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A MODEL TO SUPPORT NON-PSYCHIATRIC TRAINED NURSES RENDERING CARE TO MENTAL HEALTH CARE USERS IN ACUTE PSYCHIATRIC WARDS IN LIMPOPO PROVINCE, SOUTH AFRICA

by

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DECLARATION

I, **RANGWANENI MPHEDZISENI ESTHER**, hereby declare that the thesis entitled ***"A model to support non-psychiatric trained nurses rendering care to mental health care users in acute psychiatric wards in Limpopo Province, South Africa"*** submitted to the Higher Degree Committee of the Faculty of Health Sciences, University of Venda, is my original work and all reference materials contained herein have been duly acknowledged. This work has not been submitted for any other degree at this or any other institution.

Signature:  Date: 20/02/2023

DEDICATION

This dissertation is dedicated to my three lovely daughters, Mukovhe Fortunate, Mulalo Hope, and Mulweli Grace, for the support and encouragement they gave me during this study. They gave me enough time to study, compromising our time together.

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ABSTRACT

Background: Mental health care users are admitted to an acute psychiatric ward to receive nursing care, treatment, and rehabilitation services (Mental Health Care Ac 17 of 2002). Nurses in an acute psychiatric ward render speciality care to mental health care users according to their scope of practice. Caring for mental health care uses and working in an acute psychiatric ward led to many challenges among non-psychiatric trained nurses. They expressed feeling challenged in caring for mental health care users and distancing themselves from mental health care users.

Aim: This study aimed to develop and validate a model to support non-psychiatric trained nurses rendering care to mental health care users in acute psychiatric wards in Limpopo province, South Africa.

Method: Qualitative, explorative, descriptive, and contextual research designs were used to develop the model. Roy's Adaptation Model guided the study. The study was conducted in three phases. Phase one was situational analysis, which included study settings, sample, trustworthiness, and ethical consideration. This study was conducted in four acute psychiatric wards of the four selected public hospitals in Limpopo Province, South Africa. Three districts were selected namely: Capricorn, Waterberg, and Mopani Districts. The pre-test was done on three non-psychiatric trained nurses who were not part of the study. A convenience sampling technique was used to select the 20 male and female non-psychiatric trained nurses, six Enrolled nurses , and 14 Enrolled Nursing Assistance who participated in the study. Unstructured interviews were used to collect data until saturation occurred, all interviews were audio recorded. Participants were assured of confidentiality and anonymity throughout the study. Data were analyed using Tesch's eight steps. The concept support emerged from the findings.

Phase two was concept analysis of the concept support using Walker and Avant guidelines. Phase three entailed model development and validation, led by Dickoff, James, and Wiedenbach's theory employing six practice theory elements: the context, agent, recipient, dynamic, process, and outcome. In addition, Chinn and Kramer guided validation of the model.

Results: The following themes emerged: experiencing different emotional reactions, unsafe working environment, inadequate resources, lack of staff wellness services, knowledge and competencies deficit in mental health nursing, and support needs for non-psychiatric trained nurses in acute psychiatric wards.

Conclusion: Inadequate support of non-psychiatric trained nurses leads to compromised quality patient care to mental health care users placing the community in danger as mental health care users will not be rehabilitated, which may lead to litigations by the community members. The model as a reference framework could comprehensively assist non-psychiatric trained nurses in rendering care to mental health care users

Keywords: Acute psychiatric ward; mental disorder; mental health care users; model; non-psychiatric trained nurses; support.

LIST OF ACRONYMS AND ABBREVIATIONS

DALY	Disability-Adjusted Life Year
EAP	Employee Assistance Programme
HCW	Healthcare Worker
HSE:	Health and Safety Executive
ICAS:	Independent Counselling and Advisory Services
MDT	Multidisciplinary Team
MHCA	Mental Health Care Act
MHCUs	Mental Health Care Users
MHN	Mental Health Nursing
MHL	Mental Health Literacy
PHPs:	Partial hospitalization programs
RAM	Roy Adaptation Model
ENA	Enrolled Nursing Assistance
RN	Registered Nurse
EN	Enrolled Nurse
SANC	South African Nursing Council
SA	South Africa
SRN/M	Specialised Registered Nurse/Midwife

UNIVEN	University of Venda
WHO:	World Health Organisation
WPV	Workplace Violence

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Mental disorders rank third in contribution to the burden of diseases in South Africa. Therefore, the burden of mental disorders is substantial and will likely increase the epidemiological transition to chronic and non-communicable diseases (Pillay, 2019). The experiences of non-psychiatric trained nurses in acute psychiatric units regarding provision of care to mental health care users (MHCUs) were explored and described to develop the model to support non-psychiatric trained nurses caring for MHCUs. This study followed an inductive approach. The background, problem statement, research question, study purpose and objectives, ethical standards, trustworthiness measures, data collection and analysis, conceptualisation, model development, and model validation were all discussed in this chapter.

1.2 BACKGROUND OF THE STUDY

In acute psychiatric wards, different types of nurses are assigned to care for MHCUs, including advanced psychiatric nurses, psychiatric nurses, and non-psychiatric trained nurses. Non-psychiatric trained nurses are Registered general nurses (RN), Enrolled nurses EN), and Enrolled Nursing Assistance (ENA). Psychiatric nurses are involved in may activities in psychiatric wards, namely: they manage physical facilities, supervise staff, serve meals, give medications, admit MHCUs, restrain violent MHCUs, respond to queries from families members, see to it that MCUs go to occupational and other therapies, psychiatric nurses also offer to counsel to MHCUs regarding interpersonal and intrapersonal patterns which is the main focus of mental health nursing (Uys & Middleton, 2018). In addition, non-psychiatric trained nurses are required to do specific procedures in acute psychiatric wards while rendering care to MHCUs to receive holistic care,

An interpersonal relationship is an essential foundation of the recovery of MHCUs within a mental health setting. The therapeutic relationship significantly impacts treatment outcomes for a patient with mental disorders. Interpersonal skills for nurses

are seen as a critical source for the nurse-patient relationship (Arnold & Boggs, 2019). Nurses are the forefront liners of the health care system, including the mental health system, as they are the ones who assess, admit, treat, and manage MHCUs with different mental disorders (Sobekwa & Arunachallam, 2015).

Nursing care is an essential component of health services. Patient health improvement depends on quality nursing care. Nurses serve as the core of the health care system since they interact daily with patients. Non-psychiatric trained nurses are expected to render care to MHCUs regardless of their lack of training in psychiatric skills and knowledge. In acute psychiatric wards, skilled and competent nurses provide specialised care to ensure patients receive holistic care. MHCUs with violent conduct, suicidal individuals, and other mental problems are typically cared for by nursing staff in acute psychiatric units. The nurse's role is to assess and meet the patient's physical, social, and psychological requirements. Therefore, nurses should be conversant with the skills and knowledge required to care for MHCUs (Harwood, 2017).

The South African nursing profession is regulated by Nursing Act (Act No. 33 of 2005).. The current credentials system in South Africa divides nurses into four categories: (1) Enrolled nursing auxiliary (ENA), who receive training for a year; (2) Enrolled Nurses (EN), who receive training for two years; (3) registered nurses/midwives (RN/M), who receive training for four years; and (4) specialist registered nurses/midwives (SRN/M), who receive training for one or two years after receiving RN/M training. There are prescribed roles and scopes of practice for each of these categories in the service that are distinct from one another (Mahlathi,& Dlamini, 2017).

According to Regulation 2175 (SANC, Nursing Act 50 of 1978), an enrolled nurse in South Africa is someone who has been accepted as a pupil nurse by a nursing school authorized by the South African Nursing Council (SANC) and is enrolled in a two-year nursing program An enrolled nursing assistant shall, in all areas of clinical nursing practice, wear a black coloured round distinguishing device with the wording “South African Nursing Council in terms of section 11(1) of the Nursing Act, 1957 (Act 69 of 1957), as amended (R. *176 of 8 March 2013)*

A registered nurse is an enrolled nurse who, in terms of section 16 of the Nursing Act No. 50 of 1978 *R. 683 of 14 April 1989* as amended, registered as a general or

psychiatric nurse after receiving education and training for two academic years at an approved nursing school(R. 174 of 8 March 2013)The South African Nursing Council (SANC) regulates the scope of practice for all nursing categories.

In the physical context of psychiatric hospitals with high walls and sealed rooms, nurses use themselves as a therapeutic instrument in managing MHCUs. Furthermore, MHCUs have generally been seen as dangerous. Nurses with minimal experience in such settings may be fearful and anxious if they are expected to work in a mental healthcare setting (Frisch & Frisch, 2011). The most fascinating and challenging field of nursing practice is mental health nursing (MHN). Working with MHCUs prone to doubting themselves, their surroundings, and the people around them is one of the most challenging aspects of MHN. MHN necessitates particular knowledge and skills to promote safety and trust in oneself and others (Evans, Nizette, O'Brien & Johnson, 2019). Counselling for mental health is an interpersonal process that encourages and enables a healthy lifestyle (Uys & Middleton, 2018).

Treatment and care of mental-related disorders are provided in different settings. There are three primary settings: hospital inpatient, residential, and outpatient (Halter, 2014). Mental health care users are admitted to an acute psychiatric ward for nursing care, treatment, and rehabilitation according to the Mental Health Care Act (MHCA) 17 of 2002. In addition, psychiatric wards render specialty care to MHCUs. All nursing categories render care to MHCUs.

Globally, both psychiatric and non-psychiatric trained nurses care for patients with mental disorders. In Korea, Joung, Yang, Shim, and Shin (2017) discovered that non-psychiatrically trained nurses struggle to manage for MHCUs. They also stated that they encountered three types of difficulties: nurse-related, patient-related, and resource-related factors. Regarding nurse-related factors, non-psychiatric trained nurses felt unqualified to care for MHCUs due to the stigma, loss of value, and avoidance of psychiatric nursing. Regarding patient-related concerns, non-psychiatric trained nurses encounter challenges such as dealing with unapproachable MHCUs and unprepared family members. Non-psychiatric trained nurses reported burdening already burdened personnel, an obstructive environment, and isolation of staff with heavy responsibility as resource-related factors. The study recommended developing psychiatric health education programs for non-psychiatric trained nurses and support

by the institution to reduce negative attitudes towards psychiatric nurses and difficulties in caring for MHCUs.

In Palestine, nurses work in underdeveloped and under-resourced mental health care systems and face stigma, lack of resources, and organizational challenges when nursing MHCUs (Marie, Hannigan & Jones, 2017). In Iran, nurses rendering care to MHCUs also experienced similar difficulties of shortage of resources, both equipment and human materials, with ineffective managerial approach leading to emotional exhaustion, negative attitude towards the profession, decreased and poor quality care, high staff turnover, and early retirement among psychiatric nurses (Ghavel, Fallahi-Khoshknab, Molavynejad & Zarea, 2019).

Gutierrez (2019) commented that during rendering mental health care to MHCUs, due to a lack of specialised psychiatric knowledge and training, non-psychiatric trained nurses develop attitudes based on misconceptions such as the fear of MHCUs who are aggressive and violent. These perceptions contribute to discrimination acts by non-psychiatric trained nurses and heighten stigma. This fear causes a sense of caution and guard, which interferes with their ability to be practical nurses. Giandinoto and Edward (2014) reported that non-psychiatric trained nurses express that nursing care for MHCUs is out of their scope of practice. They feel that they lack the psychiatric knowledge and skills to meet the needs of MHCUs.

In the African region, in Nigeria, non-psychiatric trained nurses rendering care to MHCUs lack confidence, and most female non-psychiatric trained nurses express fear of nursing MHCUs with violent behaviour. Lack of adequate skills and insecurity were significant factors that make non-psychiatric trained nurses unable to meet the needs of MHCUs (Afolayan, Maureen & Boudeugha, 2014).

In the Western Cape Province of South Africa, EN and ENA caring for MHCUs reported a staff shortage, challenges in caring for MHCUs, and a lack of support and acknowledgment of their hard work from higher authorities (Maila, Martin & Chipps, 2020). They further elaborated that nurses who work in acute psychiatric wards experience stress and burnout due to exposure to violence where MHCUs and frequent admissions of involuntary patients assault nurses. Moreover, a lack of formal psychiatric education and training predisposes non-psychiatric trained nurses to

emotional and physical exhaustion. Therefore, Maila et al. (2020) suggested that non-psychiatric trained nurses' quality of life be assessed continuously.

Similarly, Joubert and Bhangwan (2018) revealed that nurses working in KwaZulu-Natal in a psychiatric ward experience feelings of anger and frustration and a high level of burnout as they are exposed to MHCUs with unpredictable behaviour and increased levels of aggression and violence. MHCUs deny that they are mentally ill. Other challenges were inadequate resources regarding staff and infrastructure, and some experience high burnout. The study recommended developing a training program for nurses at the ward and institutional levels. In their research, Sobekwa and Arunachallam (2015) and Joubert and Bhangwan (2018) recommended developing a training programme to address nurses' identified challenges.

Locally, in Limpopo Province, South Africa, Netshakhuma (2016) also indicated that when taking care of MHCUs in Sekhukhune district, non-psychiatric trained nurses experience burnout due to a lack of knowledge about the care of MHCUs and feel that they in danger as they are not psychiatrically trained. Non-psychiatric trained nurses further indicated a lack of support from hospital authorities when MHCUs injure a nurse as no counselling is offered. Therefore, the study recommends training and supporting non-psychiatric trained nurses before and during taking care of MHCUs and in-service training. Moreover, in Limpopo Province, South Africa, Mulaudzi, Mashau, Akinsola, and Murwira (2019) expressed similar challenges faced by nurses in psychiatric wards, such as inadequate safety measures and inadequate resources, work overload, and shortage of staff, which might be barriers to the provision of quality healthcare.

Martin and Daniels (2015) developed a model of emotional support for student nurses working in a mental health setting in the Western Cape Province. A conceptual framework was developed by Janse van Rensburg, Poggenpoel, and Myburg (2015) for nurse educators where the nurse educator provides support to student nurses while placed in a clinical learning environment, nursing patients with intellectual disabilities through accompaniment. A nurse educator must have a degree in Advanced Psychiatric Nursing Science (Janse van Rensburg et al., 2015). Tema, Poggenpoel, and Myburg (2018) developed a model to facilitate the mental health of psychiatric nurses in a forensic unit managing MHCUs with hostile behaviour in South Africa.

Although studies have been conducted globally and in other provinces in South Africa regarding challenges faced by non-psychiatric trained nurses when providing care to MHCUs in psychiatric wards, there is a gap in the model to support non-psychiatric nurses rendering care to MHCUs in acute psychiatric wards in Limpopo Province, South Africa.

1.3 PROBLEM STATEMENT

The researcher works in the acute psychiatric ward, a specialised unit in a community hospital with seven trained mental health nurses and 22 non-psychiatric trained nurses (there are four general RNs, four ENs, and 14 ENAs). All categories of nurses render nursing care in this specialised unit. The researcher noticed that non-psychiatric trained nurses in acute psychiatric wards exhibited a variety of actions and emotions when caring for MHCUs. Others fear rendering care to MHCUs, especially those with aggressive behaviour. Some non-psychiatric trained nurses communicate aggressively with MHCUs, especially readmitted ones. Those nurses are easily irritable and refrain from engaging with MHCUs in therapeutic group activities, isolating themselves from other psychiatric-trained nursing staff in the ward. Some non-psychiatric trained nurses take long hours at lunchtime, are late for duty, and refrain from taking or giving reports during staff handing over. The observed behaviours compromise quality patient care, teamwork amongst nursing personnel, and quality of work, which could lead to burnout. Therefore, this consequence may lead to the rendering of poor-quality care of MHUs placing the community in danger as MHCUs might not be rehabilitated, leading to litigations by the community members. Non-psychiatric trained nurses also need support as they are traumatised by the MHCUs' behaviour which, in most cases, the support offered to non-psychiatric trained nurses seems to be lacking.

Although research on the experience of non-psychiatric trained nurses caring for MHCUs has been undertaken in Korea, Joung et al.(2017) also discovered that non-psychiatrically trained nurses struggle to care for MHCUs due to a lack of skills. Netshakhuma (2016), Sekhukhune District in Limpopo Province, found that non-psychiatric trained feel that they are in danger as they are not psychiatrically trained. Non-psychiatric trained nurses further indicated a lack of support from hospital authorities when MHCUs injure a nurse as no counselling is offered. Thupayagale-

Tshweneagae and Ganga-Limando (2014) alluded that the h management of MHCUs poses challenges for non-psychiatric trained nurses.There is still a gaping in how non-psychiatric trained nurses are supported when rendering care to MHCUs in acute psychiatric wards in Limpopo Province, South Africa. The observed behaviours of non-psychiatric trained nurses while caring for MHCUs in acute psychiatric wards inspired the researcher to develop a model to support non-psychiatric trained nurses in acute psychiatric units rendering g care to MHCUs in Limpopo Province, South Africa. By developing the model, non-psychiatric trained nurses might receive the support they need when rendering care to MHCUs in acute psychiatric wards in Limpopo Province, South Africa, which might improve quality patient care. In addition, the management might also be able to identify support needs that should be given to non-psychiatric trained nurses while rendering care to MHCUs in an acute psychiatric ward.

1.4 RATIONALE OF THE STUDY

The purpose of this study was to develop a model to support non-psychiatric trained nurses in acute psychiatric units in Limpopo Province, South Africa. Non-psychiatric trained nurses are expected to render quality patient care in a specialised ward without psychiatric knowledge and skills training. Joung et al., (2017) further highlighted that the challenges of non-psychiatric trained nurses when rendering care to MHCUs who display negative attitudes towards MHCUs could be reduced by providing education about MHN and support from institutions for non-psychiatric trained nurses.

1.5 SIGNIFICANCE OF THE STUDY

The research study might have the potential contribution to:

- **Clinical practice**

Non-psychiatric trained nurses could be empowered with the necessary knowledge and skills to care for MHCUs admitted in acute psychiatric wards. MHCUs admitted in acute psychiatric wards might be holistically cared for by competent nurses. The developed model could add value to mental health practice, nursing, and research.

- **Healthcare services**

MHCUs and non-psychiatric trained nurses may benefit from the findings of this study. Non-psychiatric trained nurses might feel empowered as they may be given an opportunity to express their challenges when providing care to mucus in acute psychiatric wards and make recommendations on the support, they need to address their challenges to reduce their emotional discomfort and provide quality care to MHCUs. Psychiatric nurses and hospital administrators might be empowered to support non-psychiatric trained nurses assigned to acute mental units in Limpopo Province, South Africa. When non-psychiatric trained nurses and experts are empowered with the support needed, the MHCUs might receive quality patient care.

- **Policy development**

The study might assist policymakers in developing policies related to support given to non-psychiatric trained nurses rendering care to MHCUs in acute psychiatric wards.

1.6 RESEARCH QUESTIONS

The following research questions guided this study.

- What are the experiences of non-psychiatric trained nurses when rendering care to mental health care users in an acute psychiatric ward?
- What kind of support do non-psychiatric trained nurses need when caring for mental health care users?
- What kind of model should be developed to support non-psychiatric trained nurses?
- Who should validate the developed model to support MHCUs?

1.7 THE PURPOSE OF THE STUDY

This study aimed to develop and validate a model to support non-psychiatric trained nurses rendering care to mental health care users in acute psychiatric wards in Limpopo Province, South Africa.

1.8 STUDY OBJECTIVES

The study's objectives were in three phases:

Phase one: Qualitative analysis

- To explore and describe the experiences of non-psychiatric trained nurses when rendering care to mental health care users in acute psychiatric wards of Limpopo Province, South Africa.
- To describe the support non-psychiatric trained nurses need when rendering care to mental health care users in acute psychiatric wards in Limpopo Province, South Africa.

Phase two: A concept analysis

- To analyse emerging concepts from the data.

Phase three: Model development and validation

- To develop a model to support non-psychiatric trained nurses rendering care to mental health care users in an acute psychiatric ward.
- To formulate and describe guidelines for the implementation of the developed model
- To validate a model to support non-psychiatric trained nurses rendering care to mental health care users in an acute psychiatric ward.

1.9 THEORETICAL FRAMEWORK

A framework is an overall conceptual underpinning of a study. Each study should have a framework and can be based on a formal theory or conceptual model. The theoretical framework is the study based on an idea, an abstract generalisation that systematically explains how phenomena are interrelated. Based on a specific conceptual model, the study is a theoretical and conceptual framework connected to the study. Theories allow researchers to integrate their observations and facts into an orderly pattern (Polit & Beck, 2017).

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 the theory of model development by Dickoff et al. (1968) to develop a model to support non-psychiatric trained rendering care to MHCUs in acute

psychiatric wards. The study included theoretical assumptions and meta-theoretical assumptions.

- **Theoretical assumptions**

This study, which concentrated on the lived experiences of non-psychiatrically trained nurses rendering care to MHCUs in acute psychiatric wards, was conceived within the Roy Adaptation Model (Roy, 2011). Roy Adaptation Model (RAM) is a model most frequently used to direct nursing research and is a helpful conceptual framework for directing analysis, influencing teaching, and guiding nursing practice. The RAM's five essential concepts are health, person, nurse, adaptation, and environment. Roy sees the individual holistically. The core concept in the model is adaptation. The concept of adaptation assumes that a person is an open system interacting with both internal and external environments. Adaptation leads to optimal health and well-being. The model focuses on stimuli, coping processes, and adaptation modes. Therefore, RAM will guide this study as a conceptual framework to investigate the relationship between environmental stimuli (focal, contextual, and residual stimuli) and four adaptive modes. Focal stimuli represent an immediate and apparent cause of the problem. In this study, the focus stimuli are the MHCUs' behaviors, that is, aggressive and unpredictable behaviour. Contextual stimuli are other factors, such as knowledge deficit and lack of wellness services—residual stimuli, such as unsafe working environment, inadequate resources, and poor infrastructure (Roy, 2011). The application of the RAM is indicated in Figure 1.1 below.

- **Physiologic-physical adaptation mode**

Physiological means automatic, instinctive, and unlearned behaviour (Roy, 2011). The behaviours that nurses display when caring for MHCUs are learned. Physiologic-physical covers both instinctive unlearned and learned behaviour. In this study, learned and unlearned behaviour of non-psychiatric trained nurses are displayed when reacting to the environment of psychiatric settings, which might be observed.

- **Self-concept/group identity mode**

The goal of coping is to have a sense of unity and a sense of identity, and integrity (Roy, 2011). Non-psychiatric trained nurses might express themselves on their self-assessment of interactions and experiences when caring for MHCUs.

- **Role function mode**

It focuses on a person's primary, secondary, and tertiary societal roles (Roy, 2011). In this study, non-psychiatric trained nurses may describe their roles and ability to cope with them in an acute psychiatric ward.

- **Inter-dependence mode**

It focuses on attaining relational integrity through giving love, respect, and value, achieved through effective communication. In this study, the close relationship among non-psychiatric trained nurses when rendering care to MHCUs might also be explored (Roy, 2011).

The following assumptions on RAM were endorsed (Roy, 2011):

- The person (a non-psychiatric trained nurse) is a bio-psycho-social being.
- The person (a non-psychiatric trained nurse) constantly interacts with a changing environment (acute psychiatric ward).
- To cope with a changing world, the person (a non-psychiatric trained nurse) uses innate and acquired biological, psychological, and social mechanisms in origin.
- Health and illness are the inevitable dimensions of a person's life.
- The person (a non-psychiatric trained nurse) must adapt to respond positively to environmental changes.
- The person (a non-psychiatric trained nurse) has four modes of adaptation.

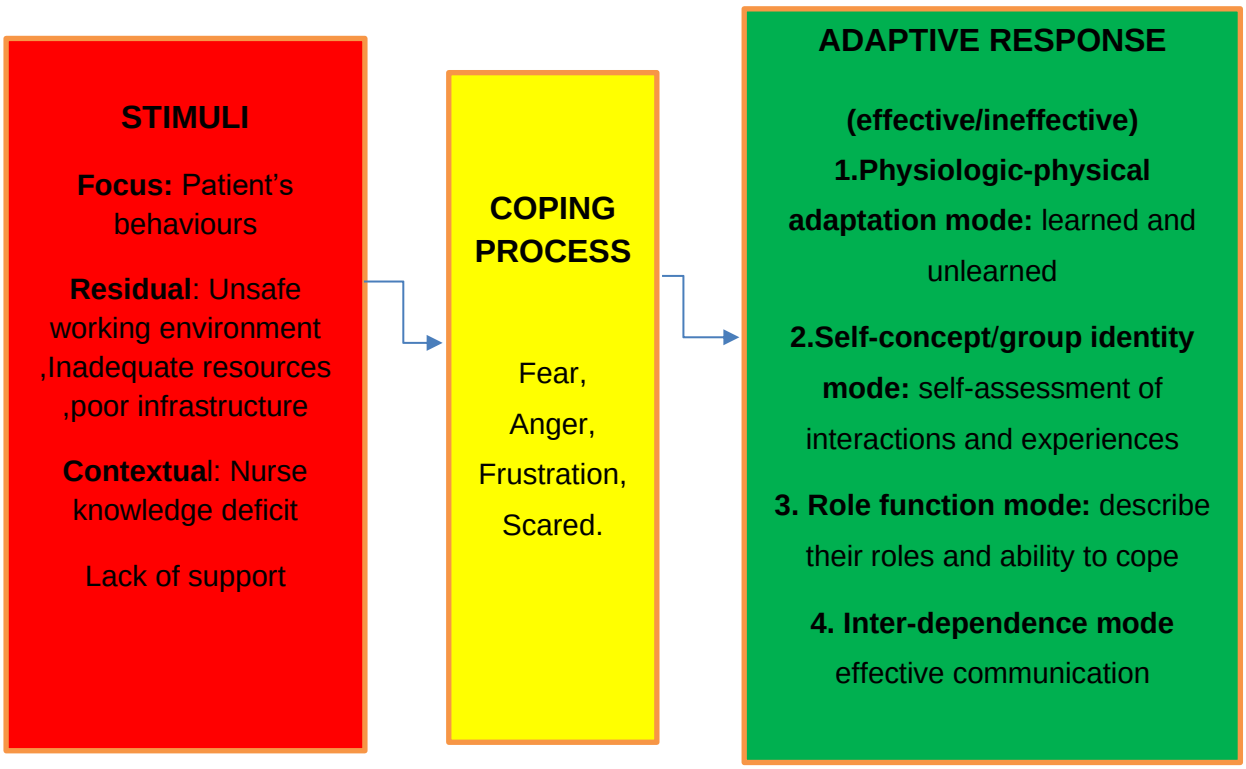

Figure 1.1: Theoretical framework: Roy Adaptation Model application ("Author's own work")

- **Meta-theoretical assumptions**

Meta-theoretical assumptions guide the theory. In this theory, a person is seen holistically in interaction with the environment in an integrated manner. The RAM focuses on people's physiological and psychosocial adaptation to their environment (Roy, 2011). RAM is made up of significant concepts, namely:

Adaptation: Refers to responding positively to environmental changes (Roy, 2011). In this study, adaptation refers to the coping of non-psychiatric trained nurses in acute psychiatric wards when rendering care to MHCUs.

Rendering/caring: Providing physical and psychological care to the patient ((Merriam-Webster's 2023 online dictionary). This study of caring and rendering is used interchangeably to express care given to MHCUs. In addition, it refers to

providing care by non-psychiatric trained nurses to MHCUs to meet their physical and psychological needs.

Person: A bio-psycho-social constantly interacting with a changing environment that uses innate and acquired mechanisms to adapt. A person is an individual or in groups-families, organisations, communities and society (Roy, 2011). In this study, a person is a non-psychiatric trained nurse in an acute psychiatric ward.

Environment: Refers to all conditions, circumstances, and influences surrounding and affecting the development and behaviour of persons and groups with consideration of mutuality of person and earth resources, including focal, contextual, and residual stimuli (Roy, 2011). This study refers to acute psychiatric ward structure influencing the behaviours of non-psychiatric trained nurses.

Health: Is described as a state and a process of being and becoming integrated as a whole (Roy, 2011). In this study, health is a balance that allows the non-psychiatric trained nurses to adequately cope in the acute psychiatric ward while rendering care to MHCUs.

Nursing: Refers to the promotion of adaptation for individuals and groups in the four adaptive modes, thus, contributing to health, quality of life, and dying with dignity by assessing behaviours and factors that influence adaptive abilities and intervening to enhance environmental interactions (Roy, 2011). This study promotes non-psychiatric trained nurses' adaptation modes leading to a quality life.

1.10 DEFINITIONS OF KEY CONCEPTS USED IN THE STUDY

An operational definition describes how variables or concepts will be measured or manipulated in the study (Grove & Gray, 2020) and increases the understanding of theoretical concepts.

Caring: To have or show concern for the well-being of others (Merriam-Webster's 2023 online dictionary). In this study, caring is a feeling of respect and interest in the individual MHCUs.

Support: Means providing and giving practical or emotional help (Merriam-Webster's 2023 online dictionary). In this study, support means encouraging and empowering non-psychiatric trained nurses caring for mental health care users in acute psychiatric wards.

Mental health care user: is a person who receives care, treatment and rehabilitation services at a health establishment that aims to restore mental health status (South Africa 2002). In this study, mental health care users refer to patients living with mental disorder admitted to an acute psychiatric ward to receive nursing care. This study uses mental health care users per mental health care act 17 of 2002.

Model: A symbolic representation of practical experience in words, pictorial or graphic diagrams, mathematic notations or biological material (Chinn & Kramer, 2013). In this study, a model will be a graphical diagram representing a process whereby nurses are supported when rendering care to mental health care users in acute psychiatric wards.

Mental health nursing: a specialized field with a focus on expanded roles and competencies to improve the mental health of all persons (SANC 2020). In this study, mental health nursing study refers to the training of nurse's knowledge and skills to render care to MHCUs

Acute psychiatric ward: A unit that provides care, treatment, and rehabilitation of mental health care users according to the Mental Health Care Act 12 of 2002 as amended in 2014 (South Africa, 2002). In this study, acute psychiatric wards are designated to admit acutely ill mental health care users.

Non-psychiatric trained nurse: A person registered by the South African Nursing Council under section 31(1) of Nursing Act No 33 of 2005 who practices nursing (South Africa, 2005) and who is not psychiatrically trained. In the study, non-psychiatric trained nurses refer to general nurses.

Registered nurse: is a person registered by SANC in terms of section 31(1) a of nursing act 33 of 2005 after completing the educational requirements(SANC,2005). In this study, registered nurses are professional nurses who are not psychiatrically trained.

Enrolled Nurse: According to Regulation 2175 (SANC, Nursing Act 50 of 1978), an enrolled nurse in South Africa is someone who has been accepted as a pupil nurse by a nursing school authorized by the South African Nursing Council (SANC) and is enrolled in a two-year nursing program (SANC, 1978). An enrolled nurse shall in terms of section 16 of the Act be registered as a psychiatric nurse, as the case may be, if he or she has received education and training referred to in these regulations at an approved nursing school (SANC, 2005).

Enrolled Nursing Assistance A person who has completed a year's program or a similar course at college or who has dropped out after finishing the first year of a four-year university program. This individual is educated and qualified to conduct elementary nursing (SANC, 2005).

1.11 RESEARCH METHODOLOGY

This study was done in three phases. Phase one included sampling, data collection, and analysis. The second phase entailed concept analysis, and the third phase was developing and validating the model to support non-psychiatric trained nurses rendering care to MHCUs in acute psychiatric wards in Limpopo Province, South Africa. The research design made it easier to obtain information about the experiences of non-psychiatric trained nurses rendering care MHCUs in acute psychiatric wards in Limpopo Province. The study's research methods are discussed in detail in Chapter 3.

1.11.1 Study setting

The study was conducted in four hospitals in three selected districts of Limpopo Province, one of the nine provinces in South Africa, consisting of five districts: Mopani, Sekhukhune, Capricorn, Vhembe, and Waterberg. The study setting is detailed in Chapter 3.

1.11.2 Research approach

The study was conducted in three phases: phase one: situational analysis and phase two: concept analysis, and phase three: model development and validation. The research approach is discussed in detail in Chapter 3.

1.12 PHASE ONE: SITUATIONAL ANALYSIS

Phase one involved implementing 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 led to phase three, which was to develop a model to support non-psychiatric trained nurses rendering care to MHCUs in acute psychiatric wards in Limpopo Province, South Africa.

A qualitative research approach using exploratory, descriptive and contextual design was used in this study and is discussed in detail in Chapter 3.

- **Qualitative study**

The qualitative research method described and analysed human experiences. It was chosen as it seeks to understand the meaning and interpretations of human experiences interacting with events or situations. Qualitative research occurs in natural settings, where human behaviour and events occur. Qualitative research focuses on participants' perceptions and experiences and how they make sense of their lives (Creswell, 2016). The study used a qualitative research method to explore and describe lived experiences of non-psychiatric trained nurses in acute psychiatric wards rendering care to MHCUs in acute psychiatric wards in Limpopo Province, South Africa.

- **Exploratory design**

Exploratory research design is conducted when a researcher encounters an already known issue with a description but is prompted to ask why things are the way they are (Leavy, 2017). The exploratory design was used to explore and describe the experiences of non-psychiatric trained nurses when rendering care to MHCUs in acute psychiatric wards in Limpopo Province, South Africa, through individual face-to-face interviews. The researcher asked questions on the experiences of non-psychiatric trained nurses when rendering care in an acute psychiatric ward in Limpopo Province, South Africa, in order to describe the support needed.

Three theories guided this study to explore the support needed by non-psychiatric trained nurses when rendering care to MHCUs. Roy's Adaptation Model guided the

study, Dickoff's theory of element of practice was used to develop the model, and Chinn and Kramer's guidelines validated the model.

- **Descriptive design**

The purpose of using a descriptive design in this study was to describe specific information that non-psychiatric trained nurses need when rendering care to MHCUs in acute psychiatric wards in Limpopo Province, South Africa. Descriptive research aims to observe, describe and document aspects of a situation as it naturally occurs and sometimes to serve as a starting point for theory development (Polit & Beck, 2017). Rubbin and Babbie in De Vos at al. (2011) indicated that descriptive design refers to a more intensive examination of phenomena and their deeper meaning, and it focuses on "how" and "why "questions. Data were obtained through unstructured interviews where non-psychiatric trained nurses gave full descriptions of the information regarding the care they render to MHCUs in acute psychiatric wards.

- **Contextual design**

Contextual studies focus on specific events in naturalistic settings. Naturalistic settings are uncontrolled real-life situations (Gray & Groove, 2020). The study was contextual as the researcher interviewed non-psychiatric trained nurses regarding their experiences rendering care to MHCUs in acute wards where they spent most of their time. In addition, the study focused on non-psychiatric trained nurses in acute psychiatric wards to describe the support needed when rendering care to MHCUs.

1.12.1 Population and sampling

The population is described as the entire set of individuals, objects, events, or elements that meet the sampling criteria for inclusion in the study (Grove & Gray, 2020). The population for the study was non-psychiatric trained nurses (EN, ENA) rendering care to MHCUs in acute psychiatric wards from three districts in Limpopo Province, South Africa.

- **Sampling method**

Grove and Gray (2020) describe a sampling method as the process of selecting a sample from the population to obtain information regarding a phenomenon in a way

that represents the population of interest. The study used non-probability purposive sampling method to select three districts from the five districts in Limpopo Province. Sampling occurred in three stages, namely: a sampling of district, hospital, and participants. The detailed sampling procedures are discussed in detail in Chapter 3.

1.12.2 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 & Gray, 2020). An unstructured interview was used as the data collection method to collect detailed information from non-psychiatric trained nurses about their experiences caring for MHCUs in an acute psychiatric ward. This study's data collection process involved preparation, the data collection tool, and a pilot study. These steps are discussed in detail in Chapter 3. Effective communication skills were used during data collection to facilitate interviews (De Vos et al., 2011).

1.12.3 Data analysis

Open coding was utilised to analyse qualitative data following Tesch's eight steps (Creswell & Creswell 2018). Using the defined ideas, interrelationship statements were created during this step. Walker and Avant (2019) used simplified steps for concept analysis to examine the concept. The detailed data analysis procedure is discussed in Chapter 3.

1.12.4 Literature control

After data analysis, experiences of non-psychiatric trained nurses (EN, ENA) rendering care to MHCUs in acute psychiatric wards and the kind of support they need were identified, and a literature control was done. This is discussed in detail in Chapter 4.

1.13 ETHICAL CONSIDERATIONS

The following ethical measures were considered: permission to conduct research, obtaining informed consent, respondents' right to privacy (anonymity and confidentiality), right to self-determination, avoiding harm, and the right to full disclosure of the research. Voluntary participation and anonymity were maintained

throughout the research process. Ethical considerations are discussed in detail in Chapter 3.

1.14 MEASURES TO ENSURE TRUSTWORTHINESS

Measures were taken to ensure the trustworthiness of the research findings. To ensure that the study's findings reflected the true experiences of non-psychiatric trained nurses rendering care to MHCUs, the researcher used four criteria for establishing trustworthiness: credibility, dependability, transferability, and confirmability (Polit & Beck, 2017). To ensure credibility, the researcher used prolonged engagement with nurses during data collection in order to ensure truth value. In addition, the researcher used the transferability strategy to ensure the applicability of the study findings. Dependability was used to establish impartiality, while conformability was used to ensure consistency, which looks at whether two independent researchers can produce identical results under similar conditions.

1.15 VALIDITY AND RELIABILITY

Chinn and Kramer's (2013) criteria were used to validate the model and ensure validity. In addition, a peer review was done by mental health experts to review the model after development to ensure validity and reliability. Searching for definitions and the use of support from pre-existing models, theories, and relevant literature was done to determine the theoretical validity.

1.16 PHASE TWO: CONCEPT ANALYSIS

In this phase, concept analysis was done by defining the concept support, identifying the attributes of support, generating interrelation statements based on defined concepts, literature review, references, and antecedents, and integrating the findings from phase one. Concept analysis done following eight guidelines of Walker and Avant (2019)

1.17 PHASE THREE: MODEL DEVELOPMENT AND VALIDATION

- **The developed model**

The theoretical framework for the model development 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 the theory of model development by Dickoff et al., (1968). It will assist in developing a model to support non-psychiatric trained nurses rendering care to MHCUs in acute psychiatric wards. The description of the structure of the model will be based on the components suggested by Chinn and Kramer (2013), the purpose of the model, the theoretical departure and assumptions of the model, the relational statement of the model, and the structure of the model. The model development will be discussed in detail in Chapter 6.

- **Validation of the model**

Validation of the developed model was guided by Chinn and Kramer (2013). The developed model and guidelines for operationalisation are presented and submitted to the mental health experts (Psychiatric nurses). Validation is discussed in detail in Chapter 6.

1.18 ARRANGEMENT OF CHAPTERS

Chapter 1: Overview of the study
Chapter 2: Literature review
Chapter 3: Research methodology (phase one)
Chapter 4: Presentation, interpretation and discussions of findings
Chapter 5: Concept analysis (phase two)
Chapter 6: Model development and validation (phase three)
Chapter 7: Guidelines to operationalise the model.
Chapter 8: Limitations, Recommendations, and Conclusions

1.19 CHAPTER SUMMARY

The chapter provided the background of the study, including the introduction, background of the study, problem statement, significance of the study, aim of the

study, research questions, and research objectives. The research methods, approach, design, theoretical framework, model development, measures to ensure trustworthiness, and ethical issues were also described. Chapter 2 will provide a detailed literature review related to the study.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Chapter 1 presents the background, problem statement, the purpose of the study, research question, research objectives, definition of concepts, and theoretical framework. This chapter discusses the literature review related to this study. A literature review is a procedure that entails locating, reading, comprehending, and drawing conclusions about published research and theory regarding a topic (Grove & Gray, 2020). A literature review can assist in determining whether a subject is worth studying and provide insight into how the researcher can limit the scope to a specific area of inquiry (Creswell& Creswell 2018). The literature review is discussed under the following headings:

- Mental health nursing
- Mental health
- Prevalence of mental disorders
- Mental health care settings
- Roles of nurses in mental health care settings
- Psychiatric and non-psychiatric trained nurses
- Experiences of non-psychiatric trained nurses when rendering care to mental health care users
- Support needs for non-psychiatric trained nurses in an acute psychiatric ward.
- Developed models and strategies to support non-psychiatric trained nurses.

2.2 MENTAL HEALTH NURSING

Mental Health Nursing (MHN) is a specialized field with a focus on expanded roles and competencies to improve the mental health of all persons According to the American Psychological Association (2023) MHN is a nursing speciality that provides comprehensive care to people with psychological disorders or behavioural issues, supporting their physical and mental well-being. MHN is a specialist field focusing on increased roles and competencies to improve mental health of all person (SANC 2022)

. Depression was anticipated to be the second-largest cause of disability-adjusted life years (DALY) in 2020. With the extra burden of substance abuse, psychoses, and trauma, mental illness will likely be the main cause of DALY in South Africa. This discouraging statistic emphasises the severe burden of mental illness. Therefore, having a solid core of specialised mental health nurses cannot be overstated. According to the APA(2023), psychiatric nursing is a branch that provides comprehensive care to people with behavioural or psychological disorders to improve their physical and mental health (APA 2023).

MHN covers the mental health care requirements of individuals, families, groups, and populations throughout the lifetime, especially emerging vulnerable population groups. These professionals work at the primary, secondary, and tertiary levels. Uys and Middleton (2016) described MHN as a knowledge of human behaviour in sickness and health. It is a planned, controlled, and targeted action by a nurse. MHN is an interpersonal process where counselling aims to support and facilitate a healthy lifestyle. Evans et al., (2017) alluded that MHN is the most exciting and challenging nursing practice. The challenges of MHN are working with people vulnerable to mistrust themselves, the surroundings, and individuals around them. MHN requires appropriate use of knowledge and skills to provide safety and trust in self and others.

Sydney and Auckland offered the first training programmes for mental nurses in 1887 and 1905, respectively. New Zealand and Australia started registering psychiatric nurses in 1907 and 1911, respectively. The traineeship approach for training psychiatric nurses was founded in the 20th century. The nursing profession is regulated by Nursing Act No 33 of 2005. In South Africa, the availability of nurses in psychiatry has been enhanced by a comprehensive nursing course initiated in 1986. The four-year diploma or degree programmes provide access to the nursing profession and include training as a registered psychiatric nurse. In addition, the SANC offers one academic year of advanced or specialised mental health care courses for registered psychiatric nurses (Mahlathi & Dlamini, 2017).

The later training has been faced out, and SANC has initiated a new nursing training programme. Mental health training is one of the essential strategies to help healthcare workers (HCWs) understand how to address mental health needs in emergency and complex settings where specialist medical treatment is rare or non-existent. By

teaching HCW, people may help them understand how to address mental health needs. The World Health Organization (WHO) wants more front-line workers to feel comfortable talking about mental health and to know how to provide prompt help and refer patients when psychosocial treatment is needed (WHO, 2022).

2.3 MENTAL HEALTH

According to the WHO (2022), mental health is a condition of mental well-being that allows people to handle life's stressors, develop their strengths, study and work productively, and contribute to their community. It is a necessary component of health and well-being that supports individual and collective abilities to make decisions, form connections, and influence the world. Mental health is a basic human right essential for personal, community, and socioeconomic growth. Mental health is a state of emotional, psychological, and social wellness evidenced by satisfying interpersonal relationships, effective behaviour and coping, positive self-concept, and emotional stability (WHO, 2022). Mental health is more than the absence of mental disorders. It exists on a complex continuum, with varied degrees of difficulty and distress and potentially very different clinical and social outcomes from one person to the next. Individual psychological and biological characteristics, such as emotional skills, substance use, and heredity, can predispose people to mental health problems. Mental health problems include mental disorders, psychosocial disabilities, and other mental states that cause severe suffering, limit functioning or put oneself in danger. Individuals suffering from mental illnesses are more likely to have lower levels of mental well-being; however, this is not always the case (Belezza, 2020).

Mental health and psychological treatment are high priorities in the national humanitarian crisis. According to the National Mental Health Survey (2018-19), approximately 17% of adults reported a mental health issue. In addition, the Mental Health Atlas 2017 highlighted a lack of mental health human resources (WHO, 2022). There are 0.13 psychiatrists for every 100,000 people. Since this "new normal" affects people of all ages and professions the most, mental health has received more attention than ever during the Covid-19 pandemic. Students, persons living alone, those in healthcare and other frontline jobs, and people with mental health problems have all been impacted considerably. Apart from the effects of the pandemic, research shows

that one in every six South Africans has a mental health issue, such as anxiety, depression, substance abuse disorder, bipolar disorder, schizophrenia, depressive or anxiety disorders, or post-traumatic stress disorder (PTSD) (Ivbijaro, Brooks, Kolkiewicz, Sunkel & Long, 2022).

Furthermore, WHO (2022) alluded that there is no health without mental health. Mental health is crucial to the overall well-being of individuals and society. However, it seems South Africa, like many other countries, has significant room for improvement in prioritising mental health. Between 75% and 95% of people with mental disorders in low- and middle-income countries, like South Africa, cannot access mental health services. However, those with access do not necessarily receive sufficient or appropriate care.

2.4 PREVALENCE OF MENTAL DISORDERS

A mental disorder is a clinically significant disturbance in an individual's cognition, emotional control, or behaviour, frequently accompanied by distress or impairment in essential areas of functioning (WHO, 2019). Mental disorders are another term for mental problems. A mental health condition is a broad term that includes mental disorders, psychosocial disabilities, and (other) mental states that cause severe suffering, disability in functioning, or the risk of self-harm (WHO, 2022).

