A MODEL TO CAPACITATE NURSES IN CARING FOR MENTAL HEALTH CARE USERS IN GENERAL WARDS, LIMPOPO PROVINCE, SOUTH AFRICA

BY

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A dissertation submitted in the fulfilment of requirements for the degree of

Doctor of Philosophy

in Nursing

At the

School of Health Sciences

Department of Advanced Nursing Science

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2020

DECLARATION

I, **VUSIWANA PATRICIA LETLALO** hereby declare that the thesis titled "A model to capacitate nurses in caring for MHCUs in general wards, Limpopo Province, South Africa" submitted to the Higher Degree Committee of the School of Health Sciences, University of Venda is my original work. All reference materials contained herein have been duly acknowledged.

Signature.....PLetlalo..... Date.....29|03|21.....

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DEDICATION

This thesis is dedicated to my parents, Mr and Mrs Mashele, my husband, Mr Letlalo and my three daughters, Nomsa, Tshifhiwa and Dakalo for their encouragement and support and always wishing me a successful completion of this study until attaining a doctoral degree.

ACKNOWLEDGEMENTS

I wish to express my sincere gratitude to those who took part in this study and for their special roles they played during the study.

- My promoters Prof M. Maluleke, Doctor A.R. Tshililo and Doctor K.G. Netshisaulu for expert advice, guidance, patience and encouragement throughout this research study. I am sure without them; this study would not have taken this shape.
- Cohort group of research under the leadership of Dr Maluleke M. for their critical expert advice and suggestions. They instilled a sense of belonging to a research family that motivated me to be committed to this study.
- Limpopo Department of Health Research and Ethics committee for granting me permission to have access to general hospitals to conduct interviews for this study.
- Professional nurses who participated in the study during data collection.
- Dr Lavhelani N.R. for his commitment to be an independent coder of the study.
- Mrs Stevens C., for her effort to be the language editor of the study.

ABSTRACT

In South Africa, professional nurses are expected to provide holistic care to all the patients including the Mental Health Care Users (MHCUs). During their allocation in general wards, they are expected to provide holistic care to MHCUs without training in psychiatry. The purpose of the study was to capacitate professional nurses with no psychiatry training in caring for MHCUs admitted in general wards in Limpopo Province. A qualitative approach using explorative, descriptive and contextual design was adopted for the study. The study was guided by Bloom's Taxonomy of teaching and learning theory, (2001. The study was done in two phases. Phase one was situational analysis which included the setting, population, sampling, ethical considerations and the measures to ensure trustworthiness. A sample of two general hospitals with mental health care wards, medical unit and surgical unit was selected through simple random sampling from the entire target population. Two regional hospitals were selected through purposive sampling. A sample of 20 professional nurses was selected through convenience sampling. Individual interviews were used to collect data from participants. Pre-testing was done in one general hospital, using two professional nurses who did not form part of the study. Data was analysed using Tesch' s method. Credibility, dependability, conformability and transferability was upheld to ensure trustworthiness. Ethical considerations were adhered to throughout the study. Themes that emerged after data analysis were: Managing psychiatric patients, Types of patient's behaviour, Emotional experiences of nurses**,** Knowledge and skills deficit and training needs. The concept training emerged from the findings and was analysed using (Rodger and Knafl, 1993) steps and six elements of practise theory by Dickoff et al, (1968). Findings from phase one and literature control formed the basis for phase two, which was developing a model to capacitate professional nurses in caring for MHCUs in general wards. Model development was guided by Dickoff, James and Wiedenbach, (1968)'s theory for model development and was based on the findings of phase one. The developed model to capacitate professional nurses in caring for MHCUs in general wards was evaluated by a cohort group of

research of the University of Venda, faculty of health sciences which was purposefully selected for the study. The evaluation of the developed model was guided by Chinn and Kramer, (1999). The developed model consists of guidelines to guide its implementation in general hospitals. The study concluded that professional nurses without psychiatry caring for MHCUs in general wards need training in psychiatry to provide holistic care Recommendations of the study include; nursing practice, nursing education and further research.

Key words: Capacitate, Nurse, General hospital, General ward, Model, Holistic care, Mental health care user.

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	: Acquired Immune Deficiency Syndrome
DOH	: Department of Health
HIV	: Human Immunodefiency Virus
MHCA	: Mental Health Care Act
MHCU's	: Mental Health Care Users
MHP	:Mental Health Professionals
SA	: South Africa
WHO	: World Health Organisation

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TABLE OF CONTENTS

Contents **Pages**

Declaration..i
Dedication...ii
Acknowledgements...iii
Abstract...iv
List of abbreviations and acronyms..v

CHAPTER 1
OVERVIEW TO THE STUDY
1.1 Introduction and background...1
1.2. Problem statement...7
1.3. Purpose of the study..9
1.4. Research questions..9
1.5. Study objectives..9
1.6. Significance of the study...10
1.7. Definition of concepts..10
1.8. Paradigmatic perspective..12
1.9. Research methods..15
1.10. Phase one: situational analysis...16
1.11. Ethical considerations...19
1.12. Measures to ensure trustworthiness..19
1.13. Phase two: model development...20
1.14. Chapter summary...20

CHAPTER 2
RESEARCH METHODOLOGY
2.1. Introduction..21
2.2. Research methods..21
2.3. Study setting...25
2.4. Population and sampling...25
2.5. Data collection...28
2.6. Data analysis...30
2.7. Literature control...31
2.8. Ethical consideration..31
2.9 Measures to ensure trustworthiness..34
2.10 Chapter summary...36

CHAPTER 3

DISCUSSION OF STUDY FINDINGS

3.1 Introduction……………………………………………………………………37
3.2 Description of the sample……………………………………………………37
3.3 Discussion of findings…………………………………………………………40
3.4 Chapter summary………………………………………………………………62

CHAPTER 4
CONCEPT ANALYSIS

4.1. Introduction……………………………………………………………………63
4.2. Concept analysis………………………………………………………………63
4.3. Critical attributes of training…………………………………………………72
4.4. Identification of surrogate terms……………………………………………74
4.5. Identification of antecedents…………………………………………………74
4.6. Identification of consequences of training…………………………………75
4.7. Analysis of data regarding the characteristics of the concept training…76
4.8. Chapter summary………………………………………………………………78

CHAPTER 5
DEVELOPMENT OF A MODEL

5.1. Introduction……………………………………………………………………80
5.2. The theoretical framework for the development of the model……………80
5.3. Model development……………………………………………………………92
5.4. Chapter summary………………………………………………………………101

CHAPTER 6
EVALUATION AND VALIDATION OF THE MODEL

6.1. Introduction……………………………………………………………………102
6.2. Profile of evaluators……………………………………………………………102
6.3. Model evaluation………………………………………………………………107
6.4. Model validation………………………………………………………………112
6.5. Chapter summary………………………………………………………………113

CHAPTER 7
GUIDELINES TO OPERATIONALISE THE MODEL

7.1 Introduction……………………………………………………………………114
7.2 Guidelines to operationalize the model………………………………………114
7.3. Chapter summary………………………………………………………………118

CHAPTER 8
EVALUATION, CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

8.1. Introduction……………………………………………………………………119
8.2. Evaluation of the study…………………………………………………………119
8.3. Conclusion………………………………………………………………………121

8.4. Limitations of the study....122
8.5. Recommendations....122
8.6. Chapter summary....124

9.LISTOF REFERENCES....126

ANNEXURES

Annexure A: Approval letter from ethics....137
Annexure B: Ethical clearance....138
Annexure C: Permission from Limpopo province....139
Annexure D: Permission from Vhembe district....140
Annexure E: Permission from sampled hospitals....141
Annexure F: Pre-test....145
Annexure G: Participant information sheet....155
Annexure H: Informed consent form....156
Annexure I: Data collection....161
Annexure J1: Comments from evaluators during the first session: 187
Annexure J2: Comments from evaluators during the second session: 189
Annexure K: Validation of model....191

CHAPTER 1

OVERVIEW OF THE STUDY

1.1. INTRODUCTION AND BACKGROUND

Chapter 1 presents background, problem statement, purpose of the study, research question, research objectives, definition of concepts and theoretical framework. According to Department Of Health (DOH), (2008) of South Africa, professional nurses serve as the frontline care providers in the country's health system, particularly the mental health system in South Africa. They are required to have the necessary knowledge and skills to manage Mental Health Care Users (MHCUs) with medical conditions without being hurt in the process. In order to do this professional nurse, need to be educated and trained in understanding mental illness and how it has impact on a patient's behaviour.

The South African Nursing Council, (1984), which regulate the scope of practice for all nursing categories indicate that professional nurses must provide comprehensive nursing care to all patients.

According to Gunasekara, Pentland, Rodgers, and Patterson, (2014), nurses constitute the largest group of health care professionals who care for mental health care users in the psychiatric services field. This places them at the crucial juncture of providing quality care whilst trying to manage the challenges that arise with this patient group.

This is supported by Dube and Uys, (2015), who indicate that nursing proves even greater because the changes that people with mental disorders present, especially those related to their mental and behavioural functions, require observation and direct care, which is carried out by nursing all 24 hours of the day.

Furthermore, Bahorik, Satre, Kline-Simon, Weisner and Campbell, (2017), professional nurses working in general hospitals sometimes do not have enough skills to meet the demands of people with severe mental disorders,

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and hospitalization remains an important therapeutic option, especially for people with severe mental disorders and medical conditions.

World Health Organisation, (2004), report that mental illness has major impact on individual and population health as the results are more significant disabilities than physical illness which include high risk of injuries, cardiovascular disorders and HIV which are major contributions to the burden of diseases in South Africa.

Harper and Maloney, (2016), expresses the same view when reporting that disproportionate rates at which people diagnosed with serious mental illness such as; psychotic and schizophrenia type disorders and depression, who additionally experience co-morbid physical health conditions has gained increased recognition. mental illness itself is one of the top ten disabling illnesses worldwide, making up 13% of the total global burden of disease.

Neigh, Rhodes , Valdez and Jovanovic, (2016), also indicate that people experiencing mental illness have an increased risk of developing chronic physical illnesses such as cardiovascular disease, diabetes, cancer and HIV/AIDS. Mental illness and its symptomatology increases the risks of physical illness because it can lead to; poor management of illness, financial disadvantage, stigma, medications and lifestyle factors such as inactivity and substance misusing behaviours.

Furthermore, Center for Behavioural Health Statistics and Quality, (2016), report the challenging behaviours that included patients who were disruptive, demanding, difficult, non-compliant, aggressive and agitated, unpredictable and dangerous. Patients experiencing a co-morbid mental illness may display unusual behaviours that disrupt the routine of busy wards such as medical-surgical wards and disturbed the comfort of fellow patients in wards where patients shared rooms.

Mental Health Care Act No 17 of (2002), alludes that MHCUs should be treated with dignity and their privacy always respected. Their treatment should be appropriate to their mental health status and should intrude as little as possible to provide the effect of appropriate care, treatment and rehabilitation.

This is in line with the Constitution of the Republic of South Africa, (1996), that indicate the rights of all people in our country and affirms the democratic values of human dignity, equality and freedom.

Corrigan, (2016), support the findings by indicating that regardless of age, sex, socioeconomic status, race, ethnicity or sexual orientation, and following the principle of equity, persons with mental disorders should be able to access, without the risk of impoverishing themselves, essential health and social services that enable them to achieve recovery and the highest attainable standard of health.

Similarly, Huggins, (2016), propose that developing mental health services of good quality requires the use of evidence-based protocols and practices, including early intervention, incorporation of human rights principles, respect for individual autonomy and the protection of people's dignity. health workers must not limit intervention to improving mental health but also attend to the physical health care needs of children, adolescents and adults with mental disorders, and vice versa, because of the high rates of co morbid physical and mental health problems and associated risk factors, for example, high rates of tobacco consumption, that go unaddressed.

Mental health is a successful adaptation to stressors from the internal or external environment which is evidenced by thoughts, feelings and behaviours that are age appropriate and congruent with local and cultural norms; while mental illness is maladaptive responses to stressors from the internal or external environment which is evidenced by thoughts, feelings and behaviours that are incongruent with local and cultural norms and interfere with social, occupational and physical functioning of the individual (Townsend, 2009).

People living with mental illness are more likely to have physical illness when compared to people without a diagnosis of mental illness; people with schizophrenia have mortality rate of up to four times that of general population and it is estimated that they have a reduction in lifespan of

between 10 to 30 years (Bressington, Hulbert, Cheung, Bradford & Gray, 2014).

Uys and Middleton, (2014), express the same view stating that people living with mental illness have higher rates of other common medical conditions like cardiovascular disease and diabetes mellitus. There is also high risk of HIV infection due to their risky sexual behaviour, sexual victimisation and substance abuse. People with diagnosis of bipolar and schizophrenia who display positive symptoms such as delusion and hallucinations also show greater sexual risk-taking behaviour; intellectually challenged people are also at risk of HIV infection and sexually transmitted diseases.

Patients with serious mental illness die years earlier than the general population with most excess deaths due to medical conditions. People with serious mental illness are at high risk of medical conditions because of poor judgement and limited impulse control. Lifestyle factors such as poor diet is associated with long-term psychiatric disorders and contribute to hypertension, heart disease, glucose regulation abnormalities such as hyperglycaemia, insulin resistance and type II diabetes. High risk of sexually transmitted diseases and HIV due to lack of knowledge and poor judgement, substance abuse such as alcohol and drugs expose them to various health consequences such as hepatitis, asthma, acute respiratory disease and lung cancer due to smoking (Kneisl & Trigoboff, 2009).

Mental illness is highly prevalent among people living with HIV/AIDS, with major depressive disorder due to increased social vulnerability, altered risk behaviour associated with substance abuse and loss of control within sexual relationships (WHO, 2013).

According to a study by Egbe, Summer, Kathree, Selhilwe, Thornicroft and Peterson, (2014), findings indicate that although mental health and physical health are fundamentally linked, systems of care for general and mental health are splintered. leading to difficulty for people with mental illness to access effective care for chronic medical conditions. Shortage of trained staff

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to offer evidenced based and integrated care was also identified as a barrier to provide quality mental and medical health.

Rutherford, (2017), also report that professional nurses in general wards often lack knowledge and skills in the management of both the mental health and medical health needs of individuals living with serious mental illness in a non-psychiatric hospital setting, nurses' lack of professional satisfaction, which may lead to patients receiving suboptimal care and being discriminated .

Karman, Kool, Poslawsky and Meijel, (2015), express the same view by reporting that professional nurses also have difficulty being positive and optimistic in providing care, and identified the acute care hospital environment as being a challenge in providing appropriate care to these patients, and lacked confidence to intervene or care for patients experiencing dual diagnosis.

Fear causes nurses to avoid contact and communication with persons with mental illness and they worry that they will do something that will cause the individual to react aggressively which leads to avoidance, social distance and discrimination affecting the quantity and quality of interactions needed to appropriately assess and intervene in health care issues during hospitalization. (Zhang & Jiang, 2015).

Similarly, Hobkirk , Towe , Lion and Meade, (2015), indicate that nurses are faced with aggressive incidences by patients during their daily practices in psychiatric hospitals where some patients become aggressive without being provoked and this expose nurses to unnecessary stress and can lead them to become less interested in the care they provide to psychiatric patients.

O'Cleirigh, Magidson, Skeer, Mayer and Safren, (2015), also report that patient aggression towards healthcare professionals is a global challenge and nurses are more frequently exposed to aggression compared to other professions. The most commonly reported type of patient aggression is non-physical, while physical aggression is reported by a smaller number of nurses.

Furthermore, Niu , Kuo , Tsai , Kao , Traynor and Chou, (2019), report that experiencing aggression has negative consequences on staff health and

wellbeing. Which might include psychological harm physical injuries or even death after exposure to aggression.

Challenges faced by professional nurses in the management of the physical health care of people with mental illness include factors such as stigma and discrimination, and fear of potential aggression due to lack of knowledge (Griffiths, Carron-Arthur, Parsons & Reid, 2014).

According to Bharathy, Foo and Russell, (2016), fear and hyper-vigilance from staff caring for those with dual diagnosis in non-mental health settings has also been reported as psychiatric patients often elicit stigmatizing behaviours or attitudes potentially impacting care and nurses also report a lack of understanding, skills and expertise to manage patients who can be unpredictable leading to high levels of uncertainty and tension.

Alexander, Ellis and Barrett, (2016), also indicate that fear may be one of the challenges faced by professional nurses which may prevent them from effectively caring for MHCUs admitted for physical conditions in general hospitals. Their fear might be the perception of unpredictability and dangerous posed by MHCUs; therefore, causing professional nurses to be hyper vigilant and concerned for their own safety and that of other patients.

Stigma and discrimination may also be a challenge which may affect the relationship between the patient and professional nurse. This could lead to avoidance in provision of holistic care for both mental illness and physical illness. Negative attitudes can stem from lack of positive reinforcement when caring for patients with mental illness while admitted in medical wards (Hoffman, 2017).

Label of "mental illness" is also a contributory factor as MHCUs are often identified by the unusual behaviours they display and they are considered to be demanding and difficult to talk to, therefore provision of care by professional nurses will be affected (MacNela, Scott, Treacy, Hyde & Mahony, 2013).

Knowledge gap and skills deficits may be a challenge to professional nurses leading to ineffective therapeutic interaction and subsequent feelings of

inadequacy and professional dissatisfaction. Perception that caring for mentally ill patients requires a specialist set of skills may lead to feelings of inadequacy, professional distress, disempowerment, low levels of satisfaction and burnout when caring for MHCUs admitted with a medical condition (Plant & White, 2013).

Physical environment may offer a number of challenges in the general ward context of a hospital when caring for MHCUs admitted with a medical condition; as they often require therapeutic milieu to aid recovery. When patients are considered as not fitting into the purpose of the environment, professional nurses' attitude towards MHCUs may change. Supportive and informative work environments that recognize the complexity of MHCUs admitted with a medical condition, a general ward is required to assist professional nurses in providing holistic care (Goldberg, Whittamore & Harwood, 2013).

Establishing a team approach for mental and medical health is a priority as it is difficult to implement due to shortage and mal-distribution of health professionals to render services for both mental and medical health. Stigma attached to mental illness makes it difficult for professionals to provide the quality care needed (Egbe et al, 2014).

A study by Glandinoto and Edward, (2015), highlight the need for training to all professional nurses working in general wards to empower them with skills, confidence and knowledge to provide adequate care to MHCUs admitted with medical conditions.

1.2. PROBLEM STATEMENT

The researcher is working in a psychiatric unit at a general hospital and has observed that the professional nurses in general wards continuously ask for assistance from mental health care wards towards caring for MHCUs admitted for general conditions. They always refer MHCUs for administration of medications and counselling**.** In 2017, a male MHCU was transferred from a medical unit to a mental health care unit because of being restless and

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confused. Blood investigations were done and indicated renal failure and the patient was transferred back to general unit immediately for proper care of the general condition; two days later the MHCU was reported to have rested in peace.

Protocol on implementation of 72-hour assessment is available to rule out physical illness to MHCUs for provision of holistic care but is accompanied with disadvantages when implemented in general wards, i.e. MHCUs may be neglected and mismanaged due to negative attitudes and lack of capacity by professional nurses providing care. There may be serious adverse events due to lack of supervision and poor risk management (DOH, 2008).

In their supported of the findings, Glandinoto and Edward, (2015). point out that professional nurses reported to be experiencing fear of patients in their care and holding negative attitudes towards people with mental illness. The findings of the study also highlighted knowledge gap and skills deficit of professional nurses caring for MHCUs with general conditions. The study recommended the need for general wards to provide professional development opportunities in mental health, and additional support to professional nurses through mental health training workshops.

A study by Nkanjeni, (2015) highlighted the shortcomings of professional nurses when rendering care to MHCUs admitted with a medical condition such as stigma and discrimination attached to MHCUs, fear, lack of skills and confidence to provide care to MHCUs. Recommendations of the study are to develop strategies and guidelines to support professional nurses to provide adequate care to MHCUs with a medical condition.

Similarly, Harwood, (2017) propose that interventions should be developed to support professional nurses caring for MHCUs with general conditions.

Even though studies have been conducted on the experiences of professional nurses caring for MHCUs admitted with a general condition, there is a gap pertaining to developing a model to support professional nurses caring for MHCUs admitted to general wards in Limpopo Province, particularly Vhembe and Mopani District.

It is in this light that the researcher aimed to develop a model to capacitate professional nurses in caring for MHCUs admitted in general wards in Limpopo Province, South Africa.

1.3. PURPOSE OF THE STUDY

The purpose of this study was to develop a model to capacitate professional nurses in caring for MHCUs admitted in general wards, Limpopo Province, South Africa.

1.4. RESEARCH QUESTIONS

The research questions guiding this study were:

- What are the experiences of professional nurses regarding care of MHCUs in general wards?
- What specific information do professional nurses need in caring for MHCUs admitted in general wards?
- What kind of a model should be developed to capacitate professional nurses in caring for MHCUs admitted in general wards?

1.5. STUDY OBJECTIVES

Objectives of this study were to:

- Explore the experiences of professional nurses regarding care of MHCUs in general wards.
- Describe the experiences of professional nurses regarding care of MHCUs in general wards.
- Describe specific information that professional nurses need regarding care for MHCUs in general wards.
- Develop a model to capacitate professional nurses in caring for MHCUs in general wards.
- Evaluate and validate the model to capacitate professional nurses in caring for MHCUs in general wards.

1.6. SIGNIFICANCE OF THE STUDY

The research study should have the potential to contribute to health sciences knowledge in a meaningful way; patients and professional nurses should benefit from the findings of the study; body of science knowledge should be increased from the study; health care practice and policies should be improved, implemented and cost effective (Brink, 2013). The findings of the study could contribute to the body of knowledge especially in a general ward setting regarding the care of MHCUs. Professional nurses will be capacitated with the necessary knowledge and skills to care for MHCUs admitted in general wards. MHCUs admitted in general wards will be taken care of by competent comprehensive professional nurses in a holistic approach. The developed model will add value to mental health practice and nursing and mental health research. Finally, the developed model creates the gap for other researchers to conduct research when the model will be implemented.

1.7. DEFINITION OF CONCEPTS

Capacitate is defined as making someone capable of a particular action or legally competent to act in a certain way (Thomas, 2013). The study referred capacitate as the procedure to provide information needed by professional nurses without psychiatry in caring for MHCUs admitted in general wards.

Nurse is an individual who according to the Nursing Act no. 33 of 2005, is qualified and competent to independently practice comprehensive nursing in a prescribed manner; one who is capable of assuming responsibility and accountability for his or her actions. In the study a nurse means a professional nurse without psychiatry rendering services to MHCUs admitted in general wards.

General hospital is a hospital that is equipped to care for medical, surgical, maternity and psychiatry and does not specialize in the treatment of

particular illnesses or patients; different types of ailments are treated, the role of the general hospital is to allow patients with different illnesses to be treated as outpatients or inpatients (Huggins, 2016). The general hospital which was used in the study is the one with a psychiatric ward and the general ward where MHCUs are taken care of by professional nurses without training in psychiatry.

General ward is found inside the general hospital and has allocated number of beds for admission of patients in need of care for medical and surgical conditions. The role of a general ward is to allow patients with different illnesses to be admitted and treated in totality as narrated by participants of this study during interviews (Lyketsos, Sheppard & Rabins, 2014). The study used general wards which manage general conditions.

Model: Barker, (2003) defines a model as a representation of reality, such as professional nurses using the developed model to implement the holistic care system for MHCUs admitted in general wards. The study used guidelines to be followed to implement the developed model.

Holistic care is a form of care that considers the whole person, body, mind, spirit and emotions (Ahern & Kumar, 2013). The study referred holistic care to the total care of MHCUs in general wards.

Mental health care user is a person receiving care, treatment and rehabilitation services or using a health service at a health establishment aimed at enhancing the mental health status of a user (Uys & Middleton, 2014). The study referred mental health care user to MHCUs admitted in general wards.

1.8. PARADIGMATIC PERSPECTIVE

A paradigm is a worldview or ideology that implies the standards or criteria for assigning value or worth to both the processes and the procedures of the discipline, as well as to the methods of knowledge development within a discipline (Chinn & Kramer, 1999). On the other hand, a paradigm is also defined by De Vos, Strydom, Fouche and Delport, (2012), as a set of beliefs that constitutes the researcher's perceptions regarding the nature of reality of the world and where he/she stands in the reality of the world. The study included meta-theoretical, theoretical and methodological assumptions; each is described below:

1.8.1. Meta-theoretical assumptions

Meta-theory is defined as assumptions about reality (Brink, 2013). This study's point of departure was the assumption that professional nurses are responsible for their own personal and professional development. Secondly, grounded on the fact that professional nurses without psychiatry are not providing care to MHCUs admitted in general wards accordingly. This implies that a model to capacitate professional nurses in caring for MHCUs admitted in general wards holistically is required. Holistic care is one of the basic rights of MHCUs admitted in general wards.

Holistic caring depends on the interaction with her/his internal and external environment. External environment amongst others involves the experts. The study believed that experts are needed to capacitate professional nurses towards holistic care of MHCUs admitted in general wards.

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1.8.2. Theoretical assumption

This study was conceptualized within Bloom's (2001), taxonomy theory of learning and teaching. The theory takes into consideration the higher forms of thinking in education, such as analysing and evaluating concepts, processes and procedures rather than just remembering facts (rote learning). This theory is based on a fact that attainment is the product of learning. Bloom's taxonomy theory further contends that the product of learning is dependent on the following concepts: Taxonomy of educational objectives, context and mastery learning. These are discussed below.

1.8.2.1 Taxonomy of educational objectives

The Nursing Act no. 33 of (2005), requires professional nurses who are at higher levels of critical thinking and to be holistic because it deals with wholeness of human life. Taxonomy referred to above is a classification of different objectives and skills that educators set for learners. In this study mental health professionals as experts in mental health will divide their educational objectives into three domains; that is, affective, psychomotor and cognitive to capacitate professional nurses without psychiatry in holistic care of MHCUs admitted in general wards. Taxonomy is said to be hierarchical, meaning that learning at the higher level is dependent on having attained prerequisite knowledge and skills at lower level. Therefore, the aim of this study was to develop a model to capacitate professional nurses focusing on all three domains based on the findings of the study.

1.8.2.2. Context

According to Bloom, (2001), teachers need to shift their role from inventing ways to optimize human aptitude into activities mainly concerned with matters of identification and selection. Therefore, this study explored and described the knowledge and experiences of professional nurses without psychiatry regarding care of MHCUs admitted in general wards through individual interviews conducted during data collection. Secondly, professional

nurses described the kind of information they need regarding care of MHCUs admitted in general wards.

1.8.2.3. Mastery learning

According to Bloom, (2001), mastery learning is an optimistic approach to realization of educational goals. The optimistic approach consists of the knowledge and cognitive dimension with the aim of increasing student awareness to self as well as self-assurance. The study findings revealed the specific model to be developed as needed by professional nurses without psychiatry. Furthermore, professional nurses alluded what they need as training in psychiatry, to be conducted by mental health professionals as agents, through in service, workshops, seminars and psychiatric nursing curriculum.

1.8.3. Theoretical framework for model development and evaluation

1.8.3.1. Theory for model development

The theoretical framework for the development of the model was guided by the elements of practice theory outlined by Dickoff, James and Wiedenbach, (1968). These are context, agents, recipients, process, dynamics and outcomes. This study was grounded on Dickoff et al, (1968)'s theory of model development to develop a model to capacitate professional nurses without psychiatry in caring for MHCUs in general wards, based on the findings of the study. This is fully discussed in chapter 4.

1.8.3.2. Theory for model evaluation

Evaluation of the developed model was done based on the findings of the study as narrated by participants during individual interviews using Chinn and Kramer, (1999). Evaluators of the developed model comprised of the cohort group of University of Venda, Faculty of Health Sciences, they are research

orientated as they are registered post graduate students at the university, and one is the research promoter.

1.8.4. Methodological assumptions

Methodological assumptions are concerned with the nature and structure of the science of research and include the preferences and assumptions of research (Mouton & Marais, 1996). The methodological assumptions which guided the study are in line with Botes, Nolte and Poggenpoel's, (2004) functional approach, which implies that research should be functional and contribute to the body of knowledge and the improvement of quality of life. Individual interviews were conducted to provide an understanding of knowledge and experiences of professional nurses without psychiatry regarding care of MHCUs admitted in general wards. A model was developed based on the findings of the study which will assist experts (agents) on how to teach, monitor, role model, capacitate, peer coach and supervise professional nurses without psychiatry (recipients) in caring for MHCUs admitted in general wards. Professional nurses without psychiatry will have an opportunity to learn and be capacitated with what was not covered in their curriculum during their years of training as general nurses, and these may increase the holistic care of MHCUs admitted in general wards.

1.9. RESEARCH METHODS

The study methods and reasons given will be discussed in detail in chapter 2. This study was done in two phases. The first phase was situational analysis, where qualitative approach was used. The second phase was the development of a model to capacitate professional nurses without psychiatry in caring for MHCUs admitted in general wards, Limpopo Province, South Africa.

1.9.1. Study Setting

The study was conducted in Limpopo Province, which is one of the nine provinces in South Africa, consisting of five Districts, namely: Mopani District,

Sekhukhune District, Capricorn District, Vhembe District and Waterberg District. Details will be discussed in chapter 2.

1.9.2. Research Approach

The study was conducted in two phases, namely, phase one: situational analysis and phase two: model development. Details will be discussed in chapter 2.

1.10. PHASE ONE: SITUATIONAL ANALYSIS

Phase one involved the implementation of research methods and the design that provided answers to the research questions formulated in line with the study. The findings of Phase one led to Phase two which was to develop the model to capacitate professional nurses without psychiatry in caring for MHCUs admitted in general wards.

1.10.1. Research method

Qualitative approach using exploratory, descriptive and contextual design was used in this study and is discussed in detail in chapter 2.

Qualitative

Qualitative research needs face to face contact with the research participants to promote understanding of human experiences, and findings cannot be generalised and quantified (Meyer, Naude, Shangase & Van Niekerk, 2009).

Since the aim of the study was to develop a model to capacitate professional nurses in caring for MHCUs admitted in general wards, qualitative approach was used in this study to allow professional nurses without psychiatry to narrate their experiences and the kind of information that they need in caring for MHCUs admitted in general wards without any limitation, which could not be achieved by quantitative approach.

