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'We are working in specialty units'—An exploratory qualitative study

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Abstract

Aim: To explore related support needs of general nurses in specialty mental health units and provide references for formulating a model to support this population working in mental health care units.

Design: An exploratory qualitative design.

Method: In-depth individual unstructured interviews were performed with 15 general nurses who worked in mental health care units and were selected through purposive sampling. Data were collected through in-depth, individual, unstructured interviews. Data were analysed thematically using Tech's eight-step analysis method.

Results: Two themes with their subthemes were extracted. The two themes included (a) Needs for professional growth and (b) the Need for emotional support.

Conclusion: Influenced by many factors, general nurses could not perform some nursing activities in mental health care units. Health managers should plan the training program to empower and provide emotional support to the general nurses in mental health care units. Further research is required to develop a model to facilitate the support of general nurses allocated to these units.

Reporting Method: This study follows the consolidated criteria for reporting qualitative research.

Public Contribution: A total of 15 general nurses participated in the study. We utilized their lunch time to conduct the interviews, significantly contributing to the article's content.

KEYWORDS
general nurses, mental disorders, mental health care units, needs, specialty

1 | INTRODUCTION

Specialty units that render specialty care should be staffed with nurses with specialty qualifications. In specialty units, nurses must have skills and knowledge in the specialty area. The mental health care unit is one of the special units where patients with mental disorders are admitted according to the Mental Health Care Act 17 of 2002 (Africa, 2002). In South Africa, providing high-quality

healthcare is a constitutional requirement (Stuckler et al., 2011). However, the South African government launched the occupation-specific dispensation (OSD), a financial incentive program, in 2007 to attract, motivate and sustain health professionals in the public sector. The mental health care unit was identified as part of a specialty ward per OSD.

The South African Nursing Council (SANC) regulates the scope of practice for all nursing categories (SANC, 2005). SANC has established a Continuing Professional Development (CPD) Framework for all registered nurses to maintain the standard. However, general nurses must accumulate CPD. points while allocated to specialty wards. SANC circular 7/2016 has phased out the legacy nursing qualifications, implementing the higher education qualifications sub-framework(HEQSF)-aligned new nursing qualifications and introducing the new four-year Bachelor in Nursing program regulated by R174 and the 3-year Diploma in Nursing program regulated by R171, where the student qualification at the end of the program does not include psychiatric nursing qualification (SANC, 2016). HEQSF means the sub-framework for higher education according to expectations by section 7 (d) of the National Qualifications Framework Act no 9 of 2016 (National Framework, 2016).R171 according to SANC in 2013 is a regulation relating to the Approval of and the Minimum Requirements for the Education and Training of a Learner Leading to Registration in the Category Staff Nurse whereas R174 is regulations about the Approval of and the Minimum Requirements for the Education and Training of a Learner leading to Registration in the Categories Professional Nurse and Midwife (SANC, 2013) R171 is a 3-year nursing qualification offered by any NEI certified by SANC. R171 aims to equip Nursing Education Institutions(NEIs) with critical thinking and generalist practitioners capable of providing excellent and safe treatment in diverse settings. R174 is a 4-year nursing qualification for a bachelor of general nursing and midwifery offered at any NEI recognized to offer such a qualification by SANC (Geyer, 2020).

In South Africa, there are four categories of nurses recognized: registered auxiliary nursing (RAN.), registered staff nurse (RSN), registered nurse/midwife (RN/M) and specialist registered nurse/midwife (SRN/M) (Mahlathi & Dlamini, 2017). Registered nurses are classified into three categories: registered nurses with bridging courses, registered nurses with a 4-year diploma or degree, midwives and nurse specialists. A general nurse is an enrolled nurse who, in terms of section 16 of the Nursing Act No. 50 of 1978 R. *683 of 14 April 1989* as amended, registered as a general nurse after receiving education and training for two academic years at an approved nursing school (R174 of 8 March 2013). These four categories of nurses work in different units, including specialty mental health units in South Africa.