In his State address, Dr Tedros Adhanom Ghebreyesus, Director-General of the WHO, indicated that common mental health conditions increase significantly among emergency-affected populations and that the Covid-19 pandemic has a significant impact on people's mental well-being. Populations, including patients with existing mental health conditions, needed the support of empathetic and initiative-taking mental health workers to rebuild their lives slowly. Before the 2019 pandemic, numerous areas of mental health were called into question. One out of every eight people is believed to have a mental illness. However, mental health services, knowledge, and funding remain inadequate and far below what is needed, particularly in low- and middle-income countries. The Covid-19 epidemic has caused a global mental health catastrophe, exacerbating short- and long-term stress and compromising the mental health of millions. According to estimates, anxiety and depression disorders increased by more than 25% during the first year of the pandemic. Simultaneously, mental health

services have been significantly disrupted, widening the treatment gap for mental health issues (WHO, 2022).

In South Africa, the burden of mental disorders is substantial and will likely increase the epidemiological transition to chronic and non-communicable diseases. Mental disorders rank third in contribution to the burden of diseases in South Africa. Data from the South Africa College of Applied Psychology (2018) suggests that one in six South Africans suffer from anxiety, depression, or a substance use disorder. Forty percent of South Africans with human immunodeficiency virus (HIV) have a co-morbid mental illness. In addition, 41% of pregnant women are depressed, and about 60% of South Africans could have post-traumatic stress disorder.

A study by the Human Science Research Council (2020) reported that 33% of South Africans were depressed, while 45% were fearful, and 29% were experiencing loneliness during the first lockdown period. While the provision of and access to essential services, including mental health care, was permitted during the lockdown period, as gazetted by the government (Lockdown Regulations No 43232, 2020), some MHCUs were unable to access services due to limitations and risks presented by physical contact and in-person consultations (Pillay & Barnes, 2020).

In terms of the Mental Health Care Act No 17 of 2002, an MHCU is a person who receives care, treatment, and rehabilitation at a health facility to improve the individual's mental well-being (South Africa,2002). Furthermore, Lund, Peterson, Kleintjies, and Bhana (2012) state that MHCUs have mental problems. Those who are mentally ill frequently seek treatment at psychiatric hospitals or mental health clinics. Sometimes, they may be treated at home by a psychiatrist (Nordstrom, Berlin, Nash, Shah, Schmeltzer & Worley, 2019).

2.5 MENTAL HEALTH CARE SETTINGS

Mental health care is provided at three levels to holistically treat the patient: primary, secondary, and tertiary. At the secondary level of mental health care, MHCUs receive psychotropic drugs in general hospital inpatient psychiatric wards and outpatient facilities (Lund et al., 2012). Further, Halter (2014) indicated that treatment and care for mental-related disorders are provided in different settings. There are three primary settings: hospital inpatient, residential, and outpatient. Treatment and care for mental

health-related issues are provided in various locations. The nature and severity of the person's mental state, physical health, and the type of treatment given or advised influence the environment and level or type of care. There three primary settings are discussed below.

- **Hospital inpatient settings**

It entails a stay of one night or more in a psychiatric hospital or psychiatric unit of a regular hospital. The facility may be privately or publicly owned (government-operated). Inpatient hospitals treat more severely ill MHCUs for less than 30 days. A person admitted to an inpatient facility may suffer from a severe mental disorder and require round-the-clock care. After 30 days of inpatient therapy, a client who needs long-term care is typically transferred to another facility or a different environment within a mental hospital.

- **Residential mental health treatment environments**

In general, it offers people longer-term care. Included are nursing homes with on-call access to psychiatric consultations and alcohol and drug rehabilitation institutions, which treat addictions and may consist of detoxification treatments.

- **Outpatient settings**

The various types of outpatient settings include (Cuncic & Block, 2022):

  - ✓ Community-based mental health centers all require office visits but no overnight stays.
  - ✓ In private offices, many people who require mental health counselling or treatment visit a mental health doctor in a private group practice.
  - ✓ Other outpatient clinics are found in general hospitals and require appointments.

Psychiatric wards are hospital inpatient settings, either in public or private hospitals. They are also sometimes called mental health wards or behavioural health wards. These are primarily places designed to provide intensive treatment for MHCUs whose requirements cannot be satisfactorily fulfilled in an outpatient setting, regardless of the name. These clinics are dedicated to mental healthcare and frequently treat patients

suffering from serious disorders, such as psychosis, schizophrenia, bipolar disorder, major depression, obsessive-compulsive disorder, and PTSD (Cuncic & Block, 2022). Similarly, psychiatric wards are defined as partial hospitalisation programs (PHPs), providing intensive, brief treatment like inpatient care but allowing the patient to go home daily (Halter, 2014). The main objectives are improvement of symptoms, safety, knowledge of clinical circumstances, use of medications, and coping mechanisms. Depending on the program, the typical stay is one to two weeks, and the multidisciplinary team (MDT) includes at least a psychiatrist, RNs, and social workers. In the United States, some patients are admitted directly to inpatient care based on a psychiatrist or primary care provider referral; however, most patients receiving inpatient acute psychiatric care are accepted through an emergency department.

In addition to psychiatric wards, many general hospitals provide psychiatric units or floors that serve patients with mental diseases or psychiatric symptoms requiring a shorter stay than would be provided in a complete psychiatric ward. In addition, psychiatric wards provide significantly more intensive care than outpatient facilities. Many psychiatric hospitals require admission because patients cannot care for themselves or others due to their mental state. On the other hand, psychiatric wards offer short-term inpatient psychiatric services to patients who require prompt assessment and treatment for their illnesses. They are typically found in general medical or mental institutions, depending on the psychiatric treatments they provide (Cuncic & Block, 2022).

- **Acute psychiatric ward**

Hartwich and Boeker (2018) described an acute psychiatric ward as a protected emergency area in a psychiatric hospital that treats all patients in danger of harming themselves or others because of their psychiatric illness or who want to commit suicide. According to d'Ettorre and Pellicani (2017), workplace violence (WPV) against healthcare workers (HCWs) engaged in mental inpatient wards is a severe occupational issue that affects both staff and patients. The consequences of WPV may include increased service costs and a lower standard of care. Patients' risk assessment of violence appeared to reduce the occurrence of WPV effectively and, as a result, better safeguard mental HCWs. Iozzino, Ferrari, Large, Nielssen, and de Girolamo's (2015) systematic meta-analysis research revealed that nearly one in five

patients hospitalised due to acute psychiatric hospitals might commit an act of violence, male gender, drug use diagnosis, and a history of violence related to violence. In addition, violent attacks may result in physical harm, psychological effects, and significant stress levels for the organisation's mental health professionals.

Anger, fear or anxiety, post-traumatic stress disorder symptoms, guilt, self-blame, and shame decreased job satisfaction and increased intent to leave the organisation. Moreover, lower health-related quality of life was found to be a consequence of workers' short- or long-term exposure to WPV. The Health and Safety Executive (HSE) defines workplace violence as any incident in which a person is mistreated, intimidated, or assaulted while at work; this can include verbal abuse or threats as well as physical assaults (d'Ettorre & Pellicani, 2017). Low nurse staffing levels are alleged to increase the occurrence of violence, although empirical evidence is insufficient to support this assumption. According to the most extensive and rigorous studies, inpatient violence is more prevalent with higher staffing levels. A shift-level analysis in English mental wards found that higher rates of physical attacks were higher when a more significant number of trained nurses and a greater number of unqualified nurses were on duty (Staggs, 2015).

2.6 ROLES OF NURSES IN THE PSYCHIATRIC WARD

Evans et al. (2017) allude that the roles of nurses were to ensure MHCUs' needs are addressed in mental health facilities, including meeting their needs for essential nutrition, good personal hygiene, clothes, and recreational and social opportunities. The space was designed to feel as comfortable as possible. Nurses are responsible for client care seven days a week and interact most significantly with patients receiving bed-based care. However, they are still essential in creating and maintaining the therapeutic environment.

2.6.1 Psychiatric nurses

A professional nurse with a diploma or bachelor's degree whom SANC licenses is a mental nurse. This nurse works in a specialized setting to offer nursing care to the patients. They interact with MHCUs at all phases of life and have a big responsibility to the public (Kniesl & Trigoboff, 2013). The goal of the psychiatric nurse is to promote mental health and protect from mental disorders (Uys & Middleton, 2018). In this

article, psychiatric nurses worked in an acute psychiatric ward. The psychiatric nurse is responsible for promoting, preventing, and intervening in the mental health of MHCUs. They are also known as mental health nurse practitioners. Those with mental diseases or behavioural problems receive psychological and physical care from specially trained psychiatric nurses. A psychiatric nurse's other function is to mentor and oversee non-psychiatric trained nurses.

Halter (2014) described psychiatric mental health nurses as RNs educated in nursing and licensed to practice in their states. Depending on educational preparation, psychiatric nurses are qualified to practice at two levels: basic and advanced. Basic-level RNs are professionals who have completed a nursing program, passed the state licensure examination, and are qualified to work in most general or speciality areas. The registered nurse-psychiatric mental health (RN-PMH) is a nursing graduate with a diploma, an associate degree, or a baccalaureate degree who chooses to work in the psychiatric MHN speciality. Psychiatric nurses provide physical care, socialise and communicate with their patients to create a safe, comfortable environment that promotes positive change.

- **Roles of primary psychiatric nurses**

Halter (2014) described the roles of primary psychiatric nurses as follows:

- Coordination of care: Coordinates implementation of the nursing care plan and documents care coordination.
- Health teaching and maintenance: Individualised anticipatory guidance to prevent or reduce mental illness or enhance mental health (e.g., community screenings, parenting classes, stress management).
- Milieu therapy: Provides, structures, and maintains a safe and therapeutic environment in collaboration with patients, families and other healthcare clinicians.
- Pharmacological, biological, and integrative therapies: Applies current knowledge to assessing patient's response to medication, provides medication teaching, and communicates observations to other health care team members.

- **Role of advanced psychiatric nurse**

The roles of a primary psychiatric nurse, including additional roles:

- Medication prescription and treatment: Prescription of psychotropic medications, using appropriate diagnostic tests; hospital admitting privileges.
- Psychotherapy: Individual, couple, group, or family therapy using evidence-based therapeutic frameworks and the nurse-patient relationship.
- Consultation: Sharing of clinical expertise with nurses or those in other disciplines to enhance their treatment of patients or address systems issues.

Psychiatric mental health nurses deal with various MHCUs in various settings to encourage good mental health. With clearly defined functions at either a primary or advanced level of practice, psychiatric mental health nurses do their duties (Halter, 2014).

2.6.2 Non-psychiatric trained nurses

A nurse registered by SANC under section 31(1) of Nursing Act No 33 of 2005 and who practices nursing who is not psychiatrically trained. In this study, non-psychiatric trained nurses refer to general registered non-psychiatric trained nurses, EN and ENA render care to patients according to their scope of practice in R786 as stipulated by SANC under the section 58(1) (a) on Nursing Act, 2005 of 2005, as amended (South Africa, 2005).

An EN performs the following tasks according to the scope of practice according to SANC in section 7 of the Nursing Act 33 of 2005:

- Provide nursing care delegated by a professional nurse.
- Create and maintain an enabling environment in which health care can be provided safely and optimally.
- Develop a comprehensive nursing care plan to promote activities of daily living, self-care treatment, and rehabilitation of users.
- Initiate and maintain a therapeutic relationship.
- Assess the healthcare and nursing needs of individuals and groups.

- Accountable for the care of patients with health conditions in all settings and maintaining continuity of care for all healthcare users
- Initiate and maintain therapeutic relationships
- Appropriately refers healthcare users

An ENA performs the following tasks according to the scope of practice according to SANC in section 9 of Nursing Act 33 of 2005:

- Provide elementary nursing care as prescribed and delegated by a professional or staff nurse.
- Render basic first aid.
- Provide assistance and support to a person for the activities of daily living and self-care.
- Observe, record, and report the health status of healthcare users.
- Implement a nursing care plan
- Maintain an environment the promote safety, security, and rights of healthcare users

2.6.2.1 Experiences of non-psychiatric trained nurses when rendering care to mental health care users

- **Fear and anxiety for caring for mental health care users.**

Giandinoto and Edward (2014) found that non-psychiatric-trained nurses feared MHCUs because they believed they were unpredictable and dangerous. These perceptions make nurses cautious regarding their safety and that of other patients. Similarly, Thupayagale-Tshweneagae, and Ganga-Limando (2014) revealed that non-psychiatric trained nurses also fear MHCUs, as they are perceived to be dangerous.

Furthermore, Demir and Ercan (2018) revealed that nursing students expressed and perceived MHCUs as hostile, dangerous, and prone to violence. Dikobe, Manyedi, and Sehularo (2016) alluded that perception by nursing students increased their stress and anxiety levels, causing them to either limit their communication with MHCUs or avoid them altogether.

Significant findings from a study by Natan, Drori and Hochman (2015) found that among non-psychiatric trained nurses without specific psychiatric training, fear of the MHCUs appears to be a collective underlying impression. The stigma that non-psychiatric nurses still experience when caring for MHCUs results from this anxiety. These worries and the expense of acquiring specialist psychiatric training outside of formal nursing education all contribute to the possibility that nurses may leave academic nursing programmes with insufficient preparation to feel comfortable caring for MHCUs.

- **Decreased comfort level.**

According to Demir and Ercan (2018), non-psychiatric educated nurses frequently sense discomfort when they first encounter MHCUs. The feeling of discomfort in providing care for MHCUs results from their lack of specialised training and inability to deal with the particular conditions or symptoms (behavioural and emotional disorders) common in MHCUs. Again, Alexander, Ellis, and Barnett (2016) alluded that nurses with inadequate psychiatric knowledge have uncomfortable feelings toward MHCUs due to a lack of communication skills, a fear of being injured, and negative impressions of MHCUs. These nurses are also often anxious about working with MHCUs.

There is a severe need for non-psychiatric trained nurses to receive education and training to boost their comfort level and knowledge, reducing unfavourable perceptions of care for MHCUs. Negative perceptions can be changed through education and increased exposure to MHCUs. Nurses should implement training programmes and receive mentoring to gain the skills required to care for MHCUs (Alexander et al., 2016).

- **Lack of knowledge**

Dikobe et al. (2016) discovered in their study that non-psychiatric trained nurses caring for MHCUs with dual diagnoses had insufficient role support and inadequate educational preparation to care for patients with psychiatric/mental health concerns. Additionally, nurses not trained in psychiatry do not receive specialised training in caring for MHCUs (Gutierrez, 2019). The lack of comprehensive psychiatric speciality training for nurses contributes to the challenge of inadequate care for MHCUs and dissatisfied non-psychiatric staff. Specifically, non-psychiatric trained nurses have a

decreased knowledge base, comfort level, and possible negative attitudes toward MHCUs.

Non-psychiatric trained nurses tend to adopt attitudes founded on misconceptions, such as the fear that MHCUs are aggressive and violent because they lack specialised knowledge and training in psychiatry. These led to the nurses' discriminating behaviour and increased stigma. Due to a perceived threat to their safety, this anxiety also makes the non-psychiatrically trained nurse alert and on guard, which limits their ability to be practical nurses. Furthermore, non-psychiatric trained nurses believe that caring for MHCUs falls outside the scope of their training and frequently believe they lack psychiatric skills or information about the needs of MHCUs (Giandinoto & Edward, 2014).

Alexander et al. (2016) found that nurses expressed dissatisfaction with their level of knowledge and a wish for further training to provide competent care to MHCUs. A significant proportion of psychiatric speciality education and training has not been offered in formal nursing education. A brief educational introduction and a short clinical rotation in a psychiatric setting are usually all that nurses receive in terms of training on psychiatric disorders and the requirements of patients in terms of mental health (typically 6-8 weeks). Studies show that nurses need specialised training in psychiatry before they feel qualified to provide safe care for MHCUs. The authors claimed that non-psychiatric trained nurses require additional education to care for MHCUs. The non-psychiatric trained nurse needs additional educational training, encouragement, and support to provide excellent care to MHCUs.

Mahesha, Dombagolla, Kanta, Lai, Henderson, and Taylor (2018) alluded that the most crucial non-psychiatric trained nurses barriers were their lack of knowledge and experience regarding acute psychiatric illness management, negative non-psychiatric staff attitudes and staff avoidance of some psychiatric patients. Inadequate knowledge and education in handling MHCUsin an acute psychiatric setting have been widely reported. The authors also noted that it appears to be a national and international issue that staff members have inadequate training in psychiatry. They further indicated that several studies reveal that ongoing training on crucial subjects, including psychiatry concept and patient assessment, quality care treatment, aggression management, and support staff attitudes, is lacking. Lack of information and education about acute

psychiatric management and negative attitudes toward and avoidance of psychiatric presentation types were some challenges faced by non-psychiatric trained nurses. The most often suggested solution was an education programme for non-psychiatric trained nurses on managing acute psychiatric illness.

Again, Thupayagale-Tshweneagae and Ganga-Limando (2014) alluded that non-psychiatric trained nurses expressed concern about their lack of skills to care for MHCUs. It was discovered that they lacked basic assessment skills, communications skills, and aggressive patient managerial skills. Additionally, they stated that they lack psychiatric training and essential skills in psychiatric nursing, such as psychiatric assessment. They said they could not identify a patient's warning signs of potential dangers. Similarly, Dube (2016) reported that non-psychiatric trained nurses had various experiences when caring for individuals receiving mental health treatment and added that they lacked knowledge and recommended that supportive guidelines be created. Therefore, it has been determined that for non-psychiatric trained nurses to provide MHCUs with the best possible care, they must have the knowledge and skills to support the promotion, maintenance, and restoration of these MHCUs' mental health as an essential component of overall health.

On the other hand, Adams (2015) noted that newly qualified nurses transferring to the sector required education and training in critical mental nursing competencies to promote nurse turnover in mental health care. Non-psychiatric trained nurses caring for MHCUsmay lack the information and specific training needed to feel confident in their capacity to create a safe environment for those who are a threat to themselves or others, suicidal, or demonstrate aggressive or abusive conduct. Without special training and ability in communication, de-escalation, and suicide prevention, a nurse cannot care for MHCUs.

- **Limited accessibility to the staff support programme**

When non-psychiatric trained nurses experienced violent incidents, Beleki and Martin (2022b) noted that enrolled nurses and EN in the acute psychiatric unit had limited access to the Independent Counselling and Advisory Services (ICAS) staff support programme. Nurses reported needing immediate assistance, which was thought to be unavailable. Some of the nurses without any training in psychiatry arranged their

counselling. Nurses identified the need for a hospital-based psychologist on duty to assist staff members who had been victims of violence.

Leng et al. (2021) alluded that nurse leaders must ensure that nurses receive the education and support they need to care for MHCUs successfully. Nurses require nurse leaders who advocate for nursing education, continued training after licensure, and assistance for nurses transitioning into other healthcare fields. Nurse leaders must actively follow up with nurses in mental health care settings to find out what they need and support them in their jobs.

2.6.2.2 Support needs for non-psychiatric trained nurses in an acute psychiatric ward

It has been asserted that non-psychiatric trained nurses receive less support at work, continued education, and training on how to care for MHCUs. They also allegedly lack the continual training typically provided in workplace training programmes for psychiatric nurses (Rutledge et al., 2013). However, in their systematic analysis concentrating on supportive interventions for psychiatric nurses in acute psychiatric settings, Bekelepi and Martin (2022a) discovered that various support interventions had been implemented to support nurses. As they either avoid stress responses or lessen their consequences to promote workers' psychological well-being, these therapies aim at changing the psychological and social factors. Their study identified four crucial components: educational support, interpersonal skills, psychological support, and adaptive coping.

- **Educational support**

These components of educational support were identified in the analysis of the interventions of the included studies. The interventions investigated in this study focused on the assistance provided to nurses in acute psychiatric settings. They discovered through their systematic review that mindfulness exercises, relaxation methods, and meditation significantly reduce perceived stress and burnout among nurses. Ollila (2021) also stated that continued education and training in specialist psychiatric nursing techniques could improve the self-efficacy of non-psychiatric trained nurses in delivering care for MHCUs.

It was also identified that a lack of ongoing education and training for non-psychiatric trained nurses caring for MHCU was a significant finding in Plant and White's (2013) study. According to the results of the study, non-psychiatric trained nurses need training and education to increase their skills and competencies in caring for MHCUs. Again, Plant and White (2013) pointed to the necessity for continued education and training for practicing non-psychiatric trained nurses to address the demands of nurses. The study discovered that non-psychiatric trained nurses were not routinely provided with continued training in acute psychiatric wards of selected public hospitals. Continuing to support the non-psychiatric trained nurse in identifying the needs of MHCUs and then putting the skills needed to improve care for MHCUsinto practice would strengthen non-psychiatric nurses' ability to provide safe, therapeutic, and appropriate nursing interventions to care for MHCUs. Participants in Plant and White's (2013) study noted the need for ongoing training and instruction in safety and suicide prevention, communication and therapeutic partnerships, anger management, legal implications, psychiatric medication, addictions, and detoxification.

- **Psychological support**

In a study by Yang et al. (2018), psychiatric nurses were supported with a psychological intervention. They received awareness training, breathing exercises, relaxation techniques, and meditation as psychological therapies. Interpersonal skills and adaptive coping have been shown to increase psychiatric nurses' mental health and general wellness. Many strategies for dealing with violence are discussed in a psychological group setting. Participants had the chance to deal with the effects of being exposed to violent occurrences, their emotions, and stress management in the type of group. It developed an atmosphere that allowed nurses to speak openly and discuss their positive or negative experiences. The findings demonstrated that after experiencing a violent occurrence, participants had more confidence in their ability to manage their emotions. Following the intervention's implementation, the psychotherapy group appeared to positively impact participants' concern about potential violent episodes and the despair that often arises from such anxiety (Bekelepi & Martin, 2022b).

- **Adaptive coping**

Bekelepi and Martin (2022b) indicated the discussions on coping mechanisms for dealing with violence from MHCUs and how that affects nurses' psychological health. Several approaches are explored in groups and have been successful in decreasing any symptoms that members were experiencing before the intervention was put into place. Furthermore, the authors alluded that the development of potentiality is said to include the development of coping skills. For nurses to be able to handle stressful situations at work, problem-solving skills are viewed as a crucial component. A strong effect on stress reduction and nurses' use of effective coping strategies.

- **Interpersonal skills**

Communication skills are essential for helping nurses recognize their mistakes in communication when working with patients. They also advocated for ongoing educational training in communication. According to the findings, teaching communication skills to nurses working in mental wards using the psychoeducation method reduces their perception of stress. Violence might be exposed because of poor communication between nurses and patients (Bekelepi & Martin (2022a).

2.7 DEVELOPED MODELS AND PROGRAMMES TO SUPPORT NON-PSYCHIATRIC TRAINED NURSES IN ACUTE PSYCHIATRIC WARDS

Martin and Daniels (2015) created a model of emotional support for student nurses working in mental health settings in the Western Cape. A theoretical framework for nurse educators was developed, requiring that they hold a degree in advanced psychiatric nursing science and attend to patients with intellectual disabilities while providing support to student nurses in a clinical learning environment (Janse van Rensburg, Poggenpoel & Myburg, 2015). Tema, Poggenpoel, and Myburg (2018) created a framework to support the mental health of psychiatric nurses at a forensic ward in South Africa in order to effectively manage the aggressive behavior of MHCUs. However, Letlalo (2021) developed a model to capacitate professional nurses caring for MHCUs in general wards in Limpopo Province. Although studies have been conducted globally, nationally, and in other provinces in South Africa regarding the challenges faced by non-psychiatric trained nurses when providing care to MCHUs in psychiatric wards, there is a gap in the model to support non-psychiatric trained nurses

rendering care to MHCUs in acute psychiatric wards in Limpopo Province, South Africa.

Bekelepi and Martin (2022b) studied the implementation of several support interventions for psychiatric nurses working in acute psychiatric settings. Their study focused on supportive interventions for psychiatric nurses in acute psychiatric settings. These interventions attempt to improve psychological and social difficulties by avoiding stress responses or minimising their consequences to promote psychological well-being. The examination of the interventions in the included studies revealed four critical components: educational assistance, interpersonal skills, psychological support, and adaptive coping. The interventions covered in this review were not centered on the patient's violent behaviour but on the assistance given to psychiatric nurses in acute psychiatric settings. Yet, practicing mindfulness, relaxation exercises, and activities have significantly reduced felt stress and burnout among psychiatric nurses (Yang, Stone, Petrini & Morris, 2018).

2.8 CHAPTER SUMMARY

This chapter outlined the literature review conducted by the researcher on the experiences and support of non-psychiatric trained nurses rendering care to MHCUs in acute psychiatric wards. The literature review focussed on MHN, mental health, the prevalence of the mental disorder, and mental health settings and developed models to support non-psychiatric trained nurses. Chapter 3 discusses the research design and methodology used in this study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Chapter 2 described the literature review related to the study describing the situation of non-psychiatric trained nurses. The literature was discussed under the headings: Mental Health Nursing, Mental Health, The Prevalence of Mental Disorders, Roles of Nurses in Mental Health Care Settings, Mental Health Settings, and Developed Models/Strategies to Support Non-Psychiatric Trained Nurses. The literature was explored for the experience and support needs of non-psychiatric trained nurses, particularly those associated with acute mental wards. This chapter will describe the study's research design, the study's setting, sample and sampling procedures for selecting the participants, the data collection technique, measures to ensure trustworthiness and ethical principles adhered to in the study.

3.2 RESEARCH METHODOLOGY

A research methodology is a procedure the researcher uses to structure the study and to gather and analyse information relevant to the research question (Polit & Beck, 2017). The qualitative research method described and explored human experiences. It was chosen as it seeks to understand the meaning and interpretations of human experiences interacting with events or situations. Qualitative research occurs in natural settings, where human behaviour and events occur. Qualitative research focuses on participants' perceptions and experiences and how they make sense of their lives (Creswell & Creswell2018).

3.2.1 Research design

A research design is an overall study plan that outlines all procedures needed to adequately answer the research question to achieve the study's aim (Polit & Beck, 2017). The present study is descriptive, explorative, and contextual. The researcher used a phenomenological research methodology to attain the study's objectives.

3.2.1.1 Qualitative

For this study, qualitative research was deemed appropriate since it is an appropriate method to understand participants' meanings, interpretations, and subjective experiences (Polit & Beck, 2017). Polit and Beck (2017) further add that a qualitative study examines a phenomenon employing a flexible research design and rich narrative materials, often in-depth and holistically. A qualitative method allows for detailed descriptions of participants' points of view. Since non-psychiatrically trained nurses provide care in MHCUs, this approach investigates and describes the scope, depth, and complexity of their meaningful experiences. A qualitative research design was chosen to understand, interpret, describe, and develop a model. The approach makes collecting data on the experiences of non-psychiatrically trained nurses working in Limpopo's acute psychiatric wards easier.

A qualitative research method was employed in the study to investigate and explain the lived experiences of non-psychiatric trained nurses. A qualitative approach was used, with exploratory, descriptive, and contextual research design. Phase one involved situational analysis, which included data collection using individual semi-structured interviews with non-psychiatric trained nurses about their experiences providing care to MHCUs' acute psychiatric wards, the researcher's description of non-psychiatric trained nurses' experiences, data analysis, and literature control. Phase two involved concept analysis, and phase three involved model development and validation in line with what non-psychiatric trained nurses had mentioned as the kind of support they need when rendering care to MHCUs in acute psychiatric wards. A summary of the research approach followed in this study is indicated in Figure 3.1.

3.2.1.2 Phenomenological

Phenomenology research aims to better understand individuals by focusing on their daily experiences (Polit & Beck, 2017). Through observation and inquiring thought, phenomenological research focuses on understanding and experiencing events as participants do. As a result, the researcher can have easier access to the goals of identifying non-psychiatric trained nurses caring for MHCUs within that setting. The strategy aided in the collection of data on the experiences of non-psychiatric trained nurses who work in MHCUs in Limpopo Province.

3.2.1.3 Explorative

Exploratory research design is conducted when a researcher encounters an already known issue with a description but is prompted to ask why things are the way they are (Leavy, 2017). Through individual face-to-face interviews, an exploratory research design was used to explore the experiences of non-psychiatric trained nurses when rendering care to MHCUs in acute psychiatric wards in Limpopo Province, South Africa. The researcher asked questions about the experiences of non-psychiatric trained nurses when rendering care in acute psychiatric wards in Limpopo Province, South Africa, and they described the support they needed. Three theories guided this study to explore the support needed by non-psychiatric trained nurses when rendering care to MHCUs.

3.2.1.4 Descriptive

Discovering, describing phenomena in context, learning new meanings, and establishing how frequently something happens are the goals of descriptive research (Groove and Gray, 2020). Concepts are explained, and relationships are found through descriptive analysis, laying the foundation for additional study. This study utilised the descriptive design to explore the experiences of non-psychiatric trained nurses providing care to MHCUs in acute psychiatric units in Limpopo Province, South Africa. The goal of descriptive study is to observe, describe and document characteristics of a situation as they occur naturally and to occasionally serve as a starting point for theory development (Polit & Beck, 2017). According to Rubbin and Babbie in De Vos, Strydom, and Fouche (2011), descriptive design refers to a more in-depth analysis of events and their underlying meaning, with a focus on "how" and "why" inquiries.

3.2.1.5 Contextual

Contextual studies focus on specific events in naturalistic settings. Naturalistic settings are uncontrolled real-life situations. According to Grove and Gray (2020), contextual studies concentrate on incidents in "naturalistic settings." Since the study was conducted at public acute psychiatric wards in Limpopo Province in order to create a model to enable non-psychiatric trained nurses caring for MHCUs in acute psychiatric wards, the study was contextual. Interviews took place at the selected psychiatric

hospitals and general hospitals with acute psychiatric wards where the nurses were employed.

3.3 RESEARCH METHOD: PHASE ONE

A qualitative research method was used in this study in order to investigate and explain the lived experiences of non-psychiatric trained nurses. The qualitative technique was conducted in three stages, namely: exploratory, descriptive, and contextual design. Phase one included a qualitative study in which data were collected through individual interviews with non-psychiatric trained nurses about their experiences providing care to MHCUs acute psychiatric wards, the researcher's description of non-psychiatric trained nurses' experiences, data analysis, and literature control. Phase two involved concept analysis, and phase three involved model development and validation based on what non-psychiatric trained nurses said they needed to care for MHCUs in acute wards. Figure 3.1 summarises the research approach followed in this study.

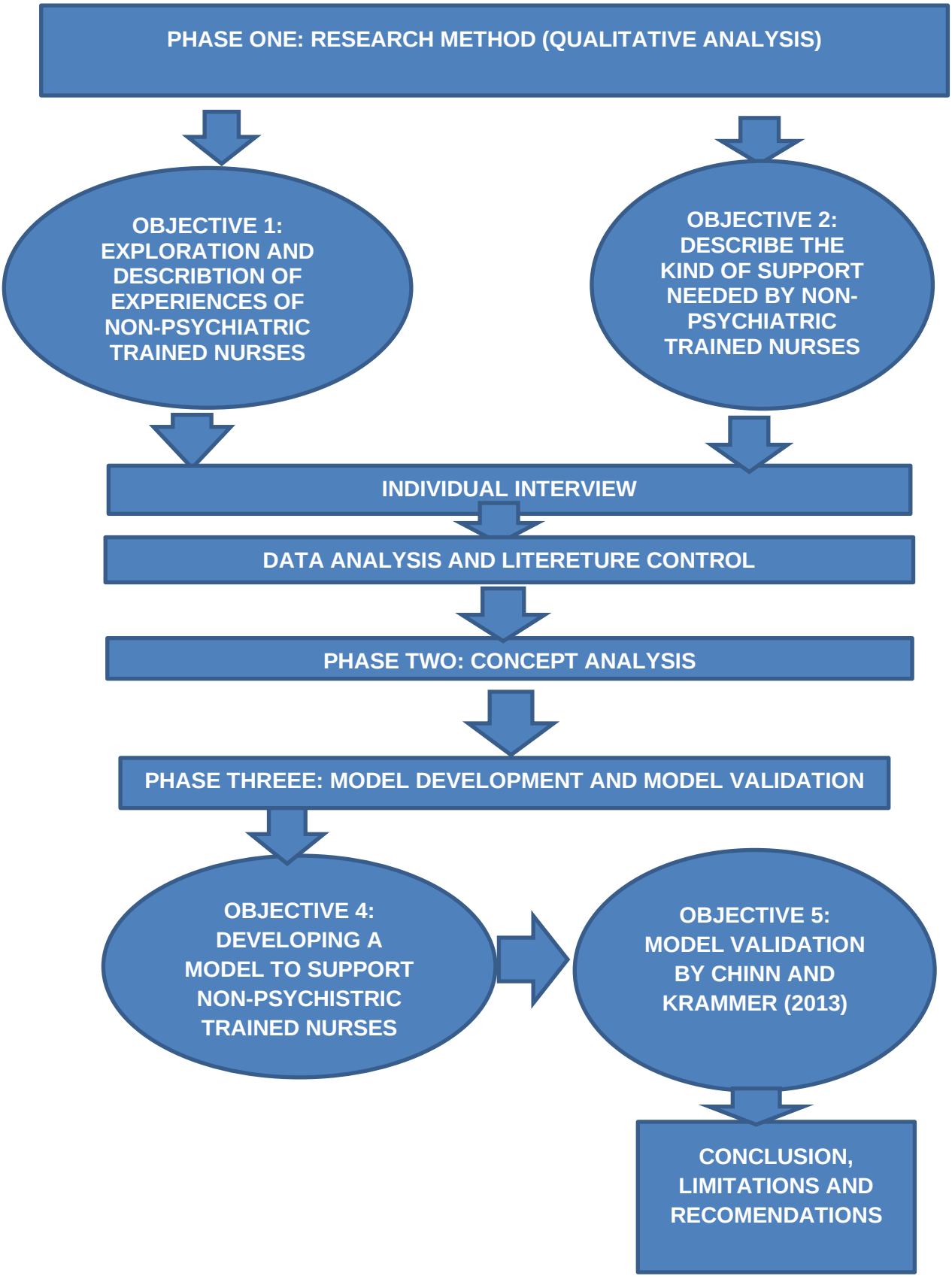

Figure 3.1: Phases of the research process (Author's own work)

Phase one investigated and summarised the experiences of non-psychiatric trained nurses providing care in Limpopo Provincial MHCUs. Individual in-depth interviews were conducted, and field notes and observations were made during the interviews. The collected data were analyzed using Tesch's eight analytic phases (Creswell, 2016). The analyzed data were compared and linked to relevant literature.

3.4 The study setting

The study setting is a specific location where data is gathered, and this is naturalistic in the field of qualitative study since researchers are interested in people's experiences (Polit & Beck, 2017). The study was conducted at four selected public hospitals in three selected districts in Limpopo Province, South Africa, with acute psychiatric wards. Limpopo Province is one of South Africa's nine provinces, with five districts: Vhembe, Waterberg, Capricorn, Sekhukhune, and Mopani. Limpopo's mental health hospitals are Evuxakeni (Mopani District), Hayani Hospital (Vhembe District), and Thabamoopo (Capricorn). The research was conducted at Evuxakeni Hospital, the only mental facility in the Mopani District in Giyani East. The hospitals selected in these districts have acute psychiatric wards with psychiatric nurses, advanced psychiatric nurses, and general nurses trained in elective psychiatry *R. 683 of 14 April 1989* and EN *(R. 2175 of 19 November 1993* and ENA *R. 2176 of 19 November 1993)*. All these nurse categories render mental health care to male and female MHCUs.

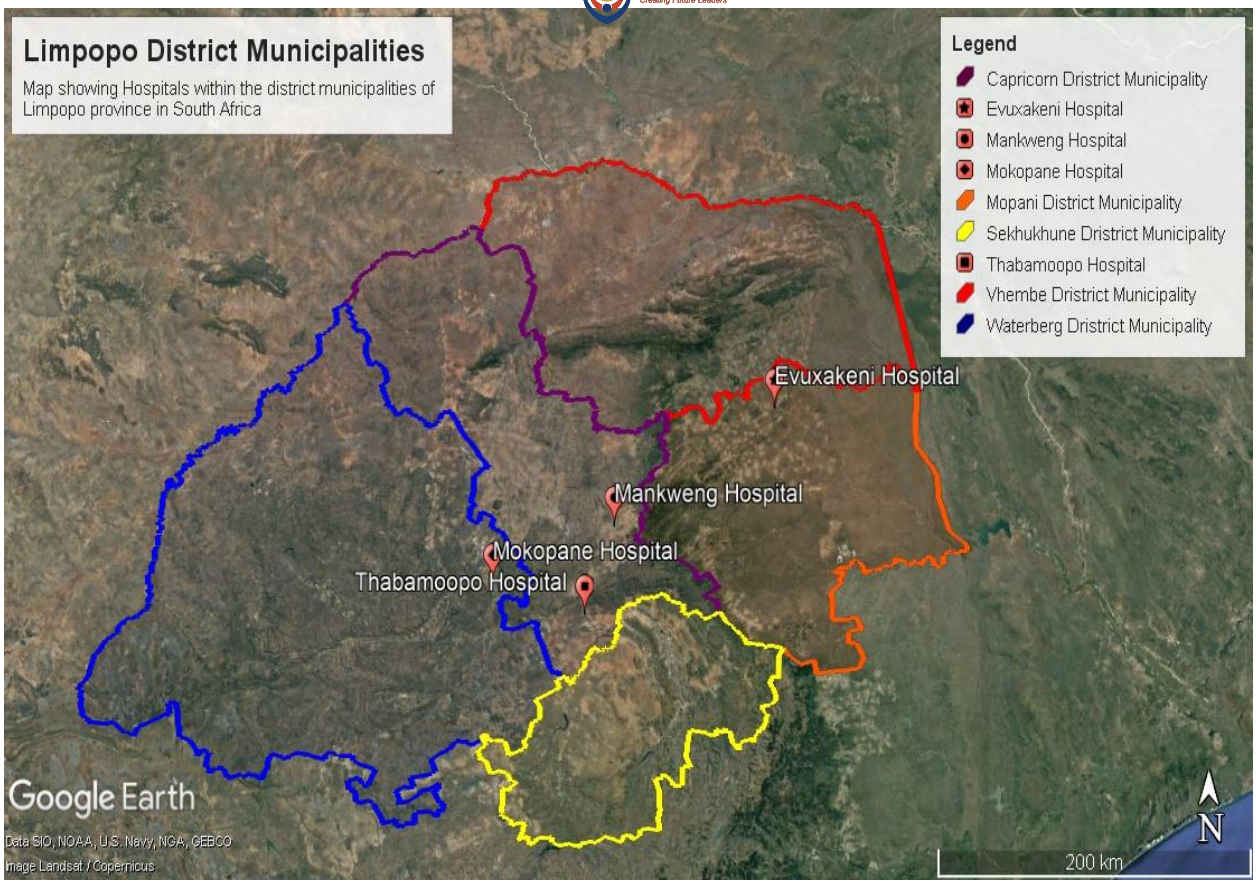

Figure 3.2: Limpopo province, districts and selected hospitals

3.5 Population and sampling method

A population is a comprehensive group of people with comparable characteristics in which the investigator is interested (Leavy, 2017). The target population was all non-psychiatric trained nurses rendering care to MHCUs in acute psychiatric wards in Limpopo, South Africa. The reason for choosing non-psychiatric trained nurses is that they render care to MHCUs in acute psychiatric wards.

3.5.1 The sampling method

The sampling method is described as selecting a representative sample of individuals from a group of interest(Polit & Beck, 2017). The sample represents a population of people (Leavy, 2017). A sample is a group of persons chosen by a researcher from a specific demographic; they are the people or individuals from whom information was gathered. The hospital and participants were chosen through a non-probability sampling approach. Sampling was conducted in three phases: district, hospital, and participant.

3.5.1.1 Sampling the Districts

Limpopo Province has five districts: Waterberg, Mopani, Sekhukhune, Vhembe, and Capricorn. Three districts with acute psychiatric wards were selected purposively: Capricorn, Mopani, and Waterberg Districts. Mopani district was chosen because it has a psychiatric hospital, Evuxakeni Hospital. Capricorn district was chosen for its regional and psychiatric hospitals, Mankweng Hospital and Thabamoopo Hospital. Finally, the Waterberg district was chosen because it has a general hospital, Mokopane Hospital. and Districts that were not selected where a pilot study has been done and a study was conducted by Netsgakhuma (2016) regarding challenges experienced by non-psychiatric trained nurses.

3.5.1.2.Inclusion and exclusion criteria

The qualities or qualifications potential research participants must possess to be included in the study are known as inclusion criteria. Conversely, exclusion criteria are characteristics used to determine which potential research participants should not be included in a study. Unfortunately, these can also cause volunteers to leave a study after being initially recruited (Groove & Gray, 2020).

3.5.1.3. Inclusion criteria for districts

Selected Districts with acute psychiatric wards were included.

3.5.1.4 Exclusion criteria

Districts where pre-test was done, and studies on experiences of non-psychiatric trained nurses were conducted were excluded.

3.5.1.5 Sampling of the Hospitals

Non-probability purposive sampling method was used to sample the hospital; the non-probability sampling approach means that not every population constituent is represented in the sample (Polit & Beck, 2017). A purposive sampling technique was performed to sample the hospitals since the researcher is knowledgeable about the context and can meet the study's information objectives. In purposive sampling, the researcher consciously selects participants and elements to include in the study

(Leavy, 2017). The study included hospitals with acute psychiatric wards. Limpopo Province's four hospitals were chosen from three districts. The study included two hospitals with acute mental wards in the Capricorn District, one in the Mopani District, and one in the Waterberg District.

3.5.1.6 Inclusion criteria

Hospitals with acute psychiatric wards in the selected districts were part of the study so that the researcher could get more information.

3.5.1.7.Exclusion criteria

Private hospitals and public hospitals without acute psychiatric wards were not part of the study.

3.5.1.8 Sampling the Participants

A non-probability convenience sampling method was used to select non-psychiatric trained nurses who participated in the study. Convenience sampling entails using the most conveniently available people as study participants (Polit & Beck, 2017). In convenience sampling, only those members available have a chance of being selected. Therefore, non-psychiatric trained nurses present at the hospital and willing to participate when the researcher conducted the study were included in the sample. The participants were 16 females and four males. However, purposive sampling was used to select mental health experts(psychiatric nurses) to validate the developed model.

3.5.1.9 Inclusion criteria

- Non-psychiatric trained nurses who were on duty during the collection of data
- Non-psychiatric trained nurses who were willing to participate in the study.
- Only those with experience working in an acute psychiatric ward were included.

3.5.1.10 Exclusion criteria

- Non-psychiatric trained nurses who are not willing to participate in the study.
- Non-psychiatric trained nurses who were not on duty either off or on leave
- Non-psychiatric trained nurses who were working during the night
- Non-psychiatric trained nurses with an elective psychiatric nursing qualification.

3.5.1.11 Sample size

Sample size refers to several participants that are examined in the research (Nieswiadomy & Baily, 2017). The sample size depends on the data saturation. Data saturation is described as the repetition of data or no further information obtained during a qualitative study that signifies the completion of data collection in a particular phenomenon (Polit & Beck, 2017; Nieswiadomy & Baily, 2017). Thus, data saturation determines the number of participants to be included in a study. The final participant numbers depended on data saturation. The researcher envisaged interviewing 30 participants however only twenty were interview. Data saturation was reached at the 15th participant. However, the data collection continued until the 20th participant, which was done to ensure that nothing new came up.

3.6 DATA COLLECTION

Data collection refers to the systematic gathering of information relevant to the aim and objectives of the research study (Nieswiadomy & Baily, 2017). The researcher can observe, measure, ask questions, or combine all these to collect data (Polit & Beck, 2017). Data collection included participant preparation, a data collection instrument, and a pre-test which must be done before the main study is conducted. The researcher explained to participants that interviews would be recorded on an audiotape in order to capture everything said by the participant without missing any information mentioned by the participant. Furthermore, the researcher requested their permission to use an audio recorder. The researcher conducted an unstructured interview in selected hospitals where she is not employed. An unstructured interview is one in which the unplanned interviewer questions are followed by probing (Polit & Beck, 2017). The unstructured interviews were conducted for six months, from July to December 2022. The interview lasted between 30-45 minutes during participant's convenience time, which does not affect the rendering of care to MHCUs. Each

unstructured interview was audiotaped and later transcribed for the preparation of data analysis.

The researcher conducted the interviews in English as the participants were qualified professionals in nursing and had no problems expressing themselves using English. Participants were interviewed individually through unstructured face-to-face interviews. Throughout data collecting, communication skills were considered.

In-depth qualitative interviews

In-depth individual unstructured interviews revealed the nature of behaviour based on mindful thought and advanced human understanding (Polit & Back, 2017). This technique promoted probing, which led to more thorough investigation and elaboration. Therefore, a qualitative interview was chosen as a data collecting tool to gather a broad range of information from non-psychiatric trained nurses rendering care to MHCUs. The researcher used central questions to guide participant conversations:

"As a non-psychiatric trained nurse, what are your experiences regarding the care of mental health care users in an acute psychiatric ward?"

"What kind of support do you need when rendering care to mental health care users?"