Exploratory

Exploratory studies are those research projects which are conducted in order to gain a clear understanding of an emerging subject. They are mostly conducted when little information is available about the phenomenon and gives a chance to explore more (Brink, Van der Walt & Van Rensburg, 2016). The study explored the experiences and the kind of information that the professional nurses without psychiatry need in caring for MHCUs admitted in general wards. The explored data supported by literature control led to the development of a model to capacitate professional nurses in caring for MHCUs admitted in general wards.

Descriptive

Brink, (2013), indicate that the purpose of descriptive design is to observe, describe and document aspects of a situation as it naturally occurs. Furthermore, descriptive design may sometimes serve as a starting point of theory development. Data was obtained through individual interviews where professional nurses gave their in-depth description of their experiences and what they need regarding caring for MHCUs admitted with medical conditions in general wards.

Contextual

Contextual studies are those research projects which allow the investigator to be in the actual setting where the participant spends much of their time, in order to have a deeper understanding of their situation and only focusing on those aspects which are related to the phenomenon under investigation, without them losing focus (Maree, 2012). The study was contextual as the individual interviews were conducted with professional nurses without psychiatry in the Limpopo Province, in general hospitals and focused only on professional nurses without psychiatry caring for MHCUs admitted in general wards.

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1.10.2. Population and sampling

Population

Population is described as the entire set of individuals, objects, events or elements that meet the sampling criteria for inclusion in the study by Grove, Burns and Gray, (2016).

The population for the study were the professional nurses caring for MHCUs admitted in general wards in Limpopo Province, South Africa.

Sampling Method

A sampling method is described by Burns and Grove, (2011), 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.

The study used simple random sampling to select two districts from five districts in Limpopo Province. Sampling occurred in three stages namely; sampling of district, hospital and sampling of participants. Details of sampling method will be discussed in chapter 2.

1.10.3. Data collection

Data collection is a precise and systematic gathering of information relevant to the research purpose, specific objectives and questions of the study (Grove, Burns & Gray, 2016). Data collection of this study involved preparation; data collection instrument; and the role of the researcher. These steps will be discussed in detail in chapter 2.

Effective communication skills were used during data collection to facilitate interviews as described by De Vos, (2012). All effective communication skills used in this study will also be discussed in detail in chapter 2.

1.10.4. Data analysis

This study used data analysis guided by Tesch to analyse data. Tesch provides eight steps following Creswell, (2013), that should be considered when analysing qualitative data. Details will be discussed in chapter 2.

1.10.5. Literature control

After data analysis, experiences of professional nurses regarding care of MHCUs admitted in general wards and the kind of support they need were identified and literature control was conducted. This will be discussed in detail in chapter 3.

1.11. ETHICAL CONSIDERATIONS

The following ethical principles indicated below were adhered to during the study.

- Permission to conduct the study
- Informed consent
- Coercion
- Right to self-determination
- Principle of beneficence
- Principle of justice
- Right to anonymity
- Confidentiality

Discussed in detail in chapter 2.

1.12. MEASURES TO ENSURE TRUSTWORTHINESS

In this study, the ensured trustworthiness was through the following measures, which will be clearly explained in chapter 2:

- Credibility
- Transferability

- Dependability
- Conformability

1.13. PHASE TWO: MODEL DEVELOPMENT

Model development is described fully in chapter 4, after all the data collected during individual interviews have been analyzed Theoretical framework for the development and description of the model to capacitate nurses in caring for Mental Health Care Users in General wards, Limpopo Province, South Africa will be discussed in full.

1.14. CHAPTER SUMMARY

Chapter 1 gave an overview of the study, which included the introduction, background of the study, problem statement and significance of the study, aim of the study, research questions and objectives. The research methods, approach, design, theoretical framework and Phase two of model development were described. Measures to ensure trustworthiness and ethical issues were also described. Chapter 2 will provide a detailed description on the methodology of the study.

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CHAPTER 2

RESEARCH METHODOLOGY

2.1. INTRODUCTION

Chapter 1 described the overview of the study. This chapter will describe the following aspects: research methodology, setting in which the study was conducted; population sample and sampling procedures that were used to select the participants; method which was used to collect data from professional nurses without psychiatry; measures to ensure trustworthiness as well as ethical principles that were adhered to during the study.

2.2. RESEARCH METHODS

Research method refers to the process or plan for conducting the specific steps of the study (Burns & Grove, 2011). Research design is the overall plan for addressing a research question, including specifications for enhancing the study's integrity (Polit & Beck, 2012). Qualitative approach was adopted in this study which was conducted in two phases using explorative, descriptive and contextual design. Phase one involved situational analysis where data collection was done using individual interviews from professional nurses regarding their experiences in caring for MHCUs admitted with medical conditions in general wards, description of experiences of professional nurses by the researcher, data analysis and literature control. Phase two involved model development in line with what the professional nurses without psychiatry had indicated as the kind of support they need in caring for MHCUs in general wards. A summary of the research approach followed in this study is given in Figure 2.1.

PHASE ONE

SITUATIONAL ANALYSIS (BLOOM'S TAXONOMY OF TEACHING AND LEARNING 2001)

OBJECTIVE ONE

EXPLORATION OF PROFESSIONAL NURSES' EXPERIENCES

OBJECTIVE TWO

DESCRIPTION OF PROFESSIONAL NURSES' EXPERIENCES

OBJECTIVE THREE

DESCRIPTION OF THE KIND OF SUPPORT THAT PROFESSIONAL NURSES NEED

INDIVIDUAL INTERVIEWS

DATA ANALYSIS AND LITERATURE CONTROL

PHASE TWO

MODEL DEVELOPMENT (DICKOFF'S THEORY 1968)

OBJECTIVE FOUR

DEVELOPING A MODEL TO CAPACITATE PROFESSIONAL NURSES

OBJECTIVE FIVE

EVALUATION AND VALIDATION (CHIINN & KRAMER 1999)

CONCLUSIONS

JUSTIFICATIONS

RECOMMENDATIONS

Figure 2.1 Research Process

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2.2.1. Phase one: Situational analysis

Phase one comprises the research methodology, in this case the chosen approach is qualitative: research design is explorative; descriptive and contextual as described below. The setting, population, sampling method, ethical considerations and measures to ensure trustworthiness are discussed. Individual interviews were conducted with professional nurses caring for MHCUs in general wards to explore and describe the experiences of professional nurses caring for MHCUs in general wards. Data collected during individual interviews was recorded using a voice recorder and analyzed according to Tesch's eight steps of data analysis (Creswell, 2013). The results were also discussed against relevant literature. Qualitative approach was used in the study.

2.2.1.1. Qualitative approach

Qualitative research needs face to face contact with the research participants to promote understanding of human experiences, and findings cannot be generalised and quantified (Meyer, Naude, Shangase & Van Niekerk, 2009).

Qualitative approach using qualitative, descriptive and contextual designs was used to allow professional nurses to narrate their experiences and the support they need in caring for MHCUs admitted in general wards which cannot be achieved through quantitative approach. Qualitative approach was used in line with the three theories which are as follows: Bloom's Taxonomy of teaching and learning, (2001), which guided the study, Dickoff's theory (1968), used for model development, and Chinn and Krammer, (1999), for evaluating and validating the model and literature control.

Exploratory design

Exploratory studies are those research projects which the researcher conducts in order to gain a clear understanding of an emerging subject. They are mostly conducted when little information is available about the

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phenomenon and gives the researcher a chance to explore more (Brink, Van der Walt & Van Rensburg, 2016).

Exploratory design was used to explore the experiences of professional nurses and the support they need regarding care for MHCUs in general wards through individual interviews. The explored data was supported by literature control. The study was guided by three theories to explore the experiences and the needs of professional nurses in caring for MHCUs in general wards, which are as follows: Bloom's Taxonomy of teaching and learning, (2001), which guided the study, Dickoff's theory, (1968), used for model development, and Chinn and Krammer, (1999), for evaluating and validating the model and literature control.

Descriptive design

According to Brink et al. (2016), the purpose of a descriptive design is to gain more insight about the characteristics of situations and to provide a clear picture of situations being studied as they naturally happen.

Descriptive design was used to describe the experiences of professional nurses and the support they need in caring for MHCUs in general wards as they narrated during individual interviews using Bloom's Taxonomy of teaching and learning, (2001), which guided the study, Dickoff's theory, (1968), used for model development, and Chinn and Krammer, (1999), for evaluating and validating the model and literature control.

Contextual design

Contextual studies are those research projects which allow the researcher to be in the actual setting where the participants spend much of their time, in order to have a deeper understanding of their situation and only focusing on those aspects which are related to the phenomenon under investigation, without the researcher losing focus (Maree, 2012).

The study was contextual as the individual interviews were conducted with only professional nurses in the Limpopo Province in general wards where they

care for MHCUs admitted with medical conditions. Other categories of nurses and issues which are not aligned to the purpose of the study were not entertained.

2.3. STUDY SETTING

This study was conducted in the Limpopo Province, South Africa. Limpopo Province is divided into five districts namely: Vhembe, Mopani, Capricorn, Sekhukhune and Waterberg.

Two districts out of five districts in Limpopo Province namely; Vhembe District and Capricorn District were selected using simple random sampling. Districts hospitals selected using simple random sampling were as follows:

- Elim hospital which consists of two medical wards; male and female, two surgical wards; male and female combined in one building,
- Messina hospital consists of two medical wards; male and female in one building, two surgical wards; male and female with gynaecology patients in one building.

Regional hospitals selected using purposive sampling are as follows:

- Tshilidzini hospital which consists of two medical wards, male and female which admits also urology and orthopaedic, two surgical wards, male and female also admits orthopaedic and urology.
- Mankweng hospital consists of two male medical wards, male and female, two surgical wards, male and female.

This is fully described in chapter 3.

2.4. POPULATION AND SAMPLING

2.4.1. Target Population

Population is described as the entire set of individuals, objects, events or elements that meet the sampling criteria for inclusion in the study Grove, Burns and Gray, (2016).

The population was 20 professional nurses without psychiatry, directly responsible for caring for MHCUs admitted with medical conditions in general wards, Limpopo Province.

2.4.2. Sampling Method

Sampling of the districts

Probability (Random) sampling method refers to the fact that every member of the population has the probability higher than zero of being selected for the sample (De Vos, Strydom, Fouche & Delport, 2012).

Simple random sampling was used to select two out of five districts in Limpopo Province. To achieve this, the researcher wrote names of five districts on slips of paper, placed the names in a container, mixed well, and then drew out one at a time until the desired sample size had been reached, that is two districts which are Vhembe and Capricorn.

Sampling of the hospitals

Purposive sampling was used to select one regional hospital in Vhembe district (Tshilidzini) and one tertiary hospital from Capricorn district (Mankweng). Simple random sampling was used to select two hospitals from the five districts, the researcher wrote names of five hospitals on slips of paper, placed the names in a container, mixed well, and then drew out one at a time until the desired sample size had been reached, that is two general hospitals (Elim and Musina).

Sampling of the participants

Convenience (Accidental) sampling involves the use of subjects because they happened to be in the right place at the right time (Polit & Beck, 2014). This study used convenience sampling to select conveniently available professional nurses who met the criteria of inclusion in the study. Professional nurses were approached and informed about the study. Those who agreed to form part of the study were included to participate in the study.This is indicated in table 2.1 below:

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Table 2.1: Sampling method

Setting and population	Sampling method	Inclusion criteria	Exclusion criteria
District	Simple random	Have general hospitals	Not having general hospitals
Hospital	Purposive Simple random	Referral hospital with general ward and psychiatric ward District hospital with psychiatric ward	Not having psychiatric ward Not having psychiatric ward
Professional nurses	Convenient	Caring for MHCUs in general ward, without psychiatric training	Professional nurses with psychiatry, other categories of nursing

Sampling size

Sample size is the number of participants involved in the research study. Consideration for sample size in qualitative research is to study a few individuals and collect extensive detail about the research problem until data saturation is reached. Saturation of data occurs when additional sampling provides no new information, but only redundancy of previously collected data (Creswell, 2013). The actual number of participants depended on data saturation; however, the anticipated number of participants was 20 as indicated in chapter 3.

Criteria of inclusion

The inclusion criteria specify the characteristics of the population that the researcher includes in the study (Polit & Beck, 2012).

Inclusion criteria for this study were:

- Professional nurses registered with SANC.
- Permanent employees of the Department of Health.
- Working in general wards, Vhembe District where MHCUs with a medical condition are admitted under their care.
- Volunteered to participate in the study.

Exclusion criteria for this study were:

- Other categories of nurses registered with SANC.
- Professional nurses working in other wards where no MHCUs are admitted for medical condition.
- Professional nurses who did not volunteer to participate in the study.

2.5. DATA COLLECTION

According to Grove, Burns and Gray, (2016), data collection is a precise and systematic gathering of information relevant to the research purpose, specific objectives and questions of the study.

Data collection involved preparation, data collection instruments, pre-test and role of the researcher, as discussed below:

2.5.1. Preparation of participants

All participants were listed and contacted telephonically, rapport was created and they were recruited to participate in the study. The study was explained briefly, their consent was requested and an appointment was made in a place where they would feel comfortable, at a time convenient to them. The date,

time and venue were agreed upon with the participants. The participants were informed that they are under no obligation to participate in the study, and that if they do participate, they do have the right to withdraw at any stage of the interview with no penalty. The use of an audio recorder was explained that it would be used to record the interview, and the recording may be stopped at any time if the participant wanted it stopped.

2.5.2. Data collection instruments

Data was collected through individual interviews with participants. The interview was directed by the following central questions which were followed by probing questions:

- *Kindly share with me about what you experiences every day as you are providing care to MHCUs admitted with a medical condition in general wards.*
- *In your experience of caring for MHCUs admitted with a medical condition, please share with me what is it that can be done to make you feel that you have been capacitated?*

The interviews were conducted in English as agreed with the participants. An audio recorder was used during the interview to record the conversation.

The role of the researcher

Effective communication skills were used to facilitate the interview. Rapport was established and displayed an attitude of unconditional acceptance, respect, empathy, honesty, and openness was displayed throughout the interview.

Participants were encouraged to feel free to explain their experiences and that no name will be mentioned during the interview, and there is no right or wrong answer, just a differing in the points of view. Participants were thanked for their participation at the end of the interview. Data was collected until saturation.

2.5.3. Pre-testing

Pre-testing is about verifying the ability of the research instrument to collect data and ensuring that the instructions on the instrument are clear (Brinks et al, (2016). Pre-testing was done to test if the research question is clear and easy to understand by the participants and to test the voice recorder to be used during individual interviews. Two professional nurses who met the criteria of inclusion for the study were selected from other hospitals which did not form part of the study. They were interviewed as a way of testing if the research question is clear to the participants of this study and to check if the voice recorder was functioning well. The interviews were recorded and transcribed for the supervisors to check if the questions asked are related to the research topic. The transcript was presented to the supervisors who indicated that the probing was not enough and that it was not in relation to the research topic. The second interview was conducted after which the supervisors could see some improvements from the professional nurses' responses following probing. **See Annexure F: 1- 2.**

2.6. DATA ANALYSIS

Data analysis guide developed by Tesch, cited in Creswell, (2013), was used to analyse data. An independent coder and the principal investigator followed the eight steps developed by Tesch, to analyse qualitative data, as described below:

- Transcripts were read through carefully, to gain a sense of the whole several times, to acquaint with the data collected and jotting down some ideas which came to mind.
- The most interesting document was picked up and red through again to make sense out of it. The underlined thoughts that came out were written in the margin. They were later used to group similar topics together.
- All the topics were listed and those that were similar were clustered together. These topics were then formed into columns arranged as major

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topics, unique topics, and leftovers. Leftovers were placed in a separate file in case they may be needed during writing of research findings. Different coloured pens were used to simplify the task.

- The list was taken to review the data again. Topics were abbreviated as codes and written next to the appropriate segments of the text. Thereafter, the scheme was organised preliminary to see if new categories and codes emerged.
- The most descriptive wording for the topics was selected and turned into categories or themes and sub-themes. The total list of categories was reduced by grouping topics that relate to each other and then lines were drawn between the categories to show interrelationships.
- A final decision was made on the abbreviation for each category and codes and was arranged alphabetically. This was done after going through the codes several times making sure that all codes were noted.
- Data material belonging together were assembled and a preliminary analysis was done. This made it easier for them to come up with the themes, categories and sub-categories based on the grouping.
- The existing data was recorded to ensure that no data was missing. Themes, categories and sub-categories were written in tables of which the details will be discussed in chapter 3.

2.7. LITERATURE CONTROL

After data analysis, experiences of professional nurses regarding the care and the kind of support they need in caring for MHCUs in general wards was identified. Literature control was conducted to validate the findings and also the developed model. This will be discussed in detail in chapter 3 and 4.

2.8. ETHICAL CONSIDERATIONS

This study ensured that ethical consideration was observed which was designed to protect the rights of participants as described below:

Permission to conduct the study

Permissions to conduct this study was obtained from the relevant authorities before data collection.

After presentation of the proposal to the department of advanced nursing science, comments were indicated and attended to, then presented at the school of Health sciences of University of Venda. Proposal was then submitted to the University of Venda Ethics office where an approval letter from UHDC was obtained, **See Annexure A,** Ethical clearance was issued from the University of Venda research ethics department, **See Annexure B, permissions** from HOD of Limpopo Province and Vhembe District was obtained after submission of all required documents, **See Annexure C and D,** permissions from sampled hospitals was obtained after submitting the required documents**, See Annexure E.**

Informed consent

Informed consent ensures that the participants fully understand the research project that they are going to participate in prior to the commencement of the research study (De Vos et al, 2012). The aim of the study, duration and its significance were clearly explained to the participants before they could consent to participate in the study. The professional nurses were informed that they may withdraw from the study at any time and they won't be questioned of their actions. They were requested to sign the consent form, but they did not feel free to sign, they only gave verbal consent. **See Annexure H.**

Principle of beneficence

The principle of beneficence means that the researcher is required to do well and do no harm to those who are participating in the study (Swartz, De la Rey, Duncan & Townsend, 2011). In this study questions which might affect the professional nurses' emotional or psychological well-being were avoided during the individual interviews, sensitive words were avoided throughout the study. All activities which might harm the physical health or psychological

well-being of the professional nurses were avoided throughout the entire study.

Principle of Justice

The principle of justice strives to ensure that all those who are taking part in the study are treated equally and fairly (Swartz et al, 2011). The principle of justice was upheld throughout the study by not discriminating professional nurses based on their socio-economic status, educational level and age. All professional nurses were treated in the same manner.

Confidentiality

Confidentiality is a research ethic which ensures that the information which has been provided by those who are used as the source of information for the study is made available only to the researcher and prohibits the discussion of such information with other people (Monette, Duane & Dejong, 2008). Information that the professional nurses provided during the individual interviews was kept in a safe place, where other people who are not part of the study are unable to access it. The information was discussed only with the supervisors since they are part of the study.

Privacy

Grove et al, (2016), define privacy as the freedom of the participant to determine the time, circumstances and extent to which private information will be shared.

The participants' attitudes, opinions, beliefs, medical records and identity were not shared with people who are not involved in the study. All information was kept away from any intruder, and all interviews were done in privacy upon the participant's own free will, in their own language and without intimidation from fellow family/community members. Participants were assured that whatever they say will never be used against them or to embarrass them. The researcher explained why an audio recorder was used.

Anonymity

Anonymity prohibits the researcher from making available any information which can lead to the identification of the research participants (De Vos et al, 2012). The professional nurses were given codes to avoid using their real names, for example, “professional nurse 1”. Professional nurses were not required to write their names on anything because if they happen to get lost, other people might know who they are.

2.9. MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness refers to the degree of confidence qualitative researchers have in their data as it measures the true value of the study. It embraces four criteria; namely, credibility, dependability, confirmability, and transferability (Polit & Beck, 2012).

Credibility

Credibility refers to the context of ensuring that information is being collected from the relevant people who are providing care to MHCUs in general wards. There are ways of ensuring credibility which are prolonged engagement with the participants, persistent observation and member checks (Babbie & Mouton, 2010). Credibility of the study was achieved by ensuring that the population was accurately identified and especially knowledgeable about the study. Data was transcribed as the direct quotations from the participants. Credibility was ensured through prolonged engagement, persistent observation and member checking.

Prolonged engagement

The professional nurses were visited prior to the interviews, so that a good rapport could be built between the researcher and the professional nurses. A good rapport encouraged the professional nurses to trust the researcher and

to express themselves fully without any fear or doubt. Maintaining contact with the professional nurses before data collection assisted the researcher in ensuring that the individuals who have been identified as sources of information provided relevant information that assisted in achieving the purpose of the study. The contact session between the professional nurses and the researcher continued even after data collection to ensure that the information which has been provided by the professional nurses was accurate.

Persistent observation

The researcher ensured that she observed all the non-verbal communications made by the professional nurses during the individual interview sessions. The use of tape recorders enabled the researcher to pay full attention to the body language of the professional nurses during the individual interviews.

Member checks

During the interview session the researcher probed more from the professional nurses in order to have a clear and deeper understanding of what they were saying. A summary was made at the end of each interview. Voice recorder was played back to the participants.

Transferability

According to Babbie and Mouton, (2010), transferability refers to the point in which the same kind of study can be repeated by other people and yield similar results with what the previous researcher obtained. The research design, setting of the study, target population, and sampling procedure were clearly explained, to allow the study to be replicated by other researchers in the future and coming up with the same conclusion.

Dependability

Dependability ensures that the information that is being presented by the researcher is accurate and people can depend on that information for future

use (Babbie & Mouton, 2010). Cohort group of the University of Venda, who are experts in the field of research were consulted to cross-check the codes, to see if they would code the data the same way as the researcher would have coded. The professional nurses were visited after data analysis, to ensure that what is written is actually what they said and meant.

Conformability

Conformability refers to the level which the interpretation of the research study can be traced back to their original source and that they do not represent the ideas of the researcher but those of the participants (Babbie & Mouton, 2010). Data that was recorded during the individual interviews was transcribed without any alterations. The researcher functioned as a research instrument and did not influence the responses and outcomes of the study.

2.10. CHAPTER SUMMARY

Chapter 2 presented the following aspects: research methodology of the study; Phase one which was situational analysis; setting in which the study was conducted; population sample and sampling procedures that were used to select the participants; method which was used to collect data from participants; measures which were adopted to ensure trustworthiness of the study and ethical principles that were adhered to during the study. Chapter 3 will present the discussion of study findings.

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CHAPTER 3

PRESENTATION AND DISCUSSION OF STUDY FINDINGS

3.1. INTRODUCTION

Chapter 2 discussed the methodology that was used to conduct this study which included the following aspects: research methodology, setting in which the study was conducted; population sample and sampling procedures that were used to select the participants; method which was used to collect data from professional nurses without psychiatry; measures to ensure trustworthiness as well as ethical principles that were adhered to during the study.

Chapter 3 gives detailed information of the findings obtained from collected and analysed data on the development of a model in Limpopo Province, South Africa. The description of the sample, presentation and discussion of the study findings are presented in detail in this chapter.

3.2. DESCRIPTION OF THE SAMPLE

The sample for the study consisted of professional nurses caring for MHCUs admitted in general hospital hospitals as outlined in Chapter 2.

They were 20 participants of whom 18 (90%) were females and only 02 (10%) males as classified according to gender in figure 3.1.

Sample involved participants from medical wards (15) 75% and surgical wards (05) 25% as classified according to conditions in figure 3.2.

Participants from male general wards were 9 (45%) and 11 (55%) from female general wards as classified according to gender of the ward in figure 3.3.

This sample size depended on the saturation of data. They all have a responsibility for caring for MHCUs admitted in general hospitals. The table below illustrates the sample profile of participants.

3.3. Sample profile of participants

Classification according to gender of participants

The sample for the study consisted of professional nurses caring for MHCUs admitted in general hospitals. They were 20 participants of whom 18 (90%) were females and only 02 (10%) males as classified according to gender in figure 3.1 below:

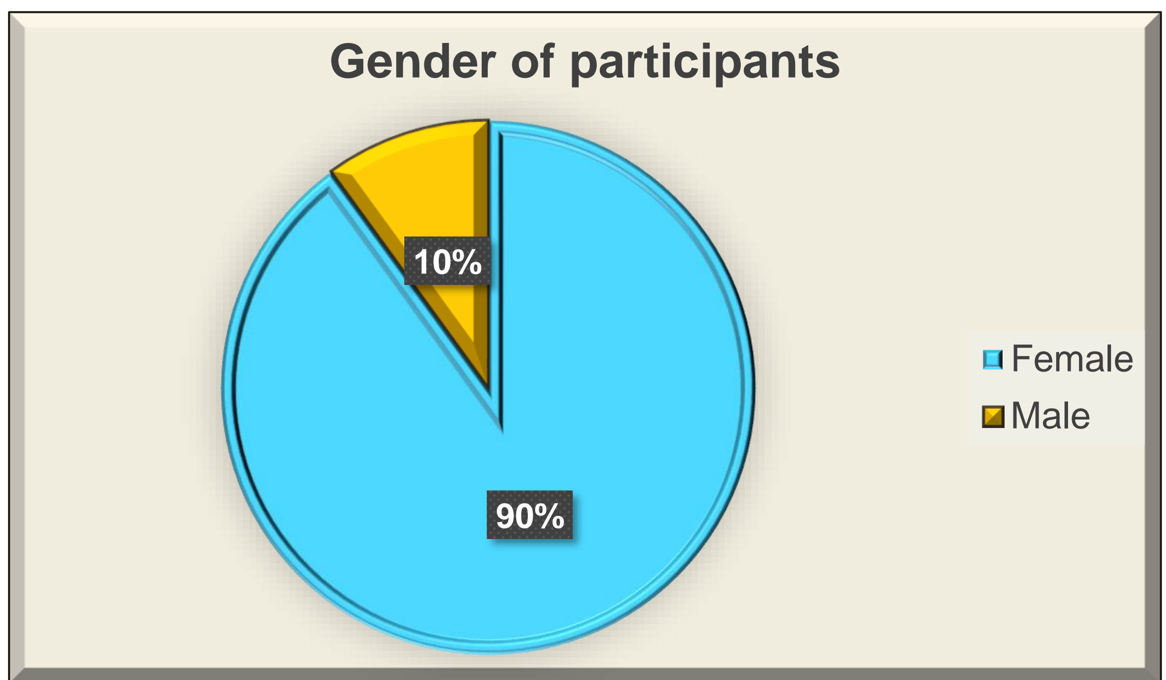

Figure: 3.1. Gender of participants

Classification of conditions

Sample of the study involved participants from medical wards (15) 75% and surgical wards (05) 25% as indicated in figure 3.2 below:

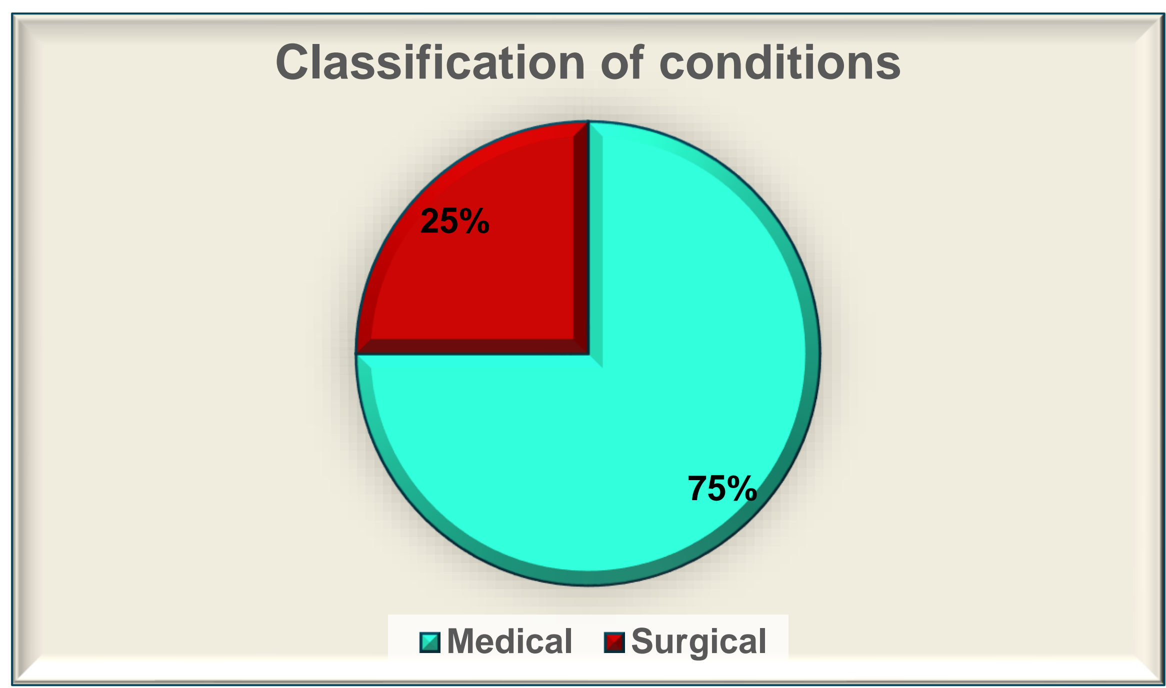

Figure: 3.2. Classification of conditions

Gender of general wards

Participants from male general wards were 9 (45%) and 11 (55%) from female general wards as indicated in figure 3.3 below:

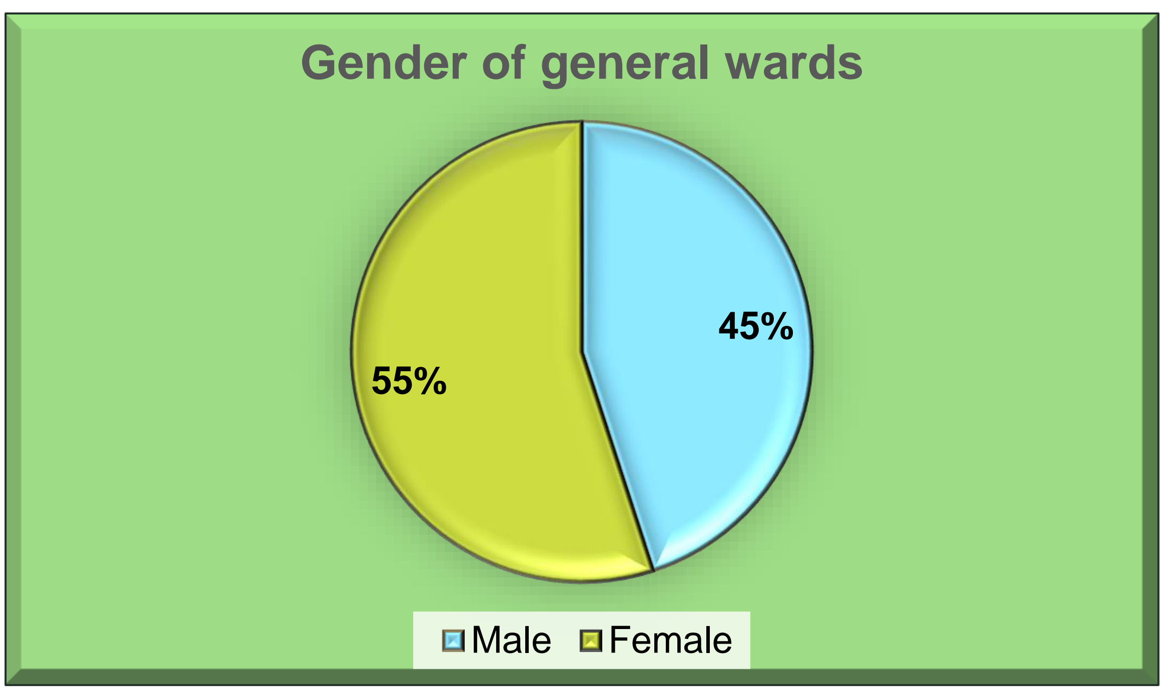

Figure: 3.3. Gender of general wards

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3.3. PRESENTATION AND DISCUSSION OF STUDY FINDINGS

Data was analysed using Tesch's eight steps of data analysis. Data analysis revealed five themes with categories and sub-categories. Themes that emerged were: Managing psychiatric patient, Types of patient's behaviour, Emotional Experiences of nurses**,** Knowledge and skills deficit, Support need. These themes as well as categories and sub-categories are discussed in detail with direct relevant quotations from the transcripts to enrich the data. The discussion of the literature follows this directly and serves to confirm the findings. The presentation of findings is done according to themes and are discussed separately.