It is vital that nurses are educated and skilled to provide high-quality, evidence-based care for both the physical and mental health needs of populations. (Liu et al., 2017). Mental health nurses are trained to assess and manage risk, understand recovery principles, provide person-centered care, communicate effectively, understand mental disorders and treatments, promote physical health, have a sense of humour and implement physical and psychological interventions (Moyo et al., 2022). In Tuckey, general nurses providing psychiatric care and related services effect teamwork (Oflaz et al., 2020). Furthermore, nurses must have appropriate professional experience and education to carry out the 7r responsibilities and effectively build a therapeutic environment (Oflaz et al., 2020). The therapeutic milieu is a structured environment for training psychosocial skills and reducing patients' disruptive and maladaptive behaviour. It is a healing culture emphasizing therapeutic interpersonal relationships and cooperative patient care. Furthermore, its physical elements are calming and provide optimal safety and comfort (Belsiyal et al., 2022). In addition to treatment, patients are encouraged to engage in daily activities like discussion, sports, housework and leisure (Bøe et al., 2019). Nurses working in a psychiatric ward must establish a therapeutic environment by identifying the risks of harm to oneself and others, allowing patients to express their thoughts and creating a safe and comfortable environment (Bhat et al., 2020).

Evans et al. (2019) stated that nurses ensure patients' needs are addressed in mental health facilities, including meeting their needs for essential nutrition, good personal hygiene, clothes and recreational and social opportunities. However, Harwood (2017) suggested that general nurses are expected to care for people with mental illnesses such as depression, schizophrenia and substance-induced psychosis, those aggressive and suicidal ideations, regardless of their lack of psychiatric skills and knowledge training. The aggression of people with mental illness is due to underlying mental disorders, substance use disorders or comorbid mental disorders and substance use disorders. Pekurinen et al. (2017) found that in non-psychiatric nursing groups, the connection factor of poor team climate and the work environment factors of high effort-reward imbalance, high job strain and poor organizational justice at baseline were related to higher patient aggression at follow-up. The specific skills needed are risk assessment, management of violence and de-escalation. Communication skills, non-confrontation, relationship development and negotiations are the most effective ways to manage the mentally ill and prevent injury (Harwood, 2017).

Harwood (2017) further indicated that general nurses should implement communication skills, non-confrontation, relationship development and negotiations as the most effective ways to manage mentally ill patients and prevent injury. According to Uys and Middleton (2016), the psychiatric nurse is in charge of promoting, preventing and intervening in the mental health of MHCU patients. A psychiatric nurse's additional responsibility is to mentor and supervise non-psychiatrically trained nurses. Therefore, general nurses should be conversant with the skills and knowledge required to care for patients with mental disorders.

An adequate nursing workforce is a crucial component in providing health care. The State of the World's Nursing Report (WHO, 2020) provides an overview of the global nursing workforce and notes that each country must increase the intake of its nursing production each

year by at least 8%. South Africa still has a nursing skills gap and a nursing skills shortage. Oleribe et al. (2019) suggested that African mental healthcare facilities are not fully equipped to cater to the needs of patients with mental disorders, and the environment is not conducive for nurses. According to a narrative study conducted in Nigeria, there are not enough nurses to provide appropriate care in mental healthcare facilities. The study focused on the challenges of psychiatric nursing as a profession, and the social perceptions of both individuals who have mental illness and those providing care. Psychiatric nurses must continue to educate other healthcare professionals and the general public on the role of psychiatric nurses and people who have mental illness. The study concluded that there is a need to make the mental health specialty interesting in order to encourage nursing students to pursue psychiatric nursing as a future career. The mental health and psychiatric nursing education curriculum needs revamping to guarantee more credit hours for lectures and clinical experiences. Psychiatric nurse educators should give theory lectures to enable students to make informed decisions about their future career choices (Jack-Ide et al., 2018).