The broad questions enabled the researcher to understand the experiences of non-psychiatric trained nurses better. Follow-up questions were posed based on participant responses to allow for more profound and thoughtful responses from the participants (De Vos et al., 2011). Detailed information was gathered regarding non-psychiatric trained nurses' needs and experiences regarding care and support when rendering care to MHCUs. Throughout the interviews, non-verbal communication was monitored to capture the set of meanings. During the interview, the following communication strategies were employed:

- **Setting the scene**

This process introduces the topic, the study's purpose, and the role of the interview to the participant.

- **Clarifying**

During the interviews with non-psychiatric trained nurses, the researcher asked the participants to clarify some concepts to get the meaning of some statements concerning their experiences of care and support when rendering care from MHCUs.

- **Reflecting**

Reflecting is a process of summarising part of the conversation during the interview to verify understanding between the researcher and participants (De Vos et al.2011). In addition, the researcher repeated some statements by non-psychiatric trained nurses to confirm if they were on the same level of experience to clarify the issues of care and support rendering to MHCUs.

- **Minimal responding**

The researcher encouraged the participants to express their experiences rendering care to MHCUs by listening freely without interrupting them and demonstrating respect.

- **Probing**

During the interview sessions, the researcher asked probing questions to encourage non-psychiatric trained nurses to give clarity, fill in missing information, and keep the conversation focused on their experiences rendering care to MHCUs and the support they need to render care to MHCUs.

3.6.1 Plan for data collection

In preparation for the participants, the goals and objectives of the study were described to non-psychiatric trained nurses, who were also given an information sheet (see Appendix G). The researcher visited the four selected hospitals in selected districts in Limpopo Province and contacted the Nursing Service Manager to recruit the

participants. When arriving at the acute psychiatric ward, permission to meet with non-psychiatric trained nurses was obtained from the Operational Manager. During the meeting, the researcher introduced herself and explained the reason for meeting non-psychiatric trained nurses. Contact numbers for those interested were taken for easy access when making appointments with them. After recruitment, the researcher asked those non-psychiatric trained nurses if they were interested in participating in the study. Non-psychiatric trained nurses who were interested shared their contact details privately. Finally, the researcher contacted participants and made an appointment with them about the date and time for the interview. An unstructured interview was done with non-psychiatric trained nurses who were available and who had consented to participate in the study.

3.6.2 Data collection process

In this study, data collection commenced after the UNIVEN Research and Ethics Committee granted ethical clearance (Ethical clearance number F.H.S./22/PDC/06/2104). Data were collected after the Limpopo Provincial Department of Health, selected districts, and the chosen hospitals' Chief Executive Officers gave permission. The researcher contacted the hospital nursing service manager to discuss participants' involvement and planned data collection dates. After permission was granted, the researcher sought permission from the operational managers in an acute psychiatric ward to collect data from non-psychiatric trained nurses. After the non-psychiatric trained nurses who render care in acute psychiatric wards at the selected hospitals signed the informed consent, data were collected. Measures to prevent the spread of Covid-19 followed throughout data collection, such as wearing face masks, hand washing, sanitising, and social distancing by the participants and the researcher.

3.6.3 Data collection instrument

Unstructured face-to-face interviews with individual participants were used to collect data. Data were collected at hospitals in selected districts in Limpopo Province, South Africa. Non-psychiatric trained nurses who gave informed consent were interviewed in acute psychiatric wards. The researcher used unstructured face-to-face interviews guided by central questions. This was followed by probing questions to cover the

study's objectives (see Appendix I). A voice recorder was used during the interview to ensure accountability after participants gave consent for the use of the voice recorder during the interview. All participants were shown the audio tape before recording and were aware they were being recorded (see Appendix H). The researcher and participants set ground rules for the smooth running of the interviews.

- **Role of the Researcher**

The researcher used listening skills to encourage the interview process. Communication skills such as minimal verbal communication, probing, clarification, summarising, interpreting, and paraphrasing were used. The researcher took field notes while observing non-verbal responses during the interviews while recording the conversations with a voice recorder. Participants were encouraged to freely express their feelings on their experiences while rendering care to the MHCUs. The interview was 30-45 minutes during tea break and lunchtime at the selected hospitals. The raw data from the interviews were recorded, and no name was associated with the recordings. Measures to prevent the spread of Covid-19 followed throughout data collection, such as wearing face masks, hand washing, sanitising, and social distancing by the participants and the researcher.

3.6.4 Pre-testing

A pre-test in qualitative research allows the researcher to test the research question, a gadget used for recording if working correctly. The researcher assessed research skills like communication, probing, questioning, paraphrasing, summarising, reflecting, and others. Open-ended questions directed the unstructured interview. The following central research questions were tested for clarity and simplicity:

"As a non-psychiatric trained nurse, what are your experiences regarding the care of mental health care users in an acute psychiatric ward?"

"What kind of support do you need when rendering care to mental health care users?"

By testing the nature of the questions in Appendix I, the researcher made modifications to conduct a quality interview during the primary investigation. It also assists in

estimating the time and cost involved during the study (De Vos et al., 2011). In this study, pre-testing was conducted using three non-psychiatric trained nurses who met inclusion criteria. The three selected non-psychiatric trained formed 10% of the envisaged number of participants. This was done in a selected hospital in Vhembe District which met the inclusion criteria. However, the selected hospital and participants were not part of the main study. The researcher conducted an unstructured, open-ended interview and audiotaped the interview to test if the research questions were clear to the participants. During the interviews, measures to prevent the spread of Covid-19 were maintained to protect participants and researchers, such as wearing a face mask, social distancing, and handwashing and sanitising. The researcher evaluated how the questions were posed to participants. The researcher tested how to transcribe verbatim from an audiotape recorder. The collected data were transcribed to check if the questions were related to the research topic. The transcribed data were presented to promoters, who indicated that the probing was insufficient and that some questions were irrelevant to the research topic. The second and third pre-test was conducted, after which the promoters could see some improvements from probing by the researcher.

3.6.5 DATA MANAGEMENT AND ANALYSIS

Each audio recording were uploaded to a laptop, voice recorder, memory stick, and secured cloud storage environment for data storage. The researcher transcribed the collected data verbatim within 48 hours. Each transcript was analysed separately. The biographical information was cross-checked for entry accuracy, and a literature control was done to contextualise the findings and increase the study's credibility. The collected data were analysed by identifying themes and sub-themes emerging from the content of the interviews. Finally, data were analysed using interview responses following Tesch's eight steps (Creswell & Creswell 2018).

“Data analysis is the process of providing order, structure, and meaning to a large collection of data.” Data analysis aims to organise, arrange, and elicit meaning from data (De Vos et al., 2011; Polit & Beck, 2017). Data analysis attempts to impose order on a large amount of knowledge to draw general findings and express them in a research report. The qualitative interview data were processed using an open coding

system described in Creswell by Tesch (2018). Tesch's eight steps (Creswell & Creswell 2018). for data analysis indicated below:

***Step 1**: Getting a sense of the whole.*

The researcher organised and prepared the data that was collected. The researcher transcribed the verbatim interviews and sorted and arranged the data into different types depending on the sources of information. The researcher got a sense of the whole and read all transcriptions carefully. To get a sense of the transcript, the researcher attentively read the transcripts to understand the information given by non-psychiatric trained nurses, noting ideas as they occurred.

***Step 2**: Picking up one interview document.*

The researcher picked up one interview at a time , analysed and checked the meanings, and wrote thoughts that emanated on the margins. Then, the researcher read or looked at all the data. One document was picked at a time, and the researcher jotted down underlying meanings in each one; general ideas of what participants said were also documented.

Step 3: Start coding all the data.

A profile of topics was developed to create themes from the data gathered, and those comparable were clustered as major, minor, or unique. Coding organises the data by bracketing chunks (or text or image segments) and writing a word representing a category in the margins (Creswell & Creswell, 2018). A list of all topics was made, and similar ones were grouped. Topics were grouped into columns and arranged as major, unique, and leftover. The researcher frequently used terms based on the participant's actual language to categorise the phrases that were differentiated from the verbatim data transcribed during data collection.

***Step 4**: Use the coding process to generate a description of themes.*

A list was taken to review the collected data. The topics were abbreviated as codes, and codes were written next to the appropriate segments of the text. Next, the researcher re-read the data to see whether new categories and codes had emerged.

Step 5: Development of themes and sub-themes in terms of qualitative narratives

The most descriptive wording for the topics was selected and turned into themes and sub-themes. The list of categories was reduced by grouping topics that relate to each other, and then lines were drawn between the themes to show interrelationships. Themes and sub-themes were written in tables, which are discussed in detail in Chapter 4.

Step 6: Interpretation and meaning-making of the data.

The researcher, together with the promotors, on the abbreviation for each category and alphabetized these codes. The data material belonging to each theme and sub-themes was assembled in one place, and performed a preliminary analysis. The existing data was recorded to ensure that no data was missing.

Step 7: Assemble similar categories of data.

The data material which belonged to each category was assembled, and preliminary analyses were performed. The researcher generated themes and sub-themes from the collected data under the supervision of promoters and then sent the analysed data to co-corder for final coding.

Step 8: Recording data.

The researcher recorded existing data.

The researcher conducted data analysis independently for all transcripts before presenting them to the promoter and co-promoter for approval. Following validation from the promoter and co-promoter, in this study the services of a co-coder was used for verification, and the results were compared to the researcher's codes. As the researcher worked at an acute psychiatric ward in a district that was not included in the study, bracketing was done by the researcher by putting aside one's opinions and thoughts regarding the topic being studied. The researcher ensured that her beliefs and experiences did not affect the recruitment process or the data collection. The researcher ensures that their beliefs do not influence the collection of the data and its analysis.

3.7 LITERATURE CONTROL

The researcher conducted literature control to place and discuss the findings in the context of what other studies revealed about the experiences of non-psychiatric trained nurses rendering care to MHCUs in acute psychiatric wards. A literature control was done concerning the themes and related themes that emerged through the data analysis process, which were placed within the context of existing literature. The themes identified were beginning to develop as literary confirmation, literary opposition, or a developing new understanding that could add to the body of literature already in existence. The study's findings were also explored concerning literature; a literature control was done to contextualise the results and increase the study's credibility. The study's findings are discussed in detail in Chapter 4.

3.8 PHASE TWO: CONCEPT ANALYSIS

By defining the concept and describing its attributes, conceptualization was done in this step. Interrelation statements were then developed based on the stated concepts, literature review, references, and antecedents, as well as by integrating the findings from phase 1. (Chinn & Kramer, 2011; Walker & Avant, 2019). Using this approach allowed the concept's meaning to be explored to improve communication and promote understanding of the experiences of care and support when caring for MHCUs in Limpopo province. Therefore, concept analysis aids in identifying occurrences or clarifying a term or concept in common usage. The concept "support was analysed using steps of Walker and Avants' (2019) method of concept analysis uses seven steps, namely:

- Select a concept
- Determine the purpose of the analysis
- Identify all uses of the concept
- Determine the defining attributes
- Construct a model case
- Construct borderline and contrary cases
- Identify antecedents and consequences
- Define empirical referents

3.9 PHASE THREE: MODEL DEVELOPMENT AND VALIDATION

Model development process

In this phase, a model was developed according to Walker & Avant (2019) using deductive, inductive analysis, synthesis, and derivation strategies. Findings from phases one and two were analyzed and clarified using the existing body of literature, and a conceptual framework was then developed using Dickoff, et al. (1968) element of practice theory. The theoretical framework outlined by Dickoff, James, and Wiedenbach (1968), elements of Chinn and Krammer (2011), and Walker and Avant (2019) guided the development of the model. Details of the developed model will be discussed in Chapter 5.

Analysis

An analysis is the resolution of a whole into parts to clarify, refine or sharpen concepts, statements, or theories and then examine the relationship of each part to each other and the whole (Walker & Avant, 2019). The researcher examined the relationship of the concept of "support" with other features of the whole. Its process, dynamics, context, and outcomes were refined so that each component was better understood to bring out the overall effect of the model. Inductive analysis was used during data analysis, conceptualization, and literature control to fit meaningfully into the framework provided by concept analysis and participants.

Conceptual framework

Concept analysis was integrated within a theoretical framework of Dickoff et al. (1968), which provides the elements of a practice theory, which include the process, dynamic, context, agents, recipient, and outcomes to look at the activities within a theory. These phases formed the foundation for the development of a model and the criteria for evaluation. The following are elements for model development: context, agents, recipients, dynamics, procedure, and outcome.

- ✓ **Context**

Dickoff et al. (1968) describe context as where an activity occurs. Furthermore, the context was defined as the setting, location, physical structure of the ward or unit, hospital, or medical center, time, space, or structure that constitute different elements of the activity's situation. The context within which study was conducted in a public acute psychiatric Hospital Province in South Africa

- ✓ **Agent**

The agents for this study are hospital managers and psychiatric nurses. Hospital managers in leadership positions must possess specific characteristics and programs for the development of support. By developing a strong vision for the future of mental health care support programs or interventions, managers in hospitals are responsible for creating and changing organizational culture to be positive.

- ✓ **Recipients**

These are persons or (things) who receive action from agents, and this activity contributes to a certain goal (Dickoff et al. 1968). The recipient in this study were non-psychiatric trained nurses who are caring for MHCUs within the context of the mental health care wards. The goal to be achieved in such an activity is that non-psychiatric trained nurses be supported and empowered within their workplaces.

- ✓ **Procedure**

The procedure emphasizes the path, steps, and pattern according to which the activity is performed (Dickoff et al., 1968). The process of support in the model is the social exchange relationship between participants (non-psychiatric trained nurses and managers) that need to develop a supportive work climate.

- ✓ **Dynamics**

These are driving powers behind the activity, which can be chemical, physical, biological, or psychological for any person or thing functioning as an agent or part of the framework in realizing the goal (Dickoff et al., 1968). These underlying powers direct the support process, such as trust, honesty, genuineness, good communication, and interpersonal skills.

- ✓ **Outcome**

Dickoff et al. (1968) view purpose as an endpoint or accomplishment of an activity. The purpose of the study was to have a supportive and non-discriminatory work environment that promotes access to mental health education, counseling, treatment, and care and empowers nursing personnel/ comprehensive nurses.MHCUs might receive quality care

Model validation

Population and sampling, model administration, data gathering, data analysis, and reporting were all part of the validation process

Population and sampling methods

The target audience was made up of psychiatry nurses with previous experience working in acute psychiatric wards in public hospitals. Ten psychiatric nurses who took part in the validation of the model to support nurses without psychiatric training were chosen using a purposeful sampling method. The chosen are mental professionals who may offer relevant information regarding the model's validation to verify validity and reliability. Psychiatric nurses' opinions on the model's value were gathered using a qualitative and validation design.

Chinn & Kramer's (2011) criteria for model validation were used to validate the model and to assure validity. Theoretical validity was ensured by searching definitions and using support from existing models and theories from related literature.

• **Simplicity**

It refers to the minimal use of concepts and their relationships within each descriptive category to avoid misinterpretations (Chinn & Kramer, 2011). Model simplicity implies that the number of elements within each descriptive category, the concepts, and their interrelationships should be minimal.

• **Generality**

It refers to the scope of the program's range, the range of its concepts and goals, and its adaptability to various circumstances (Chinn & Kramer, 2011). Generality entails that the model can also be applied in other health institutions with acute psychiatric wards.

• **Clarity**

It refers to how well the intervention model can be understood as well as the consistency of conceptualization (Chinn & Kramer, 2011). The major ideas in the model are defined to achieve semantic clarity, and the survey list by Dickoff et al. (1968) helps to create structural clarity.

• **Accessibility**

It refers to the extent to which the concepts are grounded in empirically identifiable phenomena (Chinn & Kramer, 2011). Accessibility addresses the extent to which the concepts within the model are empirically grounded and can be tested for their relationship and clarifying conceptual meaning.

• **Importance**

The extent to which the intervention model leads to valued goals in practice, research, and education (Chinn & Kramer, 2011). Importance addresses how the model can influence nursing care, education, administration, and research, especially in mental health care.

The researcher analyzed data collected from nurses with psychiatric training under the supervisor of promotors. Chapter 6 will discuss the model validation findings.

3.10 MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness is the degree of confidence a qualitative researcher has in their data and analyses. Lincoln and Guba's (1985) evaluation criteria indicated that trustworthiness encompasses credibility, transferability, conformability, and dependability (Polit & Beck, 2017; Nieswiadomy & Baily, 2017).

3.10.1 Credibility

Credibility is an alternative to internal validity, and the goal is to indicate that the inquiry was conducted to ensure that the subjects have been accurately identified and described (Nieswiadomy & Baily, 2017; Polit & Beck, 2017). Therefore, to ensure credibility in this study, the researcher had a prolonged engagement, and member checking was done where to provide feedback to the non-psychiatric trained nurses. Credibility was ensured by checking the accuracy of the description of the non-psychiatric trained nurse's exposure to an acute psychiatric ward.

3.10.1.1 Prolonged engagement

Prolonged engagement means spending sufficient time with participants to deeply understand them and gain their trust (De Vos et al., 2011; Polit & Beck, 2017). In this study, the researcher engaged non-psychiatric trained nurses separately to build trust. The researcher took the time to interview participants repeatedly until data saturation was reached. This method helped the researcher in gathering specific and detailed information from participants.

3.10.1.2 Persistence observations

The researcher observed non-verbal communication displayed by non-psychiatric trained nurses throughout the interview while recording information provided by the participants using a voice recorder.

3.10.1.3 Member checking

Member checking validates data trustworthiness through interactions with participants to obtain clarification (Polit & Beck, 2017). In this study, member checking was done during data collection when the researcher used deliberate probing and clarifying during interviews to ensure that participants' experiences were understood (Polit & Beck, 2017). The researcher further used summarising during interviews with participants. The researcher and the participants verified the content of the discussion throughout the interviewing process by probing and paraphrasing**.** The voice recorder was played back to the participants to verify the data provided during the unstructured interview.

3.10.2 Transferability

The clear and thorough data description demonstrates the extent to which the study's conclusions can be applied in other situations (Nieswiadomy & Baily, 2017). To ensure transferability, the research design, study environment, target population, and sample technique were thoroughly documented so that another researcher may replicate the study and provide the same results. The researcher obtained participant biographical information and a full description of the research methodology.

3.10.3 Confirmability

Conformability refers to the extent to which the study's findings can be confirmed by another (Nieswiadomy & Baily, 2017). In conformability, the study's findings were confirmed by literature and inter-researcher consensus about the identified themes and sub-theme. In addition, the researcher kept evidence that substantiated the results and interpretations, keeping an audit trail. In this study, a memory stick and a storge cloud , laptop of voice recorded with field notes was preserved,

3.10.4 Dependability

Dependability refers to the data's stability through time and conditions. It asks whether the findings will be replicated if the study is repeated with the same participants and under similar settings (Polit & Beck, 2017). A study is considered complete when it

meets the specifications for an audit trail, a clear description of the research methodologies, a code-recode procedure, and audit strategies.

3.10.4.1 Audit trail

An audit trail is a procedure in which a researcher collects materials and documents that allow an independent auditor to conclude the data (Polit & Beck, 2017). The researcher kept voice recordings, transcripts of interviews, field notes and codes identified during data processing in this investigation.

3.10.4.2 Code-recode procedure.

The researcher performed data quality checks during data analysis and had consensus discussions on the codes discovered with the research team and promoters. The analyzed data was forwarded to the co-coder for analysis and coding

3.10.4.3 Audit strategies

The audio recordings from each interview were uploaded to a laptop, voice recorder, and secure cloud storage environment for data storage. Audiotapes of the interviews, field notes, and transcribed interviews will be preserved as an audit trail for five years.

3.11 ETHICAL CONSIDERATIONS

Ethics in research refers to moral values concerned with the degree to which research procedure adheres to the study participants' professional, legal, and social obligations (De Vos et al., 2011; Polit & Beck, 2017). Ethics are designed to protect the participants' rights and define the researcher's responsibilities. The following were applied in this study:

3.11.1 Permission to conduct the study.

The proposal was submitted to the Nursing Department School of Health and the Executive Higher Degree Committee, University of Venda (UNIVEN) (see Appendix A). The Faculty of Health Sciences and the University Executive School Higher Degree Committee (ESHDC) granted permission for the study to be conducted (see Appendix B), and the proposal was sent to the University Research and Ethics Committee (UREC) for final approval (see Appendix C). A letter was written to the Provincial

Department of Health (see Appendix E), the Department of Health at the District level (see Appendix F), and the Chief Executive Officers of selected hospitals (see Appendix H), and permission was granted. The study was explained to the participants both orally and in writing. It was stressed that participation in the study was voluntary and that participants could withdraw their participation from the study at any time. However, no such withdrawals occurred. Following a thorough explanation of the study, the participants provided written informed consent (see Appendix K). Before beginning the interviews, permission for tape recording was obtained. The data was kept private, and the results were reported anonymously.

3.11.2 Ethical principles

The Belmont Report in Polit and Beck (2017) indicated ethical principles for protecting the study participants. These are briefly discussed below.

3.11.2.1 Informed consent

Informed consent implies that participants have received appropriate information about the research and understand the information, and that they can consent or deny participation. Participants were informed of unanticipated dangers, such as psychological distress, and efforts to reduce risks (Polit & Beck, 2017). The researcher explained the nature of the research and objectives to non-psychiatric trained nurses in this study. They were informed that their involvement was voluntary and that they could withdraw their participation from the study anytime. The researcher told participants about the unforeseeable danger, such as mental distress, and that if this occurred, they would be directed to a psychologist. Participants provided informed consent after being informed about the research. Permission was given both verbally and in writing. The study's benefits, such as improved support for non-psychiatric trained nurses in an acute mental unit, were explained to the participants (see Appendix K).

3.11.2.2 The Right to Privacy

The researcher ensured that the study was not more intrusive than needed and that the participant's privacy was maintained throughout the research process. Data collected during the research was kept confidential by not sharing information collected

with people who were not part of the study. Moreover, privacy was maintained by interviewing participants in a private room. The intrusion was minimized by only asking the questions in the interview schedule and respecting participants' choice not to respond to a specific question (Polit & Beck, 2017).

3.11.2.3 The Right to Self-determination

Self-determination implies that participants can consciously engage in the study without fear of bias. Potential participants were informed during the briefing that they had the right to participate willingly in the study without fear of discrimination. This includes freedom from coercion; volunteers were not threatened if they did not participate in the study. Participants were informed they might decline or withdraw without consequence (see Appendix G).

3.11.2.4 Avoid harm

The researcher should avoid harm by protecting the participants from any form of emotional discomfort that can emerge from the research project (De Vos et al., 2011). In this study, the researcher tried to minimise harm as this topic could be sensitive to other participants explaining their lived experiences when managing mentally ill patients. Sensitive words were avoided throughout the study. The researcher informed them that there were no right or wrong answers and that they must express their views freely as no one would judge them.

3.11.2.5 Anonymity and Confidentiality

Anonymity and confidentiality refer to the protection of participants so that the researcher cannot link individuals with the information provided and is not divulged in public (Polit & Beck, 2017). The researcher-maintained confidentiality by conducting the interviews in a private room. Each participant was interviewed separately. Anonymity was maintained throughout the study by giving the participants pseudonyms in all reports. Only the researchers involved were granted access to the information participants provided. Participants were coded to prevent linking them with the data. In this study, the researcher kept the records safe; a copy was only made available to the promoters.

3.11.2.6 The right to full disclosure about the research

Full disclosure means that the researcher has fully described the nature of the study to participants (Polit & Beck, 2017). Participants were given information about the nature of the research. The researcher explained the purpose of the research to non-psychiatric trained nurses allocated in an acute psychiatric ward before participation and informed them of the methodology, duration of the study, nature of participation expected, how confidentiality and privacy would be upheld, and that there are no financial implications.

3.12 CHAPTER SUMMARY

The chapter focused on the study's research approach and design. A detailed discussion on research methods and design, ethical considerations, and measures to ensure trustworthiness. Concept analysis, development, and validation of the model are presented in Chapters 5 and 6, respectively.

CHAPTER 4

PRESENTATION, INTERPRETATION, AND DISCUSSIONS OF FINDINGS

4.1 INTRODUCTION

The previous chapter discussed the research methodology used to collect data in this study, which included the study setting, population sample and sampling procedures for selecting the participants, the method used to collect data from non-psychiatric trained nurses, measures to ensure trustworthiness, and ethical principles that were adhered to during data collection. This chapter describes the sample, demographic profile of participants, present interpretations, analyses, and discussions of the findings from the collected data. Moreover, this qualitative research study explored non-psychiatric trained nurses' lived experiences caring for MHCUs in acute psychiatric wards. Twenty non-psychiatric trained nurses were interviewed for this study and asked to describe their experiences with caring for MHCUs and the support they need while rendering care to MHCUs in acute psychiatric wards.

4.2 DESCRIPTION OF THE SAMPLE

The study's sample consisted of non-psychiatric trained nurses rendering care to MHCUs in acute psychiatric wards, as outlined in Chapter 3. The study had 20 participants: 16 females and four males, comprising six ENs and fourteen ENAs. Four of the 20 participants were males, sixteen were females, and their ages ranged from 32 to 55 years. The duration that participants have worked in the acute mental unit ranges from six months to 20 years. The sample was from Mokopane (five), Mopani (five), and Capricorn (ten) districts, as highlighted in Figure 4.2. These individuals are all responsible for rendering care to MHCUs in acute psychiatric wards. In addition, the participants were from the acute psychiatric wards of selected public hospitals as classified according to gender in Figure 4.1.

Data saturation occurred on the 15th participant. Although 30 non-psychiatric trained nurses were expected to participate, saturation was attained when there was no new information provided by participants and simply a replication of previously gathered data.

- **Classification of participants**

The sample for the study consisted of non-psychiatric trained nurses rendering care to MHCUs admitted in acute psychiatric wards. Twenty participants took part in the study: 16 females and four males, as classified according to gender in Figure 4.1 below.

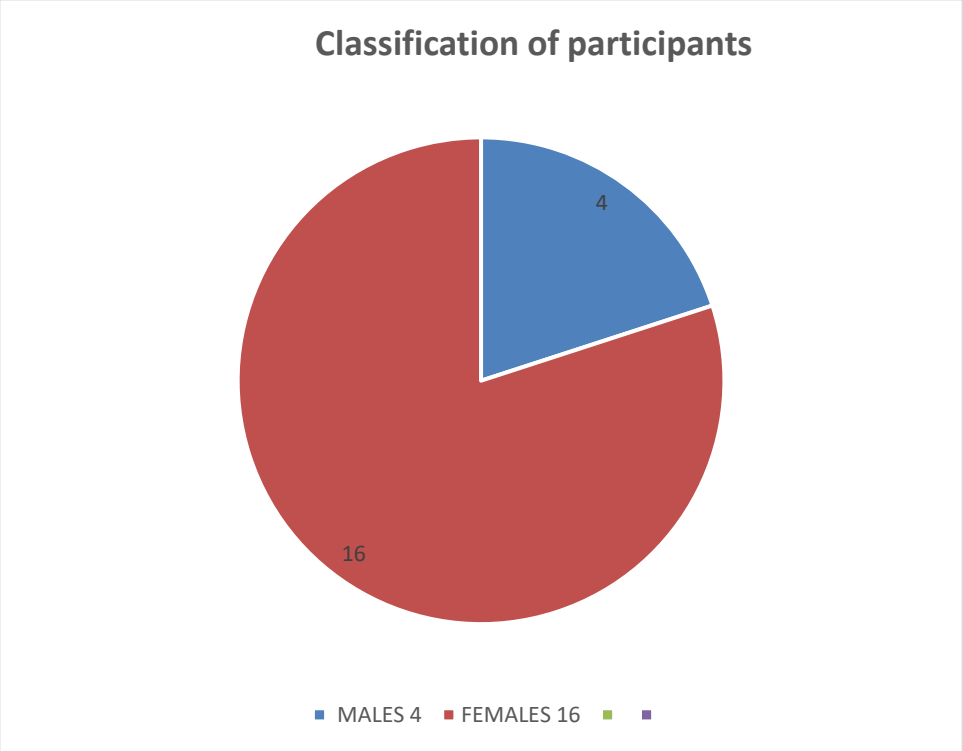

Figure 4.1: Classifications of participants

- **Classification of districts**

The study participants were from three selected districts, namely: Waterberg (5), Capricorn (10), and Mopani (5), as indicated in Figure 4.2 below.

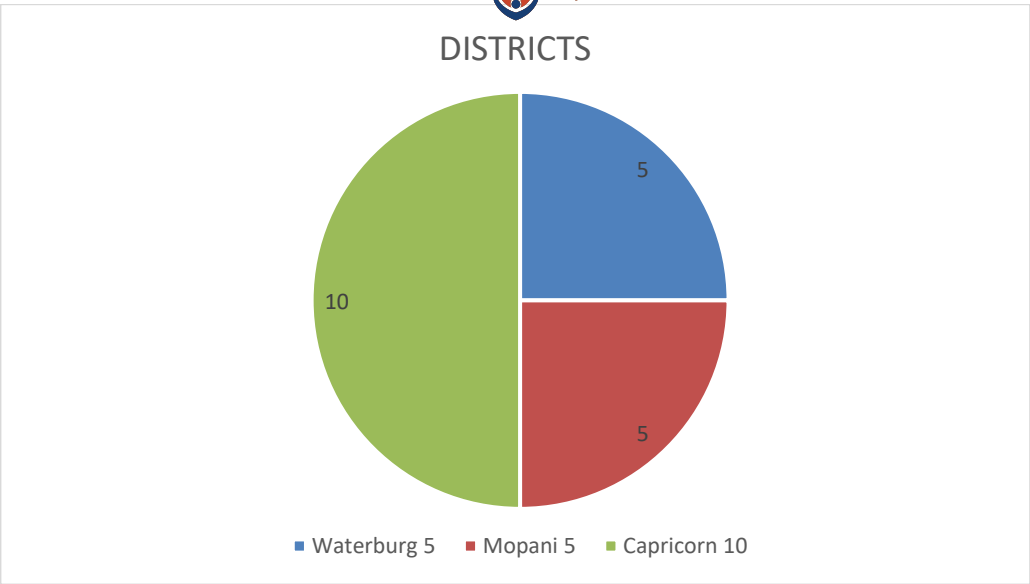

Figure 4.2: Classification of districts

4.2.1 Demographic Profile of Participants

All 20 participants were South Africans: 15 were Sotho and five Tsonga, but they could all speak and understand English. All participants had experience working in acute psychiatric wards ranging from six months to 20 years. The demographic profile of participants is summarised in Table 4.1 below.

Table 4.1: Demographic characteristics of study participant

Demographic profile	Description
Gender	Females: 16 Males: 4
Age	32-39 years: 5 40-49 years: 7 50-59 years: 8
Qualifications	Enrolled nurses: 6

	Enrolled Nursing Assistance: 14
Ward experience	One month-5years: 8 6-10 years: 4 11-20 years: 8

4.3 PRESENTATION, INTERPRETATION, AND DISCUSSIONS OF FINDINGS

The researcher used an open coding strategy to analyze the data. According to De Vos et al. (2011), open coding is the process of dissecting, studying, comparing, conceptualizing and categorizing data. Using the defined ideas, interrelationship statements were constructed during this phase. Participants qualitatively described their experiences rendering care to MHCUs in an acute psychiatric ward. The average time spent on each in-depth interview was approximately 30-45 minutes, and six themes emerged, as illustrated in Table 4.2. The themes included: Experiencing different emotional reactions, unsafe working environment, inadequate resources, lack of staff wellness services, knowledge and competencies deficit in MHN, and support needed by non-psychiatric trained nurses in acute psychiatric wards. The themes and sub-themes are discussed in detail, using direct relevant quotes from the transcripts. The literature review that follows confirms the study's conclusions. The findings are organized into themes and addressed individually. Qualitative data were conducted to cover the objectives.

Objective one: To explore experiences of non-psychiatric trained nurses when rendering care to mental health care users in acute psychiatric wards of Limpopo Province, South Africa.

The open-ended question directed to this objective was phrased as:

- ***"What are your experiences as a non-psychiatric trained nurse regarding the care of MHCUs in an acute psychiatric ward?"***

Objective two: To describe the support non-psychiatric trained nurses need when caring for mental health care users in acute psychiatric wards in Limpopo Province, South Africa.

The open-ended question directed to this objective was phrased as:

- ***"What kind of support do you need when rendering care to mental health care users?"***

The researcher briefed the participants face-to-face about the interview process and their expectations during recruitment. The reason for briefing the non-psychiatric trained nurses was to facilitate understanding and prepare them to follow instructions in an interview.

The following themes emerged from the analysis, as indicated in Table 4.2 below.

Table 4.2: Major themes and sub-themes

THEMES	SUB-THEMES
4.3.1. Experiencing different emotional reactions	1.1 Afraid and scared of mental health care users. 1.2 Frustration 1.3 Anger
4.3.2. Unsafe working environment	2.1 Uncomfortable walking around the ward alone 2.2 Uncooperative mental health care users 2.3 Unpredictable mental health care users' behaviors 2.4 Non-psychiatric trained nurses assaulted by mental health care users

	2.5 Mental health care users are destructive to properties
4.3.3. Inadequate resources	3.1 Shortage of human resources 3.2 Shortage of material resources 3.3 Poor infrastructure
4.3.4. Lack of staff wellness services	4.1 Lack of emotional support for non-psychiatric nurses 4.2 Inadequate financial funding
4.3.5. Knowledge and competencies deficit in mental health nursing	5.1 Lack of knowledge about the care of mental health care users 5.2 Lack of skills in the care of mental health care users
4.3.6. Support needed by non-psychiatric trained nurses in an acute psychiatric ward	6.1 Psychiatric nursing training by the institution and hospital management 6.2 Conduction of in-services training and workshops by psychiatric nurses 6.3 Orientation by hospital management and psychiatric nurses 6.4 Facilitation of emotional support by psychiatric nurses and hospital management 6.5 Facilitation of provision of adequate resources by hospital management

The researcher conducted data analysis independently, following the procedures of the qualitative approach. The researcher found that the quotes from the experiences

of non-psychiatric trained nurses rendering care to MHCUs in acute psychiatric wards answered objective one. Five themes emerged to describe the experience of non-psychiatric trained nurses: Experiencing different emotional reactions, unsafe working environment, Inadequate resources, lack of staff wellness services, and knowledge and competencies deficit in MHN. In addition, one theme emerged while describing the support needed by non-psychiatric trained nurses rendering care to MHCUs: Support needed by non-psychiatric trained nurses in an acute psychiatric ward. The themes and sub-themes will be discussed in detail below.

4.3.1Theme 1: Experiencing different emotional reactions

Participants' experiences in rendering care to MHCUs revealed that they experienced different emotional reactions. Participants indicated that they are afraid of MHCUs due to their behaviour. Some participants mentioned they were scared during their first exposure to acute psychiatric wards as the MHCUs differ from patients in general wards. Other participants indicated anger after being assaulted by MHCUs.

- **Emotional reaction**

Emotions are people's reactions to events or situations(Gu, Wang, Patel, Bourgeois, and Huang, 2019). The circumstance that causes the emotion determines the type of emotion the individual feels. For example, when a person receives excellent news, they feel joy. When a person is in danger, they become afraid. Emotions have a considerable influence on our daily lives. Gu et al. (2019)stated that there are universal human emotions: fear, disgust, anger, and surprise. However, Jiménez-Herrera, Llauradó-Serra, Acebedo-Urdiales, Bazo-Hernández, Font-Jiménez, and Axelsson (2020) alluded that emotions arise from the body's responses to external or internal stimuli. The emotional response is dependent on life experience. Emotions are vital in the caring process. Decision-making and assessment are challenging, resulting in a wide range of emotions and feelings among HCWs.

Jantzen (2013) described experiences as mental and human phenomena. As such, they are psychological experiences that occur, whether planned, designed, and marketed or not. An experience stems from people's interactions with their surroundings and is, as such, situated and subjective. Environmental circumstances

generate experiences. The quality and value of an experience are thus determined by how the physical and social factors of the event influence the experiencing person's actions and perceptions.

Furthermore, the generation of experiences is controlled by the experiencing person's emotions, desires, expectations, attitudes, and abilities. These mental states differ from person to person. They may even shift from one moment to another. Experiences can have both psychological and physical effects.

Four sub-themes were identified from the participants' descriptions of their emotional reactions when rendering care to MHCUs in acute psychiatric wards, as indicated by the supporting quotes from the interviews. The identified sub-themes were: Afraid and scared of MHCUs, frustration, and Anger. The sub-themes are noted in Table 4.3 below.

Table 4.3: Theme 1 and sub-themes

THEME	SUB-THEMES
4.3.1 Experiencing different emotional reactions	1.1 Afraid and scared of MHCU. 1.2 Frustration 1.3 Anger

One sub-theme was presented from the data presented in Table 4.3 above. Three sub-themes were identified: Afraid and scared of MHCUs, frustration, and anger. These themes are described below.

4.3.1. Sub-theme 1.1: Afraid and scared of mental health care users.

The study's findings reveal that non-psychiatric trained nurses fear MHCUs in an acute psychiatric ward. During interviews, participants talked about their fear of MHCUs, derived mainly from the behavior displayed by some of them. The following statement from participants suggests that the participants are afraid and scared of MHCUs:

A female EN with five years of experience stated: *"I am working …hey… I am afraid of these patients. I think they can beat me. I also think they can just beat me when I*

walk alone in the corridor. I am afraid these people are unacceptable. Even outside, I am afraid of the mentally ill. Mentally ill do unusual things." – Participant 2, female EN

A female ENA participant with 10 years of experience stated: "*It is challenging because they sometimes scare me. So I call others to come and assist me as I am afraid of them."* – Participant 15, female ENA

Another male ENA with 20 years of experience concurred with what was said regarding the fear of MHCUs: *"For the first time, it was terrifying, and I was afraid to think whether we will be able to work with the kind of people who are here but perseverance and listening to the supervisor telling us to like this is the things that make us strong that is why even today we are still working here . Fear was about the patient who is mentally disturbed; they are troublesome those patients, it is a severe challenge because they are not like patients in general wards who are physically ill .So those who are mentally ill challenges are too much anything can happen."* – Participant 14, male ENA

Another female ENA with six months of experience said: *"I do not have that much experience 'because I said I started working here last December, which means I do not have a year here. There are many challenges. Yes, it was very scary because the patient was pacing up and down, making much noise, screaming."* – Participant 8, female ENA

Another female EN with ten years of experience opined: *"On the first day, truly speaking, I was afraid, I was anxious, I was scared just because, hey, here, psychiatric patients become aggressive, so whenever they are aggressive, yooo, you o did not like working in this ward. I wanted to ask the manager to change you to another ward. I was so scared when the patient was chasing us. So, yes, it is just that the psychiatric word is scary for the first time."* – Participant 11, female EN

Another female ENA with six years of experience said: "*The first day I came here, it was difficult because I didn't train to nurse mental health care users and how to handle them when they misbehave, I was scared, and as time passed by, I adjusted to the situation I was scared because these people sometimes fight and use harsh words towards us. They followed us, which made me feel scared. I thought they would beat me or do something. Though we had been told we must not run or scream, we became*

calm and talked to them. Some will hear you, and others will not listen to you." – Participant 10, female ENA

Another female ENA with six months of experience said: *"Yooo, it was very much scary because the patient was pacing up and down, making much noise, and screaming."* – Participant 8, female ENA

Another female EN with 12 years of experience added: "*At first, I was like scared and surprised because I did not know that outside the world is this kind of people who behave like this are always shocked and afraid but bad for only a day or two when I get used to when we sit with them and stay with them."* – Participant 13, female EN

During individual interviews, some non-psychiatric trained nurses expressed fear, believing MHCUs could attack them even when working in the ward. Both female and male participants show the same fear because this is their first encounter MHCUs. Fear originated from MHCUs, regarded as troublesome and different from patients in general wards. Some were scared of MHCUs moving up and down the wards. The findings of this study are comparable to those of Afolayan, Maureen, and Boudeugha (2014), who reported that non-psychiatric trained nurses providing care in Nigeria, particularly females, display fear of MHCUs with violent behavior. In addition, they discovered that nurses in mental hospitals are afraid of MHCUs with violent behaviour and are unfamiliar with the MHCUs. They were frightened when they heard the phrase "patients with psychiatric disorders" when they first started working in psychiatric wards, avoided getting close to them, and were anxious about working in psychiatric wards.

Similarly, Rahmani, Mohammadi, and Fallahi-Khoshknab (2021) stated that nurses in mental wards were afraid of MHCUs assault and were afraid since they were unfamiliar with MHCUs and their situations. Nurses were concerned about patient assault because they believed patients suffering from psychiatric problems would become angry and aggressive. They were primarily concerned about assaults by individuals with schizophrenia, who had delusions, hallucinations, paranoia, and were physically strong. Their loss of interest in working in psychiatric hospitals was primarily due to such anxiety (Rahmani et al.2021). Furthermore, Gutierrez (2019) indicated that non-psychiatric trained nurses develop attitudes based on misconceptions, such as the fear

of MHCUs who are aggressive and violent. These perceptions contribute to discrimination acts by non-psychiatric trained nurses towards MHCUs and heighten stigma. This fear causes a sense of caution and guard, interfering with their ability to be influential nurses.

In agreement with Gutierrez (2019), Stevenson (2015) indicated that fear in psychiatric wards was most strongly described when nurses thought there was a potential they would be unable to manage the situation, or in scenarios viewed as highly threatening, and when physical aggression was explicitly targeted at them. When the attack was aimed at colleagues or unit staff, or when the nurse participant stepped in to assist and protect other colleagues, it was felt less intensely. The fear of what might have happened if the scenario had ended differently was prominent, regardless of whether or not the nurses involved were physically hurt.

In a study conducted by Giandinoto and Edward (2014), they found that non-psychiatric-trained nurses were afraid of MHCUs. They were fearful because they believed MHCUs were unpredictable and dangerous. These perceptions make nurses cautious regarding their safety and that of other patients. Similarly, Thupayagale-Tshweneagae and Ganga-Limando (2014), in their study, revealed that non-psychiatric trained nurses in the management of MHCUs found that non-psychiatric trained nurses are also afraid of them, as they are perceived to be dangerous.

Furthermore, Demir and Ercan (2018) revealed that nursing students expressed and perceived patients with mental illness as hostile, dangerous, and prone to violence. Dikobe, Manyedi, and Sehularo (2016) alluded that perception by nursing students increased their stress and anxiety levels, causing them to either limit their communication with MHCUs or avoid them altogether. Significant findings from a study by Natan, Drori, and Hochman (2015) found that among non-psychiatric trained nurses without specific psychiatric training, fear of MHCUs appears to be a collective underlying impression. The stigma that non-psychiatric trained nurses still experience when caring for MHCUs results from this anxiety. These worries and the expense of acquiring specialist psychiatric training outside of formal nursing education all contribute to the possibility that nurses may leave academic nursing programs with insufficient preparation to feel comfortable while caring for MHCUs.

4.3.1Sub-theme1.2 : Anger

The study reveals that those non-psychiatric trained nurses experience anger in an acute psychiatric ward. Female participants indicated that they experienced anger immediately after physical violence, which was mentioned by one of the participants. A female EN with five years of experience stated: "*The patient was talking alone when I responded to what he was saying; he slapped me. I became angry, and I stood up and fought back. Fortunately, there were people around who came and handled the patient. They take all of us and tell us to stop fighting."* – Participant 2, female EN

Participant 2 added that anger in an acute psychiatric ward causes one to react: "*Like everyone alive may become angry when provoked, so this patient provoked me to such an extent that I was angry, and I considered it necessary that I must fight back because the patient was beating me without any reason, I did not do anything."* – Participant 2, female EN

Another ENA with three years of experience stated: "*I wanted to pay revenge because I was furious that day, but you cannot pay revenge to the patient. The patient poured and messed up my uniform with porridge. Fortunately, I was working during the night and giving them porridge early in the morning; my heart was broken the whole day."* – Participant 5, female ENA

The study's results are comparable to those of a Canadian study in which Stevenson et al. (2015) revealed that nurses in acute psychiatric wards experience anger toward MHCUs after physical occurrences of MHCU violent conduct. However, some of the nurses' rage was commonly directed at co-workers, such as other nurses and physicians, when nurse participants believed their co-workers were not engaged in teamwork, contributing to MHCU violence. In addition, when verbal violence was perceived as a personal attack on the nurse or a personal disrespect to their body or role/competence, the nurse expressed anger and became upset.

Similarly, Zarea, Fereidooni-Moghadam, Baraz, and Tahery (2018) also found that nurses experience psychological challenges when caring for MHCUs in an acute psychiatric ward. The findings of this study are similar to Joubert and Bhangwan's (2018) study, where non-psychiatric trained nurses working in KwaZulu-Natal in the psychiatric ward experience feelings of anger and frustration. Furthermore, it was

found that anger, fear or anxiety, post-traumatic stress disorder symptoms, guilt, self-blame and shame, decreased job satisfaction and increased intent to leave the organization, and lowered health-related quality of life were found to be the consequences of worker'' short- or long-term exposure to WPV. The HSE defines work-related violence as any occurrence in which a person was abused, threatened, or assaulted in the course of their employment; This can involve verbal abuse, threats, and physical assault (’Ettorre & Pellicani, 2017).

