agreed then, is this true?

P: Yes

R: OK. Thank you. The other thing that Idid was to contact you per phone to confirm that I will come and interview you. Do you agree that we continue?

P: It is alright.

R: Actually, you need to be free, say only what you know. Don't be afraid of anything or feel uneasy about anything. Let us talk, and as we are talking, this phone will be recording what we are saying. This voice recorder, I am using it for the first time. I am not sure of how it works. Now as we are talking and you feel that you do not want to continue you press here on the phone and on this voice recorder you just press here on this button. We will not continue if you do not want to go on. Can we continue?

P: Yes we can

R: The other thing is that your name will not be used in anyway. We will not ask you your name and your name will not be said anywhere. It is just that this work that I am recording today my supervisor will need to confirm that I came to interview you. Now we are doing this interview in the MSW because it is where things are happening. That is why you should be free. Do you agree?

P: Yes I agree.

R: Thank you very much. The question that I would like to ask is: how do you experience of working with mentally ill patients in the Maximum Security Ward?

P: (pauses) experience here in MSW, like when I came here there are things that have happened. When we came here we had fear to work

R:Uhhh

P: Yes

R: You had fear, can you explain the origin of the fear .

P: The fear was brought about by the passing on of one of our colleagues in the ward to an extent that when you work you feel uneasy. I can one has to check all sides to see if there is something that can happen.

R: Ok. Err you indicated that your fear was brought about by the death of a colleague. I want to be clarified that how did your colleague pass on?

P: I cannot explain fully but she was hit by a patient. That is why we had fear, that when you come to work here you are working with what, with patients that you feel that it means that you can have fear. But when we are continuing to work here we say that no there is nothing.

R: According to the knowledge that we have about MSW, you work as nurses.

P: Yes.

R: Err... What we hear is that patients admitted here have committed crimes in their home. You are working here as nurses without guns, without anything to protect yourselves. How are you able to work with this people in this situation?

P: Err, (pauses for a while, while looking down) one can say that work is work. We are only looking at, we do not care that this person has done something, where. We only want to serve them. We can say to support what, we are supporting communities, family members and the patient to show him that what happened had happened because of what-and illness .

R: (silent)

P: Yes. We are-when we work we do not concentrate on what kind of a person this is and what he committed.

R: It means that you are saying that you do not care that the patient has committed crime that lead him here. You look at his condition-is this what you are saying?

P: Yes truly

R: Now these patients when you look around here they are many and as nurses we believe that there are activities performed on them. How safe are you?

P: We are having private securities and in-house security officers. Whatever we do they are always by our side.

R: Yes. In what manner do they assist you?

P: Like playing games, or cards. You can find that we are playing cards being three, the fourth will be the security officer meaning that we play together with the security officer. We are doing this because we have been guarded. The patients take part, as part of their treatment. We involve them in playing games. Even if they go to OT, the

nurses also go with them. If they are doing physical exercises and other things, the security officer will also be there. If we are running from here to there, you will that the security officer is also running.

R: Thank you. What if the patient starts to be aggressive, what happens?

P: What happens when there are fights it means we talk to him, his voice will be up.

R: Uhmm.....

P: For us to win the patient I must keep my voice low for the patient to come to my level. Like I have indicated if the patient has to be injected then we work as a team. Like we negotiate with him to calm down, the others will be preparing his medication so that he can be injected if he is aggressive.

R: You are saying that you have team work, can you explain fully about your team regarding nursing of patients in the MSW

P: Talking about team work, when we work here we do not care who does what and where.

R: Eh!

P: Like for example we can work being three on 48 patients which is higher than the bed capacity of this ward which is 30. It means patients are many, it means if someone is doing something, then someone can do other things.

R: Uhmm

P: If there are visitors even professional nurses can assist them. We believe that we as professional nurses have been trained to do even basic tasks .

R: How does the situation affect you?

P: Uhmm

R: (someone knocks) come-in .

P: According to me, a situation is a situation. Because we are alive we will come across situations. The more you come across situations, the more I do what-learn .

R: Thank you. You come to work here on daily basis in an environment that you indicated as having dangerous and scary patients where anything can happen. What makes you to be so strong that you come to work daily?

P: The thing that makes me feel strong is the team work.

R: Yes.

P: We work as a team here and you will not feel like you do not want to come to work, even when there is shortage you feel like coming to work. We support each other.

R: You sound as if you love so much to work in the Maximum security ward. What makes you feel like that this is the place to work in?

P: What I like here actually is the challenges. I want to work in an environment which has something new or different

R: You seem to be anxious about the nurse who died here, can you tell me more?

