STRATEGIES TO PROMOTE SAFETY OF STAFF MEMBERS IN A SELECTED FORENSIC PSYCHIATRIC WARD, LIMPOPO PROVINCE.

By

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A thesis submitted to the University of Venda as fulfillment of the requirements for the Doctor of Philosophy in Nursing degree.

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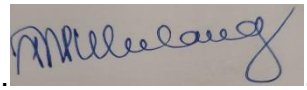
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AUGUST 2025

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Declaration

I, Mulatedzi Precious Mulaudzi hereby declare that this thesis **"STRATEGIES TO PROMOTE SAFETY OF STAFF MEMBERS IN A SELECTED FORENSIC PSYCHIATRIC WARD, LIMPOPO PROVINCE"** for a Doctor of Philosophy in Nursing Degree at the University of Venda, is hereby submitted by me; this is my original work; it has not been submitted for a degree at this or any other institution before. This document contains reference materials that have been acknowledged.

Signature……. Date: 04/08/2025

Mulaudzi MP

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DEDICATION

My three beautiful angels, Hangwi, Tshilidzi, and Maanda, are the recipients of my renewed dedication in this thesis.

My husband: Mr.Tshifhiwa Mulaudzi,

My siblings: Thina, Tendani, Mulondo and Khangala,

My mother: Vhakoma Vho-Nyawasedza Sihadi and

My uncle: Mr. Tshikororo Ntshavheni Ralson for your undying support and encouragement as always and during this study.

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ACKNOWLEDGEMENTS

Above all my Almighty God for His generous grace.

I am grateful to the following people for the various roles they performed during the research.

- My supervisors: Professor M. Maluleke and Doctor N.S. Raliphaswa.
- Staff members who formed the center for my data collection.
- My friends and colleagues

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ABSTRACT

Background: Staff members in Forensic Psychiatric Wards (FPW) around the world are faced with serious risk of physical injuries, psychological and emotional harm inflicted by Mental Health Care Users (MHCU) during their call of duty. The risk of working in these units are experienced on daily basis to an extent that even death can occur. Efforts have been implemented to minimize these risks, but violence continue to occur. In developed countries, body worn cameras have been used but this did not reduce the occurrences of incidences. Staff members of different categories remain unsafe in the FPW. **Objectives:** To develop strategies to promote safety of staff members in a selected Forensic Psychiatric ward in Limpopo Province. **Method:** The study was conducted in the selected FPW of a specialized hospital. An explorative, descriptive, and contextual design was employed in a qualitative manner. The study was conducted in two phases. Phase one of the study consisted of exploration of the experiences of staff members regarding their safety and the kind of security measures that can be developed to promote their safety. In phase two the strategies were developed and validated. **Data collection:** The data collection process was piloted using two staff members who met the inclusion requirement but were not part of the study. Techs' eight steps of analysis were applied as the data analysis method. **Results**: Seven main themes emerged from the analyzed data that is: MHCUs are aggressive, MHCUs' behavior, environmental factors, effective teamwork, criminal history of patients, insufficient resources and support needed by staff members. **Conclusion:** More studies can be conducted in future to evaluate the implementation and effectiveness of the developed strategies from this study.

Ethics approval was granted by the Higher Degrees Committee of the University of Venda.

Keywords: Strategies, Safety, Staff members, Forensic Psychiatric Ward

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LIST OF ABBREVIATIONS AND ACCRONYMS

ANA: American Nursing Association

BOEM: Building on strengths, overcoming weaknesses, exploring opportunities, and minimizing threats

CCTV: Close Circuit Television

EAP: Employee Assistance Program

FPW: Forensic Psychiatric Ward

MDT: Multidisciplinary Team

MHCA: Mental Health Care Act

MHCU: Mental Health Care User

OHSA: Occupational Health and Safety Act

PESTEL: Political, Economical, Sociocultural, Technological, Environmental and Law

WHO: World Health Organization

WPV: Workplace Violence Code

SANC: South African Nursing Council.

SAPS: South African Police Services

SWOT: Strengths, Weaknesses, Opportunities, and Threats

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Creating Future Leaders

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CHAPTER 1

1. OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Forensic psychiatry is a discipline that deals with issues arising between psychiatry and the law. A Forensic Psychiatric ward (FPW) is a highly secured, special setting that is intended for provision of care, treatment and rehabilitation services for those offenders referred by courts of law because they have committed crimes in their communities due to mental illness (Thwala and Mokoena-De beer 2023). Some Mental Health Care Users (MHCU) who are in the context of this study, referred to as Forensic or state patients (the terms will be used interchangeably) are referred for forensic psychiatric evaluation (observation) as provided by Section 79 of (Criminal Procedure Act No. 51 of 1977). They are referred for a psychiatric evaluation because they have offended and when they appear in court it is found that there is evidence suggesting that they are unable to understand the court proceedings due to mental illness or intellectual disability in order to make proper and fair defense. These MHCUs who are deemed unfit to stand trial or not criminally responsible due to their mental illness, they could be designated as state patients by the courts. An accused person is deemed unfit to stand trial according to section 77 of the (Criminal Procedure Act No. 51 of 1977) if he has mental illness or intellectual disability. Even though the person may not be tried, they are still not discharged or acquitted for the committed crime. The court then gives an order for the person to be detained in a psychiatric institutions. Section 37 of (Mental Health Care Act no 17 of 2002) allows for the accused to be admitted in a designated psychiatric institution as an involuntary mental health care user.

In high security wards of the UK: England, Wales and Ireland, there is an increase in number of reported incidences of violent aggression towards staff members (O'Rourke, Wrigley and Hammond, 2018). It has been found that 20% of MHCUs in psychiatric units commit at least one violent incident during their admission and this rate is doubled in Forensic psychiatric units rendering staff members to be more vulnerable (Trestman,

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2017). Although there is a bigger number of incidences that go unreported, the reported ones which form only 12% and are well detailed. (Kelly, Fenwick and Novaco 2016).

1.2. BACKGROUND OF THE STUDY

Health care institutions including forensic psychiatric wards are expected to provide and maintain safe working environments for staff members. However, acts of violence against health care workers are a global phenomenon occurring in all health care settings. They are common in ordinary psychiatric settings and more frequent in FPW. According to the Occupational Safety and Health Administration (2021), workplace violence is defined as any act occurring in the workplace with the intention to harm someone physically or psychologically including attacks, verbal abuse and both sexual and racial harassment. Similarly, Ferorelli, Mandarelli, Zotti, Ferracuti, Carabellese, Solarino, Dell'Erba and Catanesi, (2021) added that violence against people while they are performing their duties or working, including threats, physical assaults, and verbal abuse is also workplace violence.

The aims of FPW at a mental health care establishment according to Seppanen, Tormanen, Shaw and Kennedy (2018), is to enhance mental health, reduce risk of reoffending, care, treatment and rehabilitation of mentally ill offenders. The admissions are also for protection of the mentally ill offender, the public at large and property at the time of committing the crime.

The process of offenders who are mentally ill, their admissions, care and rehabilitation is a difficult world that many do not know about and is less talked about. The Mental Health Care Act of South Africa, No. 17 of 2002, states that a forensic psychiatric ward is required by law to treat people who were not found to be responsible for the crime they have committed or unfit to stand trial, due to their mental illness. Instead of going to jail they are admitted in a forensic psychiatric ward. The main aim of admitting these mental health care users is to care, treat and rehabilitate them with an ultimate goal of reintegrating them back into their communities. Furthermore, the ward is not a prison even though offenders of different crimes are admitted, this is because forensic wards are better equipped to care, treat and rehabilitate mentally ill offenders (Pienaar, 2021). They are dangerous people who do not need medical treatment but really need psychiatric treatment in order to return to society (Gunderson, 2021).

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According to the World Health Organization (WHO), (2019), occurrence of violence in mental health care settings is said to be between 8% and 38% to health care workers who are abused both physically and verbally, and the largest number of this is found in India. In a survey conducted by Ferorelli et al (2021) in Italy, 45.5% of nurses reported that they have experienced both physical and verbal abuse. Within a forensic mental health context of the same country, 99% of workers reported that verbal abuse from patients is very common. To add on that 70% indicated that they have experienced incidences of physical abuse in the last twelve months. In USA there is a chance of experiencing violence of 25-85% of mental health care workers in a year (Odes, Chapman, Harrison, Ackerman and Hong 2021). In high security wards of the UK: England, Wales and Ireland, there is an increase in number of reported incidences of violent aggression towards staff members (O'Rourke et al 2018). In the UK it was found that 50% doctors experienced physical threats and 30% were attacked by MHCUs (Williams, Knight and Sarfaz 2023). In the Korean Republic, 95,5% of nurses reported to have been verbally abused, have experienced physical threats and violence and up to 84% of the violence was found to have been instigated by patients (Choi, Shin, Kim and Kim, 2023).

Comparatively speaking, according to Niu, Kuo, Tsai, Kao, Traynor and Chou (2019), in China, the highly unsafe staff members are nurses, the inexperienced staff members who are usually around the age of 34 and who worked on shift basis. It was further indicated that although the victims who are the staff members had guards, alarms or portable radios during the attacks by MHCUs, this did not provide any safety for them. In Africa according to Njaka, Edeogu, Oko, Goni and Nkadi (2020), it was found that the prevalence of workplace violence in Egypt ranged from 59.7-86.1%. Nigeria had prevalence of workplace violence of 31.9-78%. Furthermore, in Sub-Saharan Africa, the same study revealed that Ethiopia also had statistics of workplace violence that ranged between 26,7-58.2%. Malawi followed with a rate of 71% of reported incidents of violence on health care workers. The Democratic Republic of Congo recorded the statistics of around 80%. It was again found that Namibia had the highest of prevalence of 100% violence in the workplace settings.

Olashore (2018) in Botswana indicated that physical violence is high and 69,8% of health workers experienced long term physical violence. The results showed that 44%

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of the above had experienced the same during the last 12 months. In South Africa 72% female and 28% male nurses experienced verbal abuse like shouting, swearing or insults and physical violence (Bekelepi and Martin 2023). Psychological abuse is also experienced and has effects that are disturbing and burdening, as reported by Thwala and Mokoena-de Beer (2023) and that included among others threats, humiliation or embarrassment. This has negative impacts on the wellbeing of staff members who are supposed to provide care for state patients. Likewise, Sowetan Live (7 May 2018) reported that eight nurses were assaulted by psychiatric MHCUs since January 2017 in Tembisa, a Gauteng hospital. In Limpopo Province, at a specialized hospital in a FPW, a MHCU fatally attacked and killed a registered nurse while security officers and other staff members were there (Mulaudzi, Maluleke and Netshikweta, 2019).

Globally, according to Miller; (2021) in the USA state of Georgia, there is a serious shortage of mental health care practitioners as they are leaving the difficult state forensic units to other employers or temporary agencies for significantly higher pay, or less demanding work environments. State patients need well trained clinical staff who have the ability to assess them, plan and implement relevant clinical interventions to manage their physical and verbal aggressions (Seppanen et al 2018). Furthermore, this state of shortage of staff has been worsened amid the COVID-19 outbreak. The absenteeism rate was elevated due to staff members on sick leaves and quarantine periods. Some staff members went for better salaries during COVID-19 pandemic.

In New Zealand, Canterbury District Health, Christchurch hospital was at the verge of closing mental health beds due to a shortage of staff (Meier, 2021). In the Sub-saharan Africa, according to UNICEF-WHO (2023), the severe shortage of trained human capital prevented the community to adequately access mental health services. According to Sisawo, Ouedraogo, and Huang (2017) the exposure to violence on nurses in Gambia was rife. Reports indicated that nurses experienced verbal abuse was at 59,8%, physical violence at 17,2% and sexual harassment at 10% in the twelve months before the study. In South Africa, there is a relative understaffing of trained mental health providers and it is different according to provinces (Sorsdahl, Petersen, Meyers, Lund and van der Westhuizen, 2023). In a study conducted in Limpopo Province by Mulaudzi, Mashau, Akinsola and Murwira (2020) nurses revealed a severe staffing deficit including shortage of psychiatric nurses with the necessary training and

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psychiatrists in mental health institutions. High workloads and work related stress were reported in the institutions and staff members were burned out. This was in agreement with a study conducted in another province, Kwazulu Natal by Hlongwa and Sibiya (2019) who confirmed that a shortage of advanced psychiatric nurses and as such patients do not get the quality of care that they deserve.

In the past, the necessity of detaining individuals with mental illness was recognized in the United Kingdom when certain individuals were found not guilty of crimes because of their insanity, and the means to rehabilitate them was established (Morgan, Scanlon and Van Horn 2019). This led to the existence of the FPW.

State patients are those offenders who have been declared by the legal tribunal that they cannot stand trial, they have as well committed gruesome crimes and are admitted legally in this ward in line with of Mental Health Care Act no 17 of 2002, Section 41. The patients under observation are admitted in line with the South African Criminal Procedure Act no 51 of 1977 to stay in the ward for a maximum of 30 days for forensic professional observation. This is an observation period by mental health care professionals who includes Psychiatrist, Occupational therapist, Psychologist, Social Worker, Nurses, Physiotherapist and Dietician. A comprehensive report is compiled after the stay and the user may appear in the court of law. If the obsevandi is found fit for trial and found guilty, he is returned to prison to serve a sentence. The Forensic Psychiatric Ward also admits those Mental Health Care Users who are difficult to manage in ordinary psychiatric units and are placed for containment until they are stable, then released back into their respective wards. Mentally ill prisoners are another group admitted in the forensic ward from the prisons when it is deemed fit for them to get mental health attention in a mental health facility. Shisane, John-Langba and Onifade, (2023) in a South African study discovered that mentally ill inmates have a tendency of recidivism, are substance abusers and usually in and out of the FPW.

Some of these patients are heavy substance users, who have dependency substances like dagga, illicit drugs and alcohol, while some crimes were committed while the user is under the influence of substances. These patients are difficult to manage because they can be verbally, physically aggressive and threaten to commit horrific crimes toward staff or inmates. They are capable of destroying property like medical equipment, window panes and ablution facilities. MHCUs are admitted with severe

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mental illnesses such as major depressive disorders, bipolar disorders and schizophrenia (Alexiou, Nilson, Andine, and Innocenti, 2023).

MHCUs admitted in the FPW committed crimes like murder at 13%, rape 18%, arson, and assault with grievous bodily harm or intent to kill at 19%. According to Dewet, Kotze and Sokudela (2020), in the Weskoppies hospital, South Africa analysis of state patients' profiles between 2005 and 2014, the number of patients committing violent crimes such as attempted murder, murder, aggravated robbery and hijacking is rising. Similarly, in the Middle East it was found that assaults, robbery and murder were the most common crimes among forensic patients (Allabdullar, Reagu and Tulley, 2021). Furthermore, offenders are usually young males who have addiction in illegal substances and having antisocial personalities. The offenders cannot accept the wrongfulness of their actions. The risk of recidivism is high and the offences can be committed in the wards while staff members and other patients are the victims of such offences, Alexiou et al 2023. Offences are experienced as traumatic events by staff members and hence their safety is of paramount importance.

Pelto-Piri, Wallsten, Hylen, Nikban and Kjellin (2019) indicated that employees must feel safe at their workplaces and their productivity can be increased. Effects of violence on staff members have long lasting effects even if the victim did not sustain visible physical injuries (Wik, 2018). Meanwhile, the affected staff members who work under supervision of experienced Registered Professional nurses are usually low in qualifications like the Registered Staff Nurses or Registered Nursing Assistants and less experienced qualified registered professionals to manage the MHCUs in the ward. Incidences range from verbal abuse, slapping, being grabbed aggressively, kissed, fondled, pushed, knocked down, kicked, punched objects thrown on them etc. This may result in bruises, cuts, fractures, posttraumatic stress disorder, depression and even death. This may affect staff member's productivity, increased absenteeism rate and staff turnover. Lindsay, (2022) found that in a violent incident that took place in British Columbia Psychiatric hospital, two staff members sustained concussions and one was left with back pain after the assault in the kitchen.

The ward environment should be a place where therapy, safety and security of staff members will not be compromised. A forensic psychiatric ward is a highly secured with strict access control measures to enhance safety of all who get inside. The gates are

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manned by security officers on 24-hour basis. The walls are high with electric fence and razor wires. The windows are small and placed high up with shatterproof panes. Keys are handled by security officers and there are heavy burglar-proofed doors to control movement of everyone.

Infrastructure Unit Support System project (IUSS) (2014), states that an ideal forensic psychiatric inpatient ward should be designed in a manner that protects the community staff members and MHCUs. MHCUs are separated by gender and age to maintain a high level of security though maintaining the human rights principles. An alarm system should be installed to alert all users and staff members in case of dangers. The beds must be bolted with non-inflammable mattress, built-in cupboards and toilet facilities should be immovable and break resistance. All doors must be solid, showers with extractor fan high up the ceiling. Seclusion rooms will be used for acute and aggressive patients as a temporary measure to contain them. Patients should be placed next to the nurses' station for easy observation and monitoring. Closed Circuit Television (CCTV) cameras are recommended in all corners and strategic points of the forensic psychiatric building.

There are acts, regulations, protocols and guidelines that are aimed at protecting staff members but are not specific to FPW. The Mental Health Care Act (MHCA) no 17 of 2002, is specifically designed to address the care, treatment, and rehabilitation needs of MHCU but not promotion of safety for staff members. The Employee Assistance Program (EAP), The Occupational Health and Safety Act (OHSA) no 85 of 1993 and The Nursing Act no 33 of 2005 in South Africa do not prioritize the safety of staff members employed in the Forensic psychiatric ward. Protocols and guidelines aimed at protecting staff members while they are executing their duties in South Africa like the Needle Prick Protocol which is aimed at protection against infections such as hepatitis, HIV and syphilis (Guidelines on needle stick injury, 1999). The Workplace Violence Code (WPV) as stated by Steinmann (2014), is there to compliment the Employee Assistance Program; to address and handle workplace violence in a comprehensive manner. It is important to note that this program is designed to address workplace violence in general and is not specific to staff members in the Forensic Psychiatric Ward.

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CCTV cameras can provide evidence needed when an incident has occurred but does not prevent an incident from occurring. They act as an alarm for the person who is monitoring that he may notify others on time (Bloom 2018). Body worn cameras do not stop the violence against staff members but can only captured the incidences when they occur (Davidson, 2018). Violence continue to occur in the Forensic psychiatric wards and staff members working there are affected by physical injuries and emotional trauma (Hardy, Bennet, Rosen, Carrol, White and Palmer-Hill, 2017). Therefore, a need still exists to protect staff members from being injured by state patients.

Available strategies that have been implemented like the Safewards model Finch, Lawrence, Williams and Thompson (2022) have shown no minor reduction in conflict. In a study by Mullen, Browne, Hammilton, Skinner and Happell (2022) on literature review found that the Safewards model was less effective at all levels of forensic psychiatry, therefore this leads to unsafe staff members.

Globally, employment of more security officers and clinical staff as a strategy taken by the management in British Columbia Coquitlam psychiatric forensic hospital, partially yielded some good results in promoting safety of staff members and reducing physical attacks. This was after an attack on nursing staff and the hospital was fined, (Hernandez 31/01/2019, CBC news). In the Sub-Saharan Africa region, in Namibia, it was reported that there is a shortage of mental health care staff even though only one fully fledged institution exists (Maparura, 2017). Mulaudzi et al (2020) in a study conducted in South Africa, Limpopo Province, have found that there is a shortage of staff members in a selected mental hospital. Training, development and career pathing in health professionals in England as indicated by Oates, Topping, Ezhova, Wadey and Raffety, (2021) was introduced as a way of staff retention and combatting shortage, was not very effective in reducing incidences perpetrated by MHCUs in the ward, and thus unsafe conditions continued. De-escalation skills and technique in Germany, Brenig, Gade and Voellm, (2023) was also implemented and assessed with unsatisfactory results in promoting safety of staff members allocated in FPW. According to Marshall, Adams and Stuckey, (2019), interventions to improve staff safety are found to be difficult to sustain leaving staff members to work under unsafe conditions.

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The consequences of not promoting safety of staff members was demonstrated by Thwala and Mokoena-de Beer (2023) in a study conducted in a forensic unit in Gauteng that male psychiatric nurses were found to be having high stress levels and their mental health was poor. Staff members lived in fear, they are helpless because they say the environment is not safe to work in. They indicated that they were frequently absent from work for fear of confrontation with the violent patients. They further indicated that the lack of security personnel in the ward caused violence on nursing personnel to escalate.

This was further supported by Dean, Butler and Cuddigan (2021) that the impact of violence on staff members in mental health settings was found to be psychologically and physically overwhelming. It was indicated that it is due to the dangerousness of the patients who are taken care of. According to Itzhaki (2018), the quality of life is highly affected when staff members are working in unsafe environments. It was further indicated that 88% of staff members experienced verbal abuse,56,1% experienced physical violence and 2,6% did not experience any of these. The main cause of loss of quality of life was due to stress factors that show after a staff member was involved in an adverse violent incident in the ward. The safety of staff members is still a great concern if the conditions in FPW continues to place staff members at risk of attacks perpetrated by violent patients. The hospitals may also be subjected to unending litigations through lawsuits commenced by staff members. Absenteeism rate may increase if staff members are continuously booked off sick after an adverse event and care, treatment and rehabilitation which is the aim of the FPW will hence be compromised.

Despite the mentioned interventions and strategies, that have been implemented worldwide, the staff members employed in the FPW continue to face instances of violence. Hence it is imperative to conduct more research on strategies aimed at further promoting the safety of staff members within a FPW.

1.3. PROBLEM STATEMENT

The Occupational Health and Safety Act (OHSA) no. 85 of 1993, mandates that all employees in a workplace are supposed to be safe when executing their duties and this includes staff members working in the FPW. The employer must provide and

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maintain a reasonably safe, healthy work environment that is without risks to all employees. However, in a selected FPW, incidences of physical and verbal aggression incidences by Mental Health Care Users towards staff members continue to occur. MHCUs are admitted in this ward and not in prison after they have been convicted of murders, rapes, and other gruesome crimes, Houidi, Paruk, and Sartoriuos B (2018). These offenders are furthermore dangerous to everyone, unpredictable, abusive, narcissistic, and impulsive. Staff members are hit, kicked, sustain physical injuries or even die when they are on duty Thwala and Mokoena-de Beer (2023).

In April 2016, a tragic event unfolded within the Forensic Psychiatric Ward as a professional nurse fell victim to a violent attack by an inpatient, resulting in her untimely demise: (Limpopo News 17/04/2016). In another incident, a patient attacked and strangled a nurse in the ward at a Gauteng hospital in September 2019; (Times Live 18/09/2019).

Bekelephi and Martin, (2022) have indicated that effects of violence are unnecessary absenteeism, high staff turnover, low staff morale, stress, fear, and poor productivity. Staff members of different categories sustain physical injuries and more unnecessary leave days are taken for admissions in hospital or recuperation at home. Death of staff members occurs due to severe injuries. Lawsuits that demands more money are incurred by hospitals.

There are no strategies developed to promote safety of staff members in a Limpopo Province Forensic Psychiatric ward. Therefore, this study aims for the development of strategies to promote safety of staff members working with forensic MHCUs in the selected Forensic Psychiatric Ward, South Africa.

1.4. RATIONALE OF THE STUDY

This study sought to explore how the safety of staff members working in a selected Forensic Psychiatric Ward can be promoted.

Regardless of policies and guidelines to protect staff members in the workplace, there is still a challenge in the promotion of safety for these staff members who are specifically working in the Forensic Psychiatric ward because they are physically attacked and verbally abused by MHCUs.

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Therefore, it is imperative to undertake a study focusing on the development of strategies to promote safety of staff members working in the selected Forensic Psychiatric Ward, Limpopo Province, South Africa. Province of South Africa.

1.5. SIGNIFICANCE OF THE STUDY

The research study must possess the capacity to make a significant contribution to the knowledge in the field of health sciences. The findings of the study should be beneficial to the staff members involved. Furthermore, the study should aim to expand the existing body of scientific knowledge. It is crucial that the study leads to improvements in healthcare practice and policies, while also being implemented in a cost-effective manner. (Brink, van der Walt and Van Rensburg, 2017; Polit and Beck, 2017).
The following will benefit from this study:

Staff members

Staff members may benefit from having a platform to express their experiences concerning their safety within the selected Forensic Psychiatric ward. They will narrate the kind of support needed to promote their safety as they work in the selected Forensic Psychiatric ward.

Adding on the available scientific data

The study findings may add value on safety of staff members working in the selected Forensic Psychiatric ward. New research fields may emerge, leading to the development of additional future research investigations.

The directorate responsible for Forensic Psychiatric services

The directorate will have detailed information regarding experiences of what staff members in the Forensic Psychiatric ward. This will assist them to develop or review policies and strategies specific for staff members working the selected Forensic psychiatric ward.

Curriculum developers

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The study findings can assist in curriculum development for specific educational needs and to address gaps identified.

1.6. PURPOSE OF THE STUDY

According to Brink et al 2017) the study purpose is to provide guidance for the research project while also setting boundaries. It outlines the researcher's intentions and should therefore be explicit, understandable, and acceptable.

The purpose of the study was to develop strategies to promote safety of staff members working in the selected Forensic Psychiatric Ward in Limpopo Province, South Africa.

1.7. OBJECTIVES OF THE STUDY

Polit and Beck (2017) state that objectives are the specific and measurable steps that will ultimately lead to the achievement of the study aim, they are specific and measurable.

The objectives of this study were:

Phase 1: Empirical phase

- To explore and describe the experiences of staff members regarding their safety in the selected Forensic Psychiatric Ward.
- To explore and describe the kind of security measures needed to promote safety of staff members working in the selected Forensic Psychiatric Ward.

Phase 2: Strategy development and validation.

- To develop strategies to promote safety of staff members working in the selected Forensic Psychiatric ward.
- To validate strategies to promote safety of staff members working in the Selected Forensic Psychiatric ward.

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1.8. RESEARCH STUDY QUESTIONS

- “What are the strategies to promote safety in the Forensic Psychiatric ward”?
- “What can be done to promote safety of staff members in a selected forensic psychiatric ward?
- “What kind of strategies can be developed”?
- “How can the developed strategies to promote safety of staff members be validated”?

1.9. DEFINITION OF CONCEPTS

Strategies

According to Mainardes, Ferreira and Raposo (2014), strategies encompass purpose-driven action choices that are essential for achieving a company's competitive objectives which are competitively required to achieve the company’s purpose. In this study, strategies are plans that are made to heighten the safety of staff members in the Forensic psychiatric ward South Africa.

Safety

According to OHS Act 85 of 1993, safety is a state of being free from hazards. In this study safety is a condition of being protected from injury and physical, psychological, emotional or material harm to staff members working in the selected Forensic Psychiatric Ward.

Staff member

This is a term used to describe people working for a specific establishment or on a specific project. (Meena, Bairwa, Lalcra, Kumari and Meena, 2016). In this study staff members refers to employees who are allocated to serve in the selected Forensic Psychiatric Ward of a selected hospital that will include nurses, doctors, psychologists, occupational therapists, social workers, cleaners, and security officers.

Forensic Psychiatric ward.

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This is the level of high security for MHCUs who pose a grave and immediate danger to self and others if at large (National Health Service, Scotland, UK. 2004). In this study refers to a ward for forensic MHCUs who have committed crimes and they are admitted for care, treatment and rehabilitation.

1.10. PARADIGMATIC PERSPECTIVE

A paradigm represents a comprehensive perspective, an ideology or belief system that shapes our understanding of the world. A paradigm is a method through which a research is conducted (Chimhundu 2018). The statement suggests the benchmarks or criteria used to evaluate the value of the approaches used in advancing knowledge within a specific field (Chinn and Kramer 2013). A constructivism paradigm was followed because it believes in multiple realities that cannot be expressed in numbers, but can be narrated subjectively in a qualitative approach Ayton, Tsindos and Berkovic (2023). As insiders in the FPW, the participants are in the best position to understand realities within the ward regarding their experiences of safety. Reality in this instance is subjective in nature and it goes with the individual experiences of staff members in constructing meanings thereof. The paradigmatic approach is discussed in terms of the following philosophical assumptions, ontological, epistemological, axiological and methodological assumptions.

1.10.1. Pillars of paradigm for research

This study pulls from the three pillars of the paradigm, which are ontology, epistemology, axiology and methodology (Chimhundu 2018).

Pillar 1: Ontological assumption. Ontology is the study of fundamental nature of reality (what reality is). Ontological assumptions of constructivism are: multiple realities exist, focus on meaning making and that knowledge is not passively received Ayton, et al (2023). Ontology in this study investigates the essence of existence of reality. It examines if there is single reality, multiple realities or none at all. The answer could be yes or no. In this study reality does exist that staff members are not safe in the FPW. Reality here is multiple because there are different experiences of various staff members at who are at different work levels and are commonly not safe in the FPW. This is socially created during the interaction between the researcher and participants.

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Pillar 2: Epistemological assumption refers to the study of knowledge about realities. It answers how knowledge is created. In this study epistemology is guided by the objectives of phase one and two as outlined. Knowledge is created on daily basis and it is based on the experiences of individuals (Chimhundu 2018). Individuals who are staff members have different and unique views regarding their experiences of safety in the FPW. The experiences are narrated on a personal capacity, viewed through a cultural and specific environmental lenses of participants. It is subjective and is understood by participants who are experienced on working in the FPW. The researcher then creates meaning from the analysis of information narrated by participants.

Pillar 3: **Axiological assumption** refers to the values and ethics of the researcher Pretorius (2024). The researcher has observed ethical considerations and values like informed consent, confidentiality, anonymity, trustworthiness throughout the study. Informed consent was received from the participants before the commencement of data collection. The researcher has collected information, coded, analyzed and interpreted the results in themes. The researcher has presented the results of the study in an objective manner after the interpretation of the information as narrated by participants.

Pillar 4: Methodological assumption represents a specific approach to understanding the nature of reality. It explains how the knowledge is going to be gained (Chimhundu 2018). In this study in-depth individual interviews were carried out with participants to allow to verbalize their day-to-day multiple realities experiences concerning their safety in the FPW. Participants also narrated about the security measures that they need to promote their safety.

1.10.2. Theoretical assumptions

Phase 1

In this chapter, multiple theories will be applied to get experiences of participants. This study was formulated based on the Social Ecological Model (SEM) of human behavior (Stokols, 2013) and Dickoff, James and Wiedenbach (1968) in Dickoff's six elements of practice. This is in line with objective 1 and 2 of the first phase, to capture the

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experiences of staff members regarding their safety in a selected FPW and the security measures needed to promote their safety.

SEM is mainly concerned with human behavior that has an influence on health. In SEM, it is understood that health is affected by the interaction between the following levels which are individual, knowledge, beliefs, relationships and community.

As individuals, staff members have their own perspectives when it comes to experiences regarding safety and this is aligned to the first objective of the study. They are able to give an account about the dangerous behaviors of state patients as well as the security measures that are needed to promote their safety and this is aligned to the second objective of the study.

At the knowledge **l**evel, staff members are having knowledge and experience regarding their safety in the selected FPW. They also possess the knowledge of different psychiatric conditions and the crimes that led state patients to be admitted in the FPW. Staff members are experts and have knowledge of what happens while in working in the FPW**.** Staff members possess knowledge and skills that are relevant in managing aggressive patients in the ward. The knowledge enables them to identify abnormal behavior of state patients and the suitable treatment for such conditions.

Staff members are also in a position to give an explanation of the support they need to get their safety promoted. The knowledge enables staff members to take decisions on how to manage different conditions of state patients which might be detrimental if they are not well managed.

At the level of relationships, human behavior has a direct bearing in the sense that the interaction between staff members as therapists and that of state patients as recipients of the therapy, may bring along negative or positive relationships. Positive relationships are built when patients conform to the therapies, rules of the ward and the expectations of the staff members. When state patients do not conform to the rules in the FPW, then conflict arises and that is when incidents of aggressive behavior occurs, Leaving staff members unsafe.

At the level of belief, the interaction between state patients and staff members is influenced by differences in the belief systems of and staff members and patients. Staff members believe that the conditions of patients need to be managed through different treatment modalities, which may at times be rejected by state patients and this brings along conflict between the two groups.

The **community level** involves the staff members and state patients as a community

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living together in the FPW. All dynamics occur in the FPW and staff members are part of the groups of people who are interacting with each other in the FPW. This level is concerned with the healthy and unhealthy interactions that take place between the groups in that community.

The ontology of this study requires that multiple theories be used for multiple realities which cannot be answered by one theory. Dickoff et al (1968) outlined the six elements of practice theory, which provided the theoretical framework for the development of strategies. The elements encompass agents, context, recipients, dynamics, process, and outcomes as discussed below.

Agents: these are the people who perform activities to promote safety of staff members. That is, hospital management, nursing management and Risk officers. The agents are focused on ensuring the safety of staff members through their activities.

The term "context" encompasses the environment, place, physical layout of a ward or unit, hospital, or medical center, as well as the time, space, and structure that make up the various components of the situation in which the activity takes place (Dickoff et al 1968). In this study the context is the selected FPW.

The individuals who receive action from agents and derive advantages from the activity are referred to as recipients (Dickoff et al 1968). The recipients involved in this research are staff members in a selected FPW.

Dynamics involve the power sources for an activity. In this study it is the power source for promotion of safety of staff members. Dynamics in this study are: Commitment and consistency, information sharing, supportive interaction and effective communication.

Procedure are the actions that must be taken to accomplish the promotion of safety of staff members. They are: writing memos, conduct ward rounds, write motivations and refurbish the building.

Outcome is the promoted safety of staff members in a FPW.

Phase 2

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Findings of phase one of this study forms the basis of phase two which is development and validation of strategies. Dickoff's six elements of practice theory (Dickoff et al 1968), SWOT analysis, BOEM action plan were used to develop strategies to promote safety of staff members in a selected Forensic psychiatric ward, Limpopo Province. These theories are discussed in full underneath in Chapter 5 of this study.

1.11. RESEARCH DESIGN AND METHODS

A research method encompasses a series of logical procedures undertaken by the researcher in order to address a research inquiry of the study (Burns and Grove, 2016).; Brink et al (2017). The researcher must adhere to the research design procedure throughout the study (Van der Walt and Van Rensburg, 2016).
In this research, a qualitative approach was implemented. The research was carried out in two distinct phases, specifically: phase one and phase two. Each phase is discussed below. The first phase, known as the empirical phase, will encompass the design, setting, population, sampling methods, measures to ensure trustworthiness, and ethical considerations. The results obtained during the initial stage will serve as the foundation for the subsequent stage.

The primary objective of the initial phase is to explore and describe the experiences of staff members working in the selected Forensic Psychiatric ward regarding their safety and additionally to explore and describe the kind of security measures needed to promote their safety.

1.11.1. RESEARCH APPROACH

A qualitative approach was adopted in this research study. It is a methodical and subjective approach employed to elucidate life experiences and ascribe significance to them (Burns and Grove, 2016). It serves as an exploratory and descriptive tool.

The qualitative approach provides staff members with a chance to share their experiences regarding safety in the Forensic Psychiatric Ward. This approach will give the researcher a chance to interact with the participants during data collection. The study also wants to enable staff members to narrate through in-depth interviews about security measures needed to promote their safety.

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Different strategies to promote the safety of staff members in the Forensic Psychiatric Ward in Limpopo province, South Africa can be developed through qualitative approach which does not involve completion of questionnaires. The method is thoroughly examined in chapter 3.

1.11.2. RESEARCH DESIGN

- ***Exploratory Design***

Exploratory research will be carried out with the aim of acquiring factual information, gathering fresh data, and ascertaining the presence of intriguing patterns within the collected data, as stated by Burns and Grove (2016) and Brink et al (2017). In this research experiences of staff members regarding their safety were explored. This was discussed in detail in the third chapter.

- ***Descriptive Design***

Descriptive research effectively depicts individual or real-life scenarios with the aim of uncovering fresh insights, delineating existing phenomena, and organizing data (Burns and Grove 2016).

The research described the experiences of staff members regarding their safety in the Forensic Psychiatric Ward. The study described the kind of security measures needed to promote their safety of staff members in the ward. Furthermore, the study described strategies that can be used to promote safety of staff members. This was discussed in detail in chapter 3.

- ***Contextual design***

The research has a contextual approach as it solely concentrates on the employees employed in the selected Forensic Psychiatric ward and no other staff members working in other wards. Other staff members not allocated in the selected Forensic Psychiatric ward were not encompassed in this study. The strategies were exclusively devised for the staff members employed in the designated Forensic Psychiatric ward. A comprehensive discussion on this matter will be presented in chapter 3.

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1.11.3. STUDY SETTING

The collection of data takes place in a designated study setting. In qualitative research, this setting is characterized by its naturalistic nature, as it occurs in the field. This choice is made by researchers who aim to explore and understand individuals' experiences (Polit and Beck, 2017). The research was carried out in the Vhembe District Municipality of Limpopo Province, where the hospital is located.

The Province of Limpopo has three specialized hospitals namely: Hayani Hospital in Vhembe district, Evuxakeni in Mopani district and Thabamoopo hospital situated and Capricorn district. Vhembe district has a total of eight hospitals. There are six district hospitals, specifically Elim, Donald Fraser, Malamulele, Louis Trichardt, Siloam, and Messina. Additionally, there is one regional hospital called Tshilidzini, as well as a specialized hospital, (Department of Cooperative Governance and Traditional Affairs, 2011). The study setting will be discussed in detail in Chapter 3.

1.11.4. POPULATION

The population under consideration for this study comprises the complete set of individuals or entities that are of significance to the researcher or that fulfill the specific criteria the researcher intends to investigate (Burns and Grove, 2016; Brink et al 2017). The study's population were staff members working in a selected Forensic Psychiatric ward. These staff members were selected as participants for this study because they are directly responsible for care of state patients in the Forensic psychiatric ward. This included all clinical and non-clinical categories of staff members who appear in the annual allocation list.

1.11.5. Sample and sampling methods

A sample is part or fraction of the whole population selected by the researcher to participate in the research study. Brink et al (2017) defines sampling method as the procedure of choosing specific cases to effectively represent an entire population and gather relevant information for a study. On the other hand, Creswell (2013) explains that purposive sampling involves the deliberate selection of individuals and sites based on their understanding of the research problem and central phenomenon. In the

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present study, a purposive sampling method was employed to select the district, hospital, and participants specifically from the designated ward.

1.11.6. PLAN FOR DATA COLLECTION

1.11.6.1. Preparation for data collection

The plan involved making sure that the objectives and research question were clear. Recruitment of staff was done in preparation for the in-depth individual interviews. The voice recorder, cell phone and the computer were prepared to capture all interviews.

1.11.6.2. Data collection instrument

The main instrument for data collection will be the researcher. The researcher will observe and talk to participants. Data will be collected through in-depth individual interviews. This simply means a one-to-one interview between the researcher and participant. Staff members working in the selected Forensic Psychiatric Ward were interviewed individually.

1.11.6.3. Plan for data management

Generated data was kept by means of recording through the voice recorder. The recorded conversation between the researcher and participants were stored in a computer system and backed up to prevent losing the data in case the computer crashes or get lost. The computer system is secured by a password to maintain privacy and confidentiality. Generated data was also transcribed verbatim. The details will be discussed in Chapter 3.

1.11.7. DATA ANALYSIS

Analyzing data in qualitative research means spending more time trying to figure out the meaning of data which is usually on written words or audiotapes this can be done concurrently with the data collection (Brink *et al* 2017). In this study, data was analyzed after data saturation has been reached. This involved transcribing the interviews word

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for word and arranging the data into different themes, sub-themes and categories depending on the participants' responses. Data analysis entails categorizing, ordering, manipulating and summarizing the data and describing them in meaningful terms (Brink *et al* 2017). In this study data was analyzed following a stepwise format as proposed by Tesch in (Cresswell, 2017).

1.11.8. PRE-TEST

Pretesting is about verifying the ability of the research instrument to collect data and ensuring that the instructions on the instrument are clear (Brink *et al* 2017). Two staff members who meet the criteria of inclusion for the study were selected and are not going to be part of the study. They will be interviewed as a way of testing if the research question is clear to the participants of this study. If the research question is not clear and any possible flaws in the proposed study detected, it will be revised with the assistance of supervisors. The pre-test also assists in modifying the way of interviewing the participants and probing skills.

1.11.9. MEASURES TO ENSURE TRUSTWORTHINESS

The assurance of trustworthiness was established by means of the following aspects (Polit and Beck, 2017), which will be thoroughly examined in Chapter 3.

- Credibility
- Transferability
- Dependability
- Conformability

1.11.10. ETHICAL CONSIDERATIONS

In this study, ethics will be ensured and observed through the following ethical principles (Polit and Beck, 2017), and will be discussed in chapter 3:

- Informed consent
- The principle of self-determination
- The principle of beneficence

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- Principle of justice
- Right to anonymity
- Maintaining confidentiality

1.12. PHASE TWO

Phase two of this study will be strategy development and will be discussed after analysis of generated data. This will be addressed fully in chapter 5.

1.13. LAYOUT OF CHAPTERS

Chapter 1: Background and introduction

This chapter covered the introduction and background of the study. The chapter also focused on the problem statement, the rationale, the significance, the purpose, research questions, objectives, definition of key concepts as well as the paradigm of the study.

Chapter 2: Review of the literature

This is the chapter that discussed the review of literature relevant for this study. The following topics were covered: historical background of a forensic psychiatric ward, legal mandates for admitting forensic psychiatric patients, theoretical assumptions the structure of forensic psychiatric ward, types and conditions of patients admitted in a forensic psychiatric ward, factors that influence violent attacks on staff members, safety experiences in a forensic psychiatric ward, effects of violence on staff members and available interventions to minimize aggression on staff members.

Chapter 3: Methodology of research

The qualitative methodology that was followed in this study was dealt with in this chapter. This chapter covered the explorative, descriptive and contextual designs. The study setting, research objectives, the population, sampling of the district, the hospital participants, data collection, data analysis, measures to ensure trustworthiness and ethical considerations were discussed.

Chapter 4: Findings from the research

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This is the chapter about the findings yielded by this study. The findings of the study have produced seven themes. Each theme has its own subthemes and they were each discussed.

Chapter 5: Development of strategies

The focus of this chapter is development of strategies to promote safety of staff members in a selected Forensic Psychiatric ward in Limpopo province. The results of the empirical phase were incorporated through the six elements of practice theory as offered by Dickofff et al (1968) which are: context, agents, recipients, dynamics, procedure and outcomes. A SWOT analysis was used to identify the strengths, weaknesses, opportunities and strengths that have an influence on the implementation of strategies to promote safety of staff members in a selected Forensic Psychiatric ward in Limpopo province. The process developing of strategies used the BOEM action plan.

Chapter 6: Validation of strategies

This chapter's attention is on the validation of strategies as outlined by (Chinn and Kramer 2013). The methodology of validating the strategies was outlined, the profile of validators who are experts in research and mental health was presented, the presentation of strategies in two sessions and the results thereof were reported on.

Chapter 7: Conclusions, limitations and recommendations

This chapter is on the conclusion, limitations and recommendations of this study. The themes yielded in the study were listed.

1.14. SUMMARY OF THE CHAPTER

This chapter introduced the overview of the study that has included the introduction, background, problem statement, significance of the study, aim of the study, research questions and objectives. The research approach, design, methods, theoretical framework, and strategy development. Measures to ensure trustworthiness and ethical considerations were highlighted. An outline of the chapters of this study was

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given. Phase two of strategy development was highlighted. The next chapter discussed literature review for the study.

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CHAPTER 2

REVIEW OF LITERATURE.

2.1. INTRODUCTION

The previous chapter dealt with the introduction and background of this study. This section focuses on the literature review pertaining to the safety of staff members and kind of security measures needed to promote safety in a Forensic psychiatric war.

2.2. HISTORICAL BACKGROUND OF A FORENSIC PSYCHIATRIC WARD.

A Forensic Psychiatric Ward is a unique facility or institution designed to provide care, treatment, and rehabilitation services for individuals who have been referred by the court of law because they have committed crimes due to different mental problems. Historically, according to Seppanen, Joelson, Ahlgren-Rimpilaina and Repo-Tiihounnen (2020) in Finland, psychiatric hospitals were separated from general ones since 1911. During this period a psychiatric hospital for prisoners was established. When numbers of forensic patients increased, the beds also increased to accommodate those who wanted this special care. Furthermore, studies done on adolescents who committed violent sexual crimes lead to a great understanding of forensic psychiatry.

MHCUs who have engaged in criminal activities as a result of their mental illnesses are admitted to this ward. They are referred by courts of law after it has been determined that they are incapable of standing trial, or they cannot appreciate the wrongfulness of their acts on the time of committing the crime (Mental Health Care Act, 2002). According to a narrative by Gunderson, (2021), people admitted in the FPW ward are dangerous, have committed crimes and were found to be unable to stand trial. They need medical based model treatment for them to be reintegrated into their communities. In England according to Markham (2021) the patients who are offenders are required to get this specialized care because they pose a risk of harm to themselves, the community and property. It is furthermore indicated that the risk

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can prevail in the FPW to staff members and other patients. A study conducted in Germany by Busselmann, Titze, Lutz, Dudeckand and Streb (2021) it was found that this ward is highly restrictive in terms of movement and other social activities. The daily routine of the patients is highly structured and independent action is controlled. The impact of this rules of the ward frustrates the MHCUs to an extent that they ventilate their anger on staff members who are taking care of them.

The Forensic Psychiatric Ward serves as a dedicated facility or institution designed to provide care, treatment, and rehabilitation services for individuals who have been referred by law tribunals because they have committed crimes in their communities and were found unable to stand trial (Swanepoel, 2015). The forensic ward, also known as the Forensic Psychiatric Ward in this study, is a highly secured unit within a psychiatric hospital for restriction of movement of the MHCU.

In the past, within the United Kingdom, the recognition of the necessity to detain individuals deemed criminally insane arose subsequent to instances where certain individuals were acquitted of crimes on account of their mental instability and the means to rehabilitate them was established (Morgan et al 2019). This led to the existence of the Forensic Psychiatric Ward.

Some MHCUs were referred to this facility for observation, containment and assessment with different mental problems. These MHCUs are violent and aggressive to staff members due to their mental conditions.

Working in unsafe environments have damaging effects on the organization as well as the staff members (Cooper, 2016). The forensic high security settings are believed to be unsafe looking at the specific demands of the environment including exposure to violence, hostility and aggression by MHCUs to staff members.

Staff members were unsafe and were at risk of encountering such incidences perpetrated by MHCUs on daily basis and were subjected to injuries or illnesses which can be fatal or non-fatal as compared to other workers in the general population (Dressner, 2017). These incidences were higher in psychiatric and substance abuse hospitals because MHCU are violent and uncooperative. Furthermore 4590 of

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incidences of injuries involving weapons, physical contact with other persons were in reported in 2015.

According to (Kelly et al 2016), staff members in psychiatric hospitals experienced incidences at a rate of 20.5%. 69% of staff members also reported to have experiences physical assaults in the past twelve months. The safety of staff members responsible for the wellbeing of these MHCUs is jeopardized by these episodes of aggression.

Comparatively speaking, according to Siu, Kuo, Tsai, Kao, Traynor and Chou (2019), and Ashore (2018) the highly unsafe staff members were nurses, the inexperienced staff members who were usually around the age of 34 and who worked on shift basis. It was further indicated that though the victims who are the staff members had guards, alarms or portable radios during the attacks by MHCUs, none of those did not provide any safety for them.

2.3. LEGAL MANDATES FOR ADMITTING FORENSIC PSYCHIATRIC PATIENTS

The Mental Health Care Act no17 of 2002, along with its regulations, emphasizes the importance of providing suitable care, treatment, and rehabilitation to individuals suffering from mental illness at primary, secondary and tertiary levels of care. The human rights and dignity of such persons must be protected. The act requires that users should be treated in less restrictive manner possible. In the case of observation patients in terms of section 79 of the Criminal Procedure Act no 51 of 1977, they have undergone the process of criminal courts of law and are referred to hospital for 30-day observation period to determine whether they are suffering from a mental illness or if they possess the ability to undergo trial proceedings. They can be certified as state patients; The National Department of Health then issues an order to transfer the patient to a designated facility. Then the state patients are admitted in a FPW if they cannot stand trial, section 41 of the Mental Health Care Act no17 of 2002.

Sections 78 and 79 of the Criminal Procedure Act no 51 of 1977, as amended, outline the provisions for the designation of mental health experts tasked with evaluating an accused individual's competence to participate in a trial or their criminal capacity. A primary mental health professional, typically a psychiatrist, is responsible for evaluating

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an accused individual charged with a non-violent offense, whereas a panel of professionals is tasked with assessing an accused individual charged with a serious violent offense. Furthermore, after those assessments the psychiatrists will recommend whether the accused can stand trial or he does not appreciate the wrongful ness of his acts at the time of committing crime. If the latter is the case, then the person is admitted in a FPW.

2.4. THEORETICAL ASSUMPTIONS.

The Social Ecological Model of Human Behaviour

The study aimed to develop strategies to promote safety of staff members in a selected forensic psychiatric ward in Limpopo Province. This research was developed based on the Social Ecological Model (SEM) of human behavior (Stokols, 2013), and the methodologies described in Chinn and Kramer (2013) and Walker and Avant (2021). The social ecological model (SEM) elucidates that human behavior is multifaceted and can be categorized into five distinct levels: individual, knowledge, beliefs, relationship, and community (Stokols, 2013). Staff members' safety in a forensic psychiatric facility is a complex phenomenon and it is an outcome of a combination of many influences of human behavior. The interaction between the staff members and forensic patients is involved in this process.

The levels are interconnected with one another. SEM was applied in this study at all the stages to explore and describe the experiences and the kind of security measures needed to promote safety of staff members Forensic Psychiatric Ward. This aligns with the goals outlined in objectives one and two during the initial phase of the study. Furthermore, this theory will guide the study until development and validation of the strategies. This is in line with objectives one and two in phase two of the study.

The exploration of the perceptions of staff members was guided by SEM theory in relation to strategies to promote their safety on a forensic psychiatric ward. Themes that emerged were: Mental health care users are aggressive, mental health care user's behaviour, environmental factors, team work, criminal history, insufficient resources and support needed by staff members. Each theme yielded subthemes that are directly related to it.

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Each level within the SEM was regarded as a sphere of influence and a crucial factor in promotion of personnel safety. Through SEM, meanings attached to the difficulty of promoting safety of staff members at individual, knowledge, beliefs, relationship, and community until the discovery of levels occurred. In order to prioritize safety, it is crucial to recognize the importance of SEM. This concept highlights the interconnectedness of human behavior at various levels, including individual, knowledge, relationship, beliefs, and community. To ensure a comprehensive approach, it is essential to collaborate with forensic stakeholders such as the Department of Health, health workers, and staff members.