4.3.1Sub-theme 1.3: Frustration

Some participants indicated that they feel frustrated when rendering care to MHCUs as they are not psychiatrically trained, and MHCUs sometimes accuse them outside the hospital; some are frustrated because of MHCU’s behavior as they are dangerous, unpredictable, and very violent. Therefore, it becomes difficult for them to manage MHCUs. The participant indicated feelings of frustration:

“We get frustrated because I'm not trained to. One, it frustrates us as nurses. And number 2, as nurses, sometimes we get tired mentally of something, and because they are psychiatric patients, they can think that this guy looks like who didn’t nurse me well. At the same time, in another clinic. They can attack us that we need that psychological assistance so that you can understand that someone is supporting us even though we will face challenges.” – Participant 12, male EN

Another participant stated: *"It did not make me feel good; I felt frustrated by their behaviours. We were all troubled by that because one never knows what can happen tomorrow, and we came here for our family. Our children do not believe that we will come home injured or never come home when we go to work."* – Participant 15, female ENA

Another participant stated: “*When the patient comes closer to me, and I am alone, no one can hear me when I am shouting for help. This is frustrating because the patients can observe that you are new, and sometimes they ask us questions that we do not know what to say.*” – Participant 2, female EN

Similarly, Melek (2015) found that nurses were frustrated by their failure to recognize the signs of schizophrenia and differentiate it from other mental diseases. However,

Xu, Cao, Jin, Wang, Zhang, and Chen (2022) suggested that non-psychiatric-trained nurses experience anger and frustration following WPV. However, Karman, Kool, Poslawsky, and van Meijel (2015) noted that nurses felt frustrated, disgusted, furious, and sad when caring for self-harmed patients since they thought these patients were a burden on the system. According to Casey (2019), WPV can make nurses feel anxious, frustrated, and untrusting of hospital management, which can lower their job satisfaction. Moreover, nurses could lose interest in the nursing profession.

Furthermore, according to Sobekwa and Arunachallam (2015), nurses reported being assaulted and subjected to hostility by MHCUs, whom they perceived to be unpredictable most of the time. They also reported feeling helpless, afraid, and frustrated. Further research revealed that female nurses occasionally felt powerless in the ward and required protection from male nurses.

It has been alluded that nurses who have received psychiatric training may become frustrated and afraid of MHCU's behavior (Dahnke & Mulkey, 2021). Negative actions, such as verbal or physical abuse, are frequently aimed at nursing personnel. The nursing staff might not be equipped to handle such circumstances and may require additional support. However, Netshakhuma, Kgole, and Mothiba (2015) found that non-psychiatrically trained nurses found it difficult to manage MHCUs who are aggressive and violent, as well as their lack expertise in the management of MHCUs.

4.3.2. Theme 2: Unsafe working environment

Theme 2 emerged during the data analysis where non-psychiatric trained nurses indicated challenges of the unsafe working environment when rendering care to MHCUs in acute psychiatric wards. Sub-themes were identified from this theme: Uncomfortable walking around the ward alone, uncooperative and aggressive MHCUs, unpredictable MHCUs behaviors, non-psychiatric trained nurses assaulted by MHCUs, and MHCUs are destructive to properties.

Table 4.4: Theme 2 and sub-themes

THEME	SUB-THEMES
4.3.2 Unsafe working environment	2.1 Uncomfortable walking around the ward alone 2.2 Uncooperative mental health care users 2.3 Unpredictable mental health care users' behaviors 2.4 Non-psychiatric trained nurses assaulted by mental health care users 2.5 Mental healthcare users destructive to properties

4.3.2 Sub-theme 2.1: Uncomfortable walking around the ward alone

Participants experience when rendering care to MHCUs revealed that non-psychiatric trained nurses also felt uncomfortable walking in acute psychiatric wards as MHCUs are restless. In addition, some female participants indicated they did not want to be left alone in the ward. The following quotes indicate how they reacted in an acute psychiatric ward when nursing MHCUs:

Another female EN with five years of experience mentioned: *"I need accompaniment and assistance when bathing patients because one cannot go alone with a restless female patient; a psychiatric nurse / and experienced nurse must assist. I wanted to walk and sit in a group during my first week. I did not want to be alone. We were eight in number, but we wanted to walk in a group due to fear. I cannot go to the male ward alone."* – Participant 2, EN

Another female ENA with three years of experience added: *"I don't feel comfortable at all because we are working in a dangerous situation.*" – Participant 5, a female ENA

Another female EN with six months of experience said: *"Uh, the thing is since when I started working in this award for the first time, I was not comfortable working with psychiatric patients because of the way they behave more especially male patients.*" – Participant 9, female EN

Another female EN with ten years of experience said: "*I just heard I was not there at that time, but sometimes you can find that our patients are afraid of male nurses. When they see them, they calm down, and I do not want to be alone in the ward without a nurse. Male patients are troublesome. It is not suitable to work without male nurses. We feel uncomfortable, but because we need money, we find ourselves working her."* – Participant 11, female EN

Another participant added: "*With females, you must not be left alone or work alone but let me say in our ward, mainly in the male ward, they must make sure that there are more male nurses than female nurses.*" – Participant 9, female ENA

The findings of this study demonstrated that non-psychiatric-trained nurses felt uncomfortable working in the acute psychiatric unit, especially females. One of the participants stated that they follow other nurses around the ward. Those who felt uneasy were females; while a female nurse cannot work alone, male nurses are needed in more significant numbers. Similarly, Demir and Ercan (2018) indicated in their research that non-psychiatric trained nurses are uncomfortable providing care to patients with mental illnesses due to a lack of specialty training and an inability to handle unusual circumstances or symptoms (behavioral and emotional dysregulation) that are common in patients with mental illnesses. Non-psychiatric trained nurses often get their first exposure to patients suffering from mental illnesses during their first nursing school psychiatric rotation. The authors uncovered another anxiety reported by nursing students who viewed patients with mental illnesses as aggressive, threatening, and violent. This impression increased the nursing students' stress and anxiety levels, causing them to either limit or avoid communication with patients with mental illnesses.

In addition, Alexander et al. (2016) alluded that nurses with inadequate psychiatric knowledge have uncomfortable feelings toward patients with mental illnesses due to a lack of communication skills, a fear of being injured, and negative impressions of

patients with mental illnesses. These nurses are also often anxious about working with patients with psychiatric conditions or mental illnesses.

There is a severe need for non-psychiatric trained nurses to receive education and training to boost their comfort level and knowledge, reducing unfavorable perceptions of care for psychiatric patients. Negative perceptions can be changed through education and increased exposure to MHCUs. Nurses should implement training programs and receive mentoring to learn how to care for MHCUs (Alexander et al., 2016). Another study conducted by Marie *et al.* (2017) in the West Bank, Palestine psychiatric wards reported that nurses experienced a lack of safety in workplaces, recurrent relapse of MHCUs, lack of support from their employers and nursing association, inconsistency of care services due to lack of health care supplies and instability within health care services, lack of resources and organizational challenges.

4.3.2 Sub-theme 2.2: Uncooperative mental health care users

Some participants indicated their experiences managing MHCUs in an acute psychiatric ward during interviews. They noted that MHCUs become uncooperative, which is challenging to manage. MHCUs refuse medication, refuse to bathe, refuse the food given, and change diets at any time. The statement below is an indication that MHCUs are uncooperative:

A female ENA with five years of experience said: *"The patient was uncooperative, so he said he is not mentally disturbed, and she cannot take medication."* – Participant 3, ENA

Some of the MHCUs are uncooperative in the acute psychiatric wards. MHCUs refused medication, and some of the participants explained this. A female EN with 10 years of experience said: *"The challenge we have experienced is who they are because they become uncooperative, with some other patients*, *when we give them medications, end up putting on their mouth and take water and act as if they are swallowing at the end when you check you will see that there is a floor on the floor. Sometimes you find that others did not take treatment because clever patients sometimes refuse to take medications. They turn their backs and spit the medication unnoticed. You can see now that something is missing. He did not get treatment. They hide treatment."* – Participant 11, female EN

Another male ENA with 20 years of experience said: "S*ometimes that patient can take the medication and refuse to take them. Some do not swallow the tablets. They go and spit them out, so we do not give medications, but we ensure that they swallow their tablet when given. We have strategies to ensure patients have swallowed the pill and reached the stomach*." – Participant 14, male ENA

Male and female participants supported the above by indicating how uncooperative MHCUs can be. A male EN with nine years of experience said: *"As male nurses, we always call for cover if someone is attacking us. Then usually, for a man, it is easier than for a female. They hear you as a male saying this guy can stand out against me, but for females, it is difficult if they are in a male ward. Even females who are working in the female ward, it is not easy, and sometimes you see it when you are being transferred difficult that is difficult to manage them when you do not have psychiatry training as a nurse."* – Participant 12, male EN

Another male ENA with two years of experience said: *"So is when the patient when they give them medication, so they refuse to take medication and wanted to fight us*, *they sometimes fight each other, hey ….I do not feel OK, but I must go there and talk with them*." – Participant 3, male ENA

Another female EN with 12 years of experience stated: *"Mmm if they relapse, they are more aggressive. They scream, shout, and run around inside the ward*." – Participant 13, female EN.

Another female ENA with 12 years of experience in an acute psychiatric ward said: *"The challenge is that they beat us here. Some patients attempt to abscond, and others are suicidal."* – Participant 19, female ENA

Another female ENA with 12 years of experience opined: *"Yeah, we experience some challenges. Some do not want to bathe, and some eat chicken today. Tomorrow will tell you I do not eat chicken"* – Participant 19, female ENA

The safety concerns expressed by non-psychiatric trained nurses in this study are supported by Joung, Yang, Shim, and Shin (2017). The authors identified that non-psychiatric trained nurses face difficulties when caring for MHCUs, like facing

unapproachable MHCUs. Similarly, Çaynak, Keser, and Gunbayi (2021) in their studies find that nurses also face challenges in coping with the behaviors of MHCUs.

However, according to Honarvar, Ghazanfari, Raeisi Shahraki, Rostami, and Lankarani (2019), violence in hospitals poses a hazard to the health of nurses and patients. Any violent act, physical attack, verbal or emotional abuse, coerced or dangerous behaviors, or combination of these that occur at work and can potentially cause physical or emotional injury is referred to as workplace violence. Violence affects nurses' concentration and quality of care while working, increases errors, compromises ethics, and triggers feelings like anger, grief, fear, and self-reproach. It also diminishes job satisfaction and may even lead to resignation.

4.3.2 Sub-theme 2.3: Unpredictable mental health care users' behaviors

Participants indicated they have challenges with the MHCUs' behaviors, which are unpredictable when caring for them in an acute psychiatric ward. A female ENA with six months of experience said: *"Observe for the risk or the risk and like where they are, especially when confronting the patient because you can't confront a patient and where you cannot reach the exit quickly. Because our patients are not predictable, you can say it is fine, but you do not know what he is thinking, so the best way I will tell her is to make sure that she always be with people or where she can easily reach the exit."* – Participant 8, female ENA

Another female ENA with three years of experience said: *"Mentally ill are somehow sometimes they can speak with you at times keep quiet, they are like that, or they can be angry at you as a nurse, you need to have patience you accept anything when you see that the patient is violent you have to run for safety."* – Participant 5, female ENA.

Another ENA with six months of experience stated: "*Because our patients are not predictable, you can say it is fine, but you do not know what he is thinking, so the best way I will tell her is to make sure that you always be with people around or where you can easily reach the exit."* – Participant 6, female ENA

Another ENA with seven months of experience mentioned: "*Because these people can change anytime now, you can think that they are stable, and later on is, someone else aggressive and not cooperative."* – Participant 7, female ENA

Another EN with ten years of experience added: "*I am afraid that the patient can enter where you are and harm you. They are unpredictable. Any time they can change their behavior, you can see the patient in the morning is fine, but in the afternoon, the patient has changed."* – Participant 11, female EN

Another ENA with ten years of experience stated: "*Hey yeah, every nurse must not go to the patient alone, and because they are not predictable, you can see the patients and say that this one is fine. After a few hours, the patient changed."* – Participant 5, female ENA

Another ENA with 11 years of experience opined: *"Here, those mentally ill patients bite, beat, and can injure you. It means anything can happen; you cannot predict what will happen today at any time the patient can hit you."* – Participant 17, female ENA

Another ENA with two years of experience shared: "*So, anytime you must be careful because anything can happen to you about that patient."* – Participant 3, male ENA

Another ENA with six months of experience stated: "*OK, I think aggression is the only thing that makes this ward unsafe; if one patient is aggressive, you are at risk. Even another patient's life is at risk because you do not know how the patient can behave or what he can do when aggressive; you do not know what he is thinking."* – Participant 6, female ENA

Nurses felt unsafe at times in the acute psychiatric ward, particularly female nurses who felt targeted by male MCHUs, as indicated by EN with six months of experience: *"Mmmmm, I think more special most of the time, especially the female nurses they must not be alone maybe they can hire more male nurses because those patients are very much clever they can see more especially if you are alone perhaps you are a female nurse is then that they will attack you but if they are a male nurse."* – Participant 9, female EN

Another male EN with nine years of experience stated: *"Mmmmm as a male, we always call for cover if someone is attaching you then usually for a man, it's easier a little bit compared to a female, they hear you as a male saying this guy can stand out against me, but for Female it is not easy if they are in the male ward even females who are working in the female ward is not easy sometimes you see it when you are*

being transferred is difficult that is difficult to manage them when you do not have psychiatry training as a nurse." – Participant 12, male EN

The study's findings are consistent with those of Joubert and Bhagwan (2017), who found that nurses in psychiatric settings face difficulties, such as exposure to MHCUs unpredictable behaviour, increased levels of aggression and violence, MHCUs who refuse medication, inadequate facilities, a lack of support and dissatisfaction at work, stress or emotional exhaustion, and staff shortages that worsen these difficulties. Similarly, Dubo (2016) alluded that caring for MHCUs was believed to compromise workplace safety because non-psychiatric trained nurses feared they could not predict behaviour or control MHCUs for which they were responsible.

Ozer, Varlik, Ceri, Ince, and Arslan-Delice (2017) alluded that MHCUs are among the most stigmatized groups and have been stigmatized and prejudiced more than those with physical conditions. According to reports, MHCUs are viewed as dangerous, frightening, unstable, irresponsible, unpredictable, and having communication difficulties. However, Aynak, Keser, and Günbayi (2021) suggested that health professionals usually have negative attitudes toward mental health and its users. They felt that MHCUs should be feared due to their unpredictable behavior and violent tendencies.

4.3.2 Sub-theme 2.4: Non-psychiatric trained nurses assaulted by mental health care users

The study findings revealed that non-psychiatric trained nurse experiences show that aggressive MHCUs attack and injure non-psychiatric trained nurses. Participants indicated that MHCUs are beating them in acute psychiatric wards. The following statement from the participants is evidence that MHCUs assault non-psychiatric trained nurses.

A male ENA with ten years of experience shared: "*First, a mentally ill patient is not faking what they are doing; when they are not, know that anything can happen when interacting with them. I know these patients become angry even when not provoked; they can beat you even when not provoked. They can also become verbally aggressive/insulting, using vulgar words not provoked by anyone. All these behaviors make one have a perseverance heart and accept that the condition that the patient is*

encountering is not that the patient is faking it. Another thing that happened was that I was not used to seeing a fight between patients. While working in this psychiatric ward, I saw two patients fighting when I asked what happened; they said one had taken the shoes of another and worn them. So, they were fighting for the shoes taken from one of them." – Participant 1, male ENA.

Another female EN with five years of experience said: *"Physically assault, I have seen one nurse being beaten by a patient, and I have also been beaten. I was given a slap in the face."* – Participant 2, female EN

Another female ENA with 11 years of experience said: "*Sometimes they can come and beat you, or they can come and swear on you, so that is why it was hectic, but I used to be with them, so I enjoyed being with them.*" – Participant 3, male ENA

Another female EN with 12 months of experience opined: "*Yes, sometimes, when the patient is aggressive, they beat us. However, we managed because we worked as a team in the ward, we took the patient and went to the room, and then the professional nurse asked the junior to withdraw the injection. The junior nurses give the sister the injection to inject the patient or the user, and then the patient will become down. The challenge is that when the patient is aggressive, they beat us."* – Participant 4, female EN

Another female ENA with seven months of experience shared: "*These patients beat us, especially on admission; they even bite us. That is why we have seclusion and sedation for those who are not cooperative, but if friendly and sweet to them, some may be sweet as well."* – Participant 7, female ENA

Another ENA nurse with six months of experience in an acute psychiatric ward shared: "*When we talk to them from causality, maybe she came being angry, you know when we are sometimes admitting the patient if you are not careful, they can clap you."* – Participant 8, female ENA

Another female EN with six months of experience in an acute psychiatric ward stated: "*Sometimes, they would chase or try to assault us, but as long as you are not working alone, we need backup; patients chase us. Even other nurses were beaten."* – Participant 9, female EN

Some of the non-psychiatric trained nurses in this study viewed aggression as disrespectful, embarrassing and unacceptable but recognised that it was related to the current mental condition of the MHCUs. A female ENA with six months of experience in an acute psychiatric ward said: *"They are troublesome, those patients I remember when I arrived here on Monday. One patient once poured porridge on my face. As an assistant nurse, I served meals, giving them tea and porridge. The patient took the porridge and poured it on me. I became angry too much, and it came to my mind that I was at work. I wanted to pay for revenge, but you cannot pay for revenge on the patient. The patient poured and messed up my uniform with porridge. Fortunately, I was working at night and giving them porridge early in the morning. My heart was broken the entire day."* – Participant 5, female ENA

Another female ENA with 11 years of experience in an acute psychiatric ward said: *"This ward is unsafe because when the patient comes here sick, that patient can injure you with anything like chairs or whatever the patient comes across. Those patients bite us, and they have no insight*." – Participant 17, female ENA

Another ENA with three years of experience agreed with the above participant: *"Sometimes, the patient comes on admission beating us. Yes, they beat us nurses and used vulgar words. This ward is unsafe because when the patient comes here sick, that patient can injure you with anything like chairs or whatever the patient comes across. Those patients bite us, and they have no insight*." – Participant 18, female ENA

Another female ENA with twelve years of experience in an acute psychiatric ward shared: *"The challenge is that they beat us here. Some patients attempt to abscond, and others are suicidal."* – Participant 19, female ENA

Another female ENA with 14 years of experience in an acute psychiatric ward said: *"Yaa, we got some challenges, which is okay, but sometimes we met some challenges like the patients here in this ward that are fresh from home, so they are very ill, and some of them sometimes become very violent and then try to beat us, and some of the staff we are not trained, the nurses who are sometimes trained they help us with in-services and so that we know how to handle the psyche patients . the patient wanted to beat us with that window frame."* – Participant 20, female ENA

Another ENA with six months of experience said: "*I can say something like the challenge is when they are fighting, and the challenge is that they are fighting, or they came to us being angry."* – Participant 8, female ENA

Another female EN with six months of experience said: "*The challenge is that sometimes they become too aggressive, especially the male patients. They are very much aggressive, but with the help of our members, the staff members, and the security, at least we managed to handle them."* **–** Participant 9, female EN

Another male ENA with 20 years of experience shared: "*The challenges are their behaviour. They fight, which happens sometimes, sometimes they fight, and sometimes they quarrel. The challenges are many. They both quarreled with nurses and amongst themselves. Some will come and quarrel with you for no reason may. When sleeping, the person thinks about you and must implement his thoughts. Those are some of the challenges that we encounter*." – Participant 4, male ENA

Another female ENA with three years of experience opined: "*When they come, they come being violent. Psyche is someone who beats. Some do different things. They differ in their behavior, and others do break. It is not all of them on admission is then that they come become violent, but when the patient is very aggressive, there is an injection or pill which is being given to sedate them,* yes those patients have those staff members whom they understand, and those whom they do not understand is like that." – Participant 5, female ENA

Another female ENA with 11 years of experience added: *"We have challenges, like when the patient came for the first time to the ward, it was difficult to handle. Sometimes patients are arrogant and use vulgar language, and fight."* – Participant 16, female ENA

Another female ENA with three years of experience shared: *"Those who came here first told us that we must watch out for that side because it is so dangerous. They can beat us. They can do anything to you."* – Participant 18, female ENA

Both male and female non-psychiatric trained nurses reported verbal and physical aggression from MCHUs to whom they provided care in an acute psychiatric ward.

Workplace threats, aggression, and assaults are also seen as substantial sources of stress in psychiatric settings.

Similar findings were highlighted by Pekurinen, Willman, Virtanen, Kivimäki, Vahtera, and Välimäki (2017), who discovered that threats and physical violence are the most common forms of violence faced by nurses. Nurses in psychiatric units endure numerous physical abuse, including being kicked, beaten, slapped, and pushed, as well as less severe assaults, including grabbing the nurse's clothing, rough handling, and being spat on. Furthermore, Da'esh and Obaid (2018) speculated that nurses working in psychiatric units experience violence more frequently than nurses in other units because the MHCUs display various emotional symptoms, including acts of violence that are compelled by irrational anger. The diagnosis and psychiatric history of the patient are two factors that can cause the patient to act violently toward the nurse (Iozzino et al., 2015). Violence in the psychiatric ward, particularly in the acute psychiatric wards, endangers the safety of nurses and other patients, which could impact how well care is provided.

This study's results align with the findings of a study conducted at a public mental hospital by Olashore, Akanni, and Ogundipe (2018). The study showed that the rate of physical violence against mental health professionals in Botswana is comparably high and that nurses are the staff members most exposed to it. Therefore, it is advised to design protocols and conduct regular training on violence prevention, especially for staff members exposed to the high risk. The acute psychiatric ward had seen most of the attacks taking place. Raising awareness of the risk of the event, documenting and reviewing incidents frequently, having enough staff, and using various forms of restraint and routine training in the early detection of a potentially violent patient are just a few of the strategies that have been suggested.

Furthermore, according to 'Ettorre and Pellicani (2017), WPV against HCWs employed in psychiatric inpatient wards is a serious occupational issue involving the staff and patients; the consequences of WPV may include increased service costs and a lower standard of care. Risk assessment of violence by patients appeared to minimize the occurrence of WPV effectively and, consequently, better protect mental HCWs. WPV by patients against HCWs who work in acute psychiatric inpatient wards is a worldwide concern that has significant implications for patients and staff (’Ettorre & Pellicani,

2017). A systematic meta-analysis of studies conducted by Iozzino et al., (2015) showed that approximately one in five patients admitted to acute psychiatric wards might commit an act of violence; male gender, diagnosis of substance use, and a lifetime history of violence were linked with violence. Violent attacks may cause bodily injuries and psychological consequences with high rates of stress for mental health staff and the organization.

According to Weltens, Bak, Verhagen, Vandenberk, Domen, van Amelsvoort, and Drukker (2021), violent behavior can be caused by various factors, including the patient, staff, and ward environments. Substance misuse, a history of violence, bipolar disorder or psychotic disorder diagnosis, and a young age were all risk factors for patients. Factors such as male gender, temporary or underqualified employees, work stress, job discontent or management dissatisfaction, burnout, and the effectiveness of patient-staff interactions put staff at risk. The staff's protective qualities were strong cooperation, good leadership, and engagement in treatment decisions. Significant ward risk indicators were a higher bed occupancy rate, congested areas of the ward, roaming around, an unsafe setting, a constrictive environment, a lack of discipline during the day, smoking, and a lack of privacy.

In addition to their interpersonal interactions and work environments, some researchers have identified the characteristics of nurses that may make them vulnerable to violence. For instance, exposure to patient hostility has been linked to nurses' traits like gender, age, and job experience. In addition, previous studies have revealed that nurses' negative affectivity and psychological discomfort are personal exposing factors. Moreover, relationship factors, including poor interpersonal relationships and a lack of support at work, may contribute to these aggressive situations. This is supported by research showing a link between poor teamwork and increased aggression. At the same time, factors in the workplace, such as stress and busyness (high job strain) or a lack of organizational justice, may also play a role in the rise in patient hostility (Stutte, Hahn, Fierz & Zúñiga, 2017; Shea et al., 2017, Cheung et al., 2017; Shafran-Tikva et al., 2017).

In the study conducted in the psychiatric ward, 26% of nurses faced severe assault during the working period, and many were severely injured, with fractures and even permanent disability. In addition, 10% of health workers in those settings who were

assaulted had significant post-traumatic stress, with the number of women higher than their male counterparts. The study suggests the need to intervene and look for possible ways to prevent such psychological challenges. Psychiatric nurses often know that violent situations must be handled calmly and professionally. However, in the face of challenging moments, they lose their temper and cannot control their emotions, spurring regret (Tripathi & Prasai, 2021).

According to Pekurinen et al. (2017), aggressiveness is a collection of behaviours or actions that have the potential to hurt or threaten a person verbally or physically, whether or not the injury has already occurred or the intent is clear. Physical and psychological aggression are the two categories of aggressiveness that can be distinguished. Physical aggression is the intentional use of force to affect another person or group, while psychological aggression is the use of psychological intimidation to influence another person or group. While Ramacciati Ceccagnoli, Addey and Rasero (2018) mentioned that hostility toward nurses could come from various sources, such as patients, another nurse, and a doctor or allied health professional, nursing staff abuse is a significant and pervasive problem. The consequences of patient violence can be severe for nurses and may include depression, burnout, physical injury, or even death (Hamdan & Hamra, 2017; Yang, Stone, Petrini & Morris, 2018).

However, according to Edward, Stephenson, Ousey, Lui, Warelow and Giandinoto (2016), patient hostility toward health personnel is a primary global concern. Patient aggression is common among healthcare providers who treat MHCUs. Moreover, aggression is a set of behaviours or activities that have the potential to harm, hurt or injure another person, either physically or verbally. In these situations, patient hostility is linked to the well-being of healthcare professionals.

4.3.2 Sub-theme 2.5: Mental health care users are destructive to properties

Participants narrated their experiences receiving care in MHCUs in an acute psychiatric ward. They indicated that MHCUs destroy properties when they are aggressive, which is difficult for them to manage. They added that they throw chairs, smash window panes, and kick and break doors and door locks. The following quotes are what the participants shared:

An ENA with seven months of experience stated: *"Others do break properties, it is not all of them, admission is then that they come become violent, but when the patient is very aggressive, there is injection or pill is given to sedate them."* – Participant 7 Female ENA

Another female ENA with 14 years of experience opined: *"It is because the patients because when they are violent, they kick the doors, to kick it because psych patients have much stamina."* – Participant 20, female ENA

Another EN with 12 years of experience mentioned the kind of behaviour that makes the environment unsafe for nurses in an acute psychiatric: *"They are shouting at us, or they are trying to throw things at people, sometimes some of them when they relapse even throw chairs away, beat other patients, and try to break the windows."* – Participant 13 female EN

Participants also mentioned that the ward had broken doors and windows, which poses a danger to nurses. Another female ENA with three years of experience shared: *"If you can check, the doors are broken. We have a room called the seclusion room, so they have broken the lock. It is no longer locked up. When they are violent, they move/bang the doors."* – Participant 5 female ENA

Another male ENA with ten years of experience said: "*Another experience that I have is that those patients sometimes come to this ward for admission when they have done some damage at home, which we do not know. We only see when the patient comes for admission, so we find out when relatives, parents of the patients, are making payment for damages caused to control the damage done by the patient before admission. Sometimes, we find out that neighbours have opened a case; maybe the patient broke the windows or has beaten the child severely. So this makes us realise that these mentally ill are very dangerous, even in the community. They can also be dangerous to us as workers. This makes us alert and careful when taking care of them. Even when caring for them, one must be alert and wise."* – Participant 1, male ENA

Another ENA with six months of experience shared: "*Yaaaahhh, that patient was destroying properties like yeah destroying property like he wanted to go home, verbalising that I want to go home. I want to be discharged. I am not sick! Yeah, so like*

I was seeing that the patient is just doing this until he took a chair, breaking things, then I scream for male power." – Participant 6, female ENA

Another female ENA with three years of experience said: "*Maybe get sick or ill. So, most of them remove or even smash the windows because they are higher when they come here. They come being so highly extremely ill. I remember one day, the other patient who came here removed this window. We were busy chasing him coming to this site. He jumped and removed that window and put it down. This window is easily removable because it is an aluminium window is easy. Removable, no. He just jumped and grabbed it. Those people you know have too much power."* – Participant 18, female ENA

Another female ENA with 14 years of experience said: "*The patient has relapsed, moving up and down in the ward. He climbed over there where there was a sofa and then removed the window there. For example, if other nurses went for lunch and we were only four there .so it would be dangerous."* – Participant 20, female ENA

Similarly, Pekurinen, Willman, Virtanen, Kivimaki, Vahtera, and Valimaki (2017) found that nurses in psychiatric settings experience patient aggression through assaults on ward properties, mental abuse, physical assaults, and armed threats. However, Stevenson et al. (2015) categorised types of physical violence reported by nurses in acute psychiatric wards as being approached and cornered, hit, punched or grabbed, kicked, spit upon, strangled, and using a weapon or the environment, such as breaking a window, to cause violence. This happened four times, including being slapped and kicked at the same time. These experiences did not only involve physical violence; several occasions also included concurrent verbal abuse in the form of threats, swearing, or insulting comments. Furthermore, Bowers (2014) claims that being subjected to violence can cause a range of emotions, including fear, rage, frustration, hopelessness, disinterest, despair, and work discomfort. Aggression can be verbal, non-verbal, or physical behavior threatening or endangering other people or their property.

Gamal and Alshowkan (2019) state that aggression and violent behaviour are the second most high-risk factors for MHCUs safety, as indicated. Throughout the investigation, the female section acknowledged violence and anger toward others several times, whereas the male mental ward noted it three times. This demonstrates

that nursing employees prioritise patient and staff safety from aggressiveness and patient safety from themselves. According to nurses from both sectors, the first critical aspect of a safe care environment is keeping MHCUs safe from either causing harm to others or being harmed by others. Self-harm and suicide ideation are among them. Nurses stressed the importance of protecting patients from harmful habits.

However, patient violence and aggressive behaviour are expected in psychiatric healthcare settings, affecting nurses' well-being. Patient aggression influences health workers' well-being because it has physical and psychological consequences. The actual cost of such incidents is very significant, not just for the nurse but also for the workplace. As many uncooperative MHCUs, violent occurrences and drug use cause a high workload, resulting in work strain and stress affecting nurses' general well-being (Tripathi & Prasai, 2021).

4.3.3 Theme 3: Inadequate resources

The analysed data indicated that non-psychiatric trained nurses experience a challenge of inadequate resources in the psychiatric unit when rendering care to MHCUs. In their study, Tripathi and Prasai (2021) revealed that most nurses found working without human and material resources challenging. In psychiatric patient care, it is frequently a protected environment with locked rooms, surveillance cameras, plex glass walls and windows, 15-minute bed check, chemical and physical restraints, administration, when necessary, medicine, and the appropriate resources (staff, installations, and security) for a safe environment and quality care to MHCUs. Regardless of challenges or problems, management should provide complete support and encouragement to ensure employee performance.

The theme that emerged has three sub-themes: shortage of human resources, shortage of material resources, and poor infrastructure. These sub-themes are highlighted in Table 4.5 and are discussed below.

Table 4.5: Theme 3 and sub-themes

THEME	SUB-THEMES
4.3. 3 Inadequate resources	3.1 Shortage of human resources 3.2 Shortage of material resources 3.3 Poor infrastructure

4.3.3 Sub-theme 3.1: Shortage of human resources

Non-psychiatric trained nurses in this study reported that the staff shortage in an acute psychiatric ward is a significant challenge. Some specified staff are needed in acute psychiatric wards, such as male nurses and psychiatrically trained professional nurses. The quotes below indicate participants' views.

An ENA with three years of experience stated: *"Yes am on my way to exit by pension, and they are not employing other nurses. There is a staff shortage; other staff members are old and going on pension. They must hire more new staff here. A psyche without security is not a psyche. Nurses alone cannot assist each other we need security guards to assist us. Other staff members are old and going on pension. They must hire more new staff here, not employing other nurses, and there is a staff shortage."* – Participant 5, female ENA

Another ENA with three years of experience emphasised the staff shortage as a challenge. *"We do not have enough male nurses. We do not have enough human resources, especially when they admit many male patients in the acute ward. They are just a few; they are not enough."* – Participant 18, female ENA

Another ENA with 14 years of experience shared: "*We have a staff shortage. We are very few staff because I had forgotten which act is that they said the staff ratio at psyche must be four or five nurses to one psyche patient*." – Participant 20, female ENA

Participants emphasised the staff shortage and that male nurses are needed urgently in psychiatric wards. The statements below are evidence of staff shortage and suggestions regarding staff shortage.

An EN with six months of experience opined: *"Mmmmm, I think more special most of the time, especially the female nurses. They must not be alone. They can hire more male nurses because our patients are just; they are very much clever. They can see more, especially if you are alone. Perhaps you are a female nurse; then they will attack you, but if they are male nurses around."* – Participant 9, female EN

Another EN with nine years of experience indicated a shortage of professional nurses: *"Here, our scope is to assist. We assist in whatever registered nurses and professional nurses are doing; then we assist in whatever they are doing here. It is different because we have few professional nurses. It is challenging because we are running short of male professional nurses."* – Participant 12, male EN

The above participant further shared the importance of having male nurses: "*Mmmmm as a male, we always call for cover if someone attacks us. Then usually, for a man, it is easier, a little bit more than for a female. They hear you as a male saying this guy can stand out against me, but for Females and nurses, it is not accessible if they are in the male ward. Even for females who work in the female community is not easy. Sometimes you see it when you are being transferred is challenging to manage when you do not have psychiatry training as a nurse."* – Participant 12, male EN

Another EN *with 12 years of experience said: "The support that we need is enough staffing because sometimes there are challengse because in a ward we find ourselves being two nurses, and then you see two patients have relapsed or three even if two patients become ill at the same time, they become sick in such a way that they become aggressive, taking chairs breaking windows, take chair wanting to beat other patients and another one relapse there is a challenge that how will we assist them when they relapse being two at a time so if we have enough staff it will be much better, it means the other group will attend the other one while the other group attending the second one to prevent injuries in the ward."* – Participant 13, female EN

Another participant, an EN with ten years of experience, added the impact of a shortage of staff: "*There is a shortage of staff it also affects sometimes you find that*

two are on vocational leave another one is on sick leave when you come on duty you find working being two in a shift instead of being four or five." – Participant 11, EN

This study's results correspond with those of Sobukwe and Arunachallam (2015), who stated that nurses reported that inadequate unit staffing was a challenge in the planning. Some nurses who participated in the survey expressed concern about the staff shortage. They believed it affected the outcomes of MCHUs. Mulaudzi et al. (2019) described similar challenges nurses face in psychiatric wards, such as inadequate safety measures, resources, work overload, and staff shortage, which might hinder the provision of quality healthcare. Atashzadeh-Shoorideh, Mohtashami, Pishgooie, Jamshidi, and Sedghi (2018) found that most nurses only work in psychiatric settings with no other career opportunities. Two other reasons nurses are uninterested in psychiatric settings are stressful working conditions and a lack of professional nursing practice. The results of earlier investigations support what the other participant shared.

However, Rahmani, Mohammadi, and Fallahi-Khoshknab (2021) indicated that the shortage of psychiatric nurses is a significant healthcare challenge. Lack of interest contributes to the need for psychiatric nurses. Most nurses reported being compelled to work in psychiatric wards due to their physical problems, the heavy workload in others, or the nursing staff shortage in psychiatric wards. Some also noted that they chose to work in psychiatric wards for advantages such as reduced or fewer working hours, earlier retirement, no night shift, and more leave days. According to their research, societal, organizational, and personal factors contribute to nurses' lack of interest in working in psychiatric wards. Their study also showed that managers and authorities could increase psychiatric nurses' interest in working in psychiatric wards by improving their working environments and enhancing their professional knowledge and abilities.

According to a study by Jack-Ide et al. (2018), one of the challenges was the lack of psychiatric nurses in mental health care institutions. According to the study, administrative rules and regulations, which nurses claim they face many shortcomings like shortage of staff, low pay and benefits, a lack of clinical supervision, a lack of caring facilities, a lack of equipment, and little support from upper management, are

some of the significant challenges that profoundly affect the provision of quality care to mentally ill inpatients.

Ahanchian, Meshkinyazd, and Soudmand (2015) described nurses' everyday working conditions. They claimed that nurses in mental wards deal with a high workload daily, a lack of time, an increase in the number of patients, a scarcity of nurses, and a lack of managerial support. The level of compatibility or incompatibility determines how much burnout a person may feel at work. Workload, control, reward, organization, justice, and values are non-compliant. Staffing, workload, working conditions, supervisor support, the doctor-nurse interaction, and coping mechanisms all impact this area. According to nurses in psychiatric wards, increased workload, a lack of control, unclear duties and responsibilities, and a lack of nursing support all contribute to burnout.

This study's findings concur with prior studies. Again, Alshowkan and Gamal (2019) made a passing reference to the fact that nurses claimed that staff shortages, job pressure, and paperwork overload are barriers to providing high-quality psychiatric care. According to the nurses, the nursing staff shortage prevents them from finishing what they had planned to do with psychiatric patients. Another issue raised by the participants was the workload of the staff. Again, nurses cited staff shortages as a cause of excess available nurses. According to a report, efficient nursing care depends on having staff/nurses with experience caring for patients with mental illness.

As per Nantsupawat, Nantsupawat, Kunaviktikul Turale, and Poghosyan (2016), shortage of staff, high workload, and longer work hours lead to cause extreme emotional exhaustion, increased error, and decreased patient safety, decreased productivity, and career advancement in nurses, increased absenteeism and job dissatisfaction, and intention to quit. Most participants reported that they were presented with an excessive workload for managing the ward due to a large number of MHCUs. They also suffered from mental and physical exhaustion due to frequent long shifts. Furthermore, Rivaz, Momennasab, Yektatalab, and Ebadi (2017) indicated that nurses' described their work experiences told that an imbalanced workload was the most important cause of stress, dissatisfaction, and burnout in the work environment. Inappropriate nurse-patient ratios, high workloads, overtime, rapid turnover of patients, and conducting non-nursing tasks were the significant

constituents of imbalanced workloads. The participants believed inadequate staffing and heavy workloads threatened patient safety and care quality.

4.3.3 Sub-theme 3.2: Shortage of material resources

During the interview, participants explained the challenges they experienced while rendering care to MHCUs and mentioned shortages of material resources, such as medical equipment, bed linen, and patient clothes. They also indicated that sometimes they could not take some vital signs due to a shortage of medical equipment. The following statements are ways non-psychiatric trained nurses experienced a scarcity of resources when rendering care to MHCUs:

A female ENA with 11 years' experience said: "*The challenge in this ward is the lack of equipment; we want to do a complete job, like urine test strips. Sometimes, they are out of stock for a long time. We take vital signs with some available equipment to assist those patients. Another challenge is that our patients have no rehabilitation resources. Like music, psychiatric patients should stop boredom by watching television, but they are unavailable. Those resources keep them busy. Another challenge is that our patients have no rehabilitation resources. Like music, psychiatric patients should stop boredom by watching television, but they are unavailable. Those resources keep them busy.*" – Participant 17, female ENA

Regarding the shortage of medical equipment, an EN with ten years of experience concurred with the above view: *"The machines are not enough, no; we also need equipment like BP and HGT machines to check blood sugar. Equipment is supposed to be available at the hospital. If there is no equipment, the patient is gasping, and there is an oxygen cylinder or no mechanism for the patient to be assisted in breathing well, you must transfer the patient to another hospital."* – Participant 11, female EN

Another female ENA with 12 years of experience indicated that a shortage of material resources led to doing non-nursing duties while their patients were not fully attended to. The participant stated: *"Yes, now you can find that the boiler is not working. We have to prepare tea for them, and this is not part of my scope of practice, so if you say you cannot prepare tea is like you are not cooperative with others .when you prepare tea for the patients, others will say is this your scope of practice because it is not within*

my scope of practice, we use urn or kettles in the ward to prepare tea for the patients. I do not know those female patients have a shortage of clothes. You can tell when you bathe a patient who is not wearing clothes or changing without soap. The clothes they finally brought to us were damaged, and they informed us that they were out of stock because of a shortage. I am not sure how highly they regard those patients." – Participant 19, female ENA

The participant above mentioned the impact of a shortage of staff and stated: "*There is a shortage of staff here; nurses work; generally, there is no job that we do not do because you cannot leave spillage of water on the floor waiting for the cleaner who will come on duty next week, we mop the floor we run errands we do everything we submit papers to offices when we go to the office we leave the patient behind yes immediately I go there my job is left behind if my patient does something in my absence I will write incidence of something that I do not know about because I am on duty."* – Participant 19, female ENA

Another female ENA with 14 years of experience said: *"Yes, you can see we are using plastic to close the window; as you can see, it is all removed. The only thing is that the management used to cry about this kind of building being unsuitable for being used as a psychiatric ward."* – Participant 20, female ENA

The quotes above reflect the study's findings, which highlight a lack of material resources, similar to what Ghavidel et al. (2019) found. To facilitate nursing care and medical procedures, nurses emphasized the critical importance of standard facilities, such as advanced and suitable workplace equipment. Inadequate equipment is one of the most common recurring difficulties in the care setting, causing disturbance, neglected maintenance, delays in providing care, mental stress, and absenteeism from work. The author also mentioned that the mental unit's beds are broken and not standard. They must keep the side rails up so that the MHCUs do not fall, and they must put the bed down when they need to use the bathroom. They should put the bed rail down and again up. Nurses end up having neck and back pain from these beds. They are worn out and want to retire (Ghavidel et al., 2019.) Furthermore, Tripathi and Prasai (2021) highlighted limited human resources and facilities without keeping a high safety standard as some of the factors impeding nurses' ability to operate efficiently in psychiatric wards.

Various challenges were identified as inadequate facilities, unavailability of drugs and lack of support, and workplace dissatisfaction, which could be related to factors like limited resources, insufficient government and institutional funding, and neglect of units. Individuals shared their ideas for mitigating the issues, such as increasing and improving the number of psychiatric facilities, availing the necessary drugs to the ward, having essential medicines, staff training and motivation, and adequate support from the government (Haddad et al., 2020).

According to Kohn, Christiaens, Detraux, De Lepeleire, De Hert, Gillain, and Jesper's (2022) study, nurses found it challenging to manage patients in psychiatric settings because there was no equipment (such as an infusion stand) or no adaptive infrastructure (such as steps) to allow patients to move around the ward safely. In addition, in psychiatric wards, nurses face challenges such as a shortage of medical equipment, inadequate infrastructure to provide reasonable physical health care, and a budget inadequate to pay for high-quality physical care provided by the general practitioner.

Atefi, Abdullah, Wong, and Mazlom (2014) found that many factors associated with the work environment, referred to as psychological stressors, supported the study's findings. They argue that if nurses cannot cope with physical characteristics such as noise, congestion, and inadequate lighting, they will face several physical and psychological challenges, resulting in absence due to health issues. According to nurses, buildings and equipment are physical aspects that influence the effectiveness and efficiency of nursing programs and services. These shortages and inadequacies have worsened their physical and emotional exhaustion.

4.3.3 Sub-theme 3.3: Poor infrastructure

During data collection, non-psychiatric trained nurses indicated they face challenges of the condition in an acute psychiatric ward which is in a poor state as there were broken doors, locks, and windows, making it possible for MHCUs to run away from the acute psychiatric ward, especially during the night. This is explained below.

A female ENA with three years of experience shared: *"We have a room called the seclusion room, so they have broken the lock. It is no longer locked up when they are*

violent. They move/bang the doors; what can one do? We are trying to cope, and here in a psychiatric ward, we work in a dangerous place, and they said there is a danger allowance, but we are not receiving it. Since we started working here, we have never received a danger allowance. If you can check, the doors are broken. Where is a room called the seclusion room, so they have broken the lock? It is no longer locked up. When violent, they move/bang the doors." – Participant 5, female ENA

A female ENA with three years of experience concurred: *"The only challenge is that we do not have windows. As you can see on that side, we do not have glasses. I mean to say. The challenge is that the dining room has no window, and even the door is broken. Because if you can look at that side, most patients can go outside through that window, trying to escape. During the night, patients can escape. Most of them do escape at night through those windows. Unfortunately, they do not go far away because we have many security guards. Even though they can escape, they can only move around this ward because big walls are outside. Even when we realise someone is missing from the bed, we shout for help. The security at the gate will move and search them, then we can find them outside roaming around the ward because of the tall walls."* – Participant 18, female ENA

Another participant opined: *"Yes, we have like sometimes, like, this ward it is not like is a psyche ward; I am saying so because patients use to escape because they have some access to run. For example, you can see there is no glass on the window. I understand this window frame is not for the psychiatric hospital because it is aluminium. Last week, we saw one of our patients removing the window frame, pulling it out, to take it out like this. You know, this one, as we patch it with plastic, they removed the windows .that is the challenge we come across, especially at night. You cannot just say, let me go and sit down and rest for a while and come back because if we do that, the patient will always escape: yes, the ward is not safe at all."* – Participant 20, female ENA

In agreement with the above, Alshowkan and Gamal (2019) stated that the ward's secured atmosphere is vital to patient safety. According to nurses from both sections, the layout and facilities of both wards promote patient safety. They focussed on the door systems, seclusion rooms, and window protection designs. Iron bars surround the windows to keep patients from injuring themselves. Both sections of the seclusion

room are well-equipped. Nurses believe the department was not designed with psychiatric patients in mind specifically. Psychiatric wards should have specific infrastructural criteria for the availability of space for outdoor recreation and private areas to provide opportunities for patients to spend time in quiet surroundings, which can reduce the incidence of aggression and violence. This study reported that psychiatric ward infrastructure is critical to patient safety. It has been reported that the physical structure of the unit and the availability of continuous maintenance are vital issues in establishing and maintaining patient security.