P: Yes if something happens we take it that it has passed we need to move forward we continue to work. The fear is going gradually..

R: What can you tell someone who wishes to work in the MSW?

P: (Pauses) this place here as far as am concerned is nice, it is not like clinics or other hospitals. The more you work here the more you are able to solve personal problems. I have learned a lot. Now the challenges that we come across to are building us.

R: Nods head

P: It's not like we are nursing a patient who has malaria, we come across new things.

R: What is so special about this ward?

P: Here we are working with the mind of a person

R: Ok

P: We also check other physical diseases.

R: How do you feel about your safety here?

P: We are safe, I think safety is enough except in times of shortage when others are ill or other things in their families. It does not happen all the time but up to now we are safe.

R: Is there anything you want to say before we end the interview?

P: No there's nothing.

R: Thank you very much for giving yourself this time instead of resting with others you came for the interview, am also thankful that service delivery was not disturbed. That is why we make appointment to make a convenient time for the interviews. I thank you very much. I want to summarise important things that you said.

You said that you work here with fear- is it true?

P: Yes.

R: Patients can be violent to each other and to staff members. You also indicated that even if it is difficult to work here you manage to work as a team.

P: Yes.

R: Patients are dangerous and unpredictable you are always anxious and uneasy but you told yourself to work because you love your job. You said you enjoy a challenging job that enables you to learn and to develop as a person. You also said that you feel that you are safe in the ward. Is this what you said?

P: Yes.

R: Thank you very much. We have come to the end of our interview ,but I cannot say we are finished yet. From here am going to write this interview word for word.

P: Yes.

R: If there's something more to explore I will contact you for another appointment.

P: It is ok.

R: If you have something to say to add on what you said you can contact me. I can promise you that this will remain confidential but will be seen by my supervisors at UNIVEN. Thank you so much. Keep well and continue with your work.

P: Ok. END

END

END

ANNEXURE H5

TRANSCRIPTION 4

UNIVERSITY OF VENDA

MULAUDZI M.P: II534304

MASTER IN NURSING: 2017

R: Good afternoon.

P: Good afternoon

R: how are you?

P: I am fine

R: You are busy now.

P: We are having our lunch

R: Where are the patients?

P: They are in the wards

R: I am Mulatedzi Mulaudzi a student at the UNIVEN. I am here to collect data on my topic that is experiences of professional nurses working in the MSW.

P: OK

R: Like we agreed over the phone and on the first meeting that I came here I would like to interview professional nurses. You also qualify as you are a professional nurse working in the MSW. Do you voluntarily agree that we continue with the interview?

P: Yes.

R: Thank you. You can also sign on the consent form here. I also would like to tell you that we are not going to refer to your name during the interview because we don't want you to be associated with anything you have said. like when we are talking now we are recording. If along the way you feel that you do not want to continue you press this button and we will stop the interview.

P: No, its fine.

R: Can we continue?

P: Yes

R: The other thing is that you are not going to get any incentives for participating in this study. I am not going to give you money, or whatever gifts, you are not going to get anything. After I have said this do you still want to continue?

P: Yes

R: Errr.. Firstly I would like to know how your experience of working in the MSW is.

P: Should I start with the bad ones then the good ones?

R: Anyhow.

P: First of all like in MSW we learn a lot of things because MSW is different from other wards. Patients who come from outside start here. When stabilised is then that they go down there. In most instances we just encounter problems there and there. this is a good ward I am enjoying, and I am learning a lot.

: Ok you, have said that you have learned many things by working in the MSW, are there any negative things that you can share with me?

P: Jaa but we usually encounter them in December. That is where there are abscondments and then we get negative things because in December most relatives promise to come and visit but they don't come. As such patients end up fighting with us as they think that we are the ones stopping relatives from coming to fetch them. I think that is the main thing in December.

R: Ok. You talked about abscondments. How does it come about that they abscond?

P: Rejection from the families.

R: Uhhh. How are the families involved in caring for the patients?

P: For some they come and take them but there are those who don't come at all.

R: Ok. We are talking about mentally ill patients here.

P: Yes.

R: If they abscond I think they will be a danger to the community but seeing that they are in the hospital premises are they not a danger to you?

P: They are a danger to us but like we are giving them treatment to stabilise them. Most of them when they are at home they do not take treatment and they relapse so they become a problem to the community.

R: Ok

P: So they are not so dangerous when they are here.

R: Can they relapse in the ward?

P: Yes. Relapses happen. I can give an example of what happened last. A patient was promised to be taken home. When the brother came, he changed his mind. The patient couldn't take that and he tried to abscond. He was caught before he could do it. This is some of the things that make patients to relapse.

