



**Nurses' coping mechanisms in a mental health
establishment**

K E Molehabangwe

 **Orcid.org/0000-0003-2762-7076**

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Supervisor Dr. L.A. Sehularo

Co-supervisor Prof. A.J. Pienaar

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Student number: 23982039

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List of acronyms

CEO	Chief Executive Officer
EAP	Employee Assistant Programme
E/N	Enrolled Nurse
E/NA	Enrolled Nursing Auxiliary
DOH	Department of Health
DENOSA	Democratic Nursing Organisation of South Africa
MHCU	Mental Health Care User
MHE	Mental Health Establishment
NMM	Ngaka Modiri Molema district
NWP	North West Province
NWU	North-West University
SA	South Africa
SANC	South African Nursing Council
PDoH	Provincial Department of Health
PMDS	Progressive Management Development Systems
P/N	Professional Nurse
RSA	Republic of South Africa
WHO	World Health Organisations

Hear oh; Lord when I cry with my voice
Have mercy upon me
And also answer me.

(Psalm 27:7)

Dedication

This study is dedicated to my late parents whose positive approach to life has served as a constant source of energy, assertiveness and motivation. Their dream was always to see their daughter being educated and independent in life.

The study is also dedicated to my late younger brother Dr Keiseng Phenyo Rakate (1972-2006). My younger brother's integrity, love and compassion to learn left an indelible passion in my life to seek and acquire knowledge. I will be eternally grateful for his motivation.

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Abstract

This study notes that mental healthcare establishments are perceived as extremely stressful environments to work in when compared to general hospitals. It was therefore the aim of this study to explore and describe nurses' coping mechanisms in a mental health establishment in the NWP of SA so as to improve the methods of how they manage stressful situations in their care for mental health care users. A qualitative-explorative-descriptive and contextual research design was followed in order to address the researcher's concern. The target population included all categories of nurses who are caring for mental healthcare users in a mental health establishment in the North West Province. Participants were selected purposively based on a set selection criteria. The size of the sample was determined by data saturation which was reached after interviewing ten nurses. Information obtained was transcribed verbatim for data analysis. Trustworthiness was ensured through credibility, dependability, transferability and confirmability techniques. The findings of the study revealed four main themes, namely psychosocial support, coaching and mentoring, stakeholder support as well as suggestions for improving nurses' coping mechanisms. From the findings of the study, recommendations were made for nursing practice, education and research.

Keywords: coping; coping mechanism; mental healthcare user; mental health establishment; nurse; nursing.

Section 1: Overview of the Study

1.1 Introduction

This section focuses on the nurses coping mechanisms in a mental health establishment in the North West Province (NWP) of South Africa (SA). The section covers the background, problem statement, aim and objectives of the study as well as a short description of the research design and methods. The full description of the research design and methods is given in section 2 as the researcher followed the article format to achieve the main aim of the study.

1.2 Background

Nursing is globally recognised as a stressful occupation, and all nurses of all categories will find constant interaction with mental healthcare users (MHCUs) to be extremely stressful and are thus unable to cope effectively (Booyens, 2008: 145). Research conducted in India revealed that nurses regardless of workplace, province or country of origin are confronting a variety of stressors that may decrease their coping mechanisms. Therefore, these nurses cannot avoid an increase thereof (Lambert & Lambert, 2008:38). Furthermore, mental health care establishments are perceived by nurses of different categories such as professional nurses, staff nurses and enrolled nursing assistants as extremely difficult environments to cope in. Nurses face serious challenging and unpredictable situations while caring for some of the dangerously ill mental health care patients in need of mental health care, treatment and rehabilitation services (Gilchrist, 2015: 1). Nurses working in the mental health care establishment in the North West Province are not an excluded group. Across South African in mental health care establishments, nurses face numerous challenges of coping with stress associated with providing care, treatment and rehabilitation services (Rexhai et al., 2013: 1). Nurses in mental health establishments are not spared from the complexities and challenges that come from their caring duties.

Nursing professionals are often faced with difficult and emotionally charged situations such as the prolonged suffering and death of mental health care users. This generates feelings of anxiety, helplessness, frustration, sadness, and even guilt

(Martins et al., 2014: 113). Ghasemi et al. (2011: 367) reiterate that, ineffective coping mechanisms cause nurses in mental health establishments to dislike their jobs, or to be dissatisfied with their jobs and eventually quit those professions. In the long term, failure to cope effectively can result in burnout, frequent absences from work and reduction in mental health care users` satisfaction (Hebrani et al., 2008: 231). However, literature indicates that there are various opinions regarding jobs and the related stress, but nursing is often referred to as the most stressful profession, especially in mental health establishments. MHCUs are most frequently portrayed as objects of the clinical gaze of mental health professionals in terms of their mental illness (Tait & Lester, 2005: 168). However, these MHCUs can also be seen as consumers, all of which imply different notions of the roles and responsibilities of people with mental health problems. Nurses who respond to stressors using maladaptive coping mechanisms are unable to completely cope with the stress as it arises (Kato, 2014: 31).