2.5. THE STRUCTURE OF FORENSIC PSYCHIATRIC WARD

The structure of a forensic unit is on that is highly secured to keep offenders in an environment that keeps them isolated from communities. In a study by Rogerson, Haines-Delmont, Mccabe, Brown and Whitington (2021), it was found that there was a relationship between the ward design and aggression of patients. Physical aggression by patients was associated with high staffing and greater availability of space. In a Scotland mental health review report, Barron (2020) the structure of the ward made staff members unsafe because there were shortages of proper seclusion rooms to restrain those acutely ill and violent patients. This poses harm to staff members who must care for those patients who need to be restrained and isolated from others, while managing them in their rooms is inappropriate and cannot be sustained (Ulrich, Bogren, Gardiner and Lundin, 2018).

2.6. TYPES AND CONDITIONS OF PATIENTS ADMITTED IN A FORENSIC PSYCHIATRIC WARD

Patients admitted in this ward have committed gruesome crimes under the influence of mental illness. According to Dewet, Kotze and Sokudela (2020), in research conducted in the Free State province of South Africa, it was found that 45,8% were admitted for sexual assaults, 19% admitted for murders and 10,7% were admitted for attempted murders. Other patients were found to have been previously convicted for

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some other crimes. The following are the discussion of types of patients admitted in a FPW.

Observation patients

According to the Criminal Procedure Act No. 51of 1977 section 79, the courts may refer an accused person to a forensic psychiatric ward for observation for a period of 30 consecutive days. The purpose of this section is to evaluate whether the defendant suffers from mental illness or intellectual disability, as well as their suitability to participate in the trial under section 77. Section 78 of the Criminal Procedure Act no 51 of 1977 focuses on evaluating the accused's capacity to comprehend the wrongful nature of their actions or to behave in alignment with such understanding.

- State patients

According to Houidi, Paruk and Sartoriuous (2017) in South Africa state patients are those people who have committed serious crimes, referred by judicial authorities for forensic psychiatric evaluation. If deemed incapable of standing trial or being held criminally responsible due to mental illness or defect, the court has the authority to designate them as state patients. The admissions purpose is not to penalize the wrongdoer, but rather it aims to provide care, treatment, and rehabilitation, as stated in section 42 of the Mental Health Care Act no 17 of 2002.

Mentally ill offenders

According to section 49 of The Mental Health Care Act no17 of 2002, if there are prisoners who become mentally ill while in the custody of Correctional Services the head of the prison may refer the prisoner to be assessed by a psychiatrist. If a psychiatrist is not readily available, the Medical Doctor or any Mental Health Care Practitioner may asses the prisoner. The magistrate then makes an order for the mentally ill prisoner to be transferred to a suitable health establishment. They are also referred to the FPW by the courts for care, treatment and rehabilitation (The Mental Health Care Act no17 of 2002).

Forensic mental health professionals and other staff members must remain cognizant of the daily risks they encounter (Bradford & Levin 2020). This is because patients in

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a FPW present with individualized behavior that is difficult to manage. Research has also highlighted the lack of attention given to workplace exposure to trauma in forensic settings. It suggests that not much has been covered on what staff members experience in terms of safety in the ward. Similarly, Cappon, Hyndrickx, Rowart, De Decker, Tremmey, Van de Velde and De Vare (2022) have looked into the registration of inpatient aggression in the FPW in Belgium, that it should be introduced so that the rates and prevalence of such could be systematically documented the study further explored the effectiveness of the implementation of systematic registration of aggressive incidents in forensic wards. This may assist in the establishment of control and mitigating measures of aggressive incidents and thereby to promote safety of staff members.

Patients admitted in FPW have offended the state rules and found guilty of committing crimes. The criteria for admission in this ward is that the person has committed a crime and was found that they cannot stand trial, furthermore they must be mentally ill and could not accept the wrongfulness of their acts at the time of committing crimes (Mental Health Care Act 17, 2002). This could have been because the person could not control his behavior at the time of the offence or his conduct can be attributed to psychiatric disorder, profound cognitive impairment, or significant emotional turmoil. They are on the other hand mentally ill and therefore a danger to themselves, society and property.

Since they have broken the law, there are victims that are affected by the acts of violence that these offenders have committed. A forensic mental evaluation is done for 30 calendar days in a designated psychiatric institution to determine whether or not the individual is mentally ill by providing a valid justification (Mental Health Care Act no 17 of 2002). Victims and their loved ones may want to make revenge on the perpetrator and hence they need to be admitted to in a secured place to protect themselves and others. Forensic patients are usually the perpetrators of violence in a FP.

Forensic patients are still having the potential to commit more crimes even when incarcerated in prisons or in health facilities where they are admitted for rehabilitation so that they can be reintegrated into their families. Nurses are the ones who report injuries more than other staff members (Ferorelli *et al* 2021). This is due to the fact

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that nurses are in contact with the patients around the clock. Patients in this ward are admitted for longer periods, are difficult to treat and are usually reoffenders (Salifou, Agbobli, Das, Damega, Batcha, Affo and Dassa, 2021). They usually have co-morbid conditions and their conditions are exacerbated by the use of illicit drugs and substances.

2.7. FACTORS THAT INFLUENCE VIOLENT ATTACKS ON STAFF MEMBERS.

According to World Health Organization (2019), violence against healthcare professionals is a global occurrence, and within a psychiatric environment, it is even more widespread. The psychiatric settings are known to be places of violence towards staff members through physical attacks by patients and violence by staff members during restraining of aggressive patients (Joyce, Jordan, Winship and Crawford, 2021). Individuals who display uncommon restlessness, verbal and physical hostility should always be watched carefully to prevent physical and psychological harm, injuries or even death. Intimidating or threatening behavior should be managed by front line clinical staff with experience to prevent injuries on themselves, property and other people including staff members (Adeniyi and Puzi 2021).

Strategies to mitigate this has been recommended but proved unsuccessful because violence in psychiatric setting still persist. The term "workplace violence" refers to any act or instance of violence, which can range from verbal harassment to physical attacks, that is directed towards an individual while they are working or performing their duties, (Ferorelli *et al* 2021). It was further indicated that aggression by patients can happen as an outcome to restrictive measures in the ward, being secluded, given time off or placed in a single room. This is an expression of anger and frustration towards staff members who carried out behavior modification strategies. Mandarelli et al (2019) further indicated that the highest incidences of violence are in mental health facilities especially hospitals.

In a forensic psychiatric ward setting, there are no prison officers who are trained to manage physically aggressive people or offenders, however there are only security guards who have nothing to protect themselves or others with. In a study around

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Malawi, by Banda, Mayers and Duma, (2016) sexual harassment to nurses has been reported just like other forms of violence. In the Middle East, bullying, emotional and verbal violence appears to be more common in psychiatric settings. Patient aggression occurs verbally and physically, and sometimes even the relatives of patients are involved in such aggression towards staff members. Some incidences occur without a warning even in a neutral situation a patient can be instantly aggressive towards staff members.

Bed capacity of the FPW

During the COVID-19 pandemic, the problem of bed capacity had worsened and had created a long waiting period for people in jails and in mental institutions (Kaiser Health news 2021). Another factor that is associated with aggression in the ward is exceeding the bed capacity of the unit, keeping the ward overcrowded (Weltens, Drukker, van Amelsfoort, and Bak, 2023). An overcrowded ward poses a risk to the staff members as well as patients themselves. Similarly, Barron (2020) indicated that in Scotland according to a forensic mental review report, staff members were unable to manage difficult patients who were acutely ill due to shortage of staff as well as overcrowding and this leads to injuries on staff members.

Shortage of human resource in a FPW

Staff members require a secure setting in order to focus on their primary responsibilities. Incidences that occur in the ward challenges the safety of staff members (Mishina, Berg, Vainila, Korte, and Lahti, 2023). There is vast knowledge about adverse incidences that occur in the high security inpatient wards and the reporting thereof has improved tremendously but incidences still pose a threat to staff members. Despite this knowledge on incident management and reporting, there is a serious need to promote staff safety at all costs. Furthermore, Mishina *et al* (2023) reported that incidences need to be studied, analyzed to check on the prevalence and trends that can be established. It has been noted that many nurses and other employees of the state are leaving the Forensic facilities for better remuneration or less stressful working conditions with other employers or agencies. This leads to shortage of staff and thereby causing on influx of waiting in jails for offenders who needs hospitalization (Kaiser Health news. 2021). Based on the findings of Oates *et*

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al (2021), there is a shortage of nurses to adequately address the existing need for forensic services within the wards. This is due to the nature of the ward and patients who are cared for. Staff members face ethical and practical challenges of taking care of these high risk patients in a closed high security environment.

According to Lyons and Altimari (2021) in Middletown USA the shortage of staff in a FPW may lead to difficulty in constantly monitoring the patients. On the other hand, it seemed problematic and hard to employ more staff in these stressful wards. Similarly, in agreement to this, Bellman, Chintalaplly, Russel and Saleem (2022), believe that inadequate staffing, has led to increased incidents in the ward as the forensic patients stay for longer periods and are rarely discharged. During the COVID-19 pandemic, many staff members retired from FPW because the wards were difficult to manage.

2.8. SAFETY EXPERIENCES IN A FORENSIC PSYCHIATRIC WARD

Safety is a paramount and crucial value in Forensic Psychiatric Ward and staff members should always be on high alert to protect themselves from any harm because MHCUs can be violent without being provoked by anything (Slemon, Jenkins and Bungay, 2017). Pelto-Piri, *et al* (2019) indicated that staff members must feel safe at their workplaces and their productivity can be increased. Violence on staff members have long lasting effects even if the victim did not sustain visible physical injuries (Wik 2018). Incidences range from verbal abuse, slapping, being grabbed aggressively, kissed, fondled, pushed, knocked down, kicked, punched objects thrown on them (Bellisle, 2018).

Violence may result in bruises, cuts, fractures, posttraumatic stress disorder, depression and even death. This may again affect staff member's productivity, increased absenteeism rate (more leaves resulting in shortage of staff) and staff turnover. Moreover, it was found by Verstegen, deVogel, Peters-Scheffer, Didden, and Nijman (2021) that staff members may display avoidance, passivity, burned out and be inconsistent in their work activities.

According to Kelly *et al* (2016), violence in the Forensic Psychiatric ward may lead to a lot of litigations and compensations if the staff safety is jeopardized. Additionally, staff

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members may feel tormented, helpless, unsettled, and humiliated by assaults. Staff members may feel threatened even if they did not get seriously injured (Wik 2018). They are in an ethical dilemma of working as therapists while maintaining a safe environment, they are fearful of the MHCUs. All this may be a result of a failure to provide safety devices for staff members to alert each other or the devices may be defective if available (Bellisle, 2018).

Safety for staff members is a primary focus in Forensic Psychiatric wards. According to Marshall, Adams and Stuckey (2019), interventions to improve staff safety are found to be difficult to sustain leaving them to work in unsafe conditions. Likewise, Kipping, De Souza and Marshall (2018) found that more is needed to mitigate violence and aggression in this unit because they are highly complex due to the nature of patients nursed. It has been mentioned that in addition to injuries inflicted to staff members by MHCUs, the staff members in Forensic Psychiatric ward are also exposed to different occupational hazards (Alhassan and Poku 2018).

2.9. EFFECTS OF VIOLENCE ON STAFF MEMBERS.

A study by Brown, Igoumenou, Mortlock, Gupta and Das (2017) Found that The occurrence of stress and burnout among forensic mental health professionals is widespread and nursing staff in particular are more affected. It was proved that stress and burnout were prevalent to staff members at moderate levels. The detrimental impacts of stress and burnout on the staff member's capacity to deliver forensic care as anticipated are noteworthy. The study has also proved that all staff members are at high risk of the two conditions. Psychological training has been reported to have some improvement on knowledge and attitudes towards patients, not promotion of safety of staff members.

Research conducted in Ghana by Alhassan and Poku (2018), discovered that the well-being of personnel in psychiatric hospitals is of utmost importance and unsafety from work hazards and incidents in the FPW, ward was very common. Staff members in a FPW encountered aggression from patients resulting in depression, anger, deteriorating physical health and safety. According to Tema, Poggenpoel and Myburg (2018), there is a need to empower forensic psychiatric nurses to manage unpleasant behavior of patients in order to promote their mental health.

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Staff members in a forensic psychiatric ward are affected by the violence that continuously occur. Renwick, Lavelle, James, Stewart, Richardson and Bowers L (2018) conducted a study in the U.K. and found that staff members in an acute inpatient psychiatric ward suffered physical health conditions, however, their psychological well-being was discovered to be superior to that of the general populace. Increased violence and aggression were challenges that threatens the wellbeing of staff members. Furthermore, nurses especially males were found to be more at risk of violence and aggression more than their colleagues. They are exposed to violence during the restraint process to isolate the patient for their safety and others' safety.

The consequences of incidences can be severe like leading to disability causes nurse to unable to perform tasks. They can be more severe in such a way that grievous bodily has been inflicted or even a possibility of death (Mishina et al 2023). In Baton Rouge hospital, Lousiana, a nurse was killed in an attempt to rescue a fellow nurse. She was strangled to death though her colleagues tried to rescue her (Brusie, 2019). This is an incident that highlights the dangers that staff members face in a FPW and the lack of safety when dealing with forensic patients.

Markham (2021) found that in Poland, psychiatric nurses in forensic wards are the ones who are that ones who are vulnerable to violent attacks than other medical staff of other disciplines. In addition to that one out four nurses in the USA were assaulted and needed to be absent from work. The absence from work leads to an increase in the expenditure by institutions because they need to hire some personnel who can replace those who were attacked and are absent from work. In Australia 78% of staff attacked through violent aggressions were nurses, 4% were doctors, 2% were psychologists, and 2% were social workers. Numerous assaults occur when nurses have to restrain patients during aggressive outbursts.

The violence is usually underreported in some institutions. According to Joyce, et al 2021, some verbal aggression towards staff members were mainly on interpersonal racism, where Black, Asian and ethnic minorities were discriminated against and this has permeated into the inpatient mental institutions from the general society. Oates et al (2021) indicated that staff members in a high security forensic ward have low morale because of the behavior of the patients who are usually admitted against their will because they pose a risk, are dangerous, violent and uncontrollable to the

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communities. Working in a forensic ward has been furthermore described as emotional hard labour because staff members are expected to care for patients who have committed terrible crimes (Thal et al 2022). Staff members are said to be stressed, fearful, burned out and require more support from their supervisors and managers.

Staff members are demotivated despite the strategies that were implemented to curb the shortage like incentive packages for newly employed staff that created demoralization of the older staff members (Barron 2020). Staff members indicated that effects of aggressive incidents taking place in the ward, they are overworked, and this results in burnout, absenteeism and stress. Lyons et al (2021) indicated that it is concerning that staff members suffered low morale after they were subjected to violent incidents and is directly related to dangerously low staffing levels. The levels continue to be lower due to high turnover when staff members decide to leave the FPW for other safer environments.

Security officers offer direct service to all staff members, visitors and MHCUs admitted in the Forensic Psychiatric Ward. A single mistake or negligence by an incompetent security officer can cause the institution a lot of damage including loss of lives and property (Wallace, 2019). It has been found that staff members in Forensic Psychiatric Wards are involved in incidences that occur in the presence of security officers because MHCUs overpower the security officers. Security officers were also victims of the incidences occurring in the ward like at Leratong hospital, a security guard was stabbed for protecting staff members (Mahopo, 2018/12/05 Sowetan). Security officers who are incompetent in communication and proper handling of MHCUs are found to be using inappropriate force and poor communication leading to squabbles with MHCUs. Incidences such as these render staff members to be more unsafe while executing their duties.

In an Eastern Cape hospital security was almost non-existent (Cleary, 2019). Security officers were not trained to do thorough contact bodily and belongings searching at the entrance and egress points including the wards. There was neither searching nor registering of persons and vehicles at the entrance allowing MHCUs to smuggle dangerous weapons, unlawful drugs and substances like dagga (Mabuza, 2019). Moreover, it was noted that there was no barrier between staff and patients rendering staff members to be at risk of violent attacks by MHCUs. Additionally, it is believed that

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staff safety was not prioritized because of incidences like an attempted rape on a doctor at Pelonomi hospital and many other attacks on staff members.

The affected staff are usually low in qualifications, less experienced and young to be able to manage the MHCUs in the ward. Incidences range from verbal abuse, slapped, being grabbed aggressively, kissed, fondled, pushed, knocked down, kicked, punched objects thrown on them etc. This resulted in bruises, cuts, fractures, posttraumatic stress disorder, depression and even death. This may affect their productivity, increased absenteeism rate (more leaves resulting in shortage of staff) and staff turnover. Moreover, staff members may display avoidance, passivity and be inconsistent in their work activities.

Kelly et al (2016), the Forensic Psychiatric Ward may suffer a lot of litigations and compensations if the staff safety is jeopardized. Furthermore, staff members may feel tormented, helpless, unsettled and humiliated by assaults. They may feel threatened even if they did not get seriously injured (Wik 2018). They are experiencing ethical dilemmas of working as therapists while maintaining a safe environment, they are fearful of the MHCUs. All this may be a result of a failure to provide safety devices for staff members to alert each other or the devices may be defective if available (Bellisle, 2018).

It has been noted that staff members who have been physically and verbally attacked by forensic patients in a FPW experience many challenges as they deliver care to forensic patients. Staff members perceive the challenges differently to an extent that some are traumatized, burned out and others blame themselves. These challenges affect staff members adversely and are traumatic to all categories, (Ireland, Chu, Ireland, Hartley, Ozanne and Lewis, 2022).

2.10. OVERCROWDING OF MHCUs POSES SAFETY RISKS

Though the Forensic psychiatric ward was not a prison, it admitted dangerous MHCUs who must be treated as MHCUs because of their mental conditions not as prisoners. Therefore, if the ward was overcrowded with these forensic MHCUs it hence posed a threat to safety and security of staff members. Ulrich et al (2018) indicated that an

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overcrowded ward was one with a high bed occupancy rate. Furthermore, overcrowding of MHCUs leads to excessive noise and this impacted negatively on the safety of staff members.

This overcrowding foster increased aggression, arguments, stress, ward turmoil and lack of privacy. This conversely denotes that there could be shortage of staff members to cover all shifts and cubicles. At Tembisa hospital where incidences of staff assaults were reported, it was linked to overcrowding of patients in the psychiatric wards (O'Connor and Mercury 2018). Furthermore overcrowding as unsafe as it is, was also linked to falls and other adverse incidences besides the actual violence towards staff members (Kluwer, 2016 Teitelbaum, Lahad, Calfon,Gun-usishkin, Lubin and Tsur, 2016).

The overcrowded wards that operated above 100% capacity had high vacancy rates for staff members (O'Connor and Mercury, 2018). This in turn caused staff members to work more hours making them unsafe because they are always fatigued. The link between overcrowding and safety of staff is alluded by (Kluwer 2016) who found that in a study in Israel, the more overcrowded the ward was, the more the aggression and hostility of MHCUs towards staff members. Sukeri, Betancourt, Emsley, Naglee and Erlacher (2016), reported that in South Africa, Eastern Cape, psychiatric wards are usually overcrowded, and this increased their violence towards staff members. When FPW were overcrowded, movements of MHCUs were usually restricted or minimized through limit setting as a behavior modification measure. In FPW safety remains a major challenge for staff members. Haines, Brown, McCabe, Rogerson and Wittington (2017) and Pelto-Piri *et al* (2019) found that MHCUs become stressed up, were more violent when their movements were restricted, and the safety of staff was thus jeopardized.

2.11. AVAILABLE INTERVENTIONS TO MINIMISE AGGRESSION towards STAFF MEMBERS

Interventions to prevent violence in FPWs have been developed but they have not produced significant positive results due to the unpredictable and difficult nature of the forensic patients. According Marley & Wilson (2022), nurses in FPW have indicated

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the strategies like retaining experienced staff members as they have skills to manage and monitor patients before they could possibly inflict harm to staff members. This is supported by Thwala and Mokoena-de-Beer (2023), who further indicated that employing more staff can assist in lowering the incidents in the ward. Marley *et al* 2022 further suggested that moving away from the current and known clinical model that institutions implement, to case management model of care could lower the incidents. This individualized model could assist in prevention of aggressions as the patients with the same conditions cannot be grouped and managed as such.

Contrary to that, the implementation of SAFEWARDS model in FPW as reported by Kipping, De Souza and Marshall (2018) did not yield any results that are worthy to note. The SAFEWARDS model is aimed at reducing rates of conflict in the ward. The model has 10 core interventions which are: Establishing clear mutual expectations, soft words, bad news migration, know each other, mutual help meetings, calm down methods, reassurance and discharge messages. The implementation of this model as tried in Australian forensic wards proved difficult to translate it into routine practice (Fletcher, Brophy, Pirkis, and Hamilton 2021).

De-escalation skills and technique in Brenig, Gde, and Voellm, (2023), yielded minor results in promoting the safety of staff members in a FPW. Tis intervention has three main components which are: listen to what the person is really saying, re-state the message and be able to clarify the message. The technique cannot be applied generally across the board, depending on the condition and mental status of the patient. It can only be used in a calm and an environment that may not exacerbate conflict. This technique has proved that it may not at all times promote safety of staff members.

Training and development as mentioned by Oates et al (2021), was a strategy that has been tried but still the incidents in a FPW continued to occur. The training should focus on the specifics of forensic clinical care. This intervention method has proved to be ineffective in FPW because of staff turnover and movements of trained and experienced within and outside the institution. Bellman et al (2022) reiterated that staff members need debriefing and counselling after each adverse event or incidence no matter how minor it could be, as it negatively affects their functioning

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Continuous training on management of aggressive patients is another intervention, though this may not prevent incidences to happen. In Israel the FPW Markham (2021), an implemented combination of interventions in a period of 10 years did not yield any results. The interventions learning program included personal safety, how to use tools for better communication and organizational learning (Uys and Middleton, 2014). The absenteeism rate of staff remained the same though an insignificant reduction of violent incidents was marked.

In an attempt to combat staff shortages and retaining more personnel, an intervention to promote safety in USA, (Lyons et al 2021). The forensic psychiatric institutions are in an attempt to hire retired staff to come back because more staff members are leaving the FPW much faster than they can be replaced. The ultimate aim of this was to reduce attacks of violence on staff members (De vries, Verkes and Bulteur, 2022).

When staff members are seen to be many in the ward, patients are observed before they could inflict harm on staff members (Cooper, 2016). It would be easy to respond timeously to incidents before patients can cause harm if the ward is adequately staffed. According to Walker and Tulloch (2020) staff members, especially nurses, find it difficult to manage aggressive state patients while maintaining a safe environment at the same time. Therefore, they tend to use some form of soft restraints or seclusion rooms when all other interventions do not succeed in managing the volatile behavior of patients.

A study by Marshall, Adams and Stuckey (2019) who wanted to establish the staff perception of safety in a FPW, interventions like Recovery Orientated Strategies to improve safety that focused on communication and prevention to reduce aggressive behavior. However, the implementation of strategies proved to be difficult to sustain even when staff members tried because managing an aggressive patient may not take the same pattern all the time.

Cameron, Thurlin, Hilton, Ball, Marshall and Kolla (2022) in a study conducted in Canada about legislation that are concerned with staff safety in highly secure forensic psychiatric hospital, revealed that clinical and non-clinical staff who are involved in direct care of patients are not safe. The legal framework does not take into

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consideration the specific standards for safety in a FPW. Strategies that could increase staff safety were suggested for implementation and evaluation at a later stage.

CCTV (Closed Circuit Television) Cameras assist in monitoring areas such as, cubicles, stairways, entrances and other egress points in the ward (Department of Health, Australia, 2013). In Forensic Psychiatric Wards the use of CCTV cameras was common to monitor conditions, movements, behavior and activities of MHCUs (Zakaria and Ramli 2018). The cameras were there to allow staff members to detect problems and to respond to alerts timeously (Bloom, 2018). Staff members were also monitored and were under scrutiny of the same cameras.

In contrast, Stolovy, Melamed and Afeka (2015) mentioned that the CCTV monitoring cameras were not proactive, they did not prevent the occurrence of violence. The play back of video footages only assisted in providing details of the incident after an incident has occurred but the damage would have been done already. Playing back the CCTV footages only revealed what had happened but did not provide safety for staff members in the FPW (Thal et al 2022).

Incidences of violence against staff members continued to occur in the wards. In Forensic Psychiatric Ward there was an occurrence were a professional nurse' life was tragically cut short by an act of violence by a MHCU despite the presence of cameras and security officers and other staff members (Mulaudzi et al 2019). Furthermore, CCTV cameras are of no assistance if they are not in good condition or are completely dysfunctional.

Video footages must be handled in a professional manner to allow only health care workers and those who are lawfully entitled to view them as it intrudes in the privacy of MHCUs. On the other hand, Desai (2019) and Mulholland (2019) argued that the presence of cameras should not be used as a replacement for ensuring staff safety or a substitute for staff shortages in the Forensic Psychiatric Ward.

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2.12. CHAPTER SUMMARY

The focus of this chapter is on the literature on promotion of safety of staff members. This included among other literature the historical background of forensic ward, types of patients admitted in the ward, effects of violence on staff members.

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CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The preceding section focused on the literature review regarding the promotion of safety of staff members in a selected FPW. This section examines the approach employed in conducting this research study.

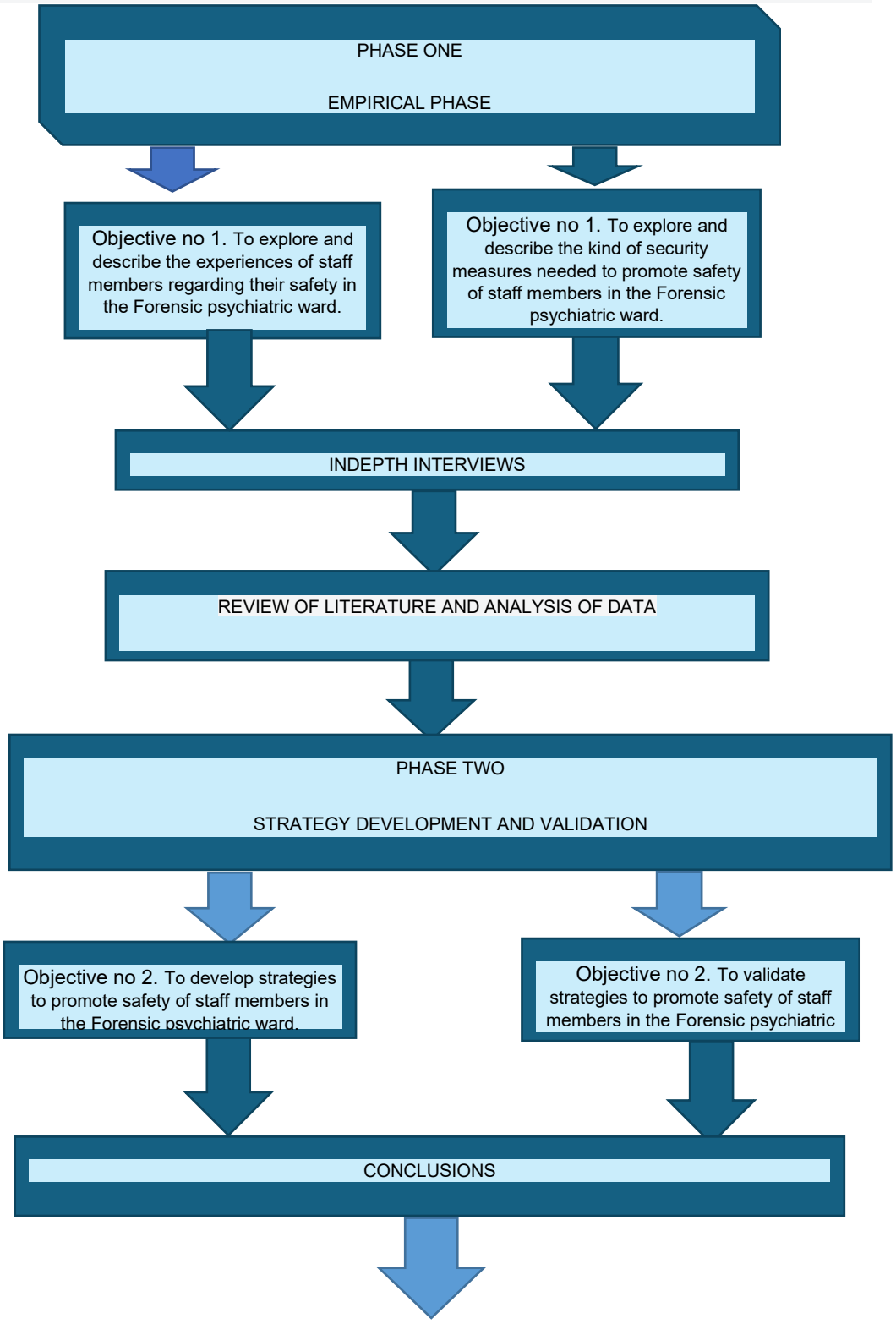
Research method denotes a well-defined sequence of rational actions carried out by the researcher to address a research question posed in a study (Burns and Grove, 2016). Research design is the procedure that the researcher must follow during the investigation (Brink et al (2017).

3.2. RESEARCH APPROACH

A qualitative approach was adopted for this study. The research was carried out in two distinct phases, specifically: phase one and phase two. Each phase is discussed below. The first phase, known as the empirical phase of the study, encompassed various aspects such as the design, setting, population, sampling methods, measures to ensure trustworthiness, and ethical considerations. Phase two was built upon the findings obtained during Phase one.

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PHASES OF THE RESEARCH PROCESS.



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The research process Figure 1.1.

3.3. PHASE ONE

EMPIRICAL PHASE

Objectives

- To explore and describe the experiences of staff members regarding their safety in the selected Forensic Psychiatric Ward, Limpopo Province.
- To explore and describe the kind of security measures needed to promote safety of staff members working in the selected Forensic Psychiatric Ward, Limpopo Province.

A qualitative study is a methodical and subjective approach employed to elucidate life experiences and ascribe significance to them. Burns and Grove (2016). It can be described as both explorative, descriptive and contextual.

The qualitative approach provided staff members with a platform to share their personal accounts and reflections on safety within the Forensic Psychiatric Ward. This approach gave the researcher a chance to interact with the participants during data collection (Burns and Grove, 2016). The study also enabled staff members to narrate through in-depth interviews about security measures needed to promote their safety.

Strategies to promote safety of staff members in the Forensic Psychiatric Ward located in the Limpopo province of South Africa, were developed through a qualitative approach which does not involve completion of questionnaires.

3.4. DESIGN OF THE RESEARCH

Qualitative design

- **Exploratory design**

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Exploratory research was carried out with the aim of acquiring factual information, gathering data, and identifying any intriguing patterns within the collected data, as stated by Burns and Grove (2016) and Brink et al (2017).

In this research, experiences of staff members regarding their safety were explored. The study explored the kind of security measures needed to promote safety of staff members in a selected Forensic Psychiatric ward. In addition, relevant literature regarding safety of staff members in the selected Forensic Psychiatric ward was explored. The exploration encompassed theories for guiding the study and theories for guiding the development of strategies. The exploration encompassed theories for guiding the study and theories for guiding the development of strategies. In this study validation of the developed strategies was explored.

- **Descriptive design**

Descriptive research effectively depicts individual or real –life scenarios with the aim of uncovering fresh insights, delineating existing phenomena and organizing data (Burns and Grove, 2016).

This study described the experiences of staff members regarding their safety in the Forensic Psychiatric Ward. The study described the kind of security measures needed to promote their safety in the ward. The study described strategies that can be used to promote safety of staff members. Theory guiding the study was described as well as theory to guide strategies development. Strategies evaluation guided by Chinn and Kramer (2013) was also be described. Strategies validation by beneficiaries was described.

- **Contextual design**

Contextual settings focus on specific events that are occurring in a naturalistic setting, meaning that the setting where the study takes place has not been manipulated in any manner whatsoever (Burns and Grove, 2016). This study has been contextualized according to the topic, the objectives, the purpose. It has also been contextualized in terms of the population because it solely concentrates on the staff members working in the selected FPW and no other staff members in other wards. Strategies were developed only for staff members working in the selected Forensic Psychiatric ward.

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Literature control was done specifically for strategies to promote safety of staff members working in a selected Forensic Psychiatric ward. Specific theory guiding the study and strategies development were entertained.

3.5. STUDY SETTING

A particular location is designated as the study setting in order to collect data. Because the researcher is interested in people's experiences, the setting in a qualitative study is naturalistic in the field (Polit & Beck 2016). The hospital is located in the Vhembe District Municipality of Limpopo Province, where the study was carried out. The Province of Limpopo has three specialized mental health institutions situated in three districts. Vhembe district has a total of eight hospitals. The list of district hospitals comprises six establishments, specifically Elim, Donald Fraser, Malamulele, Louis Trichardt, Siloam, and Messina. Additionally, there is one regional hospital, named Tshilidzini, and one specialized hospital, as indicated by the Department of Cooperative Governance & Traditional Affairs in 2011.The selected hospital has four main nursing sections which are the 1. Forensic section comprising of: Forensic psychiatric Ward, two Semi-closed wards and an Open ward, 2. Chronic section comprising of: two male units and one female ward. 3. Inpatient Care Section comprising of: two females, two males Intellectual Disability wards, Outpatient Department and HIV/AIDS Care and Treatment unit. 4. The Nursing Administration section comprising of Occupational Health and Safety, Infection Control unit, Nursing Audit and Training Unit and Staff Clinic.

The aggregate quantity of nurses amounts to 255, with 178 females and 77 male nurses. The staff compliment is as follows: 1 Nurse Manager, 1 Deputy Manager, 2 Area Managers, 9 Operational Managers, 105 Professional Nurses, 10 Community Service Practitioners, 42 Staff nurses, and 83 Assistant nurses. Within this group, 12 professional nurses possess qualifications in Advanced Psychiatry, which positions them as clinical specialists in this particular area of expertise. With the exception of three professional nurses, all others hold basic qualifications in Psychiatric nursing. A portion of registered staff nurses have undergone specialized training in elective

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psychiatry, while others have completed the more general training required for Staff nurses.

The distinctive feature of the hospital is the existence of a selected Forensic Psychiatric ward infrastructure. This is a 33 bedded ward that admits male Forensic MHCUs which includes Observation MHCU, State MHCUs according to the provisions of Mental Health Care Act 17 of 2002. There is strict access control in the entrance of the ward and searching is conducted when people entre the ward. There are CCTV cameras in the dormitories and outside the ward that are monitored in the screen by a security officer who is in the security room. The keys are always handled by a security officer and the doors are locked. There are burglar proof bars in all entrances. MHCUs are searched on regular unannounced searching sprees to ensure that there are no dangerous or illegal items in their possession.

The wall is high and there are high mast lights to enable proper illumination in and around the ward. The barbed wire above the wall is in situ to prevent MHCUs from absconding by jumping over the wall. These individuals, referred to as MHCUs, have engaged in unlawful activities as a result of their mental illness and have been deemed incapable of participating in legal proceedings. Additionally, MHCUs are brought in for observation purposes, following referrals from the courts, in order to gather information and compile reports. by the multidisciplinary team on their behaviour and mental status. Observation MHCUs are always guarded by South African Police Service (SAPS) as prescribed by the Mental Health Care Act 17 of 2002. Common conditions patients are diagnosed with at this hospital are schizophrenia, bipolar mood disorder, intellectual disability and substance induced psychosis.

3.6. STUDY POPULATION

The population comprises of individuals or items that the researcher is interested in studying or that fit certain criteria for participation in the study (Burns and Grove 2016, Brink et al 2017). The people who make up this study were staff members working in a selected Forensic Psychiatric ward of a specialized hospital.

Target Population

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These staff members were selected as participants for this study because they are directly responsible for care of state patients in the FPW. This included all clinical and non-clinical categories of staff members who appear in the approved annual allocation list of specialized hospital. the target population included Registered Professional nurses, Registered Staff nurses, Registered Assistant nurses, Medical Doctors, Social Workers, Occupational Therapist, Psychologist, Security Officers and Cleaners in the FPW. It was ensured that participants are a true representative of the target population for the study and they meet the selection criteria.

The researcher presented her intention to conduct the study during ward meetings then recruited participants at their own time to avoid disruption of service. In this study selection bias was avoided through establishment of clearly defined participation criteria for participants. Participants were given an explanation of the research process so that they may take informed decisions. Participants were not threatened nor coerced to participate at any stage of the research process and participation was voluntary. All ethical consideration processes were followed throughout the study.

3.7. SAMPLE AND SAMPLING METHOD

A sampling method according to Brink et al (2017), is a procedure for choosing cases to represent a whole population in order to gather data for the research study. Purposive sampling is the process by which a researcher deliberately chooses study participants and locations because these people are aware of the main topic and research problem (Creswell 2013). Purposive sampling was used in this study to sample the district, the hospital, and participants who are allocated to the selected Forensic Psychiatric ward.

3.7.1. Sampling of the district

Limpopo Province has five districts that is Vhembe, Mopani, Capricorn, Sekhukhune and Waterberg. Vhembe district has been purposively sampled because it is the only district with a specialized hospital that has a fully functional Forensic Psychiatric ward and a proper structure for that function.

3.7.2. Sampling of the hospital

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By using purposive sampling, the researcher can assess the qualities that participants or study elements possess and their capacity to generate pertinent data (DeVos, Strydom, Fouche and Delport, 2013). In Limpopo Province there are three specialized hospitals. The researcher has used purposive sampling to select a specialized hospital and a ward that is functional and has a proper structure meant for the function of caring for state patients. The other specialized hospital has a nonfunctional ward due to the inappropriate structure, and the third specialized hospital has no FPW at all.

3.7.3. Sampling of the participants

According to Burns and Grove (2016) and Brink et al (2017), the sampling method is the process of choosing a sample from the population to gather data on the phenomenon in a way that is representative of the population of interest. Hence in this study, purposeful sampling was used. This study used convenient sampling to choose staff members who are allocated to work in a selected Forensic Psychiatric ward during the period of collecting data. This were staff members who appear on the approved annual allocation lists of the hospital and ward in question. This included the following lists of staff members: Nursing staff (7 professional nurses, 3 staff nurses and 5 Nursing Assistants), Allied staff (2 Medical staff, 1 Social Worker and 1 Occupational Therapist) and General Assistants (3 cleaners and 3 Security officers). This will give a total of 25 participants. A convenient sampling was used to select 25 of those staff members who agreed to form part of the study. This number is from a total of 50 staff members who are currently working in the unit. A list of their names was compiled and kept confidentially by the researcher. The staff members freely volunteered to participate in the study without being forced.

3.8. SAMPLE SIZE

A sampling size is the actual number of people who have been chosen because they are a representative of the target population (Swartz, de la Rey, Duncan and Townsend, 2021). When previously gathered data is repeated without any new information coming out from participants, this is known as data saturation (Creswell,

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2013). It is anticipated that 25 employees who satisfied the inclusion requirements were chosen for this study, but data saturation determined sample size.

3.9. INCLUSION CRITERIA

The eligibility requirements that serve as the foundation for the researcher's choice to include the subject are referred to as inclusion criteria (Brink et al 2017). The inclusion criteria for this study were:

- Participants must be permanent employees of the Department of Health.
- Participants must be allocated in Forensic Psychiatric Ward of the selected hospital.
- Participants must have volunteered and consented to participate in the study.

3.10. DATA COLLECTION

Burns, Grove and Gray (2014) define data collection as the methodical and exact gathering of information pertinent to the study's questions, objectives and purpose. In this study, data was collected through in-depth individual interviews. This is a process of collecting data by asking the participants a central question and then probe through unstructured open ended questions.

3.10.1. Data collection preparation

Permission to conduct the study was requested and granted by the University of Venda Higher Degrees Committee, the Limpopo Provincial Department of Health, The Vhembe District Department of Health and the Chief Executive Officer of the selected Hospital. The researcher requested permission from the Management of the selected Hospital and the Operational manager of the ward.

Following that, the researcher requested from the operational manager of the ward permission to conduct meetings with staff all members in the FPW as a way of recruiting them to participate in the study. Permission was granted to the researcher to present the process of the research to staff members who were available on the day of meetings. The interviews were not conducted during office hours of the participants but their lunch hour was utilized to avoid disruption of the service in the ward.

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3.10.2. Recruitment of participants

Meetings were held with staff members recruiting them to participate in the study. It was clearly indicated that participation was solely voluntary and no one is forced to participate. Withdrawal from participating at any time can be done when the participant does not feel like continuing with the study. An explanation was made that the aim of the study was to conduct in-depth individual interviews to explore and describe their experiences regarding safety and the kind of support needed to promote their safety in the Forensic Psychiatric Ward. Some staff members indicated their interest in participating in the study.

After that the researcher listed all potential participants and contacted them telephonically, develop rapport and recruited them to participate in the study. The purpose and objective of the research were explained to the participants. A description of how the participants were selected was explained to staff members. The persons who will access the data were made known to the participants.

Staff members who wished to participate were given information on how data collection will be done, that is through in-depth interviews and a voice recorder was used to capture the audio interview. The researcher was the one who collect data from participants and no one else was involved in the collection of data. The interviews were guided by one broad question and probing followed. Equipment prepared were a voice recorder which uses alternate current, for backup a smart phone, spare batteries and another smart phone were available and used if problems with the former voice recorder arise.

3.10.3. Data collection instrument

The researcher served as the primary instrument for data collection. The researcher conversed with participants to establish good relationships and to clear grounds for participants to feel at ease. In-depth individual interviews conducted were used to gather data. This essentially refers to a one-on-one interview between the participant and the researcher. Personnel allocated in the designated Forensic Psychiatric Unit underwent individual interviews.

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Data was collected through in-depth individual interviews which lasted for 30-45 minutes. This simply means a one-to-one interview between the researcher and participant. Staff members working in the selected Forensic Psychiatric Ward were interviewed individually.

Interviewing

An interview is a face to face method of gathering data in which a participant provides answers to the interviewer (Brink et al 2016). During phase one, interviews were guided by two broad questions as follows:

"As a staff member allocated in the Forensic psychiatric ward, can you please share your experiences of working here?"

"What kind of security measures do you think should be developed to promote your safety as staff members working in the Forensic Psychiatric Ward"?

After this broad questions were posed, probing questions then followed. These questions enabled the researcher to get a deeper understanding of the lived, daily experiences of staff members and the kind of support that staff members working with state MHCU in the Forensic Psychiatric Ward need regarding promotion of their safety. Interviews were conducted in Tshivenda and English and the former ones translated into English. English was used for staff members who do not know Tshivenda and the interview were transcribed verbatim. The interview language were Tshivenda and English and were at the level of the participants to encourage them to feel comfortable to express their views.

The environment was as natural to the participant as possible. The in-depth interviews were conducted away from other people in a private and comfortable area in an identified office in the Forensic Psychiatric Ward. The duration of the interview was 30-45 minutes. In order to delve deeper and gather more information during the interview, open-ended questions were utilized in place of dichotomous response questions. These prompted participants to respond to questions based on their own viewpoints rather than the viewpoint of the researcher. Interviews did not disrupt services which are supposed to be rendered to MHCUs or the visitors and other staff members

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because they were conducted during lunch hour of the participants and such an arrangement was made in advance.

The researcher ensured that measures to minimize the spread of COVID-19 were adhered to. All participants and the researcher were wearing masks, had their hands sanitized with a proper sanitizer: (provided by the researcher) or washed hands with soap and water. The surface of the table was sanitized. Participants were screened for COVID-19 symptoms and their temperature taken before interviews. A safe distance of 1.5m was maintained between the researcher and participants during interviews.

The role of the researcher

Firstly, the researcher greeted participants, showed acceptance, respect, empathy, honesty, openness, and modesty in order to build rapport and a sense of trust. The researcher observed, spoke with participants, recorded the interview and interpreted what the participants said during their interactions, the researcher served as both the primary research instrument and listener.

It is the researcher's responsibility to thoroughly explain the procedure to the participants so that they can unwind and the setting appears as natural as possible. Participants were informed by the researcher that they were not required to participate in the study and could leave at any time. In order to allow participants to freely express themselves and opinions from their own point of view, it was made clear to them that their responses were neither correct nor incorrect. They were told not to bring up any names in the course of the interview. The researcher made an effort to memorize the questions, but she also kept a record of them in case she forgot. The interview was facilitated by the researcher using her strong communication abilities, (Burns and Grove, 2016).

Challenges may arise like participants who do not wish to continue with the study. Those who withdrew were replaced with participants who met the same requirements to be included in the study and were chosen from the pool. The subject matter of the study is delicate, and the researcher, a qualified mental health nurse, was equipped to handle feelings that might overwhelm the participants. During the interview, the researcher used her excellent communication techniques like:

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Listening

The researcher employed this technique to collect data by paying close attention to participants' answers to the questions that were presented. This was carried out during both the study and the interview.

Probing

This was carried out in order to improve the data's richness and to provide a more thorough answer to a presented query. The researcher employed probing, which involves asking direct questions following a statement. Statements and opinions get more elaborate when important terms are repeated. The participant-friendly language and concise, straightforward questions were employed by the researcher. The use of open-ended questions gave participants the freedom to respond in their own words.

Paraphrasing

The researcher reformulated the participants' words in another way, but with the same meaning, and reflected them back to the participants. The researcher used the paraphrases to understand the clear and accurate meaning of what the participant said.

Non -verbal responses

The researcher utilised non-verbal cues such as nodding or displaying positive facial expressions, as well as maintaining eye contact, as an indication of active listening. This approach aimed to encourage participants to take their time and provide more th orough responses, as they were given ample opportunity to reflect on their thoughts before expressing them.

Minimal verbal responses

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

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Clarification

The researcher has always tried to get explain on misunderstood statements to avoid assumptions.

Validation

The researcher observed the participants and interpreted nonverbal communication including body language, posture and facial expressions. The researcher listened carefully to the participants and recorded the quality and tones of their voices.

Reflecting

The researcher repeated the participant's statement in the form of a question to ensure that the participant understood the statement accurately and to give the participant an opportunity to say more. They were then repeated, if necessary, to ensure that the participants understood what was said.

Focusing

The researcher focused the attention of the participants so that they could talk about their experiences. The seating position allowed the participants to freely express their opinions. The researcher and the participant sat on the same type of chairs with no table between them. The conversation did not disrupt the service of patients or business hours.

3.10.4. Pre-testing

Pretesting aims to confirm that the research instrument can gather data correctly and that the instructions are understandable (Brink et al 2016). Two employees who satisfied the study's inclusion requirements were chosen and would not participate in the research. They were questioned in order to determine whether or not the study's participants understood the research question. If the research question is not clear and any possible flaws in the proposed study detected, it was revised with the assistance of supervisors. The pre-test also assists in modifying the way of interviewing the participants and probing skills.

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3.11. DATA MANAGEMENT AND ANALYSIS

Data management

The collected data was monitored by audio recordings. Recorded conversations between the researcher and participants was stored on a voice recorder, cell phone, computer, hard drive and USB. Data was saved to prevent loss in case any of the gadgets were lost or damaged. The researcher's computer system is password protected for privacy and confidentiality reasons, so that no unauthorized persons can get access to it. The data collected was also transcribed as such from the recorded interviews and word for word.

In qualitative research, data analysis means spending more time trying to understand the data contained in the written word or audio tape. This can be done concurrently with data collection (Brink et al 2016). In this study, data was analyzed after data saturation was reached. This involved transcribing the interviews verbatim and dividing the data into various themes, sub-themes and categories based on the participants' responses.

3.11.2. Data Analysis

Data analysis involves classifying, organizing, manipulating and summarizing data and describing it in meaningful terms (Brink et al 2016). In this study, data was analysed according to the step-by-step format proposed by Tesch (Cresswell, 2017).

The steps are as follows:

Step one: Get sense of the whole:

The researcher read through all of the transcripts carefully, to get a feel of the complete several times, to acquaint herself generated data and jotted down a few thoughts which came to her mind.

Step two: Pick one document:

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The most thrilling document became picked which is short and read once more and made feel of it. Thoughts that came out were underlined and written within the margin. They had been later used to organize similar topics together.

Step three: Clustering together of similar topics:

Every subject was mentioned, and subjects that were related to one another were grouped together. After then, these subjects were divided into three columns: major, unique, and leftovers. Remaining materials were saved in a different file in case they came in handy for writing up the research findings. To make the process easier, pens of different colors were utilized.

Step four: Abbreviate the topics as codes:

After taking the list, the researcher returned to the data review. Codes for topics were created and placed next to the corresponding text passages. After that, the researcher attempted to arrange the scheme in an initial manner to see whether any new codes or categories would surface.

Step five: Describe the topics:

In order to organize the issues into categories, themes, and subthemes, the researcher attempted to identify the best descriptive language for each subject. By putting related themes in groups and drawing lines between them to illustrate relationships, the researcher attempted to narrow down the entire list of categories.

Step six: Abbreviate categories:

Each category and code had its final abbreviation decided upon, and they were then put in alphabetical order. After looking through the codes multiple times to ensure that every code was noted, this was completed.

Step seven: Assemble data:

Information fabric having a place to each other was gathered and a preparatory investigation was done. These made it less demanding for the researcher to come up with themes and sub themes based on the grouping.

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Step eight: Recoding:

Recoding of the existing data was completed to ensure that all necessary information was available, and no generated data was missing.

3.12. LITERATURE CONTROL

After data was analysed on the experiences of staff members regarding their safety in the selected Forensic Psychiatric ward and the narration on the kind of security measures needed to promote their safety. A literature control was done to validate the findings of the study.

3.13. MEASURES TO ENSURE TRUSTWORTHINESS

According to Polit and Beck (2017), (Brink, van der Walt and van Rensburg 2016), Babbie and Mouton (2010) and De Vos, (2013), trustworthiness encompasses the degree of confidence that the researcher has on the data they have generated During the study the researcher ensured trustworthiness of the study using the following model of Lincoln and Guba (1995): credibility, transferability, conformability and dependability as described below.

Credibility

Credibility in this study was accomplished by selecting the target population precisely and by confirming that participants meet the set criteria and are conversant with around the phenomenon at hand (Lincoln and Guba (1995): Data was transcribed word for word from the direct recorded quotations of participants. Participants were interviewed to the point at which there was no new information coming out. Credibility was ensured through prolonged engagement, persistent observation and member checking.

- Prolonged engagement

Prolonged engagements and persistent observation with participants allowed for identification of repeating patterns, themes, and values for the validation of standpoint (Brink, van der Walt & van Rensburg, 2016). Participants were contacted through the telephone to prepare them for interviews. Establishing rapport and building trust with participants was done during the preparatory phase by securing appointments with

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them. Participants were visited from time to time to verify the collected data or to seek clarity from what was generated during interviews.

