

Caring for mental health service users on a general ward: a phenomenological approach

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Abstract: Caring for mental health service users is a public concern especially in situations where these types of patients have to be managed in a general ward. Government is committed to establish measures that would enhance the standard of caring for mental health service users in a general ward setting. This study intended to explore and describe the lived experiences of nurses who care for the mental health service users in public hospital in Libode in the Eastern Cape Province in South Africa.

A qualitative, descriptive phenomenological research design to explore and describe the lived experiences of nurses who care for the mental health care users in general wards at a district hospital. Semi-structured individual interviews (n =6) were used to collect data from the se nurses. These interviews were audio-taped and transcribed verbatim and Collaizzi's process of qualitative data analysis was applied for data analysis.

This study reported both positive and negative experiences. Positive experiences included the rescue of mental health care users and cooperation among nurses. Negative experiences included the combination of chronic ill patients with known aggressive and unpredictable mental health care users; shortage of staff; unsecured fencing for mental health care users; lack of support from managers and feeling unappreciated were reported.

In conclusion, necessary prioritisation of all aspects of services in the management of mental health care users should be adhered to. Secondly, paying attention to all nurses' needs regarding the circumstances they undergo when managing mental health service users should be adhered to.

Keywords: Caring, Mental Health Service User, Nurses.

1. INTRODUCTION

Caring for mental health care users is a public concern especially in situations where these types of patients have to be managed on a general ward setting (Biringer, Davidson, Sundfor, Ruud & Borg, 2016). This caring for mental health service users vary according to scope of practice professional nurses' expertise and the setting where these types of patients are managed (Adnoy, Eriksen, Arman, Davidson, Sundfor & Karlsson, 2014). There are various policies and guidelines that provide standards that has to be followed during the care for mental health service users. Many health facility settings fail to comply with these standards because of various issues such as institutional infrastructure where these mental health service users are to be cared and human resource factors like shortage of professional nurses with basic psychiatric training (Wright, Rowley, Chopra, Gregoriou & Waring, 2016). Due to these circumstances, it is believed that there are still more investigations to be undergoing.

A number of studies revealed that professional nurses with or without basic training in mental health face challenges in caring these types of patients (Donisi, Tedeschi, Wahlbeck, Haaramo & Amaddeo, 2016). These professional nurses seemed to lack knowledge that mental illness conditions are treatable though not curable. This is due to the fact that some of these professional nurses had not received psychiatric training. Such professional nurses seemed comfortable rendering care to those medically ill patients who did not have a history of mental illness (Donisi et al, 2016). Situation of this nature requires experienced and psychiatric trained nurses to manage mental health service users. This seemed to be a long term plan and government cannot manage these challenges in a short period (Sobekwa, 2015).

According to World Health Organisation (2016), there are approximately 450 million people diagnosed with mental disorders. Caring for patients with mental disorder is expected to be a public concern. Many African countries are unable to care for mental health service users because of their improper health facility designs for these types of patients (Tlach, Wusten, Daubmann, Liebherz, Harter & Dirmaier, 2015). Further, about 10% of adults' population experiencing an existing mental disorder and 25% will develop one at some point during their life time and 65% are predictable being safe from mental disorder. Further, World Health Organisation also reported that mental disorders are estimated to contribute to 13% of the global burden of disease and the figures are expected to increase by 15% by 2030.

In 2020, depression, a part of mental illness conditions is estimated to be become the second leading cause for disease burden (Berg, Rørtveit & Aase, 2017). These mental illnesses affect the functioning of the individual, resulting not only in enormous emotional suffering and a diminished quality of life, but also alienation, stigma and discrimination (Berg et al, 2017). To reduce the burden of mental disorders, it is essential that greater attention be given to prevention and to promotion of mental health at the level of policy formulation, legislation, decision-making, resources allocation and the overall health care system in all hospital settings (Plaistow, Masson, Koch, Wilson, Stark, Jones & Lennox, 2014).

Furthermore, there have been reports of many general hospital settings being unsafe to manage mental health service users (Kalseth, Lassemo, Wahlbeck, Haaramo & Magnussen, 2016). Findings from many of these literature searches reveal that almost all acute mental health service users admitted are likely to cause chaotic situation that could lead to incidences. Due to these findings, general hospital care for mental health service users are seen as unsafe settings. This experience has predominantly been reported by professional nurses working in general hospital settings (Kalseth et al, 2016). A study by Wood and Alsawy (2016) found that professional nurses caring for mental health service users in general wards are likely to develop trauma and anxiety because of deficit knowledge, confidence and skills to manage these types of patients.