In addition, De Kock and Pillay's (2018) study revealed a severe lack of mental health professionals in South Africa, especially nurses. Therefore, this hinders the delivery of high-quality care in all areas of healthcare, including mental healthcare. Furthermore, Alburquerque-Sendin et al. (2018) confirmed that resources are very limited in South African mental healthcare facilities, although they are essential in providing quality mental health services. Hlongwa and Sibiya (2019) revealed shortages of nurses with advanced psychiatric nursing in KwaZulu-Natal. Similarly, in Limpopo Province, South Africa, Mulaudzi et al. (2020) indicated that mental health facility has a severe shortage of trained mental healthcare nurses, which might be barriers to providing quality healthcare.

The scarcity of psychiatric nurses poses significant issues in mental health settings. Healthcare facilities have general nurses to meet the considerable demand for patients with mental disorders to be managed in mental healthcare units. The issue is that the field of practice for general nurses is limited and lacks a program to prepare them for advanced mental healthcare settings. In this study, general nurses are not psychiatrically trained and are categorized into general registered nurses (RN), registered staff nurses (RSN) and registered auxiliary nurses (RAN). According to (SANC, 2005), R2598, RSN and RAN, their field of practice is basic nursing care under a professional nurse's direct supervision and delegation. The scope of practice of RSN and RAN does not qualify them to work in a mental health care unit as they lack psychiatry skills and knowledge. However, in the mental health care unit, the RSN must provide mental health care to patients with mental disorders, and this setting allows RSNs to function outside of their field of activity under the supervision of the psychiatric nurse. An RSN performs their tasks according to the scope of practice established by the SANC.

They provide nursing care as assigned by a professional nurse, ensure a safe and optimal environment for healthcare delivery, establish and maintain a therapeutic relationship, and evaluate healthcare and nursing needs for individuals and groups of care users (SANC, 2005).

Harwood (2017) stated that general nurses felt stressed when caring for patients with mental health problems in acute mental health care units. Similarly, Joung et al. (2017) found that general nurses in Korea encounter challenges when caring for patients with mental disorders and mentioned that because psychiatric nursing is stigmatized, undervalued and avoided as some nurses have negative attitudes toward it and mentally ill patients. However, general nurses felt unqualified to care for patients with mental disorders. In Limpopo Province, South Africa, Netshakhuma (2016) also indicated that general nurses, when taking care of patients with mental disorders in general wards, experience burnout due to a lack of knowledge about the care of such patients and they felt that they are in danger of being injured by patients as they are not psychiatrically trained. However, (Rangwaneni, 2023) found that general nurses in acute mental health care units in Limpopo Province experience difficulties rendering care to patients with mental disorders, such as being assaulted by patients and lack of knowledge in identifying high-risk patients.

The researcher observed that hospital management allocates general nurses to mental health care units despite their limited scope of practice; these nurses face the challenges and demands of working in mental health care units. In their study, Maila et al. (2020) stated that psychiatric wards In KwaZulu-Natal are frequently understaffed and run by non-specialist psychiatric nurses. Nearly 70% of hospitals lacked qualified nursing and medical staff to provide essential mental health treatments. General nurses working in mental health care units must have the necessary background, training and expertise in mental health. Regarding role expectations, patient care and professional values, general nurses in mental health care units encounter significant challenges that add to workplace stress.

There is a need for specialized education and training in caring for patients with mental disorders and expertise in working with emergencies in psychiatry and dealing with aggressive behaviour, which are well-documented difficulties in psychiatric wards. Aggressive behaviour in healthcare is influenced by factors such as patient, staff and ward. Patient risk factors include psychotic disorder, substance abuse and younger age. Staff risk factors include male gender, unqualified staff, job strain, burnout and poor interaction. Ward risk factors include high bed occupancy, busy areas, unsafe environments and lack of privacy (Weltens et al., 2021). Despite the research conducted indicating the challenges of general nurses allocated in mental health care units where one cannot perform special activities and experience stress and frustration (Rangwaneni, 2023), research needs to be conducted to explore and describe the support-related needs of general nurses working in mental health care units in South Africa. Information regarding their support-related needs must be gathered to support them to a high level of education and performance. Therefore, this study used unstructured interviews to explore the support-related needs of general nurses in mental health care units in South Africa.