- Persistent observation

The researcher observed and listened to participants attentively as they were interviewed, she probed for clarity on issues raised by participants and focused on elements that are most relevant to the study. Important points that are spoken by participants were noted.

- Member checking

In this study, member checking was done all through the interview by deliberate probing. The preliminary findings were discussed with the participants After information was completely analyzed, the researcher went back to the participants for last member check to establish in case what is transcribed is what they truly implied.

Conformability

Conformability refers to the level which the interpretation of the research study can be traced back to their original source and that they do not represent the ideas of the researcher but those of the participants (De Vos, 2013) The information that is recorded during the interviews was transcribed without any alterations. The researcher functioned as a research instrument and not influence the responses and outcomes of the study.

Transferability

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

Dependability

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Dependability ensures that the information that is being presented by the researcher is accurate and people can depend on that information for future use (Polit & Beck, 2017) Others who are experts in the field of research were consulted to cross-check the codes, to see if they would code the data the same way as the researcher would have coded. The staff members were visited after data analysis, to ensure that what is written is what they said and meant.

3.14. ETHICAL CONSIDERATIONS

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

3.14.1. Permission to conduct the study

Permission to conduct this study was requested from the following:

- A proposal was presented to the School Higher Degree Committee of the School of Health Sciences.
    - Ethical Clearance certificate and permission to conduct the study was given by the University of Venda through the Higher Degree's Committee
- The Limpopo Province Department of Health Research Ethics Committee.
- Vhembe District Department of Health.
- The C.E.O. of the selected hospital.
- The Operational Manager of Forensic Psychiatric Ward.
- Finally, participants who were given an information sheet to peruse and sign a consent form to grant a researcher permission to interview them.

3.14.2. Informed consent

Informed consent refers to informing the participants about the type of information needed, their degree of understanding and the fact that the participants have the choice of whether to give consent or not (Brink, 2016). Information concerning the aim of the study and process of data collection was given to potential participants to gain

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their free cooperation. After this a written or verbal permission was requested from participants. A verbal permission to participate will be acceptable. Staff members in the unit were informed that they are not forced to participate in the study. Staff members who wish to participate in the study were informed that they have the right to withdraw from participating anytime they wish to do so. Potential participants who wish to participate were given an information sheets for them to give consent to participate in writing.

- **The right to self-determination**

Self-determination is based on the ethical principle of respect for persons. It means that human beings can control their own destiny people should be treated as autonomous agents who have freedom to conduct their lives as they wish without external influence. This was ensured by allowing participants to decide whether to participate in the study and they have a right to withdraw from the study at any time during the study. Informed consent sheets were issued to staff members working in the selected Forensic Psychiatric Ward for them to consent in writing. A verbal consent was also accepted for those who do not wish to endorse their willingness to participate in writing Brink (2016).

- **Principle of beneficence**

Beneficence means the researcher is required to do well and avoid harm (Brink, 2016). No harm or discomfort be it psychological or physical was inflicted on the participants. This was explained in full detail to participants.

- **Principle of justice**

Participants were chosen randomly in a fair and just manner (Burns & Grove, 2016). They were fairly treated. The choice to participate or withdraw rests on the participants themselves.

- **Right to anonymity**

Actual names were not used throughout the process of data collection. Each participant was provided with a number code and that will be the only thing to identify the participants. A master list of participants and matching number code was kept

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undisclosed in a safe place, in a computer that has secret password to unlock and on gadgets that are not accessible to anyone.

- **Confidentiality**

Ensuring confidentiality entails the responsibility of the researcher to prevent data from being devulged or made available to unintended people. In case the information is requested to be used in another study, the participants will be informed and asked for permission (Brink et al, 2016). No names were mentioned during the study and information was only made available to persons concerned with the research. The study will be published for the benefit of the researcher, Department of Health, participants, and body of knowledge.

3.15. CHAPTER SUMMARY

This chapter focused on the methodology that was applied to develop strategies to promote safety of staff members in a FPW. The following is chapter 4 that deals with the presentation of findings for the study.

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CHAPTER 4

FINDINGS FROM THE RESEARCH

SECTION 1: PRESENTATION OF FINDINGS FROM PHASE 1

4.1. Introduction

Section 1 discusses the presentation of findings from participants of in a selected forensic psychiatric ward. The sample description will be discussed first then followed by main findings of the study.

4.2. Sample description

The description of the sample consists of category of the staff member and their gender.

4.3. PROFILE OF PARTICIPANTS

Table 1: Profile of participants

NO	CATEGORY	GENDER
	Registered Professional nurses	
1.	RPN 01	F
2.	RPN 02	M
3.	RPN 03	M
	Registered Staff nurses	
1.	RSN 1	M
2.	RSN 2	M
	Registered Assistant nurses	

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1.	RAN 1	F
2.	RAN 2	M
3.	RAN 3	F
	Clinical staff	
1.	Medical Doctor	M
3.	Social worker	M
4.	Occupational therapist	F
	Security officers	
1.	Security 1	M
2.	Security 2	M
	Cleaning staff	
1.	Cleaner 1	F
2.	Cleaner 2	M

Meanings of abbreviations

1. RPN-Registered Professional Nurse
2. RSN- Registered Staff Nurse
3. RAN- Registered Assistant Nurse
4. F-Female
5. M-Male

4.4. DISCUSSION OF MAIN FINDINGS

4.4.1. THEMES AND SUB-THEMES

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In this section, the study presents the results obtained from the in-depth individual interviews conducted with participants on “Strategies to promote safety of staff members in a selected forensic psychiatric ward in Limpopo, South Africa”. The table below represents themes and subthemes that emerged from the analysis of data after transcriptions of individual interviews. unconducive

Table 2: Themes and subthemes

NO	THEME	SUB-THEMES
1.	MHCUs are aggressive	Physical and verbal aggression
2.	MHCUs’ unpredictable behavior	Safety is not guaranteed
3.	Unconducive environmental factors	Unsafe ward environment
4.	Effective teamwork	Manpower is needed
5.	Criminal history of patients	All patients have committed crimes
6.	Insufficient Resources	
		6.1. Insufficient Material resources
		6.2. Insufficient Human resources
	THEME	**SUB-THEMES**
7.	Support needed for staff members	Employ more staff members.
		Acquire equipment for promotion of safety.
		Upgrade building structure.

The findings are presented according to categories of staff members. They are as follows: Registered Professional Nurses who are participant 1 to 5, Registered Staff

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Nurses are: participants number 7 and 8, Registered Assistant Nurses are participants number 12 to 14, Clinical staff are participants no 15 to 17, Security Officers are participants number 9 and 11 and Cleaning Staff are participants number 6 and 10,

The discussion of findings is done in themes, and each is discussed separately. Seven themes emerged from the collected data, that is: Mental Health Care users are aggressive, Mental Health Care User behavior, Environmental factors, Teamwork, Criminal history and Resources.

4.4.1.1. THEME 1.

Mental Health Care users are aggressive

Most of the participants indicated that MHCUs are aggressive. They indicated that they have experienced physical aggression, verbal aggression and emotional harm. This is presented in the table below.

Table 3: Theme 1

THEME	SUBTHEME
Mental Health Care users are aggressive	Physical and verbal aggression

SUB-THEME: Physical and verbal aggression

Information has revealed that participants indicated that MHCUs are physically and verbally aggressive towards staff members. These physical attacks may be fatal to such an extent that they may even lead to grievous bodily harm or death of staff members. The following quotations from participants depicts the physical and verbal aggression posed by MHCUs:

"My safety…forensic patients are mostly physically aggressive. So, when they need attention from staff they act. They do not negotiate orally or explain their problems they destroy or attack so that they get attention". **Participant no 5.**

"A fight started between patients, staff members tried to intervene, and a staff member was injured, and the security officer was bitten on the ear". **Participant no 8.**

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"Sometimes they want to push us in any way possible to them". **Participant no 7.**

"Sometimes it may happen unexpectedly, it may happen that he hit or kill you, just like in that case. **Participant no 7.**

"They can be verbally aggressive but once a male person and the security officer is there, a patient keeps quiet. When they are not there they can be abusive and say whatever they want". **Participant no 3.**

"We are always scared but when he is insulting, we have our plan for going closer to him". **Participant no 4.**

Like a mentally ill patient who is not reliable, when giving him tea, he can say the tea is too hot for him and he pours it on your face". ***Participant no 12.***

"Most of the patients that we consider as high risk, especially there, there are those with several murder cases, some have attempted murder and err some give promissory letter, not letters as such, words to other client to say I will beat you, I will do this. Most of them, you find that they are involved in fights. So the people who are always involved in fights and they are around you as a woman alone you feel that its err compromised". ***Participant no 17.***

"He took a plain mop stick without a mop head. He hit me with a stick. He hit me and I was injured on the hand".

"*Yes, it is true. a patient can be so aggressive, when you go to talk to him, he does not want a person who he hates to come in front of him. That is the reason why even the other people cannot come closer to him. if you are working as a team nothing can happen. I also got injured because when I was talking to him, I took it as a usual thing, he saw the person whom he is not in good terms with. The fight then involved me, you see".* ***Participant no 9***

"It happened; we also think about the murder that happened that time. when you get in you can be scared but you just ignore it". ***Participant no 10***

Eisele, Flammer & Steinert, (2021) indicated that in Germany, it was found that in long term forensic psychiatric wards the highest percentage of aggressive behaviour of patients at 20% were recorded. Dressner, (2017) indicated that many health care

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workers face different hazards and are frequently subjected to verbal and physical aggression.

Physical aggression is common and according to Moyo & Robinson (2012) most of the injuries occurs when staff members are restraining or separating patients who have engaged in a fight or squabbles to prevent injuries. In doing so they are as well injured by the patients.

The fact that staff members are prone to injuries has been supported by Barr, Wynaded & Hestony (2019) who indicated that nurses are working in a challenging environment and are at a danger when they want to put a patient in a single or seclusion room. The patients get angry because they do not want to be secluded or be subjected to other ward programs.

Moyo et al (2019) further indicated that staff members sustain injuries to the body extremities especially the hands, heads, and lower limbs. They again implied that the nurses sustain bruises during the restraining of patients. The injuries have been sustained despite the training that nurses got on restraining patients.

This is supported by Brusie (2019) in Louisiana by indicating an incident at Baton Rouge hospital where a nurse was attacked by a patient when trying to save a life of a colleague. The injured nurse was admitted as an emergency and doctors were unable to revive her and she died. In the same institution it happened that a nurse passed on after an attack by a MHCU at Baton Rouge General Mid city hospital it was indicated that the nurse was trying to save the life of a fellow colleague who was being attacked by a patient. Similarly, Lyons and Altimari (2021) have reported that a nurse was once slapped, and her ponytail pulled at Whiting Forensic hospital in the United States of America.

Furthermore, a study by Renwick *et al* (2018) revealed that there are challenges threatening the wellbeing of staff members that arise in mental health facilities, and this includes specifically the increased rate of violent incidences and aggression towards them. They again concluded that nurses and security officers working in mental health settings are the ones at high risk of being assaulted both verbally and physically by the patients they are taking care of.

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4.4.1.2. THEME 2

Mental Health Care Users' unpredictable behavior.

The majority of participants indicated that the behavior of state patients was unpredictable and can change at any moment. They mentioned that it was difficult to predict what the patient has in his mind and therefore the safety of staff members is not guaranteed as depicted in table 4.

Table 4: Theme 2

THEME	SUBTHEME
Mental Health Care Users' unpredictable behavior	Safety is not guaranteed.

Subtheme: Safety is not guaranteed.

MHCUs often seen to be presenting with a history of violence and aggression by staff members. Patients are a danger to other, themselves and property. Their behavior is influenced by mental conditions. Participants indicate that besides staff members being assaulted, even the facilities in the ward are destroyed. The following quotations confirms that safety is not guaranteed in a FPW.

"He wanted to smash the computer in the presence of the doctor at the Operational Manager's office. It was lucky because the security and nurses were present. They immediately grabbed him. They can attack him because sometimes there could be differences with words. The patients decide to hit the doctor". **Participant no 7.**

"*What happens is that he can cause trouble in the presence of security officers. The patients could have relapsed to such an extent that he does not respect whoever is there nor the time he is doing it. He can decide whatever he wants to do and does it*

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at that time. We help each other with security officer when something happens and separate them to avoid injuries on other people". **Participant no 8.**

"*Up to now we are not satisfied with our safety. Err we have some safety because of the presence of security officers who are working with us***. Participant no 11.**

"Errrr You can find that when you are seated or even standing, in a short space of time you hear that they have started a fight, or they start to attack one of the nurses. it means then that we must get closer. when we are approaching as a group he also can be fearful, and he leaves what he was doing" **Participant no 10.**

"*According to my own view, I see that the safety is not complete due to shortage. we used to work being only a few, there is not enough staff. like you can see I am the only male staff member today. some have gone off at 11hour. If we were many* I would say the safety is good, I don't know about others, but I think the safety is not enough". **Participant no 14.**

"I must be in a place where I can be seen with a patient, no patient must sit or stand behind me. This is because what the patient can do is not predictable. I cannot know what will happen next. He may be laughing in-front of me, but anything can change within a minute. When working here we need to work in open spaces and not hidden and also in the presence of security officer. The officer where we can consult patients, there should be something that separates me and the patients. We must not be close to each other because I may say something that might provoke the patient being unaware, and he ends up beating me". **Participant no 15.**

"*I am just talking randomly about this but in one of the isolation wards there, a patient has ransacked the room badly. It means the rooms are not safe for the patients because they can tear off something and commit suicide. The staff members are also not safe because they can be attacked by anything that the patient broke that can be used as a weapon. I think that is something that should be taken care of".* **Participant no 16.**

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"*It means there is no complete safety because when I am communicating and laughing with a patient, I may not think of anything else and not predicting what he is thinking about. I may laugh with him but within a minute he becomes angry. He may think of something else that I did not say and it angers him and he hurts me*". **Participant no 15.**

"*When I look at safety I the Maximum-Security ward I find it not in place or incomplete***". *Safety is incomplete when it comes to security officers***". Participant no 9.**

"Immediately when people come in the ward, the manager, or operational manager of the ward should orientate new staff, or any other staff who have arrived at a given time". **Participant no 5.**

The statements of participants above indicate that their safety is not guaranteed. The behaviour of patients are not predictable and as such Haines, Brown, MacCabe, Rogerson, & Wittington, (2017), have found that the aggression in the ward leading to unsafe environment is directly associated to many factors in the ward. They further indicated that the culture of the institution, policies designed to keep staff safe have a direct link to the desired safety of staff members. Mahani, Akinsola, Mabunda & Oni (2017) have indicated that in Vhembe district only, workplace violence is seen as a major workplace issue especially for psychiatric nurses. This implies that the staff members in a FPW are at risk of unsafe incidents that continue to take place in the ward.

Similarly, O'sullivan, Chuang, Njovana, Baker and Shan, (2020) have found that because violence and unsafe working conditions in a forensic psychiatric ward, staff members are expected to provide therapeutic care while addressing risks that are embedded in the ward. Additionally, Greenwood, and Braham, (2018) found that inpatient violence causes trauma, negative psychological and social effects on staff members. Ward overcrowding, environmental conditions, and limit settings frustrates the patients and this makes the ward unsafe for staff members.

4.4.1.3. THEME 3

Unconducive environmental factors

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There were issues mentioned by participants that relate to the environment of the FPW like an open consultation space with no burglar proofs. The participants therefore felt that the structure of the ward is unsafe as illustrated in Table 5.

Table 5: Theme 3

THEME	SUBTHEME
Un conducive environmental factors	Unsafe ward structure

SUBTHEME: Unsafe ward structure

The forensic psychiatric ward is a special environment for the offenders. Participants have indicated that the environment is not safe for them. Participants indicated that the environment does not promote safety for them even when they are doing the normal daily routines. The building structure is said to be not conducive for the type of patients admitted in the FPW. This is confirmed by utterances of the participants as indicated below.

*"The environment that we are in here does not enable us to access the patients on time. While patients are inside we are outside. The distance from the nurses' station to the dormitories, makes us to take long to reach. For example, if patients are fighting inside, we get there already they have hurt each other. Mostly we are busy with files we patients are inside, we are in the nurses' station. For us to see the patients we must be locked in with them which is not possible because these patients are dangerous***". Participant no 5.**

When I look at this ward, so that an employee can feel totally safe, that when giving medications (this affects staff and patients) the office is too small and the passage where patients queue for medications is not conducive. It should have been a wider space so that we can clearly see if they are taking medication or not. we are giving them medication in the passage. An open place with security gates and allows clear ***Participant no 9.***

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" I am not free at the Forensic ward. The office is sort of hidden in the corridor, it is in the dark and I do not feel free inside. You feel that something can happen and secondly, the window faces where patients are gathering. When I am busy working, I must not open the window, patients come and shout through the window and make mention of his problems and it disturbs me". **Participant no 15.**

"*The building is unsafe because it is too old and small to accommodate many patients and staff"***.**

"That building to tell the honest truth, I think it does not provide safety because the consulting area is open and a patient can do as they please even though there is the presence of security officers. Sometimes the patient may overpower a known strong security officer., therefore I do not feel safe. Inside the ward they are contained but when they are outside, they are dangerous to people like us". **Participant no 16.**

"Windowpanes with cracked pieces. I can be harmed by those window glasses. When these patients are not well they can hit a window with his head. It is just that the panes are hard, but they end up cracking. That is one example". **Participant no 9.**

"Yes, especially as women. Those patients are males, not women, Maximum is all men, they are coming from families, and some have left their wives, when he looks at you he is thinking about his wife who is at home. Now as a woman I cannot get in alone, I will be at a big risk. I feel that security officers are protecting us well, very well". ***Participant no 6.***

"*This building err, I cannot say it has the safety, because this building errr is old and it is small in such a way that whenever we are giving medication, whenever we are giving food the space is not big enough to accommodate many of us".* **Participant no 14.**

According to Haines, Brown & Whittington (2022) the environment can impact negatively on the safety of staff members, and this varies more on forensic wards than in non-forensic ones. Mishina et al (2023) has supported this notion that the forensic psychiatric wards should be designed and renovated in a manner that can guarantee the safety of staff members, patients and the other stakeholders.

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Similarly, unsafe ward conditions were reported by Emmett (2021) and supported by Sorsdahl *et al* (2023) that the mental health facilities in South Africa are dangerous and insufficient due to the lack of maintenance by the Department of Public Works. None of the inspected institutions were found with fire alarms and majority did not have burglar bars fencing. On the other hand, Joyes *et al* 2021 portrayed an ideal FPW that promoted safety of staff members, patients and the community. It was indicated that all buildings and courtyards were secure and lined with CCTV cameras that allowed a continuous and consistent coverage of the ward. This has been indicted as a measure to minimize incidents of harm inflicted on staff members.

4.4.1.4. THEME 4

Teamwork

Participants are of the opinion that state patients need to be managed through teamwork. This will prevent some of the staff members to be targeted by patients. They then suggested that manpower is needed as in table 6.

Table 6: Theme 4

THEME	SUBTHEME
Effective teamwork	Manpower is needed

SUBTHEME: Manpower is needed

Participants have indicated that effective teamwork is crucial because the patients in the ward are dangerous and as such one person can be in danger if other people are not closer to rescue him. Whenever a patient attack, all staff members must make sure that no staff members sustain any harm. Each team member should contribute to the team according to their area of expertise and essentially manpower is essential in handling aggressive MHCUs in order to restrain them, place them in single rooms or giving them chemical restraints. The following quotations supports this.

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"We use the mouth to talk. This is what helps us here and the one must not walk alone. One must walk with the security guards. Many a times when we are giving medications, the security guards are always nearby. The good thing that I think is good is to communicate well with the people we are caring for who are our forensic psychiatric patients. When I speak well with them they also speak well". **Participant no 4.**

"People should stay in their wards when they are on duty, someone may go out and leave you alone in the ward. You are also not safe. Let us work as a team and do one thing. when the patient attacks you will be the only one because they influence each other". **Participant no 7.**

"Teamwork is one important thing especially in the place of our work. If there is no teamwork you can find that it is not good to work in. teamwork helps that our work is simple, it should not be difficult because when we do things we must be safe. If there is no teamwork and we try to calm the patients, when others mare not coming close then patients can target you. If we stand together and say the same thing they can seed that they cannot do anything. We give each other report as a team and indicate what we did and where we ended. When they talk about something else we say it is not true because we gave each other report as a team. We can work in different directions if there is no teamwork and patients will see that we are not in one place. Teamwork makes work to be simple and good". **Participant no 8**

"You find that when you are seated or even standing in a short space of time you hear that they have started a fight, or they attack one of the nurses. it means that we must get closer. When we are approaching as a group, he also can be frightened, and he leaves what he was doing. **Participant no 11.**

"It is teamwork because in psychiatry teamwork is used, a staff member cannot work alone in a psychiatric ward because they can start to fight or attack a staff member. It means when there is trouble we must go and assist". **Participant no 12.**

"I am only safe if I enter with a security officer who should be close to me or a male staff member. If I get into the storeroom, I must not open the door if the one who

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accompanies me is not closer. He must be at the door or enter with me. If I am alone then I am not safe". **Participant no 13.**

"Teamwork can be facilitated by everybody as their responsibility but before it is started there must be someone facilitate the start but going forward it is a primary responsibility for everyone". **Participant no 17.**

This is supported by Moyo et al (2019) who found that there should be improvement in group coordination when handling aggressive patients. Teamwork has been highly recommended for all staff members as a way for promoting safety of staff members. Horberg, (2018) in a bid to support forensic psychiatry staff members who are ion contact with dangerous, unpredictable and psychotic patients has emphasized the need for teamwork on daily basis. The patients are unique individuals with their own needs, abilities and interests. They furthermore found that the positive attitude in dealing with them may reduce conflict between them and staff members.

Holmes, Peron, Jacob, Paradis-Gagne and Gratton (2018) were in agreement to the above statement after a thorough literature review, by adding that an interdisciplinary model could be of assistance in managing forensic patients and minimizing incidents on staff members. Therefore, teamwork in this instance is of paramount importance and the unity of staff members can deter patients from starting arguments that may lead to physical and verbal aggression (Lanta, Anttila and Vailimaki, 2016).

4.4.1.5. THEME 5

Criminal history of patients

Participants have mentioned that all patients were admitted due to their criminal records. Some even said that the possibility of committing another crime is possible. State patients are dangerous because they all have committed crimes as indicated in Table 7.

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Table 7: Theme 5

THEME	SUBTHEME
Criminal history of patients	All patients have committed crimes

SUBTHEME: All patients have committed crimes

All participants indicated that the patients in the forensic psychiatric ward have committed some form of crime, and this is attributed to their mental conditions. The crimes committed are gruesome and the some were further declared unfit to stand trial. The following quotes indicated that patients have history of committing horrific crimes due to their mental conditions. The crimes committed in their families and the communities caused them to be in prison and a judgement was passed to say they could or could not stand trial and as such they are admitted for care treatment and rehabilitation.

"They are dangerous, looking at the crimes they have committed as written by the doctor. Like this one has injured someone, this one has murdered a person and he is going to stand trial". **Participant no 4.**

"They have committed different crimes. There are patients whose charges are rapes, or murder, or assault or malicious damage to property. They have wronged the community and as such the communities have rejected them". **Participant no 5.**

"*You find that some of these patients have committed rapes, some of them have done these…. assaulted the relatives or parents. Some of them have committed murders".* **"***They have committed gruesome crimes"***. Participant no 6.**

*"When I peruse the files someone would have chopped four children and killed them. Someone would have raped his mother. You feel that we are just living with him. Another one could have burned his house completely. They are chasing the whole family away. Almost all of them have committed some crime****". Participant 13***

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"Most of these people, usually in their first episode, they commit crimes and people may not be aware that they are mentally ill. Many of them would commit murder, rape, they attempt to murder, attempt to rape and they commit assault GBH that is when they use weapons. It is most of the people admitted here, they committed such crimes". ***Participant 15.***

"These ones, for them to be here is because the experts in mental health interviewed them and their answers like someone may say they do not know. For example, (I am not saying it happened) a person accused of murder says he has killed a baboon or a dog just like that. The team then concludes that the person is not well, and he is fit for admission here, for the treatment of mental illness because he cannot stand trial". ***Participant 14.***

"Patients there are here for different reasons like assaults on women called rape, I think many males are the ones to be allocated there. This is because many victims of crimes committed by men are women as they are an easy target and cannot fight back by themselves. History has it that a worker was killed here also a woman. Let there be fewer women in terms of allocation. When many men are allocated it helps when restraining". ***Participant 16.***

"What made this people to be here err.. yes they have done that but when they appear in court of law, it is true that when they commit crime they are arrested and appear in court. When they appear in court, and their behavior in court does not meet the circumstances that are needed. They are displaying abnormal behaviors and when the go for assessment it is found that indeed they committed the crimes while under the influence of mental illness. Then we have them here. So they are here because of the situation but we still have to manage them". ***Participant 17***

"These people who are in here are very dangerous because they are coming from arears like Matatshe as they have committed crimes in their homes. They are here and have been troublesome to policemen they do not regard us as something but we try to calm them so that they can live peacefully". ***Participant 11.***

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"Indeed, they have committed big crimes. When they get in the Maximum-security ward, they already have their prescribed medications that will be given. If there is something they are placed in a seclusion room". ***Participant 10.***

These quotations are supported by a study conducted in Fort England, Eastern Cape by Maclennan (2020) that indeed patients admitted in a forensic unit have committed some form of the most horrific crime. It was found that the ward holds the most complex forensic patients who come from all over the country, including those detainees who require psychiatric observation.

Similarly, Joyce, *et al*, (2021) have supported the notion and citing that the persons admitted in a forensic ward are also referred to as offenders, patients, service users or mentally disordered offenders. This affirms that the patients have indeed committed crimes in the communities. They are detained because they are a danger to themselves, other people and property.

4.4.1.6. THEME 6

Insufficient resources

Two sub-themes emerged from theme 6. Most participants indicated that there is a shortage of human and material resources. The subthemes are shortage of human resources and shortage of material resources. The shortage of staff includes clinical staff, nursing, security officers and cleaning staff. The shortage affects many activities because all shifts need to be covered by a reasonable number of all categories of staff members Secondly, there are insufficient material resources like CCTV cameras (that are not functional at all times), a monitor, panic buttons, two-way mirror etc.

Table 8: Theme 6

THEME	SUBTHEMES
Insufficient resources	1. Insufficient human resources

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	2. Insufficient material resources

SUBTHEME 1: Insufficient human resources

Participants have indicated that there is shortage of human resources ranging from security officers to nurses of all categories. Participants said that forensic patients need a well-staffed ward so that they can manage the ward and they could feel safe.

"We are unable to manage them because they sleep on different dormitories and some are busy doing activities, some in isolation, so we cannot manage them because we do not have enough staff. It is difficult to handle them". **Participant no 5.**

"Like I have said, at Maximum, it requires male staff members especially for nurses. There should be many men allocated. It should not be anyone who will just sit. It must be a person who is vigilant who has a strong heart to be allocated". ***Participant no.13.***

"*Yes, there is a big shortage. You will find that we also balance with security officers. We stay inside the ward because we cannot leave patients alone. I like staying with patients but we are short-staffed".* ***Participant no.13.***

"I do not think security officers are enough because currently they are placed where the patients are, that is the lace you find them. When one patient goes out they accompany him, then a problem arises when more than one patient has to move from one place to the other. What can happen when security officers are few? I think security officers are not enough. The other thing is that in the forensic ward, there should be many security officers because incidences are always happening". ***"Participant no.15.***

"It I had the powers in my hands I would make sure that this hospital has many workers than other hospitals because the patients here are dangerous than in the other hospitals. I would say more staff be employed especially those Psychologists who deal with minds of people, the psychiatrists including doctors who do normal wards". ***Participant no.16.***

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"*That is why this task is for the management of the hospital that they should conduct internal workshops at the main hall and all categories of staff members regardless of whether they are ENAs or staff nurse. They should tell them what the type of patients forensic wards deal with. Then they will know what is happening with the type of patients. Mostly these people are from prisons. They are not the same as those involuntary patients who come straight from homes".* **Participant no.5.**

"there are procedures that must be followed and the process is simple. Even here I could say as early as yesterday when looking at the urgency of the matter. Like when we are short-staffed, imagine the hospital has roughly 11 wards, so in each and every ward you find that for example Unit A there are 41 to 43 patients. You are alone, you have three wards, you have to see all those patients. By law even if you are seeing six patients, looking at the burden, you will not produce quality. When you are not providing quality, your patients will not be fully rehabilitated. When patients are not fully rehabilitated, safety is compromised". **Participant no.17.**

This has been confirmed by MacLennan (2020) that the Eastern Cape Department of Health has affirmed that filling of posts in Fort England is posing a challenge. The posts of retired staff were not filled yet and the exodus of staff continued. This has led to the dire shortage that is experienced in a forensic ward.

The shortage of staff has been a factor in the maintenance of safety of staff members because they were made to move from one ward to the other in an endeavor to ensure that a minimum number of staff members is maintained in the ward as reported by Oates *et al* 2020. It was further found that high security forensic psychiatric wards of England experienced more incidences inflicted on staff members because they are unable to protect themselves from aggressive patients. According to Emmett (2021) it was found that that shortage of staff was evident in all facilities including new ones that were visited by the commission.

Contrary to the above, in a study by Doctrat, Besada, Cleary, David and Lund (2019) regarding mental health costs resources and restraint in South Africa, it was found that there is good coverage of nurses with 80 per 100 000 registered professional nurses and 27 specialist nurses. The study also revealed that the data above is representative of all nurses including those who are not trained in psychiatry.

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Subtheme 2: Material resources

Participants have verbalized that there is a shortage of equipment to keep them safe while executing their duties. Shortage of equipment like cameras, a monitor at the nurses station, two way mirror, panic buttons and shackles for extreme cases, hinders the smooth *running of the ward.*

"Every day we and security come on duty, they check them and inform us which cameras are not working. We then report to Risk that a camera is not working, then up to the CEO they come and see. They make a tender or those service providers that will fix them". It means then that we report to Risk office, they will convey to the CEO. Then they will say we need a monitor as they are the ones who come and check everything and are in control of those cameras. ***Participant*** **no 8.**

"Like I say safety from the gate that no camera must be dysfunctional. And we stay servicing our cameras. The security officer at the gate must know the reasons why somebody is entering. He must also check that there is no patient who goes out of that gate without telling him or not written down where he is going. We have the one security officer at the camera monitor, he must always stay there so that he can see all corners of this yard. Another monitor is needed at the nurse's station to assist the one at the is available". ***Participant no 12.***

"Yes, even the pepper sprays if he attacks me in can spray on him. pepper sprays and shackles are needed in this ward". ***Participant no 13.***

"To install CCTV cameras in all places and they are giving us problems because they are not functional. The others could die too if not attended. ***Participant no 11.***

The above quotations were supported by Emmett (2021) that there are mental health institutions with shortage of equipment that are meant to promote safety of staff members. The study conducted by Williams, Knight and Sarfraz, (2023) in an English county has revealed that that there is a shortage of safety equipment for doctors especially those who are working night shifts. The ward was believed to have nonfunctional security cameras and was not well illuminated to enhance their safety. It was also suggested that items like pepper, sprays that could be used to heighten

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safety of staff members must be used with caution and lawfully on agitated patients Wenner, (2019). The sprays must be used as a last resort when all measures have been exhausted to manage the patient. Williams et al (2023), found that doctors have reiterated to have safety buttons that they can use while facing danger in the ward. They also mentioned on call walkie-talkies that are useful to notify other staff members of the possibility or eminent danger in the ward for speedy rescue.

4.4.1.7. THEME 7

Security measures needed for promotion of safety

Three subthemes emerged from this theme. Participants verbalized that they need security measures to promote safety as they are challenged by gaps in their safety. They went further to say if more staff members are employed, more equipment acquired and the structure of the ward was upgraded them safety could be promoted. This is illustrated in table 9.

Table 9: THEME 7

THEME	SUBTHEMES
Security measures needed for promotion of safety	7.1. Employ more staff members
	7.2. Acquire equipment for promotion of safety
	7.3. Upgrade building structure

THEME 7

SUB-THEME 1. Employ more staff members

All participants have indicated that as a security measure more staff must be employed. This is because they said there is a serious shortage of staff. If more staff members (that is nurses, other members of the Multi-Disciplinary Team and security

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officers) are employed they thought that security and safety of staff can be maintained. The following utterances of participants confirms the above:

"When it comes to that, it is the responsibility of the employer. The employer must add security guards and male nurses. When they are many as we are carving for male patients here if the male voice is louder, it becomes a law to that. If there are more male nurses and more security officers and two or three women, it will be very helpful for the male patients that are here". **Participant no 5**

"the allocation of staff according to their skills. You find that in a certain shift there is no one with advanced psychiatric nursing, remember that is a forensic ward. the skills are needed in such a ward". **Participant no 5.**

"*…. if we talk about nurses if we can add more males it will be better*". **Participant no 8.**

"More staff members are needed. if only they can increase the number of staff. we can feel safe because they have installed the burglar proof bars". **Participant no.13.**

"With doctors we cannot say much because if we talk about the number of patients in this hospital and the qualified doctors who are permanently employed, they are only two. Some of them are on contracts waiting for the government to employ them. When I look at this institution, eleven doctors are needed according to the number of patients in the ward. This would be of assistance to the nurses. I think each ward should have a doctor or have two doctors like Units A and B. I think even nurses are short-staffed". **Participant no.16.**

"We have a serious shortage of staff. Even if we tell our superiors to say they must beef up, let us be real. At the nearby district hospital, and regional hospital they do not have enough staff. We are even better because we are having three therapists at this hospital. Like the nearby hospital Tshilidzini there is only one. Maybe if the department can hire more employees like technicians and assistants, this can assist us". **Participant no.17.**

"*The government must employ more staff members, security officers*". **Participant no 9.**

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"Like I have said this ward requires male staff members especially for nurses". "Male staff members are needed even for the level of cleaners, because when I am working with a male person, it is difficult for them to come near me". **Participant no 6.**

They must increase the number of security officers. Those who are getting inside must be six. Just in case one moves somewhere, like the toilet, the area should be covered." ***Participant no 10.***

"*I wish the group could comprise of security officers and that they should be as many as possible. in the nursing side we find that there is a big shortage, and we find that they are only two."* **Participant no 11.**

"*It is the task of risk and hospital management to employ more security officers because they do not fall under nursing. They must be workshopped and be orientated according to the behaviors of patients. So that they know what to do if they see something. They need a workshop on how to communicate with patients because they are not trained to deal with a mentally ill patient. They are trained to provide safety and to protect. So many things are difficult for the as we are working with them. We can see that they are not well orientated on what they are dealing with".* **Participant no 5.**

"It is the employer it means that errr, we report to the nursing manager that we have a shortage of male nurses. The nursing manager will see to it because we are under the nursing manager. The nursing manager and the CEO will see how to arrange that". **Participant no 7.**

The participants have mentioned facts that are supported by incidents that took place in Seattle in the USA that due to shortage of staff, many staff members were attacked by patients leaving them with grievous bodily harm and death of a staff member who was tortured by a patient.as reported by Ballisle in the Business insider (28 August 2018). The report further said another staff member was repeatedly punched on the face and was badly injured on the mouth.

Similarly, the shortage of staff and its dire consequences were reported in Christchurch by Meier, (2021) who stated that some beds in the local hospital could be closed due to the shortage. The management of the Christchurch hospital have

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decided to temporarily close some beds to ensure safety of patients and that of staff members. The staff members were reported to have said that because they are fewer, they could not get enough time to provider care and this to patients staying for longer in the ward.

The shortage of staff was also alluded by William et al (2023) who indicated that in an English county doctors are also exposed to different levels of threats and they believed that they could work better if there are many security officers in the ward. The doctors have said that general security measures in a forensic psychiatric ward is not up to standard.

Unlike other participants, participant no 12 indicated that there are enough security officers to manage the ward as indicated: "*According to me I see that the security officers we have here, at this moment, err are enough because we have security officers let me say we have two in-house security officers and six security officers from an outside contracted company per day. One is posted at the gate, and we feel that we are safe, no one will get out before giving reasons for going out. One security officer is posted at the camera room who monitors all corners. Four security officers assist us during mealtimes, when making beds and giving medications. They are always nearby so that there is some safety that we have".* **Participant no 12.**

According to Barron (2020) in an Independent Forensic mental health review: interim report of the Scottish government it was indicated that staff shortages compromise ward safety. The staff have spoken of being physically and verbally abused on daily basis. The report further indicated that the retention and recruitment of staff is a matter of safety for all in the ward.

Oates*, et al* (2021) indicated that there should be employment of more staff members with good remunerative packages and clear and equitable terms and conditions. This would retain more staff members in a FPW.

SUB-THEME 2. Acquire more equipment for promotion of safety.

Participants echoed that the ward should have window panes that are not easy to break and should be maintained. The broken windowpanes pieces can be used as

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weapons to harm staff members. Acquisition of equipment and maintenance thereof should be prioritized. Physically aggressive patients break CCTV cameras and it takes sometimes for them to be replaced.

"*If the buildings and cameras are improved and they are constantly working, it can help a lot. It can help us as nurses and patients***". Participant no 4.**

"The cameras minimize. They cannot prevent. Sometimes we get a patient maybe smashing windowpanes. And taking pieces, hiding them in his pockets. When the person in the camera room has seen that we get inside, search him, and confiscate the items". **Participant no 5.**

"Actually, as I look at it, there was a problem of delaying, taking a long time before they are attended to. It leaves us unsafe because firstly, we could have placed a patient in the single room, we cannot see if he is safe or not. If it is not attended to, we cannot work well. If it is fixed, we can be able to see all. The one in the camera room can be able to see that the patients are right". **Participant no 7**

"*Provide a camera monitor at the nurses' station".* **Participant no 8.**

"The risk officers are responsible for ensuring that the cameras are always working". **Participant no 12**

"*To install CCTV cameras in all places and they are giving us problems because they are not functional. The others could die too if not attended.* **Participant no 11**

"I think the person responsible is our senior the CEO. He should see this and write to the province and indicate the changes needed. I think it would work". **Participant no 12.**

SUB-THEME 3. Upgrade the building structure

The ward structure is said to be unsafe due to small passages and some open spaces where staff members operate. Initially all the window panes were shatterproof, but when state patients break them they are replaced by ordinary domestic ones.

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"Yes the building itself is made in such a manner that delays reaching patients. There are so many corners and when we are at the nurses station we do not see patients". **Participant no 5.**

"We *have windowpanes that can break, and we would want the shatterproof ones***". Participant no 8.**

"*It is not safe to that extent because there are broken windowpanes***". Participant no 9.**

"*Yes, the building is not suitable for giving medication, even when the doctors want to consult the patient, there are no suitable consulting rooms to work well without the disturbances. You find a patient peeping to see another with a doctor. I think the building has failed".* **Participant no 12.**

"I am not free at the Forensic ward. The office is sort of hidden in the corridor, it is in the dark and I do not feel free inside. You feel that something can happen and secondly, the widow faces where patients are gathering. When I am busy working, I must not open the window, patients come and shout through the window and make mention of his problems and it disturbs me". **Participant no 15**

The statements by participants are supported by a report mentioned by Meier (2021) to say that violent attacks on staff members were made worse in forensic wards due to outdated ward design and lack of space**.** The wards are said to be having corners and hidden spaces in the passages. The CCTV cameras that are installed should be kept in good working conditions Docrat, Besada, Cleary, Daviadu, and Lund, (2019). Maintenance of equipment is of importance to ensure staff safety.

4.5. Conclusion

Majority of participants have indicated that patients admitted in a forensic psychiatric ward are dangerous and are difficult to manage. The patients are unstable, unpredictable, they are physically and verbally aggressive because of their mental conditions. Some of them committed horrendous crimes while in the community

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putting them against the law and they appeared before the courts of the country. Incidences of staff members attacked by patients still occurs in the ward.

Considering the above, participants indicated that they feel unsafe in the ward. They verbalized that they are short staffed, in terms of all professionals especially male nurses and security officers. They cannot have effective teamwork when they are just a few in the ward. Participants articulated that there is shortage of resources like shackles, pepper spray and functional cameras. The ward environment is said to be unsafe to work in. The building is small, old and has many corners posing a danger to staff members.

Participants expressed the need for more staff members to be employed for the forensic psychiatric ward. Participants voiced the need to acquire more equipment geared at ensuring their safety like panic buttons, more CCTV cameras or monitors in the duty room. It was indicated that if the building was to be upgraded, the safety of staff members could be promoted. The need for a secure ward is said to be of importance for reduction of incidences like assault insult, killing, kicking, slapping sexual harassment, pushing, breaking window panes, malicious damage to properties suicide and patient abscondment.

4.6. CHAPTER SUMMARY

This chapter presented the results of the study. Themes and subthemes that emerged from the data were analyzed and discussed. The findings were supported by relevant literature. The next chapter 5 will discuss the development of strategies in detail.

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CHAPTER 5

DEVELOPMENT OF STRATEGIES

5.1. INTRODUCTION.

The previous chapter, that is chapter 4 focused on the findings of phase one that will guide phase two which is the development of strategies to promote safety of staff members in a selected forensic psychiatric ward. The six elements of practice theory as outlined by Dickoff et al (1968) SWOT and BOEM will inform the development of strategies and will be discussed underneath.

5.2. THEORETICAL FRAMEWORK FOR THE DEVELOPMENT OF STRATEGIES

Objective no 3 is for the development of strategies to promote safety of staff members in the selected FPW. The theoretical framework for the development of strategies was outlined through the six elements of practice theory as outlined by Dickoff et al (1968). They are agents, recipients, dynamics, process and outcomes. The elements are discussed as follows:

5.2.1. Context

The context is viewed from the aspect of the matrix of activity; it is seen in relation to other things, including persons and other activities, and to see the interrelation of these other factors as constituting an organism, unity, or total context of activity (Dickoff et al, 1968). Furthermore, the 'context' is referred to as the setting, location, the physical structure of ward or unit, hospital, or medical center, time, space, or structure that constitute different elements of the situation in which the activity occurs (Dickoff et al, 1968).' The context in which the strategies will be implemented is the Department of Health Limpopo Province, Vhembe district, Thulamela municipality, at a Selected Forensic Psychiatric Ward, where staff members are employed as depicted in figure 4.1. This is a forensic psychiatric ward where male patients who have offended due to their mental illness are admitted for care, treatment and rehabilitation. These patients

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appeared in the courts of law and they were found to be unable to stand trials or could not appreciate the wrongfulness of their behavior at the time of committing crimes. The patients are admitted according to the Mental Health Care Act no 17 of 2002. This is a highly secured area in terms of the structure. Accessibility is limited and a thorough search of people entering the premises is done. There are cameras that monitors the movement and activities that take place in and outside the ward premises. The movement of patients takes place under the stringent observation of staff members.



Figure 1. Context

5.2.2. Agents

An agent is any person whose activity leads to the realization of the goal (Dickoff et al 1968). Findings revealed that **Department of Health, Executive management**, **Operational manager and Risk officers** are the agents whose activities are geared towards the realization of safety of staff members. The agent includes Department of Health, Hospital Executive Management and Risk officials as discussed below. Figure 4.2 depicts the agents whose activities are aimed at promoting safety of staff members in a selected forensic psychiatric ward.

The Department of Health in Limpopo Province is responsible for providing the budget for hiring staff members to combat the shortage that has been expresses by participants. Furthermore, the department is still in control of all facilities in the province and therefore has the authority to advertise the post as motivated by the people in charge of the hospital. The budget is centralised in the Department and as such provision and maintenance of equipment is in their hands.

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The **Executive Management** of the hospital as lead by the **Chief Executive officer** is mandated to overseeing all activities within the institution. The responsibility for writing requests and motivations to support for additional staff members lies within their scope. They are the ones who can convey challenges experienced by staff members to the Provincial Department of Health and state the reasons for requesting more staff members and equipment. They can state the number and categories of staff members required and quantities and specifications of equipment including the services thereof. The executive management can also estimate the cost of the required items and suggest other means of containing the allocated budget.

The Operational manager

In this selected forensic ward, an operational manager oversees all activities that takes place in the ward. He or she is the team leader, plays an important role in ensuring that team members do their work in a manner that supports reintegration of patients into their communities. The operational manager is the first one who will blow a whistle regarding anything that needs the attention of the CEO, Risk manager, the Infrastructure manager or the Executive management. The operational manager writes memos and motivations to request for resources, be they material or human. They ensure that all processes are in place in such a manner that everybody knows the rules and regulations that must be followed when dealing with different activities.



Figure 2. Agents

5.2.3. Recipients

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Who or what is the recipient of the activity? Recipients are all those persons who receive action from agents and benefit from the activity (Dickoff et al, 1968).

Staff members

In this forensic psychiatric ward, there are different categories of staff members who are due to benefit from the implementation of strategies to promote their safety. All staff members operate in the premises of the FPW. As this is a specialized ward for the state patients, there are different activities that need to be performed by experts in their fields of performance. The staff members include non- clinical staff like the cleaners and security officers. The Multi-Disciplinary team is responsible for the provision of patient care, treatment and rehabilitation of forensic patients. Nurses in their different categories are responsible for the provision of nursing care. Social workers form a bridge between patients and families, relatives and communities that are responsible for the social life of patients. Doctors are responsible for maintenance of the medical aspects of patients. The Occupational Therapist takes charge of rehabilitation of patients. Security officers are responsible for the maintenance of safety and security for staff members, patients, service providers, visitors and other stakeholders. Cleaners maintain cleanliness and hygienic conditions of the ward including their role in Infection Prevention and control.

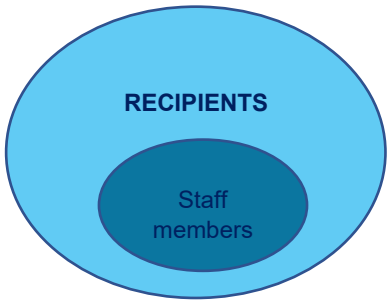


Figure 3. Recipients

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5.2.4. Dynamics

What is the energy source of the activity? Dynamics involve the power sources for that activity. These are the energy sources that motivate agents to pursue their activity without getting discouraged (Dickoff et al, 1968). During in-depth individual interviews the participants said that they can be supported in promotion of safety if there is continuous engagement and interaction between the management and the staff members. They indicated that they need to communicate through meetings, memos, circulars and telephone. Staff members need to communicate among themselves and escalate those that need management attention to the relevant level through the operational manager. This study revealed that the dynamics are as follows: Commitment and consistency, Information sharing, Supportive interaction and Effective communication.

Commitment and consistency

The CEO and the operational manager should be committed in ensuring that all processes regarding safety of staff members are in place. This is a way of inspiring and motivating each other. The staff members should be able to be committed in implementing the developed strategies and to implement them consistently to promote their safety in the ward. It is in the interest of staff safety that all staff members be engaged and involved in implementing strategies that are aimed at promoting staff safety. The implementation of strategies to promote safety of staff members has to be a culture of the ward and be carried forward to the future and can be modified when necessary.

Information sharing

Staff members should be able to make a way for sharing information regarding their safety in the ward. It is a way that can be used to by staff members to exchange work

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related activities and developments with each other regarding staff safety of all. This activity will benefit all staff members and documentation of such is crucial for future references.

Supportive interaction

The agents should instill confidence to staff members that they should feel valued, respected and cared for when their safety in the ward is promoted. The staff members should be able to trust and support each other when they are uncertain about the implementation of the strategies to promote safety on the forensic ward. If the strategies are implemented consistently, the staff members will be empowered to work well autonomously with little guidance and they should feel safe in the forensic ward.

Effective communication

Effective communication should find its way from top to bottom and bottom to top. Staff members should always feel free to effectively communicate their views with agents and the agents as well communicates with the staff members. Communication can take the form of verbal, nonverbal or visual to enhance the implementation of the strategies to promote safety in the forensic ward. Staff members should adopt assertive communication can be able to share opinions, ideas and dissatisfactions with each other and their leaders so that safety in the ward can be consistently maintained.

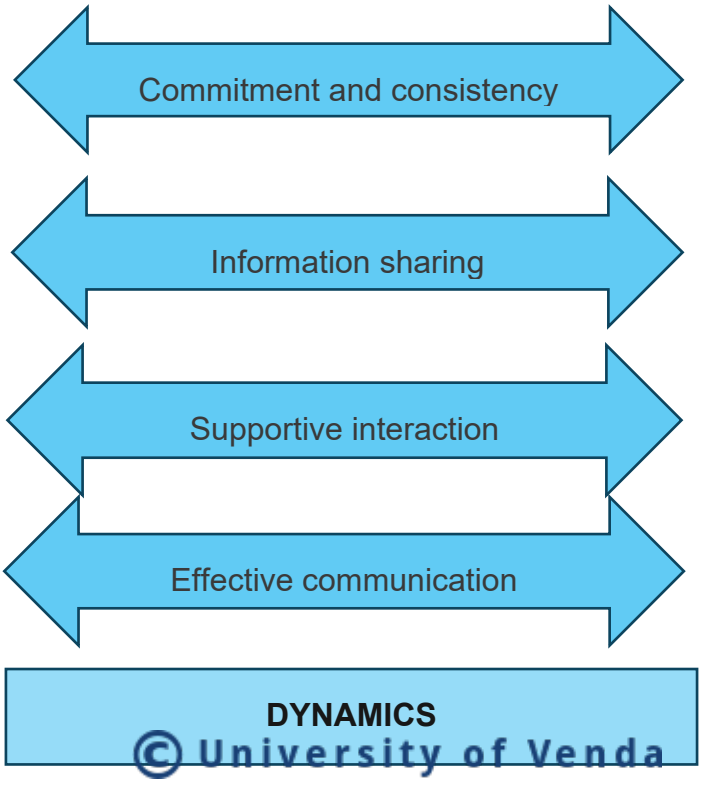


Figure 4. Dynamics

5.2.5. Procedure

Participants have indicated that the responsible officials should follow the procedure for acquiring new staff members and also equipment or service needed to promote safety in the FPW. Executive management led by the CEO, members of the multidisciplinary team and security officers have a role and responsibility to ensure that staff members are safe.

Write memos

Memos are used in the ward to inform stakeholders about requests and have an element of persuading or influencing the leaders to take action. This is an action that is done from the ward to ensure that all activities that are aimed at promoting staff safety are done on time. The Multi-Disciplinary Team in the ward should be able to reach consensus and submit memos of what they think can be done by decision makers to ensure their safety while executing their different duties in the forensic ward. Memos are kept for references and follow ups by staff members when their requests were not executed.