Currently, South Africa faces challenges in the management of mental health service users as evidenced by the Life Healthcare Esidimeni report effective from October to December 2016. The report was investigating the circumstances surrounding the deaths of mentally ill patients in the Gauteng Province. Some findings showed that Gauteng province is short of about 2,700 psychiatric beds. This obviously led to mental health service users being admitted in general wards which are not meant for these types of patients. Consequently, this posed multiple incidences such as assaults, window and door breakages. This could also compromise the quality of care and there are many incidences expected to occur that can later turn into litigations against the department of health (Makroba, 2017).

From many literature search consulted, it seems that there are no studies conducted so far on caring of mental health service users on public hospital general wards in the Eastern Cape Province of South Africa, thus motivating the need for the current study. In view of the above experiences from different countries, including South Africa, many professional nurses consider caring for mental health service users on a general ward to be a difficult and an unbearable experience (Newman, O'Reilly, Lee & Kennedy, 2015). This, coupled with deficits in knowledge, may result in failure to identify and care for patients with mental health illnesses. Providing professional nurses with knowledge, skills and research as well as improved nursing policies, guidelines and clinical expertise will increase the chances of professional nurses to deliver quality evidence based care to mental health service users.

2. STATEMENT OF THE RESEARCH PROBLEM

In recent years, South Africa has established measures to strengthen its caring for mental health service users (Marais & Petersen 2015). Other amendments include mental health legislation that was reformed to meet the standard of required care for mental health service users. This mental health legislation has also contained some level of policy commitment to mental health (Docrat, Besada, Cleary, Daviaud & Lund, 2019). Despite these new amendments, South Africa lacks many of the necessary resources to execute an effective mental health strategy. It has been reported that there is a lack of trained psychiatric nurses in public hospitals and conducive infrastructure to accommodate mental health service users (Hlongwa & Sibiyi 2019). Again, current professional nurses working in general wards of the public hospitals had deficit knowledge to manage mental health service users. Further, there has been a low priority given to mental health, limited intersectoral integration, stigma and discrimination, inadequate integration of mental health within primary health care and 'dehospitalisation' rather than 'deinstitutionalisation' users (Marais & Petersen 2015). These are true reflections of poor quality of care for mental health service users. This study explores the lived experiences of professional nurses towards caring mental health services users.

3. PURPOSE AND THE OBJECTIVES OF THE STUDY

The purpose of the study was to explore and describe the lived experiences of nurses who care for the mental health service users in general wards of public hospital in Libode in the Eastern Cape Province in South Africa. The objective was to determine and explore the lived experiences of nurses who care for the mental health service users in general wards of public hospital in Libode in the eastern cape province in South Africa.

4. DEFINITION OF CONCEPTS

Caring in this study refers to the kindness, helpfulness and care that the professional nurses show about psychiatric patients with dual diagnosis.

Professional nurse in this study refers to a nurse who has registered with the South African Nursing Council, is in possession of the appropriate qualification(s) in Basic or Advanced Psychiatric Nursing Science, and who cares for mental health service users in a public hospital in the Eastern Cape Province of South Africa.

Mental health service user in this study refers to a person admitted at a psychiatric hospital in the Eastern Cape Province of South Africa and diagnosed with a mental illness.

5. METHOD

In this study, a qualitative phenomenological approach, specifically descriptive phenomenological design was utilised to explore and describe the experiences of nurses caring for mental health users in general wards of district hospital. This qualitative phenomenological approach is both a research method and philosophy used to examine experiences of people regarding a specific phenomenon.

Population and sampling

This study population comprised of nurses working permanently in male and female general wards at a district hospital in the Eastern Cape Province. A purposive sample of 7 nurses was drawn from the population of 19 nurses. The inclusion criteria confirmed that participants have good knowledge about the phenomenon under investigation. These nurses have at least more than three years' hands on experience working with mental health service users.

Data collection method

Data were collected through individual one-on-one phenomenological interviews and were based on the grand tour question "explain in your views, how you experience caring and managing mental health care users in your ward?" Subsequent questions arose from the participants' descriptions of their experience. Further probing questions were asked based on each participant's response. With permission from the participants, the interviews were audiotaped and field notes were also kept. The study sample reached saturation at the 6th participant because there was no new data emerging from the interviews thus data collection stopped.