Coping when caring for health care users is difficult enough, to care for mental health care users is even more difficult. This is what nurses working in the mental health establishment in which research was done are exposed to on a daily basis. Coping occurs in response to psychological stress and usually triggered by changes, in an effort to maintain mental health and emotional well-being (Martins et al., 2014: 113). Coping mechanisms may vary among the mental health nurses working in the mental health care establishments (Seiffge-Krenke, 2006: 35). Appraisal, cognitive, problem, behavioural and emotion-focused are coping mechanisms recognised by Carver (2011: 220). Five emotion-focused coping mechanisms are classified as accepting responsibility, escape-avoidance, and disclaiming, positive reappraisal as well as exercising of self-control. These coping mechanisms can be applied through seeking social support, reappraising the stressor in a positive light, accepting responsibility, using avoidance, exercising self-control and distancing (Ben-Zur, 2009: 87).

However, Carver and Connor-Smith (2010: 679) argue that not only one coping mechanisms can be used. There are many coping styles that people use. This study's intention was to describe alternative mechanisms that would assist nurses in coping during their stressful caring duties. Some prove to be more effective than others, depending on the nature of the stressful situation and the person who is

employing them. Ineffective coping mechanisms, also referred to as maladaptive coping, may also be unconsciously applied to stressful events. Despite the above concerns, the researcher noted that this seems to be the first study to be conducted in the NWP of SA. Therefore the above information highlights the gap why it was important to explore and describe coping mechanisms of nurses in a mental health establishment in the NWP of SA.

1.3 Problem statement

Following the above background as well as the researcher's personal experience as a mental health care practitioner, it is clear that caring for the MHCUs is one of the most challenging aspects in the mental health nursing fraternity. It is for this reason that the mental health establishment in the North West Province (NWP) of South Africa (SA) is not an exception.

Despite the availability of policies and legal framework such as the Constitution of the Republic of South Africa (RSA) of 1996, National Health Act No.61 of 2003, National Rehabilitation Policy, National Mental Health Policy Framework and Strategic Plan 2013-2020 and National Drug Master Plan 2013-2017, nurses' coping mechanisms towards the MHCUs is still a major concern, predominantly in the mental health establishment in the NWP of SA where the researcher works as a mental health care practitioner.

In line with the department of health (DOH 2013: 13) and the South Africa College of Applied Psychology (2013: 2), there are many challenges facing the nurses in the care of MHCUs. These challenges include diverse cultural beliefs, poor nurse-patient relationship, stigma associated with mental illness, lack of resources both human and material and ineffective training of nurses. The background argumentation depicts the challenge to cope in a mental health care establishment, notwithstanding the explicit legal framework. As a result, the researcher deemed it necessary to conduct this research with the aim of exploring and describing the nurses coping mechanisms in a mental health establishment in the NWP of SA.

1.4 Research questions

From the above introduction, background and problem statement the following questions were asked:

- How do nurses cope in a mental health establishment in the NWP of SA?
- What recommendations can be made to improve nurses' coping mechanisms in a mental health establishment in the NWP of SA?

1.5 Research aim and objectives

The research aim and objectives of this study are given below:

1.5.1 Research aim

The aim of this study is to explore and describe nurses' coping mechanisms in a mental health establishment in the NWP of SA so as to improve the methods of how they manage stressful situations in their care for mental health care users.

1.5.2 Research objectives

The objectives of the present study are to:

- Explore the coping mechanisms of nurses working in a mental health establishment of the NWP of SA.
- Recommend relevant coping mechanisms for nurses working in a mental health establishment in the NWP of SA.

1.6 Significance of the study

The findings and recommendations of the study will benefit nursing education in developing programmes that may equip student nurses who are also caring for mental health care users (MHCU) with effective coping mechanisms. The outcome of the study will enhance nursing practice by alleviating the problem of absenteeism and decreasing shortage of nurses caring for mental health care users (MHCU) in

the NWP of SA. The findings will also motivate nurse researchers in generating more knowledge in investigating the effectiveness of coping mechanisms for nurses caring for mental health care users (MHCU). The study in addition endeavoured to pursue policy makers in developing effective policies and guidelines that will enhance better coping mechanisms for nurses caring for mental health care users (MHCU) in the NWP of SA.