2 | METHODS

2.1 | Study design

This study adopted an exploratory qualitative design with an in-depth individual interviews, often used to identify the perspectives of experienced professionals (Polit & Beck, 2020). Fifteen general nurses from several hospitals with mental health care units participated in in-depth, unstructured interviews. An unstructured interview is one in which the interviewer asks unplanned questions and then probes (Polit & Beck, 2020). It was decided that the interview should end when no new information emerged, using the data saturation principle, where participants provided no new information and only a repetition of previously collected data as the sample size in the qualitative research. General nurses explained their support-related needs while working in mental health care units. This study follows the consolidated criteria for reporting qualitative research (COREQ guidelines; Tong et al., 2007; Appendix 1).

2.2 | Sampling and recruitment

The study's target population was general nurses in mental health care units. A total population of 15 general nurses with 3 months experience in the mental health settings. Participants, districts and hospitals were sampled purposively.

This study recruited general nurses allocated to mental health care units with 3 months and above work experience and adopted the voluntary principle. These units were chosen as psychiatric and general nurses provide mental health care for patients with mental disorders. The chosen hospitals' CEO and manager were contacted to support the recruitment process. General nurses were approached and informed about the study during recruitment. The purpose and objectives of the study were explained to general nurses, and they were provided with the information sheet in preparation for the interview.

2.3 | Sample size

Fifteen general nurses from several hospitals with mental health care units participated in in-depth, unstructured interviews (see Table 1). It was decided that the interview should end when no new information emerged, following the data saturation principle as the sample size in the qualitative research. The inclusion criteria were as follows: (1) work experience of 3 months and above in the mental health care unit (2) no psychiatric qualifications. Unwillingness to participate and the unavailability of a general nurse during data collection resulted in exclusion from the study.

2.4 | Ethical considerations

This study followed the World Medical Association's Code of Ethics (Declaration of Helsinki). It was approved by the University Higher Degree Committee (Ethical clearance number REDACTED), the Research Ethics Committee, the Limpopo Province Department of Health, Chief Executive Officers of the selected hospitals, and Nursing service managers. Participants signed consent forms indicating their agreement to participate. The unstructured interview occurred in the participants' typical working setting during lunchtime without disrupting the work routine. The psychological risk experienced was re-traumatization, and some participants were referred for emotional support. The participants' privacy was secured by using pseudonyms in all the reports. To avoid being associated with the data, participants coded. Data were uploaded to

TABLE 1 Demographic information for the participants.

Participant number	Gender	Age	Professional status	Work experience
P1	Female	28 years	Registered Auxiliary Nurse	6 months
P2	Female	46 years	Registered Staff Nurse	12 months
P3	Female	48 years	Registered Staff Nurse	5 years
P4	Male	51 years	Registered Auxiliary Nurse	10 years
P5	Male	24 years	Registered Auxiliary Nurse	12 months
P6	Female	38 years	Registered Staff Nurse	2 years
P7	Female	56 years	Registered Auxiliary Nurse	2 years
P8	Female	36 years	Registered Auxiliary Nurse	7 months
P9	Female	32 years	Registered Staff Nurse	7 months
P10	Female	44 years	Registered Auxiliary Nurse	12 months
P11	Female	38 years	Registered Auxiliary Nurse	6 months
P12	Male	40 years	Registered Staff Nurse	3 years
P13	Male	56 years	Registered Auxiliary Nurse	15 years
P14	Female	43 years	Registered Auxiliary Nurse	4 years
P15	Female	49 years	Registered Staff Nurse	2 years

a laptop, voice recorder and secure cloud storage environment to be stored in a safe place.

2.5 | Data collection

The study used unstructured interviews to collect data from general nurses. Nieswiadomy and Bailey (2018) stated that unstructured interviews allow the interviewer to lead the interview freely. Unstructured interviews are done like usual discussions, with the interviewer exploring topics at their own pace. Unstructured interviews are suitable for exploratory or qualitative research investigations, allowing the researcher to prepare questions before collecting data. The principles of preparatory and interview phases were followed when conducting the study (Polit & Beck, 2020). Furthermore, the relationship with the gatekeepers and participants was maintained by observing and adhering to the agreed-upon data-collecting schedules. COVID-19 regulations and instructions were followed throughout the study. The instrument was piloted using two general nurses who were not part of the study to check if the questions asked were simple and understandable. Two authors conducted the interviews with 15 general nurses (four males and 11 females) at a convenient time and place for the participants. The interviews were quiet and undisturbed, each lasting 30–45 min. The researcher asked general nurses an open-ended question: 'Tell me the kind of support needed as a general nurse in mental health care units?' Probing questions were used to prompt the participants' responses to the central question. Subsequent follow-up questions were selected depending on the responses of participants (Table 2).