A female ENA with six months of experience said: *"Yooo, the ward is not safe is just that it is work, and I must adjust in our work, but sometimes you can feel that I am enough today with of being in psychiatry*." – Participant 8, female ENA

The study finding under the theme of inadequate resources indicated a shortage of nurses, especially male nurses, as MHCUs display aggressive behaviour in acute psychiatric wards**.** Similarly, Joung et al. (2017) identified that non-psychiatric trained nurses face difficulties experiencing resource-related factors. On resource-related factors such as other difficulties, non-psychiatric trained nurses indicated obstructive environment and isolation of staff with heavy responsibility. Additionally, in Limpopo Province, South Africa, Mulaudzi et al. (2019) expressed similar challenges nurses face in psychiatric wards, such as inadequate safety measures and resources, work overload, and shortage of staff, which might be barriers to the provision of quality healthcare.

In Palestine, nurses face stigma, lack of resources, and organizational challenges when nursing mentally ill patients (Marie et al., 2017). In Iran, nurses rendering care to MHCUs also experienced similar difficulties of shortage of resources, both equipment, and human materials, with ineffective managerial approach leading to emotional exhaustion, negative attitude towards the profession, decreased and poor quality care, high staff turnover, and early retirement among psychiatric nurses (Ghavel, et al., 2019).

According to Alshowkan and Gamal (2019), infrastructure may play a role in the MHCUs's escape. Further investigation by researchers discovered that some nurses in the psychiatric ward cited MHCUs leaving the wards without authorization as a particular problem in psychiatric facilities. However, safety gates that can be opened

automatically in an emergency, such as a fire, are used to secure the wards. However, the disadvantage is that MHCUs may escape from the entry since the gates open automatically in case of a faulty fire alarm, requiring increased security. Therefore, infrastructure may play a role in the MHCU's escape. The ward is secured, keeping patients safe and preventing them from escaping. They also highlighted that most mental patients are not admitted willingly and are unaware of their illness, which might lead to them leaving the hospital without authorisation. In addition, a few participants made improvements to the hospital building suggestions. The layout of the ward prevents the nurses from closely monitoring MHCUs. In addition, the rooms should have enough space to make it easier for MHCUs and staff to move around (Alshowkan & Gamal, 2019). Hence, Ghavidel et al. (2019) indicate that wards with inappropriate physical environments cause severe physical and psychological damage to MHCUs and nurses.

4.3.4. Theme 4: Lack of staff wellness services

The participants indicated that when faced with an assault by MHCUs, they need emotional support as they are prone to psychological stress and fear caused by insecurity. However, the study revealed that non-psychiatric trained nurses do not receive wellness services. The sub-themes emerging from theme three are highlighted in Table 4.6 below.

Table 4.6: Theme 4 and sub-themes

THEME	SUB-THEME
4.3.4 Lack of staff wellness services	4.1 Lack of emotional support for non-psychiatric nurses 4.2 Inadequate financial funding

4.3.4. Sub-theme 4.1: Lack of emotional support for non-psychiatric nurses

The study's findings highlighted that when non-psychiatric trained nurses are assaulted or harassed by MHCUs (physically injured), they receive treatment and

off/sick days, and no counseling is offered. Some participants consider that when a nurse experiences abuse or harassed by an MHCU in an acute psychiatric hospital, management does not intervene to protect the non-psychiatric trained nurses. An ENA with three years of experience explained that there was no emotional support: "*No, not at all; no counselling. There is this type of trauma if you enter a new place. You see new things and new patients. The first time I arrived here, I worked with chronic it was for the first time I saw chronic patients. You do not see them may look at home. They hide them inside the house, so when you encounter a patient who behaves somehow, it scares you as if it is the first time to see those patients."* – Participant 17, female ENA

To further indicate a lack of support from hospital management, one participant mentioned that counselling sessions were not available to assist nurses who experienced emotional and physical trauma following harassment by MHCUs.

One participant with nine years of experience said: "*Most nurses do not receive psychological care, and they are rarely given psychological support because it can sometimes be harmful. We are working with them, and some will say something that is not good to us, but no one cares for nurses. We have our problems, but no one can attend to us. If we can be offered psychological support, it will help us make our work easier*." – Participant 12, male EN

The above participant reported that 'emotional injuries' experienced by non-psychiatric trained nurses who suffered an assault were not well attended to. The participant stated: *"Uh, one is something we get frustrated about because' I'm not trained to .one it frustrates us as nurses. And number 2 as nurses, sometimes we get tired mentally of something, and then because they are psychiatric patients, they can think that this guy looks like who didn't nurse me well while in another clinic, and they can attack us that we need that psychological assistance so that at least you can understand that there is someone who is supporting us even if though will be facing challenges* ." – Participant 12, male EN

Another female ENA with 11 years of experience shared: "*Genuinely speaking, I never had a chance for orientation. Orientation is like being shown; this is the treatment room, and this is like the equipment room. They have orientated us, but it is not a proper orientation. They should have explained everything to us. First, I came from school I did not know anything about the psychiatric hospital. They should have told us that in*

a psychiatric hospital, you are going to nurse which types of mentally ill patients. they should have explained about mentally ill patients how they feel and what they do not want, and they should have told us that they are dangerous .they do which things. In other words, they should have briefed us about mentally ill patients. We just arrived here and were told about this mental institution and heard the word mental and googled on the internet and found it. It says when they talk about mental and psychiatry, they talk about tertiary mental institutions. The orientation that was done was not proper. They just showed us that this was a treatment room and left us, and this is just like that. They should explain that when you check the patients, you must know what you are going." – Participant 17, female ENA

Another female ENA with 11 years of experience further explained the lack of support from colleagues: "*They should have told us what types of patients we are going to take care of; that is why I said their orientation was supposed to be brief, indicating that they nurse these types of patients so that we must know what we are going to deal with in this ward."* – Participant 16, female ENA

An ENA with three years of experience further indicated a lack of support: "*No meeting was conducted. We just heard about the incident while other staff members talked about the human bites. We hear them saying; you see that this is wrong. They were supposed to call a meeting and reassure us.*" – Participant 17, female ENA

Another female ENA with 12 years of experience said: "*It is a long procedure and is a problem because they end up asking you what you did to the patient when you are bitten is like the nurse is wrong; that is why you are bitten. They start to blame you for not handling the patient well, you were harassing the patient, or you insulted that patient. There is a shortage of staff here; nurses work, and in general, there is no job that we do not do because you cannot leave spillage of water on the floor waiting for the cleaner who will come on duty next week. We mop the floor: we run errands, we do everything we submit papers to offices. When we go to the office, we leave the patient behind. Yes, immediately I go there, my job is left behind if my patient does something in my absence, I will write incidence of something that I do not know about because I am on duty."* – Participant 19, female ENA

The result aligned with the findings of Netshakhuma (2016), who discovered that non-psychiatric trained nurses felt unsupported by hospital authorities; for example, when

MHCUs injured a nurse, no counselling was provided. Additionally, Bekelepi and Martin (2022) indicated in their study that it is their managers' role to provide the support required to nurses when exposed to the aggressive behaviour of MHCUs and noticed the timing of referrals and the reaction from the service provider. Nurses suggested hospitals employ a hospital-based psychologist to support them, believing psychologists would better understand patients' issues. Nurses further indicated that they organised their counselling because of a perceived lack of support as they could not cope after the violent experiences.

Ghavidel et al. (2019) discovered that nurses working in psychiatric wards are frequently threatened or physically attacked by MHCUs admitted to psychiatric wards outside the hospital. However, the organization's management has never supported them. It was alluded that the hospital director indicated that, anything outside the hospital is not under their jurisdiction. Nurses in the nursing system feel ashamed, suggesting a desire for different jobs. Similarly, when participants experienced violent incidents, Martin and Beleki (2022) noted that enrolled nurses and ENA in the acute psychiatric unit had limited access to the Independent Counselling and Advisory Services (ICAS) staff support program. Nurses reported needing immediate assistance, which was thought to be unavailable. Some nurses who are not trained in psychiatry arranged their counseling. Nurses identified the need for a hospital-based psychologist on duty to assist staff members who had been victims of violence. Timor, Suryani, and Sutin's (2019) research found that nurses felt mistreated and disengaged by the management of mental hospitals. In their survey, more than half of the nurses disclosed information about protection and assurances for violently assaulted nurses. It was indicated that nurses who suffered violence did not receive reporting flow or follow-up. Nurses stated that they wanted a way to convey the occurrence.

Stevenson et al. (2015) also discovered a lack of support from hospital management, who cite the accounts of several nurses who felt furious, abandoned, and blamed by their managers. Following incidents of patient violence, some nurses claimed they never heard from their managers. In contrast, others reported having a quick phone call or talk that they found thoughtful but insufficiently encouraging. When their managers were questioned about the incidents, some people felt blamed. Similarly,

Zhao et al. (2015) revealed that management does not help nurses exposed to violence. In agreement with the previous study findings of the recent study, non-psychiatric trained nurses were blamed for MHCUs who had been bitten by the supervisor instead of offering emotional support to them.

4.3.4. Sub-theme 4.2: Inadequate financial funding

A female ENA with three years of experience mentioned that participants do not receive a danger allowance: *"What can one do? We are trying to cope, and here in a psychiatric ward, we work in a dangerous place. They said there is a danger allowance, but we are not receiving it. Since we started working here, we have never received a danger allowance.*" – Participant 5, female ENA

Another EN with nine years of experience stated: *"I can say even if financially it's good can be quarterly or twice a year."* – Participant 12, a male EN

Another female ENA with 11 years of experience opined: *"We need to have a good salary. We get a danger allowance, but it is too little."* – Participant 17, female ENA

Ghavidel et al. (2019) discovered that a pay gap, wage and payment challenges, low financial incentives, and a lack of welfare facilities provided by the organisation all contributed to exhaustion, physical problems, decreased power and energy, feelings of frustration and separation from the organisation, and job dissatisfaction in nurses working in psychiatric wards. Nurses indicated that they are underpaid, unable to pay their bills, and are compelled to work overtime while exploring other jobs.

Contrarily, Heijden, Mulder, König, and Anselmann (2017) indicated that for a nurse to function effectively in a challenging situation, psychological well-being is necessary. Factors related to psychological well-being are also associated with physical and social conditions. For example, satisfaction with payment may affect their task positively. At the same time, dissatisfaction may cause negative affectivity, leading to negative emotions and stress, developing anxious and irritating nature in nurses causing psychological problems hindering their overall health and increased use of health care. Nurses' burnout can often be considered an indicator of such a crisis. On the other hand, Ahanchian, Meshkinyazd, and Soudmand (2015) revealed that nurses

emphasise the need for individual income, living expenses, difficulties and lack of attention to the family while they struggle with their relatives. Alshowkan and Gamal (2019) found that nurses experience fatigue, physical issues, decreased power and energy, feelings of frustration and separation from the organisation, and job dissatisfaction because of the payment gap, issues with salaries and delayed payments, low financial incentives, and lack of welfare facilities provided by the organisation.

4.3.5. Theme 5: Knowledge and competencies deficit in mental health nursing

All 20 participants were concerned about lacking the skills necessary to render care to MHCUs as they are not psychiatrically trained. In addition, participants felt that the lack of basic psychiatric nursing skills makes it challenging to provide the expected care for MHCUs. In this theme, two sub-themes emerged, which are discussed in detail below in Table 4.7.

Table 4.7: Theme 5 and sub-themes

THEME	SUB-THEMES
4.3.5 Knowledge and competencies deficit in mental health nursing	5.1 Lack of knowledge in mental health nursing 5.2 Lack of skills in the management of mental health care users

4.3.5 Sub-theme 5.1: Lack of Knowledge in mental health nursing

During interviews, participants expressed their knowledge gap in mental health care as they are not psychiatrically trained. The following quotes indicate that participants lack knowledge and competencies and are unprepared to care for MCHUs in acute psychiatric wards.

A female ENA with three years of experience said: *"When the patient is violent, we tell those who are psychiatrically trained, we tell the sister that the patient is violent, and*

then we call security to assist us. Sister sometimes will give an injection or tablet." – Participant 5, female ENA

Another female EN with 12 months s of experience stated: *"Yes, it was difficult because we were not trained, and it was challenging to nurse the patients with mental illness. Because we are not taught, we can assist them with the multidisciplinary team as time goes on. We have the securities. We have nurses in the ward. If a patient becomes aggressive, we call the nurses and security officers. That is how we work. If you have done the wrong thing to the patient, maybe you give the patient the wrong medication when you are not trained. I don't know what's going to cover us, for us to be covered, who will do that because if we did anything wrong to the patient, we are going to be fired because I don't know we are going to be fired because we are not trained.*" – Participant 4, female EN

Another female ENA with seven months of experience opined: "*It is not easy at times because I am not trained. Yes, so what can I say because I am not qualified? I'm ENA here. ENA does not give medication to patients."* – Participant 7, female ENA

Another female ENA with six months of experience shared: "*I do not have any knowledge about mental conditions knowledge; I am not psychiatrically trained."* – Participant 8, female ENA

Another female ENA with 11 years of experience shared: *"I have never been exposed to a psychiatric ward during my training nor been taught psychiatry in my theory."* – Participant 17, female ENA

Another female ENA with 11 years of experience said*:* "*It is not easy to nurse them because I do not have experience as a student, but they tried to teach us here in the ward those who have psychiatry*." – Participant 19, female ENA

Another female ENA with 14 years of experience said: "*It is difficult because of some of the precautions you must take to inject or sedate them, so as a junior nurse or assistant nurse, I cannot inject the patient. I have never received any training. Yes, some are that our department, I think, is failing us more, especially in training. I am running to 14yrs now, being in the same category without being trained in the department of nursing section*." – Participant 20, female ENA

Another female ENA with six years of experience opined: "*I cannot make any decisions now, even if I can identify any problematic patient. Still, I cannot act, I cannot sedate the patient, I cannot restrain the patient, I cannot take the patient to the seclusion room by myself, and I still need permission from someone. That is why I am saying I do not have the powers, yes, my job right now is only to identify, and I specialise in reporting*." – Participant 10, female ENA

Another female ENA with 10 years of experience stated: *"Yes, and when I do not understand, I go to my seniors and ask what I must do if I can face this patient. What must I do? Because I do not know anything about mental conditions, plus I do not know I did not do psychiatry*." – Participant 11, female ENA

Another female ENA with three years of experience shared: *"Experiences just because I am an ENA. Experiences are many things; I did not initially know about psychiatric patients and mental illness as I am not trained. I just there and there; I just heard when I was here what a psychiatric patient is and the psychiatric illnesses."* – Participant 18, female ENA

Another male ENA with 10 years of experience shared: *"You can also say it is not easy, so when caring for those patients, one needs to have a broader knowledge of psychiatry. Working without knowledge in this ward, you are a person who is in danger because you do not have skills from books. You will use skills you have seen and told without going to school, which also assists in being taught knowledge."* – Participant 1, male ENA

The above quotes concur with Wang, Jia, Shi, Sun, Hu, Shen, Tang and Chein (2022) in China, who revealed that mental health literacy (MHL) of non-psychiatric trained nurses is inadequate in recognising mental health conditions like schizophrenia, depression, and generalised anxiety disorders. Netshakhuma (2016) also indicated that when taking care of MHCUs in the Sekhukhune district, non-psychiatric trained nurses experience burnout due to a lack of knowledge about the care of MHCUs and they feel that they are in danger as they are not psychiatrically trained when rendering care to MHCUs in general wards.

4.3.5 Sub-theme 5.2: Lack of skills for management of mental health care users

All participants narrated that they don't have the skills to manage MHCUs in acute psychiatric wards. Their self-perception regarding their adequate skills to deal with MHCUs influences their nursing interventions. Their deficiency interferes with the therapeutic interactions and understanding of the MHCU needs. Secondly, a lack of skills leads to a lack of competence and confidence, which limits their ability to deliver expected ideal nursing care when addressing patients with mental illnesses. MHCUs, on the other hand, risk receiving poor care from unskilled nurses, and they are not treated with the respect and dignity they need. The quotes below demonstrate that participants lack skills in managing MHCUs in acute psychiatric wards:

A male EN with nine years of experience stated: *"It is a difficult task because it is not easy to manage without being trained, but because we are males, sometimes we have our tricks to manage them compared to a general patient; this once they are very…… complicated to work with them. They are legislation and… which govern us that you can't do this and that and this to a patient as a nurse, and our scope of practice is limited when it comes to handling psychiatric patients. Most of them are complicated, and it is not easy to deal with because the scope of practice does not allow us to do some of the activities*." – Participant 12, male EN

A female EN with three years of experience said: *"You know, when the patient started to be aggressive, I did not know what to do; then I called the professional nurse to help me. So if they say they call security or give an injection, I withdraw the injection, I withdraw the injection and give the professional to inject the mental health care user."* – Participant 4, female EN

Another female ENA with six months of experience said: *"The first time I came here, I had a challenge on the first day of being allocated here in the psychiatric ward because I did not know how to manage psychiatric patients; it was the first time seeing mentally disturbed people taken care of in an institution. So, it was tough for me until they gave us health education and in-service training about managing an aggressive patient. I had no idea how to handle it. If the patient becomes aggressive, I do not know how to handle it, nor do I know about risk assessment before. Before they act, some patients have signs physically showing that this patient is not OK, but by then, I did not notice.*

Yeah, I did not know that risk assessment. I will shout and call sisters, but it was too late the time I shouted because the patient was behaving like he was showing signs that she was not OK, but I did not observe that until he acted." – Participant 6, female ENA

To indicate the lack of skills, the participant further explained: "*Mmmmm, skills so far, so good I do not think I have any skill I am aware of, and I cannot distinguish whether the patient is bipolar or schizophrenia through the behaviour."* – Participant 6, female ENA

Another female ENA with ten years of experience said: *"I did not know what to say; then teamwork could assist. I do not know about managing patients. Yes, and when I do not understand, I go to my seniors and ask what is this? What must I do if I can face this patient? What must I do? I was working in the theatre. I do not know anything about the psych patient."* – Participant 8, female ENA

A female ENA with seven months of experience shared: *"We work with those who are psychiatrically trained. We are not taught if we see something unusual. We tell the ones who are trained, like when the patient is violent, we tell those who are psychiatrically trained, we tell the sister that the patient is violent, then we call the security to come and assist us. Sister sometimes will give an injection or tablets."* – Participant 7, female ENA

Another female ENA with 11 years of experience shared: "*I am an ENA. Experiences are many things; initially, I did not know about psychiatric patients and mental illness as I am untrained.*" – Participant 17, female ENA

Another female ENA with 12 years of experience opined: "*This means you work not being sure what you are supposed to do. You can mismanage the patient because I do not know how to handle the patient. Because of lack of knowledge, we just run after them when they are absconding, and you have seen it is risky outside there; the yard is very bushy. I am doing things not part of my scope of practice because I was trying to run after her*." – Participant 19, female ENA

All participants in this study verbalised a lack of skills necessary for rendering care to patients with psychiatric conditions. For example, participants stated they did not know how to handle MHCUs since they had not received psychiatric nursing training.

Another participant said she could not do a risk assessment to assess warning signs of aggression until the patients demonstrated aggressive behavior and that they could not manage aggressive patients. This study also concurs with what Afolayan, Maureen, and Boudeugha (2014) found, that lack of adequate skills, confidence, and insecurity were significant factors that make non-psychiatric trained nurses unable to meet the needs of patients with mental illness.

Additionally, Gandinoto and Edward (2014) stated that non-psychiatric trained nurses believe that nursing care for the mentally ill is outside of their scope of practice and that they lack the psychiatric knowledge and skills needed to address the needs of patients with mental illness. However, Martin and Beleki (2022b) revealed in their study that nurses needed training in managing violent patients before working in an acute psychiatric ward. It was further indicated that nurses reported being trained in managing patients with violent behavior after an incident.

Furthermore, Rahmani et al. (2021) alluded that inadequate professional skills in psychiatric nursing were among the leading causes of lack of interest by nurses. Non-psychiatric trained nurses indicated they were not ready for psychiatric care practice when starting their unacceptable work conditions and lacked the professional skills to work in psychiatric wards. Furthermore nurses stated a lack of expertise when caring for MHCUs in acute psychiatric wards. As a result, MHL of non-psychiatric trained nurses is inadequate, with recognition of mental health conditions like schizophrenia, depression, and generalised anxiety. Similarly, Gutierrez (2019) indicated that during the rendering of mental health care to MHCUs, non-psychiatric trained nurses lack specialised psychiatric skills.

Timor, et al. (2019) alluded that nurses feel incompetent to face violent patients. It was stated that nurses' competence in dealing with acute patients who show violent behaviour is essential. Almost all participants in their study revealed that they had not received any training. One of them was training on the management of violence. Specifically, some participants expressed their need for psychiatric emergency training so that nurses master the technique of dealing with acute psychiatric patients. It could reduce the risk of injury when faced with patient violence. Therefore, it is essential to get training (in psychiatric emergencies). Bressington, Badnapurkar, Inoue, Chueng, Chien, Nelson and Gray (2018) support the study's findings highlighted above by

stating that the care of mentally ill patients may be compromised if nursing staff lacks the necessary skills. As a result, nursing professionals should keep up with developments in the mental health field.

4.3.6.Theme 6: Support needed by non-psychiatric trained nurses in an acute psychiatric ward

Participants indicated the support they need when rendering care to MHCUs in acute psychiatric wards. Five sub-themes were identified, as shown in Table 4.8 below.

Table 4.8: Theme 6 and sub-themes

THEME	SUB-THEMES
4.3.6 Support needed by non-psychiatric trained nurses in an acute psychiatric ward.	6.1 Orientation by psychiatric nurses 6.2 Conduction of in-services training and workshops by psychiatric nurses 6.3 Psychiatric nursing training by the institution and hospital management 6.4 Facilitation of emotional support by psychiatric nurses and hospital management 6.5 Facilitation of Provision of adequate resources by hospital management

Sub-themes from this theme were identified and are discussed in detail below.

4.3.6 Sub-theme 6.1: Orientation by psychiatric nurses

Some participants mentioned orientation as part of the support for non-psychiatric nurses. The following quotes indicate the orientation support needed:

A male ENA with 10 years of experience stated: *"I think when a person comes here for the first time in the psychiatric ward, they must do orientation. Orientation about the*

ward is essential, and even orientation to the patients that this patient is of which conditions and what can happen is terrible when you are here. Orientation can make a person coming for the first time in this ward less afraid because one will have been told about the condition of the ward you will be working in, which can assist. In my view, I think this orientation can be done first by the supervisor in the ward who knows the ward from the beginning explaining the condition of the ward." – Participant 1, male ENA

The above participant further indicated responsible people who should do orientation and how it should be done: "*In my view, I think this orientation can be done first by the supervisor in the ward who knows the ward from the beginning; this can assist in explaining the condition of the ward. I am referring to the matron of the ward. If not available, it means the second in charge will do orientation. If it is impossible, someone who knows and has worked in this ward for a long time will be nominated to do it."* – Participant 1, male ENA

The above participant further emphasised the importance of orientation: "*I think the way they should do it is when a person is coming for the first time in the ward. They can walk around the ward with a person showing the ward how it is and what is done here, for example, saying here is where patients come and eat food. This can assist patients whom they must take care of and must also be shown to that person that there are male patients and female patients. When you encounter a problem, you come here; the worker will feel free even when caring for those patients. I am referring to the ward matron. If not available, it means the second in charge will do orientation. If it is impossible, someone who knows and has been working in this ward for a long time will be nominated to do it. They have studied psychiatry."* – Participant 1, male ENA

Another female EN with five years of experience added: "S*enior nurses must orientate non-psychiatric trained nurses . They must take rounds and tell them about that ward routine; even those who have been there for a few months must orientate the new non-psychiatric nurses. Orientate them about mental conditions. They must also observe the patients showing them patients explaining the symptoms they have so that one can see real symptoms of mental conditions. Yes, orientation can work, and even accompaniment and assistance when bathing patients because one cannot go alone*

with a female patient who is restless; a psychiatric nurse/and experienced must assist." – Participant 2, female EN

Another female ENA with six months of experience in an acute psychiatric ward indicated orientation as a priority: "*OK, yeah, orientation is the first thing that can be done. So, the orientation I got in this unit was to show me where the treatment room, the sluice room, the office, and the staff members are. However, with the patient" conditions and behaviour, I was not orientated about the patient's behaviours until the following day. In this unit, they gave us health education on how we do things and manage patients Daily. They give us different in-service training about the patient's condition and behaviours. Yes, mmm, some things need a professional nurse. They have some they need my category level ENA, this time, we are taking vital signs I think is the duty of the auxiliary nurse, but some of the things the professional nurses can do."* – Participant 6, female ENA

Another female ENA with seven months of experience in an acute psychiatric ward highlighted the purpose of orientation: "*Orientate the nurse coming to work for the first time. Let the nurse know about the danger; yes, tell them that they must not be afraid of the patients, they must not walk alone and go to the patient alone until they* know that the place is free from harm." – Participant 7, female ENA

Another female ENA with one year of experience said: "*The sister in charge should orientate the new staff. This orientation will assist in knowing the kind of ward I will work in. The nurse will not get lost knowing this is a female acute, and the types of patients in an acute ward will have the light of what you will do.*" – Participant 16, female ENA

Another female ENA with seven years of experience said: *"Orientation firstly should be on patients; number 2, the surroundings showing all the structures of the ward, the non-psychiatric trained nurse must be orientated first. I think psychiatric nurses will do orientation; even the old staff members can do orientation because they have a little knowledge."* – Participant 19, female ENA

Another female ENA *with three years of experience* indicated her orientation was superficial: "*Truly speaking, I never had a chance for exposure. Direction is like being shown. For example, this is the treatment room, like the equipment room. They have*

orientated us, but it is not a proper orientation. Firstly, the orientation of nurses should be done on patients; secondly, the surroundings showing all the ward structures. This orientation will assist in knowing the kind of ward I will work in. The nurse will not get lost knowing this is a female acute, and the types of patients in an acute psychiatric ward will have the light of what you will do." – Participant 18, female ENA

In agreement with these findings, Rahmani et al., (2021) found that nurses working in psychiatric wards did not attend suitable ward orientation training and had to start immediately due to a staff shortage. On the other hand, an effective orientation programme can provide the new nurses with great confidence in their clinical skills and decision-making, resulting in career satisfaction (Janula Raju, Megahed, & Chithra, 2017). Three nurses said that one of the head nurse's responsibilities is to give new employees clear, in-depth information regarding upholding the ward's safety culture, particularly concerning patient conditions and past incidents, during the orientation programme for new staff. Nurses stated that the safety culture needs more attention and care because psychiatric wards deal with patients who are suspicious. As a result, the work of head nurses is highly valued and regarded as one of the most challenging jobs. In addition, nurses mentioned that the head nurse had given them thorough instructions on patient safety when they first joined the team as a sign of support (Alshowkan & Gama, 2019).

Booyens (2004) indicated that orientation forms part of staff development orientation, which is personal training to become acquainted with the job requirement. Orientation and induction training is done simultaneously, and if done systematically, it will ease the adaptation process for the new nurses and lessen errors. Induction training is the first part of orientation, where new stall members are subjected to an orientation programme for a few weeks. The purpose is to reduce anxiety and uncertainty and save supervisors and fellow workers time.

4.3.6 Sub-theme 6.2: Conduction of in-services training and workshops by psychiatric nurses

Participants also indicated that in-service training and workshops should also form part of the support given to non-psychiatric trained nurses. They shared the below regarding their views.

"Maybe they can take us to a workshop so that they can teach us. Yes, we need to be workshopped to have more information about the care of mental health care users; they must organise a workshop. The sister in charge must talk to the nursing managers." – Participant 3, male ENA

Another participant added: *"Those who are psychiatrically trained can-do workshops in the ward or hospitals related to mental illness, just like doing awareness that can make a person grow in handling mentally ill patients."* – Participant 1, male ENA

Another participant added: "I think maybe if they can train us or maybe workshop us once a week, I think that that will enable us to work much easier; I think the hospital should workshop and teach us because they are the ones who are hiring us; they are the ones who distribute us to different wards. Yes, just a week of a workshop." – Participant 9, female EN

Another participant stated: *"I think the first thing before being allocated in this ward, they must workshop us so that we know what we are going to face and what to do, explain and do a workshop about mentally ill patients and their behaviours, how to manage them, and how to cope with the."* – Participant 2, female EN

Another participant stated: "*I think maybe if they can be trained or perhaps a workshop a week, I think that that will make them work much easier*." – Participant 9, female ENA

Another participant added: "*I think they are supposed to workshop us once a year. It will be enough people from the province who should workshop us. They should also teach us but with people from the province. They should workshop us on mental healthcare user awareness."* – Participant 20, female ENA

The above quotes align with what Netshakhuma (2016) indicated in their study of non-psychiatric trained nurses rendering care to MHCUs in medical wards; they indicated the support they need from psychiatric nurses and hospital management to care for the MHCUs independently, including training in mental conditions and management of mentally ill patients admitted in medical wards. Participants mentioned that psychiatric nurses should do training and workshops at the ward level. Similarly, Joung et al., (2017) recommended developing psychiatric health education programmes for non-

psychiatric trained nurses and support by the institution to reduce negative attitudes towards psychiatric nurses and difficulties in caring for psychiatric patients. Netshakhuma (2016) also recommends in-service training and support of non-psychiatric trained nurses before and during taking care of MHCUs.

Ollila (2021) suggested that ongoing education and training for non-psychiatric trained nurses in specialist psychiatric nursing techniques would boost the nurse's self-efficacy in providing care for patients with mental illness. Adams (2015) argues that it is critical to encourage non-psychiatric trained nurses in their nursing education to develop the skills necessary to care for patients with psychiatric problems.

Contrary to the study's findings, Rutledge et al., (2013) found that non-psychiatric trained nurses receive basic level psychiatric nursing education in undergraduate nursing programmes. However, they might lack the necessary specialised education or training to provide safe care to mentally ill patients. The researcher noted that non-psychiatric trained nurses face difficulties while caring for patients with mental illness because they lack the skills and knowledge to distinguish between psychiatric symptoms and any physical problems the patient may be experiencing.

According to Booyens (2004), workshops and in-service training are used to train employees while providing service to an organisation's clients. Since a position in health care is never static and is prone to rapid change, it entails updating, training, educating, and informing the individual about the current job requirements. Continuous in-service training is required for healthcare personnel. The in-service training program is designed to keep personnel updated on new rules, diagnosis and treatment approaches, and the operation of new types of equipment. In-service training is carefully organised and is part of ongoing education.

4.3.6 Sub-theme 6.3: Psychiatric nursing training by the institution and hospital management

All participants indicated the support they need from hospital management to render care to MHCUs in acute psychiatric wards. The prevailing lack of knowledge and skills regarding mental health care was alluded by participants to poor preparation in the initial training, lack of access to support and ongoing mental health training, and in-service training education. Thus, non-psychiatric trained nurses of all categories (EN

and ENA) indicated the need for training in psychiatry to enable them to know and understand mental health conditions and the management of MHCUs in acute psychiatric wards. The following quotes suggest this:

An EN with five years of experience stated: "*For me to know them is when I am taught or sent for training at school so that I can learn those mental conditions."* – Participant 2, female EN

The above participant further explained, indicating the person responsible for training purposes: "*Those who can organise for me to go for training are the ones who work in this hospital, I mean the hospital management."* – Participant 2, female EN

Another male ENA with two years of experience indicated the need for training: *"So maybe they must take us to school for psychiatry training."* – Participant 3, male ENA

Another EN indicated that managers must motivate them to be trained: *"Yeah, I think professional nurses must tell their managers to train nurses here at the psyche ward; they must be trained; managers in the ward must say to the CEO to motivate for training."* – Participant 4, female EN

In agreement with what other non-psychiatric trained nurses shared about training, a male EN with 10 years of experience stated: "*If there is an opportunity, non-psychiatric nurses should be sent to school to study how to care for mentally ill patients and learn more about the psychiatric ward. I think this is very important when caring for those patients. Up to now, nothing can be done besides saying that one must be sent to school and study so that he can assist the patient in being knowledgeable."* – Participant 1, male EN

Another female ENA with ten years of experience as a nurse and seven months of experience in an acute psychiatric ward indicated the disadvantage of not being trained*: "The only way is to take me to school to further my studies. I have been serving this hospital for more than ten years and am still an ENA; I do not know if this will happen in time. Yes, that is the only way because now I do not have the power to do other things; I cannot make any decisions now; even if I can identify any problematic patient, I still cannot take action. I cannot sedate the patient; I cannot restrain the patient. I cannot take the patient to the seclusion room by myself. I still need permission from someone, so I am saying I do not have the power."* – Participant 7, female ENA

Most of the participants indicated the importance of training in psychiatry nursing. *A female* ENA with six months of experience said: "*Yes, training in the psyche is necessary because you learn so much at school. I want to go to school, and the matron must write a motivation for us to go to school."* – Participant 8, female ENA

Participants indicated that they need to be trained in psychiatry by psychiatric nurses and hospital management. This is supported by the narratives below.

"*The hospital must do training; it must send us to school because the ward is found within the hospital, and all these will assist the patients. I think the hospital should ensure that people who work in this ward should have complete knowledge rather than knowledge which they get during practical exposure in the ward only without theory from the books."* – Participant 1, male ENA

Participant 1 further indicated where the training could be done: *"I think there is no other place where one can study psychiatry unless those who are psychiatrically trained can-do workshops in the ward or hospitals related to mental illness just like doing awareness that can make a person grow in handling a mentally ill patient."* – Participant 1, male ENA

Another participant added: "*Yes, it is essential to be trained. To further studies on how to handle a patient: those who know about psychiatry should be the ones who train you."* – Participant 16, female ENA

Another participant added: "*I want to go to school to know about this patient I am nursing. When I am with a psychiatric patient, I must know what to do when displaying certain behaviours. I need to be trained elsewhere, and we must go to a hospital for practical exposure. I want to go to school to know about this patient I am nursing. When I am with a psychiatric patient, I must know what to do when displaying certain behaviour."* – Participant 17, female ENA

Another participant added: "*They should send us for training. I think the government should train us because they failed us to attend school because they have closed private schools, they have closed the channels we are unable to go to private schools for training if at least they did not close the private schools, we would go for training ourselves, and now we cannot manage patient well because we are not trained. If they*

did not close other training institutions, you would have gone for training as we did our auxiliary nursing there, and maybe we would have been getting something there. I think the nurse manager must write a motivation for training." – Participant 19, female ENA

Another female ENA with 14 years of experience stated: "*The skill is like-to-go training; as I said, I am an assistant nurse to do some elective psychiatry. I think it is our department of health under nursing. I mean nursing section is the one responsible, and our MEC. The nursing service manager is the one who should motivate us to be trained as our manager."* – Participant 20, female ENA

An ENA with six months of experience indicated that the one responsible for hiring nurses is the one responsible for training*: "I think the hospital because they are the ones who are hiring us. They are the ones who distribute different words. I believe, immediately they hire you, and they take you to a particular ward, especially our ward, maybe if they can do it just for a week, workshopping you, telling you how to handle them."* – Participant 9, female ENA

Another female ENA with six years of experience opined: "*The only way is to take me to school to further my studies. I have served this hospital for over 10 years and am still an ENA. Even now, I'm not sure if this will happen in time."* – Participant 10, female ENA

An EN with nine years of experience stated: *"One psychiatric training is needed. Training will help us make our work easier; the nursing manager and HRD development office should usually train us in the institution*. U*sually, you cannot wait for someone to be old to reach the exit years so that you can train that person if it is of choice. Even in two years, you may make sure that that person now has the ground of the psychiatric institution, then he can, or she can be trained."* – Participant 12, male EN

Another one added*: "I want to go to school to know about this patient I care for. When I am with a psychiatric patient, I must know what to do when displaying certain behaviours; I need to be trained somewhere else, and we must go to a hospital for practical exposure. I have never been exposed to a psychiatric ward during my training nor been taught psychiatry in my theory."* – Participant 18, female EN

The above quotes align with what Sobukwe and Arunachalam (2015) and Joubert and Bangwan (2018) did in their studies, which recommended developing a training programme to address the identified challenges faced by non-psychiatric nurses. Joung, Yang, Shim and Shin (2017) also suggested a need for developing psychiatric education programmes for non-psychiatric trained nurses and support by the institution to reduce negative attitudes towards trained nurses and difficulties in caring for psychiatric patients.

However, Bekelepi and Martin (2022) recommended training nurses to manage aggressive patients before working in the acute psychiatric ward was deemed necessary. However, training as a preventative measure was underutilised, with only one nurse reporting being sent for training in managing aggressive patients following an assault.

It has been established that continuing professional development through training programmes and workshops based on current information and trying to cut research is essential for ensuring high standards of service (Alshowkan & Gamal, 2019). As a result, Heim, Henderson, Kohrt, Koschorke, Milenova and Thornicroft (2020) noted that non-psychiatric trained nurses lacked training in specialised clinical and communication skills, except for one study that showed a favourable impact of interview skills training on attitudes. However, Bekelepi, Penelope, Martin and Chipps (2015) suggest that ongoing training in managing aggression be given frequently. At the ward level, training might also take the form of in-service training.

Non-psychiatric trained nurses rendering care to MHCUs in acute psychiatric wards indicated the support they need from psychiatric nurses and hospital management to care for the MHCUs independently, including training in mental conditions and management of mentally ill patients admitted in acute psychiatric wards. Participants mentioned that psychiatric nurses should do training and workshops at the ward level.

Adams (2015) supports these findings to ensure patient safety and high-quality treatment by stating that the primary goal of nursing education is to give nursing professionals the required level of competency. Several efforts should be made to the request for nursing educational change to develop nursing practitioners who can provide safe and effective patient care.

Joung,et al (2017) recommended developing psychiatric health education programmes for non-psychiatric trained nurses with support from the institution to reduce negative attitudes towards psychiatric trained nurses and difficulties in caring for psychiatric patients. Netshakhuma (2016) also recommends in-service training and support of non-psychiatric trained nurses before and during taking care of MHCUs.

4.3.6 Sub-theme 6.4: Facilitation of emotional support by psychiatric nurses and hospital management

Some of the participants mentioned emotional support as part of support to non-psychiatric trained nurses. Some participants indicated that it was their first encounter with MHCU. Some suggested that after exposure to aggressive behaviour or assault, they need to be offered counsel. The statement mentioned by participants is evidence that non-psychiatric trained nurses need emotional support:

A male EN with nine years of experience stated: *"If we can be offered psychological support, it will help us, even make our work easier. We have a psychologist in the Republic of South Africa and social workers who can do the job for us."* – Participant 12, male EN

An ENA with 12 years of experience said: "*I think psychological support by psychologists because sometimes patients are aggressive here, last time other nurses were bitten by patients and that patient who bites the nurse is HIV positive, and when bitten like that, I have family they will be surprises when am taking ARVs. What will happen, you see? This is not good because at home there will be a fight."* – Participant 19, ENA

Similarly, Steven et al. (2015) discovered that all nurses in psychiatric wards sought support from formal and informal systems immediately following an experience of either verbal or physical patient aggression. As a result of the occurrence, management was frequently identified as providing adequate help. In addition, regardless of the type of assault, participants consistently reported seeking informal support from co-workers, family, and friends.

Bekelepi and Martin (2022b) indicated that some nurses in an acute psychiatric ward in the Western Cape reported receiving support through phone calls and messages

from their supervisors following a violent incident. In contrast, other nurses expressed disappointment in the lack of support from top management following a violent incident. Consistent with this study, Stevenson et al., (2015) reported that nurses described feeling angry, unsupported, and blamed by their managers. However, others said that the managers showed support through phone calls, which were thought to be thoughtful.

Contrarily, Pekurinen, Willman, Virtanen, Kivimäki, Vahtera and Välimäki (2017) found that psychiatric nurses had greater psychiatric wellness and fewer sleep issues than non-psychiatric trained nurses after being exposed to patient aggression. This suggests that maintaining nurses' welfare following exposure to aggressive patients should receive more focus. They also stated that their research challenges the accepted thinking on the fields of nursing that place the most significant demands on nurses' health. Their findings highlight the significance of assessing and developing resources (such as post-incident debriefing, clinical supervision, and education) for maintaining nurses' health and well-being following exposure to patient aggression, not just in terms of physical attack but also in terms of less severe forms of patient aggression.

Ebrahimi, Hassankhani, Negarandeh, Gillespie and Azizi (2016) mentioned that emotional support is vital in reducing non-psychiatric trained nurses stress and anxiety, increasing their self-confidence, and forming a constructive relationship between them and qualified nurses. Emotional support includes assurance, relaxation, security, lifting spirits, and emotional belonging and involvement.

Following traumatic occurrences in acute psychiatric wards, non-psychiatric trained nurses needed debriefing and referral to a psychologist for counselling, according to the study's findings. One participant suggested that nurses be offered counselling after being exposed to the violent behaviour of MHCUs. Similarly, Allen and Palk (2018) discovered that nurses' descriptions of the impacts of trauma also highlighted their coping activities, such as support seeking, debriefing and taking breaks. Finally, when nurses asked what they believe is required in the workplace to enhance resilience, nurses mentioned education, debriefing, support programmes, and leave allowance. It is worth noting that, despite existing resources, such as free counselling through the

employee assistance programme and a free 24-hour crisis support phone line, nurses recommended that increased accessible access to counselling is required.

On the other hand, debriefing is defined as a set of processes providing emotional and psychological support following a traumatic experience. Debriefing is intended to prevent post-traumatic stress disorder and other negative impacts. Debriefing sessions can last two to three hours daily and are usually held within the first few days after a traumatic event. Debriefing is the initial step in supporting people in processing their direct involvement with traumatic events. Before dealing with participants, debriefing counsellors must complete specialised training. Counselling enables people to get deeper into their ideas and feelings to effect desired changes (Burman, 2018).

4.3.6 Sub-theme 6.5: Facilitation of provision of adequate resources by hospital management

Some participants indicated that the hospital must hire nurses so that the problem of shortage of staff is addressed. A female ENA opined: *"They must employ those who have some skills, yes elective psyche nurses, advanced psychiatric nurses they must hire more male, male nurses are needed. Psychiatric patients are very much clever. They take advantage and say she is a woman, and this one is a man .that thing sometimes planning it cannot work, and sometimes one can be injured."* – Participant 20, female ENA

Another participant stated: *"Other staff members are old and going on pension. They must hire more new staff here."* – Participant 5, female ENA

Another female ENA with six years of experience stated: *"The board of the hospital must hire nurses; the shortage is too much P10:: all categories of nurses should be employed because we are short-staffed because sometimes in the ward, we find ourselves working being three on that week, and the staff of the day we are four you see, and if the patients start to misbehave and you are three you have to suffer to control the patients, and the workload is high for us."* – Participant 10, female ENA

An EN with 10 years of experience said: *"I talk about the staff shortage; this is the challenge I have encountered. We need more staff. I think hospital management must*

motivate more staff. I think the reason is for us to be safe here." – Participant 11, female EN

The above participant further added that the medical equipment which is needed in psychiatric wards could attend to the physical needs of MHCUs: *"The management must ensure that the equipment is available, for the patient to get the oxygen, we must have it available where will I get it here in a psyche ward."* – Participant 11, female EN

Another participant indicated the need to hire male nurses: "*Male patients are very clever and have better sight than female patients, so perhaps they should hire more male nurses. Male patients are less likely to attack female nurses when male nurses are around. We have three male nurses on staff. If they add three or four, it will be much better. A female nurse must not be left alone or work alone but let me say in our ward, in the male acute unit, ensure that there are more male nurses than female nurses*." – Participant 9, female EN

Another participant added: *"We need enough staffing because there can occasionally be a problem in a ward. We discover that we are two nurses when we notice that two or three patients are ill. If we have enough staff, it will be much better, as it means the other group will attend the other one while the other group is attending the second one to prevent injuries in the ward. Even if two patients fall ill at the same time, they relapse, becoming aggressive, taking chairs, breaking windows, and taking chairs, wanting to beat other patients. For another relapse, there is a challenge of how we will assist them when they relapse, being two at a time" the support that we need is enough staffing, but even us here in the ward, when there is a shortage, we tell our ward matron that there is a shortage so if they go to attend a meeting they must explain that there is a shortage of staff in their ward so the hospital manager will take it from there*." – Participant 13, female EN

Another participant added: *"They must hire more staff members so there are enough kitchen staff. I mean every staff because in the kitchen they do not work at night, even night staff nurses even prepare tea for patients and nurses are being told that there is no kitchen staff at night, even cleaner is one at a time sometimes you find that there are no cleaners at all we end up mopping the floor because the cleaner is off."* – Participant 19, female ENA

The study's findings indicated that non-psychiatric trained nurses expected the hospital management to ensure that the wards were in a standard suitable to nurse MHCUs. One of the participants commented on the maintenance and repair of the building: *"Perhaps the burglar-proofing could be placed outside. In my opinion, the only buglers proof and locked doors are the only things that can keep employees and our patients safe at the hospital. There is no lock on those doors."* – Participant 20, female ENA

In contrast to the study findings, Alshowkan and Gamal (2019) found that most psychiatric ward nurses, both male and female, recognised the importance of the head nurse to patient safety. They are of the view that the head nurse assists staff in ensuring a safe environment regarding the physical environment, patient cooperation, and therapeutic interactions between staff and patients. The head nurses create safety strategies based on the patient's condition. Department leaders also boost teamwork by making suggestions and issuing orders. Yet, an essential component of ensuring patient safety is the availability of well-trained nurses and suitable nurse-patient ratios. Adverse patient outcomes, such as a rise in death rates, falls, and prescription errors, have been linked to inadequate staffing levels, higher workloads, and unstable working environments. Nurses who work in settings with sufficient staffing levels reported higher-quality care and more positive experiences (Momennasab, Yektatalab, Rivaz & Ebadi, 2017).