1.7 Study context

This study was conducted in the North West Province (NWP) of South Africa (SA) which is the most populated province in South Africa. North West Province has two major mental health care institutions, one of the biggest of which was selected for this study. The institution employs different mental health care practitioners such as psychiatrists, psychologists, social workers, occupational therapists as well as all other categories of nurses such as professional nurses, enrolled nurses and enrolled auxiliary nurses. All these mental health care practitioners provide mental health care, treatment and rehabilitation services in a mental health establishment in the NWP of SA. The users who are admitted to this hospital are suffering from different mental conditions which include schizophrenia, bipolar mood disorder, anxiety disorders and substance related psychosis.

1.8 Theoretical assumptions

The central theoretical argument as well as the conceptual definitions of the key concepts applicable to this study is included in the theoretical assumptions of this research.

1.8.1 Central theoretical argument

The exploration and description of the coping mechanisms of nurses in a mental health establishment led to the provision of recommendations regarding appropriate coping mechanisms that endeavour to support nurses in coping with work related challenges relating to delivery during their service delivery in the mental health care establishments.

1.8.2 Definition of key concepts

Key concepts given in this study are a nurse, nursing, coping, coping mechanisms, mental health care user and mental health establishment. These concepts are defined below:

1.8.2.1 Nurse

A nurse is defined by the International Council of Nurses (ICN) as an individual who has completed his or her program of basic, generalized nursing education at an institution of higher learning and is authorized by the appropriate regulatory authority such as the South African Nursing Council (SANC) to practice nursing in his/her country. According to the Nursing Act No. 33 of 2005 (South Africa, 2005), a nurse means a person registered under section 31, subsection 1 of the Nursing Act No. 33 of 2005 as amended, in order to practice nursing or midwifery (Nursing Act No. 33 of 2005: 6) (South Africa, 2005). A nurse is further described in the Mental Health Act, No. 17 of 2002 (South Africa, 2002) as health care practitioners trained to provide the prescribed mental health care, treatment and rehabilitation services (South Africa, 2005). Nurses are authorised and prepared (1) to be involved in the general scope of their nursing practice, including the prevention of illness, promotion of health care of the physically and mentally ill, and disabled people of all age groups and in all healthcare and other community settings; (2) they carry out healthcare teaching; (3) they participate fully as a members of the healthcare team such as in multidisciplinary team meetings; (4) they train and supervise junior nursing personnel; and (5) they are involved in scientific research (ICN). In this study, a nurse refers to all categories of nurses in the capacity of Professional Nurse (P/N), Enrolled Nurse (E/N) and Enrolled Auxiliary nurses (E/NA). All these categories of nurses should be trained and licensed to practice independently by the South African Nursing Council (SANC), in order to provide care, treatment and rehabilitation services to the mental health care users in the North West Province of South Africa.

1.8.2.2 Nursing

Nursing is defined by the International Council of Nurses (ICN) as well as the World Health Organisation (WHO) as a profession comprising autonomous and collaborative care of communities, groups, families and individuals of all age groups, who are well or sick in all settings. On the other hand, Grove et al. (2013:1) define nursing as the protection, promotion and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities and general populations (Grove et al., 2013: 1). The image of nursing and nurses is vital for the successful recruitment and retention of the nurses, a fundamental requirement for the delivery of quality care to South African citizens (Meiring & van Wyk, 2013:3). According to WHO and ICN, nursing involves the prevention of mental illness, the care of the ill, disabled as well as people who are dying. They are advocating for their users, they are promoting a safe environment; and as already stated above they conduct or participate in scientific research. They participate in shaping the healthcare policy and in patient and health systems management and education. In this study nursing refers to the promotion, protection and optimization of mental health as well as prevention of mental illness in a mental health institution in the NWP of SA.

1.8.2.3 Coping

Coping means efforts to diminish or reduce associated distress. Some prefer to limit the concept of coping to voluntary responses; others include automatic and involuntary responses within the coping construct (Skinner & Zimmer-Gembeck 2007: 110). Steel et al. (2008:138) understand coping as a very broad concept with a long and complex history. It is a key concept for the study of adaptation and health emphasised by O'Doherty and Doherty (2015: 2) as a cognitive and behavioural effort made by nurses to minimise the impact of stress when other alternative methods are not readily available. Skinner et al. (2007: 119) further define coping as an effort to prevent or reduce occupational stress. For Koen et al. (2011: 2), coping is a means of dealing with something difficult, including cognitive, behavioural or psychological mechanisms that nurses may use to alleviate stress when events

challenge their caring duties. These different views are indicative of the fact that coping has a broad definition. In this study coping refers to cognitive, psychosocial and behavioural efforts to deal with a difficult situation by nurses where they minimize the impact of stress while caring for MHCU in a mental health establishment of the NWP of SA.

1.8.2.4 Coping mechanisms

A coping mechanism is a stratagem designed to transform input forces and movement into a desired set of output forces, to achieve these forces and movement (Beh & Loo, 2012:131). In this study, this concept will serve as a strategy or means to deal with a difficult situation and manage the impact of their own stressors in the mental health establishment of the NWP of SA.