In-depth individual interviews were conducted until data saturation was reached. Data saturation occurs when the researcher hears recurring themes or key points when additional participants are interviewed and no new information has been obtained (Nieswiadomy & Bailey, 2018). Despite reaching data saturation with the 11th participant, the researcher persisted till the 15th to guarantee that no additional information was missed. The interviews were audiotaped and transcribed verbatim by the first and third authors.

2.6 | Data analysis

Individual verbatim responses were transcribed from a tape recording and analysed separately within 24 h using Tesch's eight data analysis steps (Creswell & Creswell, 2018). The two researchers listened to the recordings repeatedly to modify and confirm the accuracy of the information. The researchers have received experience in qualitative research and have particular practical experience as they have been trained and have facilitated teaching and learning in mental health nursing. The researchers read the transcripts, extracted all crucial statements, formulated meaning from the contents and arranged similar meanings into clusters. Additionally, they identified themes from the clusters and integrated the result into an exhaustive description of the phenomenon, describing themes and subthemes aligned with the study's objectives. The researcher and co-authors agreed on the themes and subthemes of the analysed data before writing the report. During data analysis, the researchers maintained a neutral attitude and reflected on the participants' experiences. Qualitative research is subjected to bias and wrong interpretation of findings (Polit & Beck, 2020). For objectivity, an independent coder with a good understanding of the research topic was involved. The researchers and the independent coder worked independently and provided an accurate context of the collected data. This was done to ensure that the researchers reflected the voices of the participants and not their perceptions. The topic summary, text data and interview recordings from this study have been saved for review. All the authors participated in the whole analysis process.

TABLE 2 Unstructured interview format.

Central question	Examples of follow-up questions
'Tell me the kind of support needed as a general nurse in mental health care units?'	Who is supposed to offer support to general nurses? How often are they supposed to offer support?

2.7 | Trustworthiness

Following Polit and Beck (2020), trustworthiness encompasses credibility, transferability, conformability and dependability. This study proved trustworthiness by enabling participants to ask clarifying questions. Building trustworthy relationships with participants during the recruitment process was achieved by sticking to appointments and interview times. The proper research approach and methodological applications were chosen to assure dependability. In this study, the interviewer used a voice recorder, transcribed the data verbatim and coded it with the help of a co-coder to enhance confirmability. Transferability was achieved by thoroughly detailing the research method and approach. Authenticity was assured by establishing that the study's findings exclusively represent the participants' opinions.

3 | RESULTS

Fifteen general nurses (eight female and seven male) with 6 months of work experience in mental health care units participated in this study. The participants were chosen from psychiatric and general hospitals with mental health care units. The findings from the study represent the support-related needs of general nurses in mental health care units. Two themes with subthemes emerged from the participants' narratives: Needs for Professional growth and Need for emotional support. The themes and subthemes that emerged in our study are shown in Table 3.

TABLE 3 Themes and subthemes.

Themes	Subthemes
Needs for Professional Growth	Psychiatric nursing training Conduct workshop and in-service training
Need for emotional support.	Provision of debriefing sessions Provision of Counselling sessions

3.1 | Theme 1: Needs for professional growth

All general nurses indicated their need for professional growth as they are not psychiatrically trained and suggested psychiatric nursing training.