In their study, nurses described staff inadequacy as nurses working in most wards being young, inexperienced, and lacking clinical qualifications. According to them, proper staffing includes not only having an adequate number of nurses but also having enough nurses who are qualified in theoretical and practical skills. In addition, qualified nurses can apply critical thinking to make timely and appropriate clinical decisions (Rivaz, Momennasab, Yektatalab & Ebadi, 2017).

Additionally, nurses stated that adequate physical resources, sufficient and appropriate equipment, and proper physical structure were required. Nurses recognised the critical importance of material resources as facilitators of care and medical procedures, such as suitable and current workplace equipment. Inadequate equipment, in their opinion, is one of the most critical barriers in care environments, causing disruption, missed treatment or delay in care delivery, and emotional problems. Conversely, enough current equipment in the workplace promotes care

delivery, reduces stress, eliminates service delays, and increases patient satisfaction (Rivaz, et al 2017).

According to Rivaz et al (2017), adequate equipment, sufficient physical space, light, and good air conditioning are required for the safety of nurses and patients. Patients and nurses are severely injured in crowded wards with high turnover and inadequate physical settings. Furthermore, the studies revealed that adequate space, an appropriate physical structure of the wards, and natural light are all important factors that influence staff productivity. As part of the practice environment, the physical environment significantly impacts nurses' views, interprofessional communications, and job satisfaction. The study found that in South Korean hospitals, a larger patient-nurse ratio, high workload, bad practice conditions, and a lack of educated nurses all contributed to higher mortality, which is preventable (Cho, Sloane, Kim, Kim, Choi & Yoo, 2015). As a result, adequate staffing and physical resources are two highlighted components in the nursing practice environment that influence nurses' perceptions of the nursing practice environment's quality (Rivaz et al, 2017).

4.4 CHAPTER SUMMARY

The data were presented, interpreted, and discussed in this chapter. The data-derived themes and sub-themes were explored and discussed in detail. The chapter covered the following study objectives: Experiences of non-psychiatric trained nurses rendering care to mental health care users in acute psychiatric wards were explored and described. The support that non-psychiatric trained nurses need rendering care to MHCUs in acute psychiatric wards was explored and described.

The literature supported the findings of the study. Chapter 5 discusses the model development, guided by the study's findings in phase one.

CHAPTER 5

PHASE TWO: CONCEPT ANALYSIS

5.1 INTRODUCTION

In Chapter 4, six themes emerged from data analysis on the experiences of non-psychiatric trained nurses and their support needs when rendering care to MHCUs in acute psychiatric wards. The study showed that non-psychiatrically trained nurses experienced challenges while caring for MHCUs in acute psychiatric wards. They indicated they do not receive support from psychiatric nurses or hospital management as they lack knowledge and skills of mental illness and its management. They also showed that when exposed to physical or emotional trauma, they required emotional support, which was not given to them. The participants stated that they lack knowledge and expertise; thus, it would be better to receive training on how to manage MHCUs The findings led to the notion of support requirements. The study's results showed that non-psychiatric trained nurses do not receive support from psychiatric nurses or hospital management.

This chapter defines the central concept, which is support. The dictionary and subject definition approaches were used to clarify the central concept. Its defining attributes are also identified. A model case and a contrary case were constructed to indicate the use of the central concept in real situations. Antecedents and consequences of support are also discussed. Finally, related concepts are identified and classified. The researcher adopted eight steps in Walker and Avan's (2019) method to clarify and distinguish the definition of the central concept. The concept that emerged from the data analysis is ‘support’.

5.2 OBJECTIVE

To analyse the concept “support” using Walker and Avan's (2019) eight steps method.

5.3 CONCEPT ANALYSIS

Walker and Avant (2019) defined concept analysis as a strategy that allows researchers to examine a concept's attributes or characteristics. The authors further indicated that analysis is a formal linguistic exercise to determine the defining traits. Concept analysis aims to distinguish the defining attributes of the concept from the irrelevant characteristics (Walker & Avant, 2019).

A concept analysis explored the daily experiences of non-psychiatric trained nurses caring for MHCUs in acute psychiatric hospitals in Limpopo Province. The concept that emerged from the data analysis is support, which is a network of reciprocal trade founded on honesty, rewards and rules that appreciate contributions and care about the well-being of its employees. Concept analysis was conducted using eight steps as outlined by Walker and Avant (2019):

- Select a concept
- Determine the purpose of the analysis
- Identify all uses of the concept
- Determine the defining attributes
- Construct a model case
- Construct borderline and contrary cases
- Identify antecedents and consequences
- Define empirical referents

5.3.1 Step 1: Select a concept.

Walker and Avant (2019) state that concept selection should reflect the topic or area of the most significant interest. When selecting a concept, its relevance should be examined in several contexts. First, the chosen concept should correspond to the area of interest addressed in the research question. The results indicate that non-psychiatric trained nurses experienced challenges when rendering care to MHCUs in acute psychiatric wards in Limpopo Province. Furthermore, non-psychiatric trained nurses described the kind of assistance or support they need per study objective when rendering care to MHCUs as they do not have psychiatric skill since they are not trained. From the above, the central concept in theme six and discussions is support

for non-psychiatric trained nurses. Non-psychiatric trained nurses indicated that they need support when rendering care to MHCUs in acute psychiatric wards to be able to render quality patient care.

The term support was defined with related concepts and then synthesised into a core central definition of support for the researcher to clarify its understanding and use. To broaden and enrich the definitions, the researcher will incorporate definitions from education, nursing and medicine where the terms support is used. The researcher identified the defining attributes of the support concept while examining their applications in various fields of study, as suggested by Walker and Avant (2019).

5.3.2 Step 2: Determine the purpose of the analysis

Chin and Kramer (2013) and Walker and Avant (2019) state that concept analysis aims to set boundaries to limit becoming hopeless in the process. In this study, the researcher determined the purpose of concept analysis as follows:

- To clarify the meaning of the concept of support
- To develop an operational definition
- To distinguish between the concept's average, ordinary, and scientific language usage
- To define the meaning of the concept of the support of non-psychiatric trained nurses rendering care to MHCUs, its attributes, and meaning to clarify a concept (Walker & Avant, 2019).

5.3.3 Step 3: Identify all uses of the concept

Walker and Avant (2019) alluded that it is essential to identify all uses of a concept when collecting empirical data for analysis. In this study, the researcher clarified the concepts using a dictionary, thesis, colleagues and literature control to promote further understanding among other disciplines. Support is frequently used and difficult to define because it depends on the field. Related terms to the idea of support could help with comprehension and promote a clear explanation of the intentions or goal of support. In this study, the researcher operationalised the concept of support for non-psychiatric trained nurses rendering care to MHCUs to guide the profession to avoid

losing helpful information. Furthermore, the researcher defined the conceptual meaning using various resources. The concept of support is described in detail below.

- **Definition of the concept of support**

Support is widely used every day and remains a complex concept. However, its meaning varies depending on the discipline. Related words to the concept of support may aid in understanding and facilitate effective communication of the intentions or objectives of support. Support was defined as an interactive encouraged process between the psychiatric nurses and non-psychiatric trained nurses making it possible for non-psychiatric trained nurses in an acute psychiatric ward to render comprehensive care to MHCUs by providing them with the necessary support to help them become complete. Support can mean giving someone bravery, strength or encouragement. For example, it may indicate “to withstand, bear out, tolerate, endure, or tend to.” Additionally, “countenance is to provide support, speak in favour of, or show a great interest in.” Participants in this study expressed a need for psychiatric nurses to support them.

Support has been related to terms such as advocate, back-up, assistance, encouragement, and providing means. However, these concepts have different meanings when used in various contexts. In midwifery science when the woman is experiencing construction she is offered support by the midwife or the spouse.

All non-psychiatric trained nurses in this study indicated a need for support from psychiatric nurses and hospital management to render care to MHCUs in acute psychiatric wards through educational and emotional support. According to the Merriam-Webster Dictionary (2023), support is assistance provided by a company or an individual, which can be either practical, physical, psychological, financial, instrumental, informational, or to help someone emotionally or practically.

- **Support**

Support is a verb and a noun; as a verb, it means to assist or help. As a noun, assist is an act or action that helps someone. As a noun, support implies assistance provided to someone. Therefore, support is related to assistance/aid. The thesaurus definition of support as assistance is an act or instance of helping (Merriam-Webster Dictionary 2023 online dictionary).

Furthermore, Merriam-Webster's online dictionary lists the synonyms of the noun support as assist, encouragement, aid, backing, guidance, promotion, helping hand, service, and advice. It further lists the antonyms of support: sabotage frustrates, hamper, hinders, impede, obstructs, prevents, restrains, disappoints, and thwarts. Therefore, support can also be defined as the complete level of assistance or services. In addition, Cherry (2022a) defined support as the psychological and material resources made available by a social network to aid people in managing stress. Such support could take many different forms, including:

- Assisting a person who is distressed with various daily activities or providing financial aid when necessary.
- Offering to counsel to a colleague in a challenging situation.
- Showing compassion, empathy, and attention to a loved one in need.

According to Cherry (2022b) and Ko, Wang and Xu (2013), support has four categories of behaviours: emotional, instrumental, informational, and appraisal. These are discussed below.

- **Emotional support**

Listening, empathising, and providing physical comfort, such as hugs or pats on the back, are common forms of support. For example, a friend or colleague offering emotional support may offer a big handshake and listen to the problems while telling you they have been through the same things. Individuals who are close to you may occasionally offer you emotional support. They help you when needed and listen when things don't go your way. This support can be effective, especially when individuals feel anxious or lonely (Cherry, 2022a; Ko et al., 2013).

Given that workplace stress is characterised by ongoing pressure and negative experiences that lead to care delivery, a system for non-psychiatrically trained nurses who work in MHCUs should be implemented. This system should include counselling services. Non-psychiatric trained nurses should have access to debriefing and counselling services to receive professional care; supervisors should recommend nurses for their welfare if such services are not offered. According to the study's findings, debriefing and counselling sessions are required for non-psychiatric trained

nurses to relive part of their experience in a supportive environment. Non-psychiatric trained nurses indicated that there is no system where one can relieve oneself of the stress and tension experienced by caring.

- **Informational support**

People that offer informational support do so by advising others, gathering and disseminating knowledge that can alert them of potential next steps that may be effective, or both. Public acute psychiatric wards should have policies, directions, and procedural manuals, and nursing staff should be periodically informed on current trends for non-psychiatrically trained nurses to manage MHCUs. To provide better services, hospital administrators and psychiatric nurses must see that nursing staff receive ongoing job-related information by looking for resourceful personnel inside the company. A participant indicated: "*They should have orientated us and told us how to manage an aggressive patient."* Promoting a positive attitude and creating a professional identity aligned with organisational objectives, coaching, and mentoring newly hired non-psychiatric trained nurses can help improve informational support. Friendships, mentoring relationships, and peer support groups help employees develop a positive sense of themselves and gain trust. Role modelling encourages mentors to tackle any personal issues that might prevent them from feeling at ease in the workplace.

- **Instrumental support**

Support from others that is concrete is referred to as instrumental support. Instrumental support consists of the actions taken or materials provided by others to help you (Schultz, Corbett & Hughes, 2022). For example, non-psychiatric trained nurses must be supported with material resources to plan the nursing care of MHCUs. According to empirical data, nurses required additional staff, particularly male nurses, to help with the workload, reinforce security protocols and provide material resources such as medical instruments and patient clothing. A participant opined: *"The machines are enough, no; we also need equipment like BP and HGT machines to check blood sugar. Equipment is supposed to be available at the hospital. If there is no equipment, the patient is gasping, and there is no mechanism for the patient to be assisted in breathing*

well, you must transfer the patient to another hospital." This assistance signals to employees the extent to which the organisation cares about their well-being.

- **Appraisal support**

The dissemination of information through approval, criticism and social identification from family, friends or co-workers is known as appraisal support. When an organisation offers the right resources, such as rewards, developing chances, and feedback, non-psychiatric trained nurses might view support to be exceptionally high. Empirical findings showed that non-psychiatric trained nurses must be commended for providing care under stressful circumstances by their supervisors, managers and co-workers. The provision of incentives, such as danger allowance, should recognise their efforts. They should also be given the knowledge necessary to care for MCHUs, communicate with those affected, and be offered incentives like a danger allowance. Booyens (2004) also indicated that human resource practices such as rewards, developmental experiences, and promotions show respect for employees' abilities.

5.3.4 Step 4: Identifying and defining attributes of the concept

Walker and Avant (2019) consider concept identification and definition as the core of concept analysis. The researcher chose more than one meaning and continued analysing the different meanings. In this study, the researcher selected qualities using literature control and articulated its other aim. The defining features of a concept are those aspects of the concept that are most strongly associated with it and can help the researcher better understand it (Walker & Avant, 2019). For example, support attributes include empowering, comforting, promoting, encouraging collaboration, communication, information exchange, and feedback. The researcher chose the notion of support to include all types of assistance. Yet, some concepts are connected to concept support. For example, support has been described using terms such as backing, assistance, encouragement, and provision. These concepts have various meanings when employed in different situations. Depending on the context, concepts can have a wide range of meanings.

- **Encouragement**

It is the act of giving hope or support to someone, human action or human activity. Encouragement is providing someone support, certainty or hope through words or actions that inspire trust in someone to act (Cambridge Dictionary Online, 2023). Individual employees need a little encouragement or praise to acknowledge their function as non-psychiatric trained nurses. Supervisors must uphold excellent interpersonal and open communication by consistently being present to offer credit. Perceived support boosts commitment and morale at work.

- **Assistance/aid**

It is an activity that contributes to the satisfaction of a need or the accomplishment of a goal. It is an act of assisting, aiding or helping (Cambridge Dictionary Online, 2023). Caring for MHCUs can result in adverse outcomes like neglect of mental health and burnout; thus, non-psychiatric trained nurses must be assisted with services such as counselling and debriefing. The therapeutic process of counselling is carried out by a qualified professional, such as a social worker, psychologist or psychiatrist. Such services are in the Employee Assistance Programme (EAP) package. The EAP Association of South Africa (2015) defines EAP as a work-site-based programme aimed at identifying and resolving production issues relating to employees who are affected by personal problems, such as health, marital, family, financial, legal, emotional, stress or other personal concerns that may adversely affect employee job performance. Employers offer services to their employees to help them overcome problems that may negatively affect job satisfaction, such as counselling services or work-based intervention programmes.

- **Back up**

Back up includes assistance, auxiliary, reinforcement, reserve and replacement staff. It stands by as an alternative or supplementary (Cambridge Dictionary). Caring for MHCUs by non-psychiatric trained nurses is stressful and can lead to emotional exhaustion. The behaviour of MCHUs negatively impacts non-psychiatric trained nurses in such a way that they need backing up; thus, more male nurses and security guards are requested to assist in case there is a violent patient.

- **Provide means**

It involves giving someone what they want or need, particularly support or sustenance. To obtain goods or means ahead, to act in preparation for a need that is expected or potentially present (Macmillan Dictionary online 2023). When resources are insufficient or inadequate, it results in low productivity, low morale and burnout for nurses who are caregivers and must provide adequate care. Managers must give staff the resources and assistance they need to put in the same effort and dedication.

When formulating a concept analysis, it is vital to know the attributes as it will show the criterion on the factors that contribute to the central concept. Moreover, it will better define why and how it affects the result of the concept analysis as it provides a better picture of the idea (Walker & Avant, 2019).

5.3.5 Step 5: Constructing a model case

A model case is one in which the analysis can say "well" if that is not an example of a model. A model case can be constructed by the researcher or may be an example of a real-life case (Walker & Avant, 2019). The authors further indicated that the researcher should begin to develop a model case while developing the list of defining the attribute. In this study, the researcher developed a model case that represents a real-life example of uses of the concept that include critical characteristics. The model cases were placed in the interview data collected to understand the meaning of support as narrated by non-psychiatric trained nurses caring for MHCUs in public acute psychiatric wards. The following model case illustrates the defining attributes of support:

"I was happy my supervisor comforted me after pouring porridge on my face and uniform. I was messy and humiliated. That day my heart was broken. At least my supervisor is incredibly supportive." In this case, non-psychiatric trained nurses are explaining the feeling of being assisted. They further explained the importance of support by psychiatric nurses and hospital management; therefore, the researcher assumes that implementation of the RAM may assist nurses in adapting to the working environment using adaptive modes (Roy, 2011).

5.3.6 Step 6: Construct additional, borderline, related, inverted, illegitimate, and contrary cases

Walker and Avant (2019) indicated that analysis could not be complete until there are no overlapping attributes and no contradictions between the defining characteristics and the model case, and have divided additional contrast cases into borderline, related, contrary, inverted and illegitimate cases. Furthermore, they stated that these cases help the researcher to clarify thinking about defining the attributes of the concept of interest.

Related cases are instances related to the concept understudy, but do not contain critical attributes and, in some way, are connected to the main concepts (Walker & Avant, 2019). In addition, related cases demonstrate similar ideas to the central concept but differ slightly when examined closely. The contrary case is helpful to analysis as the researcher expresses issues differently. Furthermore, Walker and Avant (2019) indicated that country cases give the researcher information about the concept's defining attributes. In this study, the researcher compared the defining attributes and decided which attributes additional cases used to the concept of interest.

A contrary case symbolises the opposite of the central concept as it represents something that many people will recognise as not indicating the central concept, but it helps to clearly show what the central concept is not (Walker & Avant, 2019; Chinn & Kramer, 2013). A contrary case shows a lack of support for non-psychiatric trained nurses in acute wards. One of the participants narrated: *"No meeting was conducted by management after the incident of the human bite. We just heard about the case of a human bite incident while other staff members were talking about it. We listened to the people talking about what happened, you see. This does not seem right. They were supposed to call a meeting and reassure us. It is a lengthy procedure when a mentally ill bite you, and they do not counsel us. You are given ARVs, and at home, they will be surprised, and it is a problem because they end up asking you what you did to the patient. When you end up being bitten is like the nurse is wrong; that is why you are bitten. They start to blame you for not handling the patient well, you harassed the patient, or you insulted that patient, things like that."* This quote suggests that the attributed concept of support did not occur.

5.3.7 Step 7: Identity antecedents and consequences

Walker and Avant (2019) define antecedents as events or things that must happen or be present before the occurrence of a concept. In contrast, consequences are events or things that happen because of the occurrence of a concept.

- **Identification of antecedents**

Antecedents are situations that must occur before the said concept occurs (Walker & Avant, 2019). Antecedents assist the researcher in identifying the underlying assumptions about the support concept for non-psychiatric trained nurses rendering care to MHCUs. This analysis focuses mainly on the support nurses dealing with MHCUs get from their significant others and management. Several antecedents were identified that might define the concept of support. The antecedents of support when caring for MHCUs in acute psychiatric wards would be aspects that would precede the support process. Non-psychiatric trained nurses caring for the mentally ill is burdening and leads to psychological and emotional problems. For this study, the antecedent of support was identified as self-awareness and self-concept, trust and respect, good interpersonal relationships, willingness and commitment, communication, active participation and collaboration, information sharing, and reflective feedback. Each antecedent of support is described in detail below.

- **Trust and respect**

Respect is expressing thanks for someone's characteristics or attributes or treating them respectfully. Within the job, respect should be expected regardless of any personal feelings. Respect and trust reduce stress and increase productivity and collaboration. Nurses who respect and trust one another cooperate and act in a way that does not jeopardise the life of MHCUs. Everyone requires a little respect, and we must show respect in the workplace to prevent hurtful situations.

- **Self-awareness and self-concept**

Self-awareness is "the awareness of one's personality or individuality." Self-awareness is how an individual consciously knows and understands their character, feelings,

motives, and desires. Eurich (2018) indicated that knowing yourself better results in "stronger relationships, a clearer sense of purpose, greater well-being, self-acceptance, and happiness." Self-awareness makes one a better manager, employee, colleague, parent, spouse, and friend. The American Psychological Association defines self-awareness as self-focused attention or knowledge; it means paying attention to yourself. It knows what's going on in your life. It knows whether you're happy with what's happening in your world. Self-awareness means understanding your personality.

Chery (2022) defines self-concept as the perception of your own conduct, abilities, and distinguishing qualities. Our self-concept is how we perceive our own behaviours, abilities, and attributes. For example, beliefs such as "I am a nice friend" or "I am a compassionate person" are part of a larger self-concept. Self-concept is the perception of our own behaviours, abilities, and distinguishing qualities. The components that comprise one's self-concept: self-esteem, and ideal self. The self-concept is crucial in the social perception process by which nurses create an opinion of MHCUs. Non-psychiatric trained nurses with a positive self-image can face new events without feeling intimidated. Therefore, the critical "self" must alter perceptions about MHCUs as part of the support process.

- **Good Interpersonal relationships.**

People's interactions with one another in a social setting form an interpersonal relationship. For example, an organisation could be based on support, collaboration and dedication. A strong link between two or more nurses is required for collaborative activities and for sharing common aims and objectives. Both sides in good interpersonal interactions must respect the thoughts and opinions of others, communicate honestly and have common goals, and transparency is essential.

- **Communication**

Communication is the sending and receiving of information and can be one-on-one or between groups of people, and face-to-face or through communication devices. In communication, exchanging messages, conveying information, ideas, attitudes,

emotions and opinions between non-psychiatric trained nurses rendering care to MHCUs and the organisation, nurses can create an understanding or coordinate activities relating to initiating and support in the workplace.

- **Empathy**

Empathy is the capability to comprehend and relate to another person's point of view and feel the same emotions. The ability to understand one another's point of view, share their feelings and act compassionately so that they can also communicate their needs are all essential components of the support process, along with tolerance and effective interpersonal communication.

- **Willingness and commitment**

Willingness is defined as the state of being willing to do something. Non-psychiatric nurses trained should be open to being guided and empowered. They should also be willing to work towards the support process with each other. They must be willing to consult regarding the care of MHCUs. It is also critical for hospital management to be willing to commit time and energy to support non-psychiatric trained nurses. Both parties must be willing and dedicated to the support process.

Workforce levels differ between organisations. Therefore, all relevant structures should support a collaborative approach for the organisation's goals to be achieved. Management must assist the operations in ensuring workers receive the required resources. For mental health issues in the workplace to be mobilised, management and employees should be devoted to one another. The appointment of a male nurse, the provision of medical equipment, and the monitoring of the implementation of the EAP are examples of the kind of resources that management should provide.

Some participants who view management as being absent indicated: *"They should have explained everything to us. First, I came from school and knew nothing about the psychiatric hospital. They should have told us that in a psychiatric hospital, you are going to nurse which types of mentally ill patients. They should have explained how sick mental patients feel and what they do not want, and they should have told us that they are dangerous . they do which things. In other words, they should have briefed*

us about mentally ill patients. We just arrived here and were told about this mental institution. We heard the word mental and googled on the internet and found it and says when they talk about mental and psychiatry, they talk about tertiary mental institutions. The orientation that was done was not proper. They just showed us that this was a treatment room and left us, and this is what is just like that. They should explain that when you check the patients, you must know what you are doing."

- **Identification of consequences**

Consequences are events following a concept (Walker & Avant, 2019). Consequent concepts occur after or as a result of support. These concepts have a causal relationship since they exist after support; in other words, they have been caused by support. The main themes for support for non-psychiatric trained nurses providing treatment to MHCUs in Limpopo Province include Increased Self-esteem; Decreased Fear and Anxiety; Knowledge and Skill; Adequate Resources; and A Safe Working Environment. The consequences were Job Satisfaction; Reduced Fear and Anxiety; A Safe Working Environment; Adequate Resources; and Knowledgeable, Competent Non-Psychiatric Trained Nurses. A negative consequence of the lack of supportive psychiatric nurses and hospital management to help non-psychiatric trained nurses during the rendering of MHCUs can be burnout, emotional instability, knowledge deficit, and a decline in physical job performance.

5.3.8 Step 8: Empirical reference definition

Walker and Avant (2019) define empirical reference as classes or categories of actual events that determine the concept's existence. The authors added that imperial references are important in constructing instruments since they are theoretically linked to the basis of concept and add to the instrument's content and construct validity. This is the last step in Walker and Avan's model that combines the critical attributes and the empirical reference in the real world. The authors further indicated that empirical references are essential for the development of the instrument as they are theoretically linked to the base of concepts and contribute to the content and construct validity of the instrument.

The researcher grouped the event that indicates the occurrence of concept support in clinical practice in this study to provide a clear observable phenomenon that is

influential in the model development. Furthermore, the searcher's use of RAM implies that non-psychiatrically trained nurses are bio-psycho-social individuals constantly interacting with a changing environment. Non-psychiatric trained nurses require support from hospital management and psychiatric nurses to respond positively to environmental changes. Support should be practically stressed within acute psychiatric wards to be effective and efficient. As a result, the identified antecedent will influence the outcomes of support.

5.4 CHAPTER SUMMARY

Chapter 5 discussed concept analysis using eight steps outlined by Walker and Avant (2019.) This chapter clarifies and distinguishes the definition of the concept "support" the concept was defined using various sources and clarified the support model that might be initiated to improve the skills and knowledge of non-psychiatric trained nurses. The next chapter will focus on model development.

CHAPTER 6

PHASE 3: DEVELOPMENT AND VALIDATION OF A MODEL

6.1 INTRODUCTION

Chapter 5 identified and defined the central concept, which is support. The concept was analysed using the eight steps in Walker and Avant's (2019). The central concept was defined using a dictionary and subject definition approaches to clarify it. The defining attributes of the central concept support were also identified. A model case and a contrary case were constructed to indicate the support used in a real situation. Antecedents and consequences of support were also discussed. Finally, related concepts were identified and then classified.

This chapter describes the development of the model to support non-psychiatric trained nurses rendering care to MHCUs in acute Psychiatric wards in Limpopo Province, South Africa. The structure of the model, which is made of one structure with three phases, is described, as well as the concepts and assumptions on which the model is based. The context and purpose of the model are also described. The model was submitted to a panel of experts for validation, and their comments were discussed and considered in order to improve the model.

6.2 MODEL DEVELOPMENT

A model is a symbolic or visual illustration of reality using a schematic portrayal of relationships between issues. This illustration may include words, pictures, diagrams, or mathematical notations. A model helps people objectively structure how they view a situation, event or group of people and may be used to plan for or intervene in a particular health problem (Chinn & Kramer, 2013).

Findings from phase one were analysed and clarified using the existing body of literature and forms the basis of phase two and phase two form basis for form three. A conceptual framework was then developed using the element of practice theory by Dickoff et al., (1968). The theoretical framework outlined by Dickoff et al. (1968),

elements of Chinn and Krammer (2013), and Walker and Avant (2019) guided the development of the model. These are context, agents, recipients, process, dynamics and outcomes. The study is grounded on the RAM (Roy, 2011) in order to develop a model to support non-psychiatric trained nurses rendering care to MHCUs in acute psychiatric wards. The description of the model's structure is based on the following components suggested by Chinn and Kramer (2013): the purpose of the model, theoretical departure and assumptions, and relational statement of the structure of the model. The elements of practice theory are discussed below.

6.3 ELEMENTS OF PRACTICE THEORY

The theoretical framework outlined by the elements of practice (Dickoff et al., 1968) guided the development of the model. These theoretical elements are context, agents, recipients, process, dynamics and outcomes, as indicated in Table 6.1.

Table 6.1: Guiding questions for model development

Model guiding questions	Description
In what context is the activity performed?	***Context*:** mental health care in public hospitals with acute psychiatric wards
Who performs the activity?	***Agent*:** hospital managers and psychiatric nurses
Who is the recipient of the activity?	***Recipient*:** non-psychiatric trained nurses
What is the energy source of the activity?	***Dynamic:*** willingness and commitment, good interpersonal relationships, active participation, and collaboration
What is the guiding procedure?	***Process*:** staff development (psychiatric training, conducting in-service training and workshops), orientation, staff

	meetings, and mental health promotion (emotional support)
What is the endpoint of the activity?	***Outcome*:** adapted knowledgeable skilled motivated nurses rendering care to mental health care users in acute psychiatric wards Rehabilitated MHCUs

6.3.1 Context

Context refers to where the activity is performed (Dickoff et al., 1968). In this case, mental health care is in public healthcare institutions (organisations). The organisational culture influences the nature and outcomes of performances and can also affect the provision or influence of support interventions. The public hospital context operates within the legal framework for support to take place (blue colour). The study findings are as follows: non-psychiatric trained nurses experienced psychological challenges when rendering care to MHCUs. There was a lack of knowledge and skills when rendering care to MHCUs in an acute psychiatric ward. The study participants revealed the context as a public hospital with an acute psychiatric ward where MHCUs are admitted for care, treatment, and rehabilitation.

- **Public hospital**

A public hospital, or government hospital, is government-owned and fully funded by the government/state and operates solely from taxpayers' money to fund healthcare initiatives. A public hospital is either a general hospital with an acute psychiatric ward or a psychiatric hospital where the community receives health services. A general hospital is a non-specialised hospital that cares for medical, surgical, mental and other health conditions. The role of the public hospital is to allow patients with different illnesses to be treated as outpatients or inpatients. The psychiatric hospital specialises in treating mental health conditions according to the Mental Health Care Act 17 of 2002, as amended in 2014 (Government Gazette No 37693). Public hospitals render secondary and tertiary care to mentally ill patients and other health conditions.

- **The acute psychiatric ward**

An acute psychiatric ward is a unit designated to provide care, treatment, and rehabilitation services to the MHCUs according to the Mental Health Care Act 17 of 2002 as amended in 2014 (South Africa, 2002). The acute psychiatric ward context operates within the following legislations: Health Professions Act, National Health Act 61 of 2003, Constitution of South Africa Act 108 of 1996, Mental Health Care Act No 17 of 2002 as amended, and National Core Standards for Health Care Service in South Africa 2011. It has allocated the number of beds for the admission of patients needing mental health care services. This study used public hospitals as a context to allow non-psychiatric trained nurses to narrate their experiences and the support they needed when caring for MHCUs through individual interviews. The context includes public hospitals with acute psychiatric wards. Figure 6.1 indicates the context for the model to support non-psychiatric nurses.

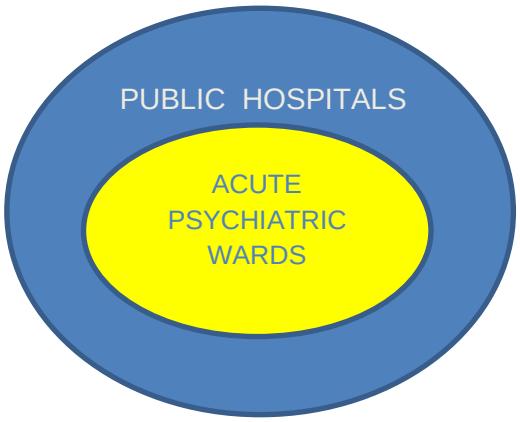

Figure 6.1: The Context

6.3.2 The agent

An agent is any person who must perform an activity to reach an outcome (Dickoff et al., 1968. This study's findings revealed that the agents are hospital management and psychiatric nurses. A psychiatric nurse, as one of the mental health experts, is a professional nurse registered with SANC as a psychiatric nurse with a diploma or baccalaureate degree. A mental health nurse is another name for a psychiatric nurse. A Mental Health Nurse is a professional nurse who has received training as a mental health care nurse specialist and is qualified to provide prescribed mental health care,

treatment and rehabilitation services. According to the Mental Health Care Act No 17 of 2002, such a nurse has an additional qualification in MHN. Mental Health Care Nursing serves individuals, families, groups and populations throughout their lives, with a focus on developing vulnerable populations. These professionals work at the elementary, secondary and tertiary levels. Psychiatric nurses work in a specialised settings to provide patients with nursing care. They have a significant responsibility to the public and have contact with patients at all stages of life (Kniesl & Trigoboff, 2013**).** In addition, the psychiatric nurse directs their efforts toward promoting mental health and preventing mental disturbances (Uys & Middleton, 2018).

- **Hospital management**

Hospital management includes the Chief Executive Officer and managers from human resources development, finance and nursing. The operational nurse manager in an acute psychiatric ward is psychiatrically trained and forms part of hospital management. An operational nurse manager is another term for a unit manager. A unit manager is mainly in charge of overseeing day-to-day patient care, supervising, guiding, developing nurse staff and reporting to the Director of Nursing in order to provide quality patient care in a long-term care center, skilled nursing facility, or assisted living community. A nurse unit manager (NUM) is critical to modern healthcare; their duties are critical to its safety and quality. According to Kornman, Wilson and Paterson (2013), RNs handle the patient flow and staff issues in their allocated departments, wards, or unit. The agents are highlighted in Figure 6.2.

Figure 6.2: Agents

6.3.3 The recipients

Recipients receive action from agents and benefit from the activity (Dickoff et al., 1968). In this study, the recipients are non-psychiatric trained nurses allocated in the acute psychiatric wards. The agent and recipient should develop a team spirit and be committed to realising a supportive environment. Participants indicated the need to be trained and offered emotional support when caring for MHCUs.

- **Non-psychiatric trained nurses**

Nurses registered with SANC under section 31(1) of Nursing Act No 33 of 2005 and who practice nursing (South Africa, 2005) who are not psychiatrically trained. In this study, non-psychiatric trained nurses are (RN), EN, and ANA) allocated in an acute psychiatric ward. The analysed data indicated that non-psychiatric trained nurses would receive support through the activities designed by the agents. Figure 6.3 shows recipients as non-psychiatric trained nurses.

Figure 6.3: The Recipients

6.3.4 The dynamics

Dynamics are driving powers behind the activity that can be chemical, physical, biological, and psychological for any person operating as an agent of the framework in realising the goal (Dickoff et al., 1968). The dynamics of this study are willingness and commitment, good interpersonal relationships, active participation and collaboration. The dynamics are illustrated as side arrows directing the process. The agent facilitates the support process by creating a conducive environment through a dynamic process of providing the needed support. There should be a collaboration between the agents and non-psychiatric trained nurses, and they should receive acknowledgement of each other's responsibility and feedback.

- **Willingness and commitment**

Willingness is the state of readiness to perform something. Non-psychiatric nurses should be open to being mentored and empowered. They should also be willing to work on their own development with the assistance of agents. They must be willing to seek assistance from agents as necessary. It is also critical for hospital management and mental health professionals to be willing to devote time and attention to assisting the recipients. For empowerment to take place, agents and recipients must see the need for empowerment and support to be able to do something toward it. Both should be willing and committed to the process.

- **Good interpersonal relationships**

People's interactions with one another in a social setting form an interpersonal relationship. This organisation could be founded on support, collaboration and commitment. A strong link must form between two or more persons in order for the recipients and agents to participate in teamwork activities and share common aims and objectives. Recipients and agents with good interpersonal relationships must respect the ideas and views of others, communicate openly with one another, and work toward common goals, and openness is essential.

- **Active participation and collaboration**

Both agents and recipients should feel obliged to participate in the supporting activities. They must commit themselves and be eager to see the staff development working for the best results. The non-psychiatric trained nurses' participation entails making themselves available for staff meetings, orientation, staff development (in-service training and workshops, psychiatric training) and emotional support when necessary. Participation of agents means realising their professional and moral responsibility towards the professional development of non-psychiatric trained nurses. There should be a collaboration between the agents (hospital management and psychiatric nurses) and non-psychiatric trained nurses, and they should receive acknowledgement of each other's responsibility and feedback. The dynamics that the agents and recipients must be obliged are indicated in Figure 6.4 below.

Figure 6.4: The dynamics

6.3.5 The process

The process involves the steps to accomplish outcomes and aims to provide sufficient information to enable the activity to be conducted. It safeguards the agents, recipients, and the institution in delivering knowledge and lessens liability to criticism (Dickoff et al., 1968). The process is represented by a central arrow pointing upwards, along with the steps in operation. The researcher categorised the activities the participants viewed as necessary in developing a model for supporting nurses rendering care to MHCUs: orientation, psychiatric training, in-service training and workshops, emotional support, and provision of resources. The process of support was derived from empirical and theoretical findings. The first step is: (a) the initiation phase; (b) the execution/implementation phase; and (c) the sustenance phase.

Effective communication is critical when formulating or implementing a support strategy so that hospital management, psychiatric nurses, and non-psychiatric trained nurses can communicate and exchange vital information about their needs and objectives.

(a) Phase one

Conduct need analysis – available resources and challenges.

Support will be initiated by hospital management and psychiatric nurses as agents. They start an engagement process between the agent and the recipient. The agent receives/identifies the requisition for support needs from non-psychiatric trained nurses, and other non-psychiatric trained nurses approach the psychiatric nurses for assistance in managing MHCUs. The psychiatric nurses also identify other stakeholders involved in the support process. The psychiatric nurses consult the hospital management for engagement in the support process. The hospital management, psychiatric nurses, and the non-psychiatric trained nurses together reach a consensus on forming a support programme for non-psychiatric trained nurses. The agent and the recipients re-examine the meaning of support to unfold what is already known about the meaning of support. The activities identified for support are orientation, workshop and in-service training, psychiatric training, adequate resources, and emotional support.

Orientation

- The hospital management and psychiatric nurses design an orientation programme for non-psychiatric trained nurses prior to allocating them to acute psychiatric wards.
- The orientation programme should include ward surroundings, patients, and their behaviour.

Workshop and in-service training

- The hospital management and psychiatric nurses should facilitate a staff development programme.
- Design the frequency of staff development programmes for the non-psychiatric trained nurse.
- Workshops and in-service training programmes should include mental health conditions, management of aggressive patients, and risk easement.

Psychiatric training

- The agents and the recipients collaboratively identify the training needs.
- The recipient indicates readiness and commitment to psychiatric training formulation of support objectives.
- The agent and the recipients formulate the objectives of the support process.
- Involvement of stakeholders and resources.
- Developing a common course of non-psychiatric trained nurses' support in the workplace.
- Facilitation and clarification of supportive activities.
- Formulation of intervention and the expected outcome of support.

Emotional support

- Psychiatric nurses should identify the indication of debriefing and counselling of non-psychiatric trained nurses.
- Non-psychiatric trained nurses must indicate their feelings to the hospital management and psychiatric nurses.
- The hospital management and the psychiatric nurses must facilitate or involve other stakeholders in emotional support, such as debriefing and counselling.

Provision of adequate resources

- The hospital management should plan a support visit to the acute psychiatric ward round with non-psychiatric trained nurses to identify challenges and the availability of resources – both human and material – and inspect the ward structure and surroundings.
- Hospital management should prioritise the resources needed to ensure that the rendering of care to MHCUs is done.
- Hospital management should ensure that non-psychiatric trained nurses in acute psychiatric wards obtain danger allowance like others.

b) The execution/implementation phase

- This phase requires willingness and commitment, good interpersonal relationships, active participation, and collaboration to mobilise the objectives of the supportive process.
- Cooperative planning and joint decision-making are necessary for the formulation of a strategic plan for accomplishing the goals of the support strategy, mapping the process, and members are allocated roles and responsibilities.
- Operationalisation of the strategic plan for support development of a support structure.
- The operational process of mobilising the strategic plan to meaningful, achievable, measurable objectives.
- Shared and joint responsibility.
- Allocation of roles.
- Coordination of activities with other sectors and teamwork.

c) The sustenance phase

- Monitoring the progress of the activities to ensure the support process has occurred.
- Discussion about the achieved objectives.
- Evaluating the support process by reflective feedback.

It was clear from the empirical findings that non-psychiatric trained nurses needed to be assisted with the necessary knowledge, skills and resources in order to identify and manage MHCUs. Therefore, hospital management and psychiatric nurses will conduct the procedure. The procedures to be done are indicated in Figure 6.5 below.

Figure 6.5: The Process

These process are accurate for adoption by mental health experts in order to achieve the support recipients need when rendering care to MHCUs. In addition, the participants indicated these procedures to enlighten the agents about what the recipients want for support. As agents of the study, mental health experts will conduct workshops and in-service training, orientation and facilitate mental health promotion by offering emotional support and staff meetings with non-psychiatric trained nurses as recipients.

6.3.6 The outcome

Dickoff et al., (1968) view purpose as an endpoint or accomplishment of an activity. All activities are geared towards the support of non-psychiatric trained nurses. The outcome is adaptation, knowledgeable, skilled, competent and motivated nurse and rehabilitated MHCUs. Hospital management and psychiatric nurses should empower and support non-psychiatric trained nurses with resources and skills. Empowerment enhances knowledge and skills. The outcome is highlighted in Figure 6.6 below.

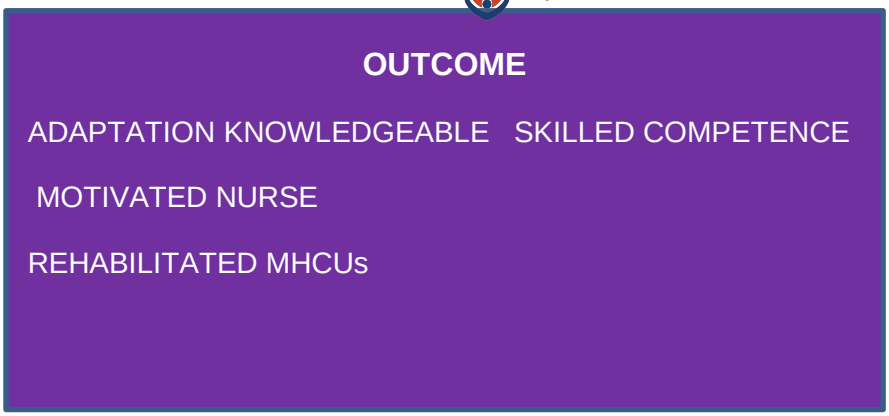

Figure 6.6: Outcome

6.4 STRUCTURE OF THE MODEL

According to Chin and Kramer (2013), the structure of the model gives overall form to the conceptual relationships within it. The elements of practice defined and addressed in section 6.3 of this chapter are combined to create the model's structure. The model's structural form visually represents the relationships between its constituent parts. The design is reflected in two graphic forms, linear and circular, showing no beginning or end. The arrows indicate how one element relates to the other; agents and recipients must comply with the dynamics of the developed model to implement the support procedure regarding the care of MHCUs in an acute psychiatric ward.

The big circle represents unity, professionalism and team effort between agents and recipients. The different colours used in the diagram are meant to simplify the distinction of elements and have no significant meaning attached to them. The interactions between agents and recipients are influenced by the dynamics indicated within horizontal arrows between the agents and recipients. The agents are to follow the procedure that led to the outcome, which will be skilled, comprehensive nurses. The structure of the model is indicated in Figure 6.7 below.

Figure 6.7: Model to support non-psychiatric trained nurses ("Author's own work")

6.4.1 Description of the model

The criteria used for describing the model as a framework of reference for non-psychiatric trained nurses to facilitate their support included purpose, assumptions, concepts, definitions, and relationships. The structure and processes of the model were also described.

6.4.2 Structure of the model

The model's purpose, assumptions, and process description are used as headings to discuss the model's structure, as stated by Chinn and Kramer (2013).

- **Purpose of the model**

The purpose is the endpoint of a model as it provides reasons for or outcomes of the formulation of a model and should specify the context and situations in which the model can be used (Chinn & Kramer, 2013). The purpose of this model is explicit as it is embedded in the structure of the model and links with the central concept. Chinn and Kramer (2013) point out that different people or groups can find other purposes in a single model depending on how they use it or benefit from it. A model can, therefore, be helpful to an individual, a family, a group in the community, or the whole community. This model aims to support non-psychiatric trained nurses rendering care to MHCUs in acute psychiatric wards in Limpopo Province. The purpose of this model is to serve as a framework of reference for the support of non-psychiatric trained nurses rendering care to MHCUs.

- **Assumptions of the model**

Assumptions are a model's accepted, reasonable and unproven truths (Chinn & Kramer, 2013). The assumptions of this model to support non-psychiatric trained nurses rendering care to MHCUs in acute psychiatric wards in Limpopo Province are based on the RAM model (Roy, 2011):

- Non-psychiatric trained nurses are bio-psycho-social beings who constantly interact with a changing environment.
- To cope with a changing world, non-psychiatric trained nurses use innate and acquired mechanisms, which are biological, psychological, and social in origin.

- To respond positively to environmental changes, non-psychiatric trained nurses must adapt after receiving support from hospital management and psychiatric nurses.
- Non-psychiatric trained nurses use four modes of adaptation: physiologic, self-concept, role function, and inter-dependence.
- Non-psychiatric trained nurses and psychiatric nurses are bio-psycho-social beings with their own beliefs and values about the support process in acute psychiatric wards.
- Non-psychiatric trained and psychiatric nurses have responsibilities and coping strategies in an acute psychiatric ward.
- The close relationship among agents of hospital management and psychiatric nurses and non-psychiatric trained nurses when rendering care to MHCUs can influence the support process.
- The support process will be initiated based on constant interaction between hospital management and nurses.

➢ **Relationship statement**

The relationship statement will be developed between the central and related concepts (Chinn & Kramer, 2013). Relationship statements help clarify the concepts and add direction to understanding the phenomenon. In addition, relationship statements provide links amongst and between the concepts within a model. The following relation statements were formulated for the model to support non-psychiatric trained rendering care to mental health care users in acute psychiatric wards:

- The non-psychiatric trained nurses form a trusting and therapeutic relationship with mental health care users in an acute psychiatric ward by creating a positive environment.
- Support can be initiated when non-psychiatric trained nurses understand the need for teamwork.
- Dynamics drive the exchange process between non-psychiatric trained nurses and hospital management and psychiatric nurses.
- Emotional support enhances a sense of professional identity and competence.
- Hospital management support increases one's feelings of self-worth and self-confidence.