3.3.1. Theme 1: Managing psychiatric patient

Theme 1, which is managing psychiatric patients, its category and sub-categories are indicated in Table 3.1 below:

Table 3.1: Theme 1, categories and sub-categories

THEME	CATEGORY	SUB-CATEGORIES
1.Managing psychiatric patient	**Request assistance**	• **Phone psychiatric ward for advice** • **Report to the Doctor** • **Ask psychiatric ward to inject psychiatric patient** • **Ask security officers to assist** • **Transfer the patient to psychiatric ward**

3.3.1.1. Discussion of findings: theme 1: Managing psychiatric patient

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From the data presented in Table 3.1 above: theme 1, its categories and sub-categories were presented. Theme 1 emerged during analysis of data when participants indicated their experiences regarding care for MHCUs admitted in general hospitals. One category out of this theme was identified namely; Request assistance as described below.

- **Request assistance**

According to Bloom, (2001), mastery learning is an optimistic approach to realization of educational goals. The optimistic approach consists of the knowledge and cognitive dimension with the aim of increasing student awareness to self as well as self-assurance. The study findings revealed the kind of model to be developed as needed by professional nurses without psychiatry. Furthermore, professional nurses alluded what they need as training in psychiatry, to be conducted by mental health professionals as agents, through in-service, workshops, seminars and psychiatric nursing curriculum.

During individual interviews, all the participants indicated that they are unable to manage psychiatric patients independently without seeking assistance from the psychiatric unit. Participants further indicated that it is not always possible for professional nurses in a psychiatric unit to come and assist them in managing psychiatric patients. In general units, due to shortage of staff, advise them telephonically, leading to delays in provision of service.

The following quotes depict how professional nurses without psychiatric training manage psychiatric patients in general wards:

*"…I failed to manage the patient because I did not know how to make her calm from restlessness which was contributing to the elevated blood pressure, I asked the professional nurse in psychiatric ward to come and assist me and I failed, because I was expecting the professional nurse from psychiatric ward to come and show me what I must do, but instead the professional nurse gave me advice telephonically due to shortage and commitments of the ward, which I understand because shortage is everywhere…" **P1**.*

*"…I managed to access the phone and ask psychiatric nurses in psychiatric ward to assist me as I was afraid, not knowing what to do, all my co-workers in the ward were also afraid. It is then that I knew that the patient have psychiatric condition, as the nurse in psychiatric ward guided me to go through the previous records of the patient and also advised me to report the patient to the doctor who was on standby…" **P5**.*

*"… I phoned the psychiatric ward and they advised me on how I should communicate with the patient to make her understand why the injection must be given and also to ask for assistance of hospital security officers in case she keep on refusing…" **P7**.*

According to the study conducted by Oliveira, Renata; Júnior, Carlos, Furegato and Regina, (2016), although non-mental health professionals have constant contact with psychiatric patients, especially non-psychotic patients in their daily clinical practice, their lack of knowledge about psychiatric disorders may prevent them from providing appropriate support to psychiatric patients.

Knight, Bolton and Kopeski, (2016), expresses the same view by indicating that nursing plays a fundamental role in the mental health area, since well-trained nurses with both theoretical knowledge and practical experience can perform assessments, provide assistance as to clinical and psychosocial aspects of individuals.

Furthermore, Kales. Gitlin, and Lyketsos, (2015), indicate that mental health literacy includes; the ability to identify specific disorders, management or prevention, take appropriate actions when needed to take care of people with mental disorders.

Similarly lack of training of nursing professionals to work in the provision of psychiatric care and the lack of initiative of the institutions to resolve the situation care for psychiatric patient may be compromised (Happell, Platania-Phung, Webster, McKenna, Millar, Stanton & Scott, 2015).

3.3.1.2. Conclusion of theme 1

Data indicates that participants need assistance in caring for psychiatric patients in general wards. They narrated on how they experience caring for psychiatric patients. Participants also indicated that they ask for assistance from psychiatric wards to care for psychiatric patients which is difficult and causes delay when nurses in psychiatric wards are busy with their routine.

3.3.2. Theme 2: Types of patients' behaviour

Theme 2, which is types of patients' behaviour, its categories and sub-categories are indicated in Table 3.2 below:

Table 3.2: Theme 2, categories and sub-categories

THEME	CATEGORY	SUB-CATEGORY
Types of patients' behaviour	**1.Physical aggression**	**Throwing urinal bottle to nurses** **Hit nurse with a fist for no reason** **Hit other patient on the forehead with the plate** **Kicked the window continuously** **Slapped nurse on the face** **Picked up her shoe and threw it at a nurse** **Restless**

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THEME	CATEGORY	SUB-CATEGORY
	2.Psychotic behavior	Removing all his dressings on the wound Throw the pills outside through the window Talking senselessly Praying loudly inappropriately She is the wife of Mandela False accusations towards nurses Refuse to be injected Not talking to anyone Shouting and swearing at nurses

3.3.2.1. Discussion of findings: theme 2: Types of patients behaviour

From the data presented in Table 3.2: theme 2, its categories and sub-categories were presented. Theme 2 emerged during analysis of data when participants narrate their experiences in managing psychiatric patients. Two categories out of this theme were identified namely; physical aggression and psychotic behavior. Each is presented below.

- **Physical aggression**

During interviews, all the participants narrated their experiences in managing psychiatric patients in a general unit. They indicated that psychiatric patients become physically aggressive while admitted in general wards which is difficult for them to manage. They throw a urinal bottle on top of the table, hit

nurses with a fist for no reason, hit other patients on the forehead with the plate, they kicked the windows and slap nurses on the face for no reason.The following quotations are what the participants said:

"…We were finalizing the transfer at the nurses' station when the patient came straight to us holding a urinal bottle, he threw it on top of the table and said "we don't do this, how do you take us", fortunately no-one was injured, the urinal bottle was in plastic material and it didn't hit anyone…" ***P2***.

"…I once come across a male patient as I am working in male medical ward who had heart condition and I had to assist him to bath, he hit me with a fist for no reason and I retaliated because I didn't know why he hit me…" ***P8***.

"…she assaulted fellow patient in her cubicle, she exchanged the plates saying her plate does not have salt and when the other patient tried to explain to her that she must not take her plate, she hit the other patient on the forehead with the plate…" ***P10***.

"…he started by screaming and ran straight to the window not talking, he kicked the window continuously…." ***P13***.

"…I once come across a patient as I am working in female medical ward who had heart condition and I have to assist her to move out of her bed, she clapped me on the face for no reason and I retaliated because I didn't know why she clapped me…" ***P18***.

Giandinoto and Edward, (2015). revealed that the area for consideration when working with patients experiencing a mental illness in an acute medical care setting is the challenging behaviours of psychiatric patients who were disruptive, demanding, difficult, non-compliant, aggressive and agitated, unpredictable and dangerous.

Furthermore, Bressington, Mui, Hulbert, Cheung, Bradford and Gray, (2014), recommend that nurses caring for psychiatric patients should have theory as well as practical management of aggression, violence and provision of physical safety of psychiatric patients, self and others.

Similarly, Edward, Ousey, Warelow, and Lui, (2014), revealed that when health care staff feel they are working outside their scope or expertise, they can become frustrated and disempowered resulting in negative consequences for both the patient and the health professional.

- **Psychotic behavior**

During interviews, some of the participants indicated that psychiatric patients display psychotic behavior through delusions and hallucinations in general wards like, claiming to be the wife of Mandela, very restless, accusing nurses of telling her relatives not to visit them, removing the dressings roughly from the wounds, accusing nurses of going to their homes, refusing their prescribed medication saying it is not their correct one, throwing the pills outside through the window.

The following quotations are what the participants narrated:

"…I once came across a female patient as I am working in female medical ward who had hypertension, the blood pressure was always elevated, and the patient was also very restless…" ***P9, P11***.

"…I came next to this patient, I heard her fellow patient talking with her mentioning her name, she kept quiet, the fellow patient repeated again and she shouted at her saying "I know that you are jealous of me because I am the wife of Mandela …" ***P12***.

"…I was checking on all patients' documents bed by bed as ward routine, when this patient accused me of telling her relatives not to visit her, I tried to explain to her that I don't know even a single relative of her, she shouted at me saying "do you know me really? You think I didn't see you going to my place yesterday" …" ***P10, P14***.

"…The patient was diabetic with burns on his right foot, he became destructive, removing all his dressings on the wound, he was very rough when removing the dressings and the wound was bleeding…" ***P13, P15, P18***.

"…I once come across a female patient as I am working in female medical ward who had epilepsy and I have to give her treatment, she refused saying it is not her correct treatment, I tried to explain but failed, she threw the pills outside through the window…" ***P16***.

According to Hamdan and Hamra, (2017), the most common challenges faced by nurses were their exposure to patients' unpredictable behaviour, inappropriate behaviour, disruptive behaviour, manipulative, untruthful, violent, and talking to oneself which made patient care very difficult and as a source of disruption to staff, patients and visitors.

Furthermore, the study by Joubert and Bhagwan, (2018), related that nurses reported that they experience abnormal behaviour of psychiatric patients which include demanding special treatment, making insulting remarks, uncooperativeness, aggressiveness and hostility, not following the prescribed treatment, calling out frequently, and complaining.

This is supported by Cheung, Lee, and Yip, (2017), who reported that most psychiatric patients presented with hallucinations, delusional disorders and behavioural problems like manipulation and aggression towards others.

Similarly, Lyketsos, Sheppard, and Rabins, (2014), revealed that symptoms such as agitation, aggression, affective disorder, and sleep disturbance can be difficult to manage and are often exacerbated during an acute admission.

3.3.2.2. Conclusion of theme 2

Analysed data indicated that participants need assistance in caring for psychiatric patients in general wards because they narrated that MHCUs are difficult to manage due to their physical aggression and psychotic behaviour. Bloom's taxonomy theory of learning and teaching theory, (2001), takes into consideration the higher forms of thinking in education, such as analysing and evaluating concepts, processes and procedures rather than just remembering facts, based on a fact that attainment is the product of learning. Taxonomy is said to be hierarchical, meaning that learning at the higher level is dependent on having attained prerequisite knowledge and skills at lower

level. Mastery learning is an optimistic approach to realization of educational goals and consists of the knowledge and cognitive dimension with the aim of increasing student awareness to self as well as self-assurance.

3.3.3. Theme 3: Emotional Experiences of nurses

Emotional experiences emerged from data analysis with category and sub-category as reflected in table 3.3

Table 3.3: Theme 3, categories and sub-categories

THEME	CATEGORY	SUB-CATEGORY
3.Emotional Experiences of nurses	1. Fear	• Afraid of these patients • Patients are dangerous • You may talk with them and they will not answer • Unpredictable • Very violent • Heard that a nurse was killed by psychiatric patient

3.3.3.1. Discussion of findings: theme 3: Emotional Experiences of nurses

From the data presented in Table 3.3: theme 3, its categories and sub-categories were presented. Theme 3 emerged during analysis of data when participants indicated their emotional experiences in managing psychiatric patients in a general unit. One category out of this theme was identified namely; Fear of psychiatric patients as described below.

- **Fear**

During interviews, all of the participants indicated that they are afraid of psychiatric patients because they are dangerous, unpredictable and very violent therefore it becomes difficult for them to manage these patients.

The following are what the participants said regarding this category:

"…It is very difficult for me as I am afraid of these patients because these patients are dangerous to manage because of their behavior…" ***P2, P6, P7, P19***.

"…these patients are unpredictable, it becomes worse if I have to manage them, and I don't know how to manage their behavior..." ***P5, P8, P11, P15***.

"...I am afraid of these patients these patients are very violent, it becomes worse if I have to manage them, and I don't know what to do…" ***P12, P13, P14, P20***.

"…As I said I am not trained; I heard that one nurse was killed by a psychiatric patient and she was trained to manage them, how about me?" ***P16, P18.***

According to Bowers, (2014), subjection to violence can lead to a variety of feelings such as fear, anger, frustration, hopelessness, apathy, despair, and job distress. Violence may be verbal, non-verbal, or physical behaviour that threatens or is harmful to others or their property.

Furthermore, a study conducted by Giandinoto and Edward, (2015), reveals that fear prevents health professionals from effectively caring for people who experience mental illness in the acute medical care setting. The findings included expressed concerns of fear towards patients with a mental illness due to their dangerousness, causing nurses to be concerned for their own safety and that of other patients.

Similarly, experiencing aggression has negative consequences on nurses' health and wellbeing which include psychological harm like fear, guilt, and insecurity, physical injuries or even death (Hamdan & Hamra, 2017).

3.3.3.2. Conclusion of theme 3

Data indicated that participants are afraid of psychiatric patients in general wards because they are dangerous, unpredictable and very violent. They

narrated how they experience caring for psychiatric patients. Participants also indicated that they are afraid of psychiatric patients which makes it difficult to care for such patients.

3.3.4 Theme 4: Knowledge and skills deficit

Theme 4, knowledge and skills deficit with its category and sub-categories are indicated below in table 3.4:

Table 3.4: Theme 4, categories and sub-categories

THEME	CATEGORY	SUB-CATEGORY
4.Knowledge and skills deficit	**1.Lack of knowledge**	• **Not trained to manage these patients** • **Do not know whether what I am doing is right or wrong for the patient**

THEME	CATEGORY	SUB-CATEGORY
	2.Lack of skills	• Does not know the forms to transfer patients to psychiatric ward • Unable to manage them alone without assistance • Unable to observe if the patient may be aggressive if I talk with them and what to do if she is aggressive in my presence • No skills to manage these patients • Unable to identify what these patients want

3.3.4.1. Discussion of findings: theme 4: Knowledge and skills deficit

From the data presented in Table 3.4: theme 4, its categories and sub-categories were presented. Theme 5 emerged during analysis of data when participants indicated their experiences regarding care of MHCUs in general wards. According to Bloom, (2001), mastery learning is an optimistic approach to realization of educational goals. The optimistic approach consists of the knowledge and cognitive dimension with the aim of increasing student awareness to self as well as self-assurance. Two categories out of this theme were identified namely; Lack of knowledge and lack of skills as described below.

- **Lack of knowledge**

During interviews, all the participants were vocal regarding knowledge gap in mental health care. Nurses are in higher frequency of contact with MHCU than

any other health care providers, therefore, their lack knowledge regarding mental health care compromises their ability to play an important role in the holistic care of MHCUs in general wards. The following quotes depicts that participants lack knowledge in managing psychiatric patients in general wards.

"…I don't have knowledge of what is to be done to psychiatric patients. Professional nurses must be trained to be able to identify the signs of psychiatric illness because some patients are admitted in general wards with no known history of psychiatric condition; professional nurses must know how to manage them independently, because mostly professional nurses ask assistance from psychiatric ward which is not easy when the patient is violent and needs urgent attention…" ***P1, P17, P20.***

"…Professional nurses in general wards must know how to assess the mental status of the patients, they must know how to talk with them and how to manage them accordingly…"

"…these patients are very violent, it becomes worse if I have to manage them, and I don't know what to do…" ***P6***.

"…I don't know if the patient may be aggressive if I talk with them and what to do if she is aggressive in my presence…" ***P5, P7***.

"…I don't know what they want and what they do not want, sometimes they are violent for no reason I don't know how to talk with these patients as I cannot know what they need…" ***P4, P9, P11, P18.***

According to National Policy on Nursing Education and Training, (2015), South African health system requires competent nurses who are often the first point of contact with health care system to be available to respond to current and ever-changing health care needs of a growing and diverse population. Improved nursing education systems will ensure that current and future generations of nurses and midwives will be able to provide safe, quality patient-centred care across all levels of care.

Although non-mental health professionals have constant contact with psychiatric patients, especially non-psychotic patients in their daily clinical

practice, their shortage of knowledge about mental disorders may prevent them from providing appropriate support to mental health service users (Xiong, Wei, Michael & Phillips, 2016).

Similarly, mental health literacy as "knowledge and beliefs about mental disorders, aids nurses in their recognition, management or prevention, therefore general hospitals should provide guidance about psychological well-being of psychiatric patients and provide education to nurses caring for psychiatric patients (Wu, Luo, Chen, Qi, Long, & Xiong, 2017).

- **Lack of skills**

During interviews, all participants narrated that they don't have skills to manage psychiatric patients in general wards. Their self-perception regarding their in adequacy of skills to deal with mental health care user have influence on their nursing interventions. Meaning that their deficiency interferes with the therapeutic interactions and understanding of the MHCU needs. Secondly, lack of skills leads to lack of competence and confidence which in turn restrict them, when encountering patients with mental illness, to provide expected optimal nursing care. On the other hand, MHCU risks to receive a decreased quality care on the hands of unskilled nurses and too many patients MHCU are not treated with the dignity and respect they deserve. The following quotes indicate how participants lack skills in managing psychiatric patients in general wards.

"…I don't have skills of what is to be done to psychiatric patients, it is difficult when I have to manage them because I don't have skills of what is to be done to psychiatric patients and it affects me because I don't know if the patient may be aggressive if I talk with them and what to do if she is aggressive in my presence …" ***P17 ,P18***.

"I don't have skills to do as required, I always feel afraid when there is a psychiatric patient admitted in the ward especially when I remain in the ward being in charge and supervisor …" ***P7, P10, P13, P19.***

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"…I am a male nurse and I can handle the patient physically*, but I don't have skills to manage them…."* ***P1, P3, P11, P8, P20***.

According to Knight, Bolton and Kopeski, (2017), nursing plays a fundamental role in the mental health area, but it requires that professionals have interest in the mental health field and have the skills, since well-trained nurses, with both theoretical knowledge and practical experience can perform assessments and provide care as required.

In a study by Giandinoto and Edward, (2015), nurses reported lack of understanding, skills and expertise to manage patients who can be unpredictable leading to high levels of uncertainty and tension. They also expressed attitudes such as doing the "right thing" by their patients but acknowledge that the challenges such as lack of training and the barriers in the acute medical environment as also impacting.

In support of the findings of the above study Bressington, Badnapurkar Inoue, Chueng, Chien , Nelson, and Gray, (2018), indicating that lack of skills of the nursing staff in their services, may compromise the care of psychiatric patients, therefore nursing professionals should constantly be updated with the changes occurring in the mental health field.

Bekelepi, Martin and Chipps, (2015), also indicate that nurses often experienced difficulty in managing unusual behaviours displayed by patients in medical wards and they lack skills to manage such behaviours.

3.3.4.2. Conclusion of theme 4

Bloom's theory of learning and teaching contends that the product of learning is dependent on the following concepts: Taxonomy of educational objectives, context and mastery learning. The Nursing Act no. 33 of 2005, requires professional nurses who are at higher levels of critical thinking and to be holistic because it deals with wholeness of human life. Taxonomy referred to above is a classification of different objectives and skills that educators set for learners. Taxonomy is said to be hierarchical, meaning that learning at the higher level is dependent on having attained prerequisite knowledge and skills

at lower level. Therefore, the aim of this study was to develop a model to capacitate professional nurses focusing on all three domains which are affective, psychomotor and cognitive based on the findings of the study.

Participants indicated the challenges they come across in caring for psychiatric patients, due to lack of knowledge and lack of skills about these patients. They also narrated the support they need in order to manage these patients when admitted in general wards.

3.3.5. Theme 5. Capacity building

Theme 5 which is capacity building, its categories and sub-categories are indicated on table 3.5:

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Table 3.5: Theme 5, categories and sub-categories

THEME	CATEGORY	SUB-CATEGORY
THEME 5. Capacity building	1.Training in psychiatry	• All professional nurses working in general wards must be trained on how to manage psychiatric patients. • The training must be done until all professional nurses in general wards are able to manage psychiatric patients independently. • Psychiatric patients need to be managed by nurses, who are trained on how to manage them.
	2. Responsible trainers	• Those who have qualification in psychiatry and having skills and experience can train those professional nurses without psychiatry. • Professional nurses with psychiatric training, who are capable to train other nurses can train those professional nurses without psychiatry. • Professional nurses with psychiatric training and qualify to train nurses, can train those professional nurses without psychiatry.
	3. Setting for training	• Each general hospital can conduct the training at their institution. • Each general hospital can conduct the training at their institution, it can be in the form of a workshop or in-service education.

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3.3.5.1. Discussion of findings: theme 5: Capacity building

From the data presented in Table 3.5: theme 5, its categories and sub-categories were presented. Theme 5 emerged during analysis of data when participants indicated the support they need to manage psychiatric patients in general wards. Three categories out of this theme were identified namely; training in psychiatry, responsible trainers, setting for training, each as described below.

- **Training in psychiatry**

All participants indicated support that they need from general hospital to manage psychiatric patients in general wards. The prevailing low level of knowledge and skills regarding mental health care was alluded by participants to be attributed to poor preparation in the initial training, lack of access to support and on-going mental health training and in service education. Thus professional nurses indicated the need for training in psychiatry to enable them to identify the signs of mental health problems and manage MHCUs in general wards independently. This is as indicated by the following quotes:

"…All professional nurses working in general wards must be trained on how to manage psychiatric patients, to be able to identify the signs of psychiatric illness because some patients are admitted in general wards with no known history of psychiatric condition; professional nurses must know how to manage them independently, because mostly professional nurses ask assistance from psychiatric ward which is not easy when the patient is violent and needs urgent attention…" ***P3, P5, P7, P17, P18.***

"…Professional nurses in general wards must know how to talk with the psychiatric patients, I failed to find out from the patient what was happening as I don't know how to approach him and talk to him because I never had training in psychiatry, all professional nurses working in general wards must have psychiatric training because psychiatric patients are admitted in all the wards based on their condition…" ***P9, P11 P20.***

"…I think all professional nurses working in general wards must be trained on how to manage psychiatric patients for them to have knowledge and skills to manage these patients they are not the same, so I don't think I can manage them alone without assistance…" ***P16***.

"…Psychiatric patients need to be managed by nurses, who are trained on how to manage them, professional nurses in general wards must know how to talk with the psychiatric patients, to be able to assess their state of mind, to be able to stabilise them when they become aggressive and be able to avoid aggression by these patients…" ***P12.***

"…I am not trained in psychiatry, I believe through training I might adjust my fear of these patients I am not trained in psychiatry, I always have guilt feelings when I don't do what I am expected to do, I believe through training I might adjust my fear of these patients…" ***P19.***

"… I think the psychiatric patients should be admitted in psychiatric wards only, where nurses are trained how to manage them, rather than bringing them to general wards where nurses do not have knowledge on these patients, this affects my performance because I might be willing to do my routine as required, but because of shortage of staff in this institution I end up delaying the service to some of my patients…" ***P2, P13***.

According to the findings of the study by Perrene, Jouberta, and Bhagwan, (2018), nurses believed that being trained in assessment skills, diagnostic skills, basic nursing skills and mental health care skills supported their ability to render comprehensive primary health services which included practical management of violence, aggression.

Letlape, Koen, Coetzee, and Koen, (2014), also report that since nurses serve as the frontline care providers in the country's health system particularly, the mental health system in South Africa, they are required to have knowledge and skills of how to manage mentally ill patients who are aggressive without being hurt in the process. In order to do this, nurses need to be educated and trained in understanding mental illnesses and their impact on patients' behaviours.

Adams, (2015), support this findings stating that the core aim of nursing education is to equip nursing professionals with a sufficient level of competency to ensure patient safety and quality care. So far, various efforts have been put forth to respond to the request for nursing education reform designed to produce nursing professionals qualified to provide safe and quality patient care.

- **Responsible trainers**

Participants narrated they want training in psychiatry to be conducted by professionals who have qualifications in psychiatry and are capable to train other professionals. They have educational expertise as well as clinical and research competence. Meaning that they will provide up-to-date, accurate, and relevant education that addresses both theory and practical aspects of teaching psychiatry.. Secondly, they understand adult teaching and learning process. Thus they will disseminate what they have been trained on to those who need to be equipped to have same knowledge and skills. This is supported by the narratives below:

"…. I think those who are academically equipped with psychiatry and having skills and experience can train those professional nurses without psychiatry, training must be done until all professional nurses in general wards are able to manage psychiatric patients on their own without any fear …" ***P2, P6, P8, P11.***

"…professional nurses with psychiatric training, who are capable to train other nurses can train those professional nurses without psychiatry until they are able to manage all their patients completely without any delay by depending on other professional nurses …" ***P9, P15, P18.***

"…professional nurses with psychiatric training and qualify to train nurses, can train those professional nurses without psychiatry because these patients are dangerous to manage because of their behavior…" ***P1***, ***P3, P17, P20***.

Adams, (2015), report that nursing educators must be qualified to teach patient safety, which refers to "the reduction of unnecessary medical risks and harm to an acceptable level by minimizing errors" to nursing students to

ensure patient safety in the clinical field. It is necessary to enhance nursing educators' patient safety skills and knowledge by developing and providing an integrated programme of patient safety, with various teaching methods to meet their educational needs.

Bansal, (2017), also report that the involvement of professional nurses in training of other staff members play an essential role in teaching and guiding them through their role in clinical care contexts due to the fact that they represent the crucial communication link between the academic world and the clinical sites.

Setting for training

Analysed data indicated that participants want to be trained at the general hospitals in the form of in-service, workshops and seminars. Participants narrated where they want the training to be conducted below:

"...*each general hospital can conduct the training at their institution, training must be done until all professional nurses in general wards are able to manage psychiatric patients on their own ..."* ***P3, P8, P14, P16****.*

"...each general hospital can conduct the training at their institution, it can be in the form of workshop or in-service education, seminar, or sending professional nurses to institutions which train psychiatric qualification..." ***P1, P4, P7, P11, P17, P20****.*

Bekelepi, Penelope, Martin, and Chipps, (2015), recommend that on-going training pertaining aggression management should be provided on a regular basis. Training can be also done in the form of in-service training at ward level.

Similarly, Sobekwa, and Arunachallam, (2015), suggest that continuous in-service training about the management of aggression is introduced and intensified at the hospital. All staff should be encouraged to attend such training. The in-service training may be carried out in terms of regular workshops by members of the multi-disciplinary team and should perhaps focus on practical aspects.

3.3.5.2. Conclusion of theme 5

Professional nurses caring for psychiatric patients in general hospitals indicated the support they need from general hospital, in order to manage these patients independently which include training in managing psychiatric patients admitted in general wards. Training should be done by those with qualifications and skills in psychiatry until professional nurses are able to manage psychiatric patients without requesting assistance. Furthermore, professional nurses indicated that each general hospital should conduct training at their institutions.

3.4. CHAPTER SUMMARY

This chapter presented, analysed and discussed the data. Themes, categories and sub-categories that emerged from the data were analysed and discussed. The following objectives were achieved:

- Experiences of professional nurses without psychiatry regarding care of MHCUs in general wards were explored and described.
- The kind of information that professional nurses need regarding care of MHCUs in general wards were explored and described.

The findings were supported by literature. The next chapter which is chapter 4 will discuss development of the model in detail as guided by findings of the study in Phase 1.

CHAPTER 4

CONCEPT ANALYSIS

4.1. INTRODUCTION

In Chapter 3 discussed the findings obtained from data collected were discussed. The aim of this chapter is to analyze the different concepts that have emerged from data analysis in Chapter 3. Analysis clarifies, refines or sharpens concepts, statements or theories (Chinn and Kramer 1995). The process of concept analysis involves dissecting the whole into parts for better understanding (Rodger & Knafl, 1993). Therefore, the aim of this chapter is to analyze the concept training using (Rodger and Knafl, 1993) steps and six elements of practise theory by Dickoff et al, (1968). Training is the concept that has emerged from data analysis.

4.2. CONCEPT ANALYSIS

Chinn and Kramer (1995) define a concept as a ‘’complex mental formulation of experience” and state that concepts are extracted from life experiences, clinical practice or research. The concept training is central to this study based on the findings where participants narrated their need for training in caring for MHCUs in general wards.

Concept analysis is described by Walker and Avant (1995) as a strategy to examine the attributes or characteristics of a concept rigorous process. Thus, concept analysis was conducted using only five adapted steps of Rodger and Knafl, (1993; Walker and Avant (1995) which are the following:

- Identification of the concept of interest.
- Defining the concept of interest
- Identification and selection of an appropriate setting and sample of data collection
- Collection of data regarding the attributes of the concept along with surrogate terms, references, antecedents and consequences.