1.8.2.5 Mental health care user

Mental health care user (MHCU) refers to a person receiving care, treatment and rehabilitation services or using a health service at a health establishment aimed at enhancing the mental health status of the user (Mental Health Care Act No. 17 of 2002: 10) (South Africa, 2002). For the purpose of this study, mental health care user refers to patients admitted for mental health care, treatment and rehabilitation services in a designated mental health establishment of the North West Province (NWP) of South Africa (SA). In this study, the term also refers to both male and female patients.

1.8.2.6 Mental health establishments

Mental health establishments are facilities, buildings or places where persons receive care, treatment, rehabilitative assistance, diagnostic or therapeutic interventions or any other health care services. It includes facilities such as community health care and rehabilitation centres, clinics, hospitals and psychiatric hospitals (Mental Health Care Act No. 17, of 2002). For the purpose of this study

mental health establishments will mean mental health care institutions admitting any person with mental or intellectual disabilities in order to provide care, treatment and rehabilitation services in the North West Province (NWP) of South Africa (SA).

1.9 Research design and methods

The research design and methods are discussed briefly in this section and a full description of these follows in section two (2) of this research report.

1.10 Research design

Creswell (2009: 3) defines research designs as plans and procedures for a scientific research that provide details about the methods of data collection and analysis. A research design can also be defined as a set of instructions and guidelines to be followed in addressing the research problem (Mouton, 2006:107). A qualitative-explorative-descriptive and contextual research design as explained by Grove et al., (2013:287) was utilised in this study with the aim of exploring and describing the nurses coping mechanisms in a mental health establishment in the North West Province of South Africa. This research design was found appropriate as it assisted the researcher to explore the coping mechanisms of nurses working in a mental health care establishment. It also assisted the researcher in recommending relevant mechanisms that will enable nurses to cope with challenges during their stressful caring duties for mental health care users in the NWP of SA.

1.11 Research methods

Research methods are described by Polit and Beck (2008: 723) as the steps, procedures and strategies used for gathering research data. Creswell (2009:15) adds that research methods involve all the forms of data collection, analysis and interpretation that researchers are proposing for their research (es). In this study, research methods mean ways of investigation to obtain and organise data. Research

methods as well generally refer to a process that seeks to understand and interpret the behaviour of people (Streubert & Carpenter, 2011: 212). In the context of this study, nurses coping mechanisms in a mental health establishment was explored and described in order to achieve the above aim and objectives of this study. The research method was briefly described in this section and a detailed discussion of the research methods of this study is given in section two of this study. The attention was given to the sampling, data collection in addition to data analysis including literature control.

1.12. Population and sampling

Population and sampling are key in any research especially one that is expected to produce results that will impact positively in healthcare delivery. Definitions of these are given in the following sections.

1.12.1 Population

Population refers to the set from which the units of study are chosen and in which a research problem is concerned (De Vos et al., 2011: 199). The set may be made up of people or objects. All individuals selected met certain criteria for inclusion in the given study. Nurses of all categories were the focus of this study. Population is also defined as a particular group of people that is the focus of the study (Grove et al, 2013: 351) and provides the basis for sampling (Mouton, 2006: 134). The definition by Grove et al. (2013: 134) that population is a collection of individuals having some common characteristics that the researcher is interested in was accepted in the current study. In this study, the population means all categories of nurses such as professional, enrolled nurses and enrolled nursing auxiliaries working in a mental health establishment in the NWP of SA.

1.12.2 Sampling

A sample denotes a selected group of people or objects included in the study and accurately reflecting the population under study (Grove et al., 2013: 351). Sampling

is also defined as a process of selecting or sampling with the aim of getting a sample that is as representative as possible of the target population (Mouton, 2006: 110). Furthermore, De Vos et al., (2011: 199) reiterates that sampling includes the element of a population considered for actual inclusion in the study. For the context of this study, only the nurses with at least six months clinical exposure in caring for mental health care users were included in the study.

1.12.2.1 Sampling approach

A non-probability sampling approach as explained by Grove et al. (2013: 364-5) was used in this qualitative study. The non-probability sampling approach allowed the researcher to select participants or informants who could provide extensive information about their coping mechanisms when working in a mental health establishment.

1.12.2.2 Sampling technique

A purposive or judgmental sampling technique (Grove et al., 2013: 365) was used to select all categories of nurses to participate in a study pertaining to their coping mechanisms in a mental health establishment in the NWP of SA.

1.12.2.3 Sampling size

The sample size of a qualitative study is determined by the purpose and philosophical basis of the study. The sample size in this study was determined by the depth of information needed (Grove et al, 2013: 371). Grove et al. (2013:371) further elaborate that the number of participants is adequate when saturation of information is achieved. In this study, the researcher went on to collect data until no new information emerged from the professional nurses, enrolled nurses as well as enrolled nursing assistants.