3.1.1 | Psychiatric nursing training

The prevailing lack of knowledge and skills regarding mental health care was alluded by participants to poor preparation in the initial training, lack of access to support and ongoing mental health training. Thus, general nurses of all categories indicated the need for training in psychiatry to enable them to know and understand mental health conditions and their management. The following quotes indicate the support-related needs of general nurses:

> If there is an opportunity, general nurses should be sent to school to study how to care for mentally ill patients and learn more about the mental health care unit. I think this is very important when caring for those patients. Up to now, nothing can be done besides saying that one must be sent to school and study so that he can assist the patient in being knowledgeable.
>
> P1

> The only way is to take me to school to further my studies. I have served this hospital for over ten years and am still an ENA.; I do not know if this will happen in time. Yes, that is the only way because now I do not have the power to do other things; I cannot make any decisions now; even if I can identify any problematic patient, I still cannot act. I cannot sedate the patient; I cannot restrain the patient. I cannot take the patient to the seclusion room by myself. I still need permission from someone, so I am saying I do not have the power.
>
> P7

3.1.2 | Conduct workshop and in-service training

Participants indicated that in-service training and workshops should also form part of the approach, which can be used to overcome experienced challenges in acute psychiatric wards by general nurses. They shared the below regarding their views.

A male RAN said:

> They can take us to a workshop so that they can teach us. Yes, we need to be workshopped to have more information about the care of mental health care users; they must organize a workshop. The sister in charge must talk to the nursing managers.
>
> P3

Another female RSN stated:

> I think the first thing before being allocated in this ward, they must workshop us so that we know what we are going to face and what to do, explain and do a workshop about mentally ill patients and their behaviors, how to manage them, and how to cope with the.
>
> P2

3.2 | Theme 2: Need for emotional support

The study's findings revealed that general nurses receive no emotional support, and subthemes have been presented below under the main themes. The participants indicated that when they face an assault by patients, they need emotional support as they are prone to psychological stress and fear caused by insecurity.

3.2.1 | Provision of debriefing sessions

Some suggested that the managers should have briefed them to prepare them emotionally during allocation to mental health care units. This is what one of the participants indicated:

> They should have told us that they are dangerous and do things like this and that. In other words, they should have briefed us about mentally ill patients. We just arrived here and were told that this mental institution. They should explain that when you check the patients, you must know what you will do.
>
> P10

Some participants suggested that after a traumatic incident of physical or emotional trauma, they must be gathered and offered comfort or reassurance.

> They should arrange a meeting and give us comfort. There was no meeting. We had just heard about the occurrence of human bites while other staff members were discussing it. You see that this is incorrect, they say, and we overhear them.
>
> P5

Another one said:

> Sometimes, we get tired mentally of seeing one of our colleagues being bitten, and then because they are psychiatric patients, they can think that this guy looks like who did not nurse me well while in another clinic, and they can attack us that we need that to be briefed so that at least you can understand that there is someone who is supporting us even if though will be facing challenges.
>
> P11

3.2.2 | Provision of counselling sessions

Some participants indicated that it was their first encounter with patients with mental disorders. Some suggested that after exposure to aggressive behaviour or assault, they need to be offered counselling.

> If we can be offered psychological support, it will help us make our work easier. We have psychologists in this Republic of South Africa and social workers who can do the job for us.
>
> P12

> I think psychological support by psychologists because sometimes patients are aggressive here, last time patient bit other nurses and that patient who bit the nurse is HIV positive, and when bitten like that, I have family they will be surprises when I am taking ARVs. What will happen, you see? This is not good because, at home, there will be a fight.
>
> P9

4 | DISCUSSION

The aim of this study was to explore the support-related needs of general nurses in mental health care units. The results indicated that general nurses' needs are professional growth and the provision of emotional support. General nurses in mental health care units perceived professional development as important to them as it will enable them to know mental health conditions and the management of patients with mental disorders in psychiatric wards. All general nurses expressed a need for professional development because they are not psychiatrically trained, and psychiatric nursing training and in-service training were recommended to enable them to render quality care to mental health care units. The study findings on the need for professional growth align with what Bonsall et al. (2018) suggested in their study, that nurses should continually expand their clinical and professional knowledge. Specialty certification is one way to show this development. Certification attests to nurses' expertise and commitment to further education in their chosen practice fields.