- Analysis of data regarding the above characteristics of the concept

4.2.1. Identification of the concept of interest.

Walker and Avant (1995) describe identification of the concept as a way of choosing the concept that accurately describes the participant's experiences from the findings. The concept training is identified as a central concept of this study. Professional nurses as participants of this study alluded what they need as training in psychiatry. Training is the process of learning the skills that you need for a particular job or activity which can be in the form of instruction**,** teaching, coaching and guidance, (Griffin, 2014).

According to National Policy on Nursing Education and Training, (2015), South African health system requires competent nurses who are often the first point of contact with health care system to be available to respond to current and ever-changing health care needs of a growing and diverse population. Improved nursing education systems will ensure that current and future generations of nurses and midwives will be able to provide safe, quality patient-centred care across all levels of care. According to Bloom's Taxonomy, (2001), mastery learning is an optimistic approach to realization of educational goals. The optimistic approach consists of the knowledge and cognitive dimension with the aim of increasing student awareness to self as well as self-assurance.

Garzonis, Mann, Wyrzykowska and Kanellakis, (2015), describe the synonyms of training as follows:

Schooling, the education a person receives at school.

Instruction, the detailed information about how something should be done or operated.

Teaching, the ideas or principles taught by an authority coaching.

Pedagogy, the method and practice of teaching, especially as an academic subject or theoretical concept.

Andragogy, the method and practice of teaching adult learners; adult education.

Education, the process of teaching, esp. at a school, college, or university.

Guidance, the help, advice, or instruction, usually from someone more experienced or more qualified.

4.2.2. Definition of the concept of interest

All participants of this study indicated support that they need from general hospital to manage psychiatric patients in general wards as training in psychiatry to enable them to identify the signs of psychiatric conditions and manage MHCUs in general wards independently.

Perrene, Jouberta, and Bhagwan, (2018) report that nurses believed that being trained in assessment skills, diagnostic skills, basic nursing skills and mental health care skills supported their ability to render comprehensive primary health services which included practical management of violence, aggression.

Participants of this study also narrated that they want training in psychiatry to be conducted by professionals who have qualifications in psychiatry and are capable to train other professionals as they will disseminate what they have been trained on to those who need to be equipped to have same knowledge and skills. Participants also indicated that they want to be trained at the general hospitals in the form of in-service, workshops and seminars.

Bansal, (2017), report that the involvement of professional nurses in training of other staff members play an essential role in teaching and guiding them through their role in clinical care contexts since they represent the crucial communication link between the academic world and the clinical sites.

Bekelepi, Penelope, Martin, and Chipps, (2015), recommended that on-going training pertaining aggression management should be provided on a regular basis. Training can be also done in the form of in-service training at ward level.

Similarly, Sobekwa, and Arunachallam, (2015), suggest that continuous in-service training about the management of aggression is introduced and intensified at the hospital. All staff should be encouraged to attend such training. The in-service training may be carried out in terms of regular workshops by members of the multi-disciplinary team and should perhaps focus on practical aspects.

Procedure to be followed on training was revealed through data analysis as narrated by participants during individual interviews which were as follows: Conducting in-service training, conducting workshops, conducting seminars about psychiatric conditions and how to manage them and sending professional nurses without psychiatry to institutions which train psychiatric qualifications. This is in line with Bloom's Taxonomy of Educational Objectives, (2001). Bloom's Taxonomy is a framework for organizing evidence of learning into levels of complexity and maturity, it is one of the most widely utilized tools in higher education, describing six levels that capture lower to higher-order thinking. Mental Health Professionals as agents of the study will conduct on - going training to Professional nurses without psychiatry.

According to Nadu, (2009), training procedure can be generally been categorized as either on the job or off the job. On-the-job training (OJT) is having a person to learn the job by doing it, where the learner develops skills in the real work environment by using the required materials during training. and it is an effective method, because the learners apply their training in real-time rather than sitting in a classroom environment and forgetting what they have learned when they return to their work. However, off-the-job training provides opportunities to widen the boundaries of the teaching and can often be a useful initial step ahead of on-the-job training.

Similarly, Martin, Kolomitro, Tony and Lam, (2015), revealed that training should be conducted in a systematic order to derive expected benefits from it and involves four stages, namely: Assessment of training and development program's needs, Designing the training and development programs. Implementation of the training program and Evaluation of the training program as follows:

In-service training is a workshop for employed professionals to acquire new knowledge, better methods for improving their skills toward more effective, efficient and competent rendering of service in various fields.

The seminar method is an advanced group technique which is usually used in higher education which gives good motivation and learning experience, help to evaluate the learn-ability of learners and regulate the creating and

Workshop involves a trainee closely observing someone perform a specific job in the natural job environment for witnessing first-hand the details of the job and the primary is for the trainee to learn to perform a specific job.

Chaghari, Saffari, Ebadi and Ameryoun, (2017), describe the characteristics of effective training as follows:

Its objectives and scope are clearly defined.

These are identified based on the results of the training needs assessment and must be communicated to trainees in a clear and easy-to-understand way. When communication includes a message on how the training will be applied and what the expected outcomes are, motivation to learn increases

The training techniques are related directly to the needs and objectives of the organization.

To be effective, training must include content that is directly linked to trainee job experiences. This makes intuitive sense, but when ignored it can reduce the impact of training on performance to zero.

It employs accepted principles of learning.

Trainers need to actively demonstrate the specific skills and processes included in the training. Conducting these live demonstrations provides trainees with a model of desired behaviour and results in greater learning and transfer of training, regardless of the topic. Effective training programs include multiple opportunities for trainees to practice the skills they've learned during class-time. By building application exercises into the training workshops themselves, you provide trainees with a safe place to try new skills, where they can make mistakes and not worry about consequences

It is conducted in the actual job environment.

After training it is important that employees are given opportunities to perform the skills they've learned. If the post-training environment does not support this, research has shown that training will have little to no impact on trainee performance and organizational utility. Participants of this study also narrated that they want training in psychiatry to be conducted by professionals who have qualifications in psychiatry and are capable to train other professionals as they will disseminate what they have been trained on to those who need to be equipped to have same knowledge and skills. Participants also indicated that they want to be trained at the general hospitals in the form of in-service, workshops and seminars.

Kenyon, (2016), describes the major criteria for effective training as indicated below:

Needs assessment

The first step in the training process is to assess the need for training the employees. The need for training could be identified through a diagnosis of present and future challenges and through a gap between the employee's actual performance and the standard performance. The needs assessment can be studied from two perspectives: Individual and group. The individual training is designed to enhance the individual's efficiency when not performing adequately. And whereas the group training is intended to

inculcate the new changes in the employees due to a change in the organization's strategy.

***Deriving Instructional Objectives*:**

Once the needs are identified, the objectives for which the training is to be conducted are established. The objectives could be based on the gaps seen in the training programmes conducted earlier and the skill sets developed by the employees.

Designing Training Programme:

The next step is to design the training programme in line with the set objectives. Every training programme encompasses certain issues such as: Who are the trainees? Who are the trainers? What methods are to be used for the training? What will be the level of training? etc. Also, the comprehensive action plan is designed that includes the training content, material, learning theories, instructional design, and the other training requisites.

Implementation of the Training Programme:

Once the designing of the training programme is completed, the next step is to put it into the action. The foremost decision that needs to be made is where the training will be conducted either in-house or outside the organization. Once it is decided, the time for the training is set along with the trainer who will be conducting the training session. Also, the trainees are monitored continuously throughout the training programme to see if it's effective and can retain the employee's interest.

***Evaluation of the Training Programme*:**

After the training is done, the employees are asked to give their feedback on the training session and whether they felt useful or not. Through feedback,

an organization can determine the weak spots if any, and can rectify it in the next session. The evaluation of the training programme is a must because companies invest huge amounts in these sessions and must know it's effectiveness in terms of money.

Andragogy is the study of how adults learn and is a theory developed by Malcolm Knowles, (2005), based on a variety of research centred on adult development, needs, and learning styles. According to Glickman, Gordon and Ross-Gordon, (2007), Andragogy is based on the following assumptions:

Adult learners bring life experiences to the learning process that should be acknowledged.

Adults bring a variety of experiences that should be utilized in their learning. Their experiences are the foundation of their learning are part of their continual growth. These experiences can and should be tapped into for the benefit of all learners. They come to learning with expectations about the process and established patterns of learning

Adults need to know why they need to learn something, and how it is relevant to their lives.

Adult learners need to know the importance and relevance of what they're learning. The purpose of the learning should be established before engaging in the process. Adults' readiness to learn is strongly impacted by the relevance of the task to their lives and work. Adults need to engage in real-world problem solving; they seek solutions in education to bridge where they are to where they want to be. Adults have competing interests; clearly establishing the importance of a given study makes it more valuable and meaningful

Experiential, hands-on learning is effective with adult learners.

Adults are results-oriented and want to shift quickly from theory to application. Adults are performance-centered and want to immediately apply new knowledge. Adults may be skeptical about new learning and want to test ideas before accepting them. They often have specific outcomes in mind and may disengage in learning if it doesn't move towards those outcomes.

Adults approach learning as problem-solving.

Adult learners are generally self-directed. They often have a psychological need for self-direction. They need empowerment and opportunities for nurturing self-direction. Adults want to be treated as capable of self-direction, with time to work on their own or collaboratively. Adults accept responsibility for their learning if it is perceived as timely and relevant. Adults often expect to be held accountable, which supports effective self-directed learning

Adults learn best with the topic is of immediate value to them in their lives.

Adult learners are intrinsically motivated and work best when learning has clear, relevant goals. Adults work best when they are involved in setting relevant and achievable goals. The path to those goals should be related to and applicable to their learning. Intrinsic motivation is strongest when the tasks are timely and appropriate

4.2.3. Identification and selection of appropriate setting and sample for data collection.

An appropriate setting refers to the period examined and types of literature included in the analysis (Rodger & Knafl, 1993). The appropriate setting and context for this study is the hospital general ward context where training of none psychiatric professional nurses is supposed to take place. The sample for analysis was drawn from relevant literature that discussed training which were dictionaries, books and journals both national and international descriptions were analyzed to arrive at the theoretical definition. The theoretical definition directed the description of the model.

4.2.4. Collection of data regarding attributes of the concepts along with surrogate terms, references, antecedents and consequences

Rodger and Knafl, (1993) describe this step as a phase which reflect all possible sources that were reviewed in the clarification of the concept. Different literature was consulted in trying to get clarity on the concept training. Among literature consulted there were books, journal articles, subject dictionaries and internet searches. Primary and secondary sources in trying to gain more insight to the meaning of training were used. In most of the literature found the definition of training was somehow related or similar. Training was described from an interactive perspective where focus or emphasis is placed on using training as a mechanism of imparting knowledge within and between individuals.

4.2.5. Identification and defining attributes of the concept

Once the chief concepts had been identified and defined, defining attributes were listed, analyzed and synthesized to form a definition of the main concept, namely training. Listing of the defining attributes assists in identifying the occurrence of a specific phenomenon to differentiate it from similar or related terms. In addition, defining attributes may change as the understanding of the concept improves or develops. Hence it is necessary show clusters of the attributes most frequently associated with the concept to gain a broad insight into the concept (Chinn and Kramer 1995).

4.3. Critical attributes of training

- Training is the process

Training is the process of learning the skills that you need for a particular job or activity which can be in the form of instruction**,** teaching, coaching and guidance, (Griffin, 2014).

- Training should be goal orientated

Per Bloom, (2001), mastery learning is an optimistic approach to realization of educational goals. The optimistic approach consists of the knowledge and cognitive dimension with the aim of increasing student awareness to self as well as self-assurance.

- Effective training should be done systematically

Martin, Kolomitro, Tony and Lam, (2015) argue that training should be conducted in a systematic order to achieve the expected outcomes. It involves four stages, namely: Assessment of training and development program's needs, Designing the training and development programs. Implementation of the training program and Evaluation of the training program.

- Training is said to require the following characteristics, namely, willingness and motivation, commitment and involvement, responsibility, information sharing, reflective feedback. These are very important steps required for training to take place as follows.

Willingness and Motivation

Based on Weigand and Thomas (2016) explanation of willingness and motivation it means that motivation is one of the leading factors in training achievement which can be easily maintained by commitment where teachers sustain their personal commitment to teaching profession through creating an effective learning environment to influence students' learning. Motivation is one of the leading factors in educational achievement which can be easily maintained by commitment.

Commitment

Sedega, Mishiwo, Seddohand Dorkenoo , (2018), describe commitment as a key factor that influences teachers' work and student performance in schools. It means that the trainee and trainer should be committed to training process. Similarly, Weigand and Thomas (2016) state that commitment is achieved through teachers sustaining their personal commitment to teaching profession through creating an effective learning environment to influence students' learning.

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Involvement

Martin, Kolomitro, Tony and Lam, (2015), explain that involvement of both parties, trainee and trainer, in the training activity will lead to active participation to achieve the outcome of training.

Effective feedback

According to Shank, (2017), effective feedback positively affects teaching and learning outcomes and motivation to learn, and can help build accurate schema as one of the most important tools for supporting teaching and learning.

4.4. Identification of surrogate terms

Rodgers and Knafl (1993) defines surrogate as a philosophical position that a concept may be expressed in different ways. During data collection, it has been revealed that surrogate terms for the word training are:

- Workshops
- In service training
- Seminars
- Diploma training
- Curriculum short courses
- Instruction
- Teaching
- Coaching and guidance
- Andragogy
- Education

4.5. Identification of antecedents

Rodgers and Knafl (1993), define antecedents as aspects that normally precede the word and in this case, is training especially in relation to mental

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health care. 'Antecedents are those events or incidents that must occur prior to the occurrence of the concept' (Walker and Avant 1995). in linking this conceptual definition with practice, antecedents can be classified as those factors that facilitate the occurrence of a training. Training can only occur if the following antecedents are fulfilled: willingness and motivation, commitment and involvement, responsibility, information sharing, reflective feedback.

4.6. Identification of consequences of training

Consequences are those events or incidents that can occur as a result of the occurrence of a concept and that can often stimulate new ideas or avenues for research pertaining to certain concepts (Walker & Avant, 2011). When this is linked to practice one should consider the consequences of training. Participants of this study indicated that they don't have required knowledge to manage MHCUs in general wards, therefore they fail to provide adequate care to MHCUs in general wards because they don't know to do it due to lack of training.

In agreement, Garzonis, Mann, Wyrzykowska and Kanellakis, (2015), report that poorly trained staff do not project a professional image, are less likely to deliver impressive results, to leave and increase the chances of accidents and faults occurring in the workplace. Thus, training staff does not only work to improve the standard of work delivered and improve the safety of the working environment, but also to improve the morale and attitudes of staff, employees who understand their role, the workplace and potential risks are more at ease in their work, show greater confidence and enjoy a more solid rapport with their colleagues.

Xiong, Wei, Michael and Phillips (2016), express the same view by indicating that non-mental health professionals have constant contact with psychiatric patients, their shortage of knowledge about mental disorders may prevent them from providing appropriate support to mental health service users.

Knight, Bolton and Kopeski, (2017), also report that nursing plays a fundamental role in the mental health area, thus it requires well-trained nurses, with both theoretical knowledge and practical experience to provide care as required. This is in line with Bressington, Badnapurkar Inoue, Chueng, Chien , Nelson, and Gray, (2018) who found that lack of skills of the nursing staff in their services, compromise the care of psychiatric patients, therefore nursing professionals should constantly be updated with the changes occurring in psychiatry.

4.7. Analysis of data regarding the characteristics of the concept training

Data drawn from the definition of the term training was analyzed for similarities and differences. The meaning of training was red in literature common words were underlined and clustered. Clusters were developed and themes were defined as described below and reflected in Table 4.1.

The first theme can be described as '*antecedents needed for training to take place*' in this theme the following are included in the cluster: willingness and motivation, commitment and involvement, responsibility, information sharing, reflective feedback. Based on the characteristics described by Dickoff et al, (1968), this description matches the element of dynamics.

The second theme can be described as '*assumptions necessary for training to take place*' in this theme the following assumptions are necessary for training to take place and they include hands on training, problem solving, relevant topics, acknowledgement of life experience. Based on the characteristics described by Dickoff et al, (1968), this description matches the element of Recipient.

The third theme is described as *surrogate terms of training*, in service training; workshops; seminars; role modelling; curriculum; education, short courses; teaching; instructions; coaching professional development. Based on the characteristics described by Dickoff et al, (1968), this description matches the element of procedure.

The fourth theme can be described as '*characteristics of effective training*', in this theme the following descriptions are necessary for training to be take place that is: the training needs assessment; the training techniques are related directly to the needs and objectives of the organization; It is conducted in the actual job environment. Based on the characteristics described by Dickoff et al, (1968), this description matches the element of context.

Theme five: can be described as *attributes of training*. Training involves optimistic approach, training is a systematic process and should be goal directed. Based on the characteristics described by Dickoff et al, (1968), this description matches the element of Agents.

Theme six can be described as *the consequences of training*. In this theme the following are the end results of training: improved the morale and attitudes of staff; employees understand their role; the workplace and potential risks are more at ease; greater confidence and enjoy a more solid rapport with their colleagues. well-trained nurses, with both theoretical knowledge and practical experience to provide care as required. Based on the characteristics described by Dickoff et al, (1968), this description matches the element of Terminus.

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Table 4.1 Analysis of the concept training in the context of psychiatric nursing care according to the six elements of practice theory as described by Dickoff et al, (1968). .

Six elements	**THEME**	**CATAGORIES/CLUSTERS**
Dynamics	Antecedents needed for training to take place	Willingness and motivation, commitment and involvement, responsibility, information sharing, reflective feedback.
Recipient	Assumptions necessary for training to take place	Hands on training, problem solving, relevant topics, acknowledgement of life experience.
Procedure	surrogate terms of training	In service training; workshops; seminars; role modelling; curriculum; short courses; teaching; instructions; coaching professional development.
Context	characteristics of effective training	The training needs assessment; the training techniques are related directly to the needs and objectives of the organization; It is conducted in the actual job environment.
Agents	Attributes of training	Training involves optimistic approach, training is a systematic process and should be goal directed.
Terminus	Consequences of training	Improved the morale and attitudes of staff; employees understand their role; the workplace and potential risks are more at ease; greater confidence and enjoy a more solid rapport with their colleagues. Well-trained nurses, with both theoretical knowledge and practical experience to provide care as required.

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4.8. CHAPTER SUMMARY.

Training is discussed as a mechanism of learning together that begins with identification of training needs of trainee through a diagnosis of present and future challenges. Training does not occur in a vacuum, there are different factors that need to be considered for effective training. The factors that need to be clarified before training are willingness and motivation, commitment and involvement, responsibility, information sharing, reflective feedback. When these factors are not clarified, training will be impaired and parties engaging in such training will never grow or gain. After clarifying parties need to be aware of activities that are necessary for the success of the training which are: The training needs assessment; the training techniques that are related directly to the needs and objectives of the organization; training is conducted in the actual job environment.

Training can be conducted in the form of in service training; workshops; seminars; role modelling; curriculum; short courses; teaching; instructions; coaching professional development.

Training brings the following consequences: improved the morale and attitudes of trainee; employees understand their role; potential workplace risks are reduced; greater confidence and enjoy a more solid rapport with their colleagues. well-trained trainees.

Training is said to encompass the following: Who are the trainees? Who are the trainers? What methods are to be used for the training? What will be the level of training? Training was also discussed within organizational structures when the training techniques and content are related directly to the needs and objectives of the organization and directly linked to trainee job experience. Understanding of training was also sought from the educational theoretical perspective where teaching and learning is described by Bloom’s Taxonomy Theory of teaching and learning, (2001).

CHAPTER 5

DEVELOPMENT OF A MODEL

5.1. INTRODUCTION

Chapter 4 presented and discussed context analysis concerning the lived experiences of professional nurses without psychiatry regarding management of psychiatric patients in general wards. In this chapter, attention will be given to the theoretical framework for the development and description of the model to capacitate nurses in caring for Mental Health Care Users in General wards, Limpopo Province, South Africa.

5.2. THE THEORETICAL FRAMEWORK FOR THE DEVELOPMENT OF THE MODEL

Dickoff et al, (1968), survey list was used to integrate results of phase one of the study (the situational analysis) and this gave the structure for the theoretical foundation. This survey list was utilized to ensure logical development of the model during situational analysis of the study, professional nurses without psychiatry also described the kind of support that they need in order to manage psychiatric patients in general wards.

The theoretical framework for the development of the model was guided by the elements of practice theory outlined by Dickoff et al, (1968). These are context, agents, recipients, process, dynamics and outcomes. In this study, elements of practice theory are discussed below.

5.2.1. Context

Dickoff et al. (1968), indicate in what context is the activity performed, context is viewed from the aspect of the matrix of activity; it is seen in relation to other things, including persons and other activities, and to see the interrelation of other factors as constituting an organism, unity, or total context of activity. Context is referred to as the setting, location, the physical structure of ward or unit, hospital, or medical centre, time, space, or structure that constitute different elements of the situation in which the activity occurs. The study findings revealed the context for this model is in general hospitals in general wards where MHCUs are admitted, cared and treated as narrated by participants during interviews.

General hospital

General hospital is a hospital that is equipped to care for medical, surgical, maternity and psychiatry and does not specialize in the treatment of particular illnesses or patients; different types of ailments are treated, the role of the general hospital is to allow patients with different illnesses to be treated as outpatients or inpatients (Huggins, 2016). General hospital was used in this study to access the general ward where MHCUs are taken care of by professional nurses without training in psychiatry.

General ward

General ward is found inside the general hospitals and have allocated a number of beds for admission of patients in need of care for medical and surgical conditions. The role of a general ward is to allow patients with different illnesses to be admitted and treated in totality as narrated by participants of this study during interviews (Lyketsos, Sheppard, & Rabins, 2014). This study used general wards to allow professional nurses without training in psychiatry to narrate their experiences and support their need regarding care of MHCUs through individual interviews.

Giandinoto, and Edward, (2015), supported the findings by stating that physical environment offers a number of barriers to providing comprehensive and timely care for people experiencing mental illness in the acute medical setting context of a hospital. Despite having medical knowledge, some health professionals still hold stereotyped views about mental illness paralleled to those found in the general public and this can create real barriers to providing care. For nurses, undergraduate training is often not considered adequate for developing mental health literacy.

Xiong et al, (2016), also alluded that the need for care of people with mental health problems in general hospitals has increased. Nurses are the major providers of hospital care and have become an important resource in the delivery of mental health care. However, the attitudes and ability of many nurses in providing this care have been shown to be poor, and this may have a negative impact on care.

The following figure 5.1 illustrates the context.

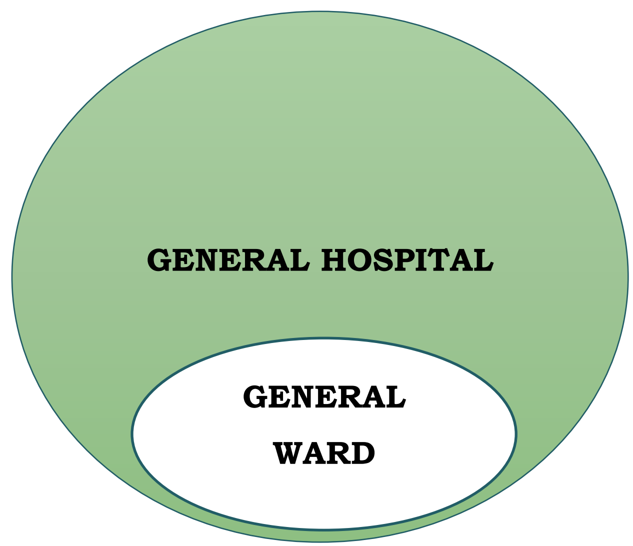

Figure 5.1: Context

5.2.2. Agent

An agent is any person whose activity leads to the realisation of the goal Dickoff, et al, (1968). Findings of this study revealed that psychiatric health professionals are agents whose activities will be geared to capacitating professional nurses in caring for MHCUs admitted with medical conditions in general wards.

Sedega et al, (2018), concur with the findings of the study that clinical practice as context of this study is an important part of the nursing curriculum, in which students apply the knowledge acquired during training. This requires students to adapt to a complex and changing environment in which they must interact with multiple professionals. During this process, professional nurses are essential for the appropriate training and adaptation of the students by teaching, guiding, monitoring, as well as facilitating integration of trainees into the clinical setting.

Similarly, Corrigan, (2016), found that monitoring students during clinical practice requires a person in charge to carry out a continuous assessment of their learning where the clinical knowledge and skills are applied in the context of real patients, real diseases, real resources, and real social limitations.The agents are illustrated by the following figure 4.2:

Figure 5.2: Agents

5.2.3. Recipient

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Recipients are all those persons who receive action from agents and benefits from the activity Dickoff et al, (1968). The findings of this study revealed professional nurses without psychiatry as recipients.

This is in line with Dube and Uys, (2015), when alluded that programme for in-service training of professional nurses on mental health would enable professional nurses to provide quality mental health care and thus meet the medical and psychological needs of the patients. Training and capacity building of nurses must be an ongoing process because new nurses who have not been trained in mental health are continually being allocated to general hospital facilities.

Furthermore, Hildebrandt and Marcolan, (2016), reported that nursing professionals should constantly be updated depending on the speed and dynamics with the changes occurring in the health field, therefore institutions need to provide training for their workers to strengthen them theoretically and practically.The recipients are illustrated by the figure 4.3 below:

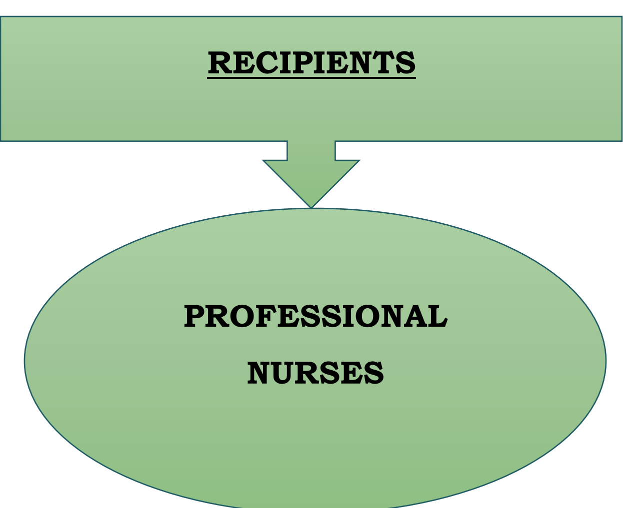

Figure 5.3: Recipients

5.2.4. Procedure

The procedure involves the steps to be taken towards accomplishment and aims at providing sufficient information to enable the activity to be carried

out. It safeguards the agent, recipient and the institution in that it provides knowledge and therefore lessens liability to criticism (Dickoff et al, 1968). This study revealed that professional nurses indicated that in-service training should be done for them to have knowledge and skills in psychiatry. Procedure to be followed was revealed through data analysis as narrated by participants during individual interviews which were as follows: Conducting in-service training, conducting workshops, conducting seminars about psychiatric conditions and how to manage them and sending professional nurses without psychiatry to institutions which train psychiatric qualifications. The procedure will be done according to Dickoff, et al, (1968), to provide professional nurses without psychiatry with required knowledge and skills to manage MHCUs in general wards. This is indicated in figure 4.4 below and supported by literature.

Procedure of the study was done according to Bloom's Taxonomy of Educational Objectives, (2001). Bloom's Taxonomy is a framework for organizing evidence of learning into levels of complexity and maturity, it is one of the most widely utilized tools in higher education, describing six levels that capture lower to higher-order thinking. Mental Health Professionals as agents of the study will conduct on - going training to Professional nurses without psychiatry as recipients as described in table 4.1. below:

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TABLE 5.1. Six levels of Bloom's Taxonomy

Bloom's Level	**Description**
Remembering (lowest- order)	Professional nurses without psychiatry as recipients can be trained through workshops and in service to be able to retrieve, recognize, and recall relevant knowledge from long-term memory regarding care of MHCUs in general wards
Understanding	Professional nurses without psychiatry as recipients can gain understanding through training regarding care of MHCUs in general wards.
Applying	Professional nurses without psychiatry as recipients can carry out or using a procedure through executing, or implementing the care of MHCUs in general wards following the curriculum of psychiatric nursing.
Analysing	Professional nurses without psychiatry as recipients can analyse a procedure of training done through workshop, in-service and curriculum of psychiatric nursing regarding the care of MHCUs in general wards.
Evaluating	Professional nurses without psychiatry as recipients can make a judgment based on oral, written, and graphic messages obtained through training regarding care of MHCUs in general wards.
Creating (highest-order)	Professional nurses without psychiatry as recipients can put together what they have learned to form a coherent or functional whole; reorganizing elements into a new pattern or structure through generating, planning, or producing regarding care of MHCUs in general wards.

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Bloom's Taxonomy is a convenient way to describe the degree to which the recipients of the developed model understand and use concepts, demonstrate particular skills, and to have their values, attitudes, and interests affected. According to Bloom's Taxonomy, It is critical to determine the levels of recipients' expertise that the agents of the developed model expect recipients to achieve because this will determine which classroom assessment techniques are most appropriate for the course of training professional nurses without psychiatry.

The developed model is based on the findings of the study which revealed the need for training of professional nurses in caring for MHCUs in general wards. According to Bansal, (2017), training is systematic development of the knowledge, skills and attitudes required by an individual to perform adequately a given task or job, it is also the act of increasing knowledge and skills of an employee for doing a particular job. The purpose of training is to empower associates with the skills necessary to make decisions and accomplish their daily tasks and skills that help them give extraordinary service to customers.

Nadu, (2009), support the findings by indicating that training procedure can generally be categorized as either on the job or off the job. On-the-job training (OJT) is having a person to learn the job by actually doing it, where the learner develops skills in the real work environment by actually using the required materials during training. and it is an effective method, because the learners apply their training in real-time rather than sitting in a classroom environment and forgetting what they have learned when they return to their work. However, off-the-job training provides opportunities to widen the boundaries of the teaching and can often be a useful initial step ahead of on-the-job training.

Martin, Kolomitro, Tony and Lam, (2015), support the findings by who revealing that training should be conducted in a systematic order so as to derive expected benefits from it and involves four stages, namely: Assessment of training and development program's needs, Designing the training and

development programs. Implementation of the training program and Evaluation of the training program.