Compile motivations

Motivations for goods and services are compiled from the ward to give the important meanings of the requests that are made regarding items that are needed or other services meant to promote safety of staff members. Staff members should know the goals that they want to achieve including those who are the beneficiaries of the needed services. Motivations should include the gaps that can emerge when the services are not rendered

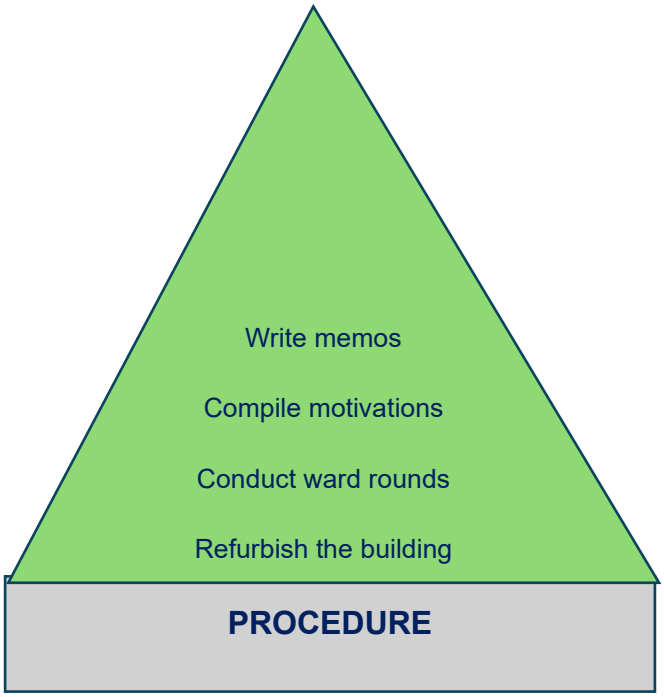
Conduct ward rounds

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When the ward manager conducts ward round he or she gets an opportunity to identify staff safety gaps and be able to plan on how to overcome them. It gives the leaders chances to communicate with staff members on the ground regarding their safety and to clear out misunderstandings that staff members may have. It is a clear opportunity for leader to communicate issues of concern regarding safety of staff members. Some incidences that relate directly to staff safety can be prevented or eliminated by providing resources that are requested by staff members.

Refurbish the building

It is important that the authorities provide an environment that is safe to work in. Staff members are unable to render patient care in the forensic psychiatric ward when their lives are in danger. The building should be structured in a way that is open and allows staff members to clearly observe patients thereby providing safety of those who care for them. Staff members have the right to be protected from harm and injuries, and it is the responsibility of the leaders to provide such safety measures like the structure that need to be enlarged or modified for the care of forensic patients.



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Figure 5. Procedure

5.2.6. Outcome

The purpose of this study is to develop strategies to promote safety of staff members in a forensic psychiatric ward. The outcome regarding the elements of context, agents and recipients is that the safety of staff members in a forensic psychiatric ward is promoted after the implementation of all procedures.



Figure 6. Outcomes

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Table 10. DICKOFF MATRIX

Six elements of Dickoff	Actions
Context	Vhembe District, Thulamela Municipality, selected Forensic Psychiatric ward
Agents	-Department of Health Limpopo province -Executive management lead by the CEO -Operational manager
Recipients	-Mental health practitioners/ staff members
Procedure	-Write memos -Compile motivations -Conduct ward rounds -Refurbish the building
Dynamics	-Commitment and consistency -Information sharing -Supportive interaction -Effective communication
Outcome	Promoted safety of staff members

5.3 SWOT ANALYSIS APPROACH

The strategies were developed through the SWOT analysis approach to pinpoint the strengths, weaknesses, opportunities and threats that have a bearing in promotion of safety of staff members in a selected forensic psychiatric ward. SWOT analysis is described by Bezuidenhout (2014) as a structured process of analysis that identifies the strengths, weaknesses, opportunities and threats and evaluates them. During

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SWOT analysis the six elements of practice as outlined by Dickoff (1968) that is context, agents, recipients, dynamics, procedure and outcomes were applied.

5.4. APPROACH USED TO DEVELOP STRATEGIES

This segment of the study pays attention to the development of strategies to promote safety of staff members in a selected Forensic Psychiatric ward in Limpopo Province. SWOT analysis was used to identify strengths, weaknesses, opportunities and threats of an organisation which is the FPW, that have a bearing on the promotion of safety for staff members. While using SWOT analysis, the six elements of Dickoff et al were taken into consideration.

5.5. FACTORS INVOLVED IN SWOT ANALYSIS

The internal (strengths and weaknesses) and external factors (opportunities and threats) within SWOT analysis are of importance as they can positively and negatively influence the promotion of safety of staff members in a selected forensic ward**.** The SWOT analysis was done by the researcher during data collection in individual in-depth interviews. After analyzing the information supplied by participants, the strength, weaknesses, opportunities and threats that are found in the FPW were derived.

5.5.1. Internal factors: Strengths and weaknesses

Strengths and weaknesses are internal factors will focus on human resources, competencies, financial costs and services have emerged from this study.

5.5.1.1. Human resources

Strengths.

The strengths were derived from the setting where the FPW was profiled with the human resources that is allocated. The results of this study indicated that there is dedicated staff that is allocated on yearly basis in the selected forensic psychiatric ward. Some of the nurses and security officers are allocated on permanent basis. This is done to orientate new staff members who are allocated on rotational basis. There is a full complement of the Multidisciplinary team (MDT) that is nurses, Doctors, Social

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worker, Occupational therapist, Psychologist and Physiotherapist. The members of the MDT who are recipients are experts in their fields of operation.

The FPW operates on 24-hour basis catering for male psychiatric patients. The operational manager is in charge of the ward and oversees all activities taking place in the ward. Each shift is led by a trained professional nurse who ensures that patients receive quality care, treatment and rehabilitation as set out in the Mental Health Care Act no 17 of 2002. Team work in this ward was mentioned as a factor that contributes to some form of maintaining unity in the ward.

Weaknesses

The ward is small, old and dilapidated. It is not safe to work in considering the dangerousness of the patients who are admitted. The patients are many and they need more staff members to care for them. This study has revealed that there is a shortage of all categories of staff members. Furthermore, the study revealed that more nurses, especially males, should be allocated in the ward because patients admitted there are all males, very dangerous, high risk and psychotic. Social workers also indicated that their staff complement is insufficient to cater for all social challenges faced by patients. The security officers are short-staffed to such an extent that not all strategic points are covered. Security officers do not get danger allowance and uniform (to identify them) like other staff members.

5.5.1.2. Competencies

Strengths

In this study, competencies are dynamics as identified by participants which are commitment and consistency, information sharing, supportive interaction and effective communication. Staff members are competent in sharing information with each other regarding the progress and conditions of patients. There is supportive interaction among staff members and team work is enforced so that patients are managed in a holistic manner. Nevertheless, staff members have indicated that they need training on issues like self-defense and handling of aggressive patients.

Weaknesses

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The results of the study revealed that there is a shortage of staff members especially male nurses and security officers leaving them to work in unsafe conditions. The available staff complement is getting it hard to cope with the demands of the FPW.

5.5.1.3. Financial costs

Strengths

The department of health allocates funds to run the hospital including the wards. The availability of a selected forensic ward that is under the Department of Health implies that the ward is taken into consideration when budgets are allocated in mental health. The services rendered in this ward are free for all community members and the ward is staffed with competent professionals.

Weaknesses

However, the allocated budget is not enough to cater for all the services that are required in this forensic psychiatric ward. Employment of more staff members and acquisition of material resources is still posing challenges because of lack of budget. There is still prejudice and stigma about mental illness and this service is neglected in terms of budget allocation. The study has revealed that the ward is small, old, dilapidated and does not provide safety for staff members. The budget for maintenance is centralized at the District and Provincial office and this delays the process of acquisition of physical material, maintenance and servicing of available resources. There is shortage of staff members in the forensic psychiatric ward, therefore more staff members should be employed and resources for promotion of safety be procured.

5.5.1.4. Services

Availability

Strengths

The ultimate goal of the forensic psychiatric ward is to rehabilitate patients and get them reintegrated into their communities. The MDT provide specialized and expert

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care for different types of forensic patients like the Observations, State patients and others referred by the courts of law. The availability of different services in the ward pave way for proper and holistic rehabilitation of these forensic psychiatric patients to take place. The services are offered by the MDT which are Medical, Clinical Psychology, Social Work, Occupational Therapy, Physiotherapy and Nursing services. The experts in the Nursing division, Medical, Social workers and Occupational Therapy provide services that are specifically essential and directed to forensic psychiatric patients to stabilize them as a way of minimizing aggression towards staff members.

Weaknesses

However, the availability of services depends directly on the staff complement of the ward. This study revealed that the ward is short-staffed of different professionals who are the core service givers. The absence of these professionals negatively affects the quality of service that can be expected for the forensic psychiatric patients and thereby jeopardizes the safety of staff members.

Accessibility.

Strengths

The service is accessible to all community members who are entitled and as such it is the forensic psychiatric patients referred by the courts of law through prescripts of the Mental Health Act no 17 of 2002 and Criminal Procedure Act no 51 of 1977. In spite of the gruesome crimes that the patients have committed, the services are rendered remain free of charge and with no discrimination.

Weaknesses

This study has revealed that CCTV cameras are not functional every day and it takes time that they can get services, leaving the affected arears unmonitored and this is unsafe to staff members.

Acceptability

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Strengths

The services rendered in this ward is acceptable to state patients who need this specialized care so that they can be rehabilitated by the available staff members.

Weaknesses

This study has revealed that staff members are scared of the patients. Though the service is acceptable, it also deters some staff members to have an interest for working in the dangerous forensic psychiatric ward. Some patients have been rejected by their relatives who neither visit nor take them home when they are discharged or given Leave of absence.

5.5.2. External factors: Opportunities and threats

In this study external factors are those forces that operate outside the provision of forensic psychiatric services. The external factors include opportunities and threats which negatively affects the provided service in the facility (Bezuidenhout, 2014). Opportunities are characteristics that can benefit the institution and are useful in the implementation of strategies to promote safety of staff members in a selected forensic psychiatric ward. The external factors referred to include political, economic, socio-cultural, environment and law and are discussed below. **PESTLE (**Bush 2016**)** is an acronym that stands for six external factors referred above: (P for **Political**, E for **Economic**, S for **Socio cultural**, T for T**echnological**, L for **Law** and E for **Environment**) that affect an organization and they are out of control of the organization. **PESTLE** assist in identifying how the opportunities and threats will impact on the promotion of safety of staff members in this selected forensic psychiatric ward. **PESTLE** gives a broad overview of the SWOT analysis and interprets the results of these findings to determine all factors that impact on the promotion of safety of staff members in a selected forensic psychiatric ward.

5.5.2.1. Political factors

They refer to the government authority, powers, authority, policies that are enshrined in the constitution of the country (Booyens et al, 2013). The Department of Health has created policies that centralizes the budget at the provincial office. This The

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appointment of staff, procurement and servicing processes of some equipment are centralized at the provincial level. Policies, guidelines and procedures are there to guide officials on how things should be done. In this study it is the appointment of more staff members to promote safety in the FPW is a function that is centralized at the provincial office.

The centralization of departmental activities is a threat as it delays the process of acquiring items that are urgently needed because of the lengthy routes that are prescribed by the department. In the Republic of South Africa, the political system has an impact on how the public institutions are run and managed. The institutions for mental health are also managed through regulations, laws and acts that are promulgated politically. Patients admitted in this forensic psychiatric ward have been declared mentally ill and there are factors that are considered to cause mental illness. Patients who are admitted have the right to be visited and the public also have rights to visit patients who are admitted. In the process of protecting those rights some illicit drugs and weapons can be smuggled into the ward thereby making staff members to be more unsafe.

5.5.2.2. Economic factors

These have influence on the promotion of safety for staff members in the sense that it involves finances to provide for quality and quantity of service. Economic factors have a direct effect on the promotion of safety of staff members in a selected forensic psychiatric ward.

5.5.2.3. Sociocultural factors

They influence the health of a person through their lifestyle, education, attitudes and effects of culture. The multidisciplinary team members have a duty to render rehabilitation, care and treatment to MHCUs in the FPW.

5.5.2.4. Technology

This has to do with the developments and advancements in modern medicine through the use of newly designed technological equipment (Buzeidenhout, 2014). This important feature has its challenges as the cameras in the FPW are not functional all the times. This can lead to harmful incidences happening without the notice of staff

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members. The study also revealed that there is a need for a monitor to be placed in the duty room for staff members to be alerted while in their working station. It was also made mention of the use of telephone to communicate between the staff members or between the ward and service providers. Sometimes the cameras are smashed down by patients when they relapse and become physically aggressive. In addition to this, the patients who are admitted for this service are dangerous, psychotic, have committed crimes and a possibility of committing more crimes is still there due to their mental conditions.

Technological equipment in the selected forensic psychiatric ward are installed to enhance service delivery for the patients admitted in the ward and safety for state patients and staff members. The availability of CCTV cameras in the ward helps in monitoring behaviours of the high risk patients like those who are aggressive, suicidal or aggressive in the ward so that proper safety promotion measures can be taken to protect staff members and patients in the ward. While in the process of promotion of safety for staff members, landline phones can be used to report some dysfunctional equipment and services that require urgent attention. This technological equipment are vital for conveying messages to stakeholders who provide safety promotion services to staff members timeously. The use of emails to convey motivations and requests for services is vital so that measures to promote safety can be implanted on time.

5.5.2.5. Laws

Mental health care is regulated by different laws of the Republic of South Africa. The admission, care, treatment, rehabilitation and discharge of the patients who have offended is done strictly in compliance with the Mental Health Care Act no 17 of 2002, the Criminal Procedure Act no 51 of 2005. These laws protect the members of public who are consumers of the public services. The laws prescribe that all mental health care uses must receive the same standard of care, treatment and rehabilitation services. These laws are vital, relevant and important for the provision of mental health services. In spite of the laws and regulations implemented in the care of patients, staff members remain unsafe due to the incidences of aggression directed on them. Staff members are afraid of these patients who have been legally referred by the courts of law of this country because of their mental conditions.

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According to Bathopele Principles, every citizen has the right to access public services without hindrances or discrimination. The Mental Health Care Act 17 of 2002 (South Africa), protects the rights of mentally ill people and make provisions for their care treatment and rehabilitation. The Criminal Procedure Act no 51 of 1977 provides for the management of offenders who have committed crimes while they were mentally ill or cannot appreciate the wrongfulness of their acts on the time of committing crimes. The Occupational Health and Safety Act no 107 of 2004 (South Africa) provides and emphasizes that the safety of workers is of paramount importance when they are rendering services to the public. The Nursing Act no 33 of 2005 regulates the Nursing profession in the interest of the public, as nurses are part of staff members rendering service in this ward to ensure that sound and effective level of nursing care is implemented.

5.5.2.6. Environmental factors

These refers to general factors that affect an organization (Bush:2016). Factors affecting the provision of service in this forensic psychiatric ward mentioned in this study are the structure of this ward. The ward is said to be old and small for the number of patients nursed in, not suitable for the purpose of housing offenders and at needs to be upgraded and enlarged. It was also mentioned that it does not provide total safety for staff members because of the inside design that may occlude one from seeing everything. The bushy surrounding around the ward can aid a patient who wants to hide or abscond and thereby making the safety of staff members is jeopardized. Factors that are rooted on the infrastructure have a negative and positive impact on the promotion of safety of staff. Poorly planned buildings have been linked with issues that do not provide safety for staff members. The ward is sometimes overcrowded with dangerous patients who can inflict harm to other patients, themselves and staff members. It has been mentioned that the building needs to be enlarged to accommodate safely the patients who are aggressive to staff members. The study indicated that there are burglar proof bars at the entrance of the unit and it provides some limited safety for staff members. More burglar proof bars are needed in the duty room to provide safety for staff members when interviewing patients.

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5.6. SWOT ANALYSIS MATRIX

The above discussions describe the results yielded by the study and a SWOT matrix was then produced. The matrix displays the internal and external factors that affect the promotion of safety for staff members in a forensic psychiatric ward. The SWOT analysis results emanating from the study and outlined in the discussion above are summarized in Table 5.1.

Table 11. SWOT analysis matrix

	STRENGTHS	**WEAKNESSES**
INTERNAL FACTORS	• The CEO is the accounting officer of the hospital and is in charge of all activities taking place. • The ward for forensic patients operates on 24-hour basis. • There are trained professionals allocated in the ward. • The ward is led by an operational manager who is in charge of all activities in the unit. • Meetings are held on daily basis for staff members to update each other • There are security officers posted in the ward. • CCTV cameras are installed in the ward. • Risk and Security officials are available to monitor the cameras. • Service providers are summoned to service and repair any equipment in the ward.	• Shortage of doctors, social workers • Shortage of male nurses and security officers. • Inadequate budget for the ward • The ward is old, small for the patients. • Cameras are not always functional. • There is no monitor at the duty office. • Unavailability of one-way mirror • Self-defence classes are nt available.
	OPPORTUNITIES	**THREATS**

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EXTERNAL FACTORRS	• Professional nurses are available in the ward. • There are acts rules, regulations and policies that govern provision of forensic psychiatric services. • There is a budget allocated for the hospital.	• Insufficient budget for the running of the ward. • Inadequate orientation of nonprofessional staff on forensic patients. • The ward is small and old • Inadequate equipment for promotion of safety.

5.7. BOEM ACTION PLAN

The information from SWOT matrix was used in the action plan of BOEM. BOEM is an acronym named as follows: **B** for building on strengths, **O** for overcoming weaknesses **E** for exploring opportunities and **M** for minimizing threats. (Pearce, 2010)

Table 12. BOEM action plan

	STRENGTHS	**BUILDING ON STRENGTHS**
INTERNAL FACTORS	**HUMAN RESOURCES AGENTS**	**ACTIONS**
	There is a CEO who is an accounting officer of the hospital	• The CEO should compile motivations for employment of more staff members. • The CEO should motivate for more budget to procure, service and repair equipment. • CEO should motivate for refurbishing the building. • CEO should liaise with other stakeholders like the

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		Provincial and District offices. • CEO should facilitate counselling services because staff members are affected by incidences taking place in the ward.
	COMPETENCIES DYNAMICS	**ACTIONS**
	Professionals in the ward are trained in caring psychiatric patients	• Professionals should orientate newly appointed staff members. • The Operational manager should organise for self-defense classes to be offered for staff members. • Professionals should in-service staff members who are not trained to care for psychiatric patients.
	FINANCIAL COSTS	**ACTIONS**
	The availability of budget allocated to run the ward	• The Operational manager should make inputs on the procurement of panic safety buttons. • The CEO should ensure that CCTV cameras are fully functioning and are

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		installed in strategic points.
	SERVICE PROCESSES	**ACTIONS**
	Accessibility	
	The ward is accessible for all patients who meet the criteria to be admitted	• The hospital management should make available the relevant professionals and other support staff to render care for patients. • The CEO should ensure that all shifts are covered by professional nurses especially males.
	Acceptability	
	The safety standards for staff members should be acceptable	• Operational manager should allocate reasonable number of staff members to ensure that their safety is promoted. • The Risk officials should post the available security officers on strategic points.
		• The CEO should ensure that security measures are in place to promote safety of staff members.

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	WEAKNESSES	**OVERCOMING WEAKNESSES**
INTERNAL FACTORS	**HUMAN RESOURCES AGENTS**	**ACTIONS**
	• Shortage of male nurses, doctors, social workers, other MDT members and security officers	• Only a minimal and manageable number of patients should be taken when therapeutic activities are conducted.
	COMPETENCIES DYNAMICS	**ACTIONS**
	Lack of self-defense classes.	• The CEO should make sure that self-defense classes are provided for staff members.
	FINANCIAL COSTS	**ACTIONS**
	• Cameras are not always functional. • A monitor is needed at the duty office.	• A sufficient budget to be allocated for purchase essential safety and security equipment.
	SERVICE PROCESSES	**ACTIONS**
	Accessibility	

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	• Staff members are scared of patients and some lose interest in working in the forensic psychiatric ward	• Staff members should work as a team to promote their safety.
	Availability	
	• Unavailability of adequate staff members to care for forensic patients	• The available MDT members should ensure that treatment protocols are followed to care, treat and rehabilitate patients.
	Acceptability	
	The forensic psychiatric ward admits patients who are dangerous and aggressive.	• In-service training on handling of aggressive patients should be regularly conducted.

	OPPORTUNITIES	**EXPLORING OPPORTUNITIES**
	TECHNOLOGICAL	
	Availability of CCTV cameras	Team work and constant monitoring is emphasized between the security officers and all other team members
	LAW	

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	There are acts rules, regulations and policies that govern provision of forensic psychiatric services.	Staff members should be conversant with the prescripts of the law and impart knowledge to newly qualified or allocated staff members.
	ENVIRONMENTAL CONTEXT	
	Newly allocated staff members are orientated on the surrounding	The Operational manager should use the orientation program consistently.

	THREATS	**MINIMISING THREATS**
	ECONOMIC	
	Insufficient budget for the running of the ward.	CEO should continue to motivate staff to utilize the available resources.
	TECHNOLOGICAL	
	Inadequate equipment for provision of safety	All equipment should be reported on time for malfunctioning so that they be services or repaired.
	ENVIRONMENTAL CONTEXT	

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	The ward structure is old and small.	The ward need to be refurbished and more space added to allow for safety of staff members

5.8. DEVELOPMENT OF STRATEGIES

In the SWOT analysis outlined the strengths, weaknesses, opportunities and threats for promotion of safety for staff members in the selected forensic psychiatric ward. Information gathered from SWOT matrix was used to develop the strategies to promote safety of staff members in a forensic psychiatric ward (Guillory& Galindo, 1995). The action plan of the building on strengths, overcome weaknesses, explore opportunities and minimize threats (BOEM) as outlined in Pearce (2010) was used in the process of development of strategies to promote safety of staff members in a selected forensic psychiatric ward.

Table 13. Developed strategies to promote safety of staff members in a selected forensic psychiatric ward, Limpopo Province

KEY POINTS	THEMES	STRATEGIES
Mental Health Care User factors	**Mental Health Care Users are aggressive**	*The following should be done: by* • *Doctors:* Admit only a specified number of MHCU for the ward • Maintenance staff: Install burglar proof bars to separate MHCU from staff members • Multidisciplinary team: separate MHCUs who are physically aggressive should from the stable

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		ones or those who have responded well to treatment.
	Mental Health Care Users behaviour	*The following should be done by Health Care workers* • Constant monitoring through CCTV cameras. • Only a manageable number of patients to be taken for therapeutic activities. • Take only those patients who are not psychotic and who have responded well to medications.
	Criminal history of patients	**Health Care Workers should:** • All MHCUs and visitors should be searched on entry in the gate. • All patients should have bodily checks, their belongings and dormitories checked on weekly basis by male staff members. • Use appropriate constraining measures when dealing with state patients by the SAPS. • Report all incidents to the Review Board.
Forensic ward factors	**Environmental factors**	*The following should be done:* • Psychiatrist: Conduct ward rounds on daily basis and when necessary

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		• Maintenance staff: Refurbish/expand the building and • Replace broken shatterproof window panes with ones of the same ones of original material.
Staff factors	**Effective teamwork**	*The Operational manager should do the following* • Closely monitor and assess newly admitted patients for signs of aggression before placing them in dormitories. If they are aggressive, they must be placed in a prescribed single or seclusion room. They can be sedated to protect themselves and others. • Allocate as far as possible more male nurses during annual reshuffle of nurses, dependent on the staff complement. • In-service training on management of an aggressive patient should be conducted to staff members. • Staff members should get individual counselling and debriefing sessions after an adverse event. • Staff members should undergo self-defense classes to protect themselves when attacked by aggressive patients. • Persuade staff to have effective and efficient teamwork

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Departmental factors	**Insufficient resources**	*The Department of Health officials (District and Province)* • Employ more nurses, security officers, Medical and Allied staff. • Provide one-way mirror, panic buttons, cameras, and an extra monitor at the duty room. • Install more CCTV cameras • Service and repair all CCTV cameras timeously.

5.9. CHAPTER SUMMARY

This chapter dealt with the development of strategies. SWOT analysis was used to identify internal factors which are strengths and weaknesses that may influence the implementation of strategies to promote safety of staff members. On the other hand, PESTLE analysis was used to identify external factors that may influence the strategies to promote safety of staff members through opportunities and threats. Dickoff's six elements were infused into the results and strategy discussions. The action plan was formulated by building on strengths, overcoming weaknesses, exploring opportunities, and minimizing threats (BOEM) to develop strategies that will promote the safety of staff members. The following chapter presents the validation of the developed strategy.

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CHAPTER 6

VALIDATION OF STRATEGIES

6.1. INTRODUCTION

This chapter focuses on validating the strategies as informed by Chinn and Kramer (2013). To make sure this study was credible and trustworthy, multiple validators were consulted in a triangulation process. Additionally, the purpose of the validation sessions was to improve the quality and richness of the study findings. In addition, the selection of the strategy validation criteria was made possible by their empirical evidence.

6.2. METHODOLOGY FOR STRATEGY VALIDATION

The setting

The meetings for validation of the strategies were held physically at the University of Venda library hall as well as virtually with the same validators. The setting was the University of Venda and this was made possible by the assistance of the promoters of this study. The Microsoft team virtual meeting was also made possible by the promoters. The other validation meeting was held with eight staff members in the selected FPW.

Population of validators

The population of the validators were health professionals and lecturers who are research experts, academics and who are with rich background and expertise in mental health issues as presented in Table 14. The other population of validators were staff members in the FPW.

Recruitment of validators

Recruitment for the validators was done with the aid of the promoters of this study. All validators agreed voluntarily to be part of the validation sessions.

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Sampling of validators

Nine validators who met the inclusion criteria were purposively sampled. They were sampled because they are experts in research and expertise in mental health as supported by Chinn and Kramer (2013). They are experienced professionals, some are lecturers and others are placed in areas of mental health and as such they have expert knowledge in research and mental health.

Data collection

Data was generated through discussions after presentations of the strategies in three sessions. Prepared slides of the developed strategies were presented by the researcher and the validators critiqued the presentation.

6.3. PROFILE OF VALIDATORS

Table 14. The profile of validators.

NO	GENDER	DESIGNATION	AREA OF FUNCTIONING
UNIVERSITY OF VENDA			
1.	F	Professional nurse, mental health and research expert	Senior Lecturer at UNIVEN (Promoter)
2.	F	Professional nurse, research expert	Lecturer at UNIVEN (Promoter)
3.	F	Professional nurse, mental health and research expert	Advanced Psychiatric nurse in a specialized hospital
4.	M	Professional nurse, mental health and research expert	Advanced Psychiatric nurse in a specialized hospital

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5.	F	Professional nurse	Advanced Psychiatric nurse in a specialized hospital
6.	F	Professional nurse, mental health expert	Advanced Psychiatric nurse in a specialized hospital
7.	F	Professional nurse, mental health expert	District hospital
8.	M	Professional nurse, mental health expert	Regional hospital
9.	F	Psychiatrist	Specialized institution
SELECTED FORENSIC PSYCHIATRIC WARD			
10.	F	Registered professional nurse	Selected FPW
11.	M	Registered professional nurse	Selected FPW
12.	M	Registered staff nurse	Selected FPW
13.	F	Registered assistant nurse	Selected FPW
14.	F	Registered assistant nurse	Selected FPW
15.	M	Medical doctor	Selected FPW
16.	M	Social worker	Selected FPW
17.	M	Security officer	Selected FPW

6.4. PRESENTATION OF STRATEGIES

Purpose

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The purpose of the validation sessions was to improve the quality and richness of the study findings for strategies to promote safety of staff members in a selected FPW. The following five crucial questions served as the basis for validating the strategies. Furthermore, the criteria for strategy validation was selected because it is based on empirical evidence. The validation of strategies was based on the following five critical questions:

1. How clear are the strategies?
2. How simple is the strategies?
3. How general is the strategies?
4. How accessible is the strategies?
5. How important is the strategies?

6.5. FIRST VALIDATION SESSION

COMMENTS OF THE FIRST SESSION

On the second session, comments were as follows: that not all strategies mentioned by participants are relevant to the promotion of safety of staff members in a FPW. They are to be reduced and only those that are most appropriate to be left.

1. *How simple are the strategies*?

Not all strategies mentioned were directly related to promotion of safety. No simple and direct impact was shown.

Development of strategies that were indirectly related to promotion of safety like availability of weapons and traditional beliefs were removed. It was mentioned that the implementation of the strategies to overcome that could be a challenge.

2. How clear *are the strategies*?

The outcome of the study was not stated clearly and was not aligned to the topic and objectives of the study.

It should be “promoted safety of staff members” not “safe staff members”.

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For the strategies to be clear, only what is applicable in the PFW should be mentioned. All items that are not applicable to the FPW should not be made mention of, like the Bathopele Principles because they are more on patients' rights than promotion of safety of staff members.

6.6. SECOND VALIDATION SESSION

This session was conducted virtually with the validators as indicated on table below. Power Point presentation was done by the researcher. Validators were the same as in the first session.

COMMENTS OF THE SECOND VALIDATION SESSION

1. *How general are the strategies*?

Roles of agents were mixed up and not generally specific to such agent.

The role of the Operational Manager and the Nursing Manager who is the member of the executive management should be explicitly detailed.

2. *How accessible are the strategies*?

The strategies could not be accessible to staff members. Some strategies mentioned were outside the boundaries of the ward and therefore did not have a direct bearing on the beneficiaries. Example is the allocation of the budget which is a Provincial function and the institution has no control over it.

3. *How important are the strategies*?

Comment: Strategies were said to be important to the beneficiaries while promoting their safety but must be easy to implement. Correction: Strategies that were identified could be easily be implemented to promote safety of staff members in a FPW. After the presentations and corrections, it was generally agreed that the strategies can be implemented with the permission of the relevant authorities.

6.7. THIRD VALIDATION SESSION

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Third validation session was conducted with eight staff members in the FPW. The strategies developed were presented to a group of staff members in the FPW. It was the different categories that included two professional nurses, one staff nurse, two nursing assistants, one doctor, one social worker and one security officer.

COMMENTS OF THE THIRD VALIDATION SESSION

Staff members commented that Strategies that were identified can be implemented to promote their safety as different staff members.

6.8. CHAPTER SUMMARY

This chapter discussed the developed and validation of the strategies based on the approaches by Chinn and Kramer (2013). Two sessions were conducted and comments were effected on the study. Following below is Chapter 7 and the conclusion, limitations and recommendations of the study were presented.

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CHAPTER 7

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

7.1. INTRODUCTION

Chapter 6 focused on validation of the strategies based on approaches as outlined by Chinn and Kramer (2013) this chapter focuses on the study's evaluation, limitations, conclusion and recommendations.

7.2. VALIDATION OF THE STRATEGIES

The validation of this strategies in this study is based on the purpose and objectives of the study as indicated in Chapter 1.

7.2.1. Purpose of the study

The purpose of the study was to develop strategies to promote safety of staff members working in the selected Forensic Psychiatric Ward in Limpopo Province, South Africa. The experiences of participants working in a Forensic Psychiatric Ward were explored and described. The kind of security measures needed were explored and described. This lead to the development and validation of strategies to promote safety of staff members in a selected FPW.

7.2.2. Objectives of the study

The objectives of the study were:

Phase one

- Explore and describe the experiences of staff members regarding their safety in the selected Forensic Psychiatric Ward.
- Explore and describe the kind of security measures needed to promote safety of staff members working in the selected Forensic Psychiatric Ward.

Phase two

- Develop strategies to promote safety of staff members working in the selected

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Forensic psychiatric Ward.

- Validate strategies to promote safety of staff members working in the Selected Forensic Psychiatric Ward.

This study was conducted in two phases; phase one was empirical phase and phase two being strategy development and validation. The approach used in phase one was qualitative using exploratory, descriptive and contextual designs. Data was generated through in-depth individual interviews from participants who are staff members working in a forensic psychiatric ward. Data was analyzed according to Tech's method of analysis to meet the objectives of this study. The study findings were described and supported by literature. The findings summarized the measures that can promote safety of staff members in a forensic psychiatric ward. The strategies were validated by mental health and research experts as indicated in the previous chapter of this study.

The development and validation of strategies was informed by six elements of Dickoff et al (1968) and they are: agents, recipients, context, process, dynamics and outcomes. SWOT analysis was used to identify strengths, weaknesses, threats and opportunities that can influence the implementation of strategies to promote safety of staff members in a Forensic Psychiatric Ward. The BOEM action plan was used to develop the strategies.

The strategies were validated by mental health and research experts who are PHD students and are health professionals, using the five questions by Chinn and Kramer (2011) namely: how clear is the strategy, how simple is the strategy, how general is the strategy, how accessible is the strategy, how important is the strategy as indicated in chapter 6 of this study.

7.3. CONCLUSION

In this study, the strategies developed were based on the data as described by participants. The study explored and described the experiences of staff members regarding their safety and the kind of security measures needed to promote their safety. The following themes emerged: Mental health care users are aggressive, Mental health care users' unpredictable behavior, unconducive environmental factors,

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effective teamwork, criminal history of patients, insufficient resource and support needed for staff members.

The study may open up new fields that may emerge to be researched in order to improve safety of staff members. Through the findings, the directorate responsible for nursing will have an opportunity to review policies and strategies to address nursing practice gaps that were identified through the study. Curriculum developers can be able to address specific educational needs for nurses and other multidisciplinary team members who work in the FPW.

7.3.1. Mental health care users are aggressive

Participants indicated that all mental health care users in the forensic psychiatric ward are aggressive. Two subthemes emerged that is: Physical aggression and verbal aggression. Physical aggression is displayed when the patient becomes violent towards staff members and other patients. They can hit, push, slap other people. They can destroy property in the ward. they can use any objects to attack staff members. State patients can be verbally aggressive towards staff members and their fellow patients. They can hail insults, shout and use vulgar language towards staff members. This is a difficult situation that staff members find themselves in. Staff members further indicated that the patients are difficult to manage.

7.3.2. Mental health care users' unpredictable behavior

The behavior of patients that is not predictable puts staff members at risk of being attacked. One subtheme emerged and it is safety is not guaranteed. Staff members indicated that their safety is not guaranteed because of the dangerous behaviours of patients. They mentioned that they feel Insafe as they do not know what the patients is planning to do on them or when is he going to attack. Patients are said to attack staff members even when they were not provoked.

7.3.3. Unconducive environmental factors

Participants indicated that the ward structure is not safe as well. Unsafe ward environment is the theme that emerged. The ward environment is said to be unsafe and in other arears where staff members operate, they are at close contact with

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patients. This is a dangerous situation and patients can attack staff members when they are at a close range.

7.3.4. Effective teamwork

Teamwork as a theme was crucial to provide safety for staff members. One theme emerged that is manpower, to give a full complement each team. Manpower is needed when managing state patients who are aggressive. All staff members must take their roles in their area of expertise and then they meet each other regularly to plan how to handle the patients. Manpower is needed also when staff members are required to manage and handle an aggressive patient.

7.3.5. Criminal history of patients

All mental health care users in this ward are admitted because they have committed gruesome crimes and cannot appreciate the wrongfulness of their actions due to their mental illness. The subtheme is all MHCUs have committed crimes. The patients have offended, and have acted against the law. The law was then put in action to apprehend and admit them tin the FPW for protection of public members, themselves and property. They have committed crimes such as murders, rapes, arson, attempted murders and others. The possibility of committing another crime in the ward is high because these patients can be aggressive.

7.3.6. Insufficient resources

Participants indicated that there are limited resources to promote safety in the ward. Two themes emerged and they are: shortage of human resources and limited material resources. There is a remarkable shortage of all levels of staff members in the FPW. Staff members indicated that without reasonable staff complement it is difficult to manage the state patients. The material resources are said to be limited too. Without tools and equipment prevention and management of incidents of aggression can be difficult.

7.3.7. Support needed for staff members

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Staff members have raised suggestions on how their safety can be promoted. This is in line with objective number two of this study. Three subthemes emerged and they are: employ more staff members, acquire equipment for promotion of safety and upgrade building structure. Staff members felt that their safety will be promoted if the three items above were taken into consideration. Staff members suggested that more staff members should be employed. This includes medical doctors, all categories of nurses, Social workers, Occupational Therapists, Security officers and cleaners. This shortage hinders the effectiveness of teamwork and may delay the reaction of staff members when there is an incident.

Staff members also reiterated that besides employment of more staff members, equipment should be available to assist when there are violent incidences perpetrated by aggressive state patients in the ward. when state patients relapse and become aggressive, they smash window panes and cameras. Window panes should be replaced as soon as possible. There must be functional CCTV cameras, that are operational on 24-hour basis. The challenge is the delay on acquiring the damaged cameras. Staff members need panic buttons to alert others when they are in danger. A one-way mirror is needed to facilitate observation of patients. A monitor referred to here is meant for strengthening observation of patients.

The building structure is said to be unsafe and needs refurbishing that includes the passages, the corners that can make patients to hide. The installation of burglarproof bars in the assessment room to separate patients from staff members is needed as soon as possible.

7.4. LIMITATIONS OF THE STUDY

This study was limited to the selected forensic psychiatric ward in Limpopo Province only. It was limited to mental health care workers only in the FPW, not patients.

7.5. RECOMMENDATIONS

It is recommended that further studies be conducted to evaluate the implementation of the developed strategies to promote safety of staff members in a selected FPW.

Nursing practice

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Nursing practice is defined as a caring based practice in which processes of diagnosis and treatment are applied to the humane experiences of health and illness (ANA, 2015). It is recommended that more studies on the development of a model to implement the strategies that were developed in this study be conducted in the FPW. Practicing professionals should be able to do proper assessments, make correct diagnosis to plan for nursing interventions.

Nursing research

Nursing research is defined as a systematic enquiry designed to develop trustworthy evidence about issues of importance to the profession including nursing practice, education, administration and informatics (Tendolkar, 2011). **For this study findings, it is recommended that more studies be conducted to evaluate the effectiveness of the implementation of strategies that were developed. The studies can also be done in other FPW in and outside Limpopo province.**

Nursing education

The aim of nursing education is to produce nurses who are competent, compassionate and who are able to render ethically based nursing care. Future studies can be conducted to assess the effectiveness of nurses who are working in the FPW with or without the specialized training on psychiatry. This will assist in curriculum development.

7.6. CHAPTER SUMMARY

This is the concluding chapter of this study and it focused on conclusion, limitations, and recommendations of the study as informed by the outcome of data generated from participants.

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THE BUDGET

CATEGORY	DETAIL	MOTIVATION	AMOUNT IN RAND
Travelling expenses	Trips From The University Of Venda To:-Polokwane 185km Each@R3.61/Km=370	To submit documents for request permission to conduct study.	R1335,7
	Polokwane 185km Each@R3.61/Km=370	To collect document for study approval	R1335,7
	-The Selected Hospita 5km X500km@R3,61	Conduct pretest study, collect data from staff members, member checking for participants and validation process.	R1805
Data collection items	Voice recorder and accessories	To capture and record all interviews and follow up interviews with participants.	3,000
Printing	Participant information sheet @ R10/page	Participants to read and consent. 124 pages @ R10	1240
Analysis of results	Independent coding	Coding and verification of results	9000
Language editing and proof reading	Proof reading @R50/page	200 pages x R50	10000
	Final Proof reading @R50/page	200 pages x R50	10000

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Photocopying	Books for Department and school at R2,00 per page X200=400.	R400 X14 books	5600
Binding	Book binding 200 pages at R1600/book	7 copies	11200
TOTAL			**R54516,4**

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WORKPLAN

Research activity	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	April 2021	June 2021	July 2021	Aug 2021	Sept 2021
Submission to ESHDC										
Submission to UHDC										
Ethical clearance										
Sort for approval from the Department of Health										
Approval from Vhembe district and selected hospitals										
Data collection										
Data analysis and interpretation										

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Editing and writing up										
Submission of final thesis										
Graduation										

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ANNEXURES

ANNEXURE A

Interview guide for staff members working in a selected Forensic psychiatric ward.

The interview for the staff members will be directed by the following questions which will be followed by probing questions:

- **As a staff member allocated in the Forensic psychiatric ward, can you please share your experiences of working here?**

- **What kind of security measures do you think should be developed to promote safety of staff members working in Forensic psychiatric ward?**

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ANNEXURE B

RESEARCH ETHICS COMMITTEE

UNIVEN Informed Consent

LETTER OF INFORMATION

Title of the Research Study: Strategies to promote safety of staff members in a selected Forensic Psychiatric Ward, Limpopo Province.

Principal Investigator/s/ researcher : Mulaudzi Mulatedzi Precious, Master in Nursing.

Co-Investigator/s/supervisor/s : Dr. Maluleke M, and Dr. Raliphaswa N.S.

Brief Introduction and Purpose of the Study: Staff members in Forensic Psychiatric Wards around the world are faced with a serious risk of injuries inflicted by Mental Health Care Users during their call of duty. The risk of working in these units are experienced on daily basis to an extent that even death can occur. Efforts have been implemented to minimize these risks, but violence continue to occur, rendering staff members to be unsafe. The purpose of this study is to develop strategies aimed at promotion of safety of staff members in Forensic Psychiatric Ward.

Outline of the Procedures: Participants who agree to participate need to sign a consent form or agree verbally. They are expected to avail themselves for in-depth interviews, lasting for 30-45 minutes and will be conducted in the Forensic Psychiatric Ward of Hayani hospital during their lunch hour to avoid disturbing the service that is

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due for patients. The researcher will contact each participant to arrange times and venues for the meetings. Participants are included in the study because they are allocated in the Forensic Psychiatric ward and are permanent employees of the Department of health.

Risks or discomforts to the participant: None

Benefits: Participants will benefit by getting a platform to ventilate their experiences. The researcher will benefit through publication of the study.

Reason/s why the participant may be withdrawn from the study: If the participant decides not to continue with the study they may withdraw voluntarily and freely. There will be no adverse consequences nor penalties imposed on participants who decide to withdraw from the study.

Remuneration : The participants will not receive any money nor other remuneration for participating in the study.

Costs of the Study: Participant will not be expected to cover any costs towards this study.

Confidentiality: Participants will remain anonymous throughout the study. No names will be used to identify the participants, only codes will be used. Information will only be shared with the supervisors of this study.

Research-related injury: No research-related injury or adverse reaction is anticipated.

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

(Supervisor and details) Please contact the researcher (0722154935), my supervisors (0763949752/0822627809) or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Director: Research and Innovation, Prof GE Ekosse on 015 962 8313 or Georges Ivo.Ekosse@univen.ac.za

General:

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Kindly note well that participation is voluntary and the approximately 25 participants will be included in the study.

CONSENT

Statement of Agreement to Participate in the Research Study:

- I…….. hereby confirm that I have been informed by the researcher, (***Mulaudzi M.P)*****,** about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _,
- 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 data collected during this study can be processed in a computerized system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant Date Time Signature

I, …… …… …… ……..

(*Name of researcher*) herewith confirm that the above participant has been fully

Informed about the nature, conduct and risks of the above study.

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Full Name of researcher: ……

Date…… Signature……

Full Name of Witness (If applicable) ……

Date …… Signature……

Full Name of Legal Guardian (If applicable) ……

Date…… Signature……

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ANNEXURE C

PROVINCIAL DEPARTMENT OF HEALTH

PERMISSION LETTER

The Head of Department

Provincial Department of Health -- Limpopo

P/Bag x9302

Polokwane

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

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

The title of the study is **'Strategies to promote safety of staff members in a selected Forensic Psychiatric Ward, Limpopo Province.'**

The purpose of the study

The study aims to develop strategies to promote safety of staff members working in the selected Forensic Psychiatric Ward in Vhembe District. To achieve this purpose, I need to interview staff members who are caring for the Mental Health Care Users who are admitted in the Forensic Psychiatric Ward. In this study in-depth interview as a method of data collection will be used.

The significance of the study

Staff members will benefit because they will get a platform to ventilate their experiences and security measures needed to promote their safety as they work in the Forensic Psychiatric Ward. The study findings will add on the available scientific data

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regarding support needed by staff members working in the Forensic Psychiatric Ward. The Department of Health will have information of what staff members need for promotion of safety in the Forensic Psychiatric Ward. The Nursing Education sector will benefit during curriculum development for addressing specific needs of staff members in MSW.

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

Promoter: Dr M Maluleke: Cell number: 0763949752

Co-promoter: Dr N.S. Raliphaswa: Cell number: 0822627809

Researcher: Mulaudzi M.P: Cell number: 0722154935

Mulaudzi Mulatedzi Precious. Signed……Date: …….

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ANNEXURE D

VHEMBE DISTRICT -- DEPARTMENT OF HEALTH

PERMISSION LETTER

The Head of Department

Vhembe District Department of Health

P/Bag x 1172

Thohoyandou

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

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

The title of the study is **'Strategies to promote safety of staff members in a selected Forensic Psychiatric Ward, Limpopo Province.'**

The purpose of the study

The study aims to develop strategies to promote safety of staff members working in the Forensic Psychiatric Ward of Hayani Hospital in Vhembe District. To achieve this purpose, I need to interview staff members who are caring for the Mental Health Care Users who are admitted at Hayani Hospital in the Forensic Psychiatric Ward. In this study in-depth interview as a method of data collection will be used.

The significance of the study

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Staff members will benefit because they will get a platform to ventilate their experiences and security measures needed to promote their safety as they work in the Forensic Psychiatric Ward. The study findings will add on the available scientific data regarding support needed by staff members working in the Forensic Psychiatric Ward. The Department of Health will have information of what staff members need for promotion of safety in the Forensic Psychiatric Ward. The Nursing Education sector will benefit during curriculum development for addressing specific needs of staff members in Forensic Psychiatric Ward.

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

Promoter: Dr M Maluleke: Cell number: 0763949752

Co-promoter: Dr N.S. Raliphaswa: Cell number: 0822627809

Researcher: Mulaudzi M.P: Cell number: 0722154935

Mulaudzi Mulatedzi Precious. Signed: ……Date: ……..

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ANNEXURE E

HAYANI HOSPITAL

PERMISSION LETTER

The Chief Executive Officer

Hayani Hospital

P/Bag x 2272

Thohoyandou

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

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

The title of the study is **'Strategies to promote safety of staff members in a selected Forensic Psychiatric Ward, Limpopo Province.'**

The purpose of the study

The study aims to develop strategies to promote safety of staff members working in aselected Forensic Psychiatric Ward of Hayani Hospital in Vhembe District. To achieve this purpose, I need to interview staff members who are caring for the Mental Health Care Users who are admitted at Hayani Hospital in the Forensic Psychiatric Ward. In this study in-depth interview as a method of data collection will be used.

The significance of the study

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Staff members will benefit because they will get a platform to ventilate their experiences and security measures needed to promote their safety as they work in a selected Forensic Psychiatric Ward. The study findings will add on the available scientific data regarding support needed by staff members working in the selected Forensic Psychiatric Ward. The Department of Health will have information of what staff members need for promotion of safety in the Forensic Psychiatric Ward. The Nursing Education sector will benefit during curriculum development for addressing specific needs of staff members in forensic psychiatric ward.