Similarly, Son and Kim (2023) suggested that professional development can be done through a training program that provides general nurses with the skills and knowledge required to care for patients with mental illnesses. General nurses felt that developing mental nursing skills was more important than improving knowledge and attitude. The participants explained how professional development should be provided. Previous literature also supports the idea that general nurses should be supported through professional development. Heim et al. (2020) indicated that general nurses require more training in clinical and communication skills. Again, studies suggested that training general nurses in specialist mental health nursing techniques would boost the nurse's self-efficacy in providing care for patients with mental disorders. Ongoing education and training for general nurses in specialist psychiatric nursing techniques would boost the nurse's self-efficacy in providing care for patients with mental disorders (Adams, 2015; Ollila, 2021). Different studies indicated the importance of the development of a training program to address the identified problems that general nurses encounter to mitigate negative attitudes and difficulties while caring for people with mental illnesses. Nurses should be taught how to handle aggressive patients before working in a psychiatric ward (Alshowkan & Gamal, 2019; Bekelepi & Martin, 2022; Joubert & Bhagwan, 2018; Joung et al., 2017; Netshakhuma, 2016; Sobekwa & Arunachallam, 2015).

General nurses further indicated that they need emotional support since they are exposed to psychological stress and fear resulting from insecurity. Emotional support might take the form of debriefing sessions and counselling. The study findings aligned with Pekurinen et al. (2017), which highlighted the significance of assessing and developing resources (such as post-incident debriefing, clinical supervision and education) for maintaining nurses' health and well-being following exposure to patient aggression, not just in terms of physical attack but also in terms of less severe forms of patient aggression. Furthermore, Ebrahimi et al. (2016) mentioned that emotional support is crucial for reducing stress, increasing self-confidence and forming a constructive relationship between nurses and patients.

Similarly, Allen and Palk (2018) discovered in their study on the impacts of trauma on nurses that their coping activities supported seeking, debriefing and taking breaks. Furthermore, they believe that nurses should receive mental education, debriefing and support programs in the workplace to enhance resilience. It is worth noting that, despite existing resources such as free counselling through the employee assistance program and free 24-h counselling. Debriefing is a process of providing emotional and psychological support after

a traumatic event, aiming to prevent post-traumatic stress disorder. It lasts 2–3 h daily and requires specialized training for counsellors. It helps general nurses process their experiences and effect desired changes (Burman, 2018).

4.1 | Strengths and limitations

To our knowledge, this is the first study that focuses on the general nurse's need in mental health care units' previous studies focused on general nurses working in general health care settings. This study conducted in-depth interviews with male and female general nurses of different qualifications (registered staff nurses and registered auxiliary nurses) to understand their identified needs and career planning, which provided valuable content requirements for future clinical practice training of general nurses. This study also has some limitations. The study was only conducted in three selected districts and public hospitals with mental health care units in Limpopo Province, South Africa, which cannot represent the views of all general nurses in South Africa as a whole or in other countries. Participants who were off duty working during the night and on leave during data collection were not part of the study; some of the participants on duty were unwilling to participate as they were uncomfortable with being voice recorded during the interview. However, these limitations did not affect the study as the available participants from selected districts who were willing to participate gave information until data saturation was reached.

4.2 | Recommendations for further research

Based on the current study's findings regarding the needs of general nurses in mental health care units in Limpopo, South Africa, the study recommends that future studies be conducted to develop a model to facilitate the support of general nurses in mental health care units.

5 | CONCLUSIONS

Two themes were identified in this study: the professional development and emotional support of general nurses. Department of Health and Hospital Management should support general nurses in mental health care units through professional growth and emotional support to promote their mental health and improve their performance, leading to quality patient care. Employers should offer sufficient support mechanisms to assist and maintain general nurses' health and job satisfaction. A systematic strategy should also be used to deliver competence and skills training. Reasonable time adjustments should also be made to offer in-service training to general nurses in the mental health care unit.