Weigand and Thomas, (2016), reported that training can be done in the form of in-service, seminar, Role-modelling and workshop as described below:

In-service training is a workshop for employed professionals to acquire new knowledge, better methods for improving their skills toward more effective, efficient and competent rendering of service in various fields.

The seminar method is an advanced group technique which is usually used in higher education which gives good motivation and learning experience, help to evaluate the learn-ability of learners and regulate the creating and organizing of facts and information.

Role-modelling involves the live presentation of skills to an audience of trainees which allows organizations to readily control trainee completion of the training program, where participants witness a demonstration and given the chance to practice on a life-like model and should be used in cases where trainees can have the chance to practice the skill soon after seeing the demonstration.

Workshop involves a trainee closely observing someone perform a specific job in the natural job environment for the purpose of witnessing first-hand the details of the job and the primary is for the trainee to learn to perform a specific job.

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The procedures to be followed are illustrated by figure 5.4. below:

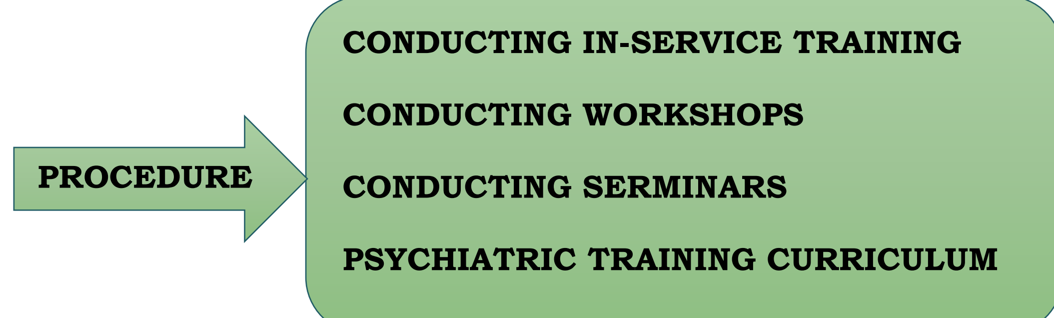

Figure 5.4: Procedure of training

5.2.5. Dynamics

Dynamics involve the energy sources for the activities that motivate agents to pursue their activity without getting discouraged (Dickoff et al, 1968). To achieve this, Bloom's Taxonomy of Educational Objectives (2001), states that there should be willingness and motivation, commitment and involvement, responsibility, information sharing and reflective feedback. Bloom's Taxonomy of educational objectives consist of three domains namely, cognitive (knowledge), affective (attitudinal), psychomotor (skills).

Sedega, Mishiwo, Seddoh and Dorkenoo , (2018), describe commitment as a key factor that influences teachers' work and student performance in schools and also the process through which people become willing to give their loyalty and energy to a particular social system. Commitment of both agents and recipients of the developed model in the training procedure will lead to achievement of the outcome of the developed model.

Martin et al, (2015), revealed that involvement has been identified as one of the most critical factors in the success and future of education. Involvement of both agents and recipients of the developed model will lead to active

participation to achieve the outcome of the developed model which is competent, comprehensive professional nurses.

Motivation is one of the leading factors in educational achievement which can be easily maintained by commitment where teachers sustain their personal commitment to teaching profession through creating an effective learning environment to influence students' learning (Weigand & Thomas 2016).

Omar, (2014), describe responsibility as a learnable ability that cannot be developed unless the individual is given an opportunity to make decisions, and to be responsible for the consequences of the decisions.

The Health and Social Care (Safety & Quality) Act 2015, introduced a new legal duty requiring health and adult social care bodies to share information where this will facilitate care for an individual. It makes it clear that "to share information can be as important as the duty to protect the patient", and that unless an individual object, information should be shared between professionals.

Similarly, Nick and Lin, (2016), describe information sharing as the act of certain entities (e.g. people) passing information from one to another which could be done electronically or through certain systems.

According to Shank, (2017), effective feedback positively affects learning outcomes and motivation to learn, and can help build accurate schema as one of the most important tools for supporting learning and has also been found to be one of the most powerful educational interventions to improve learning.

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The dynamics to be followed are illustrated in Figure 5.5 below:

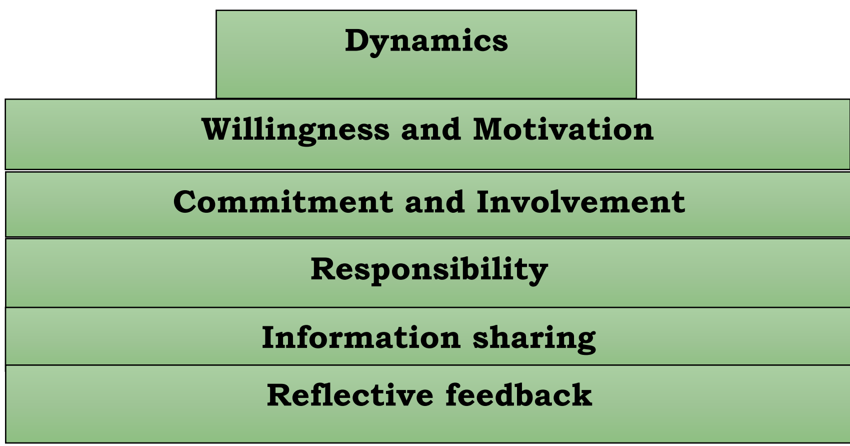

Figure 5.5: Dynamics

5.2.6. Outcome

What is the end of the activity? This involves defining an activity from the perspective of an end or its accomplishment (Dickoff et al, 1968). The aim of this study was to develop a model to capacitate professional nurses in caring for MHCUs in general wards. In this study, competent, comprehensive professional nurses in caring for MHCUs in general wards is the outcome of the developed model which can be achieved through the procedure of training conducted by mental health professionals as agents to professional nurses without psychiatry. The procedure of the developed model can be conducted in the form of in service training, workshop, seminar and sending professional nurses to institutions that conduct training in psychiatric qualification. The developed model is going to be a guideline for mental health professionals on how they can capacitate professional nurses without psychiatry in caring for

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MHCUs in general wards. Guidelines of the developed model will be discussed in full in chapter 6.

Bowen and Prentice, (2016), support the findings by reporting that an outcome is the end result of conducting an activity on a topic. It may be a feedback after conducting an activity or it could be a conclusion, it is regarded as the best method for conducting an activity.

According to American Nurses Credentialing Center, (2014), outcome is a written statement that reflects what the learner will be able to do as a result of participating in the educational activity. The outcome addresses the educational needs (knowledge, skills, and/or practices) that contribute to the professional practice gap and achieving the learning outcome results in narrowing or closing that gap. The learning outcome can assess the overall impact of multiple objectives. A learning outcome describes the overall purpose or goal from participation in an educational activity. Figure 4.6 below illustrates the outcome.

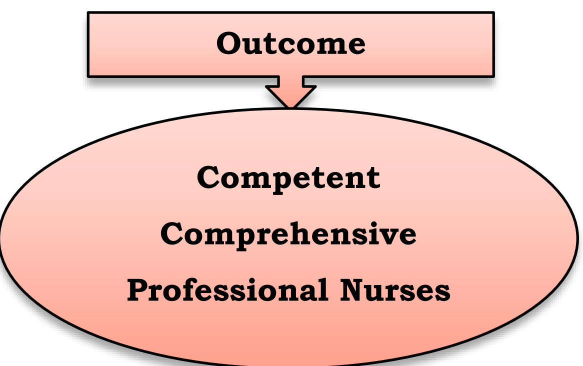

Figure 5.6: Outcome

5.3. MODEL DEVELOPMENT

Based on the findings of the study in Phase 1, and the description given in the classification of elements of practice per Dickoff et al, (1968), a model to capacitate professional nurses in caring for MHCUs in general wards was

developed using the following headings; the purpose of the model, the theoretical departure assumptions of the model, the relation statement and the nature of structure.

5.3.1. Purpose of the model

The purpose of the model is to provide Mental Health Professionals (MHP) with guidelines to capacitate professional nurses without psychiatry in caring for MHCUs in general wards. The developed model will contribute to the quality of care rendered to MHCUs after the process of training was initiated.

5.3.2. Theoretical departure and assumptions of the model

Development of a model to capacitate professional nurses in caring for MHCUs in general wards in Limpopo Province pulled from three paradigms, namely, meta-theoretical assumptions, theoretical assumptions and methodological assumptions. These paradigms influenced the assumptions that are fundamental to the theoretical reasoning of the model. Each is described fully as follows.

5.3.2.1 Meta-theoretical assumptions

The assumption of this study is that professional nurses without training caring for MHCUs in general wards be capacitated irrespective of their work environment. Therefore, the ethos of care among professional nurses should be encouraged and supported, grounded on the fact that professional nurses without psychiatric training have challenges in caring for MHCUs in general wards based on the experiences they have with that regard. This implies that a model to capacitate professional nurses in caring for MHCUs in general wards is required. The researchers believe that the support that is needed will aid in the capacitation of professional nurses in caring for MHCUs in general wards. The assumption is according to Bloom’s theory of teaching and learning which allows agents of the developed model to capacitate recipients through training.

5.3.2.2. Theoretical assumption

This study was conceptualized within Bloom's taxonomy theory of learning and teaching, (2001). The theory takes into consideration the higher forms of thinking in education, such as analysing and evaluating concepts, processes and procedures rather than just remembering facts (rote learning). This theory is based on a fact that attainment is the product of learning. Bloom's taxonomy theory of learning and teaching, (2001). further contends that the product of learning is dependent on the following concepts: Taxonomy of educational objectives, context and mastery learning. These are discussed below.

5.3.2.2.1. Taxonomy of educational objectives

The Nursing Act no. 33 of 2005, requires professional nurses who are at higher levels of critical thinking and to be holistic because it deals with wholeness of human life. Taxonomy referred to above is a classification of different objectives and skills that educators set for learners. In this study the experts in mental health (agents) will divide their educational objectives into three domains; that is, affective, psychomotor and cognitive to capacitate professional nurses (recipients) in caring for MHCUs admitted in general wards. Taxonomy is said to be hierarchical, meaning that learning at the higher level is dependent on having attained prerequisite knowledge and skills at lower level. In this study professional nurses will be trained as their required prerequisite knowledge for entry in learning about caring for MHCUs admitted in general wards, focusing on all the three domains to create a more holistic form of education and the skills of caring for MHCUs admitted in general wards accordingly.

Bloom wanted the world to focus on target attainment of which this study aimed at developing a model to capacitate professional nurses in caring for MHCUs admitted in general wards. Per Bloom, (2001), teachers need to shift their role from inventing ways to optimize human aptitude into activities mainly concerned with matters of identification and selection. In this study

the knowledge of professional nurses was determined, and their experiences were explored regarding care of MHCUs admitted in general wards. Furthermore, Bloom, (2001) states that attainment is the product of learning, and learning is influenced by opportunity and effort. In this study opportunity is created for professional nurses to gain knowledge and skills regarding the care of MHCUs admitted in general wards.

5.3.2.2.2. Context

Context is a powerful optimistic conception of the possibilities that education can take place as described in Bloom's taxonomy of teaching and learning, (2001). In this study the researcher is optimistic that professional nurses can attain the necessary knowledge and skills needed in caring for MHCUs admitted in general wards. Bloom wanted the world to focus on target attainment of which this study aimed at developing a model to capacitate professional nurses in caring for MHCUs in general wards.

According to Bloom, (2001), MHP need to shift their role from inventing ways to optimize human aptitude into activities mainly concerned with matters of identification and selection. In this study the experiences and knowledge of professional nurses regarding care of MHCUs admitted in general wards were explored and determined. Furthermore, Bloom, (2001) states that attainment is the product of learning, and learning is influenced by opportunity and effort. In this study opportunity, will be created for professional nurses to share their knowledge and experiences regarding the care of MHCUs admitted in general wards.

Bloom allowed the researcher to determine the experiences of professional nurses regarding care of MHCUs in general wards and the kind of support they need for capacitation to take place. Themes that emerged were, managing psychiatric patient, types of patient's behaviour, emotional experiences of nurses, knowledge and skills deficit and capacity building.

5.3.2.2.3. Mastery learning

According to Bloom, (2001), mastery learning is an optimistic approach to realization of educational goals. The optimistic approach consists of the knowledge and cognitive dimension with the aim of increasing student awareness to self as well as self-assurance. In this study professional nurses' knowledge and experiences were explored and a model to capacitate professional nurses in caring for MHCUs admitted in general wards was developed.

5.3.2.3. Methodological assumptions

Methodological assumptions are concerned with the nature and structure of the science of research and include the preferences and assumptions of research (Mouton & Marais, 1996). The methodological assumptions which will guide this study are in line with Botes, Nolte, and Poggenpoel's, (2004), functional approach, which implies that research should be functional and contribute to the body of knowledge and the improvement of quality of life. Situational analysis was conducted to provide an understanding of knowledge and experiences of professional nurses regarding care of MHCUs admitted in general wards. A model was developed based on the findings of situational analysis, the model will assist experts on how to teach, monitor, role model, capacitate, peer coach and supervise professional nurses in caring for MHCUs admitted in general wards.

Professional nurses will have an opportunity to learn and be capacitated with what was not covered in their curriculum during their training as general nurses, that may increase the holistic care of MHCUs admitted in general wards. Thus, MHCUs will receive comprehensive care from competent professional nurses without psychiatry while admitted in general wards. The model was developed using approaches outlined in Chinn and Kramer, (1999), and Walker and Avant, (1995) and relational statements with regards to each element of practice theory in Dickoff et al, (1998). This is briefly discussed below:

- **Formulating criteria for concepts**

The concept emerged gradually and continuously as definitions, various cases, other sources and varying contexts and values were considered. The criteria were refined so that they reflect the intended meaning. The criteria for the concepts that were used in the model and described to enhance meaning.

- **Structuring and contextualizing the model**

This involved establishing systemic linkages between and among concepts resulting in formal theoretical structure. Choice of the study approach depended on the purpose for developing the model, what the researcher already knew or assumed to be true and the researcher's underlying philosophical ideas about the nature of nursing knowledge. The interrelationships between the data clusters guided the structure that the researcher created for the model.

- **Identifying and defining concepts**

In structuring the model, the researcher identified concepts that formed the basis for the model. These concepts emerged from the data that was collected and the literature control. The researcher avoided abstract concepts as they carry a broad meaning and give a wide range of experience. In selecting concepts, the researcher also thought of the relationships among concepts to guide her regarding concepts to be included. These relationships were based on previous research, existing models, philosophies and researcher's personal experience.

- **Identifying assumptions as part of the model**

The model was developed based on the assumptions of the researcher that training may assist professional nurses without psychiatry to manage MHCUs in general wards as supported by Bloom's Taxonomy of teaching and learning, (2001). Assumptions are underlying issues that are presumed to be true. They

are not intended to be empirically tested for soundness, but they can be challenged philosophically and may be investigated empirically.

- **Clarifying the context**

The context of the developed model is based on the findings in phase 1 of the study as guided by Dickoff's et al, theory of model development, (1968). The relationships among concepts within the context of the study was put in place.

- **Designing relationship statements**

In this study, relationship statements that describe, explain or predict the nature of the interaction between the concepts of the model was discussed. The relationship between identified concepts was described. A detailed explanation of how concepts interact within the model was described.

5.3.3. Relational statement of the model

This is a description, explanation, or prediction of the nature of interaction between the concepts of the theory (Chinn & Kramer, 1999). The following relational statements are formulated for the model to capacitate professional nurses in caring for MHCUs in general wards.

- Implementation of the model is influenced by the context within which it exists. In this study, the context being the general hospitals and general wards where the MHCUs are taken care of by professional nurses without psychiatric training.
- It involves interaction and participation between agents who are mental health professionals and recipients who are professional nurses without training in psychiatry. Both the agents and recipients engage each other in a responsible and meaningful manner to achieve an outcome of the study which is to capacitate professional nurses in caring for MHCUs in general wards.

- It allows for those with needs (recipients), to define those needs (support) when caring for MHCUs in general wards.
- Dynamics that drove the interaction between agents and recipients are per Blooms Taxonomy which is cognitive (knowledge), affective (attitude) and psychomotor(skills).
- The procedures to be taken towards development of the model are conducting in-service training for professional nurses by psychiatric health professionals.

5.3.4. THE STRUCTURE OF THE MODEL

Per Chin and Kramer, (1999), the structure of the model gives overall form to the conceptual relationships within it.

The structure of the model was determined by bringing together the elements of practice identified and discussed in 4.2 of Chapter 4. The structural form of the model is the graphic illustration of how the elements of the model relate to one another. The structure is reflected predominately on two graphic forms, namely, linear and circular which shows that there is no beginning and there is no end. The arrows show how one element relates to the other; agents and recipients must comply with the dynamics of the developed model to implement the procedure of training regarding care of MHCUs in general wards. The big circle represents unity, professionalism and team effort between agents and recipients. The different colors used in the diagram are meant to simplify the distinction of elements and has no significant meaning attached to it. This is indicated in Figure 4.7 below.

General hospitals

General wards

Competent
Comprehensive
Professional
Nurses

OUTCOMES

Conducting in-service training
Conducting workshops
Conducting seminars
Psychiatric curriculum

Mental health professionals

AGENTS

PROCEDURE

RECIPIENTS

Professional nurses

Willingness and motivation

Commitment and Involvement

Responsibility

Information sharing

Feedback

DYNAMICS

Figure 5.7: Structure of the model

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5.4. CHAPTER SUMMARY

Chapter 5 discussed the development of the model based on the findings of Phase 1 of the study, according to Dickoff's theory, (1968), to capacitate professional nurses without psychiatry in caring for MHCUs in general wards as guided by Bloom's Taxonomy of teaching and learning, (2001). Emphasis was given to the description of the overview, purpose and structure of the model. The structure of the model included assumptions on which the model was based, formulation of relation statement, the nature of the structure and the description of the process. The model was evaluated in accordance with the criteria set out in (Chinn & Kramer, 1999). Chapter 6 will discuss the evaluation of the developed model.

CHAPTER 6

EVALUATION AND VALIDATION OF THE MODEL

6.1. INTRODUCTION

Chapter 5 presented the development of the model to capacitate professional nurses without psychiatry regarding management of psychiatric patients in general wards Limpopo Province, South Africa.

This chapter will present the evaluation and validation of the developed model. Evaluation of the developed model was done based on the findings of the study as narrated by participants during individual interviews using Chinn and Kramer, (1999). Evaluators of the developed model comprised the cohort group of University of Venda, Faculty of Health Sciences, they are research orientated as they are registered post graduate students at the university, and one is the research promoter.

6.2. PROFILE OF EVALUATORS

Cohort group which consists of 16 members was purposefully selected to promote achievement in evaluating the developed model's health related goals by health professionals who are directly or indirectly involved in the management of MHCUs. Developed model was presented during the class attendance dates of the Cohort group after obtaining permission from the research promoter and the group. After presentation of the developed model, members of the Cohort group were recruited to evaluate the developed model voluntarily by giving verbal consent. Permission was granted by the Cohort group to be the evaluators of the developed model which was conducted in two sessions regarding its clarity, simplicity, generality, accessibility and importance.

Cohort group included16 members of health professionals who are research orientated as they have post graduate qualifications, 14 members have psychiatric qualifications, two members form part of (MDT) as they are social workers who are directly involved in the social needs regarding management

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of MHCUs, 11 members are registered post graduate students at the University of Venda Faculty of Health Sciences and one member is the research promoter with a psychiatric post graduate qualification. Evaluators are classified based on profession, qualification, workplace and job tittle. Each is discussed below.

6.2.1. PROFESSION

Model evaluators who evaluated the developed model comprised of 14 psychiatric nurses (87, 50%) and two allied members (12, 50%), who are social workers. The selected model evaluators are applicable to evaluate the model of the study because psychiatric nurses are directly involved in caring for MHCUs, while social workers form part of MDT in the management of MHCUs. This is displayed on figure 5.1 below:

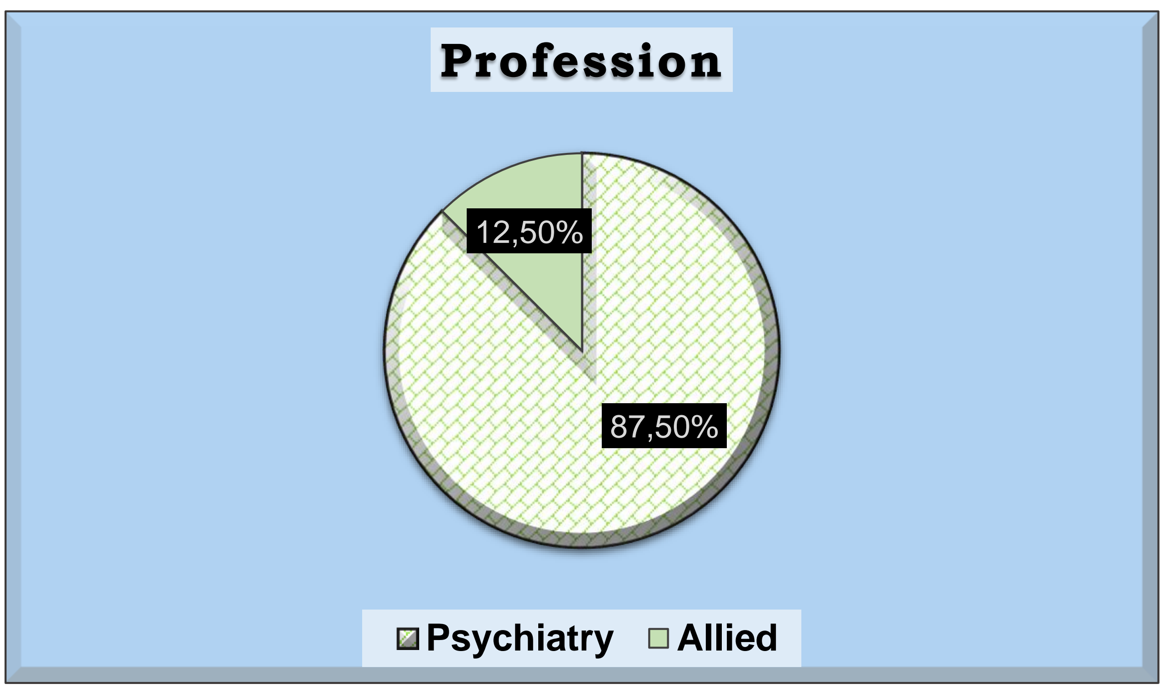

Figure: 6.1. PROFESSION

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6.2.2. Qualifications

Evaluators of the developed model were selected based on their qualifications which are in line with the study. Cohort group consisted of members who are post graduates and research orientated based on the study topic. Evaluators consist of three PhD in Nursing (17%), eight Mcur (44%), three Masters in Public Health (17%), two Honours in Nursing (11%) and two Honours in Public Health(11%). This is indicated in figure 5.2 below:

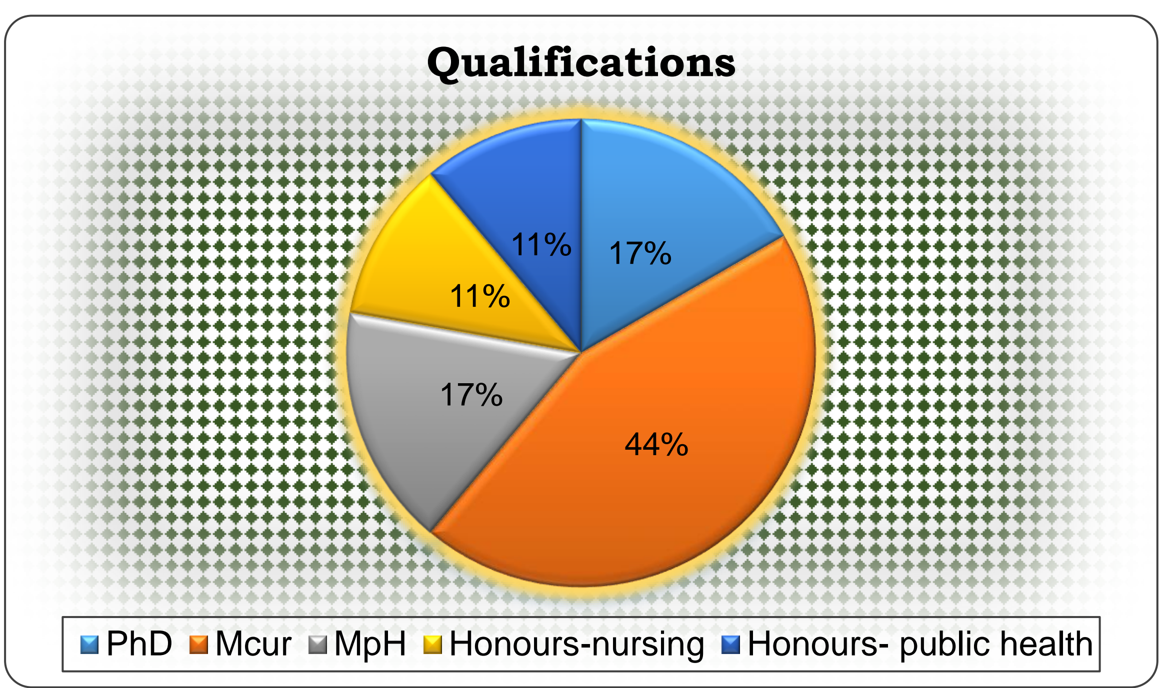

Figure 6.2: QUALIFICATIONS

6.2.3. WORKPLACE

All the evaluators of the developed model were employed in the areas related to the developed model which enabled them to evaluate the model having clear understanding and orientation of what is happening based on the topic of the study. The workplace of the developed model is as follows:

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The research promoter is a lecturer at the University of Venda Faculty of Health Sciences to teach and supervise the students studying psychiatric nursing, and this is related to the developed model.

The mental health coordinator from Vhembe district office to coordinate mental health care services of all hospitals and PHC and this allows her to be a relevant researcher to evaluate the developed model.

Three members from Hayani specialised psychiatric hospital, one is the CEO, one is the nurse manager and the last one a psychiatric nurse. The three members are directly involved in managing MHCUs, therefore they are relevant to form part of the group to evaluate the developed model.

Two members lecturers at the Limpopo college of nursing, one at Thohoyandou and the other one at Giyani campus. They all have psychiatric qualifications and they teach and supervise students in psychiatric nursing.

One member from Kutama clinic which renders all the services including managing MHCUs which is relevant to the developed model.

Two members are based at the regional hospital (Tshilidzini), one in a psychiatric ward and one is an acting operational of paediatric ward and has a psychiatric qualification: and this makes them relevant to evaluate the developed model.

Three members from District hospitals in psychiatric wards namely; Siloam, Tintswalo and Donald Fraser hospitals; therefore they are relevant to evaluate the developed model.

One member is a Quality assurance coordinator at Louis Trichardt Memorial hospital, has a psychiatric qualification who focuses much on quality patient care.

Two social workers who form part of MDT in managing MHCUs. They are relevant to evaluate the developed model. This is displayed in figure 6.3 below:

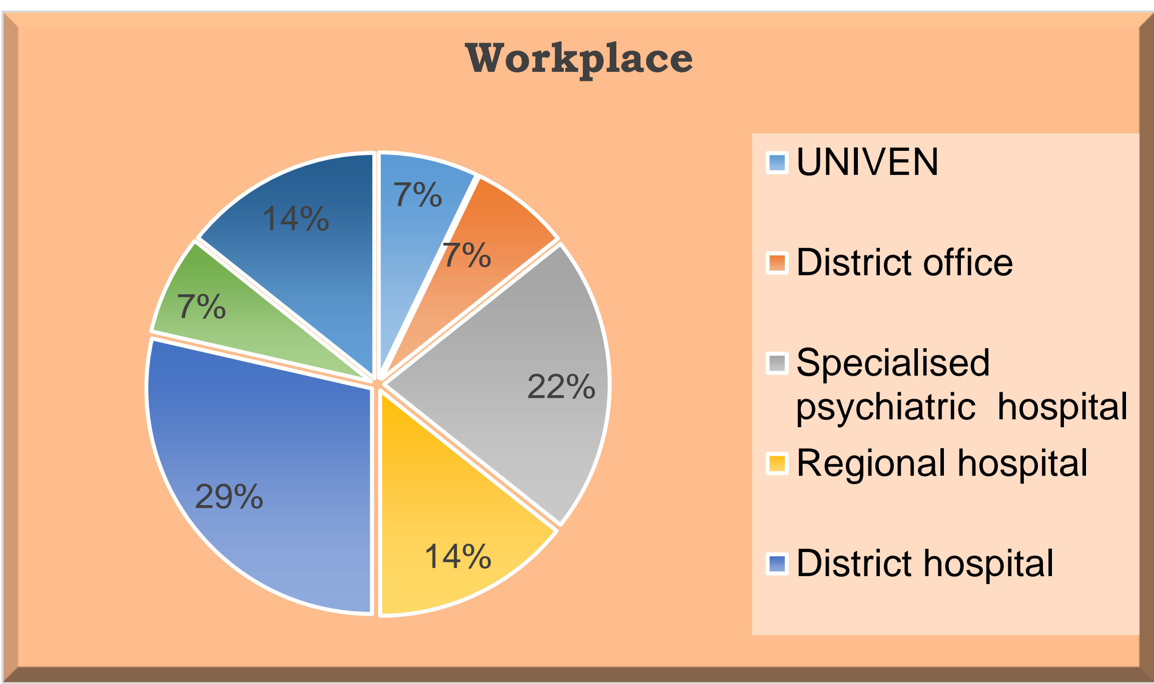

Figure: 6.3. WORKPLACE

6.2.4. JOB TITLE

Evaluators were purposefully selected based on their job title as each member is relevant to evaluate the developed model of the study as follows; Research promoter (7%), the CEO (7%), Nurse Manager (7%), Mental health coordinator (7%), Professional nurses (29%), Acting operational manager (7%), Social workers (14%), and Lecturers (14%). This is indicated in figure 5.4 below:

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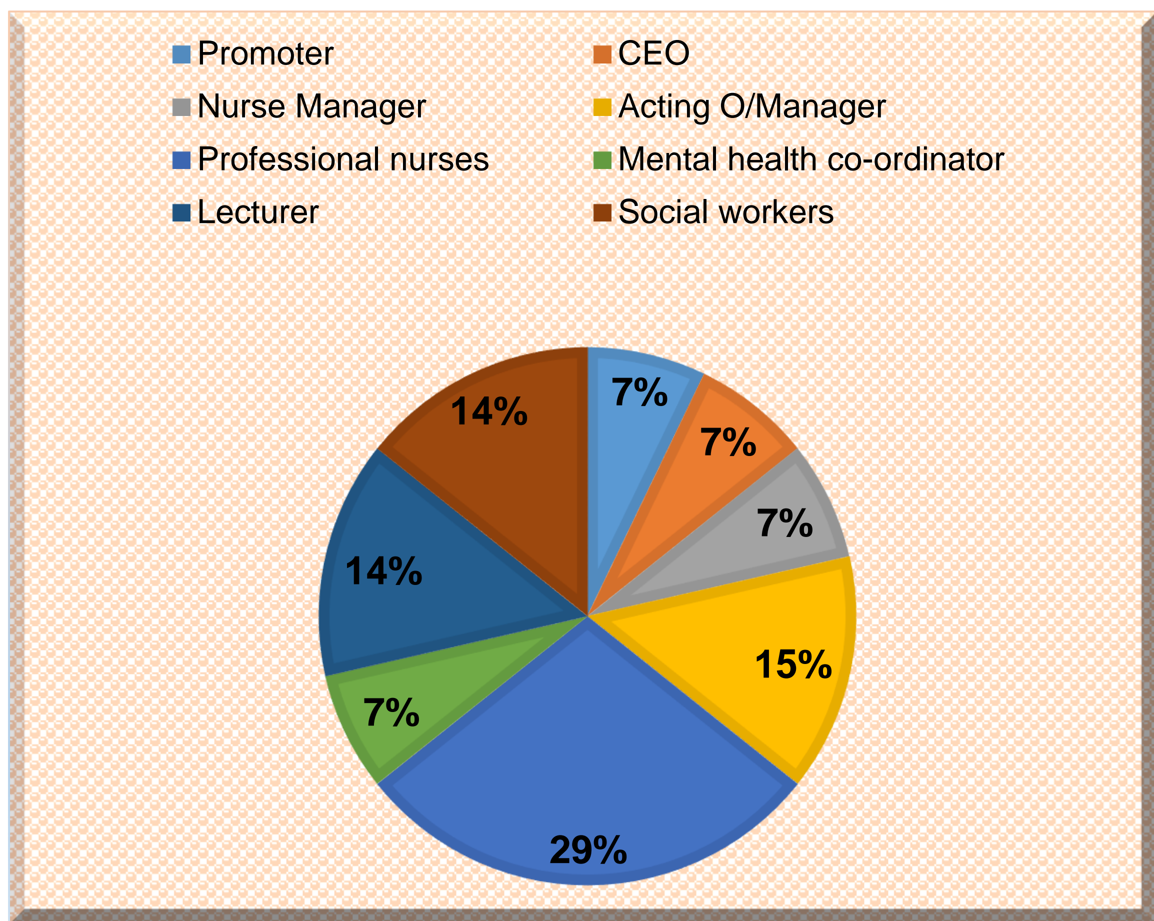

Figure: 6.4. JOB TITLE

6.3. Model evaluation

An evaluation of the model was conducted in accordance with guidelines in (Chinn & Kramer, 1999), which was selected because the developed model of the study is based on empirical evidence. The five critical questions used for evaluation of the model are as follows: How clear is the model? How simple is the model? How general is the model? How accessible is the model? How important is the model?