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

Promoter: Dr M Maluleke: Cell number: 0763949752

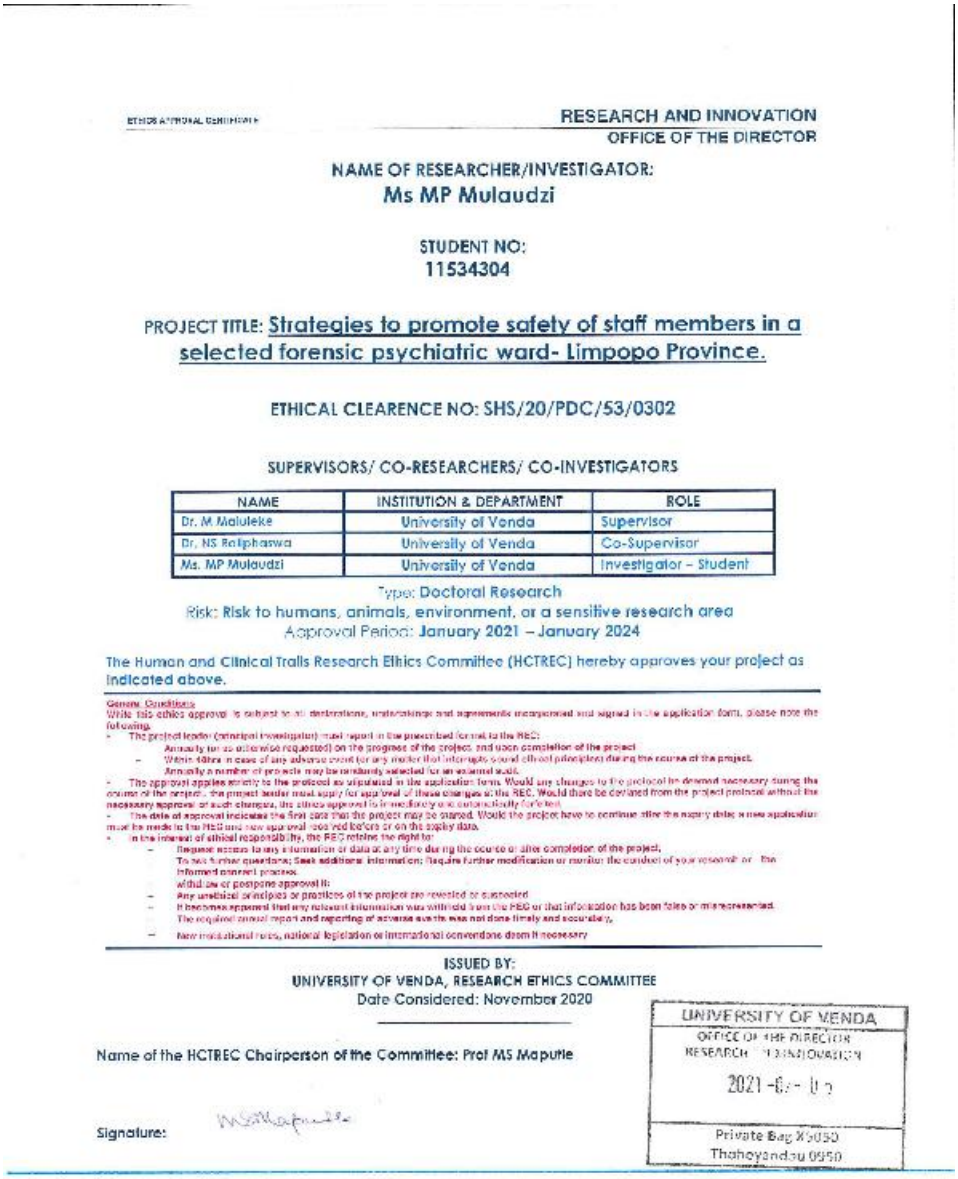
Co-promoter: Dr N.S. Raliphaswa: Cell number: 0822627809

Researcher: Mulaudzi M.P: Cell number: 0722154935

Mulaudzi Mulatedzi Precious. Signed: ……..……Date: ……

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ANNEXURE F



ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms MP Mulaudzi

STUDENT NO:
11534304

PROJECT TITLE: **Strategies to promote safety of staff members in a selected forensic psychiatric ward- Limpopo Province.**

ETHICAL CLEARENCE NO: SHS/20/PDC/53/0302

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr. M Maluleke	University of Venda	Supervisor
Dr. NS Ratlhaswa	University of Venda	Co-Supervisor
Ms. MP Mulaudzi	University of Venda	Investigator – Student

Type: Doctoral Research
Risk: Risk to humans, animals, environment, or a sensitive research area
Approval Period: January 2021 – January 2024

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 pose further questions; Seek additional information; Require further modification 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 false 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: November 2020

Name of the HCTREC Chairperson of the Committee: Prof MS Maputle

Signature:

UNIVERSITY OF VENDA
OFFICE OF THE DIRECTOR
RESEARCH AND INNOVATION
2021 -03- 05
Private Bag X5050
Thohoyandou 0950

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ANNEXURE G

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Department of Health

Ref : LP_2021-03-001
Enquires : Ms PF Mahlokwane
Tel : 015-293 6028
Email : Phoebe.Mahlokwane@dhsd.limpopo.gov.za

Mulatedzi Precious Mulaudzi

PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

Strategies to promote safety of staff members in a selected forensic psychiatric ward, Limpopo province

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

Your cooperation will be highly appreciated

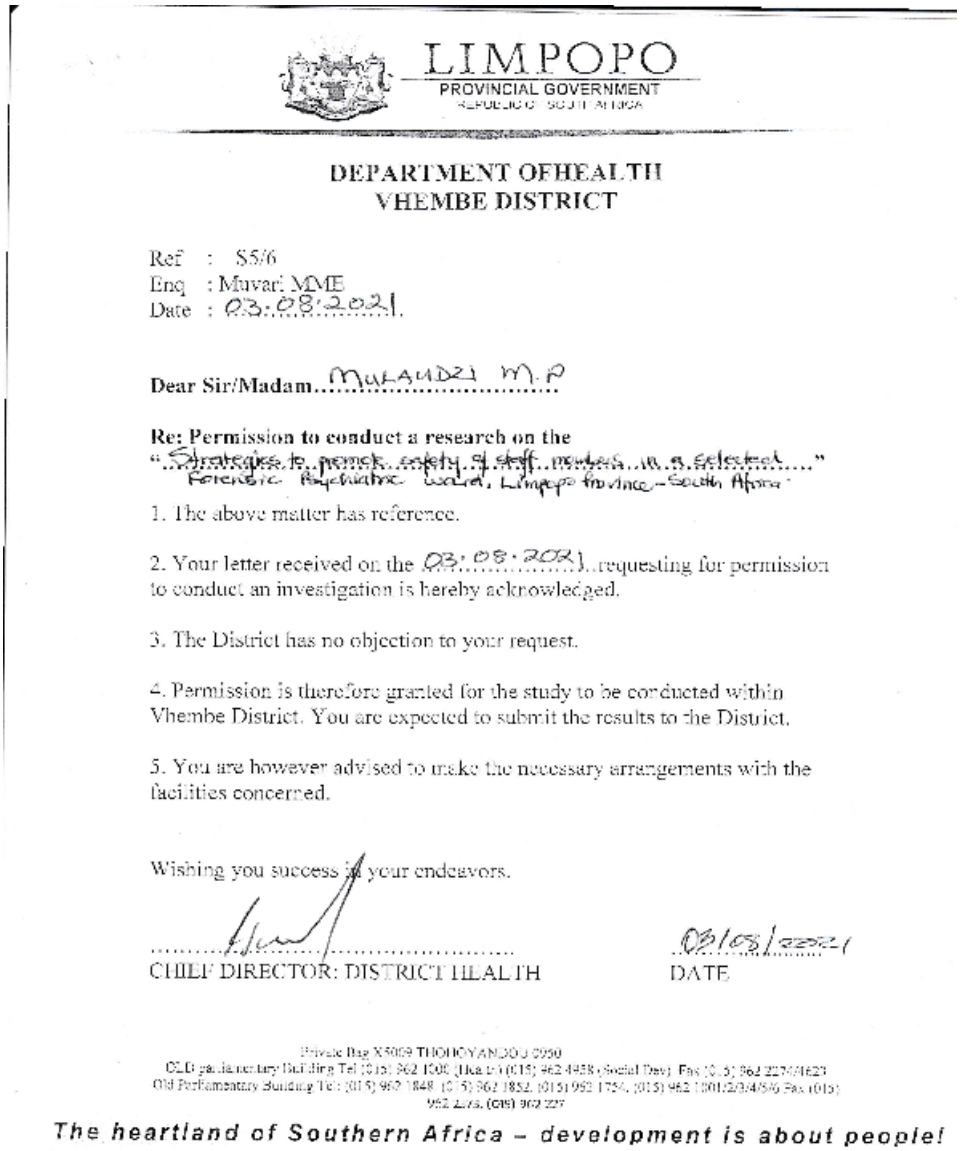
pp **Head of Department** **Date** 19/05/2021

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

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ANNEXURE H



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
VHEMBE DISTRICT

Ref : S5/6
Enq : Muvari MME
Date : 03/08/2021

Dear Sir/Madam MULAUDZI M.P

Re: Permission to conduct a research on the
"Strategies to promote safety of staff members in a selected Forensic Psychiatric ward, Limpopo Province-South Africa"

1. The above matter has reference.

2. Your letter received on the 03/08/2021 requesting for permission to conduct an investigation is hereby acknowledged.

3. The District has no objection to your request.

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

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

Wishing you success in your endeavors.

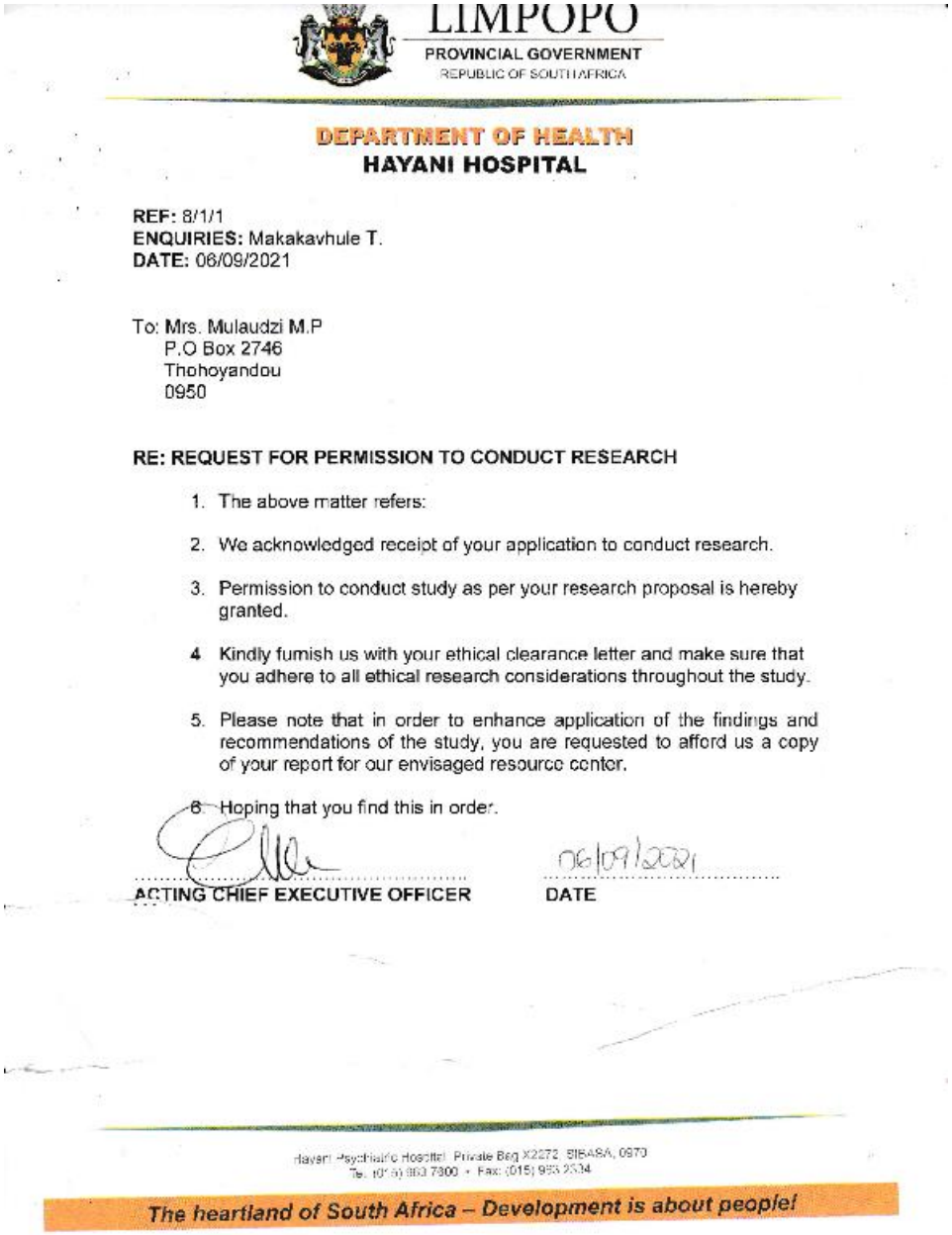
CHIEF DIRECTOR: DISTRICT HEALTH — DATE 03/08/2021

Private Bag X5009 THOHOYANDOU 0950
OLD Parliamentary Building Tel: (015) 962 1500 (Ukaleni (015) 962 4458 (Social Dev) Fax (015) 962 2274/1623
Old Parliamentary Building Tel: (015) 962 1848, (015) 962 1852, (015) 962 1754, (015) 962 1001/2/3/4/5/6 Fax (015) 962 2273, (015) 962 227

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ANNEXURE I



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
HAYANI HOSPITAL

REF: 8/1/1
ENQUIRIES: Makakavhule T.
DATE: 06/09/2021

To: Mrs. Mulaudzi M.P
P.O Box 2746
Thohoyandou
0950

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

1. The above matter refers:
2. We acknowledged receipt of your application to conduct research.
3. Permission to conduct study as per your research proposal is hereby granted.
4. Kindly furnish us with your ethical clearance letter and make sure that you adhere to all ethical research considerations throughout the study.
5. Please note that in order to enhance application of the findings and recommendations of the study, you are requested to afford us a copy of your report for our envisaged resource center.
6. Hoping that you find this in order.

.....
ACTING CHIEF EXECUTIVE OFFICER

06/09/2021
.....
DATE

Hayani Psychiatric Hospital Private Bag X2272 SIBASA, 0970
Tel: (015) 963 7300 • Fax: (015) 963 2534

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ANNEXURE J---TRANSCRIPTS

TOPIC: Strategies to promote safety of staff members working in a selected Forensic Psychiatric Ward Limpopo Province, South Africa.

Name: Mulaudzi M.P

Student no: 11534304

Transcript no 3

KEY: R: Researcher, P: Participant

R: Good morning

P: Good morning

R: How are you

P: I am fine. And you

R: I am fine

P: Yes

R: Yes. It is cold today.

P: Very cold but God has been good to us

R: Uhm

P: Yesterday it was too hot

R: Uhm

P: It is not the same, today it is right, our bodies feel healthy.

R: Ok thank you so much. It is like that, it indicates that winter is fading away and summer is setting in.

P: It is like that.

R: I am Mulatedzi Mulaudzi, a student at the University of Venda.

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P: Ok

R: I am doing my PHD in nursing, I am here today like I Have phoned you on the first day telling you that I request that you be a participant, i will interview you. Even today I called you before I come to confirm that and check if it is alright that I may come. Yes This is because we need to utilise your own time of lunch

P: My own lunch time

R: Thank you for that because we are not supposed to disturb the service rendered to Mental Health Care Users.

P: Yes

R: Now as you are here n I expect the following. I expect that you feel free to participate in my research. There is nothing that prevents you from stopping or discontinue if you feel that you are no longer willing to participate.

P: Ok

R: If you feel that you are no longer willing to participate, you can tell me, I will show you were to press on the phone or on the voice recorder because what we are doing now will be recorded. We are recording using the voice recorder and this phone. The most important thing is that when you are participating in my research, there are no incentives that you are going to get for participating any other gifts.

P: OK

R: We are not supposed to use any names during this study, you are to remain anonymous so that you cannot be identified. Your privacy will be maintained to such an extent that what you said will not be associated with you. What you said will not be known by other people except those that I am working with in this research.

P: Ok

R: Yes, do you agree that we continue

P: Yes, I agree

R: Yes. Thank you very much. The things that I am looking for is from you is about my topic that is strategies to promote safety of staff members in a selected forensic psychiatric ward. it means that I am looking for those things that you think can assist in your safety as staff members in this unit. the other thing is that we sign consent forms to indicate that we agreed on participating in this research. You need to feel free and ask me whatever you did not understand, and I will explain to you. Now. What is

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happening is that, after this interview, I am going to type this verbatim and write what you and I have been talking about. I will again come back to you to ask or to get an explanation of what I did not understand when I transcribe. Like you have said something that I need more explanation on as we go on.

P: Yes

R: If you see that there is something that you want to add, you can call me.

P: Ok

R: Now I would like you to tell me that as a staff member allocated in this forensic psychiatric ward, please explain to me about your experiences regarding your safety as you are working in this ward. How is your safety as far as your experiences of working here?

P: I think that the safety that we are supposed to get in this forensic psychiatric ward….

R: I mean your safety as it is now. What you think is happening regarding your safety.

P: Ok. What is happening now err. I see that our safety is good due to the fact that there are security officers

R: Yes

P: We are working with security officers. Secondly there are cameras that when there is someone allocated to monitor them, he can alert us if there something that we cannot see on the inside regarding our MHCUs. Like our MHCUs are those that most of them are dangerous. Cameras assist us to monitor what the MHCUs are doing.

R: Yes

P: Especially when they fight when we are seated on the other side without seeing them.

R: Uhm

P: The person at the monitoring room can phone or ring an alarm to alert us because when all know that if an alarm rings it means there is something dangerous. We are always on alert that when danger strikes we all go there as staff members, and we do teamwork because one cannot do it alone. Teamwork in the forensic unit is crucial.

R: Yes

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P: We feel safe because of those cameras. The other things that we feel safe when working with male staff members. Males are important herein the forensic ward. if males are not there, MHCUs are on the lookout, it is better when males are there. They become fearful that if males are there then they cannot humiliate the females. Like I don't know how to put it in Venda, that is to demean them. They think that if it is only females they cannot do anything to them as they are males. Now we think that the department has thought good of us because at least we are not working as females only, but we are mixed with males. So that we can get that safety.

R: Yes

P: The fact that when we are allocated as a team that is a little bigger so that there is a balance looking at the number of MHCUs in the ward. the capacity of this ward is 33.

R: Yes

P: It means that more staff is needed.

R: Ok

P: Now they can allocate more staff to ensure that at least we can be free while working.

R: We can hear when you are explaining that you feel safe, but you are also saying that these MHCUs are dangerous. how dangerous are they?

P: Err. you find that some of these patients have committed rapes, some of them have done these…… have assaulted relatives errr or parents. Some of them have committed murders.

R: Ok

P: We feel unsafe if we go alone there. That is why our superiors have thought about it that we work with male counterparts and more of them that well make sure that at least there is a big hard voice, there should not be soft voices alone.

R: Uhm

P: There should be no humiliation.

R: According to you there is a feeling of unsafety in some ways. When it comes to these MHCUs?

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P: Yes, I can say that if maybe or especially when on my side I think we would feel unsafe if there were no cameras. The second thing would be unavailability of more male staff members.

R: You were talking about teamwork, may you explain mor about it?

P: Errrr… about teamwork, I had presented it in this manner, errr maybe like me as a female person and I am supposed to give medications there, and I have another female, maybe let's say males are standing on the other side. When I give medications to the MHCU and he refuses or he is reluctant saying I don't want to do something. If there is a male person he can say "hey, take the medication". Then the patient takes the medication. It means that in this place teamwork has done a good job to such an extent that if I were alone, as a female person I would not have done it the patient would have humiliated me. The patient could have ended up having not taken the medication and therefore he forfeits the care there care to get him healed and go home.

R: Uhm

P: The other thing that I can say about teamwork, err. it's when maybe, when a patient attempt to assault a staff member or abusing the staff verbally, if we are many we can reprimand him to say he must not do that to staff members. He must work well with staff members.

R: When patients want to assault err staff members here, how often do you think this occurs?

P: Errr, I cannot say how often because you cannot know these people. It just happens. You cannot put it clearly that it is how often it just happens. We can work well today but by the end of the day it might change, and you find that the patients have changed. One cannot tell the frequency of the occurrences or how often.

R: How do you work with security officers?

P: We work very well to such an extent that … to tell the truth in God's presence, security officers are helping us a lot.

R: How do they assist you

P: They assist us because even, maybe when we are working, when getting in to give medications, they are behind us, escorting us. We are actually like kings to the security officers because wherever I am walking he will be behind me. One of them ca be on my side and the other on my back. When patients start to queue because when they see females, they start to behave somehow. Now in the presence of security officers, at least when he is behind me and the other on my side while walking, to give

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medication or charting the emergency trolley. You find the at my back, guarding me. It means then they are my bodyguards.

R: Oh

P: Because they are protecting me from so many things.

R: Ok. They are protecting you. The other thing is the way patients behave when they see females, how does this happen?

P: A male person is like a male person, when he sees a female person, he behaves somehow.

R: How does he do that?

P: Like the excitement of seeing a woman or they can say this is my woman or I love this one, things like that. They can just say. how are you? When you say I am fine they continue to say that “you are mine”. Then if there are male persons nearby, at least they are fearful and they don’t say such things.

R: Uhm

P: If you are alone as a woman, you can hear them calling

R: Ok, now there are cameras here, according to you what role are the cameras playing to make you safe?

P: Err cameras play a role to keep me safe in this manner that everything that is happening, wherever I go, the camera is always watching to check whether I am safe or not. In other words, this camera is monitoring whether I am safe or not. A person at the camera monitoring room can see that there is someone going to or coming from medication room and moving towards the office. There she is going to serve meals.

R: Ok

P: The camera is playing a very big role in a place like the forensic ward where we are working.

R: You indicated that you are working with dangerous patients, when you say it they have committed crimes

P: They have committed gruesome crimes.

R: Yes. People who have committed crimes according to what we know, they are not at hospitals but in prison. How come are these people here?

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P: When the doctors assessed them there in the jails they found that what they say is not coherent. To show that they need observation to check if actually they are sick or not. After what they have done. When they assess them they find that in many of them things are not going well in their minds

R: They are mentally ill.

P: They are ill. Yes.

R: As you are here, how do you protect yourself because in prisons, the warders are having guns and they are trained to use them. they are also trained to work with criminals, now how do you protect yourself?

P: We protect ourselves…. like I have said that errr …. I can put it this way that my gun is the camera, security officers and male staff members.

R: Uhm

P: Those are our guns as females.

R: Yes

P: Actually, we are not allowed to get inside with guns to protect ourselves with.it means then that my gun is the camera, department of security and male staff members. Those are my guns.

R: We once heard of an incident where the life of your staff member lost her life. This indicates that staff members are not safe as such. Incidences like when staff members are attacked, are they still occurring?

P: Err. they are not occurring as they used to in the olden days.

R: Uhm. Please tell me more about it.

P: Previously according to me, I think it because there were no security officers then. Even when they were there, it was only one or two. At this present moment you find that we have security officers guarding around here, excluding the one in the cameras and the one at the gate. The ones inside here who are with us, they can be four or five. When that incident occurred, they were not there.

R: How did the presence of security officers affect your safety

P: We used to have them at the gate where we entre and none inside. Presently they are moving around this hospital.it is not only one person, but they are also many.

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R: Yes

P: That is why maybe we feel safe.

R: Ok. Please tell me here we are going ahead with the interview. What is it that you think can be done in this ward to ensure that you stay completely safe to an extent that you can walk alone?

P: Errr when I look at it errr. things that can be done to promote safety, so that even us as females we should be free while working, it they must at least when an allocation is done, let the forensic unit get special attention. Meaning that this ward must have more male staff members.

R: Ok

P: Let more male than females staff members be allocated. These patients need more males to be present. In the absence of males, things may not go well. It goes on well when there are male voices. When there are females only, things do not go well.

R: Please tell the reason for having more male than females?

P: Even when you are working you can feel that it is difficult but if males are there you feel strong knowing that all sides are guarded

R: Does it ever reach a point that these patients become verbally aggressive?

P: They can be aggressive verbally but once a male person is there, and the security, a patient keeps quiet. when they are not there, they can be abusive and say whatever they want.

R: Err what are the other things that these patents threaten you with? Things that threaten you.

P: They threaten by way of reminding us why they are admitted.

R: Yes. What does that mean?

P: To say that I do not forget that I came here because I killed or raped, or I came because I came for having done something else.

R: Do they mean that this can happen to you?

P: Yes, they mean that they can kill us, if you don't know me, have you forgotten what brought me here?

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R: They are dangerous.

P: Yes, they are dangerous. that is why I say we are working in a dangerous place which needs more male staff members and more security officers to promote safety.

R: More male staff members and more security officers. When it comes to security officers, that you are working with as nurses and others, are there female security officers?

P: No. females are not allocated here, only males are allocated.

R: Let us talk about the allocation that you are talking about, that more males be allocated, whose responsibility is that?

P: I think it is the responsibility of our superiors to ensure that more males are allocated. In forensic unit

R: Who are your superiors?

P: Our managers

R: Ok

P: When our managers sit and do the allocation, the forensic ward that has more dangerous MHCUs to allocate more male staff

R: You managers. Who will benefit if the allocation has more males?

P: Err.. can you explain

R: I mean, who is assisted if there more males that females. Who is going to get the complete safety?

P: The females will get complete safety because there will be more male staff members .it also helps in doing off duties and like we must be 10 or 8, they can get 6 males and 2 females. More males.

R: Who is responsible for bringing security officers.

P: Errrr I can say the those responsible for security officers are the Risk staff members. The Risk office must ensure that the maximum that is forensic must have only male security officers.

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R: What are the other things that you think can be done to promote safety except bringing on, more males? What other things are you thinking about that can assist in promoting safety

P: I can say that these cameras must be serviced at all times, or maybe err…once a month they be checked if they are all working or not working well. I think this is one thing that at least will make us and patients safe. You can find that patients sometimes are exchanging words without being seen by anybody and something happens. If the cameras are there the one monitoring will see that something is happening and press a siren.

R: Yes

P: When I siren is rung, we know there is something wrong with patients. We can all go there and check. Cameras must be serviced at all times to make them work.

R: Whose duty is that for the cameras?

P: Err. This is the duty of our superiors to ensure that they get people who install them to service them all the time

R: Uhm ok. Err now I would like to know from you that if we service the cameras and they say in good condition who will be safe because of these.

P: The patients themselves and helps the staff and our cleaners. It may happen that they are cleaning on the other side while we are writing books in the office, you can find that something is happening and no one is noticing. When he shouts, it might be too late

R: Yaa

P: If there is a camera, it can help him. If something is happening, the one monitoring the cameras can immediately tell us to assist him.

R: Are you thinking of any other thing that can be done to promote safety? We have talked about allocating more males, security, and cameras. What else can we do to strengthen safety of staff inside?

P: The third thing I can say….

R: It is difficult to get it

P: Hey

R: If you think about something you need to contact us.

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P: Yes

R: Anyway, as I look, we talked about your experiences of working in here regarding your safety. you indicated that inside here there are security guards who are always with you, there are cameras. As far as you are concerned the above makes you safe. according to you there are alarms, teamwork, there are more males. you further indicated that patients make you unsafe because they are dangerous and they have committed crimes, they were convicted and finally they came here. Patients also fight among themselves. We also asked what else can we do to promote safety and you indicated that more males be allocated for all staff members and staff members. Cameras should be in a good condition so that safety can be promoted.

P: Uhm

R: These things like I have said I am going to write this verbatim and the people who will know about this are those that I am working with and my supervisors at the UNIVEN.

P: Ok

R: If there is something that has been recorded. that I need I will come back to you and ask you like I indicated before.

P: There is no problem.

R: Thank you so much. When we finish here I will play back a part of the recording to check that it is your voice. is there anything that you want to ask?

P: No. there is nothing else

R: Thank you very much for your time. We also thank that even if we didn't talk about it before, both of us are wearing masks

P: Yes

R: We are seated in a sanitised place and our hands sanitised. We are talking seated one meter and more apart

P: Yes

R: We must keep doing this.

P: Truly

R: We thank you so much. You will go back to your work

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P: Yes

R: You did not rest because of this

P: There is no problem

R: Thank you so much. I will play back this as you listen and we go forward.

P: Yes

R: Thank you

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MULAUDZI M. P

Transcript no 4

Key: R- Researcher, P-Participant

R: Good afternoon

P: Good afternoon

R: How are you?

P: I am fine.

R: We have visited you during this time of COVID-19. We must be wearing our masks like we did now.

P: Yes

R: This area has been sanitised already.

P: Ok

R: We also need to sanitise ourselves as we did to minimise the spread of this virus. Even the way we are seated for maintaining social distancing of sitting 1m apart. This is something that we should live with and always adhere to.

P: Uhmm

R: I am Mulatedzi Mulaudzi, a student at the University of Venda., I am doing research on PHD in nursing. I am conducting research about a topic on the" strategies to promote safety of staff members in a selected forensic psychiatric ward" . I need to interview all staff members working in this ward. I will select some workers who will represent all groups and interview them. There are some things that I need to explain to you like you signed a consent form before the interview. Like I have contacted you before that we make an appointment today so that I come during your lunch hour. Is it true that you are taking your lunch hour?

P: Yes, it is my lunch time.

R: We are not supposed to disturb the service at all costs.

P: It is true

R: Before we go any further with our talk, there are no incentives or gifts that you will get for participating in this study. You will remain anonymous throughout the study, we

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need not mention names. You name will not be mentioned to associate you with what you have said. I am going to identify you using numbers, though I will be knowing your names. You can see I have a voice recorder and a phone in front of us for recording our interview. There is nothing that prevents you from withdrawing from this study. If you feel that you cannot continue with the study, you press here, with the phone I will open it for you because it is on standby now. You can press and we discontinue the interview. Having said this, do you still want to continue with the interview?

P: Yes I still want to continue, you can ask.

R: OK I thank you very much for that. Like I have said before that my topic is about the strategies to promote safety of staff members in a selected forensic psychiatric war5d. I would like to know from you as a worker employed in this forensic psychiatric ward, please tell me that according to your experience of working here, in terms of your safety as a staff member.

P: Like you have said something about COVID, I can start from the gate where I can be, from home I must have my mask and having sanitised myself with my small sanitiser that I keep in my car. When I arrive at the gate the protocol here at our hospital is that we must be searched, sanitised and our temperature taken. Then io drive my car and come up here where I am stationed. On entering the second gate I sanitise and get ion. When I am inside, our tables the chairs are placed in such a way that each one has his or her own chair, the sanitisers are placed there. Before giving report we sanitise ourselves, then we pray. We do not take long before we sanitise again. This is what we do ion this forensic ward.

R: when it comes to your safety, we hear that this is a forensic ward, you as a staff member, how safe are you?

P: We as staff members according to my experience, I am happy for one thing that we are having people responsible for our safety.

R: Uhmnn

P: We walk with them when we get into the ward we are with them. All around this building here, we and the general workers, we move around the ward to check if there are any stones, pieces of wood nearby, or any iron bars that could be lying around. We take them up and place them out of reach of all patients.

R: Yes.

P: We use the mouth to talk. This is what helps us here and the one must not walk alone. One must walk with the security guards. Many a times when we are giving medications, the security guards are always nearby. The good thing that I think is good

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is to communicate well with the people we are caring for who are our forensic psychiatric patients. [when [I speak well with them they also speak well.

R: The communication that you are referring to, what is it that you communicate with patients?

P: It can be explaining the condition of the patient. Your voice must be low, not high that it can provoke him. We communicate well with them. Secondly we allow them to ask anything that concerns themselves. We don't go further than what the doctor must know. We take the information ton them.

R: What you say to the patients the way you are explaining; how does that protect you?

P: It protects me in the sense that when I get into the ward, the patient will not hold any grudge against me. He will be happy, when I appear before him he sees a nurse who can be told personal things like when the doctor is going to see him, and the period he spent without seeing the doctor. That gives him peace of mind when I tell him that he could be seen the following week and the time would be right. He will say it is alright. I live without fearing him and he also does not fear me but can approach me. That is my own protection. If he has some issues that makes angry, it can happen that he throws some fists. When you ask him why he will say its because you are not handling my issues well.

R: How does that happen when he throws fists?

P: He would throw some fists thinking that this is the person who does not communicate well with me. He will be holding a grudge now that I communicate well with him, he will have no bad issues.

R: You have indicated to me that you move around this ward looking for any objects that you may find while walking with security guards and the general workers. The objects that you are referring to, how does that compromise your safety?

P: it may happen that there is a piece of wood lying around, when a patient gets angry (because we do not know what triggers the anger of the patient) he can anyhow pick anything that he finds lying around and use it to injure me. I will be told later that I was injured because of something that I said previously. Now when we move around, and find anything liked piece of wood, broken chair lying randomly, it can be used by a patient if it is not taken care of. When he has injured you and he say I am doing that for something that happened years ago when you troubled me. That is when you will say all objects lying around must be removed and placed safely.

R: uhmm

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P: It is then that you will be safe.

R: it seems the patients you are taking care of are very dangerous. Can you please tell us more about them?

P: They are dangerous, looking at the crimes they have committed as written by the doctor. Like this one has injured someone, this one has murdered a person, and he is going to stand trial. He may not stand trial due to his mental illness. We are always scared of these people because they have committed gruesome crimes. But because we can speak well with them, we live and stay with them, and they can say whatever it is in their minds to us.

R: These people are said to have committed dangerous crimes, and according to our knowledge it is that a person who have committed crimes must be sent to prison. Why are they admitted here?

P: Here, it could be first admission, and it was seen that the crime that he committed was scary, to the community and the country talked about it, it causes that when he gets in the court of law and they ask him question, the principals of courts order that he be observed closely by the specialist doctor. Then they end up with us. When we stay with them here for some time, the doctor will come and assess him, and he says that this one must go back to court, but he will come back because he did the crime while in a bad state of mental health.

R: When his mental health was poor.

P: This person is ill. He has mental illness.

R: I understand what you are saying. Now at the prisons where the offenders who committed same crimes as the patients here are kept, the warders are having guns, they have other ways that they use, they are trained to work in such situations. This is a hospital; how do you protect yourselves?

P: By communicating.

R: Uhmm

P: By accepting and loving them. If we love these patients and accept them and show them the situation here, then all the things he did in the community he will sit and say that “Nurse this is a nice place, and I am regretful of the wrong that I did”. He will ask you if you know the crime that he committed. When you say I do not know, and he will say I have killed a person. You will say accept that because you were not yourself when you killed him, and you are now under the doctor. You will get your treatment and your mind will function correctly when you are using the prescribed treatment. You

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also go to an extent of showing him the written prescribed treatment. It also keeps us safe from other issues that may happen when I am on duty with him.

R: What happens in the ward that leaves you unsafe?

P: one other thing is that renders me unsafe is to walk around without a security, guard. Without a person in the security department … no… I can never be safe. To walk without being accompanied by a security guard, and even when entering the offices, I must have a person from security section.

R: What could happen if you are not accompanied by a security officer?

P: It can happen that suddenly a patient relapse at the time and he hits me, or he does something that he wants because he has so much power that you may not know where he gets it even when he is on treatment.

R: Yaa

P: You can be surprised when he has hit you and you slip and fall in the ward. He will later say the reason for hitting you when you are down and injured. There is no safety. That is why we say we walk in pairs, having our security officer, then it is nice.

R: Ok

P: yes

R: errr.. if you are attacked by a patient and you sustain bodily injuries, we hear that it is happening. When the patient is verbally aggressive, can you explain to what extent are you safe from that?

P: even for that we are not safe. We are always scared but when he is insulting, we have our plan for going closer to him. If it is a patient with a name Ndavheleseni we call him by his name and say “Ndavheleseni, please tell us what is troubling you”. Talking to him in a nice tone of voice. That patient if he is insulting he will be quiet and tell what is triggering him to be that angry.

R: Uhmm

P: When I go to, him I do not go alone. I tell others that I am going to one patient, and they should be on alert. Even going to him alone but colleagues must be close by. I communicate well, with him and you will find that he calms down, and he speaks softly. He then will say what he wanted to convey. We advise him that, should he need something, he must not start by being aggressive he must ask, and we will help him.

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R: Now here, there are incidences where staff members are beaten, pushed and other staff in the presence of security officers. Since we have heard about a tragic incident that occurred here and one staff member lost her life, what do you think can promote your safety?

P: The safety can be promoted if more security guards who help us her were added, because if there is only one or two, the patients star to complain and other patient join in then if more patients are doing that they may overpower the security officers. If only they can add more security officers. Yes, the incident occurred, and we saw that, and it did not go well with us.

R: We understand that, and our hearts feel the same with you. May the soul your colleague rest in peace. Please tell me more liked I have started asking you that what else can be done to you promote safety here. You have already indicated that more security officers can be employed. Errr I would like to understand that whose responsibility is it to employ security guards? Who is responsible for making sure that more security guards are employed?

P: When it comes to that, it is the responsibility of the employer. The employer must add security guards and male nurses. When they are many as we are carving for male patients here if the male voice is louder, it becomes a law to that. If there are more male nurses and more security officers and two or three women, it will be very helpful for the male patients that are here.

R: According to you, are you saying there are more females or males currently?

P: Currently there are more females than male staff members?

R: Is there any difference in safety between males and females?

P: There is no difference, it is just that a person is a male person, but more males must be added even when women are more currently.

R: That is well understood. Now when it comes to additional nurses whose responsibility is that?

P: It is the responsibility of the employer. He must feel for us that indeed those people are few, they are not many. Let us add more male staff members. The employer must look at this matter.

R: If more security guards and male nurses were added who are the people to get help out of that?

P: All of us will get help, our patients will get their rights like getting treatment on time, security guards will be maintaining our safety and no fights are occurring. When

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something happens, we will go as many as we can and stop the fights. They will understand, the voice of a male person is a law on itself on these forensic psychiatric patients.

R: Ok. You indicated that there are objects like pieces of wood that can be found lying around. Whose responsibility is it to make sure that those potentially dangerous objects to you are removed?

P: Like we are male people and government security officers and private security officers employed through tenders. The government security officers are the ones who take the responsibility to move around. When they move around and find pieces of wood they remove it, and they say they must not see such again. We do as they advise, and they are timeous to advise us these people.

R: Who are they that get safe when dangerous objects are removed?

P: It is all nurses, all nurses working here, all government employees, and others who come. There are visitors who come and go. A person who comes here not knowing the place, sometimes a patient may pick such an object and hit him with it. If it is removed all of us will benefit. Nurses, security guards and patients will be safe because sometimes patients fight among each other. I am also safe, it is just that there are not many things that I tell the employer to say they are fighting. The employer will get good news that everything is going well.

R: Uhm

P: That is when pieces of wood are removed, there will be no issues.

R: Since this is a ward for males, in females when it comes to sexual harassment, do you come across it?

P: Mostly they do not come across it but women are really scared because these male patients here, it takes a long time for them to go home. They have thoughts of that but they do not do anything to them because the security guards are always nearby. Even we males are always nearby.

R: Uhm. Ok. I heard you mentioning that a person must not be alone when performing something here, you are saying that there is teamwork, am I right?

P: It is correct about teamwork. That is, we work being many. To say let us do one thing together, helping each other so that no trouble can occur.

R: Yes. Who is the person motivating for teamwork that you are referring to?

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P: When we are in this ward even when giving report in the morning we do not give the yesterday or tomorrows report being separated. We are in one place showing unity on what happens. There should be no one who should work or move somewhere without notifying another person we walk being three or two people at a time.

R: Uhmmn

P: We should walk being four, which is of great help but that is what we are doing.

R: Is it possible that you walk in sets of four everywhere you go?

P: It is difficult because there are few male nurses, security guards are also few. We are saying to the employer that he must pay attention to this matter that we should be more, maybe five, that is three security guards and two nurses at a go.it would be better.

R: When it comes to this building that houses the patients, where you are working. Err.. how protective is this building?

P: It is true, it protects us because there are burglar proof doors installed so that when we entre everywhere if there are no security guards nearby, even if only one is nearby, we get in and lock to do what we want to do. When we are done like giving medications, we will be inside the rooms. We only open a small space for giving them medications when security guards are present. This building protects us.

R: Yes

P: The building has an entrance and exit places. If any trouble occurs we have made it that if there is fire we know where to run to.

R: Ok. Who is responsible for keeping the building in a good condition?

P: We as workers must move around the building to check for cracks and report to the employer that something is not going well. He will send the relevant people to go and see and it is corrected for it to be in a good condition.

R: Uhnmm

P: We don’t wait for the employer to come but we do it ourselves and see if the door is broken or the burglar door is gone or there is a crack. The building can fall on us. Here we do not have enough water for combat fire if it breaks out.

R: Uhmmn

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P: We tell the employer that there is no water, or something is missing. We report everything to the employer while we are in this building. Indeed, it protects us.

R: I see cameras all over here, what role do they play when it comes to safety?

P: they are helping us a lot because when we asked the employer to provide them, even when you are short staffed, there is one person who is stationed in the office monitoring the movements of patients. When he sees a patient wanting to hit another he will report to us because we will be far from the place. He will be seeing that and he reports to us and we immediately go there and interfere before any damage occurs. They are helping us.

R: uhmmn

P: They also assist to see who is taking government items unlawfully and walking out with it trying to take it home or stealing. They help us these cameras.

R: Ok

P: They again help us to check the time when someone has entered the building, he will be seen by the camera.

R: That is referring to workers.

P: Yes, even when the patients are fighting among themselves, cameras assist us to see where it all started, who started it. We then settle that, and we report to our manager for him to know and we record to report officially. Cameras help us.

R: What can you say about the conditions of cameras. Are they always working or is there anything?

P: They help but sometimes they are off and not functioning. They are reported immediately but we want them to be repaired without waste of time. These cameras that are helping, they are not only helping with monitoring patients only. They help us to monitor times for coming to work and knocking off. Because you will be seen.

R: Who is responsible for ensuring that cameras are in good working condition?

P: All this is under the employer, if they are not working, those who are working with them report to us to say they are not functional and we report to the employer, who will make sure that they are in a good condition. They are helping us.

R: When we were talking about the building you said that water is not enough to fight a fire anywhere. Is there any help if there is water in terms of safety?

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P: It helps a lot, when it comes to patients, if they have not bathed it is not good. Water supply in our hospital is not enough but it is of assistance because in this covid era we must wash our hands with water and again we sanitise after washing with water and soap. Water assists a lot.

R: What about safety when there is fire?

P: If there is fire indeed we need to use water to stop the fire that has started.

R: uhmn

P: If there is no water the employer must expect that he fixes everything to be ready.

R: uhmmn we are thankful Is there anything more that you can say about your safety inside here and what can be done so that we find ourselves safe?

P: No. Something that I can mention is that where we are working even if it is tiled there should be little soap used. If soap spilled on the floor, it must be wiped immediately to avoid slipping and injured, finding our knees injured.

R: Yes. Now who is responsible for ensuring that only enough soap is used?

P: The cleaning supervisor that we work when we are happy. Cleaning well using required soap.

R: If the soap is used sparingly, who are they that gets safe?

P: We are safe because we will not slip and get injured because we work here.

R: Is there anything more that you want to go ahead with?

P: No. I do not have anything else. I have said everything fully.

R: I thank you very much because you indicted when we started that err when it comes to safety there are areas that are safe and others safety is not complete. You indicated that from the gate until you enter the ward when it comes to covid you are safe. You said you are safe because of the presence of security guards, and you are safe by removing dangerous objects. You are safe because you communicate well with patients. No person must walk alone.

P: It is correct

R: You indicated that you make yourself safe is by communicating effectively with patients when I talked about the prison warders having guns and the like, you said you speak well with patients. You indicated that patients could insult you as it just happens

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to patients. You verbalised that we could enhance our safety by employing more security guards, more male nurses, teamwork. You also spoke about burglar door that they promote safety. Cameras are available and working. And promote but you wanted them to be functional all the time. You said that there should be water if fire starts. The issue of using only enough soap to avoid falls and injuries due to slippery floors.

We are at the end of our interview. We are thankful for giving yourself time for interview. The only thing is that all this recording in these two gadgets will be written verbatim and show my research supervisors at UNIVEN. They will see this; they are the only ones who will know what happened, but they will not know who said what.

Thank you so much. If there is something that I will think about when writing after this and need more explanation from you, I will again ask you to talk to you nicely so that you explain to me further, so that we write information that is clear. The other thing that I am going to do because I have recorded this, I will play back a little bit so that you hear if it is your voice that is recorded. We are thankful and pleas go and finish up the little time left for lunch. Thank you.

P: I am also thankful.

R: Aaa

P: Ndaaa

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MULAUDZI M.P

Transcript no 5

Key: R-Researcher, P-Participant

R: Good morning

P: Good morning

R: How are you?

P: I am fine

R: It is raining today.

P: Too much.

R: Yes. I have visited you today.

P: Yes

R: We would like to do a small job.

P: All right

R: The job for training

P: Yes

R: I am Mulatedzi Mulaudzi. Err a PHD student with the University of Venda. I am here like I contacted you telephonically to make an appointment with you for an interview.

P: Yes

R: I even talked to you earlier today to make sure that today we can meet and I interview you.

P: Yes

R: The most important thing is that you know that we are living in a COVID-19 era. Errr, you have seen that we have sanitized this area and we also sanitize ourselves. We must comply with the COVID-19 regulations.

P: Yes

R: We must sit a meter apart and wear masks and no physical contact with each other in any way. Now there are things that I expect here. My topic for research **is**

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P: Yes

R: There are a few things that I need to explain to you before I go any further with our interview. The issue is that we will be using my phone and voice recorder that you see in front of you.

P: Uhmmm

R: You are allowed at any moment to stop the interview if you feel that you do not want to continue or if you feel that you do not want to continue with the interview, you can tell me and we discontinue. If there is something that compels us to pause you can tell me. You can press here, or here on the voice recorder. Now what is important is that you will remain anonymous, and you name will not be associated with what you said in any way. You need not mention your name. Whatever you say will remain anonymous.

P: Yes

R: All the data that I am collecting here and recorded, I will write it verbatim like we said and send this for my supervisors at the University of Venda. For them to check if I am doing right or wrong. If I realize that I missed something when transcribing I will request you to assist me in interviewing you.,

P: Yes

R: If you see that there is something that you missed, do not hesitate to contact me. We have signed a consent for participating in the study. The other thing is that there are no monetary incentives or gifts that you may get for participating in the research study that we are conducting. After saying these things, are you still interested in participating?

P: Yes, I am all right.

R: Thank you very much. As we go on here, you as a staff member employed in the forensic psychiatric ward can you please share with me your experiences regarding your safety.

P: You mean experiences

R: Yes

P: We meet bigger things here in the forensic ward. Forensic ward is very challenging

R: Yes

P: The situations are not predictable. That is the behaviour of the patients are always changing and cannot be controlled.

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R: Yes, I hear you saying that errr the situation is challenging. Can you please elaborate on how challenging this is?

P: It is challenging in a manner that err. The behaviors of these patients are not stable and their conditions

R: You are saying their conditions are not stable, is that what I heard?

P: They not stable in the sense that today you can observe that the patient is all right, and in the evening you get a totally different report from what you have seen.

R: Ok as you indicate that the behaviors and conditions do change, how does it affect your safety?

P: My safety, forensic patients are mostly physically aggressive. So when they need attention from staff they take action. They do not negotiate orally or explain their problems. They do destroy or attack so that they get attention.

R: I hear you. Now that you talk about destruction, what actually do you mean by that?

P: err. Mostly these people destroy property, all that we have, kit could be windowpanes, machines or any other thing that could be nearer or chairs.

R: Yes

P: It can be staff members, if they can come near a staff member they attack.

R: Yes

P: That is if their needs are not met.

R: Yes. When you say that they attack, in what way do you mean they attack?

P: Errr, They can find you seated, like for example the Social Worker had promised that they will come and see him on Tuesday, and he does not turn up, or he is not at work. The fact that the social worker had promised to see him on Tuesday and the patient does not see him, then he reacts. It is either he attacks another patient and attack for him to get attention or he can ‘provoke a staff member. even if he is not provoked, he just attacks.

R: Ok thank you. Now when you say he attacks, what does he do that affects your n safety?

P: Err. What they do, they attack physically. They beat.

R: Did you say that they beat?

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P: Yes, they beat.

R: Please tell me, who are those that are attacked?

P: They beat staff members; fellow patients are also beaten. Mostly they target staff members so that they draw attention for themselves.

R: Uhm. What would you say about your safety in general inside this Forensic psychiatric ward?

P: About safety……..(stops talking)

R: Yes. Saying that you are safe or not safe or any other matter.

P: Errr, in this forensic we are not safe at all.

R: What are the other things that makes you unsafe?

P: Errr. It is the staff allocation, shortage of staff. And the environment itself.

R: Let us talk about the shortage of staff. How would you describe the shortage?

P: Err I am looking at the staff patient kratio.0

R: Please tell me more about staff patient ratio.

P: The 'staff patient ratio is not right because errr as I speak we have a total of 34 patients. As we have this number, there are only four nurses on duty and the other one goes off at 11h00 and only three nurses will be left. That is three nurses against 34 patients. It means we are going to monitor 34 patients being three, and I mean it is impossible.

R: Uhmm

P: Talking about this staff members, there are only two male nurses who must get inside and monitor these 34 patients, being two.

P: We are unable to manage them because they sleep on different dormitories and some are busy doing activities, some in isolation, so we cannot manage them because we do not have enough staff. It is difficult to handle them.

R: You indicated that you don't have enough and only three remain in the ward, how do you manage the whole ward in terms of your safety?

P: What we do is to improvise here

R: Please tell me how do you improvise?

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P: Those patients that we know are high risk, those that provoke others, we keep them in single rooms for safety of others and theirs. This enables us to manage those that are manageable.

R: While we were talking you said that your safety is affected by the environment. Can you please tell me more about the environment?

P: The environment that we are in here. Does not enable us to access the patients on time. While patients are inside we are outside. The distance from the nurses' station to the dormitories, makes us to take long to reach. For example, if patients are fighting inside, we get there already they have hurt each other. Mostly we are busy with files we patients are inside, we are in the nurses' station.

R: If I heard you well, you indicated that the building itself, is constructed in such a manner that delays you from reaching patients

P: Yes, the building itself is made in such a manner that delays reaching patients. There are so many corners and when we are at the nurses station we do not see patients.

R: Uhm

P: For us to see patients we must be locked in with them which is not possible because these patients are dangerous. We cannot lock ourselves in with them.

R: You indicated that this building makes you feel unsafe, what is it that you do to make yourself safe while working in this building?

P: What we do is to maintain a safe distance from patients in this building. Pause……. somebody enters in…… I am sorry about that, lets us continue with our interview, things like these will always happen if we are on duty.

R: Yes. We were talking about the environment before we paused, what is it that you do to make yourself safe in that environment? You said you try not to be locked in with the patients. let us continue.

P: Yes

R: Is there any other experiences regarding your safety in this ward that we did not talk about?

P: Yes. There is something about the environment. The other thing is that when we are out and the patients are locked in, we work with a person in the camera room.

R: Uhm

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P: There is a security officer who stays in the camera room who assist by telling us what is happening inside. We usually consult him and if there is anything he comes and tells us about what the patient is doing. And then we get into the ward.

R: What bearing does the camera has regarding your safety?

P: Err. Camera helps when staff members are inside while we are outside, because not all of us stay outside. When fights are starting he can tell us that someone is being provoked inside. We quickly get in and assist.

R: Ok. Can these cameras prevent the occurrence of incidences in the forensic psychiatric ward?

P: Eerr. They minimize. They cannot prevent. Sometimes we get a patient maybe smashing windowpanes. And taking pieces, hiding them in his pockets. When the person in the camera room has seen that we get inside, search him, and confiscate the items.

R: Thank you. Any other thing that affects your safety as experienced by you on daily basis?

P: Err. we talked about staff shortage,

R: Yes. shortage of staff.

P: the allocation of staff according to their skills. You find that in a certain shift there is no one with advanced psychiatric nursing, remember that is a forensic ward. the skills are needed in such a ward

R: I understand as you are talking about skills that are needed when people are working in. the skills that we are talking about, how does they affect your safety:

P: Err. There are people who can talk to a patient when he has relapsed, or he is aggressive. There are others who instead of talking well with a patient they shout at him and the more they shout, they trigger relapse or aggression again from the patient. Our school of thoughts are not the same.

R: Now talking about those who have advanced psychiatric nursing skills, according to you, do you think that the available people with the skills to what extent do they assist?

P: Err. Those who have the skills if they are available in a shift, when a patient is aggressive, they make sure that they interact with him well. Err we cannot mention their names, so when a patient has relapsed, maybe holding a chair preventing anyone to entre and promising to hit anyone. When the staff member enters and talks to the patient, calling him by his .name, asking him what is happening. Their approach is different from other people. There are those that cannot approach a patient, instead

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they harass a patient telling him this must not be done. There are those who can calm a patient down. You then realise that the skills that they have has helped and made us safe from being attacked by a patient

R: I understand you explained your experiences indicating the patient's conditions that they are unstable, unpredictable and changing all the time and moreover they are p[physically aggressive, they fight. They also need attention, and they eventually assault err staff members, they destroy property inside the ward, leaving you unsafe.

P: Yes

R: We also talked about shortage of staff that there are few nurses for the number of patients in the ward. you again said the environment is challenging because you cannot easily access the patients. Coming to your experiences you mentioned the assistance that is available through the cameras by minimising incidences that may occur in the forensic psychiatric ward. You also mentioned staff allocation indicating that there is no skill mix. There is a shortage of nurses with advanced psychiatric nursing skills. This is what you explained regarding your experiences. Is there anything that you want to add?

P: No. there is nothing else

R: Now going forward with our interview, may you please tell me the security measures, that can be done to promote your safety as workers in the forensic psychiatric ward?