1.12.2.4 Sampling criteria

For all categories of the nurses to participate in this study, they met the following sampling criteria:

- They were registered with the South African Nursing Council (SANC) in order to practice as professional nurses, enrolled nurses or enrolled nursing assistants;
- They were caring for MHCUs in a mental health establishment in the NWP of SA;
- They had more than six months experience of working in a mental health establishment in the NWP of SA; and
- They were willing to participate and to be audio-taped during the study after each signed an informed voluntary consent form.

1.13 Data collection

Data collection is defined as the process of selecting participants and gathering data from those identified participants (Grove et al., 2013: 507). Data in this study was determined by research questions and objectives of the proposed study. Semi-structured individual interviews were utilised to collect data for the study. Creswell (2009:181) adds that these interviews generally use open-ended questions to explore the phenomenon. Furthermore, the researcher collected data through observing, questioning, recording, audio taping and taking fields notes.

1.14 Data analysis

The process of data analysis involves organizing and integrating narrative qualitative information according to emerging themes and concepts (Polit & Beck, 2011:263). Data analysis is also explained by Mouton (2006:161) as a construction of a whole out of parts. The purpose of data analysis in this study was to obtain answers to the research questions given above. In the context of this study, Creswell's methods of qualitative data analysis were followed to analyse information (Creswell, 2014: 44).

1.15 Ethical considerations

Ethics is described by Polit (2011: 71) as a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and

social obligations to the study participants. Creswell (2009:87) adds that researchers need to protect participants of their studies and they should also develop trust with them. They should promote the integrity of their studies. Researchers should also guard against any form of misconduct and impropriety that may reflect on their own organizations and or institutions. Researchers should also be ready to cope with new challenging problems. In the context of this study, before embarking on the study the researcher had already obtained a written approval from the School of Environmental and Health Sciences in the Faculty of Agriculture, Science and Technology, the Research Ethics Committee of the North-West University (Reference number: NWU-00674-17-A9). The researcher also obtained a written approval from the North West Provincial Department of Health and the Chief Executive Officer of a mental health establishment where data was collected for this study. Nurses signed informed voluntary consent forms for their voluntary participation in the study. From the beginning to the end of the study, the researcher maintained the ethical principle of respect for human dignity, beneficence and justice throughout the study. Ethical considerations were explained in detail in section two (2) of this study.

1.16 Trustworthiness

The word trustworthiness is defined as the degree of confidence in the collected data (Polit & Beck, 2008: 768). Trustworthiness is demonstrated through rigor and goodness in qualitative research studies (Streubert et al., 2011: 47). The researcher therefore, made great effort to maintain rigor and goodness of this study throughout the process of data collection. Terms that describe operational techniques supporting the rigor of the work have been identified as credibility, dependability, confirmability and transferability (Streubert et al., 2011: 48). These concepts are explained in the paragraphs that follow:

1.16.1 Credibility

Credibility involves activities that increase the probability of producing credible findings. The researcher established this through prolonged engagement with the professional nurses, enrolled nurses as well enrolled nursing assistants who

participated in the study. Another way of confirming credibility of findings was to see whether participants could recognise the findings of the study to be true according to their experiences. Member checking was used by taking the full report back to the participants to make sure that they recognised the findings. The researcher reviewed whether participants felt that the findings were accurate. Member checking is important in weighing the comments against the larger part of the informants. Member checking as an assessment criterion provided evidence to support the truthfulness and consistency of the findings. Peer debriefing was another method of proving the credibility of findings of this research study. Literature studied described peer debriefing as a process of exposing the researcher to a disinterested peer in a manner paralleling an analytical session. For ensuring peer debriefing in this study, the researcher conducted the study under the supervision of an experienced qualitative researcher. The dissertation will also be examined by an experienced academic who is also experienced in qualitative research. The researcher will appreciate the external control by at least two experienced researchers in nursing from the North-West University, Mafikeng Campus. The summary and interpretations of data collected was discussed. The purpose was exploring the aspects of enquiry that will remain implicit to the researcher's mind. The process allowed the researcher to choose the relevant methods of data collection and analysis. Peer debriefing also ensured that the emerging themes and patterns are sustained in the data. Credibility will remain a goal of qualitative research that will enhance the believability of the findings (Streubert et al., 2011: 46 – 49).

1.16.2 Dependability

Dependability is the criterion that can be met once the researcher has demonstrated the credibility of findings and there is no dependability without credibility (Streubert et al., 2011: 49). In this study at least two well qualified and experienced supervisors were involved throughout the study process (See their names at the cover page of this dissertation). This ensured dependability as a criterion for achieving trustworthiness of this research study. It is also the responsibility of the researcher in this study in ensuring dependability through auditing of audio tapes, transcriptions and fields notes. All data were collected and analysed throughout the procedure.