- Perceived hospital management support is related to job satisfaction and emotional well-being.
- Comprehensive nurse work with confidence and a feeling of security.
- A supportive hospital environment promotes good work relationships and a sense of duty.

6.5 MODEL VALIDATION

The developed model was validated based on the study's findings narrated by participants during individual interviews using Chinn and Kramer's (2013) guidelines. Validators of the developed model comprised the mental health experts, i.e., psychiatric nurses and advanced psychiatric nurses experienced in working with non-psychiatric trained nurses who were selected purposefully. A survey checklist was used during the validation process to check the application of the model.

6.5.1 PURPOSES OF MODEL VALIDATION

Model validation is done to determine the model's worth and evidence that could support or disprove its relevance. According to Walker and Avant (2019), it is necessary to empirically validate the clinical relevance of concepts and to determine whether the concepts represent a real-world phenomenon; and to obtain evidence as to whether the concept is relevant to practice in terms of nurse needs and outcomes. A model to support non-psychiatric trained nurses providing care to MHCUs in acute psychiatric wards was developed during this research. Workshop and in-service training, orientation, psychiatric training, emotional support, and adequate resources were all verified activities for the model.

The outcome of the model to support non-psychiatric trained nurses is adaptation, knowledgeable, skilled, competent and motivated nurse. The model was validated to modify it and determine whether or not the model was understandable and applicable. Hospital management and psychiatric nurses might adopt the model if applicable and understandable. The validation method included population and sampling, model presentation, data collection, and discussion. As a result, the purpose of the survey

was to validate the model for non-psychiatric trained nurses providing care to MHCUs in an acute psychiatric ward in Limpopo Province, South Africa.

6.5.2 METHODOLOGY FOR VALIDATION PROCESS

A qualitative approach and validation survey check list was utilised to obtain data from agents regarding the model to support non-psychiatric trained nurses.

6.5.2.1 The population and the sampling

Participants were mental health experts who had worked with non-psychiatric trained nurses in acute psychiatric wards in Limpopo province and could provide important information regarding model validation. Purposive sampling technique was used to select nine psychiatric nurses (advanced psychiatric nurses, acting operational manager, acting nursing service manager) to participate in the model validation. Validators were purposefully selected based on their job title, as each member is relevant to validate the developed model of the study.

6.5.2.2 Profile of validators

Validators were nine members and were chosen purposely to promote achievement in validation of the developed model's to support non-psychiatric trained nurses rendering care to MHCUs. The developed model was presented to participants at University of Venda . After a presentation of the developed model, validators voluntarily gave verbal consent. The validators are female psychiatric nurses who are research orientated as they have postgraduate qualifications; seven members are registered doctoral students at University of Venda , Faculty of Health Sciences, and two members are research promoters with psychiatric postgraduate qualifications. Validators were only females as they are the one who were willing to participate in the validation process. The profile of validators is displayed in Table 6.2. below:

Table 6.2. Demographic details of model validators

Job title	Numbers	Gender
Advanced psychiatric nurses	03	Females
Psychiatric nurses	04	Females
Operational managers	1	Female
Acting nursing service managers	1	Female
Total	09	Females

Data collection

The developed model was presented to mental health experts and was validated based on its structure representation of simplicity, exactitude, suitability, and application. The researcher developed a survey list being guided by Chinn and Kramer guidelines for model validation. The validators discussed the model's strengths and weaknesses in order to support non-psychiatric trained nurses. Revisions and changes were done as needed. All changes were reflected in the model that was developed. The researcher presented a developed model and guidelines to psychiatric nurses. The mental health expert where given hard copy of a draft of the developed model and guidelines face to face so that the can check and make inputs. Validation of the model was done according to Chinn and Kramer's (2013) guidelines:

- ✓ 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?

The above the five questions were asked for critical reflection and validation of the model. The model structure and its guidelines were handed to the participants to refer to when the researcher was presenting. The researchers clarified to the participants

when necessary. The participants validated the developed model regarding its clarity, simplicity, generality, accessibility, and importance.

6.6 Discussions

There was agreement on concept clarity among participants. The concepts presented were understood, according to the participants. One indicated that the words used in a model were difficult to understand. Participants agreed that the model clearly explained the ideas and stated that the diagram used in a model should be self-explanatory and straightforward; and that each concept should contribute to the model's clarity. The number of elements in the model was kept to a minimum in order to facilitate understanding of the concepts used in the support process. The participant indicated that the model adequately describes aspects of the support process and is useful to nursing practice. Some of participants indicated that the model's relevance to mental health nursing. Participants agreed on the scope of support model application. The findings are congruent with those of Chinn and Kramer (2013) in terms of the importance of defining the scope of theory since it reflects its use in both research and practice.

The logical order of the concepts utilized in the development of a model to help non-psychiatric trained nurses and the logical conclusions reached from the model. The participants agreed that the logical order of the concepts appears understandable and that the model's findings are logical. These data indicate that the model's concept sequence was generally logical. The entire purpose of model validation is to make the model useful for addressing the relevant problem and providing reliable information about the concept being represented. The model might produce adaptation, knowledgeable, skilled, competent and motivated nurses.

6.6.1 How clear is the model?

Chinn and Kramer (2013) alluded that clarity refers to how well the theory can be understood and how consistence the ideas are conceptualized. There is semantic clarity, structural clarity, and constancy (Chinn &Kramer 2013). The researcher considered semantic clarity, structural clarity, and constancy to determine how clear

the model is. **Structural clarity**: The researcher describes the element of the structure of the model and their relationship to provide a clear understanding of how the structure integrates with each other. **Structural consistency**: The researcher used different model structures to guide the discussion issues. The structure also serves as a conceptual map that enhances the clarity of the model.

In addressing this question, by defining the key concepts in the model, conceptual consistency was maintained by applying the concepts consistently with their definitions, usages, model assumptions, and structural consistency, and Dickoff et al. (1968) 's element of practice survey list helped to achieve conceptual clarity and consistency. The researcher analysed the concept support, and together with empirical evidence from participants, the concept laid a foundation to model development. The qualities, meanings, and relational statements were looked up from various kinds of literature. The usage of the significant concept ensured consistency throughout the study and helped to make the idea clear. Structural clarity was achieved by the concept map derived from concept analysis, and it provided meaning on how support to non-psychiatric trained nurses rendering care to MHCUs in public acute psychiatric wards can be achieved for them to cope. Minimal concepts were used to enhance clarity.

COMMENTS: on first session

During the presentation of the developed model, the validators agreed that the model was not clear and commented that the guidelines are not well presented as well. It was commented that the model is not clear concerning how agents are indicated on the structure as it includes some terms of health professionals which are inclusive of other managers, like hospital managers written instead of hospital management and mental health experts written instead of psychiatric nurses. Concepts that might cover all involved in the model, like hospital management and psychiatric nurses used as recommended . It was recommended that the researcher should draw one cycle and write non-psychiatric trained nurses instead of showing categories of non-psychiatric trained nurses in three cycles as recipients. On Dynamics the participants responded and said that the researcher should remove information sharing and feedback giving as they do not form part of dynamics, draw three-legged arrows. Dynamics must communicate with agents and recipients. The procedure to be done are clear and the

researcher make changes the arrows should point up to the outcome. The outcome should be changed as it is not clear. The researcher should write outcome of the model should be adaptive knowledgeable skilled competent and motivated nurse instead comprehensive nurses non-psychiatric trained nurses.

On the second presentation the validators commented and agree that the model is so clear because it highlight every stakeholder's responsibility in supporting the non-psychiatric trained nurses so that they could have knowledge and skills for rendering care to MHCUs. There was agreement on concept clarity among participants. The concepts presented were understood by participants. One indicated that the words used in a model were difficult to understand. Validators agreed that the model clearly explained the ideas and stated that the diagram used in a model should be self-explanatory and straightforward; and that each concept should contribute to the model's clarity. The number of elements in the model was kept to a minimum to facilitate understanding of the concepts used in the support process.

6.6.2 How simple is the model?

Chinn and Kramer (2013) defined simplicity as the minimal number of elements within the described categories, concepts, and their relationships. The study addressed the support of non-psychiatric trained nurses and the involvement of management in the support process. This study used concepts like non-psychiatric trained nurses, support and hospital management, and psychiatric nurses as a general guide to practice. Model simplicity implies that the number of elements within each descriptive category, the concepts, and their inter-relationships were kept to a minimum, and the arrows showed the direction of activities.

Model validators comments regarding the simplicity of the developed model indicated that the structure of the model was not simple, as narrated. Participants indicated that the arrows on the structure of the model do not communicate on how the support process will flow. The outcomes of the study must have an arrow below it from the procedure on the structure of the model.

During the second presentation, the panel comments were as follows:

Validators indicated that the model is simple and understandable as it contains only two relationships and five concepts, it has two relationships; with the hospital management, psychiatric nurses as agents to facilitate support and non-psychiatric trained nurse as a recipient of support. Organized in two-way arrows that indicate two-way communication and feedback. All members of the panel noted that the model is logical, simple, and easy to follow, as it clearly shows how the concepts relate to each other. The participant indicated that the model adequately describes aspects of the support process and is useful to mental health nursing. Validators indicate the model's relevance to mental health nursing and agreed on the scope of application of model to support non-psychiatric trained nurses.

6.6.3 How general is the model?

The generality of the model relates to the breadth of scope and purpose (Chinn & Kramer, 2013). A general theory can be applied to a broad array of situations. Empirical evidence revealed that non-psychiatric trained nurses needed support in acute psychiatric wards and were challenged by rendering care to MHCUs. Thus, the model was developed to assist health institutions in initiating a supportive non-discriminatory workplace. The developed model might also be applied to hospitals with acute psychiatric wards in Limpopo Province, South Africa. However, it can only be used for non-psychiatric trained nurses caring for MHCUs in acute psychiatric wards. All the validators found the model to be general. The developed model might help non-psychiatric trained nurses to respect the rights MHCUs receiving care in acute psychiatric wards as indicated by validators of the developed model they further indicated that the procedure of the model might be carried out at any institution in South Africa rendering care to MHCUs. They further indicated that the model might be used as its outcome is to empower non-psychiatric trained nurses rendering care to MHCUs in acute psychiatric wards. The logical order of the concepts utilized in the development of a model to help non-psychiatric trained nurses and the logical conclusions reached from the model. The validators agreed that the logical order of the concepts appears understandable and that the model's findings are logical. These data indicate that the model's concept sequence was generally logical. The entire purpose of model validation is to make the model useful for addressing the relevant

problem and providing reliable information about the concept being represented. The model could produce comprehensive nurses.

6.6.4 How accessible is the model?

The model would be made accessible in libraries and published in accredited journals, and workshops and seminars will be conducted for nurses and managers in health institutions. The Provincial Department of Health in Limpopo could also have access to the model, which might be applied since accessibility also addresses the extent to which the concepts within the model are empirically grounded and can be tested for its relationship and clarifying conceptual meaning. The panel did not comment on this question question they said the explanation is clear regarding accessibility.

6.6.5 How important is the model?

The question addressed the extent to which the model has the potential to influence mental health care, nursing education, nursing administration, and research. Because of the prevalence of mental illness and how it has affected health services and nurses roles, non-psychiatric trained nurses experienced different emotional reactions. Empirical evidence revealed that nurses require support, information, and resources to help cope with caring for MHCUs. The model might assist in providing support to non-psychiatric trained nurses with knowledge and skills and promote a supportive work environment conducive to their physical and mental well-being. The validators indicated that the purpose of the model is vital to mental health nursing and is valuable to hospitals with acute psychiatric wards. Another validator indicated that the model might be used at public or general hospitals with acute psychiatric wards allocated non-psychiatric trained nurses. In conclusion the model's validation revealed that it was understandable by potential users and could be used in mental health nursing. Using the model, agents should make recipients of support feel like they are a member of the mental health nursing team. Validators agreed on the clarity of support concepts, that the model effectively describes support process aspects, and that it is suitable to mental health nursing practice.

6.7 CHAPTER SUMMARY

This chapter described the model to support non-psychiatric trained nurses rendering care to MHCUs in Limpopo Province. The development of the model was guided by six elements of practice theory as outlined in Dickoff''s theory of element of practice (1968). According to Chinn and Kramer (2013), the model was described under the definition of concepts, relational statements, assumptions, and validation. Comments from a panel of experts who validated the model were highlighted. The researcher considered the comments from the panel of mental health experts by making some changes to the model. The next chapter focuses on the description of guidelines to operationalise the model.

CHAPTER 7

GUIDELINES TO OPERATIONALISE THE MODEL

7.1 INTRODUCTION

The previous chapter focused on developing and validating a model to support non-psychiatric trained nurses rendering care in acute psychiatric hospital wards in Limpopo Province, South Africa. The purpose of this chapter is to present the guidelines to operationalise the developed model. The guidelines for the context, agents, recipients, processand outcomes will be discussed in details.

7.2 GUIDELINES TO OPERATIONALISE THE MODEL

The operationalisation process involves determining whether a model will be helpful or practical. The developed model was operationalised per Chinn and Kramer's (2013) guidelines. The guidelines for a developed model to capacitate professional nurses in caring for MHCUs in general wards are described based on the study's findings and the six elements of practice theory indicated below (Dickoff et al., 1968):

- Context
- Agents
- Recipients
- Process
- Dynamics
- Outcomes

7.2.1 Guidelines for the context

Data indicated that the context where the model should be implemented was acute psychiatric wards in public hospitals. Therefore, according to the data analysis discussed in Chapter 4, the following guidelines were derived:

- Before being assigned to an acute psychiatric ward, orientation should be completed, so the individual has the necessary background.
- Orientation should be done about MHCU behaviours before rendering care to mentally ill patients to familiarise them with the ward environment and mentally ill patients.
- Hospital management should identify training needs and send non-psychiatric trained nurses for relevant training.
- The guidelines of Occupational Health Safety and Welfare service for health service staff, particularly those relevant to incidents of assaults in the workplace, should be implemented in full, and the provision of appropriate services and supports as required should be made available by Occupational Health departments.
- Training for safe working practices should be implemented for non-psychiatric trained nurses in all mental health facilities, with particular attention paid to less experienced staff.
- The curriculum for non-psychiatric trained nurses should include instruction and hands-on techniques for safe working practices, with the course content being based on the level of risk of violence in each type of mental facility.
- Non-psychiatric trained nurses should be instructed in interventions, including verbal skills, self-protection skills and physical interventions.
- Management should be instructed in threat assessment and incident management.
- Ongoing in-service training should be made available to non-psychiatric trained nurses to continuously update skills to enable them to eliminate or control incidents of assault.

7.2.2 Guidelines for agents

- Psychiatric nurses should facilitate the orientation of non-psychiatric trained nurses on the first day of resuming duty in the acute psychiatric ward, mental health conditions, and their management during the new admission of a mentally ill patient.
- Before providing care to mentally ill patients, orientation on mental health care users' behaviours should be conducted to acquaint non-psychiatric trained nurses with the ward environment and mentally ill patients.
- As agents for the developed model, psychiatric nurses should agree to participate during training and be willing to impart their knowledge to non-psychiatric trained nurses caring for mental health care users in an acute psychiatric ward.
- As agents of the developed model, psychiatric nurses should participate in sharing knowledge with non-psychiatric trained nurses through in-service training, workshops, and seminars.
- As agents of the developed model, psychiatric-trained nurses should train non-psychiatric-trained nurses as permitted by their scope.
- As agents, hospital managers should send non-psychiatric trained nurses to educational institutions for training.
- Hospital authorities should support non-psychiatric trained nurses emotionally by offering debriefing and counselling.
- Hospital managers should facilitate referral of non-psychiatric trained nurses for emotional support (debriefing and counselling after encountering psychological challenges to EAP).
- Non-psychiatric trained nurses working in the acute psychiatric ward should receive a danger allowance per the organisational policy.
- Non-psychiatric trained nurses should receive counselling with their colleagues after exposure to traumatic events.
- Hospital management should facilitate the training of non-psychiatric trained nurses in psychiatry.

- The pre-implementation training should include motivating the non-psychiatric trained nurses to care effectively for mental health care users.
- Institutions should conduct staff meetings regularly with non-psychiatric trained nurses.
- Mental health promotion should be done to non-psychiatric trained nurses by engaging them on a team approach and offering debriefing and counselling.
- Payment danger allowance to newly allocated non-psychiatric trained nurses should be made.
- Hospital management should motivate and hire adequate psychiatric nurses to reduce workload and strengthen the workforce, as well as more male nurses to enhance the workforce.
- Hospital management should monitor and maintain the building regularly and repair broken doors, and windows in acute psychiatric wards (maintain the infrastructure.

7.2.3 Guidelines for recipients

- Non-psychiatric trained nurses should attend workshops that inform them about what to do and how to care for aggressive mental health care users.
- They should continually update themselves with relevant and new information about matters surrounding the care of mental health care users.
- Should show interest in the process of facilitating the process support.
- Non-psychiatric trained nurses should be ready to learn from the agents.
- Non-psychiatric trained nurses should be inquisitive by asking questions about what they want to know.
- Non-psychiatric trained nurses should clarify their support needs to the agents.
- Non-psychiatric trained nurses should be engaged in in-service training that will assist them in caring for mental health care users.
- The hospital management must initiate the support process for non-psychiatric trained nurses.

- The non-psychiatric trained nurses could then supplement the training that the hospital has provided. Non-psychiatric trained nurses should have a positive approach to participating in organisational activities to support the process.

7.2.4 Guidelines regarding the dynamics of support

The guidelines for the dynamic of support are described as follows:

Willingness and motivation

- The agents and recipients of the developed model should be motivated to release information and the effort it takes to participate willingly, proactively and ideally. Moreover, they should encourage each other to participate in the support process.

Commitment and involvement

- Agents and recipients of the developed model should be committed and actively involved during the support process 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 the support process 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 support process.

Information sharing

- Agents of the developed model should share knowledge with recipients regarding the care of mental health care users in acute psychiatric 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 support process 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 process to support non-psychiatric trained nurses

The procedures identified for support are orientation, workshop and in-service training, psychiatric training, , adequate resource, and emotional support.

Orientation

- The hospital management and psychiatric nurses should design an orientation programme for non-psychiatric trained nurses prior to allocating them to acute psychiatric wards.
- The orientation programme should include ward surroundings, patients, and their behaviour.

Workshop and in-service training

- The hospital management and psychiatric nurses should facilitate a staff development programme.
- Frequency of staff development programmes for the non-psychiatric trained nurse. should be designed
- Workshops and in-service training programmes should include mental health conditions, management of aggressive patients, and risk easement.

Psychiatric training

- The agents and the recipients should collaboratively identify the training needs.
- The recipient should indicates readiness and commitment to psychiatric training formulation of support objectives.

- The agent and the recipients should formulate the objectives of the support process.
- A course to support non-psychiatric trained nurses' in the workplace should be developed

Emotional support

- Psychiatric nurses should identify the indication of debriefing and counselling of non-psychiatric trained nurses.
- Non-psychiatric trained nurses should indicate their feelings to the hospital management and psychiatric nurses.
- The hospital management and the psychiatric nurses should facilitate or involve other stakeholders in emotional support, such as debriefing and counselling.

Provision of adequate resources

- The hospital management should plan a support visit to the acute psychiatric ward round with non-psychiatric trained nurses to identify challenges and the availability of resources – both human and material – and inspect the ward structure and surroundings.
- Hospital management should prioritise the resources needed to ensure that the rendering of care to MHCUs is done.
- Hospital management should ensure that non-psychiatric trained nurses in acute psychiatric wards obtain danger allowance per prescribed policy.

7.2.6 Guidelines in terms of the outcome of the model

- Nurses should be empowered with knowledge and skills to be analytical and able to solve complex problems in their clinical area.
- Non-psychiatric trained nurses' critical and analytic skills should be continuously nurtured and developed by attending seminars, workshops and conferences.

- Active participation of mental health experts should be encouraged during workshops and in-service training in discussing critical incidents in the acute psychiatric ward to facilitate creativity and open-mindedness.
- Regularly scheduling in-service training and workshops to develop an inquisitive and enquiring mindset should be done
- The outcome of the developed model is adapted, knowledgeable, skilled, competent and motivated nurse should achieve after the process and rehabilitated MHCUs

7.3 CHAPTER SUMMARY

The chapter focused on the operationalisation of the model. Guidelines were described according to the theoretical framework of Dickoff et al., (1968). Chapter 8, the final chapter of the study, focuses on the study's justification, conclusion and recommendations.

CHAPTER 8

LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS

8.1 INTRODUCTION

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

8.2 LIMITATIONS OF THE STUDY

The researcher acknowledges that this study was contextual and that the results cannot be generalised. The study had a total of 20 participants. Unfortunately, only four male nurses out of the total number of participants were interested in being interviewed. Of the participants, only four male nurses were interested in being interviewed, in most of the psychiatric wards there were few male non-psychiatric trained nurses. Other non-psychiatric trained nurses who were available were having elective psychiatric nursing qualification and they were excluded from the study. However, the results provide valuable insight into the research topic, and recommendations might be considered when supporting non-psychiatric trained nurses caring for MHCUs in acute psychiatric wards.

The study excluded non-psychiatric trained nurses who work in other wards. Participants who were off duty, working during the night and on leave during data collection were not part of the study. In addition, some of the participants were unwilling to participate as they were uncomfortable with being voice recorded during the interview. The study was only conducted in three selected districts and selected public hospitals with acute psychiatric wards designated to provide care, treatment and rehabilitation to MHCUs from five Limpopo Province, South Africa districts. Therefore, future research should examine non-psychiatric trained nurses' experiences using quantitative methods.

8.3 RECOMMENDATIONS

The recommendations are based on the current study's findings and are directed to the nursing practice, nursing education and other stakeholders.

Recommendations to the nursing practice

- Public hospitals should reinforce the use of a model to support non-psychiatric trained nurses in acute psychiatric wards rendering care to MHCUs in acute psychiatric wards in Limpopo Province, South Africa, by funding nurses in academic institution/s for psychiatric nursing training.
- Ongoing in-service training and workshops are also needed to further assist non-psychiatric trained nurses in developing their knowledge and skills in mental health care.

Recommendations for nursing education

- Primary mental health nursing skills might be taught to nurses from entry to practice, including other categories of nurses, such as registered staff nurses and registered auxiliary nurses. Since they are on the front line at public hospitals, they will be able to render care to mental health care units.
- Mental health concepts should be introduced early and be part of the ongoing curricula.
- All nursing students should have clinical exposure in acute psychiatric wards.

Recommendations for further research

The following areas of research can be pursued concerning this study:

- Research can be conducted on the experiences of non-psychiatric trained nurses working in public hospitals when caring for the mental health care user in chronic psychiatric wards.
- Implementation of the model and exploring participants' experiences within a specific duration of time to assess its effectiveness.
- Experiences of psychiatric trained nurses working with non-psychiatric trained nurses in acute psychiatric wards.
- A study tracking the impact of a developed model to support non-psychiatric trained nurses in acute psychiatric wards rendering care to MHCUs in acute psychiatric wards and its contribution to providing quality patient care for MHCUs.

Recommendations for executives, responsible structures and policymakers

- To increase the number of nurses working in the psychiatric ward in order to cover the needs of MHCUs for specialised care.
- To enrich the institution for higher education nursing curricula with mental health modules.
- Ensure the continuous professional education of all non-psychiatric trained nurses in support of new professional roles and best practices.
- To develop the training and specialisation for all non-psychiatric trained nurses in the psychiatric ward staff.
- The capacity to plan human and material resources should be better developed.

8.4 CONCLUSION

Six themes emerged from this study: experiencing different emotional reactions, unsafe working environment, inadequate resources, lack of staff wellness services, knowledge and competencies deficit in mental health nursing, and support needed by non-psychiatric trained nurses in acute psychiatric wards.

Theme 1: Participants experienced different emotional reactions when caring for MHCUs in acute psychiatric wards. The following sub-themes emerged under this theme: They narrated fear when caring for MHCUs and were frustrated and felt uncomfortable walking around the ward alone. Three sub-themes emerged under this theme: Afraid and scared of MHCU, Anger and Frustration. In addition, all the participants indicated they were experiencing different emotional reactions. During the interviews, participants talked about their fear of MHCUs. In addition, participants experienced anxiety over patient assault and unfamiliarity with patients in psychiatric wards. Participants also indicated that they experienced frustration taking care of MHCUs due to physical aggression and psychotic behaviour displayed by these patients in acute psychiatric wards.

Theme 2: Participants indicated challenges of unsafe working environments when rendering care to MHCUs in acute psychiatric wards. The following sub-themes were identified from this theme: Uncomfortable walking around the ward alone; Uncooperative and aggressive MHCUs; Unpredictable MHCUs' behaviours; non-

psychiatric trained nurses assaulted by MHCUs, and MHCUs were destructive to properties. In addition, all the participants indicated that MHCUs were uncooperative, aggressive, assaultive and destroyed properties. Participants further mentioned that mentally ill patients were unpredictable. Non-psychiatric trained nurses also felt uncomfortable caring for MHCUs in acute psychiatric wards.

Theme 3: Non-psychiatric trained nurses indicated challenges of inadequate resources when rendering care to MHCUs in acute psychiatric wards. The following sub-themes were identified from this theme: Shortage of human resources and material resources and poor infrastructure. In addition, non-psychiatric trained nurses reported that the staff shortage in an acute psychiatric ward was a significant challenge. Non-psychiatric trained nurses further indicated that the acute psychiatric ward was unsafe as it had broken doors and windows.

Theme 4: Non-psychiatric trained nurses indicated challenges of a lack of staff wellness services. The following sub-themes were identified from this theme: Lack of emotional support given to non-psychiatric nurses and inadequate financial compensation. In addition, the participants reported a lack of support from management as nothing was done if a nurse had been assaulted or harassed by an MHCU in acute psychiatric wards.

Theme 5: Non-psychiatric trained nurses indicated a lack of knowledge and incompetence when caring for MHCUs in acute psychiatric wards. Participants indicated that they are not psychiatrically trained and do not have the requisite knowledge and skills to care for MHCUs in acute psychiatric wards. The following sub-themes were identified from this theme: Lack of skills about the care of MHCUs and Lack of knowledge in MHN.

Theme 6: All the participants indicated the support they need, the following sub-themes were identified from this theme: Psychiatric nursing training by an institution and hospital management; Conducting in-services training and workshops by hospital management and psychiatric nurses; Orientation by psychiatric nurses; and Facilitation of emotional support by psychiatric nurses and hospital management. Thus, non-psychiatric trained nurses of all categories (EN, and ENA) indicated the need for staff development in the form of training in psychiatry to enable them to know mental health conditions and management of MHCUs in acute psychiatric wards.

This study describes experiences of non-psychiatric trained nurses in acute psychiatric wards in Limpopo Province, South Africa. Learning from the experiences of non-psychiatric trained nurses in acute psychiatric wards in order to implement model to support non-psychiatric trained nurses rendering care to MHCUs. The safety and psychiatric nursing competence concerns expressed by non-psychiatric trained nurses should be addressed. For example, non-psychiatric trained nurses lack the education preparation to deal with patients with mental illness. Therefore, continuing professional development education should include content related to psychiatric nursing care. In addition, hospital management should establish a training programme for non-psychiatric trained nurses to empower nurses working in an acute psychiatric ward. Other measures addressing issues, such as the availability of male nurses, should also be considered.

The study concluded that non-psychiatric trained nurses rendering care to MHCUs in acute psychiatric wards experience challenges. Thus, they need support from psychiatric nurses and hospital management through orientation, in-service training, workshops, psychiatric training, emotional support, and provision of resources. The support offered to non-psychiatric trained nurses might minimise the risk to the safety of MHCUs under the care of nurses who are not trained in MHN. Hospital management and psychiatric nurses are urged to remain mindful of the risks associated with providing direct patient care to MHCUs by non-psychiatric trained nurses. They must be committed to preserving the quality nursing care of their patients.

8.5 CHAPTER SUMMARY

In this chapter of the study, limitations, recommendations and conclusions were discussed. The conclusion based on the themes and sub-themes outlined in Chapter 4 suggests that the limitations of the study summarised where the authors acknowledge that this study was contextual and that the results cannot be generalised. Of the participants, only four male nurses were interested in being interviewed. However, the results provide valuable insight into the research topic, and recommendations might be considered when supporting non-psychiatric trained nurses caring for MHCUs in acute psychiatric wards.

Public hospitals should offer in-service training and workshops to encourage the use of the model to support non-psychiatrically trained nurses caring for MHCUs in acute psychiatric wards. This is one of the nursing practice recommendations. According to the support they require, nursing education advises, including non-psychiatric trained nurses in training for MHCUs care in acute settings. Therefore, it is recommended that further research be conducted, including a study on monitoring the effects of a proposed model to support non-psychiatric trained nurses in acute psychiatric wards providing care to MHCUs, as well as its contribution to the provision of high-quality patient care for MHCUs.

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APPENDIX A: PROPOSAL APPROVAL

University of Venda

Faculty of Health Sciences

Research Office

Executive Faculty Higher Degree Committee

To : Rangwaneni Mphedziseni Esther

Department of Advanced Nursing Sciences (DCur)

From : Prof L Makhado

Acting Research Professor, Faculty of Health Sciences

Date : 13 January 2022

The decision of the Executive Faculty of Health Sciences Higher Degree Committee on 13 January 2022

Application for approval of a thesis proposal report in the Department of Advanced Nursing Sciences: **Rangwaneni Mphedziseni Esther (11638724)**

Title: **A model to support non-psychiatric trained nurses rendering care to mental health care users in acute psychiatric wards Limpopo Province, South Africa**

Promoter : Dr NS Raliphaswa
Co-promoter : Prof M Maluleke

EFHDC recommended for approval by the UHDC

Prof L Makhado
Acting Research professor (Chairperson of EFHDC)
Faculty of Health Sciences

APPENDIX B: UNIVERSITY HIGHER DEGREE COMMITTEE LETTER

UNIVERSITY OF VENDA

OFFICE OF THE DVC: RESEARCH AND POSTGRADUATE STUDIES

TO : MR/MS M.E RANGWANENI

FACULTY OF HEALTH SCIENCES

FROM: PROF. N.N FEZA

DVC: RESEARCH AND POSTGRADUATE STUDIES

DATE : 29 AUGUST 2022

DECISIONS TAKEN BY UHDC OF 29TH AUGUST 2022

Application for approval of Thesis Proposal Report in the Faculty of Health Sciences: **M.E Rangwaneni (11638724)**

Topic: "A model to support non-psychiatric trained nurses rendering care to Mental Health Care users in acute Psychiatric wards Limpopo Province, South Africa."

Supervisor	UNIVEN	Dr. N.S Raliphaswa
Co-supervisor	UNIVEN	Prof. M. Maluleke

UHDC approved Thesis proposal

PROF. N.N FEZA
DVC: RESEARCH AND POSTGRADUATE STUDIES

APPENDIX C: ETHICAL CLEARANCE CERTIFICATE

ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms ME Rangwaneni

STUDENT NO:
11638724

PROJECT TITLE: **A model to support non-psychiatric trained nurses rendering care to mental health care users in acute psychiatric ward, Limpopo Province, South Africa.**

ETHICAL CLEARENCE NO: FHS/22/PDC/06/2104

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr NS Ralphaswa	University of Venda (Advanced Nursing Sciences)	Supervisor
Prof M Maluleke	University of Venda(Advanced Nursing Sciences)	Co - Supervisor
Ms ME Rangwaneni	University of Venda	Investigator – Student

Type: Doctoral Research
Risk: Minimal risk to humans, animals or environment (Category 2)
Approval Period: April 2022 – April 2025

The Human and Clinical Trails Research Ethics Committee (HCTREC) hereby approves your project as indicated above.

General Conditions
While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principal investigator) must report in the prescribed format to the REC:
  - Annually (or as otherwise requested) on the progress of the project, and upon completion of the project
  - Within 48hrs in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project
  - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the REC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical responsibility, the REC retains the right to:
  - Request access to any information or data at any time during the course or after completion of the project.
  - To ask further questions; Seek additional information; Require further mediation or monitor the conduct of your research or the informed consent process.
  - Withdraw or postpone approval if:
  - Any unethical principles or practices of the project are revealed or suspected.
  - It becomes apparent that any relevant information was withheld from the REC or that information has been falsified or misrepresented.
  - The required annual report and reporting of adverse events was not done timely and accurately.
  - New institutional rules, national legislation or international conventions deem it necessary.

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE
Date Considered: March 2022

Name of the HCTREC Chairperson of the Committee: Prof MS Maputle

Signature MSMaputle

UNIVERSITY OF VENDA
OFFICE OF THE DIRECTOR
RESEARCH AND INNOVATION
2022 -04- 25
Private Bag X5050
Thohoyandou 0950

APPENDIX D: LETTER TO THE DEPARTMENT OF HEALTH, LIMPOPO PROVINCE

P.O. BOX 1310

Vhufuli

0971

mukomula@gmail.com

Dear Sir/Madam,

Re: Application for conducting a research study

Title: A model to support non-psychiatric trained nurses caring for mental health care users in acute psychiatric wards in Limpopo Province, South Africa.

I am requesting permission to conduct the above-stated study on a selected hospital. The purpose of this study is to develop a model to support non-psychiatric trained nurses rendering care to r MHCUs in acute psychiatric wards in Limpopo Province. The study objectives will be:

- To explore experiences of non-psychiatric trained nurses rendering care tor MHCUs in acute psychiatric wards in Limpopo Province, South Africa.
- To determine the support needed for non-psychiatric trained nurses rendering care to MHCUs in acute psychiatric wards in Limpopo Province, South Africa.
- To validate a model to support non-psychiatric trained nurses rendering care to r MHCUs in an acute psychiatric ward.

A minimum sample of non-psychiatric trained nurses allocated in acute psychiatric wards in selected hospitals and districts in Limpopo Province, South Africa, will be included. Data will be collected from nurses who have agreed to participate in this study and have signed the informed consent. Confidentiality of nurses' information will be ensured. The findings of the study will be provided to you in a report reflecting the combined account of participants' input. It will also be presented at conferences and published in journal articles, maintaining confidentiality.

Please refer to the attached research proposal for more detail.

Kind regards,

Researcher: Ms ME Rangwaneni; Supervisor: Dr N Raliphaswa; Co-supervisor: Prof M Maluleke

APPENDIX E: PERMISSION FROM THE DEPARTMENT OF HEALTH, LIMPOPO PROVINCE

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Department of Health

Ref : LP_2022-04-023
Enquires : Ms PF Mahlokwane
Tel : 015-293 6028
Email : Phoebe.Mahlokwane@dhsd.limpopo.gov.za

Mphedziseni Esther Rangwaneni

PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

A model to support non-psychiatric nurses caring for mental health care users in acute psychiatric 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 office of District Executive Manager a week before the study is conducted.
   b. The approval is **ONLY** for **Mankweng Hospital; Thabamoopo Hospital; Evuxakeni Hospital and Mokopane Hospital.**
   c. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
   d. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   e. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   f. The approval is only valid for a 1-year period.
   g. If the proposal has been amended, a new approval should be sought from the Department of Health
   h. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated

Head of Department 11/05/2022 **Date**

pp

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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APPENDIX F: LETTER TO THE SELECTED DISTRICT

P.O. BOX 1310
Vhufuli
0971
mukomula@gmail.com

Dear Sir/Madam,

Re: Application for conducting a research study

Title: A model to support non-psychiatric trained nurses caring for mental health care users in acute psychiatric wards in Limpopo Province, South Africa.

I am requesting permission to conduct the above-stated study on a selected hospital. The purpose of this study is to develop a model to support non-psychiatric trained nurses caring for MHCUs in acute psychiatric wards in Limpopo Province. The study objectives will be:

- To explore experiences of non-psychiatric trained nurses caring for MHCUs in acute psychiatric wards in Limpopo Province, South Africa.
- To determine the support needed for non-psychiatric trained nurses caring for MHCUs in acute psychiatric wards in Limpopo Province, South Africa.
- To validate a model to support non-psychiatric trained nurses caring for MHCUs in an acute psychiatric ward.

A minimum sample of non-psychiatric trained nurses allocated in acute psychiatric wards in selected hospitals and districts in Limpopo Province, South Africa, will be included. Data will be collected from nurses who have agreed to participate in this study and have signed the informed consent. Confidentiality of nurses' information will be ensured. The findings of the study will be provided to you in a report reflecting the combined account of participants' input. It will also be presented at conferences and published in journal articles, maintaining confidentiality.

Please refer to the attached research proposal for more detail. Kind regards,

Researcher: Ms M.E. Rangwaneni, Supervisor: Dr N Raliphaswa, Co-supervisor: Prof M. Maluleke.

APPENDIX G: PERMISSION TO CONDUCT RESEARCH AT WATERBERG DISTRICT

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH
WATERBERG DISTRICT

REF: 4/3/3.
ENQ: NKGODI D.R (PA TO THE DISTRICT EXECUTIVE MANAGER)

TEL NO: 014. 718 0623 / 082 344 0227.
E-MAIL: David.Nkgodi@dhsd.limpopo.gov.za

TO: MPHEDZISENI ESTHER RANGWANENI

RE: PERMISSION TO CONDUCT RESEARCH: YOURSELF.

The above bear's reference: -

1. The office of the District Executive Manager, hereby confirms receipt of your request to conduct research on a model to support non-psychiatric nurses caring for mental health care users in acute psychiatric wards Limpopo Province, South Africa
2. Permission is hereby granted as per approval by the HOD.
3. You are further requested to notify this office on when you are going to start with the research and make sure that there is no action that disturbs service delivery.

Your support and cooperation in terms of the above will be highly appreciated.

BULANNGA N.G.
DISTRICT EXECUTIVE MANAGER

30/05/2021
DATE

Waterberg District Office Private Bag X 1026 Modimolle,
0510 Tel (014) 718 0600 Fax (014) 718 0676

The heartland of Southern Africa – development is about people!

BATHO PELE

APPENDIX H: LETTER TO THE SELECTED HOSPITALS

P.O. BOX 1310
Vhufuli
0971
mukomula@gmail.com
072 5584 705

Date: 20 May 2022

Dear Sir/Madam

Re: Application for conducting a research study

Title: A model to support non-psychiatric trained nurses caring for mental health care users in acute psychiatric wards in Limpopo Province, South Africa.

I am requesting permission to conduct the above-stated study on a selected hospital. The purpose of this study is to develop a model to support non-psychiatric trained nurses caring for MHCUs in acute psychiatric wards in Limpopo Province. The study objectives will be:

- To explore experiences of non-psychiatric trained nurses caring for MHCUs in acute psychiatric wards in Limpopo Province, South Africa.
- To determine the support needed for non-psychiatric trained nurses caring for MHCUs in acute psychiatric wards in Limpopo Province, South Africa.
- To validate a model to support non-psychiatric trained nurses caring for MHCUs in an acute psychiatric ward.

A minimum sample of non-psychiatric nurses allocated in psychiatric wards in selected hospitals and districts in Limpopo Province, South Africa, will be included. Data will be collected from nurses who have agreed to participate in this study and have signed the informed consent. Confidentiality of nurses' information will be ensured. The findings of the study will be provided to you in a report reflecting the combined account of participants' input. It will also be presented at conferences and published in journal articles, maintaining confidentiality.

Please refer to the attached research proposal for more detail.

Kind regards, Researcher: Ms M.E. Rangwaneni, promoter: Dr N Raliphaswa, Co-promoter: Prof M. Maluleke

APPENDIX I: PERMISSION FROM SAMPLED HOSPITALS (MOKOPANE HOSPITAL)

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH

OFFICE OF THE CHIEF EXECUTIVE OFFICER

Enquiries : Maila M.J (Acting P.A to the Chief Executive Officer)
Contact number : 015 483 4170/4166
Cell number : 078 153 9791
Email address : Malesele.Maila@dhsd.limpopo.gov.za

Date: 04th July 2022

ATTENTION: MPHEDZISENI ESTHER RANGWANENI

RE: PERMISSION TO CONDUCT RESEARCH: YOURSELF

GREETINGS

1. The above matter has reference.
2. Kindly be informed that the office of the Chief Executive Officer hereby confirms the receipts of your request to conduct research on a model to support non-psychiatric nurses caring for mental health care users in acute psychiatric wards Limpopo Province. South Africa.
3. Permission is hereby granted as per approval by the HOD and the DEM.
4. Your request has been forwarded to Ms. Manaka J.M – Deputy Manager: Nursing Services, for further arrangements please contact their office on 015 483 4174.

Yours cooperation will be highly appreciated.

Ms. Magagane S.L
Chief Executive Officer

DEPARTMENT OF HEALTH
MOKOPANE HOSPITAL
CEO'S OFFICE
04 JUL 2022
Date
PRIVATE BAG X2468
MOKOPANE, 0600
LIMPOPO PROVINCE

WATERBERG DISTRICT
DUDU MACHEHA DRIVE MOKOPANE REGIONAL HOSPITAL PRIVATE BAG X2468 MOKOPANE, 0600 TEL (015) 483 4000 FAX (015) 483 3408
website:http://www.limpopo.gov.za
The heartland of Southern Africa – Development is about people!

APPENDIX J: PERMISSION FROM SAMPLED HOSPITALS (MANKWENG HOSPITAL)

Restricted

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
MANKWENG HOSPITAL

Ref: S5/3/1/2
Enq: Modula MC
Tel: 015 286 10421282
Email motlatso.modula@dhsd.limpopo.gov.za
HR Training and Capacity Development

To: Rangwaneni ME

REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT MANKWENG HOSPITAL

1. The above matter has reference.
2. This is to confirm that the CEO has granted you a permission to conduct research on "A model to support non-psychiatric nurses caring for mental health care users in acute psychiatric wards in Limpopo Province, South Africa".
3. We wish you good luck in your research.

DEPARTMENT OF HEALTH
CHIEF EXECUTIVE OFFICER
2022 -06- 02
PRIVATE BAG X 1017 SOVENGA 0727
LIMPOPO PROVINCE

Yours in service delivery

Acting Chief Executive Officer
Dr: Muila SL

09/06/2022.
Date

Private Bag X1117, SOVENGA, 0727 Tel: 015 286 1000 Fax: 015 267 0206
Houtbos Road, Sovenga
Restricted
The heartland of Southern Africa – development is about people!

APPENDIX K: PERMISSION FROM SAMPLED HOSPITALS (EVUXAKENI HOSPITAL)

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
EVUXAKENI HOSPITAL

Ref: S5/3/1/2
Enquiries: Rikhotso M.J

Date: 03/08/2022

To: Rangwaneni M.E

SUBJECT: PERMISSION TO CONDUCT RESEARCH: RANGWANENI M.E

The above matter refers:

1. The request to conduct the research as indicated through your application, has been approved by the department.
2. The approval to conduct the above-mentioned shall for a one year period as stated in par 2(f) of the department's approval letter as attached herein.
3. Wishing the best in your research work.

Hoping you will find this in order.

CHIEF EXECUTIVE OFFICER

03-08-2022
DATE

Private Bag X9551, GIYANI , 0826. Site 2177 Section A, GIYANI, 0826
Tel: +27 15 812 1138 · Fax: +27 15 812 1139, Website: http:limpopo.gov.za

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APPENDIX L: PERMISSION FROM SAMPLED HOSPITALS (THABAMOOPO HOSPITAL)

CONFIDENTIAL

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Ref: S5/3/1/2
Enquiries: Mrs Shiviti M.P
Tel: 015 632 9000(9003)
Email: mamere.shiviti@dhsd.limpopo.gov.za
Date: 13/12/2022

RE-PERMISSION TO CONDUCT RESEARCH AT THABAMOOPO HOSPITAL

STUDY TOPIC: A MODEL TO SUPPORT NON-PSYCHIATRIC NURSES CARING FOR MENTAL HEALTH CARE USERS IN ACUTE PSYCHIATRIC WARDS LIMPOPO PROVINCE, SOUTH AFRICA.

RESEARCHER: MPHEDZISENI ESTHER RANGWANENI

1. Permission to conduct research study as per your research topic is hereby granted.
2. In the course of your study, there should be no action to disrupt the routine services in the institution.
3. In conducting the study, adhere to the principles of ethical considerations i.e. anonymity, privacy and confidentiality; addressing harm etc.
4. Present a copy of the research finding to the institution upon completion of your study.
5. As the researcher you should be able to assist with the interpretation and implementation of the study recommendation where possible.
6. The above approval for a one year period.
7. Amendments on the proposal should be communicated accordingly.

Your cooperation will be highly appreciated

ACEO

THABAMOOPO HOSPITAL
CEO
13 DEC 2022
TEL: 015 632 9000
FAX: 015 632 5205
PRIVATE BAG X37, CHUENESPOORT, 0745

13/12/2022
DATE

PRIVATE BAG X37, CHUENESPOORT 0745
Tel: (015) 632 9000, Fax: (015) 632 5205

The heartland of South Africa – *Development is about people*

APPENDIX M: PARTICIPANT INFORMATION SHEET

University of Venda

Title of the Research Study: A model to support non-psychiatric trained nurses caring for mental health care users in acute psychiatric wards in Limpopo Province, South Africa.

Principal Investigator/s/researcher: Rangwaneni Mphedziseni Esther

Co-Investigator/s/supervisor/s: Dr NS Raliphaswa and Prof M Maluleke

Brief Introduction and Purpose of the Study:

You are invited to participate in the study title mentioned above. This study aims to develop a model to support non-psychiatric trained nurses caring for MHCUs in acute psychiatric wards in Limpopo Province, South Africa.