P: Ok. Safety measures that we can take to promote safety are firstly we must ensure that our staff, regarding the environment we are working in like when allocating staff in the ward. The head of the unit must ensure that it is a forensic ward, not a chronic ward. There must be a difference from the two. They must acknowledge that the environment that we are in, is not the same as intellectual disability, this is a forensic ward then they emphasise what a forensic ward is. There are people who cannot differentiate between forensic and intellectual disability. They do not know what kind of ward this is. When they orientate staff they must reassure staff and emphasise the kind of ward is a forensic unit and exactly what it deals with. They must be direct and tell that this ward deals with patients who have such and such charges.

R: According to you how do you think the orientation of staff coming to work in the forensic psychiatric ward is going to assist in relation to your safety?

P: Err, Orientation allows you to know that such patients have charges as murder, rape, assault.it helps you when you are interacting with him, you know what brought him here, what triggers him. There are those patients who have charges and mood disorders and when talking to him one needs to be cautious with words.it helps because when I am orientated I know that when I get there, to those patients I know how to treat them.

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R: According to you, who should do the orientation?

P: Immediately when people come in the ward, the manager, or operational manager of the ward should orientate new staff, or any other staff who have arrived at a given time.

R: Who are the people who benefits from this orientation?

P: The orientation mainly benefits staff members and patients.

R: How does this benefit?

P: Err. Staff will be familiar with the conditions of the patients. The patients will be familiar with nurses. When we work with patients who do not know us, that is where conflicts arise because there will be no nurse patient relationship if there is no orientation.

R: Which other security measure are you thinking of that can assist.

P: Still on orientation, after been orientated staff members must know the different conditions of patients. To say this is who…and the condition or diagnosis is which one.

R: Uhm

P: The other thing we need to conduct internal workshops in our workplace. These workshops can be internal or external in Vhembe district but staring in our hospital. Err there are many nurses according to my experience who do not know what is happening in Forensic. What the word forensic mean, they do not know. They just know it is a Maximum or forensic ward but what kind of patients are cared for they do not know. That is why this task I give to the management of the hospital that they should conduct internal workshops at the main hall and all categories of staff members regardless of whether they are ENAs or staff nurse. They should tell them what the type of patients forensic wards deal with. Then they will know what is happening with the type of patients. Mostly these people are from prisons. They are not the same as those involuntary patients who come straight from homes.

R: You indicate that these patients come from the prisons, what kind of crimes have they committed?

P: They have committed different crimes. There are patients whose charges are rapes, or murder, or assault or malicious damage to property. They have wronged the community and as such the communities have rejected them.

R: How does it come about that we find them here in the hospital, they have wronged and as such they should be in jail. Why are they here in hospital?

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P: These patients are here according to the assessments of doctors, and they were found unfit to stand trial.

R: Uhm

P: It was found that they committed crimes under the influence of mental illness, then they were found unfit because they are mentally ill. It is better that they be detained in this hospital for treatment.

R: Now that you say that they have committed gruesome crimes as nurses how do you protect yourselves because prison warders have guns, and other equipment to assist in keeping safe from these people. How do you protect yourself?

P: What we do to these dangerous patients, when they arrive we call them and sit with him to explain to him that this is a hospital, it is not like a prison, you are removed from the prison because you are mentally ill, and you are here for treatment. Your jail life is different from the life here because you are here for medication. If you are healed then you are discharged home. After orientating the patient on the environment, the thoughts of prison can be removed, and they live like patients not to behave like a criminal who stays in jail.

R: Whose responsibility is it to orientate the patient in the ward?

P: Err Firstly the admitting doctor or psychiatrist has the responsibility of orientating the patient before or during admission. The whole procedure that as he is admitted at ….. forensic psychiatric ward because he is not fit to stay in prison due to illness. If they are not orientated and somethings are just written, in a paper and he arrives in the ward. he will question his admission and will cause lots of trouble. we as nurses when he arrives we orientate him again but the admitting doctor must do that, to tell him why he is admitted.

R: Who will benefit out of the orientation that you conduct on patients?

P: Staff members, the very individual patient, and other patients. When these patients are seated on their own, they have different topics. Someone will say I was the boss in prison, and the other one says that too. After the mentality of bandit has been removed, and instill that they are patients, all can live well as patients knowing that they are there for treatment not crime.

R: What is the other security measure that you can think of to address the challenges that affect

P: Err we as nurses must know our responsibilities.

R: You must know your responsibilities

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P: Yes. Like for instance, how and when to act. When a patient is staring to behave somehow,

R: Who is responsible for ensuring that staff members know what to do and when.

P: Err. It is our responsibility as nurses that we must know our scope of practice. Many a time you find that the patient has relapsed or behaving differently, has signs of relapse. And we know what he can do when he has relapsed. instead of giving him a standing order you find that the person just picks up the phone and call the doctor. The doctor is not found, but the doctor has already indicated that if he relapses, let him be given rivotril as an example but a person will delay this until a patient destroys. This is something that we as nurses are afraid to take responsibility for. We contact the doctor when the patient has destroyed many things whereas the doctor has written a standing order in case something happens. A standing order protects us but there are people who don't know when to act. This is something that we as nurses we must consult if we are not sure from our supervisors or manager to check if the behavior warrants to take action or phone the doctor. I think it is better to administer standing order and then contact the doctor than to wait for danger to occur then call the doctor.

R: You say that nurses are also responsible for working according to their scope of practice and to know the protocols that are used like standing orders. Is this what you meant?

P: Yes. There are many people who do not know how a standing order works. We need to be updated on when to give a standing order if there are changes. This confuses people in the wards. The patient has relapsed and instead of acting the phone the doctor. When the doctor arrives damage would have been done.

R: Is there another security measure that you are thinking of?

P: The other thing is that as nurses. Err we must have access to camera surveillance available in the forensic ward.

R: If I heard you correctly, are you saying that you need access to the cameras.

P: Yes.

R: Who is responsible for allowing you access to the cameras?

P: This risk section is responsible for installing CCTV camera to access because firstly the security officers only assist but not treat patients. These people are not trained in psychiatry. They do not know the behaviors of patients they do not understand the meaning of actions of patients. Whereas I as a nurse when I see a patient from the camera, doing something, I can interpret that behavior. Security officers do not know that. For instance, you find a patient destroying something, the security officer does not understand what is happening. He does not know the item in the hands of a patient can be used as a weapon. If we at the nurse's station can see what is happening and

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we ignore then we take responsibility. The security officer is always alone but we are many at the nurses' station and we can monitor patients as we see what is happening inside.

R: You say that the risk officers gives assistance that you can see what is happening where the patients are through cameras. Who is responsible for making security officers to be aware of and interpret the behaviors of patients?

P: It is the task of risk and hospital management because security officers do not fall under nursing. they must be workshopped and be orientated according to the behaviors of patients.so that they know what to do if they see something. They need aa workshop on how to communicate with patients because they are not trained to deal with a mentally ill patient. They are trained to provide safety and to protect. So many things are difficult for them as we are working with them. We can see that they are not well orientated on what they are dealing with.

R: You say they are not orientated to Forensic psychiatry, is that so?

P: Yes

R: Please tell me who will benefit if the Risk and management facilitates the orientation of security officers?

P: The security officers will benefit so that they may not be attacked by patients. Communication differs among people. When a risk officer finds a patient talking alone, we know he does that. There are patients with fixed delusions and a risk officer does not know that. Some have auditory hallucinations that the risk people do not know. when a person is talking alone, hearing voices, and screaming, they can provoke him and tell him he is making noise. The patients then react and assault him. Security officers, the patients and nurses' benefits. By this we are promoting safety. There will be no conflicts.

R: I understand that you mentioned that there will be no conflicts if orientations are done. You said something about staff shortage, according to you who is responsible for provision of adequate staff.

P: It is the responsibility of the sectional head or the leader of the section we are working in.

R: How will this assist?

P: The thing that I observed about forensic patients, they study the available staff in the ward like there are three or four in the ward and they say they will misbehave. The patients can plan for this and do it intentionally and they know the staff is not enough to control them then they decide to misbehave to get attention.

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R: Now you think the sectional head is responsible for providing enough staff to manage those people. Who then do you will benefit?

P: We as nurses for our own safety. Nursing is about teamwork. We cannot say it is a team of three people.

R: There is an issue about the environment. According to you who is responsible for the environment is safe to work in?

P: The Occupational Health and Safety staff who are in the institution because when they conduct evaluations they should not do them in their offices. They must have a schedule. maybe twice a week they themselves conduct rounds not the ward representative. They must inspect the whole environment. We accompany them with security officers in the toilets. They are trained to identify risks. If they don't take rounds incidents will occur.

R: When they come to check the environment, who then benefits.

P: The institution itself, staff members, patients because hazards will be minimised like the trees that were cut which can pose hazards as mentioned by OHS then IMM can remove.

R: Can you not see the hazards yourself, who are on the ward, now that you want OHS to come all the time?

P: There are those that we can see and control immediately and those that we can't see because we are concerned about the patient.,

R: Ok, you indicated that OHS should come to ensure a safe environment

P: Yes

R: There is an issue of staff allocation according to skills. Who is responsible for allocation of nurses with advanced skills?

P: The nursing manager or leader. He knows the number of nurses with advanced skills. When an allocation is done you find that…. Phone rings….. pause.

R: You will pardon us for that. You indicated the nurse manager is responsible for allocation of advanced skills. Even here I need to know who eventually benefits.

P: If the ward is well balanced, staff will benefit. The advanced knowledge is shared in the care of patients. The patients will benefit.

R: How does this affect your safety?

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P: There are conditions which could be controlled but lack of knowledge or insight and the situation complicates. A skilled person listens and gives care better.

R: You mean that a person with advanced skills can teach others and apply her skills.

P: Yes

R: I thank you. We have talked much about security measures that you think can be done in forensic psychiatric ward like orientation, that people should be orientated, internal and external workshops. accessibility to cameras for nurses, allocation, OHS staff, shortage of staff that is a responsibility for managers to provide. I thank you for this information. Like I told you I am going to transcribe this information verbatim until I finish then submit to my supervisors. If I need clarity on something I will contact you and make an appointment and record again. If you think of something you must not hesitate to contact me

P: I have something that I thought about and would o like to add now,

R: Yes

P: To add on staff allocation. When allocation is done they must check the experience of people who worked in the forensic ward. patients in forensic ward take advantage of new people who do not know their behaviours, they misbehave. Experienced staff should remain, and they must not cut on the number allocated they rather add.

R: You indicated that err the experienced staff in forensic psychiatric ward should stay longer.

P: Yes

R: Please tell me, how does that protect you

P: Some patients here are former drug addicts like they abused drugs. When new staff arrives from another ward or training or leave the demand panado every day. new staff can be manipulated. An experienced person can intervene to the behavior. If it is only new people they will struggle. incidents also occur.

R: uhm

P: These benefits all of us staff and patients. Lastly is the task of hospital management must be involved in daily activities of the hospital. They must not come in the ward forensic only when an incident occurs. They must come even if there is no incident. Their presence has an impact on the patients. When they all take rounds at least twice a week Monday to Friday. they greet patients and patients air their concerns; this helps us a lot

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R: You are indicating an important information on executive management rounds to see what is happening.

P: Yes.

R: How does this promote safety, if you could explain that to me?

P: There are crises in the ward, patients' needs and questions that we cannot answer. Crises like clothing, there are no blankets or food. When managers come during prayer time, greet and invite challenges they reply if it is impossible, or visitors are not coming due to CIVID-19. They will come when COVID-19 is minimized. When they are gone patients will not bother us. We tell them the management had replied.

R: You say if I am correct the presence of management will minimise incidents because some challenges will be answered, and anxiety allayed because of the management rounds and answering questions. Therefore, incidences will be minimised is that correct?

P: Yes, it is correct

R: Thank you very much. We have come to the end of the interview. We talked much and added some information on experienced staff to be considered to stay for longer period. We talked about management rounds in forensic psychiatric ward. thank you for your time. We will end her

P: It is ok

R: You can finish what you were doing. I took your lunch hour.

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Transcript no 6

Key: R-Researcher, P-Participant

R: Good morning

R: Good morning

P: How are you?

R: I am fine and how are you

P: I am fine

R: Err, we have met today, when the sun is this hot

P: It is hot.

R: Have you ploughed already

P: Ehhh, this year mealies…….there was no rain

R: Yes

P: But we got just a little to get some sour porridge.

R: Yes, all kinds of mealie products

P: Yes, it is good if people have ploughed like that

R: How are you doing today

P: I am thinking about home for picking pumpkin tree flowers, as it is today they are damaged.

R: Meaning that you are drying many flowers

P: We are drying.

R: I see that like we have already sanitized our hands, seated at 1-2meters apart, and that we have worn our masks.

P: Yes

R: These are the COVID-19 regulations that we must adhere to.

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P: It is all right

R: Even the place you are seated on has been sanitised.

P: Ok

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

P: Yes

R: Err what I need from you is that you explain to me the strategies or ways that we can use to promote your safety in the forensic unit. Now you are one of the people I have selected you to represent the cleaners in the unit. Is it correct that you are cleaning in the ward?

P: Yes it is correct

R: Now that we have met today, you know that I have talked to you before to be part of the study, I even talked to you yesterday. We talked about it today also until we agreed to that we meet for this interview for my study.

P: Yes

R: Do we agree that we are using your lunch hour, because we must not disturb the service for the patients at all.

P: It is my lunch hour and the patients have already eaten.

R: Yes. Now that we have come this far, let me explain what I expect from you.

P: Yes

R: It is the fact that you need to be free.

P: It is alright

R: Like you have agreed with me to participate in this study, firstly is that we have already signed the consent form. It means that when we are talking here, you need not mention your name .and I will not mention it, we are not going to use other people's names. I will allocate ka number that will enable me to identify you. The other thing is that there are no monies or gifts that you will get for participating in this study.

P: Yes

R: If you feel that you do not want to continue with this study, it is not wrong to say so. Now that we are recording this conversation, this is a voice recorder and this is a

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phone, you tell me that you don't want to continue, I will show you were to press. Like you press here on the recorder, I will open the phone for you to press. Is that alright with you

P: Yes, it is all right

R: The other thing is that you will remain anonymous. If you think of any other thing later you are at liberty to inform me about it. If I also need clarity from you I will contact you so that you clarify me.

P: Yes

R: I am going to record this and transcribe this word for word and again proofread to check what we have talked about. After that I send this to my supervisors who are checking on my work.

P: Ok

R: You have been in the forensic ward for some time now., please explain to me your experiences of working in the ward when it comes to your safety.

P: What I see in that ward, firstly when you enter to work you must be a loving and joyful person because you cannot work with them when you are angry. In the morning when you get in for cleaning you must greet them and say good morning, they also will say good morning makhulu, how are you? I also say I am fine and ask them how they slept. They will say they have slept well. You need to be happy with them. When we entre kat the gate there is a security officer as women.

R: Yes

P: All the patients are taken out to the courtyard to stay there after they have bathed. We enter the dining hall where they eat their meals and have their morning tea. We start by cleaning the hall when there is no movement of patients inside.

R: Yes

P: We are under the protection of security officers and that is what we are happy about. We even tell the security officers to assist us when there are some patients who are in the hall. The officers come and take them to the courtyard.

R: I hear you. You have indicated that there are security officers, as you are women, can you please explain the reasons for having security officers?

P: Those people inside, truly speaking, mentally ill patients make you scared.

R: They make you scared

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P: Yes, especially as women. Those patients are males, not women, Maximum is all men, they are coming from families, and some have left their wives, when he looks at you he is thinking about his wife who is at home. Now as a woman I cannot get in alone, I will be at a big risk. I feel that security officers are protecting us well, very well

R: Uhmmm

P: That ward needs many security officers.

R: It needs many security officers

P: When we clean in the hall the security officer stands at the entrance. He may take his chair and sit. We clean the hall until we finish, and it dries up. Some patients wake up later than others who have already bathed. You can hear him in the bathrooms taking a bath having opened the water. There is nothing else, I cannot go into the ward and pass that gate alone. When I go into the ward, I must be accompanied by a security officer.

R: Uhmm

P: I put my bucket outside there before I get into the ward, the security officer gets into the ward and check each dormitory by opening the doors to see if there is anyone who is left in the ward. so that as a woman I must not get in and find s patient inside. I start working per dormitory while the patients are outside. After I finish the dormitories, then we open the gate leading to the toilets, bath and showers. I then clean the toilets, baths and showers, after that I scrub the floor in the presence of the security officer who is at the door so that none od the patients can come and claim to get into the toilet. The security officer will tell the patient that in this toilet there is someone who is cleaning and refer him to other toilets. We are working being safe.

R: I understand you full. Can we just go back to the issue of you being female workers, there must be security officers? You indicated to me that these patients come from homes, and they had their wives. I would like to continue to say (phone rings) what is it that in a male person from home with no wife now. What is it that makes you feel unsafe? What do you think can happen?

P: As at now when we work, myself when I got there, I don't know whether it is because it was their first time to see me. When I was cleaning the toilet a patient got in and stood nearby. The toilet was next to the wall, I felt that as I bent down the colour next to me is strange. When I stood up I realised it was a patient and there nowhere else to go. I stood there and the patient was getting close to me and I moved backwards to the wall and I grabbed him, pushed him back and he fell down, closed the door and called for help, staff members came to my rescue. I didn't know what he was coming for.

R: Uhmm

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P: Because there are so many toilets there. When asked the patient did not say anything as a mentally ill patient.

R: You also indicated that they are mentally ill and they are all males. What is it about their illness?

that makes you unsafe?

P: HEY!!!!! I do not u understand those people because I did not train for that. I don't understand them because sometimes you hear them insulting.

R: Who are they that are insulted?

P: He can do that alone. Insulting alone or in the ward and what he says you cannot understand or make sense out of it. Even when he is called for an interview to say he what was it that he was talking about, he will not say anything. I remember one day as I was sweeping around the ward. sweeping and picking up papers, a patient peeped through the window and said "even cats can sweep, my mother told me that a cat can sweep." So I stood up and asked if I am referred to a cat and he said 'ohhhooo! I did not realise it was a person; it is my mother who told me that a cat can sweep. Now you can see that these people should leave with people who understand them.

R: Yes, I understand you. What is it that these patients do inside that makes you scared as a cleaner?

P: Ohhh . among themselves, a patient can provoke another one by taking something from them while seated. When a patient moves away from his chair, the other patient may take it and when he comes back to claim his chair, then a fight starts, and they fight. Security officers and nurses will go and separate them. They are from different places and their ways of living are not the same. There could be one who easily gets angry, and others are stubborn who does not believe that there is somebody who can defeat him. He does not accept that he is wrong

R: I hear you. You as cleaners in the ward doing your everyday work, cleaning all over and the offices where staff member work. When are you feeling unsafe?

P: Like I have said as a woman, I don't get in alone at all.

R: You do not get in alone

P: There is an emergency room, linen room, storeroom for masks, sanitisers. I cannot go alone to clean even if they do not use those rooms. I cannot take a risk and say I am going there alone. I can go with a nurse and clean while he is there.

R: How do you summon the security officers while you go inside? Is it a protocol?

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P: I request, because at the first gate there is a security officer, in the dining hall there could be two to four security officers. I request the one at the gate and inform him that I want to get into the ward he will tell me that there are security officers in the hall who may be two or three. I don't just get in and point I request from them to accompany me, and one will stand and go with me.

R: Yes. Are there instances when the patients can attack you as cleaners?

P: No. if I have a security officer they do not come. The security officer will also say that no one must entre because we are working. The respect the area where we are working. Phone rings

R: They respect the working space.

P: Yes, an area where they see that it is wet of water, they are told that when the floor is wet no one must walk over. They are told not to walk as the workers are cleaning for you, and that after bathing you stay in the courtyard. If it is raining, then we clean the hall and let them stay in and then we scrub the dormitories without any movement.

R: The equipment that you use for cleaning, how are they unsafe to you.

P: We use a bucket and a mop; the mop has a stick. If I forget something like a piece of cloth, outside I tell the security officer and show him that I am putting it outside the gate. I then go and collect it. If I leave tools like these buckets, the bucket has a steel gear press machine, the mop has a stick. It means then a patient can take this and injure someone. I must make sure that my tools must not be scarred around like an office worker would do.

R: When you come in this ward, were you orientated on how to deal with your own safety.

P: I …..truly speaking I worked in A. B. Semi and F, I think that they have just accepted me at Maximum, and I take it they assumed that I have been working with male patients in other units. No one told me anything. I was only told that I must work with security officers in the ward.

R: I understand you fully. I would like to know more about you while you are working. When security officers search rooms where will you be

P: We stand on the other side of the closed gate to allow officers to check if there is any patient inside. If they find him, they call him outside to be with others to allow us to work.

R: Are there any other things that in your experience or that you know make you unsafe?

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P: I think that when they go for bathing, all of them must bath and no one must bath after everyone else has long bathed. When you enter to clean and you hear the sound of water, you call security officer and tell him about it. When he enters and find that there is still someone who is bathing. It puts us at a risk. If you are not careful, and immediately call a security officer to also check the toilets because some patient can just sit on the toilet seat. When he hears that the cleaning bucket is coming, he may sit in the toilet

R: Are you saying that if the security officers are not there, then you could be raped is that correct?

P: Yes, it is very possible.

R: When we look at this place there are security officers who keeps you safe, they are doing a great job, they guard all over the inside and outside the ward. They also are alert because these patients are dangerous as they are mentally ill. You also indicated that their thinking is not understandable. Sometimes they just insult and fights among each other. According to you as you are working here, everyday what is it that you think can be done so that those that scares you will be minimised?

P: Like I have said, at Maximum, it requires male staff members especially for nurses. There should be many men allocated. It should not be anyone who will just sit. It must be a person who is vigilant who has a strong heart to be allocated.

R: I hear you, as you say males are the ones needed on nursing staff, what about you as cleaners?

P: Male staff members are needed even for the level of cleaners, because when I am working with male person, it is difficult for them to come near me because the male person will tell them to go back. They fear male staff members.

R: Yes, the other thing that you mentioned was that when they go bathing there must be none of them in the dormitory.

P: Yes, it must be checked that no patient is left in the ward bathing later than others giving staff members a surprise when they call him he is nowhere to be found. Other patients will say he is still bathing, while others have bathed long time ago. There must be people who will tell them to bath on time. come out

R: I fully understand you. We also talked about security officers ito say that they are needed in numbers.

P: Yes

R: Err, are there female security officers?

P: No there are no females, it is only males.

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R: You also indicated many more males must be allocated is that so?

P: Yes. You can find that one of them is sick or on leave. If there are males, they can assist each other with male nurses. Female staff members cannot cope with those people. When females go to give medications, they are accompanied by male nurses and security officers.

R: Now we see that err, more nurses, cleaners in the ward must be employed. Whose responsibility is it to make sure that they are hired? Who must do it?

P: I think that it is the responsibility of the managers who can see that that ward needs more people. For now, as we look, the whole hospital has no cleaners, there are no workers. If there were enough workers a person would not work three wards alone. At the end of the day that person will be tired, that is why a week cannot pass by without people getting sick because they are tired of a large amount of work. If possible more cleaners should be employed.

R: When patients are insulting or fighting which leaves you unsafe, whose responsibility is it that you may be safe?

P: Even our nurses

R: Your nurses. There are cameras in the ward, how do they affect your safety?

P: I think cameras are of assistance. I think about sometime when we were seated I saw nurses running and I was cleaning in one of the toilets. I was surprised to see people running and I didn't know what they were running for. They said one of the patients is trying to commit suicide as seen in the camera. Cameras, at Maximum should me monitored that they are in working condition all the time.

R: Ok

P: Wherever there is a patient, cameras must be checked because they are assisting a lot. Even the person who is in the camera room is assisting

R: How is he assisting?

P: He is assisting because he is the one who will see when things are happening, and he phones the nurses.

R: Whose responsibility is it to make sure that the cameras are working?

P: There are people at maintenance, they are the ones who must see to it that all the cameras are working well if they are not functioning they must monitor them.

R: We talked much during this interview, like more staff members must be employed, follow up on employment of workers meaning cleaners, nurses, and security officers.

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We even talked about the fact that more males should be employed and that they must be people who are dedicated to their work. We even talked about the cameras that they must be in good working condition. We said that it is the responsibility of the maintenance staff to ensure that they are working all the time. We discussed about all these things; we see that they are important for the safety of staff members in the forensic ward. Who are those that will benefit if what you have said is Implemented?

P: The department can benefit because fights will be minimised in a hospital. The department enjoys this because it shows that workers are managing the patients well.

R: What about the workers? Can they also benefit when it comes to safety?

P: Ahh !!!! workers get the huge protection, even our nurses get protected. When cameras are available, if a staff member just get into the linen room, taking clothes and a patient gets in the cameras will be monitoring. It will be seen that the staff member was unaware that a patient is following him.

R: We have gathered more information here as you explained. Is there anything that you want to add to what we have said?

P: The other thing that I can say is that when they delay bathing, those that bath after others have finished bathing already, it is more about water. If there is supply of water every time, they wake up in the morning and all know they are going to bath. There will be none who will delay bathing because there will be no interruption in water supply. None will be waiting for the supply later.

R: Who are responsible for the constant supply of water?

P: The maintenance people. They must always make sure that all tanks are full of water.

R: They must make sure the tanks are full of water.

P: Yes

R: Thank you so much owe are coming to the end of the interview. Thank you for your time and all that you have provided. Like I have told you I am going to write word for word. If there is something that I do not understand later, I will come back to you for another appointment, and we talk further. If you think about something else, there is nothing that hinders you from informing me.

P: There is no problem.

R: You can now go and finish your lunch.

P: I also thank you.

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Transcript no 7

Key: R-Researcher, P-Participant

R: Good afternoon

P: Good afternoon

R: How are you?

P: I am fine and you?

R: I am fine. Yes. I am here today, having these issues about COVID. Like here on the surface, it has been sanitised to minimise the spread of this COVID virus. We continue to sanitise our hands, keeping our masks on and sitting 1m apart, to fight this disease.

P: Yes

R: How is the cold?

P: It is too cold

R: Yes its cold. Thank you. Like I have requested you earlier on to be a participant on my PHD study, I am Mulatedzi Mulaudzi. I am a PHD in nursing student at UNIVEN. I have chosen to use workers in the Forensic ward regarding the topic is:" strategies to promote safety of staff members in the selected forensic psychiatric ward" where you are working.

P: Yes

R: There is something that I need to inform you about, that you are not forced to participate in the study. If during the interview if you feel that you cannot continue with the study, you can tell me and we stop. Like you can see I am using two gadgets here, a tape recorder and a phone, to safeguard if one of this gets lost, the information will remain. Then you just tell me or you press yourself here on the red button to stop or on the other one, you press here and we discontinue the interview. The other thing is that we do not have gifts that we give you for participating in the study.

P: Yes

R: You should feel free to respond the way you want to as I ask you. We are not going to use any names because we are not supposed to link what you said as a person. You say what you know, errr in this study we are not going to use any, medications or

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inject you to research on you. We will just be talking. It will be only me and you. as I ask you and you respond. Do you feel that we should continue as it is?

P: Yes. Let us continue.

R: Yes. You will remember that we have signed a consent form to endorse that we agreed that you are not forced.

P: Yes

R: How that you are working in this forensic ward, I would like to know from you that according to your experience, how is it to work in this ward?

P: Errr

R: How do you work, how is your safety?

P: Err, I am working well because there is errrr .. that the wards have some protection like steel bars, and others in the Maximum-Security ward. I also feel safe because there is a protection from security officers who guard us so that if there is a problem from patients then they can protect us sometimes.

R: Silent……..

P: And then we use protective clothing when we entre there so that at least errr like when we inject we wear gloves and other protective clothing. Just to be safe. Err and then I think we are safe because according to me I have not encountered anything else.

R: When you talk about steel bars as something that protects you, what are they protecting you from?

P: Err

R: What is it that need that steel bars should be used?

P: Errr. Those steel bars are made so that at least patients may not abscond because it would be easy to abscond or escape unseen if there are no steel bars.

R: Can you explain to me the type of patients you are caring for who may abscond?

P: We are talking about state patients. We are also talking about the involuntary who are rare. It is mostly the state patients.

R: Who are those?

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P: Those that have committed murder, rape, smashing windows are the ones that are admitted there.

R: It looks like the patients are scary.

P: They are dangerous because most of the time they are admitted from the jail like Matatshe, from prisons.it has been found that they are ill, that is why they are brought here for observation or if diagnosed they are found to be having problems they are brought here, and we observe him. When observed and they are found to be ill indeed, he is admitted. When we observe him and find that he is faking his illness, he is then taken back

R: These people have committed gruesome crimes, when you say they are found to be ill or unwell, what do you mean had happened to them? What are they suffering from?

P: Actually, when he is found outside having a case, like murder, he is convicted to jail, police station. When he must stand trial, they observe that this person is talking senseless things, and he has killed, he is then sent to doctors for observation to check if this person is talking something about killing.

R: when these people appear in court because they have committed crimes, they are convicted and sentenced, those who work there have got guns and other amenities to protect themselves with, how do you protect yourselves from these patients?

P: No, we are trained that when we meet patients who have mental illness, it means that we have been taught how to manage them. We know how to work with them. We can manage them because we have been trained to manage mentally ill persons using this and that. That is why we can nurse this person.

R: How do you manage them because it sounds like they can hurt you, does it happen?

P: Yes, it happens but as we are trained to manage them, it means when he behaves in this manner, we have medications, injections. When we inject him, it sedates him and then we nurse him well because he will be powerless. Those injections, I may not mention names we have them that sedate a patient. If he is aggressive then we can inject him, and he becomes stable and then we work well with him.

R: We hear that there was a tragedy when one of your colleagues lost her life.

P: Yes, it happened.

R: How do you make of it?

P: It does not sit well with us because I went off and it happened the following day. It did not go well with us because mental illness is not predictable that. Something may happen unexpectedly; it can happen that he hit or kill you just like in that case.

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R: Uhmm

P: It happened when most people, patients and staff have least expected it. It happened that he killed her. Now I cannot predict what a patient is thinking about today because we do not know what he is talking about. Some commit suicide, he cannot tell you that he is going to kill himself. He dies because he has decided to kill himself.

R: When we look at the incidences like these when people are pushed, hit bitten and all in this ward, it is happening in the presence of security officers,

P: Yes

R: Now what do you think must happen so that safety is promoted completely?

P: Yaaa, actually, it means in other words, more security officers can be added, even the staff members actually because the problem is maybe there are only two males in the ward, the others being female nurses. When there are fights when we are only two, it is difficult to manage them because they are many. It means more staff members should be employed especially males so that we can manage any incident that can occur or separate them. The problem is that sometimes there are no people, only two males. It happens in the Maximum-Security ward. we cannot manage them being few.

R: Uhmm

R: That is the problem that we have.

P: I hear that you say that your safety can be promoted by employing mores security officers to guard inside. Still on that can you please explain to me whose responsibility is to employ more security officers.

P: According to me, I would say maybe it is the hospital meaning that it is from the CEO to the Risk office. That is according to me.

R: Uhmm where would you say the security officers will be placed?

P: at the Maximum-security ward if they are many, they will be posted on different arears. We may have one inside with the patients. When an incident occurs, we find that we are not enough. They will be assisting. When we are many, it would be much better.

R: When you say more male nurses should be employed, whose responsibility is it to see that they are employed? Whose responsibility is it m to hire?

P: Yaa errr. it is the employer it means that errr, we report to the nursing manager that we have a shortage of male nurses. The nursing manager will see to it because we

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are under the nursing manager. The nursing manager and the CEO will see how to arrange that.

R: When do you think this can be done?

P: Eish. Maybe according to me, most of the time they talk about the budget., there is no money to employ, there is nothing. We may not know when the budget will be available.

R: If you had your say, when would you say it should be done?

P: Even tomorrow it can be done because the shortage is troubling us. It is not the Maximum-security ward only, even the other wards. If someone gets sick, only two people will be left. Like in Unit A there are 41 patients.

R: Yes

P: If we are working being four, you can feel that even at work you are not safe to such an extent but if we are many, three or four males it would be much better.

R: Uhmmn, there are cameras in this forensic unit, how do they contribute to your safety?

P: They are some of the better safety measures to contribute to our safety, I have seen that in this Maximum-security ward because when it happens, there is one stationed in the camera room. When an incident occurs like patients fighting, he immediately sees it and report to us and say there is a case inside. We rush there and we separate them before they injure each other sometimes.

R: Uhmmmn

P: He sees that very fast. The cameras are assisting us.

R: Who sees to it that cameras are always working?

P: It means because they are controlled by the Risk officers, are the ones reporting to each other or maybe the security officers report. I don't know how they do it but there is one so, so is not functioning. They must report that some cameras are not working. I don't know how they report but they must be reported.

R: How often should they report?

P: Errr

R: Is there a stipulated time or always?

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P: Actually, as I look at it, there was a problem of delaying, taking a long time before they are attended to. It leaves us unsafe because firstly, we could have placed a patient in the single room, we cannot see if he is safe or not. If it is not attended to, we cannot work well. If it is fixed we can be able to see all. The one in the camera room can be able to see that the patients are right.

R: According to you the cameras must always be working.

P: Especially the forensic ward that is very risky and dangerous. Sometimes they attempt to commit suicide, sometimes they break the cameras.

R: what then happens to cameras when they are broken?

P: It means they must be reported, that is why I say when they are reported it takes time sometimes before they are fixed. It must be reported.

R: From the time it has been smashed and till it is fixed, you remain unsafe.

P: We are unsafe.

R: How do you keep safe before the cameras are repaired?

P: No. we make sure that if they are locked in, we are with them, we always check them if they are safe or not. That is what we do because we cannot see in the absence of the cameras.

R: There are ladies here, I heard you are saying that there are few males and some females. How safe are the women?

P: Women are not safe, heyyy!... that is why we do not allow them to get into the wards because when these patients see a woman, they get excited.

R: Yes

P: It is rare that we allow them to get inside the ward.

R: When you say they get excited, what do you think could happen to the women?

P: Ahh. Sometimes if there are no male staff members, he can grab and rape her because when they see women, I don't know how they feel. It could be that they have stayed a long time without meeting women. That is what I think. Some are rapists, they are always thinking about it.

R: I understand that this ward is dangerous. Errr you have indicated that you cannot predict what he is thinking about. How do you see that this patient wants to cause trouble to staff your members?

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P: We can see that because sometimes we know them. When we get to work we can see that this patient is not like yesterday, today he is talking a lot and loudly. He can do something, and we see that it is not like yesterday. We can see that maybe the medication is no longer strong, or he is starting to relapse. That is how we see it.

R: Yaaaa

P: We can see that he is not like we used to know him, there is something about him today. When we talk to him sometimes, he talks senseless things. We then see that nooo… things are not well.

R: Is there a time when these patients insult you?

P: Yes, it happens that we are seriously insulted.

R: What could have gone wrong?

P: Sometimes you want to assist him, and he refuses. I say I am here to assist you in the hospital. He starts to talk bad things and insults and say all things and it happens that we are insulted and get tired of it. Because we are here to work, one can get disturbed for that moment but after a few minutes it is gone. We understand that the patient is not doing that intentionally, he is ill. He is there for making him to go back to his normal self.

R: How do you work with security officers, Social workers and others if you want to ensure that workers are safe when they perform their duties?

P: Ahhh, I don't see any problem, we are working well with them. The most important thing is that we communicate to work as a team. To work as a team helps us because social worker helps a patient. When we report a patient to him, he writes something that should be done to the patient. It means he is doing his work. If the work is not done, then it creates a problem for us. Like the patient should go home and the Social worker has blocked something, he cannot phone the home and bring back the report. We are experiencing that we are not working well with them but up to now we are working well.

R: When the doctor come to see a patient, how do you ensure his safety?

P: We make sure that there is a security officer there. We do not allow a patient to be present when there is no security officer. We are also with the doctor and security, so that if something happens in Maximum Security ward when the patient stared to behave somehow.

R: Ok

P: He wanted to smash the computer in the presence of the doctor at the operational managers' office. It was luck because the security and nurses were present. They

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immediately grabbed him. We make sure that when the doctor is there, it must be safe. They can attack him because sometimes there could be differences with words. The patients decide to hit the doctor. We make sure that there are nurses and security officers nearby.

R: Is it true that they can use anything to attack workers, how safe are the eating utensils?

P: Err no they are safe because they are not dangerous weapons those plates. They are safe because they are not made of steel which is dangerous.

R: Ok

P: The plates are not dangerous, they are safe.

R:is there anything that you want to add regarding your safety in this forensic ward?

P: Actually, to add is that we work as a team because sometimes the ward has no nurses, or they are there but not in the ward. People should stay in their wards when they are on duty, someone may go out and leave you alone in the ward. You are also not safe. Let us work as a team and do one thing. When the patient attacks you will be the only one because they can influence each other.

R: We thank you very much for the information that was indicating that there are steel bars, security officers, protective clothing, you work as a team, you have been trained to work with mentally ill patients. You also use medications to protect yourselves. You have also indicated that more security officers should be employed and male nurses. Cameras must work all the time. With team work you indicated that workers should stay in the ward so that they are there when the patient attacks.

P: Yes

R: Thank you very much for the time you have given me. We have taken your lunch hour to work on this. The information that I have recorded, I will type it verbatim. If in think of something while writing, I need clarity I will call you like this and make an appointment

P: There is no problem

R: I ask you to explain. If you think of something else do not hesitate to tell me about it and we can use it. This information will be known by those who are assisting me at school, it will not be known by others.

P: Yes

R: I will allocate a code for you. I am the only one who knows. Thank you so much. Please go and finish your lunch.

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Transcript no 8

Key: R- Researcher, P-Participant

R: Good afternoon

P: Good afternoon

R: How are you

P: I am fine and you?

R: I am fine

R: We are still in the COVID-19 era.

P: Eish

R: Yes we should continue like we are seated 1,5m apart, both of us wearing our masks, having sanitised our has, even the surface here has been sanitised. we will again sanitise to fight against the spread of the disease.

P: It is alright.

R: How is it anyway?

P: It is good, we are trying

R: Yes, we have taken your lunch today.

P: Yes (laughing) we want to push everything

R: It will work. I am Mulatedzi Mulaudzi, like I have said when I was requesting you to be a participant on my study, I am a student doing a PHD in nursing at the University of Venda. I have reached a stage where I need to get information from people because mu topic is Strategies to promote safety of staff members in a selected forensic psychiatric ward" you are one of those who met the criteria for participating because you are working there. …. someone enters the office…….. we will be disturbed because we are at work. When work issues come we will pause and intervene, so that we may not disturb any service.

P: Yes

R: There are things that you need to know. There is nobody who will know what you said. You remain known by me only. i will allocate a code for my recognition. You do not mention your name or others. We will be talking about what we are here for. There

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are no gifts like money for participating you do this on your own will as I have requested you before to participate. Now you are not forced and if you feel that you do not want to continue then you press here on the red button or here to stop. You are not forced. Is it ok?

P: Yes

R: This information that I am collecting here I will type it verbatim. If I find that there is something that I need clarity on, I will call you and make an appointment like this, you come and clarify me. Can we go on?

P: Yes

R: As worker in the forensic psychiatric unit please explain to me about your experience in the ward regarding your safety? That is according to your knowledge.

P: Errr. that how safe am I?

R: Yes

P: Errr what I can say on my side regarding safety especially in the ward I am working in, maximum security ward,. there is a place where patients are staying and demarcated with burglar proof bars. the office that we use, is in then same building as the patients' rooms, but they cannot access where we are. That is where I think we are safe. The burglar proof bars are very thick, and the patient cannot pass through if there is anything. That is the time when I think we are safe. Even when we give patient medications, we are inside, and patients are outside err.. we are safe when giving medications. Even those who are unstable cannot do anything on us because ewe give them medications through a window to keep ourselves safe. We are safe and a patient cannot do something like injuring us or do something. That is where I think the safety is much better.

R: Talking about patients and burglar proof bars, what kind of patients are these?

P: They are state patients meaning those that committed crimes. they are from correctional services. We work with such patients. then others have committed domestic crimes, they have murders, and others. That is why we work with such patients that is why I say for safety we give them medications for rehabilitation and being safe.

R: If I understood you well, you say these patients have committed, crimes.

P: Yes

R: Why are they in hospital not in jail?

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P: When they were in prison, the magistrate or those in charge they realised that this person must come for observation. They were found unfit to stand trial for what they have committed. They were brought here for observation, and it was found that this person has been mentally disturbed. The person cannot give an account of the crime committed. They then certify that he is mentally ill and finally admitted here. We nurse them as patients for rehabilitation so that they may be reintegrated back to their communities. Most of the things happened when they were influenced by mental illness.

R: It looks like these people are dangerous, am I right?

P: Very much. They are dangerous because the crimes that they have committed, are gruesome crimes.

R: Are you not scared of them?

P: Err. even when we fear them but through experience of working with mentally ill patients, most of the things that they do they do not know. We are working to try and bring them to normal and give medications so that they may know that they did wrong things. Even when they come we do not show that we fear them and run away or do something. We tell them what is expected of them in the ward.

R: Uhmmm when you are helping them as nurses I believe you do not have guns to protect yourselves but at prisons where they come from, or police cells, those people have guns, how do you protect yourselves?

P: There are security officers who work inside, we work with them when entering inside, when we give medications or give food we walk with them so that at least when a patient becomes violent, then security will be nearby.

R: These patients can cause trouble in the presence of security officers.

P: Yes

R: How does it come about?

P: What happens is that he can cause trouble in the presence of security officers. The patients could have relapsed to such an extent that he does not respect whoever is there nor the time he is doing it. He can decide whatever he wants to do and does it at that time. We help each other with security officer when something happens and separate them to avoid injuries on other people.

R: Are incidences where staff members are hurt happening?

P: Yes.

R: Can you tell us one or two

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P: A fight started between patients and staff members tried to intervene, and a staff member was injured, and the security officer bitten on the ear a, but they were separating patients from each other.

R: Please tell me that when you try to work, how do you think we can promote your safety?

P: We can promote this by adding more staff members.

R: When talking about staff members who are we referring to specifically?

P: We are males, if we talk about nurses if we can add more males it will be better because where I am working in the forensic ward it is only male patients there are no female patients. When I say males I am referring to that patients do not respect females. That is why I am saying males including security officers should be enough just in case something happens the security will be tight.

R: Do you work with female staff members inside there?

P: Yes, we work with female staff members.

R: How safe are female staff members?

P: err women in the ward we make sure that they work in the nurse's station on books and records. We as males work inside. We see all patients have bathed and all including medications when females get into the ward, the patients follow them from behind and it is not safe for the woman. When we are short staffed the patient can take a woman with an intention to rape her or do something. For their safety they are left outside. when they get in they are accompanied by security officers including male nurses we do not allow them to get inside without male staff members.

R: I wanted to ask you that what do you think can happen to women if they are walking alone. You, clarified me to say there could be rapes and others. What else do you think can be done to promote safety in the forensic ward?

P: Something that we can do to promote safety is I said we can add more staff and err we have window panes that can break in the Maximum-security ward and we would want the shatterproof ones. They are better than those that can be smashed broken, and they pick them hold it and leaves us unsafe. We cannot go to him while holding a broken glass. That is what we need, they shatterproof ones cannot be broken but just shattered.

R: Are they stronger?

P: They are strong but the other ones when he hit them they break, and he picks up the broken glass.

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R: Uhmm

P: That is what I think should be done so that we can be safe, and no dangerous objects can be utilized.

R: Still talking about potentially dangerous objects, can't the eating utensils be of harm to you

P: The eating utensils at Maximum security ward we do not allow the kitchen staff to bring steel plates. We return them back if they mare brought. Even the breakable utensils are returned and ask for something that may not break this is because when they eat, a patient may pick a plate to hit a fellow patient or a staff member. If they are plastic they are better, and we make sure that they are served in the same place. None should sit away from others, and we collect all plates.

R: Yes. You are giving us more information on safety in the ward. is there anything else that you think can promote your safety?

P: Err up to this far, there is nothing else.

R: There are cameras here, how do they assist in your safety?

P: You reminded me. With cameras they help us a lot mainly errr maybe I can add that to promote safety, we need a monitor where we sit as staff members because we cannot see, we hear from security officer. if he misses it then we will find that something had happened. if we have a screen then we can seed that a patient who is placed is doing. if we don't see that and the security does not identify it we are left to wonder what had happened. I can confirm that the cameras assist if we are seated we can see what all patients are doing inside. Our patients as I have said before they are from Correctional services, they have committed crimes, they still have the jail spirit. That is why they are used to have weapons and wanting to abscond. When we have cameras we can see them. Ehen they plan for something, we can see them, seeing everything.

R: It means then that even if a staff member is inside, you can monitor him:

P: Yes, we can monitor him. On anything. even if one claims something has been stolen, we go to the camera and play back and see who went to someone's room is this one and we point the one who did it. We can see everything that is happening. We can see if a mentally ill patient wants to commit suicide through the cameras that someone is hanging himself and we get in before he does anything.

R: Uhmm

P: That is where we see at least safety and security.

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R: If you see that it is bad and you realize that the patient is about to attack a staff member, what do you do?

P: We have a panic button that we press, and security officers will run to assist for manpower. He can hold a big weapon and when we arrive we are afraid to go closer to him. if we are many we can apprehend him. we use as panic button for the alarm that we press, and it sounds.

R: Then you assist each other.

P: Yes, we assist each other.

R: Can it be possible that illegal weapons and substances be smuggled in the ward?

P: It used to happen but up to now …errrr….these patients are searched for everything when they enter in the gate. When they arrive in the Maximum-security ward where we are working, it means they are again searched, and they remove all clothes and there is a procedure for searching that we use. When we are about to change their clothes. We let them squatter because they used to bring substances like dagga or other things that they use having inserted in their private parts. We let them be naked and squatter so that all that is hidden must fall.

R: Yes

P: We mainly get people who bring tobacco. When he squats and stand it will fall. We then pick up that he was going to entre with tobacco. They are allowed to use their own attire be it from home or jail, they use the hospital attire.

R: What can you tell me about teamwork?

P: Teamwork is one important thing especially in the place of our work. If there is no teamwork you can find that it is not good to work in. teamwork helps that our work is simple, it should not be difficult because when we do things we must be safe. If there is no teamwork and we try to calm the patients, when others mare not coming close then patients can target you. If we stand together and say the same thing they can seed that they cannot do anything. Our patients are very clever because they can say something, and they go to say I have said that. The truth can be hidden. They want to rob staff member so that things can go their way. We work as a team for our patients. He can come and report as we are shift workers. He can manipulate the groups by saying the other groups does this. We give each other report as a team and indicate what we did and where we ended. When they talk about something else we say it is not true because we gave each other report as a team. We can work in different directions if there is no teamwork and patients will see that we are not in one place. Teamwork makes work to be simple and good.

R: Thank you so much. Errr this information about your experience and the way to promote safety. We have talked much here about security officers, that the patients

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have committed crimes and are dangerous, they cannot stand trial and admitted here for rehabilitation and be reintegrated back into their homes. You indicated that security is there but to strengthen it more should be employed.

P: Yes

R: How do you think we can utilise the more security we need?

P: .Err…. security officers can be utilised by placing in their points, at the gate, nursing station so that they can accompany one of us goes to give medications they can go with him because a patient can say something and comes. Like when a doctor consults a patient, errr there must be a security officer who will stand there and guard. Even the ones who are bringing the patient to the doctor. if the patient becomes aggressive and wants to fight and the security officers are few then if one leaves his post then there will be nobody to guard his spot. Then patients can go out but if we have more staff and security all posts will be covered. Some will be checking the patients and others making sure that our security is right.

P: Yes

R: Are you telling me that there should be security officers at all strategic points

R: Ok, who do you think is responsible for hiring more security officers?

P: Errr… there are inhouse security and private security. The private ones need CEO because more of them can be employed to cover where we are working in the forensic.

R: It means even more staff members are needed

P: Yes

R: Who do you think is responsible for hiring staff members?

P: We report to the manager of nursing then CEO that we have shortage of male nurses in places like maximum. We need more males for balancing.

R: You indicated that shatterproof windowpanes can promote safety.

P: Yes

R: Who is responsible for providing shatterproof panes?

P: The TSS is responsible because they work with things that we order and they come and install.

R: With cameras you said if a monitor can be placed at the nurses station it could be better to assist the one at the screen room.

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P: Yes.

R: Who is responsible for providing a monitor to you in the nurse's station?

P: It means then that we report to Risk office, they will convey to the CEO. Then they will say we need a monitor as they are the ones who come and check everything and are in control of those cameras.

R: To ensure that cameras are in good condition, who checks on that?

P: Every day we and security come on duty, they check them and inform us which cameras are not working. We then report to Risk that a camera is not working, then up to the CEO they come and see. They make a tender or those service providers that will fix them.

R: These are the things that must be checked every day if I got you well.

P: Yes.

R: Who is responsible for searching patients so that they may not bring dangerous things for our workers?

P: It is the security officers at the gate. We also do on weekends spot checking when patients are unaware and placed in the hall and security officers call each other and they get into the cubicles and search. You find others having made ropes by torn things and they remove all dangerous things.

R: I thank you for the information. We talked much here about patients are separated from you by burglar proof bars, when you give medications you are inside and they are outside for your safety, you have security officers, we talked about more on relapses you do that through teamwork, women are disrespected but you make sure women do not entre inside frequently. You talked about broken windowpanes that shatterproof panes are needed. You again said you use plastic plates; you do not use steel or those that break because they can be dangerous to people. We talked about the panic buttons and cameras. We talked about searching and spot checks. Is there anything you can add?

P: No. now I feel I have talked; errr I am not thinking about anything else.

R: Thank you very much. We are at the end of the interview. I thank you even though I have taken your lunch.

P: No problem. …. laughing…..

R: Now I am going to take all that we said and type. I have already told you that if I don't understand something I will call you and make an appointment for you to explain.

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If you think of something else don’t hesitate to tell me so that we enrich the work we are doing while we they to protect our workers who are doing a great job.

P: Yes. Thank you.

The end.

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Transcript 9

Key: R-Researcher, P-Participant

R: Good afternoon

P: Good afternoon

R: How are you

P: I am fine and you

R: I am fine, it is sunny today and a little bit warm.

P: Yes, weathers are different

R: Yes, this year the winter is so cold

P: Yes, it is cold. We accept everything done by God.

R: Thank you very much, today people have worn jackets, now they are taking them off, they are warm.