AUTHOR CONTRIBUTIONS

Mphedziseni Esther Rangwaneni was involved in conceptualization, writing original draft and recruitment of participants. Ndidzulafhi Selina Raliphaswa was involved in supervision and methodology. Mary Maluleke was involved in data analysis. Thingahangwi Cecilia Masutha and Duppy Manyuma were involved in data collection. Duppy Manyuma was involved in interpretation of data. Vusiwana Patricia Letlalo was involved in writing—review and editing of manuscript. Tinyiko Nelly Rikhotso was involved in drafting the manuscript. Langanani Makhado was involved in transcribed audiotaped verbatim.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of the study are available on request from the corresponding author. The data are not publicly available due to privacy and ethical restrictions.

ETHICS STATEMENT

Ethical approval was obtained from the Ethics Committee of the Shaoxing University. Participants signed the informed consent form before being involved in this survey.

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APPENDIX 1

Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist.

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349–357.

No. item	Guide questions/description	Reported on page #
Domain 1: Research team and reflexivity		
Personal characteristics		
1. Interviewer/facilitator	Which author/s conducted the interview or focus group? Two the authors	Page 9
2. Credentials	What were the researcher's credentials? *4 PhD*	Page 9
3. Occupation	What was their occupation at the time of the study? Lectures	Page 9
4. Gender	Was the researcher male or female? Males and females	Page 10
5. Experience and training	What experience or training did the researcher have? Mental health nursing and qualitative research methodologies	Page 10
Relationship with participants		
6. Relationship established	Was a relationship established prior to study commencement? Yes	Page 9
7. Participant knowledge of the interviewer	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research *Participants were told about the objectives of the study*	Page 9
8. Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic Reason and interest in the research topic	Page 9
Domain 2: study design		
Theoretical framework		
9. Methodological orientation and Theory	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis Phenomenological research methodology	Page 7
Participant selection		
10. Sampling	How were participants selected? e.g. purposive, convenience, consecutive, snowball Purposive	Page 7
11. Method of approach	How were participants approached? e.g. face-to-face, telephone, mail, email Face-to-face	Page 7

APPENDIX 1 (Continued)

No. item	Guide questions/description	Reported on page #
12. Sample size	How many participants were in the study? 15 participants	Page 7
13. Non-participation	How many people refused to participate or dropped out? Reasons? No one	Page 7
Setting		
14. Setting of data collection	Where was the data collected? e.g. home, clinic, workplace *Data collection was done at work place*	Page 9.
15. Presence of non-participants	Was anyone else present besides the participants and researchers? No	Page 9
16. Description of sample	What are the important characteristics of the sample? e.g. demographic data, date Age, professional rank, and years of work experience	Page 10
Data collection		
17. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested? Yes, it was Pilotrd	Page 9
18. Repeat interviews	Were repeat interviews carried out? If yes, how many? Yes, three participants were added	Page 9
19. Audio/visual recording	Did the research use audio or visual recording to collect the data? Yes, audio-tape was used Audio recoding used to collect data	Page 9
20. Field notes	Were field notes made during and/or after the interview or focus group No field notes	N/A
21. Duration	What was the duration of the inter views or focus group? 20–45 minutes	Page 9
22. Data saturation	Was data saturation discussed? Yes	Page 9
23. Transcripts returned	Were transcripts returned to participants for comment and/or correction? Not returned	Page N/A
Domain 3: analysis and findings		
Data analysis		
24. Number of data coders	How many data coders coded the data? One independent coder	Page 10
25. Description of the coding tree	Did authors provide a description of the coding tree? No	N/A
26. Derivation of themes	Were themes identified in advance or derived from the data? Themes derived from the analysed data	Page 12–13
27. Software	What software, if applicable, was used to manage the data? Laptop, cloud and voice recorder	Page 9
28. Participant checking	Did participants provide feedback on the findings? No	N/A
Reporting		
29. Quotations presented	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number Yes, all done	Page 12–13
30. Data and findings consistent	Was there consistency between the data presented and the findings? Yes	Page 12–13
31. Clarity of major themes	Were major themes clearly presented in the findings? Yes	Page 12–13
32. Clarity of minor themes	Is there a description of diverse cases or a discussion of minor themes? Yes, Discussions of major and minor themes were done	Page 13–14