Data analysis

Collected data were analysed by using Collaizzi's (1978) seven steps method of data analysis as suggested by Creswell (2014). Data analysis involved reading all participants' description of the phenomenon. The major steps in the process included transcription of the interviews from the audiotapes and merging the transcripts of the interviews with field notes into one written document. The transcripts were read many times while coding and categorising the data into similar segments. The main themes for analysis were identified. Ultimately, the data were interpreted, formulating an exhaustive description of the experiences of nurses caring for mental health service users in a public hospital general wards in Libode in the Eastern Cape Province in South Africa.

6. ETHICAL CONSIDERATIONS

The researcher applied principles of ethical researcher, all these processes were followed. These principles were included in the research processes: authority to conduct the study in public hospital in Libode was granted in writing by the Hospital Chief Executive Officer; informed signed consent was obtained from all participants; anonymity and confidentiality was emphasised and maintained during the process. Participants were also fully informed that they could withdraw from the study at any stage without incurring negative consequences. Audio-taped interviews would be destroyed once transcribed.

7. DISCUSSION OF RESEARCH RESULTS

All the participants in this research were 9 female professional nurses and 1 male professional nurse working in general wards. There were 10 mental health users admitted in the hospital during the time of interviews. In addition, mental health users are frequently admitted in this hospital. This emanates from the closure of mental health unit in 2013 till to date. There are many mental health service users in the surrounding catchment areas served by the hospital and Mthatha mental health unit continuously experiences a serious shortage of beds because it is the only mental health unit in the OR Tambo District Health. Based on the transcribed interviews, the following themes and sub-themes were identified.

Table 1: Summary of themes and subthemes that emerged during the study

Theme	Sub-themes
• Sense of achievement	- Rescue of mental health users - Cooperation among nurses.
• Nurses, Patients and Mental Health Care User's safety	- Combination of chronic ill patients with known aggressive and unpredictable mental health care users - Unsecured fencing for mental health care users
• Challenging working environment	- Increased patient headcount - Shortage of staff
• Support system	- Lack of support from managers - Feeling unappreciated

These themes and sub-themes are discussed in details in the following sub-sections that include quotations of some of the experiences of the nurses.

Sense of achievement

Although the study reported negative experience of a huge shortage of staff in general wards, the nurses felt sense of achievement in their work. This was derived from report that many mental health service users recovered and were discharged home. This was achieved through the cooperation that prevailed among nurses in the ward in caring these patients. In the study conducted in Iran regarding management of mental health care users, it has been revealed that psychiatric nurses enjoyed caring for patients without expecting any reward or appreciation. These nurses had a feeling of sense of duty, and feeling of self-sacrifice which motivated them to deliver nursing care to their mental health care users (Sobekwa & Arunachallam, 2015). This shows that despite the challenges, there are nurses that have a passion for caring for mental health users.

Rescue of mental health users

In this study, participants reported that mental health care users' rescue was regarded as a positive experience about their work. Most participants felt that rescue of mental health care users was an achievement for their work despite negative experiences they faced. Despite lack of training in psychiatric nursing, these nurses are able to use their little knowledge gained on the job to manage these patients. This gives them encouragement and some level of satisfaction as demonstrated by the quote below:

"Eehh caring a mental health care user is not like caring a medical ill patient and I am proud to see a mental health user recovering and ready to be discharged home". (PN1)

The abovementioned findings were similar with findings of Liu, Aunguroch & Yunibhand (2016) who undertook a concept analysis of job satisfaction in the nursing profession. This study found that nurses felt happiness or gratifying emotional responses towards working conditions as their patients were recovering and left the hospital.

Cooperation among nurses

Participants reported good cooperation amongst themselves in assisting one another in overcoming the difficulties that presented each day. They stated that cooperation in general ward admission unit was an aspect that kept everyone gong and thus enhanced good nursing care. Describing her experiences of caring for patients together with other nursing staff in the unit, one participant reported the following:

“I think with good cooperation you make your life easier in terms of ensuring and managing your patients; where you stuck your colleague is there to help.....and when you and your team are positive you project that feelings on your patients so you will have more calm patients.” (PN3)

Although this study focused on mental health service users admitted in general wards units in a public hospital, its finding was similar with the findings in one of the studies by Newman, O'Reilly, Lee & Kennedy (2015) who investigated mental health service users' experiences of mental health care in a general hospital setting. Their study found that professional nurses felt relieved by the positive outcomes of patient care and other signs of rescue of patients included leaving the hospital, returning to their family, getting a job and dressing appropriately.