P: What can we do

R: I am here today, to visit you. I am a student at UNIVEN, I am doing my doctorate in nursing

P: Yes

R: I am Mulatedzi Mulaudzi, like I talked to you earlier that I requested you to meet with me so that I interview you on the topic of my study on the strategies to promote safety in the Maximum-Security Ward. when I request you sign a consent form, to show that you have agreed to participate in the study. Like you can see here you found me having sanitised the surface here, we have sanitised our hands, seated 1.5m apart and we have worn our masks. We again have sanitised our hands to try and minimise the spread of COVID-19. Do you understand that?

P: Yes

R: Now, the thing is when we are doing this study, there are no incentives that you will get, for participating as I have requested you. There are no payments nor gifts that you will get. You will remain anonymous; your name will not be mentioned. I will

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allocate code for all participants; I will be in the know of the codes. No one will know about it; you may not mention your name as we go on. Do you understand that?

P: I understand. Do you understand that?

R: Yes. If during the interview and you feel that you do not want to; continue with the study, you are not forced to continue, you tell me that you do not want to continue or you press here on the phone or voice recorder. Today I am using a voice recorder and a phone because I am going to write this verbatim until the end. Then I analyse what people have said. Now in case this phone or recorder gets lost the other gadget will remain with the information. Can we continue?

P: Yes, we can go on.

R: (Clearing throat) Please tell me, as a security officer about your experience in this forensic ward where you are working.

P: Thank you. When I look at the safety in the Maximum-security ward, I find it not in place or incomplete in terms of us as security officers. Firstly, there is a shortage of security workers. Errrr, we do not have uniform; we are just ordinary workers. Now I see that there is no proper security. It would be better if we can get uniform and more staff employed. The other thing is that we are working to provide safety for colleagues err and we do not get danger allowance while protecting staff members who get danger allowance. We are all working on a danger zone, this is one challenge that I want to mention regarding safety.

R: Ok, err I hear you saying that the safety is incomplete, please explain to me what you mean by incomplete safety.

P: Safety is incomplete when it comes to security officers.it would be better if we are many, we can make teamwork that we can manage the situation inside because there are fights among patients sometimes inside. We try that we prevent incidences, but we feel that we are not many. We are just saying at least we are at work but that is what I think our safety is in that manner.

R: I have heard that you say your job is to protect others, other workers. What are you protecting them from?

P: When a colleague is going to give medications, I protect them by walking with them wherever they go.

R: Everywhere

P: Inside this institution. they are with us. When patients are given medications, I must be there to have an eye on the patient and the colleague

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R: Why do you need to protect them?

P: Errr. It can happen that troubles occur when a patient wants to injure a staff member. I must be there so that when something happens, I must help to prevent injuries.

R: Do you mean it is possible for these people to injure a staff member?

P: It is possible

R: How does it come about?

P: Perhaps some misunderstanding occurs between a staff member like a nurse and a patient if there is an argument. The patient on the other hand feels he is not understood and decides to cause trouble.

R: Is there something about these patients that leaves them dangerous? It looks like you are saying these patients cause fear.

P: Errr. I cannot say….. let me say they are scary because .. a patient is a patient, he may just decide to cause havoc.. errr.to such an extent that…. The thing that we want to avoid is fights. A patient can cause fights and can injure a co-worker. They are scary so to say.

R: We know patients as people in hospital who cannot cause damages or trouble, why are these ones able to cause trouble?

P: Errr.. if I can be allowed, I can give an example about one who has lost life inside

R: A staff member?

P: Yes. A staff member. I can give an example of such a person.

R: Uhmm

P: Even other patients who have left to other institutions that are better than this, who used to harm co-workers and fellow patients.

R: Uhmm

P: They are frightening.

R: Have ever come across that you are injured or about to be injured by a patient?

P: I have met trouble.

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R: Can you please tell us more about it?

P: There is a patient who is now discharged, errr during December time, there was havoc when he did not want to get inside with others, we were pushing to get him inside. He was fighting but we did not fight back. We were trying to protect ourselves trying to hold him. The other one insulted staff members previous years, he left the staff members from where he was. I was following him, and he was going to the direction where there were dangerous objects. He took a plain mop stick without a mop head

R: Yes

P: He hit me with a stick.

R: Did you not get hurt>

P: He hit me and was injured on my hand.

R: We are sorry about that. It shows that these patients are difficult. According to you errr.. how safe is this building?

P: Uhmmm. I do not understand the question well.

R: The building, when you look at it would you say that there are arears that you do not feel safe or is the whole building safe?

P: Errrr.. it is not safe to that extent because there are broken windowpanes.

R: Uhmm

P: Windowpanes with cracked pieces. I can be harmed by those window glasses. When these patients are not well, they can hit a window with his head. It is just that the panes are hard, but they end up cracking. That is one example.

R: Ok. It makes you feel unsafe.

P: Yes

R: What are other things that makes you feel unsafe other than what we have talked about that there is shortage of staff, no uniform you work like anybody else, you are protecting others and teamwork.?

P: Errrr,

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R: If there is nothing else it is ok. How do you protect yourselves, since these patients can do anything that can hurt a staff member? Now how do you protect yourself?

P: Err.. we do not use weapons. We use our minds and wisdom. To protect myself from patients ..errr.. when I am with a patient, I will be talking to him. Maybe to take his mind to normal. I can play activities with him so that he may not think about evil things. I also ask him what he can do at home if he is discharged. Perhaps I hear that he is talking senseless things, I can advise him to look for a job to support your family. I advise that it does not end here, that he is going to be discharged and there is a family. They must work and go to church. It makes his mind to be in a better position.

R: Ok

P: Also, to take his medications.

R: Thank you very much. Errr… in the forensic ward we talk about people who have committed crimes. Is it true for these patients?

P: It is true. Most of them have committed crimes.

R: What kind of crimes?

P: They have committed murders, rapes, malicious damage to houses, assaults, and such other things.

R: They have committed gruesome crimes. why are they not in jail?

P: Err… they are not in jail, let me say when they come here, they are locked first in the cells and then brought here. The thing that prevented them from being full time in jail and admitted here is that they get medications, treated and go home.

R: Ok please tell me what should be done, we have said that this place is not safe, no uniform, you are protecting others err…what do you think we can do so that we promote safety completely.

P: The government must employ more staff members, security officers.

R: Talking about security officers you said it is the government. How does it does the government do it that more staff be added if you know if you know.

P: They create posts and interviews are conducted. If they pass, then they are accepted.

R: Ok. So, you think that this will promote safety

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P: Teamwork will be strong

R: The one about uniform, who is responsible for that.

P: Our superiors must do the right thing so that we can get uniform

R: Who are your superiors?

P: Starting from our nursing superiors who will forward this and they organise for the availability of the uniform. When we are working, we must be visible that we are security officers.

R: When can this be done according to you?

P: When there is a budget

R: Is the one for employing more security officers also linked to the budget?

P: Err….. let me agree that it goes the budget because everything has its own pocket.

R: You said that you don't get danger allowance but the ones you are protecting get the allowance. Who is responsible for ensuring that you get it?

P: Our nursing superiors, there is for example our nursing superiors, because it is a process, they go to the unions, and they will see how to finish up so that we get danger allowance.

R: When can this be done?

P: It difficult for me.

R: I just wanted to know that when can your nursing superiors do this? if you can give your own opinion that when can nursing superiors do it? Is it now or next year or when? That is what I mean.

P: They can do that even now.

R: Anytime. Ok. I understand. you also say that you don't protect yourself with anything, you do that by talking with patients whereas those who committed crimes and are in jail and polices cells are guarded by wardens and police with weapons and ammunitions. Why are you not having that?

P: Here weapons are not used because this is not a jail. In prison they use weapons, and they may have that but not when they are close to the patients. We are compelled

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to be with patients, it is not possible to have a weapon next to a patient because the patient may overpower you and take the weapon.

R: You may then get hurt

P: Even other people.

R: What is it that can assist to promote your safety and that of others regarding the windowpanes that are broken. Whose work is it that they see windowpanes repaired?

P: We patrol on daily basis. To check what is going on. If we find a broken pane we report to the nursing superiors.

R: immediately when you find it.

P: Yes. There is a card that is written to those who are supposed to fix it and they come or wherever there is to fix. This must be done immediately because if it is a glass, then there is a danger for cold in winter. The wind getting inside, a patient can feel cold. Even though the patient may open due to his illness, but we are responsible for the health of the patient.

R: It looks like there are difficult things, I see there are cameras, how do they assist in your safety

P: Cameras are assisting specially to check on patients err.. when a patient is in the single room or walking around, to check if there is anyone doing something wrong or hitting another one or steal.

R: Can these cameras show when a staff member is being attacked?

P: Yes. They can when they capture there is someone monitoring them, and he notifies others that there is something happening. The cameras also give evidence in case of hearings to show what has happened.

R: Who is responsible to see to it that cameras are in a good condition?

P: There are people who repair cameras. If it is found that it is not working, they come and fix it where appropriate or replace the damaged part. It is through a process. We again report anything about cameras to our superiors and they call the relevant people.

R: When do you report to your supervisors, do you report immediately or wait for some time?

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P: We patrol inside and outside, whenever we see something wrong, because a camera is an important thing, we immediately tell the relevant people so that they may call the people to repair.

R: Who are the ones to fix the cameras?

P: Those who repair come from outside and they work with that, and they are contacted by people from inside.

R: Are the risk officers coordinators of this?

P: When I say that our superiors report to relevant people, I mean risk office who call the service providers.

R: I hear you talking about patrolling, what are you looking for.

P: When we patrol, we look for different things. Like a patient can hit a windowpane and it falls outside. Because patients are patients, he may throw his shoes through the window. We also protect the government resources, plates and mugs can be thrown through the window. We check for things that should not be out of the ward. If there are plates or clothes thrown outside, we take them and report what I have found.

R: When do you patrol?

P: In the morning before report, I patrol because if there is something then I report what I have found at report time.

R: Ok. Thank you so much. We talked about many things on safety in the ward according to you. you indicated that it would be better if more staff members are employed so that there is teamwork. You talked about the uniforms sorted by nursing management can be done during budget preparations. We also talked about danger allowance and should be done by nursing management, and they escalate it to the to. You talked about patrolling to eliminate dangerous objects for you and patients. You also give report. Tell me about this report, when do you give report?

P: In the morning before our routine work, we assemble for prayer then we start with report. Each one will report what he wants to report they raise a hand, pointed and report. Like myself I raise my hand, pointed, and indicate that I have patrolled and saw this and that. It is in the morning before we go into the wards as we have assembled.

R: Why do we report

P: So that all co-workers know what happened at night, and what we have seen when we knocked in for work. This is done so that if there is anything to be repaired it should be done. if it must be escalated, then it will be done to relevant people.

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R: If I understood you well you say you assemble and report before you start to work.

P: Yes

R: Is there anything you want to say pertaining to your safety?

P: No. I cannot say anything more.

R: I thank you for explaining to me what I wanted on the position that you are in. I have already summarised that we talked about uniforms, danger allowance and patrolling. I thank you so much. I am going to write verbatim. If you think about something else, after this do not hesitate to contact me. I will also contact you if I need more clarification

P: Ok

R: I thank you because we have utilised your lunch hour because we must not disturb the patients. Thank you very much. You can go and finish your lunch. I got my information

P: I thank you, there is one important thing for PMDS the item for flexibility. You contacted me when I must eat, and I left that so that I can come for this work. It means I have accepted the changes that I must do this and eat later

P: Important things that must be attended first. Thank you.

The end.

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Participant no 10

Key: R-Researcher, P-Participant

R: Good afternoon

P: Good afternoon.

R: how are you?

P: I am well and you?

R: I am fine. Like you have seen, seated here we have sanitised this area, we can also sanitise our hands, to protect ourselves from COVID. We are seated 1,5m from each other and both of us are wearing masks. To curb the spread of diseases.

P: Ok

R: I am here today, to see you over your lunch hour. Have you eaten already?

P: I will eat when we finish

R: …laughing…. Will you now be troubled by hunger?

P: No, we will see.

R: What we are going to do does not take long but I thank you giving me your lunch hour because we must not disturb the service for patients, for the sake of this.

P: It is true.

R: As you see me here today I am a student at UNIVEN and I am doing my doctorate in nursing, I am Mulatedzi Mulaudzi. Coming here today, I am looking at this forensic ward where you are working as a cleaner. Am I correct?

P: Yes, it is true.

R: I have chosen this ward because I want to know about the safety of staff members here. My topic is that errr… strategies to promote safety of staff members in the forensic ward. I can only get that information if I have talked to staff members working in the ward. when doing this we need to agree with each other. You are not forced, if you feel you do not want to continue with this interview, you can press here or here….. [pointing… like you can see I have two gadgets with me. I am recording with a voice recorder and a phone just in case if one of these is lost, I will have the information with me.

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P: The information will remain on the other.

R: Yes. Now there are no gifts, monies nor payments that you will receive for participating in this. The other thing is that we do not mention names here and I am not going to mention your name. I will not mention what anyone said, although I will be in the know because I will give allocate a number for you to identify you. All this information I am going to write it verbatim and submit to my supervisor at UNIVEN and they also will not know what people said.

P: It is all right.

R: Can we continue?

P: Let us go on.

R: Please explain to me as a cleaner in this forensic ward, that according to your experience how is your safety?

P: When I get into the ward for work and find that one of the patients is asleep, I talk politely to him. My communication with him should be good. I cannot say"" wake up, wake up. I tell him that please wake up I want to work. He will say I am still making my bed and I say make your bed up. I wait for him standing with my mop and my gear press bucket.

R: Uhmm

P: He will say that I am finished, and I say thank you and he go, and I get into his room and scrub. I continue to work and when I come across something I say let me work. My communication with the patient it should be like I am talking to my child. I do not harass him; he does not like it. If I harass him, his emotions can be high, and we will not understand each other.

R: You have explained that when you get in the ward there are patients, what kind of patients are they?

P: They are forensic patients,

R: What have they done, what makes them different from others?

P: They have burned, rape, attempted murder and …..

R: It means we are talking about patients who have committed crimes

P: Yes

R: They have committed crimes, but this is a hospital. Why are they in hospital?

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P: It was seen that they are mentally disturbed.

R: Ohhhh, they are mentally ill patients

P: Yes

R: Are you safe from these patients?

P: When I say that I am safe is when I am talking to them, I must not be high in talking to them. I must be down, and the patient will see that he is regarded as a person.

R: It looks like these patients are dangerous, are you not afraid of them?

P: Not at all, I am used to them, it feels like home.

R: Is there a time when these people can hurt staff members?

P: It can happen; we also think about the murder that happened that time. When you get in you can be scared but you just ignore it.

R: Let us talk about the murder that you have just mentioned. How did it come about, where there no people to protect the staff member?

P: Actually, I was not there when it happened, I just heard it from others that it happened I was also afraid.

R: May her soul rest in peace. How do you work alone amid these dangerous patients?

P: the moment I get inside, there are security officers. I can even call them and ask them to stand there so that I may be safe., because I cannot see what is coming from behind.

R: Uhmn. What are you afraid of?

P: You can feel that…..it is that I am not afraid, but I want them to tell patients to stay away when I start to work like in the toilets. So that no one enters, because these people are just like kids, he can come back again.

R: What kind of equipment do you use inside?

P: I use a gear press bucket, a, trolley, my bucket for cleaning bathtubs and sink.

R: Can’t the patients take these and use to harm staff members?

P: No, not at all, we put them in a safe place.

R: You keep them in a safe place.

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P: Yes.

R: Ok. I hear you, have you ever according to you come across it when you are attacked by a patient?

P: No. Not at all. I have never come across that.

R: Have you seen it happening to other staff members?

P: No

R: You have never come across it.

P: I only know of patients fighting each other and you go to separate them. I cannot stand and watch, I assist them and not say it is the duty of nurses. We work in one place as we are.

R: You work as a team, is that what you are saying?

P: Yes.

R: I see you have cameras here, how do they assist in protecting you?

P: They assist in capturing what is happening inside. There is a room this side where a security officer monitors the cameras all over, even when they are asleep he can see them.

R: Uhmmn

P: If they are fighting, and one provokes another, like one wake a fellow patient in his sleep and he does not like it. They start to exchange words and they want to fight. The security officer in the monitoring room can see it and he alert other people.

R: I see this building that there are doors, keys and other things how does this contribute to your safety?

P: Like you can see this building it was built like a jail you see.

R: Ok

P: Yes, it is built like a Maximum-Security ward. it was built for the offenders.

R: For the offenders who have committed crimes.

P: That is why there are doors from down there. Even this tank is not found in other hospitals. It is found here only.

R: Uhmmn. What tank are you referring to?

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P: I mean this one above.

R: Yes

P: It has got lights on top.

R: Why does it have those lights, are they for lighting inside?

P: It is like an aeroplane. They are meant to let people know what is there.

R: Now when these people are incarcerated in jail or are at police cells, these policemen and prison wardens have something to protect themselves from the offenders. How do you protect yourselves from them besides talking to them? They have committed big crimes before they came here.

P: Indeed, they have committed big crimes. When they get in the Maximum-security ward, they already have their prescribed medications that will be given. If there is something they are placed in a seclusion room.

R: Uhmmn

P: After he has been injected he gets in the seclusion room.

R: You are protected in the sense that the patients are given medications.

P: Uhm

R: There are cameras here err, I have asked you how they protect you. Can they prevent any attacks on the staff members?

P: That is true. They can see everything that is happening, even the rooms at the back and everywhere…… phone rings…. I am sorry about that. As we are at work, things like this will happen. Ok, we are thankful about that you are providing cleaning services for this ward.

R: How do you manage such a big ward alone?

P: This ward does not have a problem. Even if one is on leave, we are allocated being four we are left being three. The third one must work office hours. He will work with me from Monday to Friday. He knocks off at 13hoo and I am left for Saturday. I tell myself what I must do. I am early, I can be faster and push my work before report time. After report then I go and clean the dining hall, then I get inside. I work freely inside because I know there are people on guard. Patients will be in the courtyard.

R: I am asking that because I realise there are many patients here and when you get inside the wards alone, does it not make you scared?

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P: No, I am not scared. The patient will be with security officers there.

R: Uhmn

P: Yes

R: It means that security officers provide complete safety according to you. What do you think can be done to promote your safety?

P: If I think carefully, even the security officers are short staffed.

R: Uhm they are not many. What do you think can be done to make them many?

P: Inside here there should be six.

R: How many are they now?

P: We can say there are four.

R: Who do you think is responsible for increasing the number of security officers?

P: it means from the CEO.

R: What is it that should be done?

P: They must increase the number of security officers. Those who are getting inside must be six, Just in case one moves somewhere, like the toilet; the area should be covered.

R: When do you think the CEO can do this, according to you? When do you think this can be done?

P: According to me, this should be very fast. And they must employ and allocate them in the Maximum-security ward.

R: Ok. I understand that more security officers should be employed, for the sake of teamwork. You indicated that your voice must be low when you communicate with patients so that they can understand you better, who is responsible to make sure that staff members know what you are saying about proper communication?

P: When I say this, people are not the same; some people git in and harass somebody. Maybe they have their personal problems. If I get in here, I must leave my problems at the gate and I get in being clean, knowing where I am going and the type of people I am going to work with.

R: Who is responsible for telling staff members to communicate well with patients.

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P: Actually, for us as cleaners, I say this that when we talk to them (they know these people) you might just harass him, and he will not like it.

R: That is when you are talking to your colleagues to talk politely with patients.

P: Yes.

R: If it is a new person coming in the ward, who should tell him? A staff member.

P: When he comes he is coming to us and introduced to us, we show him how we work here

R: Uhmmn

P: When we get we are accompanied by security officers. We show him how to clean the courtyard and the ablution. They should have a security officer until they finish.

R: When do we do that, is it immediately or we wait a little bit?

P: When we get in

R: I mean when a staff member comes for the first time. When do we do it?

P: We do it immediately.

R: Immediately when they arrive?

P: Yes

R: You have indicated here that there should be teamwork so that everyone feels safe. How do we do the teamwork?

P: Teamwork is not a problem. it is like at our homes, when a whistle is blown we know that we must run to where things are happening.

R: Uhmm. When everybody is involved. When do we show this teamwork?

P: We show teamwork like when a patient is refusing to be injected his medication. We must all stand together

R: You mean that you stand and go where you are needed?

P: Yes

R: Thank you so much. Who is responsible for ensuring that there is teamwork?

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P: Here in the Maximum-security ward, we say if something happens, we must go together. If I am left behind the patient will think that I am a good person who is in favour of him.

R: Uhmmn. Are there women who are your colleagues?

P: Yes. There are two women.

R: How safe are the women in this male ward?

P: Females are safe in this manner: when they get in they clean the bathtubs in the presence of a security officer. There is always a security officer.

R: Ok. I thank you so much for the information that you have provided. Is there anything that you want to add?

P: No. I don't have anything.

R: even when it is like that I thank you. You have given a lot that will assist me in my studies. I need to get this information from you who are working here. I don't just get anyone to tell me about the safety in this forensic ward when he does not work here.

P: That is true.

R: Yes. Like I have told you I am going to write everything verbatim, if during the transcription I think of something that I do not understand, I will request like this for you to elaborate. If you also think of something to promote safety here in the forensic ward, do not hesitate to tell me and we add it here.

P: Thank you

R: As we come to the end you said that the way people to mentally ill patients inside, you need to talk well with them being low. You also mentioned that more security officers should be added because according to you they are short staffed. You also indicated that females working here are protected by security officers, cameras are available and if there is something wrong it is immediately reported. There is a daily report that is given on daily basis when everybody gets a chance to give his own report. Also, teamwork and you indicated that you work together. Thank you very much. You can go and eat, today I have taken your lunch break.

P: You must not worry about that.

R: Thank you.

The end.

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Transcript no 11

Key: R-Researcher, P-Participant

R: Good afternoon

P: Good afternoon

R: How are you

P: I am fine and how are you

R: I am fine. the cold is hitting hard today

P: Yes let us believe that it is going

R: Yes this is the way it goes

P: Yes

R: You are at your lunch hour today?

P: Yes, I have already eaten

R: Now that we are seated like this, we are still following the COVID-19 protocols. we are sanitising our hands like we did. we sanitised the surface here, we sit 1.5m apart and we both wear our facial masks. wed are still doing those things.

P: Yes

R: Now I am Mulatedzi Mulaudzi, a nursing Doctorate student at the University of Venda. I have a research topic that I am studying about, and the study requires that I contact you who are working in the forensic ward. this is because I need

'Strategies to promote safety of staff members in a selected forensic psychiatric ward." I can only I get that if I have interviewed you as staff members inside here. I cannot get that anywhere. I need to interview you.

P: Yes

R: Like we did, we have signed a consent form to show that we have agreed to work together. I would like to inform you that we must not mention names and you are not going to be known or associated with what you have said.

P: Yes

R: I am the only one who knows this and that I allocate a code so that I can identify you. after I have taken all the information I am going to write word for word and submit

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to my supervisors so that they may check my work if it is right thing or not. can we continue?

P: Yes, let us continue.

R: You are working here as a security officer, is it correct

P: Yes, as a security officer.

R: How Long have you been here:

P: Since 2003 I was here

R: 2003, you have been here for 19 years.

P: Yes

R: It is a long time

P: Yes. It is a long time indeed

R: Now according to your experience of working in this forensic ward, I forgot to tell you that we are using these two gadgets to record. You are not forced to continue if you feel that you do not want to. You can press here on this phone or here on this one to stop. I do not have to force you to continue with the interview if you do not feel like.

P: It is all right

R: Also, that there are no monetary incentives that you get for participating in the study.

P: Ok

R: According to your experience what can you say about your safety in this forensic unit?

P: Safety in what way?

R: Your safety as a staff member.

P: Yes, we are working here errr to find ourselves safe we must be working as a team.

R: Yes

P: One can check and tell if an area is safe and the other one checks the other side to say it is safe.

R: When you look at it to what extent are you safe?

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P: Errr I see that we are safe because there are other private security officers who assist us.

R: You have other security officers from the private company.

P: Yes, we find that they can assist like when a patient is aggressive. when you call them they come, and we talk to the patient nicely and you find that he is becoming right. They are always changing.

R: Are you referring to patients?

P: Yes, the patients.

R: How do these patients change?

P: Errrr You can find that when you are seated or even standing, in a short space of time you hear that they have started a fight, or they start to attack one of the nurses. it means then that we must get closer. when we are approaching as a group he also can be fearful, and he leaves what he was doing.

R: Yes. These patients seem to be dangerous.

P: These people who are in here are very dangerous because they are coming from arears like Matatshe as they have committed crimes in their homes. They are here and have been troublesome to policemen they do not regard us as something but we try to calm them so that they can live peacefully.

R: You said that they have committed crimes at homes.

P: Yes

R: Can you tell me what kind of crimes they have committed?

P: The crimes committed are like rapes, murder errr and like verbal aggression to people at their homes.

R: A person who has committed crimes like rape, murder, arson or troublesome in the community, lawfully the person must be incarcerated in jail, why are they here?

P: They are here because when they appeared in court, they talked senseless things, and it was realised that they are mentally disturbed. when they answer it is found that errrr it is irrelevant, and it is not like a normal person.

R: It means they are mentally ill.

P: They then take them here for mental assessment. Sometimes he can come through the directive of doctors to say let him be checked for his mental status. You may find

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that he is tested by three doctors in Polokwane. if they fiend that indeed he is ill they will bring him back here after he is declared by the courts that he is indeed a mentally ill patient. when they realise that he is not ill and finds that he is fit to stand for his trial, he goes to stand and be sentenced if that is the case.

R: I understand you. according to you the patients here are always changing, as they change like that, I am focusing mainly on the staff members, how safe are they?

P: The safety of staff members is the one that I am talking about, it depends on us the security officers to protect them. you find that the nurses are attacked by a patient, we must be close to them. when the patient starts something we report. we report to the nurses who will tell us what to do. We then check what he is doing. After that nurses will report to the doctors who then prescribe what should be done. we then persuade him to be injected in a polite manner. we then put him inside so that he can be injected, and the peace will prevail.

R: You are protecting other people, like you said that you protect nurses and other staff members

P: Yes

R: How do you protect yourself?

P: For me here, even today as I speak, I talk to them and be close to them so that they are used to me, even when I reprimand him he understands. They give me respect those people.

R: You said these patients are coming from police cells, some are from prisons, those people who work in prisons have guns and other tools to protect themselves from people who have committed crimes like these, how do you protect yourselves?

P: Yes, it is true that a mentally ill patient, for someone like a policeman they are not wanted. if the patient sees a policeman then the behaviour becomes worse. However, when they come here and start to see us as security officers he gives that respect. this is because we communicate nicely with them. A patient has good understanding.

R: You communicate well with them.

P: Yes. For all that he did, to show that he understands, there is nothing that he does and do not know it. if you ask him politely he will narrate what has happened, starting from the beginning. he will tell you everything that he committed in a nice manner.

R: Uhm

P: If you fight with him, he will behave like a wild dog. you should be at the same level.

R: Does happen that the patients attack staff members?

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P: Yes, they can do that.

R: How do they do it?

P: You can find that maybe, as the patient does that, the staff member got inside alone. he enters a certain spot; the patient follows him. When asked questions, maybe the staff member was unable to answer well, the patient becomes angry, and a fight can start.

R: Uhm

P: When it is like that we start to hear the speech that something is wrong. we don't want a staff member to go inside there alone. he must find someone like me, or another security officer to accompany him inside. then the patient will respect them

R: Have you ever come across an attack, and you are injured?

P: I can encounter this if the patient does not know me, like day before yesterday when a patient is admitted was raising his voice at me because he has not known me. When he starts to know me, then the respect is very good. I do not have a problem with the.

R: Have you ever got injured when attacked?

P: Yes, it is true. a patient can be so aggressive, when you go to talk to him, he does not want a person who he hates to come in front of him. That is the reason why even the other people cannot come closer to him. if you are working as a team nothing can happen. I also got injured because when I was talking to him, I took it as a usual thing, he saw the person whom he is not in good terms with. The fight then involved me, you see.

R: We have heard of an incident where one of your colleagues lost her life., how can that happen in the presence of security officers?

P:err it is true, to show that, they are not predictable, in a very fast manner. Err it is true that I was present, and it was during medication time when observing and checking if they have swallowed medications. that person just stood up from where he was seated because it was full as it was inside a hall. He stood up and went outside and took a iron bar. he was that we were not watching him. we didn't think that there could be something because there was no quarrels. he brought the iron bar holding it in his hand. we only could see the details on the CCTV camera footages. If there are no quarrels then you cannot think that something bad can happen.

R: Uhm

P: He just passed next to me. he could have attacked me if he wanted to because we were not aware. he passed by and I was observing the patients who were taking

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medications. His name was not called yet. We just heard a banging sound, first, second and the third time we held him.

R: I am so sorry about that.

P: We held him and took away the iron bar. it was a heavy metal. He had made damage on the first attack, the second and the third found the damage already done. we held him there and we talked to him and took the metal from him. that is what we are saying that they respect. if you communicate well with him he can leave all that he is doing. we took him and locked him inside.

R: It also affects au. may her soul rest in peace. now I heard that some other things you saw from the camera footages. how do cameras assist in promoting safety?

P: Cameras are something that can help, it is just that the one in the camera room could not shout to us because he was not aware of what the patient was going to do. He was looking in many angles and he missed that. When something happens errrr it usually starts with arguments or an indication of fights. these cameras had shown us how it all started. the picture showed how he stood up because it was medication time and there were many people. The cameras then assisted us there.

R: Now according to you what is it that can be done to promote safety?

P: Errrt our safety here, I think that the security officers are not many.,

R: ok

P: when I went to Grahamstown, I found that there were many in each corner there was a security officer. I then realise that it should be the same thing at our workplace. It means then that there would be no incidences.

R: Whose responsibility is it to ensure that more security officers are employed.

P: Err this can be done by Risk office and the management. they should be the ones adding more security officers.

R: Do you think if it is done, was it going to help? when do you think it should be done?

P: Err it must not go far even at that time it should have been done it is long overdue. they should have employed at the time. even today we are not late because we do not know about tomorrow.

R: Besides adding more security officers, what more can be done to promote safety?

P: Err to install CCTV cameras in all places and they are giving us problems because they are not functional. the others could die too if not attended.

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R: Whose responsibility is it to make sure that cameras are installed everywhere, and they are functional?

P: Err the risk management should do this

R: When can they do it?

P: The risk management. When one talks about this, even today this must be done.

R: How can they do it?

P: Err There is not much to say, these people know about it

R: What other thing can promote safety. I heard that you said you need to be many when working as a group as a team

P: Yes, it works well.

R: Who are the members of the group?

P: I wish the group could comprise of security officers and that they should be as many as possible. in the nursing side we find that there is a big shortage, and we find that they are only two.

R: Being two only…. who is responsible for ensuring that there are many nurses?

P: For the nurses, the CEO must ensure that they are employed.

R: When can that be done?

P: They always see that there are not enough staff members, on the rosters and they find that maybe there are how many and others have gone somewhere. people do not choose to be absent like a child is sick, or he meets something, a car can breakdown. you cannot go to work while you know you have a problem. you cannot work well.

R: Are there women that you work with here

P: In the security section, there are no women but there are female nurses and other categories, however there is a big shortage.

R: How safe are women?

P: Safety of women depends on the security officers who are as well not many.

R: Tell me more.

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P: Wherever they are, there should be a security officer. If a security officer is posted elsewhere it poses shortage because you may find that they are only four. you the other one there and the other one there. the service is stalled by waiting for assistance.

R: Thank you very much for the information that you provided, we talked much about working as a team because these patients can be irritable and become aggressive for an unknown reason, you overcome this by communicating well with them. the patients are indeed dangerous, but you work as a team. you indicated that these are mentally ill patients and have committed crimes. They are admitted because they are ill.

P: Yes

R: You also indicated that they are coming from prisons, you do not have guns but you communicate well with them. you also indicated that more security officers and nurses should be employed. CCTV cameras should be in good working order. you indicated that it is the responsibility of risk management and the CEO. Thank you very much for this information. I have indicated that I am still going to wrote this verbatim. if there is something that I need or do not understand, I will ask you like this.

P: Yes.

R: If you think of something else do not hesitate to contact me.

P: Yes. this is something that was not so detailed, one could have thought about something else.

R: We only give enough information for a start. Thank you very much we have come to the end of our interview. Please go back and finish your lunch. thank you very much.

The end.

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Transcript no 12

Key: R-Researcher, P-Participant

R: Good afternoon

P: Good afternoon

R: How are you

P: I am fine

R: Is everything going well?

P: Yes, it is all right

R: I have come to visit you today

P: Yes

R: It is cold

P: It is cold indeed.

R: People not going to cry about the heat just now?

P: No. A person is never satisfied.

R: No, everything is not good to people

P: No

R: It is very cold indeed.

P: Yes, it is cold

R: I have come here I am Mulatedzi Mulaudzi, please don't mention your name,

P: Yes

R: A student at the University of Venda, I am doing my PHD Course in nursing and my topic is concerning things that are happening in the Maximum -Security ward.

P: Yes

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R: Before we can go any further, you know new are living in an era where there is Covid-19. We know that COVID is a dangerous disease.

P: Yes

R: It is spreading at a very high speed.

P: Yes

R: Now we must protect ourselves. That is everywhere where, there are people even if you are alone, you need to protect yourself. Even now I ask to sanitise your hands. When I am sanitising you like this, we must also end this interview wearing masks, we must be seated at 1,5 to 2m apart placing each other we must not hold hands, we must not hug each other or greet each other in any manner. As we are seated like this, even this place must be sanitised when we leave. This place in such a manner that the COVID-19 virus cannot thrive so that even someone coming after this must be protected.

P: It is ok

R: Do you understand this?

P: Yes

R: Now as we are starting with this interview, the most important thing is that I am a student. I am working under the supervision of some people who are supervising g my work. The other thing is that we will request you to sign a consent form to indicate that you agree on participating on this study. We will be talking in Tshivenda like that.

P: Yes

R: As we are doing this interview, there are no monetary incentives nor any other gifts that you will receive for participating in the study. It is just that we need information from the people who are affected. We do not want to hear what some people elsewhere are saying. We need people working in the exact area where we need information. Do you allow us to continue?

P: Peacefully

R: The other thing is that when you see these two gadgets in front of you, a phone, and a voice recorder, are going to be used to record the whole interview. From the beginning when we were greeting each other until now, we were recording, we are continuing to record. After recording I am Going to replay this recording word for word and type this verbatim and send to my supervisors for them to check if I am doing the right thing or not. Whether it is the right thing that I collected from you as a participant

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who agreed to take part in the study. Now if you feel that you are no longer interested in participating in the interview, you are not forced to continue. you can say so that we stop the interview or anything that you feel uncomfortable with, you can press here on the recorder, on the phone I can open it for you press and stop if you feel you can't go on with the interview. One more thing is that after writing this down each and everything, I will check again what you really meant. If it comes to a state where I don't understand, what you really meant, I will again call you like we did before when we are arranging for this interview. I will call you to say that there are things that I do not understand so that you can explain further what you meant. Is that seating well with you?

P: It seats well

R: Can we continue?

P: We can go further

R: The other thing is that because I am interviewing you at your workplace, we are using your lunch hour. I need you to confirm m that this is indeed your lunch hour because we must never disturb the service rendered to our patients due to our studies. It means that we are using your lunch hour, I am doing this also while I am off duty outside working hours. Can we start with the interview?

P: Yes, we can start.

R: On staring let me explain the topic to you. I will say it in English. It says:" Strategies **to promote safety of staff members working in a selected forensic psychiatric ward, Limpopo Province, South Africa".** We need to know as I explain my topic further to check what strategies are there that you think we can follow to promote your safety as workers here. It is just that I am still going to interview most of the people here like nurses, cleaners, security officers, doctors, and allied personnel. Even though I am interviewing you like this, I don't want to know what category of worker you are. The other thing is that we are not going to mention names because you are not supposed to be associated with anything that you have mentioned here.

P: Hmm

R: When I transcribe this, I will use numbers to identify all. I will allocate numbers the way I know. We are not going to make your name known when working on this.

P: It is all right.

R: Now I would like to know, we have found that in this ward, people are not safe. When I was doing my Masters study, I used this ward and found that professional

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nurses indicate that they are not safe at all. They are beaten, pushed, cursed, all things that are happening here. Do you agree that this is indeed happening?

P: Yes, I agree with that, it is happening.

R: In what way?

P: Hey, patients, errr those that we are dealing with, they feel that when they are brought to us, we are the ones who are detaining them. They end up, being angry with us forgetting that we are only workers, they were brought by their relatives so that they can get treatment. That is where you find that our patients become verbally aggressive to us, sometimes they want to push us, in any way possible to them. This is because they want to go back to their homes.

R: Yes. In your opinion how safe are you?

P: Up to now we are not satisfied with our safety. errr we have some safety because of the presence of security officers errr who are working with us. Errr we have male security officers who can protect us so that errr, things may go well, and we are not pushed or be beaten. When these people are here, wanting to go home, that can do whatever they can to ensure that they are released. They can end up beating or shoving us so that they may abscond.

R: I can hear you are talking about the presence of security officers. We have found that incidences continue to happen where nurses, doctors and other workers continue to be beaten. What else can security officers do besides what is happening now that can make you safe?

P: What can be done for our safety, I can say errr is to separate us as nurses from patients. Ensuring that patients are not in close contact with us for a long time, allowing us to go at times to a patient when he is feeling unwell. On the other hand, those that we are staying with here, it is better that they must have a demarcation from us and were they stay. They can only be released through a door or steel bars when they need to come to nurses. That is where we can feel safe or otherwise if they are not in a demarcated area and a patient can gain access to nurses, nurses can get hurt.

R: Doing follow up on that, how can security officers be of help?

P: Security officers can assist by sitting at the entrance on the door that lead to the demarcated area separating nurses from patients. When a patient wants to speak to a nurse, he can ask for permission from the security officer to open for him and it must be when there is a need and valid reason to talk to staff members.

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R: Workers in this area, as far as I know they are ordinary workers, some are nurses, some are cleaners and security officers, what else do they have to protect themselves when a patient wants to attack them?

P: The truth is that errr there is nothing that they can protect themselves with. That is when they see that a patient wants to attack them, they call others but errr from our side, and we can see that there is a patient who wants to attack a fellow patient or a staff member through the available cameras. The person who is monitoring the camera, assisting us to see, he can call using a speaker which is loud to inform us that we must watch a patient who is in which corner and the intentions of the patient.

R: Talking about the cameras, how effective are they in terms of your safety.

P: Cameras do assist us greatly, as errr, when walking or going to give medications or collecting something that is beyond the area were patients stay, the one monitoring the camera can see you and he can see where you are entering to check if there is any patient who is coming after you at the given time. If he sees that there is a patient who is following you and you are in danger he can press the speaker to call that at a certain place they must go and check after telling what he has seen.

R: If I understand you well you are saying that cameras can prevent incidences of workers being attacked?

P: Cameras can assist us when patients attack us. When we are inside but when we are outside, of the building cameras are of no assistance because they cannot capture what is outside, they only see what is inside the building and in the courtyards where we stay.

R: What can you tell me about the number of security officers working here? Looking at the building, that according to you are these security officers enough or not, and why?

P: Err, According to me I see that the security officers we have here, at this moment, err are enough because we have security officers errr errr let me say we have two in-house security officers and six security officers from an outside contracted company per day. One is posted at the gate, and we feel that we are safe, no one will get out before giving reasons for going out. One security officer is posted at the camera room who monitors all corners. Four security officers assist us during mealtimes, when making beds and giving medications. They are always nearby so that there is some safety that we have.

R: We have heard of a horrifying incident here, where one of the staff members lost her life. What was happening with the security officers?

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P: Errr. Indeed, security officers were present. Errr I can say if we can just go back, where we started we talked about errrr the distance between us nurses and the patients. At that time, there was no such a thing as demarcation between nurses and patients. Err we used to be in one place and people moving around. There was nowhere to place to separate patients and staff. After that incident it was seen that patients should be separated and when we go to them we open the gate that allows us in while we are safe in our area.

R: When we come to this building, according to you, how safe is it?

P: This building errrr, I cannot say it has the safety the real safety because errr this building errr is an old and it is small in such a way that whenever we are giving medication, wherever we are giving the food the space is not big enough to accommodate many of us. We are many and patients would be seated there.

R: Patients are seated there too?.

P: Yes

R: Now this m building, according to you is it suitable to protect you from the patients that you are here to serve?

P: The truth is that we are not safe.

R: You say you are not safe at all in this building.

P: Yes

R: Now what is it that you think can be done to promote your safety in terms of this building?

P: If this building can be extended then we have few patients eerrr in the building. I can say in the cubicles that are available you find that patents stay being 4 and you find that it is the same place with a single entrance. We find that they are many. If these patients can be separated and allow patients to stay being five or six then we give them medications and the other side being the same, they cannot be overcrowded. As of now we give them medication and food in the same area, and they are overcrowded, and we are not safe.

R: What is it that you think can be done to promote your safety from the gate up to the inside?

P: Err. Like I say safety from the gate that no camera must not be dysfunctional err. And we stay servicing our cameras. The security officer at the gate must know the reasons why somebody must entre. He must also check that there is no patient who

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goes out of that gate without telling him or not written down where he is going. We again have the one at the camera monitor, he must always stay there so that he can see all corners of this yard.

R: Yes, it means then according to you all routines that these patients undergo, so that in each and every one of them so that you feel safe, what is it that should be done? I hear you talking about that there is an area where they stay for meals and even give them meals, now that in each of the sessions, to ensure your safety, what do you think can be done?

P: Errr The manner in which we are in one place giving them meals so that the safety is enhanced this, is when this building errr was renovated in such a manner that when I am giving the patient his medication, he must not reach up to me even when he is angry he cannot attack me because I will not be close to him. Even when he is close there must be a barrier between me and him.

R: Thank you. Now when you talk about the cameras are they always working or what happens some other time?

P: Cameras are not always functional, some are dysfunctional, but we are happy that the security officers who work in the camera area where the cameras room, report to us that a camera is not working or corners where there is no coverage. If they have reported, then we can look for people who can check them and come and service them. On the other hand, our cameras can stop functioning to an extent that we can't see other corners.

R: Cameras can be non-functional, what other things that makes cameras to be non-functional or they may not be in good condition because I hear that these cameras are a tool to enhance your safety. What other thing can render cameras dysfunctional?

P: Err. Our cameras errr. Because this a hospital for the mentally ill there are err errr single rooms for placing err those who are aggressive or those that are admitted recently, and we are still monitoring them to see their conditions. Those who are aggressive err, it's like they know that there are cameras that monitor them because errr they try to detach them.to an extent that if our cameras are detached or smashed therefore, we cannot see them .it leaves the patients hidden from us and we cannot see what they are doing in their rooms.

R: To what extent are you safe when your cameras are not working? What do you use to see your patients when the cameras are not working in relation to promotion of your safety?

P: When it comes to patients in the single rooms if camera is not working we find that the patients is not safe because we can know his intentions for smashing cameras. What is it that he wants to do when he is not monitored by the cameras?

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R: Hmmm.

P: Yes, that is where we find the patient himself unsafe because we can go and check him every 30 minutes wanting, to seed how he is but because our patients you know are clever,

R: Uhmmn

P: We can go and check on them and they are left to do something

R: Ok. We can hear you. You explained several things here that indicate that errr if they are not taken care of, your safety is not complete. You mention about security officer saying that you need security officers wherever you are who do you think is responsible for providing them?

P: I think that the responsibility m for providing security officers errr can be done by the department of health.

R: Uhmmn…

P: Because the two that I am referring to are the ones who are officers of Department of Health, the other ones are not in the department of health, they are the ones who come on contract s. now if we have officers employed by the department of health, it can assist because they will be knowing then place and all the corners and incidences that occur here.

R: Now when it is bad, talking about incidences, when things are bad how do security officers protect themselves and you? Do they have any weapons or any other thing that they carry along to use when a patient wants to attack people?

P: There is not a single thing that I can say they have to protect themselves. They only try to restrain him in any way possible when they are many so that we as nurses we can check him if he needs treatment that we must give. It means security officers assist us to restrain him so that we can give him his treatment.

R: What happens if the patient overpowers them because you said these patients are so dangerous?

P: Hey that can happen to an extent that errr they overpower them because we find that there are others err who end up getting hurt. But up to this far, err we have not found any that can say that err he overpowers them completely and got out and absconded or we also run away but they can try in any way possible ending up to people getting hurt as these people are hired to do that. It can happen that the security officers can get hurt.

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R: According to you, what .do you think can be done to enhance their safety?

P: Hey?

R: Anything that security officers can carry or in their possession to enhance their safety errr errr to beef up their energy when something goes wrong?

P: I think that if these people can be given something like…… something that cannot be so harmful to patients when they beat them. Err. Something like strops to protect themselves but not giving them something like guns that when they are aggressive can hurt them. I can't say they must give them guns because they are dangerous to them. I think that the patient is sure that he can overpower them because they do not have anything in their hands. If there was something that they carry and the patient sees that if he goes to confront them they can beat him with, err we can find that the patients can be deterred.

R: Thank you for that explanation. Now according to you these cameras which can sometimes be broken by patients or worn out because things can be worn out when in use for a long time? Whose responsibility is it to ensure that the cameras are always in a good condition?

P: Err, I can say like us nurses when responsible security officer reports to us we as nurses are the ones nurse to report errr to the person in charge of this ward who in turn will ensure reporting to the people concerned with care and service of the cameras. It us as nurses who reports to the person in charge.

R: When it comes to this building who do you think is responsible for doing what we have said about extending the building because it has many patients. Who is responsible for extending the building?

P: In that instance I can find that I don't know. But I think that err like nurses the complaints that we have directed to our management especially the CEO, it means they must take it there that the workers in this ward are not safe. I think that the one responsible of this building is the CEO.

R: Thank you very much. Now we talked much about the patients err according to your explanation, you wanted the number of patients to be reduced, to be fewer. What can you say about the number of staff members?

P: The number of staff members eihh is not that bad, errr we are many and we can do this job, but the problem is that patients are overcrowded in one place at a given time.

R: Hmmnn

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P: If they were separated and we have few on the sides err I think that it would work better not placed in one area as they are many.

R: Yes, I am asking that because I like what you said that it is important or there is a need that when a patient wants to attack staff members, security officers can restrain the patient being many to prevent such incidences. That is why I wanted to check if staff members are enough when it comes to patients. Ok… let us talk about staff members according to you there is no need to be more, because the available ones can cope with the work they are employed to do. Is that what I have heard?

P: Yes. It is true.

R: If our patients are made fewer and our building is not that big, how is it going to assist us in promotion of safety if our patients are fewer than the ones we have now?

P: Err I can say my emphasis is on errr their dining area or when they get medications, or wherever they sleep err. They are many, if this building is to be renovated you can find that me as a nurse errr I can move from one cubicle and give them food and medications errrr when they are five or six and move to another cubicle. When they are many there is so much disorder. Even the patients themselves errr like you know that they are mentally ill, there are things that they say among each other when they are many and influence each other to make plans to get out of the ward. errr it is the same as the patient has absconded.

R: Uhmmm

P: The patients does not just abscond, there are things that these patients sit and discuss as it is known that errr they are clever errr.

R: Uhmmm

P: They influence each other on doing bad things. You know they do not like this place.

R: Yes, I can hear that. It means these are some of the things that make them angry and wants to get out of this ward. We talked much since we started, all about security officers, cameras and the building, if these can be improved who do you think are the people who will benefit?

P: ...Errr in this place, all will benefit

R: …Uhmmn

P: Nurses will benefit,

R: How?

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P: Because if the building and cameras are improved it means we are no longer going to get incidences that are many because we will be able to see everywhere, patients will be few. Because if they are many and cameras are non-functional, incidences occur when a patient maybe thinks to do something errr or I can say he thinks about absconding.

R: Uhmmnn

P: You have not seen it, when you see that later, the patient would have already absconded. If the building and cameras are improved and they are constantly working, it can help a lot. It can help us nurses and patients.

R: Yes. Up to now what else you think can be said regarding promotion of your safety or enhance your safety as workers

P: Errrr. Here errr in this hospital, as a nurse working in this ward, I think that safety of nurses that we can be pleased with, is the status of the environment we are working in. the clothes that we wear, how do they provide safety for us? Talking about clothes errr I can give an example of real nurses wear white, and I find that here it is not easy to wear white and be comfortable at work because errr situation here cannot be predictable for tomorrow. And err even the shoes that we wear you find that if there is a situation that wants you to move faster, if wearing heels, you cannot move fast. Errr if it can be allowed that wee war flat shoes only and be err err allowed not to wear complete white we can only wear white tops. The bottoms clothes you find yourself in a situation that warrants fast movement to run away. Like I said the patient is given food.

R: Uhmmn

P: If the patient does not like the food, he can throw the food on the floor and this spills on you or the patient throws this on you because you may not know these patients. They are always aggressive.

R: According to you who is responsible for helping you with change of clothing?

P: I think that as a complaint that can be referred to the Operational manager of the ward.

R: Uhnmmm

P: …. It is then that we find that errr the operational manager can escalate this to the higher authorities of the hospital.

R: Thank you very much for errr information that you have provided up to this end of our interview. We have found much, like I have indicated to you, if there are

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somethings that I do not understand or that I need further explanation, I will request you to help me give more details or you can beef up the information on some things. If you have some more information and you think you should have said during the interview, we can again sit and talk about the little things, even if it does not take many minutes, we again record for me to add up on the collected data. I thank you very much because these things are not going to be used in a manner that is irresponsible. We are going to muse this lawfully, it is only going to be known by me, and my supervisors including those that they work with. We are not going to say that this was said by who and when. We are not going to associate your name, your person nor your work with what we are saying. What we need is to get information from the people in the situation. Sometimes it is good to go to people and they told me that they are not safe. Now I wanted to get the strategies that we can use to make our workers safe. Thank you very much. Errrr.. Is there anything that you wish to say errrr…before we come to the ultimate end?

P: Errr… I wanted to say that as a hospital with many incidences….

R: Uhmmnn

P: Errr. There are some patients who can try to do self-harm because they can be angry over, maybe their families to say why they have brought them here. I think that errr we can try to errr eerrrr in this ward errr with what we use to serve food, they can use foam plates so that it may not be dangerous on patients themselves

R: Uhmmmn

P: The plates that we are using now is made of steel to such a way that a mentally ill patient thinks of something else. Even the spoons should be plastic ones. Not saying the I recommend the plastic spoons because even the plastic can hurt someone.

R: Uhmmn

P: We think that if they have eaten on a foam plate, if using hands as long as they wash hand s and we throw the plates away and be burnt. It is better than ‘having the unexpected happening through steel plates or porcelain.

R: According to what you are saying now, about eating utensils it means that what are other than plates and spoons what are other utensils that are used here which can put your life and your safety at stake?