Evaluation of the model was conducted at the agreed central venue within Vhembe District at the University of Venda campus with the assistance of the promoter of the study. The model was presented to the group of evaluators in two sessions on the following dates; 7/12/2019 and 04/01/2020, in the presence of the promoter of the study. Comments of session 1 are indicated by yellow color and the second session is indicated by green color (See

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ANNEXURE J1 and J2). After all the comments of the first session done on 7/12/2019 were attended to, the model was presented again to the evaluators for further evaluation on the 04/01/2020. After effecting all the comments of both sessions, the final model was developed as indicated in figure 4.7 of chapter 4.

6.3.1. How clear is the model?

Evaluation of the developed model was done based on the findings of the study as narrated by participants during individual interviews. Below are the comments made by the evaluators during evaluation of the developed model.

First session comments:

During the first session, a first presentation was done and evaluated by the health professionals and gave comments that the model was not clear as indicated by narratives below:

"The model is not clear with regard to how agents are indicated on the structure as it includes some health professionals who are not part of the model, like hospital management and nurse educators. Get one concept that will cover all involved in the model like mental health professionals".

"…Recipients are not clear with regard to including the MHCUs and general hospital, recipients of the study are professional nurses…"

"…Choose one concept to appear on the structure, either process or procedure…"

"…Dynamics must communicate with agents and recipients…"

"…Outcome of the model should be competent comprehensive professional nurses instead of capacitation of professional nurses…"

Comments from evaluators also indicated that the model is not clear as the context and the supporting literature was not communicating, this is narrated below:

"…Context of the study is general hospitals in general wards, supported by literature what general hospital? What is general ward?"

"…Also support by literature on what happens in general hospital? What happens in general wards?"

"…Agents of the study must be supported by relevant literature…"
"…All that was narrated by participants during individual interviews must appear on the model…"
"Add conducting seminars, workshops and psychiatric training in the procedure and final structure of the model…"

Second session comments:

Second presentation was done and evaluated, and it was identified that there are concepts to be added on the procedure of the model as narrated below:

"…Procedure should include all that was said by participants, like conducting workshops, seminars…"

"…Procedure must be supported by relevant literature to make it easier for those who will implement the model…"

"…Ensure consistency on the diagrams used on the model and the structure…"

6. 3. 2. How simple is the model?

Comments from model evaluators regarding simplicity of the developed model were indicated for both sessions, supported by narratives as described below:

First session comments:

Comments for first session after presentation of the structure of the model indicated that the model was not simple as narrated below:

"…Concepts of the six elements of Dickoff et al, (1968), must be clearly defined by supporting literature…"

"…Arrows on the structure of the model do not communicate with the concepts…"

"…Outcomes of the study should be on the top of the structure of the model…"

Second session comments

After presentation of the second session, it was commented that the model is not clear as some concepts are missing as narrated below:

"…The role of professional nurses without psychiatric training as recipients of the study must be supported by relevant literature…"

"…Role of the agents of the study who are the mental health professionals must also be defined and supported by relevant literature…"

The model simplicity was achieved by including major and related concepts of the study which are capacitating, professional nurses, MHCUs, general hospital and general wards. The model simplicity was achieved by keeping to the major and related concepts of the study. No new concepts were added to the structure of the model as this would cause confusion. The number and differentiation of concepts is minimal, but enough to structure theoretic relations of the model.

6.3.3. How general is the model?

According to model evaluators, the model was described as a response to the need for professional nurses without psychiatric training to be capacitated in caring for MHCUs in general wards. The study findings indicate that professional nurses are willing to be capacitated in caring for MHCUs in general wards and the kind of support needed by professional nurses in caring for MHCUs in general wards. The model was therefore developed to capacitate professional nurses in caring for MHCUs in general wards. The developed model can be applied to all hospitals that render care to MHCUs in general

wards and other MHCUs in general wards in South Africa. However, it can only be applied to professional nurses in caring for MHCUs in general wards as narrated below by evaluators of the developed model:

"…The model is general as it indicates that it will be implemented only to professional nurses without psychiatric training, caring for MHCUs who are admitted in general wards in South Africa…"

6.3.4. How accessible is the model?

The model would be made accessible to general hospitals, Limpopo Province, where data was collected, Provincial Department of Health and through workshops that would be conducted by the researcher where the model would be implemented and evaluated. The Provincial health directorate would be involved so that it would be easier to access other districts in the province. It would be possible to access the model through library search, publications in accredited journals, attendance of seminars, and national and international conference presentations. This is supported by the narrative by evaluators of the developed model below:

"…The model indicates that it will be easily accessible to those who will use it nationally and internationally…"

6.3.5. How important is the model?

South African government developed, passed and promulgated Mental Health Care Act no. 17 of 2002, which sets out certain procedures that must be followed by certain persons when one can be admitted, detained and discharged in hospital. Mental Health Care Act no.17 of 2002, also indicates the rights of mental health care users should be respected by all the people in South Africa. This Act is made for protection of people with mental illness and intellectual disability as a national priority. The developed model will help professional nurses without training in psychiatry to respect the rights of

MHCUs receiving care in general wards as indicated by evaluators of the developed model below:

"...The procedure of the model can be carried out at any institution in South Africa rendering care to state patients..."

"...The model can be used as its outcome is capacitating professional nurses without psychiatric training in caring for MHCUs in general wards..."

According to model evaluators, implementation of the developed model will close the gap by assisting professional nurses without psychiatric training to practice what they narrated what they need during individual interviews as described below:

- The health professionals would have a resource to refer and guide them regarding how to reintegrate male state patients with their families.
- Health professionals shall receive the necessary knowledge and skills required for them to reintegrate male state patients into their families.
- Mental health care users shall be treated with respect and dignity, their rights protected and get the best quality mental health care.

The developed model will add value to mental health practice and nursing and mental health research. Finally, the developed model creates the gap for other researchers to conduct research when the model will be implemented.

6.4. MODEL VALIDATION

Validation of the developed model which is an ongoing process is being conducted in accordance with guidelines in (Chinn & Kramer, 1999), in one selected general hospital where the study was conducted. The developed model and guidelines on how it should be operationalized was presented and submitted to the Nurse manager, CEO, training committee and mental health professionals of the selected general hospital. The developed model will be

validated monthly as allocated by the training committee of the selected general hospital by training professional nurses without psychiatry in caring for MHCUs in general wards. During the procedure of training professional nurses as recipients will be given opportunity to ask questions to validate the model. Attendance register with the topic, date, time and presenter will be circulated during training to allow professional nurses (recipients) to validate their attendance by writing their details and attaching signature. The developed model and guidelines is displayed in **Annexure K**.

6.5. CHAPTER SUMMARY

Chapter 6 described evaluation and validation of the developed model. Evaluation of the developed model was done in two sessions on different dates, 07/12/2019 and 04/01/2020. Comments from evaluators of the developed model for both sessions were indicated and attended to as displayed in **ANNEXURE J1 and J2**. Validation of the developed model is displayed in **Annexure K**. Chapter 7 will describe guidelines to operationalize the developed model.

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CHAPTER 7

GUIDELINES TO OPERATIONALISE THE MODEL

7.1. INTRODUCTION

The previous chapter focused on evaluation and validation of the developed model to capacitate professional nurses in caring for MHCUs in general wards. The purpose of this chapter is to describe the guidelines to operationalize the developed model.

7.2. GUIDELINES TO OPERATIONALISE THE MODEL

Operationalization of the developed model was done per Chinn and Kramer, (1999). The guidelines for developed model to capacitate professional nurses in caring for MHCUs in general wards is described based on the findings of the study and the six elements of practice theory per Dickoff et al, (1968). As indicated below:

- Context
- The agents
- Recipients
- The procedure
- Dynamics
- Outcomes.

7.2.1. Guidelines for the context

General Hospital

Context of the developed model is the general hospitals in Limpopo Province, South Africa, which provides care for medical, surgical, maternity and psychiatry and does not specialize in the treatment of particular illnesses or patients; different types of ailments are treated, the role of the general hospital is to allow patients with different illnesses to be treated as outpatients or

inpatients (Huggins, 2016). A general hospital provides inpatient and outpatient care of all conditions including medical, surgical, maternity, gynaecology, paediatrics and psychiatry. Professional nurses play a major role in provision of all services rendered to all patients regardless of their conditions and they are expected to have all required knowledge and skills to serve. General hospital with a psychiatric ward was used in the developed model to access the general ward where MHCUs are taken care of by professional nurses without training in psychiatry.

General Ward

General ward as context of the developed model is found inside the general hospital and consists of allocated number of beds for admission of patients in need of care for medical and surgical conditions. The role of a general ward is to allow patients with different illnesses to be admitted and treated in totality as narrated by participants of this study during interviews (Lyketsos, Sheppard & Rabins, 2014). General ward is the point of entry for all conditions that are managed in general hospitals, all general conditions are managed in general wards by professional nurses who must provide holistic care regardless of the specific conditions. The developed model used general wards to allow professional nurses without training in psychiatry to be capacitated in caring for MHCUs.

7.2.2. Guidelines for the agents

Agents for the developed model are Mental Health Professionals (MHP) as revealed by the findings of this study and their activities geared on capacitating professional nurses in caring for MHCUs admitted with medical conditions in general wards.

- MHP as agents for the developed model comprises of members of MDT, who agreed to participate during training and willing to impart their

knowledge to professional nurses without psychiatric training, caring for MHCUs in a general ward.

- MHP as agents of the developed model should participate in sharing knowledge to professional nurses without psychiatric training through in service training, workshops and seminars.
- MHP as agents of the developed model should train professional nurses without psychiatric training as permitted by their scope.

7.2.3. Guidelines for the recipients

Recipients of the developed model are professional nurses without psychiatric training who receive training from agents as revealed by the findings of the study (Dickoff et al, 1968).

- Professional nurses without psychiatry should be ready to learn from the agents.
- Professional nurses without psychiatry should be inquisitive by asking questions on what they want to know.
- Professional nurses without psychiatry should clarify their learning to the agents.

7.2.4. Guidelines regarding the dynamics of the model

Dynamics of the developed model as revealed by professional nurses indicate that in-service training should be done for them to have knowledge and skills in psychiatry. To achieve this, there should be willingness and motivation, commitment and involvement, responsibility, information sharing and feedback. The guidelines to operationalize these dynamics are described as follows:

Willingness and motivation

The agents and recipients of the developed model should be motivated not only on releasing information, but also the effort it takes to participate

willingly, proactively and ideally and encouraging each other to participate in the process of training.

Commitment and involvement

Agents and recipients of the developed model should be committed and actively involved during the procedure of training to achieve the outcome of the developed model.

Responsibility

Agents and recipients of the developed model should be willing to commit time and energy and be responsible regarding training procedure to achieve the outcome of the developed model. Both agents and recipients of the developed model should be obliged to be available and actively participate in the training procedure.

Information sharing

Agents of the developed model should share knowledge with recipients regarding care of MHCUs in general wards. Recipients should participate during the training procedure, clarifying what they understand and do not understand by asking questions.

Feedback

Recipients of the developed model should give feedback about the training procedure by asking questions about what they have been trained on, while agents of the developed model should evaluate the training by giving tasks to be completed by the recipients based on what they were trained on during the procedure.

7.2.5. Guidelines regarding the procedure

The training of professional nurses according to developed model should be done in the institutions where MHCUs are managed in general wards, as guided by the following procedures: Conducting in-service training, workshops, seminars and sending professional nurses to training institutions for psychiatric training.

7.2.6. Guidelines regarding the outcome

Outcome of the developed model is competent comprehensive professional nurses' achievement after the procedure of training recipients by the agents.

7.3. CHAPTER SUMMARY

Chapter 7 discussed the operationalization of the developed model. The guidelines to operationalize the developed model were described in accordance with the elements of the practice model as described by Dickoff et al, (1968). Chapter 8 will describe evaluation, conclusion, limitations and recommendations.

CHAPTER 8

EVALUATION, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

8.1. INTRODUCTION

Chapter 7 described the guidelines to operationalize the developed model. Chapter 8 will describe the evaluation, conclusions, limitations and recommendations of the study.

8.2. EVALUATION OF THE STUDY

The study is evaluated against its aim and objectives as set out in chapter 2.

8.2.1. Aim of the study

Aim of the study was to develop a model to capacitate professional nurses in caring for MHCUs in general wards in Limpopo Province, South Africa.

Experiences of professional nurses regarding care of MHCUs in general wards were explored during individual interviews. The experiences regarding care of MHCUs in general wards were described by the professional nurses assisted by the researcher to develop the model to capacitate professional nurses in caring for MHCUs in general wards in Limpopo Province, South Africa. This enabled the researcher to achieve the aim of the study.

8.2.2. The objectives of the study

Objectives of the study were to:

- Explore the experiences of professional nurses in caring for MHCUs admitted with medical conditions in general wards.

- Describe the experiences of professional nurses in caring for MHCUs admitted with medical conditions in general wards.

- Describe specific information that professional nurses need regarding care for MHCUs admitted with medical conditions in general wards.
- Develop a model to capacitate professional nurses caring for MHCUs admitted with medical conditions in general wards.

The study was done in two phases. Phase one was situational analysis and phase two was the development of a model. In Phase one, the situational analysis was done by means of a qualitative approach using exploratory designs, descriptive and contextual designs. In qualitative approach, data was collected through individual interviews and analyzed according to Tesch's open coding method in order to answer objectives. The objectives of the study were achieved as the experiences of professional nurses were explored by the researcher in order to develop a model to capacitate professional nurses in caring for MHCUs in general wards. Dense descriptions on the findings were also done against relevant literature. Central to the results elicited from the participants, it was identified that professional nurses are willing to be capacitated and dense description of data by participants yielded the kind of support that they need in caring for MHCUs in general wards.

In Phase two, the results of the situational analysis and literature gave direction to the development and description of the model. The survey list of the practice model of Dickoff et al, (1968) was used as a framework for the development the model. Chinn and Kramer's, (1999) criteria were used to describe and evaluate the model. This was done to answer the last objective indicated in chapter one.

- **Model development**

The findings of phase one, literature review and the theoretical framework for the development of the model formed the basis of the development of the model. The model was developed in an interactive interventive manner. The model was developed according to Dickoff et al, (1968), framework survey list which includes context, agents, recipients, dynamics, procedure and outcome. These concepts were applied to the development of the model in line

with what the participants indicated as the kind of support that they need to care for MHCUs in general wards.

- **Model evaluation**

The model evaluation was conducted using Chinn and Kramer's, (1999), questions relating to the model's clarity, simplicity, generalizability, accessibility and value in chapter 4 of this study.

8.3. CONCLUSION

Five themes emerged from this study namely; Managing psychiatric patient, Types of patient's behaviour, Emotional experiences of nurses, Knowledge and skills deficit, Capacity building. These are discussed below.

8.3.1. Managing psychiatric patient

Data indicated that participants needed assistance in caring for psychiatric patients in general wards. They narrated on how they experience caring for psychiatric patients. Participants also indicated that they asked for assistance from psychiatric wards to care for psychiatric patients which is difficult and causes delay when nurses in psychiatric wards are busy with their routine.

During interviews participants revealed that they were willing to take care of MHCUs in general wards. One sub-category emerged under this theme namely: Request assistance, where all the participants indicated that they were unable to manage psychiatric patients independently without seeking assistance from the psychiatric unit, leading to delays in provision of service. Participants indicated that they need assistance in caring for psychiatric patients in general wards. They narrated on how they experience caring for psychiatric patients. Participants also indicated that they experienced in taking care of psychiatric patients due to physical aggression and psychotic behaviour displayed by these patients in general wards.

Theme 2 emerged during analysis of data when participants narrated their experiences in managing psychiatric patients. Two categories out of this

theme were identified namely; physical aggression and psychotic behavior where all the participants indicated that psychiatric patients were physically aggressive while admitted in general units which is difficult for them to manage, some of the participants during interviews indicated the support that they need in caring for MHCUs in general wards.

Theme 3 emerged during analysis of data where all the participants indicated that they are afraid of psychiatric patients therefore it becomes difficult for them to manage these patients.

Theme 4 emerged during analysis of data when all the participants indicated that they do not have the required knowledge and skills to care for MHCUs in general wards.

Theme 5 emerged where all participants indicated the support that they need which is training regarding care of MHCUs in general wards.

8.4. LIMITATIONS OF THE STUDY

The authors acknowledge that this study was contextual and that the results cannot be generalised. Total number of participants of this study to reach saturation was 20. Only two male nurses out of the total number of participants were interested to be interviewed, however, the results provide valuable insight of the research topic and recommendations can be considered when supporting professional nurses caring for MHCUs in general wards.

8.5. RECOMMENDATIONS

Recommendations are based on the findings of the current study and are directed to the nursing practice and nursing education.

- **Recommendations to the nursing practice**

General hospitals should reinforce the use of the model to capacitate professional nurses in caring for MHCUs in general wards, through sending nurses to academic institution/s for psychiatric nursing diploma training. On going in-service education, workshops and seminars is also needed to assist nurses to further develop their knowledge and skills on mental health care, thus their competency will improve.

- **Nursing education**

Basic mental health nursing skills should be taught to nurses from entry to practice including other categories of nurses such as enrolled nurses and enrolled nursing assistants, since they are in the front line at public general hospitals, they will be able to identify the needs of MHCU and intervene appropriately. Mental health should be incorporated into basic nursing and midwifery education. Mental health concepts should be introduced early and should be part of the ongoing curricula. Also, there should be opportunities for experiential learning. Specialist or post-basic education programmes for nurses should be established to ensure that nurses can provide services for people with severe mental disorders. This will lead to improve the standard and quality care to all patients.

- **Further research**

The following areas of research can be pursued in relation to this study:

Research can be conducted on the experiences of none psychiatric professional nurses working in private hospitals when caring for the mental health care user in general ward.

Implementation of the model and exploring experiences of participants within a specific duration of time to assess its effectiveness.

A study, tracking the impact of a developed model to capacitate professional nurses in caring for MHCUs in general wards and its contribution to the provision of quality patient care for MHCUs.

8.6. CHAPTER SUMMARY

In this chapter of the study, the following were outlined: evaluation of the study based on the aim and objectives as set in Chapter 1, as follows: exploring the experiences of professional nurses regarding care of MHCUs in general wards, describing the experiences of professional nurses regarding care of MHCUs in general wards, describing the kind of information that professional nurses need regarding care for MHCUs in general wards, developing a model to capacitate professional nurses in caring for MHCUs in general wards, evaluating and validating the model to capacitate professional nurses in caring for MHCUs in general and they were all achieved. Conclusion based on the themes, categories and sub-categories outlined in c/Chapter 4 as well as limitations of the study where authors acknowledge that this study was contextual and that the results cannot be generalised. Total number of participants of this study to reach saturation is 20. Only two male nurses out of the total number of participants were interested to be interviewed, however, the results provide valuable insight of the research topic and recommendations can be considered when supporting professional nurses caring for MHCUs in general wards.

Recommendations directed to the nursing practice where general hospitals should reinforce the use of the model to capacitate professional nurses in caring for MHCUs in general wards, by conducting in-service education, workshops, seminars, nursing education which recommend inclusion of other categories of nurses such as enrolled nurses and enrolled nursing assistants to receive training on the care of MHCUs in general wards based

on the support they need and further research where a study which will track the impact of a developed model to capacitate professional nurses in caring for MHCUs in general wards and its contribution to the provision of quality patient care for MHCUs is recommended.

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ANNEXURE A: APPROVAL LETTER FROM ETHICS

UNIVERSITY OF VENDA

OFFICE OF THE DEPUTY VICE-CHANCELLOR: ACADEMIC

TO : MR/MS V.P LETLALO

SCHOOL OF HEALTH SCIENCES

FROM: PROF J.E CRAFFORD

ACTING DEPUTY VICE-CHANCELLOR: ACADEMIC

DATE : 22 JANUARY 2019

DECISIONS TAKEN BY UHDC OF 22ND JANUARY 2019

Application for approval of Thesis research proposal in Health Sciences: V.P **Letlalo (188012993)**

Topic: "A model to capacitate Nurses in Caring for mental Health Care Users in General Wards, Limpopo Province South Africa."

Promoter	UNIVEN	Dr. M. Maluleke
Co-promoters	UNIVEN	Dr. A.R Tshililo
	UNIVEN	Dr. K.G Netshisaulu

UHDC approved Thesis proposal

PROF J.E CRAFFORD
DEPUTY VICE-CHANCELLOR: ACADEMIC

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ANNEXURE B: ETHICAL CLEARANCE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms VP Letlalo

Student No:
18012993

PROJECT TITLE: **A model to capacitate nurses in caring for mental health care users in general wards, Limpopo Province, South Africa.**

PROJECT NO: **SHS/19/PDC/10/1005**

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr M Maluleke	University of Venda	Supervisor
Dr AR Tshililo	University of Venda	Co - Supervisor
Dr KG Netshisaulu	University of Venda	Co - Supervisor
Ms VP Letlalo	University of Venda	Investigator – Student

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: May 2019
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
DIRECTOR
RESEARCH AND INNOVATION
2019 -05- 14
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Thohoyandou 0950

University of Venda
PRIVATE BAG X5050, THOHOYANDOU, 0950, LIMPOPO PROVINCE, SOUTH AFRICA
TELEPHONE (015) 962 8504/8313 FAX (015) 962 9060
"A quality driven financially sustainable, rural-based Comprehensive University"

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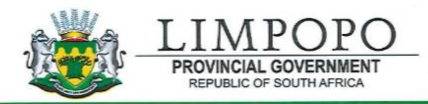
ANNEXURE C: PERMISSION FROM LIMPOPO PROVINCE



DEPARTMENT OF HEALTH

Ref : LP_201907_001
Enquires : Mrs K. Letseparela
Tel : 015-2936028
Email : Kurhula.Hlomane@dhsd.limpopo.gov.za

Vusiwana Practicia Letlalo

Faculty of Health Science

University of Venda

PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

A model to capacitate Nurses in caring for Mental Health Care Users in general wards, Limpopo Province, South Africa

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
   a. Present this letter of permission to the institution supervisor/s a week before the study is conducted.
   b. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
   c. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   d. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   e. The approval is only valid for a 1-year period.
   f. If the proposal has been amended, a new approval should be sought from the Department of Health
   g. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated

Head of Department

Date 25/07/19

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 D: PERMISSION FROM VHEMBE DISTRICT

DEPARTMENT OFHEALTH
VHEMBE DISTRICT

Ref: S5/6
Enq: Muvari MME
Date: 01.08.2019

Dear Sir/Madam… Letlalo V.P ……

Permission to conduct a research on the
"A model to capacitate nurses in caring for Mental pa…"

1. The above matter refers.

2. Your letter received on the 01.08.2019 requesting for permission to conduct an investigation is hereby acknowledged.

3. The District has no objection to your request.

4. Permission is therefore granted for the study to be conducted within Vhembe District. You are expected to submit the results to the District.

5. You are however advised to make the necessary arrangements with the facilities concerned.

Wishing you success in your endeavors.

………………………………… 2019/08/02……
CHIEF DIRECTOR: DISTRICT HEALTH DATE

Private Bag X5009 THOHOYANDOU 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 1852, (015) 962 1754, (015) 962 1001/2/3/4/5/6 Fax (015) 962 2373, (015) 962 227

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ANNEXURE E: PERMISSION FROM SAMPLED HOSPITALS

1: MANKWENG HOSPITAL

DEPARTMENT OF HEALTH

MANKWENG HOSPITAL

Department of Health
Mankweng Hospital
Chief Executive Officer
Receiver...
2019 -08- 07
Office No. 106
Tel: 015 286 1198
LIMPOPO PROVINCE

Ref: S5/3/1/2

Enq: Makola MM

From: HR Utilization and Capacity Development

Date: 06 AUGUST 2019
TO : Letlalo VP
University of Venda
Louis Trichard
0920

REQUEST FOR PERMISSION TO CONDUCT RESEARCH ON" MODEL TO CAPACITATE NURSES IN CARING MENTAL HEALTH CARE USER IN GENERAL WARDS LIMPOPO PROVINCE,SOUTH AFRICA"

1. The above matter has reference.

This is to confirm that the CEO has granted permission to conduct research on **"Model To Capacitate Nurses In Caring Mental Health Care User In General Wards Limpopo Province,South Africa"**

2. Research will be conducted from 01 September 2019 to 31 August 2020.
3. Attached please find their application letter,approval from Provincial Office, Research Proposal,Questionnaire and University of Limpopo Reseach and Ethic Committee Clearance Certificate.

Thanking you in advance.

Acting Chief Executive Officer

07/08/2019
Date

NT/

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2: ELIM HOSPITAL

DEPARTMENT OF HEALTH
ELIM HOSPITAL

Ref: S5/3/2
Enq: Makondo A.T
Date: 2019.08.13

To: Ms. V.P Letlalo

Cc: Acting Deputy Director: Risk Management Service Mr. Matsheka N.J

Cc: Acting Senior Clinical Manager: Dr Madi L.

From: Human Resource Organizational Strategy and Planning

SUBJECT: PERMISSION TO CONDUCT A RESEARCH ABOUT 'A MODEL TO CAPACITATE PROFFESIONAL NURSES IN CARING FOR (MENTAL HEALTH CARE) MHCU'S GENERAL WARDS IN LIMPOPO PROVINCE, SOUTH AFRICA'

1. The above matter bears reference.
2. Receipt of your dated letter 7th of August 2019 together with the approval from the Provincial Office is hereby acknowledged with thanks.
3. You are hereby granted permission to access the hospital to conduct the research as requested.
4. When collecting the data, you are kindly advised to liaise with Mr. Matsheka: Acting Deputy Director: Risk Management Service and acting Senior Clinical Manager: Dr Madi L. regarding issues of information security and the patient's rights.
5. Your urgent attention is always appreciated.

CHIEF EXECUTIVE OFFICER

13.08.19
DATE

P/Bag X312, Elim Hospital, 0960
Tel (015)556 3201/2/3/4/5, Fax (015)556 3160,
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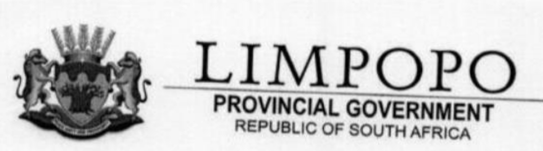
3: MESSINA HOSPITAL



DEPARTMENT OF HEALTH

MESSINA HOSPITAL

REF: S5/2/6/1/1
Enq: Radzilani A.C
DATE: 27 August 2019

DEPARTMENT OF HEALTH
MESSINA HOSPITAL - H.R.M. OFFICE
30 AUG 2019
PRIVATE BAG X4006 MUSINA 0900
LIMPOPO PROVINCE

FROM: HUMAN RESOURCE DEVELOPMENT

TO: Letlalo Vusiwana Practicia
Faculty of Health Science
University of Venda

RE: A MODEL TO CAPACITATE NURSES IN CARING FOR MENTAL CARE USERS IN GENERAL WARDS, LIMPOPO PROVINCE, SOUTH AFRICA.

1. The above matter has reference.
2. This office wishes to inform you that your application has been approved as per conditions stipulated on your letter of permission granted by Head of Department. You are requested to liaise with HRD office regarding your commencement date.
3. Your co-operation will be highly appreciated.