1.16.3 Confirmability

Confirmability is a process and a criterion where the researcher documents findings to leave an audit trail (Streubert et al., 2011: 49). The researcher of the current study recorded all activities over time that other individual researchers can follow. The objective of confirmability in this qualitative study was to illustrate as clearly as possible the evidence and thought processes that lead to conclusions in the data collected. (Streubert et al., 2011:49). In ensuring confirmability in this study only the researcher who has collected data and immersed in it confirmed the findings. The results also derived from characteristics of nurses as participants and context of this study and not from the researcher's biases. Data collected was also compared with literature reports. Nursing research expects as auditors were appointed as auditors of this research study by the North West University.

1.16.4 Transferability

Streubert et al., (2011: 49) refer to transferability as the probability of the study findings having meaning to others in similar situations. For the purpose of this study the findings of data collected can be transferred to another setting or groups. The researcher ensured transferability through the use of purposive sampling when selecting study participants, detailed description of collected data and recommendations for further studies. The expectations for determining whether the findings are transferable rest with potential users of the findings and not with the researchers (Streubert et al., 2011: 49).

1.17 Provisional division of the study

An article format was followed in this study which focused on the nurses coping mechanisms in a mental health establishment in the NWP of SA. The complete study is divided into the following sections:

Section 1: Study overview

Section 2: Manuscript (Accepted at *Africa Journal of Nursing and Midwifery* (AJNM))

Section 3: Conclusion, limitations and recommendations

1.18 Conclusion

This section focused on the overview of the nurses' coping mechanisms in a mental health establishment in the NWP of SA. The section covered the introduction, background, problem statement, research question, research aim and objectives as well as brief description of research design and methods. A detailed description of the research design and methods is given in section two of the study, which is a manuscript (Accepted for publication at *Africa Journal of Nursing and Midwifery*).

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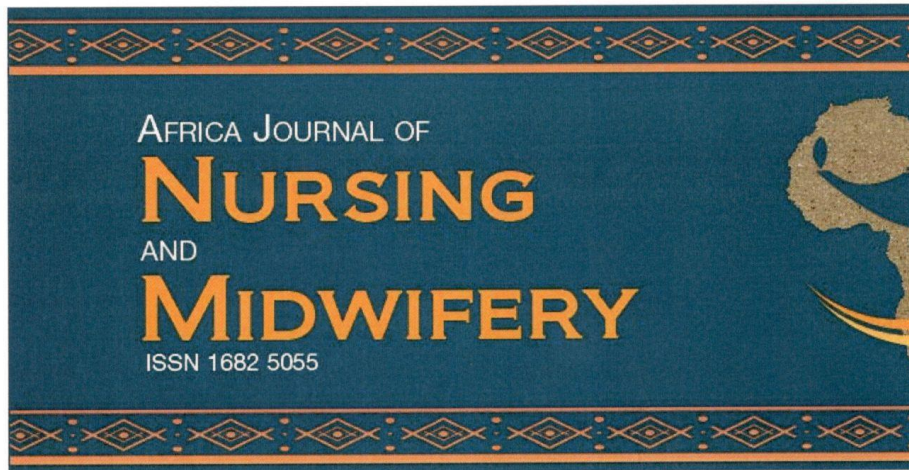
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Section 2: Manuscript (Manuscript Guidelines)

Appendix A: Journal Guidelines

Submissions

https://upjournals.co.za/index.php/AJNM/about/submissions#authorG...



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Submissions

- [Online Submissions](#)
- [Author Guidelines](#)
- [Privacy Statement](#)
- [Author Fees](#)

Online Submissions

Already have a Username/Password for Africa Journal of Nursing and Midwifery?
[GO TO LOGIN](#)

Need a Username/Password?
[GO TO REGISTRATION](#)

Registration and login are required to submit items online and to check the status of current submissions.

Author Guidelines

Instructions to Authors: Africa Journal of Nursing and Midwifery (AJNM)

Please adhere strictly to these instructions to facilitate the publication process of articles.

REGISTER ON THE AJNM WEBSITE

If you are not already registered please register on the AJNM website:
<http://upjournals.co.za/index.php/AJNM/user/register>

Please see the User Guide for further information:

<http://pkp.sfu.ca/ojs/docs/userguide/2.3.3/basicsRolesRegister.html>

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If you are already registered as a Reviewer or in another role you can edit your profile when logged in to also register as an Author. Please see the Users' Guide:
<http://pkp.sfu.ca/ojs/docs/userguide/2.3.3/basicsRolesProfile.html>

SUBMITTING AN ARTICLE ONLINE

Please refer to the Users' Guide for further details:
<http://pkp.sfu.ca/ojs/docs/userguide/2.3.3/authorUserHome.html>

STYLE GUIDELINES (CHICAGO MANUAL OF STYLE: AUTHOR-DATE)

This guide endeavours to achieve a standardised typographical style and consistent language choices. The main objective is to make it easier for authors, editors, copyeditors, layout editors and all those who publish to know what choices to make in the myriad of existing options. Unisa Press uses the Chicago Manual of Style (<http://www.chicagomanualofstyle.org/>).