Nurses, Patients and Mental Health Care User's safety

One of the difficulties associated with caring for mental health users especially those that are aggressive is security due to the violent nature of these patients (Sobekwa & Arunachallam, 2015). In this study the nurses reported that they felt unsafe in these wards due to some of the violent experiences they observed and encountered. The fear of assault by mental health users, combination of chronic ill patients with known aggressive and unpredictable mental health users and unsecured fencing around the hospital premises were discussed and emphasised. Participants in this study perceived the general wards as unsafe and reported that part of their experience was uncomfortable.

Combination of medical patients with known aggressive and unpredictable mental health care users

The findings of this study showed that nurses experienced serious challenge that compromised quality of care in general wards where acute ill mental health care users, some with symptoms of aggressiveness and unpredictable behaviour are admitted in one ward with other chronic ill patients. They reported that this put the lives of other patients in danger. One participant reported the incident below:

“An old patient was assaulted by an aggressive mental health care user in the ward who even went further to break windows, and lock the door all nurses were inside, this patient was not responding to the available treatment we have in the ward to manage acute mental health users”. (PN3)

This experience was described as a source of emotional distress and trauma among the patients and the nurses that were locked up in this ward at that particular moment; they found themselves helpless and could not contain the situation, until they got assistance from other colleagues. With the assistance of the security guards, a doctor and other nurses from the neighboring female ward, the patient was managed to be sedated and fortunately he did not present with any injuries or bruises and was referred immediately to the next level of care. After this incident, participants indicated that there should be security guards at all times in these wards including nurses' visibility. This would assist in ensuring both safety of patients and nurses.

These findings were consistent with findings of Marie, Hannigan & Jones (2017) who investigated challenges for nurses who work in community mental health centres in the West bank, Palestine. This study reported that lack of resources, and infrastructural issues are leading causes of the mixing of mental health users with other types of patients and that posed high risk to patients and nursing staff.

Unsecured fencing for mental health users

Participants reported that there were many mental health care users who jumped the hospital fencing because it is not suitable for those patients. As observed in the incident above, the mental health care user broke windows in the general ward because this ward is designed for medical patients and therefore the normal windows which would not be the case in a mental unit. Participants therefore suggested that when there is an acute ill mental health care user, security guards have to be nearby the wards to safeguard those patients from escaping. One participant expressed her experiences as follow:

“I was working alone one day and the acute mental health care user escaped and was found after four hours in one of the nearby communities.” (PN2)

According to Plaistow, Masson, Koch, Wilson, Stark, Jones & Lennox (2014), it has been found that aggressive mental health users usually injure themselves or other patients, break windows, escape and can possibly lead to serious patient safety incidence rate increase. This study added that this needs an extra care till these patients are calmed and managed successfully.

Challenging working environment

The nurses in this study described challenges they encounter on a daily basis whilst providing mental health services to acutely ill mental health care users in their general wards. Apart from concerns of combining chronic ill patients with mental health users, nurses frequently reported of other working environment challenges. These include increased patient headcount and shortage of staff. They indicated that these experiences had a negative impact on the delivery of quality nursing care for mental health users.

Increased patient headcount

According to Department of Health (2016), the Policy Guidelines on 72-Hour assessment mental health care user recommends that a Mental Health patient should be assessed and referred to the appropriate mental health care unit within 72 hours. This study reported that there is a high rate of admission of acute mental health care users that are supposed to be observed for 72 hours. This emanates from an uncontrollable circumstance like issue of no beds to accommodate them in the next level hospital. However, the mental health unit at the research site was closed because it did not meet the standards of its existence.

There were many issues that needed to be attended and were long term wins. This resulted in both national and Eastern Cape department of health taking decision to close the unit. Mental health care users are supposed to be referred to other psychiatric hospitals within the province. In the meantime, the department of health embarked on corrective measures and started to build a new psychiatric unit which is now in the last phase of construction and possibly it will be officially opened in January 2018 (Department of Health 2016). However, users that cannot give consent and are posing a danger to self and others require special attention and clinical management to ensure that they are not harmed or harm others. In this regard frequent observations and assessment should be conducted to determine the impact of the intervention. However, this policy is not being followed resulting the situation that is reported in this study where nurses have a double burden of caring mental health users in a general ward combined with general medical patients.