R: How does that affect you as a professional nurse?

P: It puts us in danger.

R: How does that put you in danger?

P: Because there was a security guard who was injured when that patient was trying to escape. Like the patient pushed the security officer and he fell and sustained injuries as he fell.

R: This is a special ward there are none of these ward in other hospitals. What makes it so special?

P: Because we are dealing with dangerous patients here,

R: Can you explain how dangerous they are .

P: That is many of them have committed crimes like murder or malicious damage to property.

R: Yes

P: So that is why I say that they are dangerous.

R: Do you ever admit them that committed rape?

P: Yes. I forgot to mention them in the ward.

R: Jaa, those are gruesome crimes and they are dangerous.

P: very dangerous.

R: Are you not fearful of them?

P: Sometimes I am. But sometimes I just come to work with that mind of only coming to work.

R: Yes. How does that affect your energy to come to work?

P: I don't really wake up every day and feel like I don't want to work. I am always energetic always looking back to come to work.

R: That is good.

P: This is because I know that this is where I want to be. I studied for this because I want to do it and hopefully I come to do what I am paid for.

R: You seem to be very fond of this ward.

P: Yes

R: What really makes you passionate about this ward?

P: Growing up there were people who were mentally ill at home and they were not taken care of. Like most families would just let them walk around and I told myself that after grade 12 I have to do this just to help. Like I want to work at home and do community work. To take those patients from the streets and let them be admitted where they are supposed to be. It does not do any justice seeing them walking around and not doing anything. Sometimes they become victims of assaults and rape. So I wanted to help in that to actually see that they are admitted.

R: I understand. How would you say your safety is like in this ward.

P: Like we have security officers in the ward they accompany me everywhere.

R: Like bodyguards.

P: I have body guards everywhere I go. As I say I am not really safe. I am just working because I know there are people protecting me.

R: How would you say is your working relationship with other professionals?

P: It is a very good one.

R: I see. Tell me more.

P: It's a very big one, we are one big family here. We work together, there is teamwork and we motivate each other.

R: What happens when the patient becomes violent, what do you do?

P: We notify the doctor, we check the standing order if it is available because doctors usually prescribe standing order for high risk patients and it is for behaviour modification. We check those things and we separate them from other patients. Just to keep them safe.

R: To protect them, other patients and yourself. You don't have guns and yet you are talking about patients who are violent. You are just nurses with no guns or anything to protect yourself.

P: In MSW we have manpower. Women are few and the rest are males because they know that these patients are very dangerous so that if anything happens, they are there to intervene.

R: Ok. do you have other people who assist you other than nurses?

P: We have security officers, they all have their tasks but if anything happens, the patient becomes aggressive they always intervene.

R: You are working with people who are mentally ill and the crimes they committed are aggravated by their conditions. When do you realise that the patient is fit to go home?

P: Err. Please repeat the question

R: When do you say that the patient is fit to go home?

P: At first if the patient is well behaving then we can consider taking him home. It also depends on the category of the patient for instance we have state patients. The state patients do not really have to go home because of the crimes they have done.

R: uhmm.

P: It's because taking them home will only endanger them. The people who are fit are the involuntary patients because most of them didn't do commit serious crimes at home.

R: Do these patients ever commit crimes in the ward?

P: There was one incident but I was not at work but it's the only incident that I know. That is when a nurse was killed by a patient in the ward.

R: Are there other incidences that you know of?

P: Its just that they bite or assault each other but doesn't get too far.

R: What do you mean by too far? Please explain.

P: Where a person is injured to such an extent that they are admitted. Its just that staff members get injured during intervention.

R: I see. you talked about state, voluntary and involuntary patients, hoe do they come about to be state patients?

P: State patients have committed crimes and they could not stand trial like they were not fit to stand trial and they are declared. The involuntary ones are also brought by police because they don't have insight that they are mentally ill. Voluntary patients are the ones that brought himself for treatment and rehabilitation.

R: Do you ever get observation patients?

P: Yes we had one. The one that we are still busy with and are not yet classified.

R: So what are they observed for?

P:To check if ever they are really mentally ill

R: so they are checking mental statuses. thank you very much for this information. Did we disturb the service you are rendering to patients?

P: No its my lunch time.

R: Thank you once more. I am going to transcribe this conversation word for word. I may come back to you to check if what I will have written is really what you said. I will also come if there is a need to probe for more information that I need from you. You

can also call me if you have something to add. In this interview you said patients are dangerous, they committed crimes, you are not safe and you work as a team.

P: Yes.

R: Thank you and enjoy your day.

END

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END

END