The style guide focuses on two major aspects:

1) Guidelines for technical preparation; 2) Citation guidelines.

1. Guidelines for Technical Preparation of Manuscript

Layout

Submit manuscripts electronically—MSWord file.

All graphic material has to be positioned at the correct place in the text and should be of a good quality. Do not add supplementary files with graphic content.

Manuscripts must be presented as: A4 pages; normal margins; 12pt Times Roman; 1.5 line spacing.

Add a line break (enter key) between all paragraphs. Do not apply paragraph styles (hanging indents, automatic spacing after or before, etc.).

Proofing language must be set as UK English (colour—not color; travelled—not traveled; organise; organisation; organising—not -ize).

Do not type double spaces anywhere; not between words, at the end of sentences or after colons.

Type hard spaces (shift + control + space bar) when phrases are preferred to be presented as a unit, e.g. 10_000; Vol. 1 (2): 22–21.

Articles should not exceed 6000 words from the first word in the title to the last word in the list of references.

Make sure you follow the guidelines for ensuring a blind peer review.

Then present an indented abstract of not more than 250 words. Abstracts should not contain any footnotes or citations. Do not type the abstract in italics.

Below the abstract, please provide 4–6 keywords for indexing (only proper nouns in capitals). Distinguish between keywords/phrases with semicolon, e.g. Pentecostal; hymnal records; migration; southern regions of Africa.

Authors should include their affiliation or ORCID below their name, after the title of the article.

No numbers should be used in headings or in lists

Please note the format and order of information required for the presentation of **book reviews**:

INFORMATION

- [For Readers](#)
- [For Authors](#)
- [For Librarians](#)

Oxford Dictionary of Journalism <Book title in italics>

Tony Harcup <Book author name(s) and surname>

Oxford University Press. 2014. Oxford Quick Reference. xiv + pp. 368. <Publisher, date, series and number of pages>

ISBN: 978-0-0000000-1 <ISBN>, <https://doi.org/10.1093/acref/9780199646241.001.0001> <DOI>

Reviewed by Rod Amner <Reviewer details>

orcid.org/0000-0000-0000-0000 <ORCID>

Rhodes University, School of Journalism and Media Studies, South Africa
<Affiliation: Institution, Department, Country>

r.amner@ru.ac.za <email address>

Guidelines for writing conference reports

The editorial board of the *Africa Journal of Nursing and Midwifery* (AJNM) would like to ensure that all national and international conferences, seminars, scientific and technical as well as other important gatherings are reported on in the AJNM, given that not all readers of the AJNM are in a position to attend conferences. Therefore, it will be beneficial for the AJNM community/readers/subscribers who cannot attend such scholarship gatherings to be informed of matters deliberated upon.

An invitation is extended to all AJNM readers to submit succinct scientific reports based on attendance of scientific meetings following the required AJNM guidelines.

The following guidelines are intended to assist authors to prepare short scientific reports on conferences/meetings/seminars for consideration by the editor of the AJNM for publication if suitable/relevant. It is important to furnish the AJNM editorial board with conference reports as soon as possible after the event to ensure that it is still topical for AJNM readers.

A short report (maximum 1000 words) should only cover the main scope of the event that is reported. The author's overall impression and experience with regards to the professional value of the event need to be conveyed and not information on individual presentations as such.

The following essential elements must be fully addressed in the scientific report:

The custodian(s) (organisation) of the event

The theme of the event

Estimated number of delegates who attended the event or countries represented

The location where the conference/event took place (country, state, city)

An indication of whether the event is recurrent (e.g. takes place annually)

An indication of whether the event is aimed at practitioners or researchers

Web-details for future occurrences of this event

Keynote speakers and acclamations such as members of government, internationally renowned speakers, honorary life members of the event and the like (Ensure correct spelling of names, designations, institutions and the like. Check with individuals)

The topics of keynote addresses

A brief statement of the major significance or highlights of presentations of keynote addresses. For instance: if a leading authority on nosocomial infections indicated that a prophylactic dose of penicillin given to every patient on admission dramatically reduced nosocomial infections over a trial period, that is newsworthy

An indication of the main trends identified during the conference and the way forward mapped out.

Authors should include the following biographic details: surname, initials and designation; contact phone and or cell numbers, email address and/or fax number and the institution.