P: There are no other err because I see that we give them tea using plastic mugs. They are not that dangerous. When it comes to plates, we are scared because the porcelain ones errrr they can break it and use it according to his aggression. The steel one is not safe we feel it is not safe because ii is steel.

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R: How safe are the utensils that they use for serving meals?

P: We serve them using plastic spoons. We think they are good because we also and take them from their dining area after serving them.

R: It brings me to that is it possible that something like drugs or other contrabands like dagga that can worsen the patients' mental condition

P: …Errr I cannot say errr they can't be smuggled but they ca entre through us and errr and the relatives who come to visit. You find that those visitors coming for the patient can think that because in is the hospital and he smokes tobacco, they may think about bringing tobacco here. But as nurses we can prevent that because we don't just take the food to the patient. We first see one by one to see if it is permissible to be given to the patient. For example, we do not allow bottled or canned cold drinks. We allow a patient to be given plastic cold drinks.

R: Ok

P: ……so that we can be safe.

R: Uhmmnn ok. Thank you very much. We are asking that because if dagga or other illegal drugs are smuggled it makes the conditions of patients worse making you unsafe. Thank you very much for your time. We release you now. We say go and finish up. What were you drinking? Is it tea?

P: …laughing… I was drinking tea now I will eat porridge.

R: …laughing. Thank you very much.

P: It is all right.

The end

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Participant no 13

Key: R-Researcher, P-Participant

R: Good afternoon.

P: good afternoon

R: How are you?

P: I am fine and how are you?

R: I am fine. Are you done with your lunch?

P: Yes, I am finished.

R: It is a bit warm today.

P: Today is better than yesterday.

R: As I have phoned you to ask you to meet with me for an interview to participate in my study, I am here today for that. Like we have previously agreed.

P: Yes

R: As we are seated here, we have sanitized our hands, the chairs, and tables. We are wearing our masks and seated 1, 5m apart as a way of observing COVID-19 protocols. As we are talking now everything is recorded by the phone and the voice recorder. I do not want you to be surprised. If you feel that you cannot go on with the interview, you can press here on the red button and here on the voice recorder. for us to stop. You are not forced to participate.

P: Ok

R: Can we continue?

P: Yes.

R: I am Mulatedzi Mulaudzi a doctorate student at the University of Venda. I am studying on issues related to safety in this Forensic ward where we are. As we are going forward, you do not have to mention your name, because you are not to be linked with what you say. Feel free to say what you know. Don't mention your name, I will not mention yours and it will not be written. You will remain anonymous. The other thing is that there are no gifts or incentives for participating in the study. You do it voluntarily.is it right that we continue?

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P: Yes.

R: Like I have mentioned, my topic is" **Strategies to promote safety of staff members in a selected forensic psychiatric ward Limpopo Province".** Here we would like to know according to your experiences of working in the Forensic ward. How long have you been working in the Forensic ward?

P: I have three years.

R: For how long have you been a nurse?

P: As a nurse I have fifteen years.

R: Yes. Would you please explain to me the how you experience safety in this ward? According to your experience how do you see the safety of staff members?

P: I do not see any safety in this ward. We are not safe.

R: Please explain to me why you say you are not safe.

P: When the patients are outside and we are outside too, we feel unsafe by the way they do things and how they behave when we are close to them.

R: How they behave, are you referring to patients?

P: Patients especially in the corridors, inside the passages when we are inside. I feel unsafe because sometimes you may find that the patients stay at the passage, when you entre, whether there is a security officer behind you or not (security officer cannot be that close to you) the patient can hook you with his leg when you are walking, while he is seated in the passage. It means one is not safe.

R: I understand you. You talked about the movement and behavior of patients, what kind of behavior?

P: A mentally ill person cannot think properly because when he is walking, he can just call your name and say your hair is permed whereas it is not. You cannot answer because you will be close to him, and you do not know what he can do next in this ward.

R: You are saying it is like their behavior is threatening.

P: Yes

R: Why do you say it that way?

P: It is because he is a mentally ill person and that is why he is admitted.

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R: Ok. As female staff members how safe are you?

P: I am only safe if I enter with a security officer who should be close to me or a male staff member. If I get into the storeroom, I must not open the door if the one who accompanies me is not closer. He must be at the door or enter with me. If I am alone then I am not safe.

R: Can you explain the kind of risks you could be in.

P: What kind of risk will I be exposed to?

R: Yes. What do you think can happen to you if the security officer or a male staff member is not there?

P: Besides that, they can beat me, they can also rape me. When I look at it because mostly, they follow women. When they see you coming, they follow your movements. When you go there, they follow. Whereas when there is a security officer who is fit because they demean them. He should be bold to tell them to go back. If he does not talk the patient will follow us.

R: These patients are mentally ill, what kind of danger do they pose?

P: Some of them came here as state patients, they come here having committed crimes

R: What kind of crimes have they committed?

P: When I peruse the files someone would have chopped four children and killed them. Someone would have raped his mother. You feel that we are just living with him. Another one could have burned his house completely. They are chasing the whole family away. Almost all of them have committed some crime.

R: It means all have committed crimes.

P: All have committed gruesome crimes, which is why the communities are rejecting them.

R: Why are they in hospital because the people who have committed crimes are in jail?

P: They are here because when in jail they answer irrelevant things. They come for observation and the doctors assess them to see if they can stand trial or not. The one who is not fit to stand trial is the one we have here.

R: Ok, when these people are in jail or under police custody, the staff there have guns and things to protect themselves with. How do you protect yourselves in the forensic ward?

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P: it is the needle, the injection, and the pill. We protect using the injection and the pill.

R: Uhmm. How does this building provide safety for you?

P: This building is providing safety because of burglar proof bars in the ward. We go in there when we need to go to the medication room, for meals

R: That is the period when you think that you are safe?

P: When gates are closed, you can feel safe.

R: What other thing do you think is not well regarding your safety?

P: There is none.

R: Can we go back to the building. did you mention that the building protects you because of burglar proof bars?

P: Yes, we cannot be in close contact with patients.

R: Can the patients be able to attack you?

P: Yes, it is possible. They can attack you if they want to.

R: We had wanted to know why you do not have guns like prison warders and police officers.

P: That is what we are asking ourselves that maybe this ward must be manned by soldiers. What about us with no guns. Patients are brought by police officers who have guns and they have shackled them. when they leave, they take along the shackles.

R: Uhmm

P: They leave you with a patient, it is just that the needle helps.

R: As you are working here, what do you think can be done to make you completely safe?

P: This ward can be provided with many staff members. it only needs many staff members, especially male nurses.

R: Male nurses. Whose responsibility is it to make sure that many nurses are employed.

P: Will I ever know about that?

R: Who are they that control hiring of nurses?

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P: It is our government.

R: How do they do that?

P: They must advertise posts

R: In your opinion when can that be done if it was to be done your own way??

P: If it was my wish, I would say even tomorrow that must be done for that ward. there must be male nurses tomorrow.

R: What else do you think can be done to promote your safety?

P: For me to feel completely safe?

R: Yes

P: More staff members are needed. if only they can increase the number of staff. we can feel safe because they have installed the burglar proof bars.

R: We had talked about the male nurses, are there other categories of staff that could be increased? who are they that can promote your safety?

P: Male nurses and security officers must be many.

R: Yes, who is then responsible for hiring security officers?

P: The Risk Officers of this hospital

R: Ok. When can that be done if you had power?

P: If it was to be done my own way, I would say tomorrow they must be hired and start work tomorrow.

R: Ehh, how many do you think can be hired?

P: In that ward, if we are said to be many?

R: Yes

P: If it made like on daily basis ten nurses and ten security officers will do

R: What else can be done to ensure your safety?

P: We cannot talk about many things because they cannot give us shackles or guns.

R: Do you mean you want guns and shackles for hand?

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P: Yes, even the pepper sprays, if he attacks me in can spay on him. pepper sprays and shackles are needed in this ward.

R: Who are those that can use these?

P: If we are given, they must train us, and we learn about the.

R: Who is responsible for providing those items that can promote your safety?

P: The employer

R: Who are you referring to as the employer?

P: The CEO and the management

R: If you were to set a date for this, when can you say it should be done?

P: I would say that by month end they should have provided.

R: I see there are cameras here, how do they promote your safety?

P: Cameras assist to show what someone is doing where and at what time but when it comes to safety I think they are not helping because you only see that when an incident has already occurred.

R: Am I right to say cameras do not prevent incidences?

P: I only see after something has happened through the camera. yes, they do not prevent.

R: Do you mean they do not assist in your safety.

P: Only that the patient is holding something or doing something when you are looking at them. That is where you can say they are providing safety. They can show that someone is inflicting harm on himself, or patient is holding something. you can see that.

R: Are they all working?

P: Yes, they are all working.

R: Who are responsible for making are cameras are always working?

P: It is the risk officials

R: Uhmmn. Does it happen that staff members are attacked by patient?

P: Yes. staff members are attacked by patients.

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R: How does it happen? please explain.

P: I was working with someone who going to give tea to a patient in a single room, the patient took the tea and poured it on the staff member, and he fell. When he was down the patient bit the leg and he had a shoulder dislocation.

R: Eh

P: The staff member was attacked and later transferred to Donald Fraser hospital

R: I am so sorry about that

P: Yes

R: We have heard of an incident in which one of you lost her life. what does that mean about your safety?

P: That is why I say it is not safe. If we say the staff members could be ten then one of us could have seen the incident.

R: Now the staff members are not many

P: Yes.

R: Thank you so much for the information you are providing. When it comes to the entrance at the gate and inside the ward we hear that patients smoke, possess drugs and alcohol. is it possible that they are smuggled inside the ward?

P: I remember one of the patients had smuggled dagga into the ward. they were smoking and they reported each other.

R: They were indeed smuggled

P: Yes, smuggled including a matchbox.

R: Who is responsible for seeing that there is no smuggling of contrabands?

P: The risk and security officers.

R: What is it that they can do?

P: I see they are doing what is called spot checking. they come during the day being many. They search the beds and the sponge mattresses. Patients can tear off a mattress and hide things. They search all over and remove things.

R: Ok how often do they do the searches?>

P: It is like they do it once a month.

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R: Thank you very much once more for the information. we have many things, you have explained that you are not safe.

P: Not at all.

R: When it comes to women, they are worse off in terms of safety, they can be bitten or raped. these patients are dangerous because they have committed gruesome crimes in their homes, (office phone rings and answered)…… they have committed crimes due to their illnesses; they are admitted here. You protect yourselves using medications that you give to patients. if possible, you said let there be more security officers and male nurses employed. You can also be provided with pepper sprays and shackles to be used in difficult times. The other thing is that cameras are there, but they do not prevent incidences, they only show what is happening. We talked about drugs and other contraband that they can be smuggled but if security officers do their work, it can be prevented. Thank you, so much. I have informed you that I am going to type this verbatim in the computer, to be seen by my supervisors. If I think of something that will need an explanation, I will call you and make an appointment like this. If you also think about something else, do not hesitate to inform me so that we can add this good information. Thank you very much.

P: Thank you.

The end.

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Transcript no 14

Key: Researcher, P-Participant

R: Good afternoon

P: Good afternoon

R: How are you?

P: I am fine and how are you?

R: I am fine. I have visited you at your lunch hour.

P: Yes

R: Before we go any further, we need to note that we are still following theCOVID-19 rules. we are waring our masks like this, we sanitise our hands and sit 1,5m apart. We are going to live with this disease if we know how to prevent the spread.

P: Ok.

R: I am Mulatedzi Mulaudzi, a doctorate student in Nursing at the University o Venda. I am collecting data here because have arrived at a stage of getting information m from my participants. My topic for the study is" **strategies to promote safety of staff members in a selected psychiatric forensic ward, Limpopo Province"**. Is this a forensic unit?

P: Yes, it is.

R: When going on with this, like I have requested you, you are no forced to continue with the interview if you do not want to. let me first explain that I have two gadgets here, a phone and a voice recorder, both are recording our conversation. If you feel that you do not want to continue with this interview, you press here and on this one you press here, and we stop. is it alright?

P: Yes

R: The other thing is that when we are doing this interview there are no monies that you get, no gifts there are no incentives, you do this voluntarily. we are not going to use names here, we are not going to use your name, you must not mention your name. I will identify you with a code. nothing that you say should be associated with your name. Can we go on?

P: Yes, we can go on.

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R: Now please tell me that according to your experience of working in this forensic ward, how would you say your safety is?

P: According to my own view, I see that the safety is not complete due to shortage. we used to work being only a few, there is not enough staff. like you can see I am the only male staff member today. some have gone off at 11hour. If we were many I would say the safety is good, I don't know about others, but I think the safety is not enough. As it is now I am forced to stay in for lunch, like now I cannot go out. I cannot leave the ladies alone you see. I sacrifice to stay, maybe I could have taken 30 minutes and eat outside but I feel that the women are not safe. I cannot leave them alone if something happens in my absence, it will not sit well with me.

R: Uhmmm

P: It is the situation here. even the mixing of patients contributes to our unsafety. you find that other patientcare troublesome, they provoke others, we are forced to be closer. if we are not many, it will not be good. if we had enough staff, then we would be safe and nothing to be concerned about.

R: When you talk about safety and link it with the absence of enough staff members, what staff members are you referring to?

P: The nursing staff, we the nurses.

R: You think there is shortage?

P: Yes, there is a big shortage. You will find that we also balance with security officers. We stay insider the ward because we cannot leave patients alone. I like staying with patients but we are short-staffed.

R: Ok you are talking about patients who are mixed, who provoke others, what kind of patients are these?

P: There are different types of patients, some are hearing voices, some are talking alone, and the other patient will think that they are talking about him. If we are not close he can go and assault him. when asked why you are beating him, he says that one was gossiping about him, or insulting him. Because of the shortage, no one would have witnessed it. Had we been many someone could have heard it that indeed he was insulted or not you see.

R: Uhm

P: There are others who would just keep quiet when asked about something like water if there is no water, the one who is asking can take the water forcefully from the owner them he hit him. that is very possible. our patients are different.

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R: These patients appear to be dangerous. Now is it possible that they attack staff members?

P: ..Errr It all depends on how you handle them. The way I handle them, it is long that I am working in such a ward. I have never met that, even when I am left alone with the ladies because we cannot say ladies should go inside. I am not afraid but, sometimes I am, and I cannot leave them alone. We are allowed by law to stay with them when they are outside. I am used to them to such an extent that I do not think that they can attack me. I have never provoked a patient.

R: How safe are the women, I heard that you said you are working with them whereas the patients here are males?

P: Hey. we can say they are safe, but they are not that safe because of the shortage. we make sure that the ladies are safe by telling them not to entre inside and we do. We supervise patients when they are bathing to ensure that they are clean. Even when they go for medications, we do not want them to forget medications, we are by their side when they are inside giving medications. We make sure they are not close to the patients; we stand between the patients and the women to separate them sop that they feel safe and not be scared while at work and they should not be afraid when getting inside.

R: I understand you are also working with security officers here; do you think they are enough in number?

P: I think they are not enough, looking at the capacity of this ward. you will find that we have forty patients, we have an inhouse security who is old, and we cannot talk about safety on an old man who can go for pension anytime.,

R: Uhmm

P: The private ones, one will be at the camera control room and three are left outside. I think if they could be five, you see it could be better.

R: You have been talking about cameras here, how do they help with your safety?

P: Cameras help us a lot because the one in the control room, it may happen that a patient I, after lunch at twelve, a patient may go for hand washing unnoticed with a bone hidden in the pocket. When he arrives in his room he can take it out. If the one in the camera room sees that, then he telephonically alerts us that such a patient, has hidden a bone under the mattress. he can see any other thing like the tissues (because they are controlled). but if a patient is observed by the one in the camera control room collecting tissues frequently to his room, then we know that there is something to look for. It helps us in many ways. even when they are fighting, when they are at a side that we cannot see them he can notify us that patients are fighting on which side, and we run to that place.

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R: How can one use the collected tissues?

P: As mentally ill people, they like keeping things. You find that a patient has a lot of them but still goes to ask for more saying he want to go to the toilet. he just keeps them.

R: Ok, Hey even the bones are they used as weapons?

P: Yes, bones are used as weapons, that is why we make sure that when they are eating, we are present, but as mistakes can happen he can quickly hide it in a very short space of time unnoticed. Normally we check that none of the patients go put with bones or anything that is a potential weapon.

R: Yes. Can weapons like knives, wires be smuggled into the ward?

P: Here is impossible because each patient is searched before getting into the ward. when he undresses in the kit room, to dress in the hospital clothing, he let him squat, raise his hands, to make sur that all arears that he can hide something are exposed and that there is nothing. besides that, we search their rooms within five days. We let them go outside and we get inside to check if there are no weapons. We have never seen a patient who has smuggled knives or wires.

R: Ok. When we talk of a forensic ward, it is about people who have committed crimes, wherever they have committed, and they ended up here. a person who commits crime, ends up in jail, why are they here not in jail while they have committed crimes.?

P: These ones, for them to be here is because the experts in mental health interviewed them and their answers like someone may say they do not know,. For example (I am not saying it happened) a person accused of murder says he has killed a baboon or a dog just like that. The team then concludes that the person is not well, and he is fit for admission here, for the treatment of mental illness because he cannot stand trial.

R: Ohh, This is surprising because I understand that when a person is in jail or on police cells, the policemen, they have guns and other protective clothes, they have bulletproof vests, how do you protect yourselves from these ones?

P: To tell the truth here we do not have anything to protect ourselves. We use teamwork when a patient wants to attack one of us, we gather there even if we do not have weapons. We make sure that we apprehend him in any way that we can. If he is very powerful and difficult to stop him, we can use a sheet just to cover him. We are not allowed to carry guns in the hospital or have bulletproof vests, there is no need for that.

R: I understand the rich information that you are giving me. Please tell me what can be done to promote this safety?

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P: The safety here can be promoted by hiring more staff members. If we are many, the work can be easier, and we will be very safe. there is nothing more than that.

R: The staff are we referring to those that we spoke about?

P: This ward needs many nurses and security officers because there is shortage.

R: According to you, who is responsible for hiring more nurses and security officers?

P: Uhmm. The leaders at the Department of Health if they can come most of the time, also during weekends they would see that there is indeed a need, and they hire those people for us.

R: If it was your wish and you are asked, when can you think this can be done?

P: If really, really it was my wish I would say after this holiday the people should be hired and we get new people before getting the new budget. I would say we should do that at the beginning of the week.

R: We talked about mixing of different patients here, does that make you unsafe? even the overcrowding of patients in the ward while the staff members are few. Who is responsible for making sure that the ward has a required number of patients?

P: It is the doctors who should make sure that that the ward is having just enough patients because they are the ones who admit.

R: What must they do to reduce the number of patients?

P: They must make sure that each room has the required number of patients to prevent overcrowding. it is not good, and we eventually fail to control these patients.

R: I understand you. we talked much here, and we said the cameras helps with your safety, who is responsible for ensuring that the cameras are always working?

P: It is the risk officials

R: Uhmm

P: Jaaa. The Risk management officials must see to it that cameras are always working and it eases our work and that security officers reports are risk officials.

R: How often should they check if all of them are working?

P: I think that if they check them weekly unless something happens before they come, and it is reported. I think that would be better.

R: Are there people who report faulty cameras?

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P: Yes, there is a security officer supervisor who is working with us who reports. The risk management comes here, and I even saw them yesterday. they come and check.

R: Okay, uhmm I heard that you are saying something interesting that you use teamwork, that is there is something you go together. Who is responsible for encouraging teamwork to make it consistent as there are always patients here?

P: For that it is us and our supervisor who oversees the ward. we want to avoid fatalities. It is important that all of us participate because some other time it could be me in trouble and people may not help me if I do not help others when there is a need.

R: It means that anytime if there is a need all must go.

P: Yes, everyone must go there, we can just leave one person who will answer phones or welcome visitors because we do not know how long the teamwork might take.

R: Thank you very much. We have talked a lot about that your safety is not complete, because of shortage of nurses and security officers. We also said that patients here are mentally ill, then teamwork is needed and is encouraged by the supervisor and staff members themselves. You also said more staff members should be hired by the officials of the Department of Health and it must be done as soon as possible because this is needed now. We also talked about cameras that they are managed by Risk manager and that if there is something wrong with cameras it is reported. Please tell me about this building, how safe is it?

P: Uhmm There is nothing wrong with the building. It protects us because there are burglar proof bars that prevents patients from passing other areas, because there are gates. The building has nothing wrong; it is right.

R: You said there are bars and gates.

P: Bars, gates and there are security officers for controlling access to the ward. The building is fine.

R: Do you ever go to the patients alone?

P: Yes, there are situations that forces me to enter, but I am with a security officer. I can go alone as a nurse. If something happens before the security officer arrives he will find me inside because as a nurse, I need to help the patient. what if he does not come. We will account when we are many.

R: How does a security officer help you?

P: He adds on the manpower, if I am attacked and he is nearby he will assist me. If he is attacked while I am there, (our mentally patients can demean you) when they are disgracing a security officer and we say heh, hey they understand us better that security officers.

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R: Thank you very much for the information you have provided. I have summarised what we talked about, but we also said you can entre in the ward but with a security officer nearby. Thank you very much we have come to the end of our interview, I am going to type this verbatim but is while typing I find there is something I am not clear about, I will call you and make an appointment like this and I interview you. Do not feel troubled to tell me that you forgot to tell me something.

P: There is no problem about that. You are welcomed.

R: Please go and finish your lunch, the service for patients was not disturbed. thank you for giving yourself time for this study of mine.

P: No problem.

R: Thank you.

The end

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Transcript 15

Key: R-Researcher, P-Participant

R: Good afternoon

P: Good afternoon

R: How are you?

P: I am fine and you.

R: I am fine. It is warmer today, don't you think so?

P: Today is much better than yesterday.

R: The winter is fading away

P: Winter is going

R: I have visited you today. As you know we are still following COVID-19 precautions. We have sanitized our hands, we are both wearing our masks and seated 1,5m apart. Even the surface here has been sanitized to prevent the spread of the COVID virus.

P: yes.

R: I am Mulatedzi Mulaudzi, a student studying for PHD in Nursing at the University of Venda.

P: Ok

R: Like I have requested you before over the phone that you be a participant in my study, ,I am here so that we continue. Do you permit that we can go on?

P: Yes. There is no problem.

R: The important aspect is that you are not forced to participate. If you feel that you do not want to go on then you can press on of these gadgets. I have a phone and a voice recorder, for capturing this interview so that incase one of these is lost I will still have the information. You can tell me if you do not want to continue then we can stop the interview. You can press on this red button on the phone or here on the voice recorder, then we discontinue the interview.

P: We can go on.

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R: One other thing is that there are no incentives for participating in this study, do not expect any monies or gifts, it is voluntary. You will remain anonymous, you will not be known, and we need not mention names here.

P: Ok.

R: I am here with you today as a Social worker, am I right?

P: Yes.

R: My topic for this study is "**strategies to promote safety of staff members in a selected forensic psychiatric ward".** Now that you work in the forensic psychiatric ward, will you kindly explain to me your experiences of working in the forensic psychiatric ward regarding safety.

P: Ok. Thank you. Like you have said, that is a forensic psychiatric ward. It is a ward that admits people who have committed crimes and they are very psychotic when they come. Even their behaviors, it is like what they used to do in prison. When they come here they want to continue with those things.

R: Yes

P: Now that this is a hospital, there are measures put in place to protect workers. At first patients used to have free movements, they used to roam around anytime. At the moment that is no longer happening, a patient moves in the presence of a security officer who is monitoring him to see if there is anything wrong happening. The other thing, I must not be with a patient in a hidden place as a worker.

R: Ok

P: I must be in a place where I can be seen with a patient, no patient must sit or stand behind me. This is because what the patient can do is not predictable. I cannot know what will happen next. He may be laughing in-front of me, but anything can change within a minute. When working here we need to work in open spaces and not hidden and also in the presence of security officer. The officer where we can consult patients, there should be something that separates me and the patients. We must not be close to each other because I may say something that might provoke the patient being unaware, and he ends up beating me.

R: Thank you for providing this information. I heard you saying that patients who entre here have committed crimes, what kind of crimes do they commit?

P: Most of these people, usually in their first episode, they commit crimes and people may not be aware that they are mentally ill. Many of them would commit murder, rape, they attempt to murder, attempt to rape and they commit assault GBH that is when they use weapons. It is most of the people admitted here, they committed such crimes.

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R: These people have committed gruesome crimes but they are in hospital whereas we know that a person who have committed crime must go to jail, why are they in hospital as far as you know?

P: Err. Before the patient is admitted here, he first appears in court and it is found that something is wrong with him or he is on medication for mental illness, it means then the magistrate will refer him to this hospital for observation by the psychiatrist and other professionals.

R: Ok

P: Sometimes on the first day of observation, it is found that the crime was committed when the patient was mentally ill or the it was intentional. In some people it is difficult and the patient is observed by nurses there and they find that the patient committed the crime under the influence of mental illness.

R: According to your knowledge, you indicated that the crimes committed are horrific, are you not afraid of them?

P: I am afraid of them, but I do not show them because if I do that then I will be unable to work. I must do my work as the hospital has some measures in place to protect me.

R: Now, according to you, how safe do you think you are as staff members.do you think you are completely safe?

P: One cannot say, but I am not completely safe because we are still mingling with the patients.

R: Uhm. You have indicated that the behaviors of these patients can change anytime without thinking that they may do it. How does that affect your safety?

P: It means there is no complete safety because when I am communicating and laughing with a patient, I may not think of anything else and not predicting what he is thinking about. I may laugh with him but within a minute he becomes angry. He may think of something else that I did not say and it angers him and he hurts me.

R: Does it ever happen that workers are injured by the patients?

P: Yes, there are workers who were injured by patients. There are other terrible incidences because we have lost a colleague before in this hospital having been perpetrated by the patient.

R: I understand you. It seems this is a difficult ward. When you look at the infrastructure, how does it provide your safety?

P: That building to tell the honest truth, I think it does not provide safety because the consulting area is open and a patient can do as they please even though there is the

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presence of security officers. Sometimes the patient may overpower a known strong security officer., therefore I do not feel safe. Inside the ward they are contained but when they are outside, they are dangerous to people like us.

R: Can you please tell what is now happening to promote your safety?

P: Currently the hospital has tried something because of the security steel gates that are installed to control the movement of patients. The gates are strong and they prevent patients from roaming around like you used to meet them everywhere. Their movements are controlled and there should be permission thereof. Wherever they go, there is a security officer who accompanies them. I think it gives us some form of safety.

R: If you were to be given powers to place strategies to promote safety what would you say? Things that can be done to promote safety?

P: What can be done to promote safety, I think errr. Let buildings be erected that can allow me to see a patient while seated on the other side.

R: Do you mean to say that the patient should be on the other side not with you in the same room? How can that promote safety, in your opinion?

P: The patient should be away from me; I think this can promote my safety.

R: Did I understand you well if I say that are you saying that the consultation rooms should be in that manner when patients stay away from staff members, is that correct?

P: Yes.

R: Should for example you had the power to change the building, when would you say it should be done?

P: Because the safety of people is very important, I would say if it is possible by next year January they must be starting.

R: According to you, who is the person responsible for this?

P: Errr.. Looking at the hospital such as this, I think the head of the hospital is the one we look up to.

R: Please tell me, who benefits in the provision of proper infrastructure?

P: The patients, the staff members and the institution and the department.

R: What other things do you think can promote safety?

P: The other things that can promote safety is errr…...

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R: Let's say here that we are talking of many workers, you talked about security officers, do you think they are enough?

P: I do not think security officers are enough because currently they are placed where the patients are, that is the place you find them. When one person goes out they accompany him, then a problem arises when more than one patient has to move from one place to the other. What can happen when security officers are few? I think security officer are not enough. The other thing is that in the forensic ward, there should be many security officers because incidents are always happening.

R: Can you please explain the people who are responsible for making sure that more security officers are hired?

P: Err.. I think the Risk and Safety office is the one that must take steps about this to ensure that security officers are hired in numbers.

R: If you were to make a decision of hiring more security officers, when could they be hired?

P: If I were to take a decision on anything here, I would say it must start at the beginning of the year.

R: Please explain to me, according to you, who benefits in hiring more security officers?

P: It is the patients, the staff members and the institution.

R: The people working in prisons, Police cell and courts and prison warders have guns and other things to protect themselves with, how do you protect yourselves?

P: Only by assessing the situation, I do not have anything to protect myself with, nothing at all. We do not get in with guns here. We do not have guns or batons here

R: Can you please tell the reason why you do not have such whereas you are not safe?

P: I am not safe indeed in the hospital, we are not here to take care of prisoners but to take care of patients in the ward.

R: Thank you very much for that. Now how many Social Workers are working in the Forensic ward?

P: I am all alone as a Social Worker.

R: How do you manage to work with so many patients being alone?

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P: There is a lot of work to be done, it is just that this field of mental health, is just a passion to me. I cannot say I am doing exceptionally well; I just give myself time to do the right thing at the right time. I do not do everything at the same time, I only go for patients who were referred to me. I then see those that have problems and not seen by the doctor. If the time to see them is not found, I explain to them that I will see the referred ones only.

R: Thank you very much, we talked that patients admitted here have committed crimes, they come here being psychotic. When it comes to jail behavior that they still have when they are admitted here, errr.. we hear of smuggling of drugs, weapons and other contrabands, in this forensic ward, can this happen?

P: It is difficult for that to happen because they are searched on entry at the gate.

R: They are searched.

P: Yes, they are thoroughly searched, at first it used to happen, because they could not search the hidden areas but now the whole body is searched that is why it is difficult for them to smuggle drugs into the ward.

R: We also said that a worker must be at an open space so that he can be seen by others. How possible is that when you have a patient?

P: Errr.. it is possible because I make sure that I must not see many patients at the same time. Patients come to me one by one and I sit with him face to face. That is how we are managing this.

R: How do you work with security officers?

P: They are used to it that when a patient comes for consultation, they must accompany him, when a patient is seated here them the security officer will be next to him so that he monitors each and every movement of the patient.

R: We also made mention of the different crimes that the patients have committed like murder, rape, assault GBH. You also indicated that safety is not complete but there are security measures like gates that are installed.

P: There are cameras installed.

R: How do the cameras assist with your safety?

P: The camera though cannot prevent anything like incidences, it informs people of what is happening.

R: It does not prevent anything that can happen. Who is responsible for making sure the cameras are functional?

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P: The Risk and Security office are the ones who should take care of them so that they are functional.

R: Who benefits in the proper functioning of the cameras?

P: It is the patients, the staff members and the institution.

R: I thank you so much that you have given yourself time to indicate that safety is not guaranteed in the forensic ward but there are some strides made to provide safety of staff members. If it was in your hands you would provide proper infrastructure to prevent patients to be closed to you to reach you so that you remain safe. Security officers should be hired in more numbers. Cameras are available and are taken care of by the Risk office. Do you feel safe while working alone as a Social Worker?

P: I am not free at the Forensic ward. The office is sort of hidden in the corridor, it is in the dark and I do not feel free inside. You feel that something can happen and secondly, the widow faces where patients are gathering. When I am busy working, I must not open the window, patients come and shout through the window and make mention of his problems and it disturbs me.

R: Meaning that patients peep through that window.

P: Yes.

R: What do you think can be done with the office?

P: Errrr…. (pauses)

R: Do you think it is the same with what we said regarding infrastructure?

P: Yes, it should be treated as such.

R: Thank you very much, I am going to type this verbatim as recorded and during the process I find that need to be clarified on some aspect, I will call you and make an appointment like this. If you think of something else feel free to contact me. Thank you very much, we have taken your lunch today. Please go and finish your lunch.

P: Thank you.

The end.

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Transcript 16

Key: R-Researcher, P-Participant

R: Good morning

P: Good morning

R: How are you?

P: I am fine and you?

R: I am fine. The weather is a bit sunny today.

P: One can move around with fewer clothing.

R: Yes, it is true. I am Mulatedzi Mulaudzi a student at the a PHD in Nursing student at the University of Venda my topic is about the safety of staff members in the forensic psychiatric ward. I have included you to participate because you are a doctor you as a doctor who works also in the forensic psychiatric ward. we are still observing the COVID-19 protocols like we have sanitized, both of us are wearing masks and we are seated 1,5m apart.

P: Ok

R: Like I have requested you to make an appointment to interview you to get the information that I need. Participating in this study has no incentives, you are not going to be given gifts or anything. Participating in the study is voluntary, if you do not feel like continuing you tell me and I will show you where to press on the two gadgets that I am using. I am using the phone and a voice recorder so that incase one is lost the other gadget left will have the information. All the information will remain anonymous, we do not mention names and you need not mention names. I will then compile everything and submit to my supervisors for them to assess whether I did the right thing or not. Errr inn future, if you think of something that we did not talk about here, do not hesitate to contact me. I will also contact you should I need clarity on something else. Can we continue

P: Let us go on.

R: Thank you the topic under study is the strategies to promote safety of staff of staff members in a selected forensic psychiatric ward. we solely looking at the safety of our staff members. Let us start by saying please explain to me your experiences regarding safety in that forensic psychiatric ward.

P: Thank you, I have not stayed for long here but I have spent a period of 13 months. We are not placed full time in the forensic ward but we go there when there is a need and also to check on some patients. When I look at that place during this COVID-19

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era, the reception area in the foyer, there is a space for proper and safe distance that you are talking about of 1,5m apart.

R: Uhmn

P: When it comes to safety the thing is that mentally ill patients cannot be predicted. You cannot guarantee safety even though we are having cameras. Some patients go to an extent of smashing the cameras knowing that the cameras are capturing what they are doing. As a hospital cameras are there to promote safety but as they are broken by patients it leaves us as people taking care being unsafe. Cameras are there to show what is happening, but anyway looking at the number of nurses allocated there, and the number of patients admitted there. They are forensic patients and we also send very psychotic patients in that ward. Although we have isolation rooms and other things, I do not think they are adequate for these patients. For the sake of safety, I think a bigger structure should have been built.

R: Yes

P: That there be a space for containing dangerous and very acute patients. Those are patients that are very harmful to our staff members. Just last week, we had a case of a patient that I will not mention names as required.

R: Yes

P: The patient wanted to assault the senior doctor, a psychiatrist. Err.. he had only spent one week in detention. Such patients need isolation rooms so that they may not disturb other patients and the safety of our staff members who come to see them.

R: I understand

P: I am again looking at the forensic ward, it is true that there is a fence at the back, I understand that even the trees puts a danger on our staff members if a patient decides to abscond. It will be difficult to assist such a patient. Those trees must be cut so that the fence is clear.no patient must think of escaping because the patient who is absconding is in a fighting mode to those who want to follow him. It can really backfire on us the people giving care.

R: You mentioned that it can backfire on you, how do you think it can happen?

P: I am just talking randomly about this but in one of the isolation wards there, a patient has ransacked the room badly. It means the rooms are not safe for the patients because they can tear off something and commit suicide. The staff members are also not safe because they can be attacked by anything that the patient broke that can be used as a weapon. I think that is something that should be taken care of. Patients there are here for different reasons like assaults on women called rape, I think many males are the ones to be allocated there. This is because many victims of crimes committed by men are women as they are an easy target and cannot fight back by

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themselves. History has it that a worker was killed here also a woman. Let there be fewer women in terms of allocation. When many men are allocated it helps when restraining. (…..Someone knock and enters talks and leaves…….)

R: I heard you were talking about the patients being dangerous and sometimes they are acute. Why do you say that they are dangerous?

P: They are dangerous because a person who is acutely psychotic or just been admitted, has no insight into his mental illness and thinks that a person who wants to assist him is a threat and they fight badly because mentally ill people have got so much strength for a reason I do not know or where they get strength.

R: You have indicated that the patients have committed crimes, would you explain the reason why they are here in hospital?

P: Uhmn. According to the Mental Health Act people who commit crimes appear in court and they are unable to give an account of themselves or are not fit to stand trial are sent to this hospital for a mental observation. Some are observed while admitted or being out patients. So at the forensic ward we admit patients who are a danger to the community or the crimes committed is horrific to an extent that the community can kill them. They are not safe to themselves and the people they live with and the community at large. The courts then give an order that they be admitted according to the relevant section so that they can be treated.

R: People who commit crimes go to the courts and they are then detained in prison and the prison warders and if the offender is in police custody, the policemen have guns and other things to protect themselves wit. As workers here how do you protect yourselves?

P: To tell the truth we have nothing to protect ourselves with except for the available security officers. We also give them medication that we studied and that can sedate the patients so that they may not be a danger to us. Patients are different, there are patients that you give medication and stay not sedated because of substances that they use. You get surprised that a certain medication cannot sedate him, it is a problem for acute patients because they are a danger to nurses. To put a patient in an isolated room is not our wish but we do it for staff safety. We have those rooms at least I have seen four having patients who are dangerous occupying them. I understand that if they are many patients who relapse can be placed there for promoting staff safety.

R: You have indicated that the number of nurses in the forensic psychiatric ward is not enough, how about the number of doctors?

P: With doctors we cannot say much because if we talk about the number of patients in this hospital and the qualified doctors who are permanently employed, they are only two. Some of them are on contracts waiting for the government to employ them. When I look at this institution, eleven doctors are needed according to the number of patients

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in the ward. this would be of assistance to the nurses. I think each ward should have a doctor or have two doctors like Units A and B. I think even nurses are short-staffed.

R: Now please tell me who is responsible for employing more staff?

P: I think it depends on the budget with our superiors at the District or Provincial offices. If more budget can be allocated, then it must be seen to it that more staff members are employed so that we can assist to contain these people. We are staying with very dangerous people in this hospital. You find a person who has killed three people on his own. Can you just imagine staying with such a person when you don't have a gun or something, you rely on the injection only which can be difficult to administer too. He can take it and inject you, it is not easy. Manpower is needed, human resource must be increased.

R: If it were in your hands when do you think it could be done, employing more people?

P: If I had the powers in my hands I would make sure that this hospital has many workers than other hospitals because the patients here are dangerous than in the other hospitals. I would say more staff be employed especially those Psychologists who deal with minds of people, the psychiatrists including doctors who do normal wards.

R: Please explain who will benefit if there are many workers here, according to you?

P: The patients will benefit, you find that patients cannot get a chance to be seen by a psychologist who is only one in the whole institution and the sessions take time. If we have maybe five psychologists. patients will be timely assisted and rehabilitated and discharged into their communities and the danger here will be lessened to our nurses.

R: You verbalized that the rooms and the building is small. Who do you think is responsible for making sure that the building is refurbished to be bigger?

P: I again look at our superiors in the district so that they look at us when they prepare their budget so that we have a bigger structure to work freely without overcrowding. One day I saw that people could not observe 1,5 m social distancing because of lack of space. I am talking about the COVID-19 era. There is nowhere to relax (… phone rings…)

R: Had it been it was in your hands when would you say it should be done and who benefits after this?

P: To tell the truth, everything here in this hospital are urgent. It will benefit the patients and the health care workers.

R: The overgrown trees promotes that patients abscond, who do you think is responsible for cutting them?

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P: The trees are overgrown and the branches are inside. This makes patients to think about escaping and when that happens many patients would associate with him. This places staff members and the patients at a danger. I think the hospital should get stakeholders who can assist in cutting the trees. (… phone rings….) When a patient escapes the workforce concentrate on that and it is a danger to patients and staff. People who stay next to the hospital can be given a chance to cut the trees for firewood. They must cut trees that are close to the fence to deter patients from thinking about escaping.

R: In your opinion, who would benefit if trees are cut?

P: The patient who will get proper rehabilitation and not think about escaping. Staff member will also benefit because they will concentrate on patients who need care inside the ward

R: Thank you very much Doctor in summary we have spoken about many things like the small number of staff allocated in the forensic ward, the rooms and the structure poses danger because it is small, patients who are admitted there are dangerous and they have committed crimes. We have a fence with overgrown trees and that people responsible should ask stakeholders to come and cut the trees to make the fence clear. We are thankful for the knowledge that you provided and as I have said I am going to type this verbatim. I may come back to you if I need any clarity on something. Thank you very much for the time I took from you. Thank you very much, is there anything you want to say?

P: No, there is nothing for now. I will hear from you if there is something that you need.

R: Thank you.

The end.

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Transcript 17 Key: R-Researcher, P-Participant

R: Good afternoon

P: Good afternoon

R: How are you?

P: I am fine and you?

R: I am fine. Today it is too hoy

P: It is too hot

R: It is a summer day. Today I have taken your lunch hour.

P: There is no problem.

R: Yes. I am Mulatedzi Mulaudzi, a student doing PHD in nursing at the University of Venda. Like I have requested you the previous days that I need to interview you alone, recording our conversation. I have a voice recorder and a phone, both to capture this so that if anything happens to one gadget then I am left with one.

P: Yes

R: The other thing is that you can see we have sanitized our hand, both of us wearing masks and seated 1,5m apart; we are still following COVID-19 precautions. We cannot relax and say COVID is finished. The other thing is that you need not mention your name because we do not want you to be identified, you remain anonymous. You are only known by be and I allocate a code to identify you. This information will be known by my supervisors but they will not know you. One more thing is that we have already signed a consent form to indicate that we have agreed. Participation in this study is not forced, it is voluntary. If in the middle of the interview you feel that you do not want to continue, you tell me or you press here on the phone and voice recorder and we stop the interview. There are no incentives that you get for participating.

P: It is a free service.

R: Yes. like I have indicated to you that my topic for this study is the strategies to promote safety of staff members in a selected forensic psychiatric ward. I believe you are working in a forensic ward as an Occupational therapist.

P: Yes

R: Ok, will you please explain to me about your experiences while working in that ward regarding your safety?

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P: When one looks at the forensic ward, before focusing on that ward, safety at the hospital's general wards you feel safe but when you go to the maximum, you safety is compromised. This is based on the fact that there are things that happened before. The trauma that happened before has an impact on the recent situation because for example we are working at the back, when you find yourself alone, with no movement of people, you feel that hey, it is better to sit behind closed doors.

R: What happens when they are to attend some sessions?

P: You find the patient going out with a security officer, or they are cutting hairs here, when they move to go to the water tap, being unaware that he is coming when you realize that there is somebody, you get a bit surprised. Safety there is actually compromised and also maybe on your previous experiences. There are things that happened before. The history of the word itself brings on memories in terms of security to a person.

R: I hear you saying something that is terrifying. Will you please explain to me what you mean by safety is compromised. How is it like?

P: When I say that umm security that side it feels like it is compromised, is because most of the time errr we are all alone, actually most of the in maximum I am alone. The person that I work with comes around ten o'clock. When he comes around ten one feels a bit relaxed and safe. The patients at that side will be locked inside. There are those who errr randomly come to wash plates, cutting hair, they have access to move around. There is one of the patients I will not mention the name, that day I decided to sit outside alone, I just feel that my back is heavy and when I looked at my back there was a patient who is high risk. He is always referred down here, and taken back because he is always involved in fights. He is brought back to maximum because he is involved in fighting. Even now today as we speak in the morning when I was entering, he was brought to this ward alone. It means then that he was separated from others because he was fighting others.

R: Uhmmmn

P: So when you suddenly realize that there is someone that you know has a bad history you feel that ehhh if I am alone, I cannot sit out better to be inside.

R: Yes, I hear you. You have indicated that these patients are high risk. What kind of patients are these who are high risk and are scary?

P: Most of the patients that we consider as high risk, especially there, there are those with several murder cases, some have attempted murder and err some give promissory letter, not letters as such, words to other client to say I will beat you, I will do this. Most of them, you find that they are involved in fights. (... phone rings and answered…). So the people who are always involved in fights and they are around you as a woman alone you feel that its err compromised.

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R: Uhmmn

P: The other thing some of the people there have rape cases. I remember this other day that I decided that I will not go to maximum, I went there wearing a dress. So the patient that was not taken by us, taken by another unit, we work as OT and Physio, he was taken by Physiotherapist. So that person, you could see that the trouser has risen and he is ready and now he was coming to me and saying come inside the office. So I had to ask why is he calling me to the office because by law you don't call me to the office. I call you to the office so I will not come and already I could see how he was. Then I decided that as for me while working in maximum I will never wear a dress.

R: Yo! (….both laughing..) this is scary.

P: This place is scary.

R: Now that you are saying some of these people have committed rapes some committed murder, those are big crimes, people who have done this are at Matatshe and other prisons, why are they here?

P: What made this people to be here err. Yes, they have done that but when they appear in court of law, it is true that when they commit crime they are arrested and appear in court. When they appear in court, and their behavior in court does not meet the circumstances that are needed. They are displaying abnormal behaviours and when the go for assessment it is found that indeed they committed the crimes while under the influence of mental illness. Then we have them here. So they are here because of the situation but we still have to manage them.

R: Yeah, It is a difficult situation. I understand, you have indicated at the beginning that the other thing that makes you feel unsafe is the thing that happened before, may you please explain one thing that is terrible that happened in the forensic ward?

P: I can talk about the experience but that one when a nurse was murdered by a patient. That incident, to be honest, had an impact on many people. The fact that…. When that happened, uhmn it happened around April and it was not long after I left maximum. I worked until the 31st March and it happened the following month. When it happened you get the picture of the client that did it to say I used to work with him in the garden while using a hoe. I used to work with him somewhere using tools that can weapons. But then what could have happened to me at that time.

R: I could imagine

P: So, I got to be terrified. When that happens because the incident is happening at maximum while you are somewhere, even though they conduct counselling and whatever, you are not considered because it feels like you are far. You are not involved. It looks like you were not affected but it has lots of impact on us. You also look and say such a client is any other client there, as we are we work with knives, anything, dangerous tools are used to manage the clients. Which of course we must

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use them because when these patients are discharged, they a panga at home, he must know that the big knife is not for chopping a person. It is meant for cutting something else.

R: I hear you explaining this. What then do you think should be done to promote safety in this ward?

P: I think that so that there is better service these people, for example in our case, we must only take a limited number, we rehabilitate them in smaller groups. Obviously they need to be rehabilitated, and they need education in terms of things that are used on a daily basis, as they had episodes of mental illness. They need to know the purpose for each tool, even though they have used that wrongly. They must know the real purpose of each.

R: Ok, please tell me more about that.

P: We also encourage them to realize that whatever they have done was wrong. This is done so that they can be able to ask for forgiveness from the relatives. The other thing teamwork is very important because like me I am not at the office on daily basis but there are nurses who are with patients day and night. I say day and night because there are night nurses who hand over to day nurses in the morning. It means that if this one did not behave well then the day nurses will know because those ones will hand over. If we have good relations with those people, then they will be able to tell us that you know what, there is this person who has displayed such and such behavior. They will say they don't think it will be good to go with her before the doctor can see the person. Therefore, there must be good relationships between us and nursing staff. The other thing is that working alone as a professional is not safe at all. The manner of dress too, though I have changed myself, at maximum a dress is no go area. Because honestly those guys… even though you are wearing a dress it is not a very long one and the dress leaves my legs out. Those guys as they have been in there without ladies, they get to be stimulated by anything that they can visualize. You see. The dress code is very important.

R: You have talked about a few measures here. Now who do you think is responsible for seeing to it that there is teamwork?

P: Teamwork can be facilitated by everybody as their responsibility but before it is started there must be someone facilitate the start but going forward it is a primary responsibility for everyone.

R: When can that be done? If it is said your wish can be done when can facilitation of teamwork start?

P: If it was to be done according to my wish, the sooner the better. Speakers would say as soon as yesterday seeing that it should have been there already. To continue with that because teamwork assists in delivering better service to our clients. It builds a better morale on workers.

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R: Who will benefit out of this?

P: The patients and staff members.

R: You indicated that working there alone is not safe at all. Who is responsible for providing more staff members?

P: We have a challenge here. Even though we can say someone is responsible for allocating a person, the staff is not available.

R: Tell me more, please.

P: We have a serious shortage of staff. Even if we tell our superiors to say they must beef up, let us be real. At the nearby district hospital, and regional hospital they do not have enough staff. We are even better because we are having three therapists at this hospital. Like the nearby hospital Tshilidzini there is only one. Maybe if the department can hire more employees like technicians and assistants, this can assist us.

R: According to you it is that we do not have enough employees and it is the responsibility of the department to provide. If that was to be done when would that be?

P: Uhmm

R: If employees are to be hired to come and beef up the available staff. When could you say they must start?

P: There are procedures that must be followed and the process is simple. Even here I could say as early as yesterday when looking at the urgency of the matter. Like when we are short-staffed, imagine the hospital has roughly 11 wards, so in each and every ward you find that for example Unit A there are 41 to 43 patients. You are alone, you have three wards, you have to see all those patients. By law even if you are seeing six patients, looking at the burden, you will not produce quality. When you are not providing quality, your patients will not be fully rehabilitated. When patients are not fully rehabilitated, safety is compromised.

R: If more staff members were to be employed who will benefit out of that?

P: In terms of service, patients will benefit, in terms of safety we benefit.

R: Ok. The manner of dress or dress code, you raised an important issue, because there are several women there in the forensic ward. Who can enforce proper dress code for women?

P: I think that will need education because remember in the meetings, the minutes have it as a standing resolution. It will need education. Because it is there, it is no longer communicated to staff members. That is something that is there but not followed. The responsible leaders in the ward every Monday in the meetings just to

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remind people that guys such manner of dress can compromise you, let us dress in a decent manner. I think if the leaders in the ward can do that, we also can take it seriously and follow suit. As for me I have learned via experience because I told myself that I do not want to see this again because if I was alone, we would be talking today and the patient would have raped me. But then there were two security guys and other clients. I only felt safe because of that there were other people. Had we been doing individual session, he could have finished me. Those guys are very strong.

R: Yes. We talked about education and training our patients, who is responsible for that?

P: To train patients cuts across all professionals because it depends on what I teach, that it is different from what Physio or Dietician teaches. So the education cuts across the professions.

R: You indicated that we can take a limited number of patients at a go, how can we be consistent about this?

P: For now, we are practicing that, we only take fewer patients. Actually we made sort of a roster to say on Monday we take who and who with a limitation of five patients and they rotate as such.

R: Thank you very much for this information. I just need to ask one question, that how safe is the building there? How far does it provide your safety?

P: The building is safe but it is far from other buildings. When I am alone, I am compromised but I am with others I am free.

R: Thank you very much you have provided a lot of information, we talked much about the patients, about the experiences of scary things that happened previously, the type of patients and the reasons for admission. Incidences happened but people like you were not subjected to counseling while as a worker you were affected. By the patients who are like any patients. Taking patients in manageable groups to teach and train them, team work and proper dress code. We again spoke about shortage of staff. We have come to the end of the interview, if you think of something else do not hesitate to contact me. I will also contact you should I need something because this interview will be transcribed verbatim until the end. I will contact you if there is anything. Thank you very much

P: No problem

R: You need to drink some water

P: Ok.

The end.

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