The study objectives are:

- To explore experiences of non-psychiatric trained nurses caring for MHCUs in acute psychiatric wards in Limpopo Province, South Africa.
- To determine the support needed for non-psychiatric trained nurses caring for MHCUs in acute psychiatric wards in Limpopo Province, South Africa.
- To validate a model to support non-psychiatric trained nurses caring for MHCUs in an acute psychiatric ward.

Outline of the Procedures: Data will be collected using unstructured interviews after obtaining ethical clearance and permission from the selected hospitals. In addition, permission to use an audiotape in the interview will be obtained from the participants, who must sign a consent form when agreeing to be part of the research study. The interview will take approximately 30 minutes to complete. The appointment for the interview will be made telephonically with the participant.

Risks or Discomforts to the Participant: There will be no physical risk involved except that you may feel uncomfortable expressing your feelings.

Benefits: The potential benefit from this study is that you could voice your concerns anonymously about the kind of support nurses need when rendering care to MHCUs in acute psychiatric wards. The information obtained will assist in the development of a model to support nurses caring for MHCUs in acute psychiatric wards in Limpopo Province, South

Africa. A report will be written on the findings and will be presented at the University of Venda and the Department of Health; it will also be presented in conference published and in journal articles.

Reason/s why the Participant May Be Withdrawn from the Study: Your participation is voluntary. If you are willing to participate, please complete the consent form. Participants have the right to withdraw from the study at any time without penalty.

Remuneration: Participants will not receive any rewards or money for participating in this study.

Costs of the Study: Participants are not expected to cover any costs during this study project.

Confidentiality: Anonymity and confidentiality will be ensured by omitting your name or identifiable information with the information you will provide.

Research-related Injury: no injury is anticipated during the study. If the participant gets injured, there will be no compensation.

Persons to Contact in the Event of any Problems or Queries: Please contact the researcher, Ms M.E. Rangwaneni (072 558 4705 mukomula@gmail.com), my supervisor, Dr N Raliphaswa (082 262 7809), my co-supervisor, Prof M. Maluleke (076 394 9752), 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.

APPENDIX N: INFORMED CONSENT FORM

Statement of Agreement to Participate in the Research Study:

- I ……hereby confirm that I have been informed by the researcher, ***Rangwaneni Mphedziseni Esther***, about the nature, conduct, benefits and risks of this study.
- I have also received, read and understood the above-written information (*Participant Letter of Information*) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, 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 researcher can process the data collected during this study in a computerised system.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had enough 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 that may relate to my participation will be made available to me.

Full Name of Participant Date Time Signature

I, …….. …….. …… ……

I, *Rangwaneni Mphedziseni Esther*, herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the study.

Full Name of Researcher

…… Date**……..** Signature**……**

Full Name of Witness (If applicable)

…… Date **……..** Signature**……..**

APPENDIX O: CENTRAL QUESTIONS

- “As a non-psychiatric trained nurse, what are your experiences regarding the care of mental health care users in an acute psychiatric ward?”
- “What kind of support do you need when rendering care to mental health care users?”

APPENDIX P: TRANSCRIPTS

TRANSCRIPT 1

PARTICIPANT 4

Researcher: Rangwaneni ME

PARTICIPANT: Non-psychiatric trained nurse (Enrolled nurse)

KEY: **R** = Researcher

P = Participant

R: Morning.

P: Good morning.

R: How are you?

R: I am fine, thank you. How are you?

R: I'm fine. As I told you before, I'm a student at the University of Venda doing a PhD. I'm researching a model to support non-psychiatric nurses rendering care to MHCUs in an acute psychiatric ward. So, I'm pleased that you have already signed to give a concern that you will participate in this study, and you volunteer because participation is voluntary and no reward will be provided. Everything that we are going to say will remain confidential. I will only share the information with my supervisor. Then after recording the information with this voice recorder that you allowed me, I will write every piece of information and write a report that report will also be published in articles to no name of the hospital no name of the participants and will be given pseudo names. So I'm glad we are maintaining the protocols we're given for Covid to keep our distance and wear masks. I see you're wearing masks, but the Minister of Health has stated that some protocols are now suspended even though Covid-19 is still being discovered, so let us continue to do so to protect ourselves. Mmmmm, I can see that you are not psychiatrically trained. How do you care for them in this ward?

P4: Yeah, it was not easy because we are not trained. It was challenging to nurse patients with mental illness. Because we're not taught, but as time goes on, we can assist them with the MT. We have the securities. We have nurses in the ward; if a patient starts to be aggressive, we call the nurses and the security. That is how we work.

R: OK, I hear you mention it was difficult because you were not trained. What is it, what was difficult for you?

P4: When the patient started being aggressive, I lacked insight into what to do. Then I called a professional nurse to help me. If they say they call the security or give injection withdrawal, I withdraw the injection and provide the professional nurse to inject the mental health care user.

R: OK, I hear you saying that day when the patient was aggressive but didn't have any insight, you had to call the professional nurse to assist, so have you ever seen anyone being beaten in the ward?

P4: Is that the patient or nurse beaten by the patient?

R: Mmmmm.

P4: Yes, yes, sometimes when the patient is aggressive eeeeh they beat us, but we managed because we are working as a multidisciplinary team in the ward. Anyway, we take the patient to the room, and then the professional nurse asks the junior to withdraw the injection. Then the junior gives the sister the injection to inject the patient or the user, then the patient will calm down.

R: Mmmmm.

P4: Yes.

R: OK, I heard you saying that yes, you have seen them being beaten or aggressive, and then my work as a multidisciplinary team, and then the juniors will withdraw the medications, so when you say the juniors, which categories are you mentioning?

P4: Eeeh, enrolled nurses.

R: Enrolled nurses, so to your knowledge, will they give or know medication used here in a psychiatric ward?

P4: Sorry?

R: To your knowledge, do enrolled nurses have the knowledge or training to administer medication?

P4: We are not trained.

R: Mmmm.

P: We learn.

R: OK.

P4: We are learning.

R: So, who is teaching you all this?

P4: The professional nurses.

R: Mmmmm, I hear you. Besides having the challenge of not being trained, which other difficulties did you encounter in the ward?

P4: The challenges?

R: Yes, concerning caring for those patients.

P4: Yeah, the challenges, mmmm, when the patient is aggressive and beats you, there is not, and I don't know how I can put it.

R: You can speak in your language; it's OK. You can express the way you feel.

P4: Mmm, we experienced that if the patients, if you have done the wrong thing to the patient, maybe you give the patient wrong medication when you are not trained, I don't know who's going to cover us.

R: Mmmm.

P: Yes.

R: Oohhh, I do understand. So, in other words, you are saying the challenge is that if you give the medication because of lacking information is going to cover what you think must be done so that this thing must not happen for giving medication without knowing what must be done to non-psychiatric nurses so that you have knowledge?

P4: Yeah, I think the nurses, the professional nurses, must tell the managers to, I don't know…. say to their managers (speaking in her language, *manese a mo*). Nurses here at the psych must be trained.

R: Mmmmm.

P4: Must be trained; I do not know how.

R: You want nurses that are here to be trained?

P: Yes.

R: It means that the professional nurses. Who is supposed to motivate for training?

P4: The managers.

R: Ooooh, the managers must ensure that non-psychiatric nurses are trained.

P4: Managers in the ward must tell the CEO to do it for training.

R: For training.

P: Yeah.

R: I understand.

P4: To be protected for our protection because if we do something wrong to the patient we will be caring for, we will be fired. I'm not sure if we'll be fired because we're not trained.

R: OK, I hear from you that the manager, the charge of the ward, must consult the CEO so that you go for training so that you can give medication with knowledge. Besides going out for training, what else can be done in the ward so that you have information and knowledge on how to take care of the patient and not to give medication without knowing what else must be done in the ward?

P4: OK, mmmm, we are not trained, but as a nurse, you must. You cannot just say I am not trained; we learn. The professional nurses showed us which medication the patient must be given, then we checked the file and reviewed the file to see if the doctor had prescribed certain medications. I do not know this medication. I went to the professional nurse and asked the professional nurse to show me the medicine. I learn from them.

R: Mmmm, OK, I see you said the professional nurses teach you and show you, and another thing is that you must go to training.

P: Mmmmm.

R: OK, what can you see if a nurse comes to work in this ward for the first time? What must be done so that that person can provide care?

P: Sorry?

R: The nurse is allocated here for the first time and has never worked in the psych ward. What do you think must be done to that non-psychiatric nurse?

P4: OK, that nurse, we will welcome the nurse, orientate the patient and the ward, and tell the nurse that sometimes these patients become aggressive. If they become aggressive, do not just keep quiet. You must call security and the staff members to come and help you.

R: OK, in other words, the non-psychiatric nurse, before they start with the routine of working, will be orientated?

P: Yes.

R: So that they know the patients and what to do in case the patient is aggressive.

P: Yes.

R: Up to now, how do you handle an aggressive patient?

P4: Patient started is that sometimes the patient started in the ward, staff members will be there. If he began to be aggressive, we just went to the patient and just took the patient, withdrew the injection, then gave the sister to sedate the patient and took the patient to bed because he could stand because he was sedated. He must go to bed.

R: OK, let me summarise. You said that when you manage an aggressive patient, you call others. Then you work as a team and then withdraw the medication and give the medication so that the patient be sedated, so when we're talking here, you mention about the support.… of a which should be given to non-psychiatric nurses, professional nurses to motivate for training and also to be for a non-psychiatric nurse to learn when professionals are giving medication or working and also that non-psychiatric nurse should be orientated for the first time so from what I've mentioned is that all that you have told me or there is something you would like to tell me?

P: No.

R: You have said everything.

P: Yes.

R: OK, thank you very much for your participation in this. I will write a report after listening to this voice recorder, and then in case I need clarity, I will call you. If you feel that you have left out some information, I'll give you my number to call me. Thank you very much; we've come to the end of the interview.

TRANSCRIPT 2

PARTICIPANT: Non-psychiatric trained nurse (male enrolled nurses)

KEY: R = Researcher

P = Participant

R: Good afternoon

P12: Afternoon, ma'am.

R: How are you?

P: I am fine, and how are you?

R: I am fine; like I told you, I am a student. I'm from the University of Venda. I'm researching a model to support non-psychiatric nurses working in psychiatric wards. How is the ward that you are working in?

P: It has been a long time since I was in that ward; we are trying.

R: You are trying.

P: Yes.

R: OK, let me remind you again that whatever you are saying here will remain confidential. The formation that you share with me, you won't hear it anyway. No name will be mentioned or the name of the institution. As you've already given the consent form, I really thank you for that. They report that alright I will submit to my supervisor no reward that is going to be given on participating in this study, so the report that I will write will also be published on the journals so that they be an improvement on quality patient care. So, I'm glad that we are following the protocol for Covid-19; we are wearing masks and maintaining distance, that's good. The statistics are low let's continue to maintain the standard. I can see that you are not trained psychiatrically, and how do you manage mentally ill patients?

P12: To be honest, it's one of the difficult tasks because without being trained, it's not easy to manage them, but because maybe because we are man/male, sometimes we have our own tricks just to manage them compared to general patients. These ones are very, very difficult to work with.

R: Oooh, I understand you say it's a very difficult task and very difficult to manage. What is it that's difficult on them?

P12: I mention few, one this patient mostly does not fear you because you study, but they fear the voice of the males' somebody and number one the number 2 they are legislation and……which govern us that you can't do this and that and this to a patient as a nurse and our scope of practice it's limited when it comes to the handling of psychiatric patient most of them they are hard, and it is not easy to deal with because of the scope of practice which does not allow us to do some of the activities.

R: Mmmm, I understand you mention the legislation and the scope practice, which doesn't allow you to do most things. So what do you do according to your scope?

P12: Here, our scope is to assist. We assist in whatever registered nurses and professional nurses are doing then we assist in whatever they are doing. Basically, here it's different because we have few professional nurses that's why it's very difficult because we are running short of a male professional nurse. Then we end up being the ones who have to give sometimes instructions to do those psychiatric patients, which is opposite to the scope of practice because it is supposed to be a professional nurse then you assist that professional nurse, but we are the ones now having to say to them they don't do this sometimes is not trained how to handle them here it's not easy that's why we are just using the voices

R: Oh, I see you mentioned that there are shortages of staff, and at times, we are doing work which is not supposed to be done because there are shortages of professional nurses and those patients fear male voices, so I hear you saying that sometimes you're forced to tell them what to do and because you are not psychiatrically trained you end up doing things that were not supposed to do so besides the challenge of shortage and that you're not training what other challenges do you face here in this ward as a non-psychiatric nurse

P: There are no activities at all; then, most patients end up bored and can attack us at any time. That's why we are running short of activities, and they are bored and end up being violent.

R: So, when they are violent, or they attack you, what do you do?

P: Mmmmm, as a male, we always call for cover if someone is attacking you. Then usually, for a man, it's easier a little bit compared to a female; they hear you as a male saying this guy can stand out against me, but for females, it's not easy if they are in a male ward, even females who are working in the female ward is not easy sometimes you see it when you are being transferred is difficult that is difficult to manage them when you do not have psychiatry training as a nurse.

R: Yeah, I understand your scope is limited because you're not psychiatrically trained, and also, it's difficult to manage them; they just feel the male voice, so in other words, the

challenges that exist is that when those patients are bored they attack nurses and they're difficult to manage due to limited scope what support do you think can be given to a non-psychiatric nurse so that they can manage the patient independently?

P12: One psychiatric training is needed, and another thing, most of the nurses are not being psychological they are not attended, they are not offered psychological assistance because sometimes it's psychological it's damaging well we are working with them some will say something which is not well, but no one is taking care of nurses. We have our own problems, but there's no one to attend to us. If we can train and be offered psychological support, it will help us make our work easier.

R: So, on the support, you mentioned training. Who's supposed to motivate for training?

P12: Yeah, usually in an institution, it is the nursing manager together with the office of HRD development.

R: Mmmm, so to your own knowledge, when can a nurse be sent for training to do psychiatry?

P12: Usually, you cannot wait for someone to be old to reach the exit years so that you can train that person if it was of choice; even in two years, you may make sure that that person now has the ground of the psychiatric institution then he can, or she can be trained.

R: OK, in other words, afterwards, maybe every two years, they can train.

P: Yes.

R: You also mentioned the support of psychological support, and you said that, uh you face many challenges. They say many things, and you are not supported psychologically, so who is supposed to offer this psychological support?

P12: We have psychologists in the Republic of South Africa and social workers who can do the job for us.

R: Ooh, the psychologist, so when they say psychological l support, specifically, what problems do non-psychiatric nurses have which need psychological support?

P12: Uhhh, we get frustrated because I'm not trained. One, it frustrates us as nurses. And number 2 as nurses, sometimes we get tired mentally of something and then because they are psychiatric patients, they can think that this guy looks like who didn't nurse me well while in another clinic, and they can attack us that we needed that psychologically assistance so that at least you can understand that there's someone who is supporting us even if though will be facing challenges.

R: I do understand there are challenges like frustration; the patient may identify you as somebody who mistreated them and end up even having some psychological problem. You mentioned the psychologist around here, so in the institution, is there a procedure here wherein they refer nurses to a psychologist?

P: No, not at all.

R: So, in other words, who is supposed to refer you to this psychologist here?

P: Yeah, because here, nurses, we are reporting to the nursing manager. It must go via the nursing manager and then to the relevant office.

R12: For support, mmmmm, OK. It means the nursing service manager must refer to the psychologist for support of what you are coming across. I hear you so (silence); how often do you think nurses should be referred to the psychologist?

P: I can say even if financially, it's good can be quarterly or twice a year.

R: Ohh, yeah, OK. You mention those things of two support training and psychological support training can be done in two years, and then psychological support can be given after a quarter or twice a year. So, from what you've mentioned here, is there anything you'd like to add that you think you haven't already?

P12: Yeah, and let me I can add even the issue of increasing activities for our patients so that they may not be bored, like even involved them in sports, even some activities like cleaning campaign so that they might be part so that they may not be bored so that it will be easy for them when knowing that they are useful to the community.

R: OK, so on the increase of activities, so those activities that we're talking about, do you know how to implement or to make the patient participate?

P: So we did sometimes try before Covid-19 because some of them someone participating in sport in sporting activities, which is part of them.

R: OK, so you are trying. What makes you try not to do what is supposed to be done?

P12: The issue is that because it involves a multidisciplinary team, some are not supportive, and some think you are entering into their own corner. Then they start sabotaging the programmes.

R: Oh, I see. So, as a non-psychiatric nurse being part of these activities, do you think you are doing enough for the patients when we're trying?

P12: Yeah, we are doing enough. The problem is that I'm saying the scope of practice sometimes bans us from doing some activities, then they tell you that no, I don't deal with uneducated nurses, may it come with from your professional nurse we can take it. The issue is that some undermines us.

R: Ooohh, in other words, you are being undermined because you are not trained psychiatrically; you cannot say anything?

P: Yes.

R: Oooh, I do understand. So for those MDT teams to accommodate or understand what you are saying as part of the team, what must be done?

P12: Maybe the MDT must be looked at so that I even accommodate those young categories institutions. I've gone to other psychiatric institutions those ENA and others are not part of MDT, but if you can check, they are there but not participating because they undermine when they attend those meetings.

R: I see in other words is for the MDT team can accommodate each and every nursing category as part of their team.

P: Yes.

R: I understand, so let me summarise a little bit of the support that you mentioned on the challenges identified here; it's training, psychological support, and that the MDT you must also be part of another nursing category so that they be some increase in activities because those patients when they're bored they end up being angry and aggressive, is that what you said?

P: Yes.

R: OK, so from what you said, we address the issue of the challenges that you mention, the challenges of difficulty in assisting patient, the challenges of limited scope, the challenges of lack of counselling when you are frustrated as nurses wherein the support you've already mentioned. So, I don't have any other questions unless you want to tell me more about the challenges?

P12: I've tried my best to explain most of the issues we are facing.

R: OK, yeah. Thank you very much for your participation. Whatever you've said here, I'm still remaining that it will remain confidential; I will only write the report after listening to the voice recorder in case I need clarity, I will come back and ask for clarity, or in case you feel like you have left something you want to tell me after this session you can also ask and I will come to

you, you tell me, so the research that I'm doing will be submitted to the supervisor and the report then we'll be published on journals after writing articles some will be presented on the research seminars, but no name will be mentioned. You'll be given a false name, either A or B or participant R, so it doesn't have any impact. He can be participant 6, whatever number I allocate, so no one will know who gave this information. So, thank you very much for your participation; if you have questions, you can ask.

P12: I think we have covered everything.

R: Yeah, thank you then. We have come to the end of the interview.

P12: Thank you.

TRANSCRIPT 3

PARTICIPANT: Non-psychiatric trained nurse (female enrolled nurse)

KEY: R = Researcher

P= Participant

R: Good afternoon.

P9: Afternoon.

R: How are you?

P9: I am good, and you?

R: I am fine. As I told you before, I am conducting a study. I am a PhD student at the University of Venda doing a study on a model to support non-psychiatric nurses working in the psychiatric ward.

P9: Okay.

R: How is your ward today?

P9: Aaahhh, since I came the half day, I do not experience any problem except finding new patients.

R: Oh, I see.

P9: The others are not the ones I left yesterday when I knocked off.

R: Ooh, I can't see, so I'm very much glad that you allowed me to conduct this study and you have already signed the consent form like I told you before, and I've already started with a voice recorder to reassure you is that the information that you are going to tell me will remain confidential the only people will hear about this information is my supervisors and other researchers. No name of the institution, or your name will be mentioned. After this information, I will write a report and publish it in a journal.

P9: Ok.

R: Rest assured; I'm still reminding you that participation is voluntary. No reward will be given for participating.

P9: OK.

R: Thank you again for participating; I can see that you are not trained psychiatrically; tell me how, how do you manage those patients?

P9: Uhh, the thing is, since I started working in this award for the first time, I was not comfortable working with psychiatric patients, but as time went on, with the guidance from our professional nurses, the help from them, then with their love of working with them I end up developing that love, and I end up developing skills to treat them just because what I have realised is that the psychiatric patients they need patience they need someone patient. They need someone who cares for them, and then the challenge is that sometimes they become too aggressive, especially the male patients. they are very much aggressive, but with the help of our members, the staff members, and the security, at least we managed to handle them.

R: OK, you indicated you were uncomfortable the first time you came here. So what is it which makes you not to be comfortable?

P9: On the first day, I was scared just because, hey, here, psychiatric patients become aggressive, so whenever they are aggressive, yooo you won't like working in this ward. Just ask for maybe they, if the manager, can change you to another ward, but as time goes on, when you work with them, you get the skills you learn to handle them.

R: Oohh, I see.

P: Yes.

R: You indicated that on the first day, you were very scared, and you said that you had tough skills; which skills did they teach you?

P: The skill is patience. The first thing is when psychiatric patients when are aggressive, don't be aggressive or just play calm; if they shout, don't shout it, don't shout back (*wena*). You just remain calm up until that person is calm, then she or she can listen to what you say because if you become aggressive, I think he could be a war.

R: Mmmm, so you indicated that the skill that they tough you is patience, and you indicated that male patients are the ones who are very much aggressive, and I can see that you are a female and you are not trained psychiatrically so when a male patient is aggressive, what did you do?

P9: Sometimes they will chase or try to assault us, but we need a back-up as long as you're not working alone.

R: Oh.

P9: As I mentioned, try to be calm if they shout, do not shout back, and just be calm, then you call for back-up. If maybe you are alone by that time, just shout for help. Then the thing is we work together as a team.

R: I see.

P: Yes.

R: In other words, don't work alone; you must make sure that you work as a team.

P: Yes.

R: Oohh, you said they could chase you. Have you ever been chased by a male patient or seen anyone being chased?

P9: Yes, patients chase us. Even other nurses were beaten.

R: Oooohhh.

P: Yes.

R: So, when others are being beaten, how did you feel?

P9: Yooooo (tone of the voice low) I was so scared when the patient was chasing us.

R: Yes, it was scary indeed.

P9: Yooooo.

R: Is anything else done when a patient beats a nurse?

P9: Yes, our manager is very much caring for us, so she will call you to comfort you, and if you are too traumatised, they will make you meet someone, commit professional help, and refer you to a psychologist where you will get help.

R: Oh, I see.

P: Yes.

R: OK, so what can you say can be done to non-psychiatric nurses before they come here to work so they do not become scared or afraid?

P9: I think maybe if they can train us or maybe workshop us once a week, that will enable us to work much easier.

R: And then I heard you saying about training and workshop which is supposed to conduct.

P9: I think the hospital should workshop and train us because they are the ones who are hiring us; they are the ones who distribute us to different wards.

R: OK, when can this training be done?

R: You said immediately they hire you and they take you to a particular ward, especially psyche ward, maybe if they can do it just for a week workshopping you, telling you how to handle them. The support you need is training; a workshop, or maybe immediately when you are told that you must come and work here, they must do a workshop?

P9: Yes, maybe just a week of a workshop.

R: Mmmm.

P: Yes.

R: OK, so I heard. So, the support that you need is a training workshop which must be done for non-psychiatric nurses?

P9: Yes.

R: So, regarding the male patient who maybe chases nurses when they are aggressive, which support is needed for non-psychiatric nurses?

P9: Mmmmm, I think more special most of the time, especially the female nurses. They must not be alone; maybe they can hire more male nurses because male patients are very clever and can see more, especially if a female nurse is alone, they attack, but if there are male nurses around, they do not attack us.

R: So, I heard that they must hire more male nurses. How many male nurses are there here?

P9: Mmmm, it would be much better if we got three male nurses.

R: Oohh, three; so if there are many, how many do you need here?

P9: Uh, I think three or four is enough. The thing is, a female nurse must not be left alone or work alone but let me say in our ward, mainly in the male ward, ensure that there are more male nurses than female nurses.

R: OK, I heard you about the support and hiring of more male nurses so that they can assist in the case when the male patient is aggressive.

P9: Yes.

R: So, from what you have said, is there anything else you want to add regarding what I asked you?

P9: I think I have said much.

R: You have said much.

P9: Yes, it's just that the psychiatric ward is scary for the first time, but as time, as time goes on it, it is a very much lovely ward because you learn more about the person, you understand a person more, even in the community, you can deal with a patient.

R: Oh, I see.

P9: It is easy to identify someone with a problem; it teaches you to understand someone.

R: So, the scary thing is from work or the patient's situation?

P: I beg your pardon?

R: What makes you feel scared here in the psychiatric ward?

P9: The patients the first time they come into this ward. But as time goes on, after a few days, aahhh they will be fine.

R: OK, let me sum up what you said; you talked about how you felt when you came into this ward, and you indicated fear of being scared of the patients and you were not comfortable as time went on after getting support from the staff member, the registered nurses and also after teamwork you become used to .you mention about the support which should be given to non-psychiatric nurses like training workshop and also the hospital to conduct the workshop may be for a week that indicated that list if they hire more male nurses in case the male patient becomes aggressive.

P: Yes.

R: So, thank you very much for your time. As I said, what you have told me, I am going to write a report and submit it to my supervisor; in case I need clarity, I'll come again and ask you for clarity, and then if in case you feel that you have left some of the information you want to tell me you can still tell me I'll listen so thank you very much you are confidentiality is reassured your name will not be mentioned anywhere you will be given a pseudo name or a false name when analySing the data we have come to the end of our interview thank.

P: You're welcome.

TRANSCRIPT 4

PARTICIPANT: Non-psychiatric trained nurse (female enrolled auxiliary nurse) 19

KEY: R = Researcher

P = Participant

R: Good morning.

P19: Morning.

R: How is the morning?

P: Good.

R: As I have told you before, I am a student conducting research on a model to support non-psychiatric trained nurses rendering care to mental health care users in acute psychiatric wards. I am from the University of Venda. I have told you that participation is voluntary. No name will be mentioned after you have given me the information; I will write a report and report to the supervisor. Again, I will write the report and submit it to the nursing service manager of this hospital .you are assured that no name will be mentioned. The purpose is that, in the end, non-psychiatric trained nurses will get the support they need after the challenges have been mentioned. So, how is the morning?

P19: It's fine… good.

R: I am glad you signed the consent form and that we have maintained social distancing and wearing face masks to prevent ourselves from Covid-19. The statistics, at least, are a little bit lower. It is not like when Covid-19 is starting. So let us continue to do that. I can see that you are not psychiatrically trained. How do you nurse those mentally ill patients?

P19: It is not easy to nurse them because I do not have experience as a student, but they tried to teach us here in the ward those who have psychiatry.

R: OK, I heard you saying that it is difficult. What is it, which is difficult?

P19: Sometimes, the patient comes on admission beating us.

R: Do they beat people?

P19: Yes, they beat us nurses and use vulgar words. They have told us that when we approach the patient, we must go being two or three. You must not approach the patient alone.

R:bSo, when the patient is physically aggressive, beating people as a non-psychiatric trained nurse, how do you feel?

P19: How do I feel?

R: Yes.

P19: Oooh, it is a problem because you can think you can handle and you get scared that maybe if you go next to the patients, they can hurt you, and it will be another thing we work being scared because we are not trained.

R: What do you mean when you said you work being scared?

P19: Meaning that you work not being sure of what you are supposed to do; maybe you can handle the patient wrongly because I don't know how to handle the patient?

R: OK, I understand you. In other words, you are trying you do not know how to handle the patient?

P19: Yes.

R: For you to know how to handle those patients, what do you think must be done?

P19: They should send us for training.

R: When you have to go for training, who is supposed to train you?

P19: I think the government should train us because they failed us to attend school because they have closed private schools, they have closed the channels we are unable to go to private schools for training; if at least they did not close the private schools we will go for training ourselves and now we cannot manage patient well because we are not trained.

R: I heard you.

P19: If they did not close other training institutions, you would have gone for training as we did our auxiliary training there. Maybe we would have been getting something there.

R: OK, you mentioned the government. Who is supposed to approach the government so that you can be trained because the government is a broad name?

P19: I think the nurse manager must write a motivation for training.

R: OK, I understand. You previously mentioned that mentally ill patients sometimes become physically aggressive. Besides physically aggressive patients, what other challenges did you experience?

P19: Challenges here is that they beat us here. Some patients attempt to abscond, and others are suicidal.

R: If they attempt to abscond, what do you do as a non-psychiatric trained nurse?

P19: Due to a lack of lack of knowledge, we just run after them, and you have seen outside there it is risky, you know. I am doing things not part of my scope of practice because I was trying to run after her.

R: I see you are doing tasks which are out of your scope of practice, what is your scope of practice here in this ward? What do you do?

P19: In my scope of practice, I serve meals and ensure that they have bathed if the patient is unable to bathe, we assist the patient.

R: OK, when you are assisting them with eating and bathing, is there any difficulties that you have encountered?

P19: Yeah, we experience some challenges; some do not want to bath, some eat chicken today, but will tell you tomorrow that they do not eat chicken.

R: So, how do you handle them when they behave like that?

P19: We try to negotiate with them until we reach an agreement means one must have patience when speaking with them

R: I see you mentioned that you do not have the knowledge and you are doing tasks out of your scope of practice; you are running after patients as a nurse, so when you experienced that, even running after the patient out of your scope, did you get any assistance?

P19: Yes, when the patient absconds, security sometimes assists us.

R: Only security, or are there other categories which assist you?

P19: Other categories because of their scope. They just sit, and when you are back, they will say you should have left them to go. We were going to complete the form so and so.

R: Ohh, I heard you, so in other words, you want to know how to work?

P19: Yes.

R: OK, what can be done if a new non-psychiatric trained nurse is coming here for the first time?

P19: The non-psychiatric trained nurse must be orientated first.

R: Who is supposed to orientate the nurse?

P19: I think the psychiatric nurse will do orientation; even the old staff can do orientation because they have little knowledge.

R: So, when you arrived in this hospital, did they orientate you?

P19: Yes.

R: What did they orientate you about?

P19: They showed us the hospital surroundings and told us that we must not go alone when we approach the patients. Go being two or three because those patients are dangerous.

R: OK, I see. Now besides orientation and training, what other support can be given to non-psychiatric nurses?

P19: I think psychological support by psychologists because sometimes patients are aggressive here. The last time other nurses were bitten by patients, that patient who bit the nurse was HIV positive. I had to take ARVs, but this causes problems at home as they get surprised as to why I am now taking ARVs.

R: I see, in other words, when a patient bites the staff, there is no psychologist to intervene.

P19: I am not sure because I have never come across such an incident, but the talk with them, it is a long procedure and is a problem because they end up asking you what you did to the patient when you end up being bitten is like the nurse is wrong that is why you are bitten. They start to blame you for harassing or insulting the patient.

R: OK, you mean in the end, the blame is shifted onto the nurses?

P19: Yes, now you can find that the boiler is not working; we have to prepare tea for them, which is not part of my scope of practice. So if you say you cannot prepare tea is like you are not cooperative with others. When you prepare tea for patients, others will ask if it is your scope of practice because it is not within my scope. We use urns or kettles in the ward to prepare tea for the patients.

R: I see.

P19: They just bring sugar and tea bags, and then we serve the patients.

R: OK.

P19: We are supposed to boil water; what if you are boiling and serving? You get burnt, and they will say it is not your scope.

R: OK, what must be done when there is such a challenge?

P19: They must hire more staff members to have enough staff.

R: OK, which categories must be hired?

P19: Kitchen staff; I mean every staff because in the kitchen they do not work at night; even night staff nurses even prepare tea for patients, and they are told there is no kitchen staff at night. Even cleaners, sometimes there are no cleaners at all, we end up mopping the floor because the cleaner is off.

R: Ohh, I see.

P19: There is a shortage of staff here; nurses work generally; there is no job that we do not do because you cannot leave spillage of water on the floor waiting for the cleaner who will come on duty next week; we mop the floor.

R: You do non-nursing duties; you mop the floor; you run after patients.

P19: We run errands, we do everything, we submit papers to offices, and when we go to the office, we leave the patient behind.

R: So, you left the patient behind and did all other things because they say there is a shortage? I heard you; it means there are a lot of challenges

P19: Yes, immediately. I go there, but my job is left behind if my patients do something in my absence. I will write about an incident of something that I do not know about because I am on duty.

R: In other words, here, challenges are patients and a shortage of staff, you are not trained and you do tasks which are out of the scope of practice. You do everything; in other words, there are many challenges here regarding the support you mentioned. You indicated training, they must hire staff, and they should also refer to a psychologist for counselling. Which other support do you think can be given to non-psychiatric trained nurse, apart from, the ones that I have already mentioned?

P19: I do not know those female patients have shortage of clothes you know when you bath the patient without clothes to change without soap you see that kind of things

R: I see this is also one of the challenges that you are experiencing; there is a shortage of patients' clothes

P19: Yes, there is a shortage of clothes they give us after a long time, and when they deliver, they are torn, and they told us they do not have stock. I do not know how they value those patients.

R: When there are no clothes or they are bringing torn clothes for the patients, what do you think should be done?

P19: If there are no other clothes, they must take the torn ones and sew them so that they can dress the patients.

R: Who is supposed to do that?

P19: I think the CEO is the one who knows what to do as the owner of the hospital.

R: OK, I see. I don't have any other questions you mentioned about the clothes being torn. The CEO is the one who is responsible for that.

P19: At least the nursing service manager can visit us at least once a week to see all the challenges I have told you.

R: Ohhh, in other words, since you work here, you have never seen the nurse service manager visiting the ward?

P19: Since April this year, she only came once.

R: When was that?

P19: I do not remember well; we were off duty when she came here. I think it was two weeks ago.

R: So you want the nursing service manager to come once a week, so what must the manager do when visiting this site?

P19: We will have a meeting and tell her our problem and talk here about shortages and everything that is not going well.

R: She is supposed to hold a meeting with you.

P19: Yes, the nursing service manager should hold a meeting at least once a week in the ward because she is the one who attends management meetings. The sister mentioned the challenges of shortages of clothes since long it might be five years back. Even our unit managers are tired of reporting now or mentioning there is a shortage of blankets; they are tired of all those challenges.

R: I see those challenges here, so the nurse survival manager must come to the ward because sisters report every week.

P19: The manager should come and see us in person; even others do not know if they have never submitted something to her office.

R: So, we have talked about the challenges you are experiencing here as a non-psychiatric trained nurse and the support you need, so I do not have any other questions. You mentioned a shortage of equipment and hot water, and that your work things are out of your scope of practice. In other words, you said you do everything, including mopping, preparing food running after patients. You mentioned that the support that you need is training the new staff must be orientated and also a psychologist for counselling in case a staff member is bitten by a patient who is on ARVs so the support is needed, and that they must hire more staff so that most of the things can be done like kitchen staff as you are going up and down leaving the patient behind. You also mentioned that if the CEO can facilitate that the clothes are sown, and you mentioned that if the nurse service manager can come to the ward once a week to address you. From all I have mentioned, is there anything I have left out? Is there anything you would like to share with me which needs attention?

P19: There is grass outside, which is not attended to, yet they say there is a staff shortage.

R: You say there is a shortage of staff, so when the grass is like that, how do you feel?

P19: There are snakes there, and we are not free to walk.

R: OK, I see. Because you are afraid of snakes outside there. Have you ever raised this with your nursing service manager?

P19: How can we report to her because she is not available to us? Some of us, I am 100% sure that they, do not know her. They just know the name, that is all, but physically we do not know her because she does not come to us.

R: Ohh, what do you think she must do?

P19: Maybe she can come once a week or every day when we take the report; even now, we do not know whether she can scare us or not because we do not know her. We only know how when we submit books to her.

R: In other words, she has never addressed the nurses?

P19: No, we only heard that there is a nurse service manager, no mass meeting, nothing.

R: OK, in other words, she needs to be known by staff members

P19: Yes, you cannot sit. You have a mother when you don't see her; others are even scared, saying if she can come here, you will be scared because you know her.

R: I can see that as a non-psychiatric trained nurse, there are so many challenges that you are experiencing anyway you have suggested what is supposed to be done. In the end, I will write a report about everything that we discussed, but I will not indicate the name of the participant or the ward. I will write a report and submit it to them. So, thank you very much for your cooperation

P19: Thank you.

TRANSCRIPT 5

PARTICIPANT 17: Non-psychiatric trained nurse (female enrolled auxiliary nurse) 17

KEY: R = Researcher

P = Participant

R: Good morning.

P17: Morning.

R: How are you?

P17: I am fine, and you.

R: I am fine. As I told you, I am a student researching a model to support non-psychiatric trained nurse rendering care to mental health care users, so participation is voluntary. I thank you that you have already signed the consent form to participate. As I said, no reward will be given to you, so names will be mentioned. Only the report I will write will be forwarded to my supervisors, and even here, I will forward the report to this institution. I will not mention your name or the ward from which I got this information. How is the morning?

P17: The morning is fine, no problem.

R: Mmm, OK, thank you. I am glad that you have maintained a social distance to prevent ourselves from Covid -19 and wearing face masks. The statistic is low, but I heard that the covid in other areas is now recurring. We are glad that the injection was assisted. So, how are you working in this acute psychiatric ward? I can see that you are not psychiatrically trained.

P17: I am an enrolled auxiliary nurse here in this ward.

R: So, as a non-psychiatric trained nurse, what are your experiences or challenges that you experienced in this ward?

P17: I am an ENA. Experiences are many things. In the beginning, I did not know about psychiatric patients and mental illness as I was not trained. I was just here there and there; I just heard when I was here what is a psychiatric patient and the kind of psychiatric illnesses.

R: OK, I heard you saying that you did not know about psychiatric patients, so when you arrived, how did you see them.

P17: They are people like us, so they are sick, and when they are sick, they need our assistance as nurses. We have to assist them and have patients with them. And we must know

that they are patients; anyone can become mentally ill, even if you are educated or you have possessions, you can become mentally ill.

R: OK, I do understand you. You said there are many challenging things besides not knowing. Which other challenges do you have? When you mention challenges, you mention this one. What other things were challenges to you?

P17: The challenges in this ward, in general.

R: Challenges concerning psychiatric patients.

P17: The challenge in this ward is the lack of some equipment we want to do a complete job, like urine test strips. Sometimes, they are out of stock for a long time.

R: So, there is a shortage of equipment that you use to take care of the patient. When you take care of those patients besides urine analysis, what else do you do to assist them.

P17: We take vital signs with some available types of equipment so that we can assist those patients. Another challenge is that our patients have no rehabilitation resources. Like music, psychiatric patients should stop boredom by watching television, but they are not available. Those resources keep them busy.

R: So, who is supposed to make sure that they are available.

P17: As nurses, we work under the supervision of supervisors; we must write work orders, and staff members from assert must make sure that each ward has those things.

R: So, in this ward, are you allowed to write the works order, or is there someone else who should write?

P17: No, I have to report to the supervising sister as an ENA. Sister is the one who should do a follow-up.

R: Let me go back a little; you mentioned a shortage of equipment. I will go back to learning about mental illness. Do you think it is enough to learn on your own about mental illness?

P17: I want to go to school to know about this patient I am nursing. When I am with a psychiatric patient, I must know what to do when displaying certain behaviours.

R: Right now, you are not psychiatrically trained. Who is supposed to make sure that you are psychiatrically trained?

P17: Esshhh, I think it is the government.

R: OK, the government is a broad thing, so in this institution, who is responsible for making sure that you are trained.

P17: The nurse manager.

R: where do you want to be trained

P17: I need to be trained somewhere else, and we have to go to a hospital for practical exposure.

R: I hear that you say that you must go to hospitals for practical exposure. I would like to know, during your training as an ENA, were you ever exposed to a psychiatric ward?

P17: I have never been exposed to a psychiatric ward during my training nor been taught psychiatry in my theory.

R: You indicated that you want to be taught about how to take care of mentally ill patients .the nursing service manager is the one who is responsible for making sure that you are trained. Right now, if a new non-psychiatric trained nurse is coming to work here for the very first time, what do you think should be done.

P17: The new staff should be orientated by the sister in charge.

R: Tell me, what should be included in the orientation?

P17 Firstly, orientation should be on patients; number 2, the surroundings showing all the structures of the ward.

R: You mentioned orientation regarding patients and structural surroundings, so how will this orientation assists the non-psychiatric trained nurse?

P17: This orientation will assist in knowing the kind of ward I am going to work in. The nurse will not get lost knowing that this is a female acute, and the types of patients in an acute ward will have the light of what you are going to do.

R: When you arrive here in this ward, have you ever had a chance to be orientated?

P17: Truly speaking, I never had a chance for orientation. Orientation is like being shown; this is the treatment room, and this is like the equipment room. They have orientated us, but it is not a proper orientation.

R: I see that you said it is not proper. What is that they should have done to make orientation proper?

P17: They should have explained everything to us. First, I came from school and didn't know anything about the psychiatric hospital. They should have told us that in a psychiatric hospital, you are going to nurse which types of mentally ill patients. They should have explained to mentally ill patients how they feel and what they do not want, and they should have told us that they are dangerous. In other words, they should have briefed us about mentally ill patients. We just arrived here and were told about this mental institution. We heard the word mental and googled on the internet and found it and says when they talk about mental and psychiatry they talk about tertiary mental institutions. The orientation was not proper; they just showed us that this is a treatment room and left us and this is what is just like that. They should explain that when you check the patients, you must know what you are going to work with, but others, we just learn along the way.

R: I see; so when you are in this institution in this ward, have you ever been workshopped?

P17: Workshop we used to be involved in, but it was a long time ago, is true. They should start with orientation finds before the workshop so that when I go to a workshop, I should have some background of what I am going to learn and what I will be dealing with.

R: They should have started with orientation and then a workshop.

P17: So, their orientation is not proper.

R: OK, I heard you saying that at first you were not appropriately orientated; it was just finding out what to do; as a non-psychiatric trained nurse with all those challenges that you have experienced, did you ever have the chance for debriefing or counselling case you experienced trauma.

P17: No, not at all. No counselling.

R: Have you ever experienced trauma in this ward?

P: Yes.

R: What kind of trauma?

P17: There is this type of trauma if you enter a new place, see new things, and see new patients. The first time I arrived here, I worked with chronic; it was the first time I saw chronic patients. You do not see them may at home; they hide inside the house, so when you come across a patient who behaves somehow, it scares you as if it is the first time to see those types of patients.

R: I understand that you never got support when you were anxious. What kind of support did you need if the support was to be given?

P17: They should have told us what types of patients we are going to take care of; that is why I said their orientation was supposed to be brief, indicating that they nurse these types of patients so that we must know what we are going to deal with in this ward.

R: OK, let me sum up what you told me. When we started, you indicated that there are many challenges. You mentioned that you had never seen this type of patient and that you were not adequately orientated when you arrived for the first time. You mentioned that the support that you needed was training and proper orientation. Besides orientation and training, what do you think should be supported by someone who is not psychiatrically trained or any other support? You also mentioned the shortage of the types of equipment. I remember now .what else do you need as a support.

P17: Another support that we need is money. We need to have a good salary. We get a danger allowance, but it is too little.

R: Who must motivate you to get more salary?

P17: CEO, but I am not sure whether he is the one who should motivate for salary increase and danger allowance increase or is the nursing service manager. I think CEO is the one.

R: I see when you are working here in this ward, how safe is the ward?

P17: This ward is unsafe because when the patient comes here sick, that patient can injure you with anything like chairs or whatever the patient comes across. Those patients bite us, and they have insight.

R: OK, they bite. Did you ever witness someone being bitten by a patient?

P17: I have not witnessed that, but I heard that in another ward, there was an incidence like that one here; a patient bites a nurse.

R: When that nurse is bitten, what happens?

P17: I do not know how they assisted that nurse. I heard that when a nurse is bitten, they do a procedure in which the nurse is given ARVs. But I do not know how that procedure started.

R: Did the hospital manager call a meeting to brief other staff members about the incidence?

P17: No meeting was conducted. We just heard about the incident while other staff members were talking about it. We hear the heart saying you see that this is wrong. They were supposed to call a meeting and reassure us.

R: I see.

P17: Here, those mentally ill patients bite, beat, and can injure you. It means anything can happen. You cannot predict what will happen today at any time, the patient can hit you.

R: In other words, they are not predicting what will happen today. We have talked a lot; as I said, I will write the report. No name will be written even the voice recorder will be accessed only by the supervisor and the examiner because they have to see that I have done the right thing. Do you have any questions?

P17: I don't have a question; you said there is no reward.

R: Yes, I appreciate your participation, and thank you for participating. Ultimately, this report will assist in what can be done because, again, I will submit it to the supervisor and even the nursing service manager who permitted me. When I write the report, I will not mention the name of the word, even your name. I will only write the report concerning everything because they need to know what is supposed to be done to non-psychiatric trained nurses working here. They will not have access to the voice recorder, and we are not allowed as researchers to write the report and the supervisor. Anonymity means your privacy is still assured. This is between us. Thank you very much for your participation. Have a nice day and continue to render care even though you are not psychiatrically trained to face those challenges.

P17: Thank you very much.

R: Thank you too.

APPENDIX Q: PROOF OF EDITING

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Editorial Certificate

To Whom It May Concern,

This certificate confirms that the thesis entitled; **A MODEL TO SUPPORT NON-PSYCHIATRIC TRAINED NURSES RENDERING CARE TO MENTAL HEALTH CARE USERS IN ACUTE PSYCHIATRIC WARDS IN LIMPOPO PROVINCE, SOUTH AFRICA** by **RANGWANENI MPHEDZISENI ESTHER** was edited by an expert English editor with a PhD. The following issues were corrected: grammar, spelling, punctuation, sentence structure, phrasing, and formatting.

Signed on behalf of NIM Editorial by:

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Founder & Chief Editor