....
CHIEF EXECUTIVE OFFICER

2019.08.30
DATE

EXCELLENCE IS OUR PASSION

CNR CALDERWOOD AND WHITHYE STREET, PRIVATE BAG X 4006, MESSINA, 0900 TEL: (015) 534 0446, FAX: (015) 534 0819

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4: TSHILIDZINI HOSPITAL

TSHILIDZINI HOSPITAL ETHICS COMMITTEE

Memorandum of understanding

Tshilidzini Hospital Ethics Committee with Lettalo VP ...at their meeting resolved to sign a Memorandum of Understanding after the two parties have agreed on the following information:

1. Reasons for making a research at Tshilidzini hospital.
The researcher is currently working at Elim Psychiatric ward as an advanced psychiatric nurse and observed there is a problem for professional nurses
2. What will be the benefit of the entire hospital community out of your findings?
After the data analysis the researcher will develop a model to capacitate professional nurses in caring for MHCU admitted in general hospital
3. Who to meet in conducting your research
Professional nurses without psychiatry training caring for mental health care users in medical and surgical wards.
4. What do you do with your findings?
The findings will assist the researcher to develop a model to capacitate nurses.
5. We will require the hard copy of your research
The hard copy will be submitted to this office on completion of the study
6. We do not anticipate any information to be divulged to all types of media without the knowledge of the Ethics Committee and Hospital Board.

7. Memorandum of understanding should be signed by both parties.

Signed by: [signature]

03/09/2019
Date:

[signature]
Researcher

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ANNEXURE F : PRE TEST

LETLALO VP

TRANSCRIPTION OF PRE TEST INDIVIDUAL INTERVIEW

KEY: Researcher = R

:Participant = P

POPULATION: Professional nurses without psychiatric training

R. Good morning?

P. Good morning sister.

R. How are you?

P. I am fine, how are you?

R. I am fine also, cool weather because of the rain, how is the weather at your place?

P. It is like here; it was raining the whole night and I like this weather.

missing link of greetings & agenda

R. I am here to do interview as we arranged, before we proceed do you give me permission to continue with the interview?

P. Yes; as we agreed in the beginning I allow you to continue with the interview.

R. Thank you for allowing me to go on with the interview; as I told you yesterday, I am Patricia, a PhD student at university of Venda and I am required to do individual interviews to complete my degree. The study is intended to develop a model to capacitate professional nurses caring for mental health care users admitted in general hospitals in Limpopo Province.

I brought with me a voice recorder to be used during the interview to avoid missing out valuable information you are to give; here is the voice recorder if you want to say something that you don't want it to be recorded you press this button to stop the recording. Informed decision

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What will be discussed here will be confidential and will be accessed only by my research supervisors and the university of Venda; your real names will be avoided when transcribing this interview.

Before we proceed do you have any questions based on what I have explained to you now?

P. I don't have any question for now.

R. What are your experiences of caring for mental health care users admitted under your care as a professional nurse without psychiatric training in general wards?

P. Ohh! It is very difficult for me because some times this patients are difficult to manage.

R. may you tell me more on what do you mean when you say sometimes they are difficult to manage?

P. Sometimes they refuse to take treatment and I force them they become violet; I remember one male patient who refuse treatment; and insulted me when I tried to force him.

R. Hhmmm, and what happened after he insulted you?

P. I proceeded with other patients and reported him to the ward doctor that he is not taking treatment.

R. Tell me; what happened after you reported him to the doctor?

P. The doctor talked with the patient and he said he was not told the use medication which was added to what he usually take at home and he take the treatment in the presence of the doctor.

R. Ok; how did you feel that time when the patient agreed to take treatment?

P. That patient didn't like me and I don't know why; even after the incident he continue saying that I must come near him.

R. Did you asked him why he say so?

P. No I didn't ask him because I saw it in his eyes that he hate me.

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R. How do you deal with the situation where you find that you are the only professional nurse in the ward who have to provide service to that patient?

P. I ask security officers to be available when I give him treatment because I am afraid of him.

R. I understand what you are saying; tell more about your experiences in caring for this type of patients?

P. Some of the patients does not stay in their beds; they move around the ward not saying where they are going and I feel we are not safe with this patients in the ward.

R. May you elaborate what do you mean by ''we'' are not safe?

P. I mean all the staff and other patients, one day I went to the psychiatric ward to ask for treatment that was not in our stock; I found professional nurse seated with the patient talking, relaxed and I told myself that these patients needs to be treated by their nurses in their ward.

R. Tell me what you mean by ''their nurses''?

P. Psychiatric patients know their nurses and they are co operative to them because they are used to each other.

R. What do you think can be done to improve the situation based on your experiences?

P. I think the psychiatric patients should be admitted in psychiatric ward only because nurses there know how to manage them, rather than bringing them to medical ward where nurses does not have knowledge on this patients.

R. What kind of knowledge do you think is needed for you to take care of mental health care users?

P. I think all professional nurses working in general hospitals must be trained on taking care of psychiatric patients.

R. May you elaborate on what must be included in the training for those working in medical wards?

P. We need to be trained to be trained to be able to identify the signs of mental illness because some patients are admitted in medical ward with no known history of

3

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mental illness; we must know how to take care of them because mostly we ask assistance from psychiatric ward which is not easy when the patient is violet.

R. As we conclude, you said you feel that the patient hate you, refuse to take treatment given by you, the patient does not stay in his bed, he move around the ward without saying where he is going; you mostly ask assistance from psychiatric ward staff which is difficult when patient is violet; you think training of professional nurses working in medical ward in taking care of mental health care users is needed. is there any information you want to add or remove from what I summarized?

P. Nothing to be added; but please for training of all professional nurses working in medical ward must be highly considered.

→ Exploring is required ure

R. Thank you for your participation; if there is a need for clarity and follow up about this interview I may come back to you. I hope it is fine with you.

intimidating statement

P. Thank you also for your interest in knowing what we come across in the medical unit when taking for psychiatric patients, I will be available if you need me.

R. Ok; enjoy the rest of your day.

Improve on

- Contextualize participants & questions
- Use silence
- Use Listening
- Paraphrase often
- Summarise throught
- Explore more
- Reflecting
- Follow up questions as soon as it is raised
- Close the conversation with ethical issues
- Avoid intimidating closure.

- Agent, Recipient, procedure, dynamics, contextualized. 4

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TRANSCRIPTION OF PRETEST 2

KEY: Researcher = R

: Participant = P

POPULATION: Professional nurses without psychiatric training (female Medical)

R. Good afternoon.

P. Afternoon.

R. How are you?

P. I am fine and, how are you?

R. I am also fine, how is today holding you?

P. It is good so far.

R. Tell more about “good”?

P. It is good because the ward is quiet.

R. Mmm, tell me more about ‘quiet”?

P. It is not busy like other days, we are doing routine of the ward only.

R. How does quietness of the ward affect your daily work performance?

P. It all affects my performance differently since during the busy days I might not have enough time to focus on each patient.

R. Okay I understand what you said and how it affects you, since it is still quiet, let me not delay your ward routine. I am here to do an interview as we arranged, but before we proceed do you give me permission to continue with the interview.

P. Yes; let us continue with the interview.

R. Thank you for allowing me to go on with the interview; as I told you that I am a student at university of Venda, and I am required to do individual interviews to complete the degree. The study is intended to develop a model to capacitate

professional nurses caring for mental health care users admitted in general hospitals in Limpopo Province.

Here is the voice recorder, it has been recording since the beginning of this interview as we agreed yesterday, to avoid missing out valuable information you are to give; if you want to say something that you don't want to be recorded you press this button(showing button) to stop the recording at any time.

What will be discussed here will be confidential and will be accessed only by my study supervisors at the university of Venda; your real names will not be used when transcribing this interview. You are allowed to withdraw from the interview at any time if you feel so with no penalties against you; no compensation is allocated for this interview.

Before we proceed do you have any questions based on what I have explained to you now?

P. No.

R. As a professional nurse without psychiatric training, how do you manage mental health care users admitted under your care in this ward?

P. It is difficult, I am afraid of psychiatric patients and I am not trained to manage these patients, so it is not easy.

R. May you tell me more on what you mean when you say, “not trained”?

P. I say so because these patients are dangerous, it becomes worse if I have to manage them.

R. Mmm, “it becomes worse” - please elaborate on this?

P. These patients are unpredictable, you never know what they will do in the next moment.

R. Since you are working as a professional nurse in this ward and you said you are not trained to manage them; how do you manage them in case they are under your care?

P. I once had an incident of the female patient who was admitted in this ward, she made me to be more afraid of these patients.

R. Tell me more about this patient?

P. The patient was admitted in this ward with pneumonia, she was a known psychiatric patient, but I was not aware before the day of the incident, it was in the afternoon and I was in charge of the ward, she started to shout using vulgar language.

R. May you elaborate on “vulgar language”?

P. She jumped from her bed shouting saying, where is my husband? I saw you sleeping with him.

R. How did you manage this patient?

P. This patient didn’t respond when I tried to talk with her, she proceeded with what she was saying, she went to the fellow patient in the same cubicle, holding her asking her the same question, “where is my husband I want to sleep with him now”? I ask psychiatric ward to assist me as I was afraid, It is then that I knew that the patient has a psychiatric condition, as the nurse in psychiatric ward guided me to go through the previous records of the patient and also advised me to report the patient to the doctor who was on standby.

R. Tell me more, what happened thereafter?

P. I reported her to the doctor who prescribed injection, I was afraid of the patient, I asked the psychiatric nurse from psychiatric ward to come and inject the patient, the psychiatric nurse didn’t manage to come but advised me to ask security officers.

R. Ok……(silent).

P. Security officers came and assisted.

R. Tell me what happened then?

P. She was injected and restrained in her bed until she fell asleep.

R. How was the situation in the ward?

P. Everyone in the ward was still afraid.

R. How did you feel about the behavior of the patient?

P. I was so afraid, I asked the doctor on call to transfer the patient to psychiatric ward for our safety.

R. Mmm……………. then?

P. The doctor agreed to transfer the patient, but here is another problem with these patients!

R. Tell me more about the problem?

P. When I phoned psychiatric ward again to arrange the transfer of the patient, eish, I was told about many forms which must be completed and brought together with the patient, I don’t know the forms, the nurse explained to me and only to find out that I am not allowed to complete the forms since I don’t have psychiatric training.

R. How do you feel after this incidence?

P. As I said earlier that I am afraid of these patients and I am not trained I feel that I am not doing what I am expected to do to patients.

R. What do you think can be done to improve the care of psychiatric patients admitted with medical conditions based on your experiences?

P. I think the psychiatric patients need to be managed by those who are trained on how to manage them.

R. What kind of knowledge do you need to take care of mental health care users in general wards?

P. Professional nurses in general wards must know how to talk with the psychiatric patients, like what happened in that incident, the psychiatric patient was behaving strangely because of his mental status, and I failed to find out from the patient as I don’t know how to approach him and talk to him because I never had training in psychiatry.

R. How do you think this knowledge can be gained?

P. I think all professional nurses working in general wards must have psychiatric training because psychiatric patients are admitted in all the wards based on their condition.

R. May you elaborate on what must be included in the training for those working in general wards?

P. Professional nurses must be trained to be able identify the signs and symptoms of psychiatric illness, causes of psychiatric condition; professional nurses must know how to nurse them, because mostly professional nurses depend on assistance of professional nurses from psychiatric ward like I did, which is not easy when the patient is violent and needs urgent attention and psychiatric nurses have the ward to manage at that time.

R. Okay, based on what you want to be trained on, who do you think can train the professional nurses in general wards?

P. I think those who have qualifications in psychiatry and having skills and experience can train those professional nurses without psychiatry.

R. How often do you think the training can be conducted?

P. The training must be done until all professional nurses in general wards are able to manage psychiatric patients on their own.

R. May you elaborate on “on their own”?

P. A professional nurse is expected to manage all her patients without any delay by depending on other professional nurses, both conditions of the patients must be managed.

R. Mmm; where do you think the training can be done?

P. I think each general hospital can conduct the training at their institution.

R. May you explain to me on why you think general hospitals can do the training at their institutions?

P. I think it will be good because experiences of one general hospital may differ from the other on managing psychiatric patients.

R. As we conclude, you said it is difficult for you to manage psychiatric patients as you are afraid of them, you had no training in psychiatry. You don’t know how to talk with them to find out what they want, depend on psychiatric ward staff for advice about psychiatric patients, which is difficult when a patient is violent and needs urgent attention; you think training of all professional nurses working in general wards in taking care of mental health care users is needed, training can be done by those

having qualifications, skills and experience in psychiatry and each general hospital can do the training at their institution as the experiences of professional nurses without psychiatry may differ from other general hospitals. Is there any information you want to add or remove from what I summarized?

P. No, you said what we talked about and you didn't add anything we didn't discuss.

R. The recording of this interview will play now from the voice recorder, I want you to listen carefully to make sure that the recording is exactly the interview I did with you, do you allow me to do so?

P. Yes, you may proceed.

R. Ok …" recording played from beginning to the end" while they both listen until the end of the recoding. Is there anything you want to add or remove on the voice recording?

P. No, the recording is what we talked about, it is fine.

R. Thank you for your participation; if there is a need for clarity and follow-up about this interview, I may come back for clarity; I hope it is fine with you.

P. Thank you for your effort and interest in knowing what we come across in the general wards when we are taking care of psychiatric patients, you will contact me anytime if you need anything based on what we discussed.

R. As I explained in the beginning of the interview, what we discussed during the interview will be confidential and will be accessed only by my supervisors at the university of Venda, no compensation will be available to participate in the interview. Is there anything you want to ask based on what I explained now?

P. I understand what you are saying.

R. Ok; have a good day.

END

ANNEXURE G : PARTICIPANT INFORMATION SHEET

Dear participant

REQUEST FOR CONSENT FROM PARTICIPANTS

I am a professional nurse at Elim Hospital and a PhD student at the University of Venda, School of Health. I am presently conducting a research study entitled “A model to capacitate professional nurses in caring for MHCUs admitted with medical conditions in general wards, Limpopo Province, South Africa.

The purpose of the study is to develop a model to capacitate professional nurses in caring for MHCUs admitted with medical conditions in general wards, Limpopo Province, South Africa.

Objectives

The objectives of this study are to:

- Explore the kind of information needed by professional nurses in caring for MHCUs admitted with medical conditions in general wards.
- Describe the kind of information that professional nurses need regarding care for MHCUs admitted with medical conditions general wards.
- Develop a model to capacitate professional nurses caring for MHCUs admitted with medical conditions general wards.

The significance of the study

The findings of the study will contribute to the body of knowledge especially in a general ward setting regarding the care of MHCUs admitted with a medical condition. Professional nurses will be capacitated with the necessary knowledge and skills to care for MHCUs admitted with a medical condition. MHCUs admitted with a medical condition in general wards will be taken care of by professional nurses in a holistic approach.

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 what you need to be capacitated in working in the general 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 a general 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 kept safe 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 researcher at the numbers listed below:

Promoter: Profesor Maluleke M: Cell number: 0763949752

Co-promoter: Doctor Tshililo AR:

Co- promoter: Dr Netshisaulu K:

Researcher: Letlalo VP: Cell number: 0835513401

Please note the following:

Research details must be provided in a clear, simple and culturally appropriate manner and prospective participants should be helped to arrive at an informed decision by use of appropriate language (grade 10 level- use Flesch Reading Ease Scores on Microsoft Word), selecting of a non-threatening environment for interaction and the availability of peer counseling (Department of Health, 2004).

If the potential participant is unable to read/illiterate, then a right thumb print is required and an impartial witness, who is literate and knows the participant e.g. parent, sibling, friend, pastor, etc. should verify in writing, duly signed that informed verbal consent was obtained (Department of Health, 2004).

If anyone makes a mistake completing this document e.g. a wrong date or spelling mistake, a new document has to be completed. The incomplete original document has to be kept in the participant's file and not thrown away, and copies thereof must be issued to the participant.

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ANNEXURE H: INFORMED CONSENT FORM

LETTER OF INFORMATION

Title of the Research Study: A model to capacitate nurses in caring for MHCUs admitted with a medical condition in general wards, Limpopo Province, South Africa

Principal Investigator/s/ researcher : Letlalo VP

Co-Investigator/s/supervisor/s : Prof M Maluleke, Dr AR Tshililo, Dr KG Netshisaulu

Brief Introduction and Purpose of the Study

The study aim is to develop a model to capacitate professional nurses in caring for MHCUs admitted with medical conditions in general wards, Limpopo Province, South Africa.

Outline of the Procedures

The participant should voluntarily consent to participate in the study. The participant should avail himself or herself for the interview. Professional nurses working in the general wards will be interviewed. The interview will last approximately 30 minutes. Participants are expected to give information during an interview.

Risks or Discomforts to the Participant

Neither risks nor discomforts are anticipated (there are no treatments or chemicals which will be administered during the study) except for tiredness during interview.

Benefits

Professional nurses will benefit because they will get a platform to ventilate their needs of being capacitated in working in the general ward. The study findings will add on the available scientific data regarding a model to capacitate professional nurses working in a general ward. The directorate responsible for nursing will have information of what nurses are going through while working in the general ward. The Nursing Education sector will benefit in terms of

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curriculum development for addressing specific educational needs of professional nurses.

Reason/s why the Participant May Be Withdrawn from the Study:

Participants may at their own will or with other compelling reasons such as illness, withdraw from the study at any stage. There will be no adverse consequences for the participant should they choose to withdraw.

Remuneration : The participant will not receive any monetary or other types of remuneration

Costs of the Study : The participant will not be expected to cover any costs towards the study

Confidentiality : The anonymity of participants will be safeguarded by excluding the use of their names. The information related to the discussions will only be accessible to the researcher and the promoters of the study. No collected data will ever be linked to their names.

Research-related Injury: No injuries are anticipated.

Persons to Contact in the Event of Any Problems or Queries:

(Supervisor and details) Please contact the researcher (**0835513401.)**, my supervisor **(0763949752.)** or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Director: Research and Innovation, Prof. GE Ekosse on 015 962 8313 or Georges Ivo.Ekosse@univen.ac.za

General:
Potential participants are assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter issued to participants. The information letter and consent form translated and provided in the primary spoken language of the research population

CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Letlalo Vusiwana Patricia, about the nature, conduct, benefits and risks of this study, Research Ethics Clearance Number: **SHS/19/PDC/10/1005**.
- I have also received, read and understood the above written information (*Annexure G*) regarding the study.
- I am aware that the results of the study, including personal details regarding my gender, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during this research which may relate to my participation will be made available to me.

Full Name of Participant Date Time Signature

I, ...

herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher Date Time Signature

....

ANNEXURE I: DATA COLLECTION

TRANSCRIPTION OF INDIVIDUAL INTERVIEW NO. 2

KEY: Researcher = R

: Participant = P

POPULATION: Professional nurses without psychiatric training (Male Surgical)

R. Good afternoon.

P. Afternoon sister.

R. How are you?

P. I am fine and, how are you?

R. I am also fine, I can see that you are busy this afternoon, and all your co-workers also look to be occupied, how is your day?

P. It is like any day, but today is busy because the ward is full, but I have time reserved to honor our appointment as I agreed with you.

R. How does the fullness of the ward affect you?

P. Eish; it is difficult to do routine when the ward is full especially with many patients who need daily wound dressing, like now most of the patients are on daily dressing.

R. Mmm, tell me more about 'difficult' and your performance at work?

P. It affects my performance because I might be willing to do my routine as required, but because of shortage of staff in this institution I end up delaying the service to some of my patients.

R. How do you feel after you realized that you delayed the patient from receiving your service?

P. I feel disappointed because I made a pledge that a patient will be my priority, and I am not fulfilling my pledge.

R. Okay I understand what you said and how it affects you, since you are busy, I don't want to add more delay on your service delivery. I am here to do an interview as we arranged. Before we proceed do you give me permission to continue with the interview?

P. Yes; you are correct, let's not waste the arranged time, let us continue with the interview.

R. Thank you for allowing me to go on with the interview; as I told you yesterday that I am a student at university of Venda, and I am required to do individual interviews to complete the degree. The study is intended to develop a model to capacitate professional nurses caring for mental health care users admitted in general hospitals in Limpopo Province.

Here is the voice recorder being used since the beginning of this interview as we agreed yesterday, to avoid missing out valuable information you are to give. If you want to say something that you don't want to be recorded, you press this button (showing button) to stop the recording at any time.

What will be discussed here will be confidential and will be accessed only by my study supervisors at the university of Venda; your real names will not be used when transcribing this interview. You are free to withdraw from the interview at any time if you feel so with no penalties against you. No compensation is available for this interview.

Before we proceed do you have any questions based on what I have explained to you now?

P. Nothing to ask.

R. As a professional nurse without psychiatric training, how do you manage mental health care users admitted under your care in this ward?

P. Ohh! It is very difficult for me as I am afraid of these patients.

R. May you tell me more on what do you mean when you say, “it is very difficult”?

P. I say so because these patients are dangerous to manage because of their behavior.

R. Mmm, “dangerous to manage” - please elaborate on this?

P. It is not simple to know what these patients want.

R. Mmm (nodding head with silence). Tell me more about “their behavior”?

P. Like the patient who was once transferred to this ward for surgical care, his behavior made me to be more afraid of these patients.

R. Tell me more about this patient?

P. The patient was admitted in psychiatric ward as he is known to be mentally ill, he is also diabetic, he burned his right foot with a plastic bag before admission to hospital, the wound was septic and having slough. Can you see how dangerous these patients are?

R. May you elaborate on how dangerous the patient was?

P. Sister, burning yourself with a plastic bag? How painful it is, I am afraid of this patient.

R. How did you manage this patient since he was transferred to be under your care?

P. This patient didn’t spend even a single full day under my care as he was transferred back to the psychiatric ward.

R. Mmm, tell me more about the transfer back to psychiatric ward?

P. I received the patient, all the transfer documents were completed, together with the psychiatric nurse we took the patient to bed, they were talking nicely with the psychiatric nurse who also indicated that she may come to see him when she is free, and the patient was happy.

R. Ok……(silent).

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P. We were finalizing the transfer at the nurses' station when the patient came straight to us holding a urinal bottle, he threw it on top of the table and said, "we don't do this, how do you take us". The psychiatric nurse mentioned his name asking what the problem is.

R. Tell me what happened then?

P. The patient said "staff please be quiet, I want to tell this nurse the truth about us today, nurse you take us for granted nehh? You thought I will not know where the toilet is, take your bottle I don't need it, you are used to cutting people's legs, mine nohh, you won't get it.

R. How was the situation in the ward? Did the urinal bottle injure anyone?

P. Everyone in the ward was shivering including the patients, fortunately no-one was injured, the urinal bottle was in plastic material and it didn't hit anyone.

R. How did you feel about the behavior of the patient?

P. I was so afraid and shivering. I have put all my trust for my protection on the psychiatric nurse, she told the patient to sit on the wheelchair which was used to take him from psychiatric ward to the surgical ward, and reassured him that she will talk with him after finishing what she was doing. It didn't take a minute for the patient to stand up and come straight to me and said "do you know how many years did Mandela spend in jail?", I didn't answer as I was afraid, he then went straight to the main entrance of the ward saying "staff , you will find me at our ward".

R. Mmm................ then?

P. The psychiatric nurse phoned the hospital security officers and asked them to accompany the patient by just following him until he arrived in the psychiatric ward as he said he is going back there. In the meantime, she reported the patient to the ward doctor of the psychiatric ward who said he will see the patient again in the psychiatric ward for other alternative treatment of the patient and the transfer was cancelled for that time.

R. How do you feel after these incidences?

P. As I said earlier that I am afraid of these patients, now I am more afraid that I don't want a psychiatric patient next to me, if that psychiatric nurse was not there during the incident I would be dead by now, thanks to her availability and protecting me.

R. What do you think can be done to improve the care of psychiatric patients admitted with medical conditions based on your experiences?

P. I think the psychiatric patients should be admitted in psychiatric wards only, where nurses are trained how to manage them, rather than bringing them to general wards where nurses do not have knowledge on these patients.

R. What kind of knowledge do you need to take care of mental health care users in general wards?

P. Professional nurses in general wards must know how to talk with the psychiatric patients, like what happened in that incident, the psychiatric patient asked for a toilet from a nurse passing next to his bed, the nurse made a wrong conclusion that the patient cannot reach the toilet since he was brought to the ward by wheelchair and offered him a urinal bottle to use, the patient felt that he was not treated well.

R. How do you think this knowledge can be gained?

P. I think all professional nurses working in general wards must be trained on how to manage psychiatric patients.

R. May you elaborate on what must be included in the training for those working in general wards?

P. Professional nurses must be trained on the signs and symptoms of psychiatric illness, causes of psychiatric conditions; professional nurses must know how to manage them independently, because mostly professional nurses depend on assistance of professional nurses from a psychiatric ward which is not easy when the patient is violent and needs urgent attention like the one I told you about.

R. Okay, based on what you want to be trained on, who do you think can train the professional nurses in general wards?

P. I think those who are academically equipped with psychiatry and having skills and experience can train those professional nurses without psychiatry.

R. How often do you think the training can be conducted?

P. The training must be done until all professional nurses in general wards are able to manage psychiatric patients on their own without any fear.

R. May you elaborate on “on their own”?

P. A professional nurse is expected to manage all her patients completely without any delay by depending on other professional nurses.

R. Mmm; where do you think the training can be done?

P. I think each general hospital can conduct the training at their institution.

R. May you clarify on why general hospitals can do the training at their institutions?

P. I think it will be good because general hospitals may have different experiences on managing psychiatric patients.

R. As we conclude, you said psychiatric patients are difficult to manage, you are afraid of the psychiatric patients, you don’t know how to talk with the psychiatric patients, you don’t want a psychiatric patient next to you, you depend on psychiatric ward staff for your protection against psychiatric patients, which is difficult when a patient is violent and needs urgent attention; you think training of professional nurses working in general wards in taking care of mental health care users is needed, training can be done by those having qualifications, skills and experience in psychiatry and each general hospital can do the training at their institution as the experiences of professional nurses without psychiatry may differ from other general hospitals. Is there any information you want to add or remove from what I summarized?

P. I have nothing to add, you covered what we talked about and you didn't add anything we didn't discuss.

R. I will play the recording of this interview now, I want you to listen carefully to make sure that the recording is exactly the interview we conducted, do you allow me to do so?

P. That will be good, you may proceed.

R. Ok …" switching on the voice recorder and play the recording" while they both listen until the end of the recoding. Is there anything you want to say about the voice recording?

P. No, the recording is what you interviewed me on, it is fine.

R. Thank you for your participation; if there is a need for clarity and follow-up about this interview, I may come back for clarity; I hope it is fine with you.

P. Thank you for your passion in knowing what we come across in the general wards when taking care of psychiatric patients, I am available anytime if you need anything based on what we discussed.

R. As I explained in the beginning of the interview, what we discussed during the interview will be confidential and will be accessed only by my supervisors at the university of Venda, no compensation will be available to participate in the interview. Is there anything you want to ask based on what I explained now?

P. No, I understand as we agreed in the beginning.

R. Ok enjoy the rest of your day.

TRANSCRIPTION OF INDIVIDUAL INTERVIEW NO. 5

KEY: Researcher = R

: Participant = P

POPULATION: Professional nurses without psychiatric training (Male Medical)

R. Good Morning.

P. Morning.

R. How are you?

P. I am fine and, how are you?

R. I am also fine, how is today holding you?

P. Yaa, I am feeling good today as you managed to come and see me, and I hope your visit will be of benefit to me.

R. Tell me more about your benefit?

P. It is good to have someone to talk to and share your ups and downs.

R. Mmm, tell me more about 'the ups and downs'?

P. In life you cannot always be happy, there are days when you feel something is not right.

R. How do your ups and downs affect your daily work performance?

P. It all affects my performance differently since during the down days I might treat my patients badly.

R. Okay I understand what you said and how it affects you, since you are ready to talk to someone, let me not delay your ward routine. I am here to do an interview as we arranged; before we proceed do you give me permission to continue with the interview?

P. Yes; let us start with the interview.

R. Thank you for allowing me to go on with the interview; as I told you that I am a student at university of Venda, and I am required to do individual interviews to complete the degree. The study is intended to develop a model to capacitate professional nurses caring for mental health care users admitted in general hospitals in Limpopo Province.

Here is the voice recorder, it has been recording since the beginning of this interview as we agreed yesterday, to avoid missing out valuable information you are to give; if you want to say something that you don't want to be recorded you press this button (showing button) to stop the recording at any time.

What will be discussed here will be confidential and will be accessed only by my study supervisors at the university of Venda; your real names will not be used when transcribing this interview. You are allowed to withdraw from the interview if you feel so with no penalties against you; No compensation is allocated for this interview.

Before we proceed do you have any questions based on what I have explained to you now?

P. No.

R. As a professional nurse without psychiatric training, how do you manage mental health care users admitted under your care in this ward?

P. I manage them like any patient as I am not trained to manage these patients.

R. May you tell me more on what you mean when you say, "not trained"?

P. I say so because these patients are unpredictable, it becomes worse if I have to manage them, and I don't know how to manage their behavior.

R. Mmm, "it becomes worse", may you elaborate on this?

P. It is not simple to know what these patients will do in the next moment, sometimes you may talk with them and they will not answer, so I end up not knowing why and what to do.

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R. Since you are working as a professional nurse in this ward and you said you are not trained to manage them; how do you manage them in case they are under your care?

P. I once had an incident of the male patient who was admitted in this ward. his behavior made me to be more afraid of these patients.

R. Tell me more about this patient?

P. The patient was admitted in this ward with diabetes, he was a known psychiatric patient who defaulted treatment. I knew about the history of this patient on the day of the incident, it was in the afternoon and I was in charge of the ward, he started to be restless.

R. May you elaborate on “restless”?

P. Sister, he jumped from his bed shouting, ‘I will kill you if you follow me’, one of the patients screamed to alert others on what was happening.

R. How did you manage this patient?

P. This patient didn’t respond to the scream of the other patient, he proceeded with what he was doing, also calling names of people who are not known to us. I managed to access the phone and ask psychiatric nurses in the psychiatric ward to assist me as I was afraid, not knowing what to do, all my co-workers in the ward were also afraid. It is then that I knew that the patient has a psychiatric condition, as the nurse in the psychiatric ward advised me to report the patient to the doctor who was on standby.