Shortage of staff

This study found that one of the challenges encountered by nurses in the general admission units was the shortage of staff. Nurses felt that despite having to care for all types of patients' i.e. mental health care users and medical patients in the same units, the staffing was not adequate to properly care for the mental health users in these units. There is not even time for administrative duties as required. Nurses felt being overworked. This possibly increases negative attitudes and complaints. One participant expressed her experiences as follow:

“Here you do the work of three nurses due to the shortage of staff.....Sometimes there is no time for tea and lunch.....when you are being overworked you end up making many mistakes that were not supposed to be.” (PN5)

From this experience, the nurses are likely to compromise on quality of care for the patients partly due to lack of training in the management of mental health users. This may also contribute to burnout since these nurses have to work beyond their professional capacity. In 2018, an article published in United Kingdom (UK) reported that all unexpected hospital deaths related to mental health illnesses resulted from shortage of trained nurses in basic psychiatric nursing sciences (Campbell, Duncan & Bawden, 2018). Apart from this report, in South Africa, nurses who remain in our health institutions suffer increased workloads because of staff shortages that contribute to work-related stresses. In a study by Roomaney, Steenkamp & Kagee (2017) in the Western Cape Province regarding workload and its working environment found that professional nurses experienced both increased workloads and dissatisfaction with their working environments. These findings indicate a general challenge of shortage of staff in the health care professional in South Africa and beyond. In this particular study the nurses suffered a dual burden of caring patients as they had to care of acute and high care mental health service users on top of their usual general patients.

Support system

Although in many instances participants declared a good cooperation among themselves, they reported that there is a lack of support from their superiors and a feeling of being unappreciated for effort they put into their work including missing their tea, breaks and lunch times. However, support system is important for developing team cohesion which strengthens coping skills. Effective communication between nurses and their managers could assist with developing coping mechanisms to support each other.

Lack of support from managers

Despite the report that patients and nurses are always prioritized by the management, participants reported that there is a lack of support from the managers. One nurse expressed her problems as follow:

“Being bitten and beaten there’s nothing that the hospital does...because I didn’t feel like reporting because I was not actually uh...severely injured that I couldn’t walk or couldn’t do.” PN6

The participant further went on to say that since she did not suffer major injuries, she wasn’t going to receive any compensation from the hospital as it happened to previous employees who encountered similar problems.

“Anything...and any way even if—even if I would have reported, the hospital wasn’t gonna give me anything because I didn’t sustain any fractures...” (PN5)

The abovementioned findings of participants were similar with the findings of the Nursing Standard Report by Jones-Berry (2019) who revealed that professional nurses who felt unsupported and undervalued became demotivated and are exposed to many incidences. The report further revealed that 1 in 3 nurses is looking for a new job that would motivate their profession. Professional nurses in this study reported that they work under compromised circumstances with shortage of staff and demanding mental health service users. In this study participants believed that the managers somehow neglected them under difficult circumstances.

Feeling unappreciated

Nurses who participated in this study expressed a feeling of lack of appreciation from their supervisors. One nurse expressed the feeling that managers are quick to question them when something happens to patients but do not pay attention when staff are distressed as stated in the following:

“Once something happens to the patient, the management are very quick to come and ask where the nurses were. What were they doing...some need to be disciplined?” (PN5)

The supervisors in this hospital seem to use retaliatory approach to working with their staff rather than supportive supervision. The extra efforts rendered by staff is not acknowledged and appreciated. This finding was consistent with the findings of Roets, Poggenpoel & Myburgh (2018) who found that professional nurses had a feeling of being unsupported and contribute to demotivation burnout experiences. Professional nurses also reported that there is no form of any counselling and debriefing session though the services they render are needed.

8. LIMITATIONS

Although the public hospital in Libode had allocated 19 professional nurses in the general ward during the period from 1st January 2018 to December 2018, only 7 of them were considered for the study and the information gathering was guided by saturation in 6th participant. The study was conducted only in public hospital in Libode and did not represent the majority of the country context.

9. CONCLUSIONS

Although the results of this study cannot be generalized, they provide the general experiences of nurses that may be working in similar contextual environments. The study reported both positive and negative experiences in relation to caring for mental health care users. Nurses described the caring of mental health service users in the unit as challenging. They felt unsafe when carrying out their duties as some experienced assault by mental health care users including patients who were also assaulted by these mental health care users. This made the nurses feel uncared for, and unsupported by the management of the institution. However, despite such negative experiences, nurses remained passionate about caring for mental health care users, and the cooperation seemed to be their source of strength.

10. RECOMMENDATIONS

Since there have been stressful circumstances regarding management of these types of patients, there should be a professional counselling and debriefing implementations as part of support to nurses. Lastly, the hospital management are recommended to provide effective systems that would improve working conditions to prevent further occurrence of incidences.

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