R. Mmm, tell me more, what happened thereafter?

P. The doctor prescribed medication to calm the patient, and since he was very restless it had to be given through injection. I was afraid of the patient; I asked the psychiatric nurse from the psychiatric ward to come and inject the patient. She managed to come and assist me, when she arrived in the ward she went straight to where the patient was shouting from and called him by his name, I was able to see what the psychiatric nurse was doing with the

patient. To my surprise they seemed to be understanding each other because he cooperated with the nurse and she injected him.

R. Ok……(silent).

P. After injecting him the psychiatric nurse continued talking with him.

R. Tell me what happened then?

P. The psychiatric nurse came to the nurse's station and explained to us that the patient is hearing voices and seeing things which makes him run away from his bed, she reassured us that the medication will work.

R. How was the situation in the ward?

P. Everyone in the ward was still afraid, including the patients.

R. How did you feel about the behavior of the patient?

P. I was so afraid, I asked the doctor on call to transfer the patient to psychiatric ward for our safety.

R. Mmm……………. then?

P. The doctor agreed to transfer the patient, but here is another problem with these patients!

R. Tell me more about the problem?

P. I phoned psychiatric ward again to arrange the transfer of the patient, eish, I was told about many forms which must be completed and brought together with the patient, I don't know the forms, the nurse explained to me and only to find out that I am not allowed to complete the forms since I don't have psychiatric training.

R. How do you feel after these incidences?

P. As I said earlier that I am afraid of these patients and I am not trained I feel that I am not doing what I am expected to do to patients.

R. What do you think can be done to improve the care of psychiatric patients admitted with medical conditions based on your experiences?

P. I think the psychiatric patients need to be managed by psychiatric nurses, who are trained on how to manage them.

R. What kind of knowledge do you need to take care of mental health care users in general wards?

P. Professional nurses in general wards must know how to talk with the psychiatric patients, like what happened in that incident, the psychiatric patient was behaving strangely because of his mental status, and I failed to find out from the patient as I don't know how to approach him and talk to him because I never had training in psychiatry.

R. How do you think this knowledge can be gained?

P. I think all professional nurses working in general wards must have psychiatric training because psychiatric patients are admitted in all the wards based on their condition.

R. May you elaborate on what must be included in the training for those working in general wards?

P. Professional nurses must be trained to be able identify the signs and symptoms of psychiatric illness, causes of psychiatric conditions; professional nurses must know how to nurse them, because mostly professional nurses depend on assistance of professional nurses from a psychiatric ward like I did, which is not easy when the patient is violent and needs urgent attention and psychiatric nurses have the ward to manage at that time.

R. Okay, based on what you want to be trained on, who do you think can train the professional nurses in general wards?

P. I think those who have qualifications in psychiatry and having skills and experience can train those professional nurses without psychiatry.

R. How often do you think the training can be conducted?

P. The training must be done until all professional nurses in general wards are able to manage psychiatric patients on their own.

R. May you elaborate on "on their own"?

P. A professional nurse is expected to manage all her patients without any delay by depending on other professional nurses, both conditions of the patients must be managed.

R. Mmm; where do you think the training can be done?

P. Each general hospital can conduct the training at their institution.

R. May you explain to me on why you think general hospitals can do the training at their institutions?

P. I think it will be good because experiences of one general hospital may differ from the other on managing psychiatric patients.

R. As we conclude, you said it is difficult for you to manage psychiatric patients as you are afraid of them, you have never had training in psychiatry. You don't know how to talk with them to find out what they want when they behave strangely, you don't want them next to you when there is no psychiatric nurse, you depend on psychiatric ward staff for your protection against a psychiatric patient, which is difficult when a patient is violent and needs urgent attention. You think training of all professional nurses working in general wards in taking care of mental health care users is needed, training can be done by those who have qualifications, skills and experience in psychiatry and each general hospital can do the training at their institution as the experiences of professional nurses without psychiatry may differ from other general hospitals. Is there any information you want to add or remove from what I summarized?

P. No, you said what we talked about and you didn't add anything we didn't discuss.

R. The recording of this interview will play now from the voice recorder. I want you to listen carefully to make sure that the recording is exactly the interview I did with you, do you allow me to do so?

P. Yes, you may proceed.

R. Ok …" recording played from beginning to the end" while they both listen until the end of the recording. Is there anything you want to add or remove on the voice recording?

P. No, the recording is what we talked about, it is fine.

R. Thank you for your participation; if there is a need for clarity and follow-up about this interview, I may come back for clarity; I hope it is fine with you.

P. Thank you for your effort and interest in knowing what we come across in the general wards when taking care of psychiatric patients, you will contact me anytime if you need anything based on what we discussed.

R. As I explained in the beginning of the interview, what we discussed during the interview will be confidential and will be accessed only by my supervisors at the university of Venda, no compensation will be available to participate in the interview. Is there anything you want to ask based on what I explained now?

P. I understand what you are saying.

R. Ok; have a good day.

TRANSCRIPTION OF INDIVIDUAL INTERVIEW NO. 8

KEY: Researcher = R

: Participant = P

POPULATION: Professional nurses without psychiatric training (male Medical)

R. Good morning.

P. Good morning too.

R. How are you?

P. I am fine and, how are you?

R. I am also fine. Today is Thursday, how is this day?

P. It is like any day of the week, but today is much better because we are doing the ward routine, only no meetings.

R. How does the meetings affect you?

P. Eish; most of the meetings are useless that is why I don't want to attend meetings.

R. Mmm, tell me more about" meetings" and your performance at work?

P. It affects my performance because I will be sitting there for hours and the provision of service to patients is compromised.

R. Ok, tell me more about" compromised"?

P. After the meetings the body and mind is exhausted and the patients need my service as expected, I cannot perform well when I am tired.

R. Okay I understand what you said and how it affects you, and I think the best option for you is to notify your supervisors about your situation.

R. I am here to do the interview as we arranged. Before we proceed do you give me permission to continue with the interview?

P. Yes; let us continue with the interview.

R. Thank you for allowing me to go on with the interview; as I told you yesterday, I am a PhD student at university of Venda, and I am required to do individual interviews to complete my degree. The study is intended to develop a model to capacitate professional nurses caring for mental health care users admitted in general hospitals in Limpopo Province.

I brought with me a voice recorder to be used during the interview to avoid missing out valuable information you are to give; here is the voice recorder - if you want to say something that you don't want to be recorded you press this button (showing button) to stop the recording at any time.

What will be discussed here will be confidential and will be accessed only by my research supervisors at the university of Venda; your real names will not be used when transcribing this interview.

Before we proceed do you have any questions based on what I have explained to you now?

P. No, I don't have any question.

R. As a professional nurse without psychiatric training, how do you manage mental health care users admitted under your care in general wards?

P. I am not trained to manage these patients, so I don't have skills to do as required.

R. May you tell me more on what you mean when you say, "no skills"?

P. I say so because I am a male nurse and I can handle the patient physically, but I don't have skills to manage them.

R. Mmmm, "skills" may you elaborate on this?

P. As I said I am not trained in psychiatry; I believe there are procedures guiding the care of these patients to be followed and I am not aware of them.

R. Tell me; how does not having skills affect your provision of care to mental health care users?

P. It affects me emotionally because I am physically well to attend to such patients but that is not enough because there are some patients who may be stronger than I think, and I don't know what will happen.

R. Ok; you say it affects you "emotionally" - tell me more?

P. I always feel I am not doing enough for the patients.

R. Tell me about the situations where you feel you failed to manage a mental health care user correctly?

P. I once came across a male patient as I was working in a male medical ward who had a heart condition and I have to assist him to bath. He hit me with a fist for no reason and I retaliated because I didn't know why he hit me.

R. Mmm; what made you feel that you failed to manage this mental health care user?

P. I failed to manage the patient because I used my physical energy to calm the patient.

R. I understand what you are saying; may you clarify on "I failed"?

P. Eish; I failed because I was supposed to assess the patient for his mental state before attending to him.

R. May you elaborate on how you managed the mental health care user?

P. I reported the patient to the ward doctor; injectable prescription was done telephonically as it was urgent.

R. Okay; what happened after giving injection?

P. I phoned the psychiatric ward again and they advised me on how I should communicate with the patient to make him understand why the injection must be given and to ask for assistance of hospital security officers.

R. May you tell me more on how you managed this mental health care user?

P. The patient refused despite my explanation saying he does not trust me at all, I asked the hospital security to assist as advised by psychiatric ward and I managed to give him the injection.

R. Okay, I understand; did you ask him why he says he does not trust you at all?

P. No, I did not ask him; but I know that these patients trust the nurses in the psychiatric ward who used to treat their psychiatric condition.

R. May you elaborate on “nurses who used to treat them”?

P. I say so because after the incident the professional nurse who assisted me on that day came to the ward the following day to make follow-up, the patient was talking to the nurse happily which is different to how he talked with me.

R. How did you feel about how the mental health care user talked with the professional nurse from the psychiatric ward?

P. I was emotional at that time, but I became fine after the professional nurse explained to me on how to gain trust from first day to all patients regardless of their mental condition or mental status.

R. How do you feel now; do you feel you can manage mental health care users admitted in general wards?

P. I don’t think I am knowledgeable enough to manage these patients.

R. May you clarify “knowledgeable enough”?

P. I am not because these patients are not the same, so I don’t think I can manage them alone without assistance.

R. What do you think can be done to improve the situation based on your experiences?

P. I think the psychiatric patients must be managed by nurses who are trained in psychiatry.

R. What kind of knowledge do you need to take care of mental health care users in general wards?

P. Professional nurses in general wards must know how to assess the mental state of the patients, they must know how to talk with them and how to manage them accordingly.

R. How do you think this knowledge can be gained?

P. I think all professional nurses working in general wards must be trained on how to manage psychiatric patients.

R. May you elaborate on what must be included in the training for those working in general wards?

P. Professional nurses must be trained to be able to identify the signs of a psychiatric illness because some patients are admitted in general wards with no known history of a psychiatric condition; professional nurses must know how to manage them independently, because mostly professional nurses ask assistance from the psychiatric ward which is not easy when the patient is violent and needs urgent attention.

R. Okay, based on what you want to be trained on, who do you think can train the professional nurses in general wards?

P. I think professional nurses with psychiatric training, who are capable to train other nurses can train those professional nurses without psychiatry.

R. How often do you think the training can be conducted?

P. The training must be done until all professional nurses in general wards are able to manage psychiatric patients independently.

R. May you elaborate on “independently”?

P. A professional nurse is expected to manage all her patients independently without any delay by first asking for assistance from other professional nurses.

R. Mmm; where do you think the training can be done?

P. Each general hospital can conduct the training at their institution.

R. May you clarify on why general hospitals can do the training at their institutions?

P. I think it will be good because professional nurses without psychiatry might have different experiences on managing psychiatric patients.

R. As we conclude, you said you don't have skills to manage psychiatric patients, it affects you emotionally, you mostly ask assistance from psychiatric ward staff which is difficult when a patient is violent and needs urgent attention. You think training of professional nurses working in general wards in taking care of mental health care users is needed, training can be done by professional nurses with psychiatry and capable of training other nurses, each general hospital can do the training at their institution as the experiences of professional nurses without psychiatry may differ from other general hospitals. Is there any information you want to add or remove from what I summarized?

P. I have nothing to add, you summarized what we talked about and you didn't add anything we didn't discuss.

R. Thank you for your participation; if there is a need for clarity and follow-up about this interview, I may come back for clarity; I hope it is fine with you.

P. Thank you for your interest in knowing what we come across in the general wards when taking care of psychiatric patients. I will always be available if you need anything based on what we discussed.

R. As I explained in the beginning of the interview, what we discussed during the interview will be confidential and will be accessed only by my supervisors at the university of Venda, no compensation will be available to participate in the interview. Is there anything you want clarification on based on what I explained now?

P. No, I understand as we agreed in the beginning.

R. Ok; enjoy the rest of your day.

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<u>TRANSCRIPTION OF INDIVIDUAL INTERVIEW NO. 15</u>

KEY: Researcher = R

: Participant = P

<u>POPULATION: Professional nurses without psychiatric training (Male Surgical)</u>

R. Good afternoon.

P. Afternoon.

R. How are you?

P. I am fine and, how are you?

R. I am also fine, you seem to be busy this afternoon, and all your coworkers also look to be occupied, how is your day?

P. It is like any day, but today is busy because the ward is full, but I have time reserved to honor our appointment as I agreed with you.

R. How does the fullness of the ward affect you?

P. Eish; it is difficult to do routine when the ward is full especially with many patients who need daily wound dressing, like now most of the patients are on daily dressing.

R. Mmm, tell me more about" difficult" and your performance at work?

P. It affects my performance because I might be willing to do my routine as required, but because of shortage of staff in this institution I end up delaying the service to some of my patients.

R. How do you feel after you realized that you delayed the patient to receive your service?

P. I feel disappointed because I made a pledge that patients will be my priority, and I am not fulfilling my pledge.

R. Okay I understand what you said and how it affects you, since you are busy, I don't want to add more delay on your service delivery, I am here to do an interview as we arranged. Before we proceed do you give me permission to continue with the interview?

P. Yes; you are correct, let's not waste the arranged time, let us continue with the interview.

R. Thank you for allowing me to go on with the interview; as I told you yesterday that I am a student at university of Venda, and I am required to do individual interviews to complete the degree. The study is intended to develop a model to capacitate professional nurses caring for mental health care users admitted in general hospitals in Limpopo Province.

Here is the voice recorder being used since the beginning of this interview as we agreed, to avoid missing out valuable information you are to give. If you want to say something that you don't want to be recorded, you press this button (showing button) to stop the recording at any time.

What will be discussed here will be confidential and will be accessed only by my study supervisors at the university of Venda; your real names will not be used when transcribing this interview. You are free to withdraw from the interview at any time if you feel so with no penalties against you. No compensation is available for this interview.

Before we proceed do you have any questions based on what I have explained to you now?

P. Nothing to ask.

R. As a professional nurse without psychiatric training, how do you manage mental health care users admitted under your care in this ward?

P. It is very difficult for me because I am afraid of these patients.

R. May you tell me more on what do you mean when you say, "it is very difficult"?

P. I say so because these patients are dangerous to manage because of their behavior.

R. Mmm, "dangerous to manage" - may you elaborate on this?

P. You will never know what these patients want.

R. Mmm (nodding head with silence). Tell me more about "their behavior"?

P. Like the patient who was once transferred to this ward for surgical care, his behavior made me to be more afraid of these patients.

R. Tell me more about this patient?

P. The patient was diabetic with burns on his right foot, he became destructive, removing all his dressings on the wound.

R. May you elaborate on how destructive the patient was?

P. How painful it is, I am afraid of this patient, he was very rough when removing the dressings and the wound was bleeding.

R. How did you manage this patient since he was under your care?

P. I tried to talk to him but failed because after removing the dressings he removed his bed accessories saying he is going home.

R. Mmm, tell me more?

P. I reported the patient to the doctor who prescribed injection.

R. Ok……(silent).

P. The patient refused injection saying it is a poison.

R. Tell me what happened then?

P.I phoned the psychiatric ward for assistance, but they advised me what to do.

R. How was the situation in the ward?

P. Everyone in the ward was shivering, I asked security to assist and I managed to inject the patient.

R. How did you feel about the behavior of the patient?

P. I was so afraid, not knowing what will happen next.

R. How do you feel after these incidences?

P. As I said earlier that I am afraid of these patients I cannot manage them.

R. What do you think can be done to improve the care of psychiatric patients admitted with medical conditions based on your experiences?

P. I think the psychiatric patients should be admitted in psychiatric wards only, where nurses are trained how to manage them, rather than bringing them to general wards where nurses do not have knowledge on these patients.

R. What kind of knowledge do you need to take care of mental health care users in general wards?

P. Professional nurses in general wards must know how to talk with the psychiatric patients.

R. How do you think this knowledge can be gained?

P. I think all professional nurses working in general wards must be trained on how to manage psychiatric patients.

R. May you elaborate on what must be included in the training for those working in general wards?

P. Professional nurses must be trained the signs and symptoms of psychiatric illness, causes of psychiatric conditions; professional nurses must know how to manage them on their own.

R. Okay, based on what you want to be trained on, who do you think can train the professional nurses in general wards?

P. I think those who are academically equipped with psychiatry and having skills and experience can train those professional nurses without psychiatry.

R. How do you think the training can be conducted?

P. The training must be done until all professional nurses in general wards are able to manage psychiatric patients on their own without any fear.

R. May you elaborate on “on their own”?

P. A professional nurse is expected to manage all her patients completely without any delay by depending on other professional nurses.

R. Mmm; where do you think the training can be done?

P. I think each general hospital can conduct the training at their institution.

R. May you clarify on why general hospitals can do the training at their institutions?

P. I think it will be good because general hospitals may have different experiences on managing psychiatric patients.

R. As we conclude, you said psychiatric patients are difficult to manage, you are afraid of the psychiatric patients, you don’t know how to talk with the psychiatric patients, you don’t want a psychiatric patient next to you, you depend on psychiatric ward staff for advice about psychiatric patients, which is difficult when a patient is violent and needs urgent attention. You think training of professional nurses working in general wards in taking care of mental health care users is needed, training can be done by those having qualifications, skills and experience in psychiatry and each general hospital can do the training at their institution as the experiences of professional nurses without psychiatry may differ from other general hospitals. Is there any information you want to add or remove from what I summarized?

P. I have nothing to add.

R. I will play the recording of this interview now, I want you to listen carefully to make sure that the recording is exactly the interview we conducted. Do you allow me to do so?

P. That will be good, you may proceed.

R. Ok …" switching on the voice recorder and play the recording" while they both listen until the end of the recording. Is there anything you want to say about the voice recording?

P. No, the recording is what you interviewed me on, it is fine.

R. Thank you for your participation; if there is a need for clarity and follow-up about this interview, I may come back for clarity; I hope it is fine with you.

P. Thank you for your passion in knowing what we come across in the general wards when taking care of psychiatric patients. I am available anytime if you need anything based on what we discussed.

R. As I explained in the beginning of the interview, what we discussed during the interview will be confidential and will be accessed only by my supervisors at the university of Venda, no compensation will be available to participate in the interview. Is there anything you want to ask based on what I explained now?

P. No, I understand as we agreed in the beginning.

R. Ok; enjoy the rest of your day.

END

ANNEXURE J: EVALUATION OF MODEL 1:

ANNEXURE: J1

COMMENTS FROM EVALUATORS DURING THE FIRST SESSION: 07/12/2019

Clarity of the developed model

- Comments from evaluators of the developed model indicated that the model is not clear as the context and the supporting literature was not communicating **Context** of the study in general hospitals in general wards, supported by literature in what general hospital?, what is general ward? Also supported by literature on what happens in general hospital? What happens in general wards? **Agents** indicated on the structure that includes some health professionals who are not part of the developed model, like hospital management and nurse educators. One concept that covered all involved in the developed model should be mental health professionals. Agents of the developed model must be supported by relevant literature. **Recipients** were not clear as indicated by the evaluators of the developed model as the MHCUs and general hospitals were included, **recipients** of the study are professional nurses. Both **process and procedure** appeared on the developed model as indicated by evaluators, one concept was chosen, which is procedure. All that was narrated by participants during individual interviews must appear on the model, conducting seminars, workshops and psychiatric training must be added in the **procedure** and final structure of the model. Evaluators of the developed model indicated that Dynamics must communicate with **agents** and **recipients** on the final structure of the model. **Outcome** of the model should be competent comprehensive professional nurses instead of capacitation of professional nurses as indicated by evaluators of the developed model.

Simplicity of the model

- Comments for first session of the developed model indicated that the model was not simple as indicated by evaluators of the developed model that concepts of the six elements of Dickoff (1968) must be clearly defined by supporting literature. Arrows on the structure of the model do not communicate with the concepts. Outcomes of the developed model should be on the top on the structure of the model.

Generality of the model

- Evaluators of the developed model indicated that it is general as it indicates that it will be implemented only to professional nurses without psychiatric training, caring for MHCUs who are admitted in general wards in South Africa.

Accessibility of the model

- The model indicates that it will be easily accessible to those who will use it nationally and internationally as indicated by evaluators of the developed model.

Importance of the model

- The procedure of the model can be carried out at any institution in South Africa rendering care to MHCUs in general wards. The developed model can be used as its outcome is capacitating professional nurses without psychiatric training in caring for MHCUs in general wards.

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DRAFT STRUCTURE OF THE DEVELOPED MODEL2:

MENTAL HEALTH PROFESSIONALS

GENERAL HOSPITAL

NURSE EDUCATORS

AGENTS

HOSPITAL MANAGEMENT

GENERAL WARD

RECIPIENTS

MHCUS

GENERAL WARD

PROCESS/PROCEDURE

CONDUCTING IN-SERVICE

DYNAMICS

Willingness and Motivation

Commitment and Involvement

Responsibility

Information Sharing

Feedback

OUTCOME

CAPACITATED PROFESSIONAL NURSES

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ANNEXURE: J2

COMMENTS FROM EVALUATORS DURING THE SECOND SESSION: 04/01/2020

<u>Clarity of the developed model</u>

After presentation of the second session, it was commented that the model is not clear as some concepts are missing as narrated below:

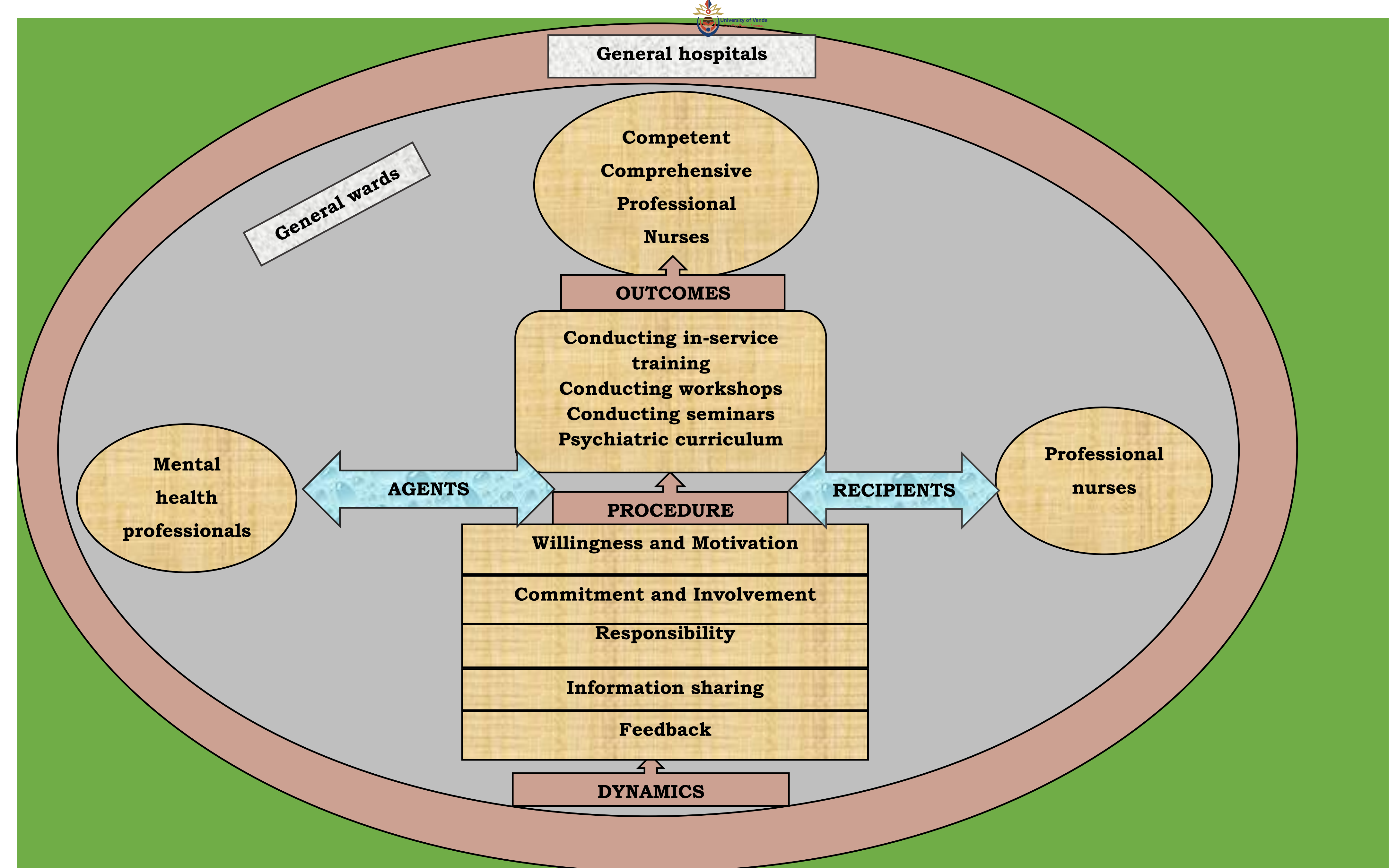
"…The role of professional nurses without psychiatric training as **recipients** of the study must be supported by relevant literature…" Role of the **agents** of the study who are the mental health professionals must also be defined and supported by relevant literature…"

. How simple is the model?

After presentation of the second session, it was commented that the model is not clear as some concepts are missing as narrated below:

"…The role of professional nurses without psychiatric training as recipients of the study must be supported by relevant literature…"

"…Role of the agents of the study who are the mental health professionals must also be defined and supported by relevant literature…"



FINAL STRUCTURE OF THE DEVELOPED MODEL

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ANNEXURE K: VALIDATION OF THE MODEL

General hospitals

General wards

Competent
Comprehensive
Professional
Nurses

OUTCOMES

Conducting in-service training
Conducting workshops
Conducting seminars
Psychiatric curriculum

Mental health professionals

AGENTS

PROCEDURE

RECIPIENTS

Professional nurses

Willingness and Motivation

Commitment and Involvement

Responsibility

Information sharing

Feedback

DYNAMICS

DEVELOPED MODEL BY LETLALO VP

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GUIDELINES TO OPERATIONALISE MODEL TO CAPACITATE PROFESSIONAL NURSES WITHOUT PSYCHIATRY IN CARING FOR MHCUS IN GENERAL WARDS

INTRODUCTION

The purpose of this guidelines is to describe how the developed model to capacitate professional nurses without psychiatry in caring for MHCU's in general wards should be operationalized.

GUIDELINES TO OPERATIONALISE THE MODEL

Operationalization of the developed model was done according to (Chinn & Kramer, 2008). The guidelines for developed model to capacitate professional nurses in caring for MHCU's in general wards is described based on the findings of the study and the six elements of practice theory according to Dickoff et al. (1968). As indicated below:

- Context
- The agents
- Recipients
- The procedure
- Dynamics
- Outcomes.

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Guidelines for the context

General Hospital

Context of the developed model is the general hospitals in Limpopo Province, South Africa, which provide care for medical, surgical, maternity and psychiatry and does not specialize in the treatment of particular illnesses or patients; different types of ailments are treated, the role of the general hospital is to allow patients with different illnesses to be treated as outpatients or in patients (Huggins, 2016). General hospital provides inpatient and outpatient care of all conditions including medical, surgical, maternity, gynae, paediatrics and psychiatry. Professional nurses play a major role in provision of all services rendered to all patients regardless of their conditions and they are expected to have all required knowledge and skills to serve. General hospital with psychiatric ward was used in the developed model to access the general ward where MHCU's are taken care of by professional nurses without training in psychiatry.

General Ward

General ward as context of the developed model is found inside the general hospital and consists of allocated number of beds for admission of patients in need of care for medical and surgical conditions, the role of general ward is to allow patients with different illnesses to be admitted and treated in totality as narrated by participants of this study during interviews (Lyketsos, Sheppard & Rabins, 2014). General ward is the point of entry for all conditions that are managed in general hospitals, all general conditions are managed in general wards by professional nurses who must provide holistic care regardless of the specific conditions. The developed model used general wards to allow professional nurses without training in psychiatry to be capacitated in caring for MHCU's.

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Guidelines for the agents

Agents for the developed model are mental health professionals as revealed by the findings of this study and their activities geared on capacitating professional nurses in caring for MHCU's admitted with medical conditions in general wards.

- Mental health professionals as agents for the developed model comprises of members of MDT, who agreed to participate during training and willing to impart their knowledge to professional nurses without psychiatric training, caring for MHCU's in general ward.

- Mental health professionals as agents of the developed model should participate in sharing knowledge to professional nurses without psychiatric training through in – service training, workshops and seminars.
- Mental health professionals as agents of the developed model should train professional nurses without psychiatric training as permitted by their scope.

Guidelines for the recipients

Recipients of the developed model are professional nurses without psychiatric training who receive training from agents as revealed by the findings of the study (Dickoff et al, 1968).

- Recipients of the developed model should be ready to learn from the agents.
- Recipients should be inquisitive by asking questions on what they want to know.
- Recipients should clarify their learning to the agents.

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Guidelines regarding the dynamics of the model

Dynamics of the developed model as revealed by professional nurses indicated that in-service training should be done for them to have knowledge and skills in psychiatry. To achieve this, there should be willingness and motivation, commitment and involvement, responsibility, information sharing and feedback. The guidelines to operationalize these dynamics are described as follows:

Willingness and motivation

The agents and recipients of the developed model should be motivated not only on releasing information, but also the effort it takes to participate willingly, proactively and ideally and encouraging each other to participate in the process of training.

Commitment and involvement

Agents and recipients of the developed model should be committed and actively involved during the procedure of training to achieve the outcome of the developed model.

Responsibility

Agents and recipients of the developed model should be willing to commit time and energy and be responsible regarding training procedure to achieve the outcome of the developed model. Both agents and recipients of the developed model should be obliged to be available and actively participate in the training procedure.

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Information sharing

Agents of the developed model should share knowledge with recipients regarding care of MHCUs in general wards. Recipients should participate during the training procedure, clarifying what they understand and do not understand by asking questions.

Feedback

Recipients of the developed model should give feedback about the training procedure by asking questions about what they have been trained on, while agents of the developed model should evaluate the training by giving tasks to be completed by the recipients based on what they were trained on during the procedure.

Guidelines regarding the procedure

The developed model should be done as guided by the following procedures: Conducting in service training, workshops, seminars and sending professional nurses to training institutions for psychiatric training.

Guidelines regarding the outcome

Outcome of the developed model is competent comprehensive professional nurses achieved after the procedure of training recipients by the agents.

END THANK YOU

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