The AJNM board also welcomes information on presentations the reporter of an event considers worthy of publication in the journal— i.e. presentations with a strong focus on nursing and midwifery in Africa. Kindly provide us with the name of the presenter and the title of his/her presentation and other information what could assist us in contacting the person.

Style

Do not use the ampersand (&) anywhere in the text or citations; use "and" instead.

In text, only sparingly emphasise words by using italics. Italicisation should otherwise be reserved for book titles and words from a language other than that of the text.

Italicised words/phrases in another language are glossed by an equivalent word/phrase in the language of the text in single inverted commas placed in brackets, e.g. ...*indoda* ("a man"). Words well-known in South African English are set as roman, for example, lobola, ubuntu, indaba.

Words/terms that need to be singled out as being "borrowed" from another author/source may be placed in double inverted commas.

Titles of standalone publications must be in headline style (significant words are capitalised) and in italics when typed in the text. Titles of articles are placed between "double inverted commas." Also see citation guidelines for examples.

Acknowledgements

Acknowledgements appear at the end of the article, should be brief, and recognise sources of financial and logistical support and permission to reproduce materials from other sources. Save a copy of documentation granting such permission. Adherence to copyright rules remains each author's sole responsibility.

Footnotes

Footnotes with references in Arabic numbers (1, 2, 3—do not use i, ii, iii) are allowed on condition that these are limited to essential notes that enhance the content without impeding the fluent reading of the article.

Footnotes are typed in 10pt. font and single spacing; hanging indent.

Endnotes are not allowed.

Footnotes do not replace the alphabetical list of references at the end of the text. References in notes are regarded as text references and not bibliographic information.

Quotations

When quoting from a source, use "double inverted commas."

To quote within a quote, use 'single inverted commas.'

When quoting more than five lines, indent. Do not print indented text in italics and do not use quotation marks. A citation after the indented quote follows after a full stop, e.g.

According to the report the council will discuss the matter at the next council meeting to be held on 5 January 2017. (Smit 2002, 1)

When quoting within an indented quotation, use "double inverted commas."

Final full stops and commas are placed inside the quotation marks.

Colons and semicolons are placed outside of quotation marks.

Question and exclamation marks are only placed inside quotation marks if they form part of the quoted material.

E.g.

Do you know if she is "accredited"?

He asked: "Are you accredited?"

When adding notes to a quote or changing a quotation, use square brackets, e.g. [own translation/emphasis]/[t]oday.

Numbers

In text, numbers one to nine are in words; numbers 10 and above are in digits.

At the start of a sentence all numbers are in words.

In brackets all numbers are in digits, as for numbers of tables, figures and chapters.

When in text, percentages (below 10) are in words—seven per cent; above 10 are digits—22 per cent/13.5 per cent.

Decimals—7.5 per cent—are always in digits (also in text).

Use the % sign in brackets and per cent in text.

Equations

Use Mathtype for display and inline equations, but not for single variables. Single variables should be inserted into the text as Unicode characters.

Abbreviations

Abbreviations that begin and end on the same letter as the word, do not get a full stop (Mr/Dr/Eds) but Ed.

Academic degrees: (Preferably without any punctuation) BA; DPhil; MSc

Ellipsis

Use the ellipsis when indicating that text has been left out in the middle of a quoted sentence—preferably not at the start or end of the sentence. It is a given that text has been left out preceding and following your quote.

Insert spaces before and after the ellipsis.

Use only three full stops for an ellipse (A full stop is added *before* an ellipsis to indicate the omission of the end of a sentence, unless the sentence is deliberately incomplete. Similarly, a full stop at the end of a sentence in the original is retained before an ellipsis indicating the omission of material immediately following the full stop.)

E.g.

In May 1862, two new missionaries, Endeman and Albert Nachtigal, joined Grütznér and Merensky. ... It was decided that Endeman and Grütznér continue working. ... The latter two eventually established the mission station Botshabelo ... which later would play an important role in the Ba-Kopa history.

Dashes

The unspaced em-dash (—) is used (Alt 0151).

An unspaced en-dash (–), NOT A HYPHEN (-) is used to indicate ranges (e.g. of numbers or page numbers: 15–21).

Initials

One initial: Steyn, P. 2009.

Multiple initials: Steyn, P. R. G. 2009. (spaces between initials)

Acronyms

Give the full name when first mentioned (with acronym in brackets), thereafter use the acronym uniformly and consistently: Unisa; CSIR; HSRC; Sabinet/SABINET

et al.

et al. (not italics) Never use in the reference list.

When citing a text with four+ authors, use only the first author's name followed by et al. in text, but list all authors in the reference list.

Tables and figures

Table headings appear above the tables and are numbered.

E.g. **Table 1:** Our Table

Figure captions appear below the figures and are numbered.

Captions should include, in the following order:

Figure 1 Artist, *title* (date), Medium/support, metric dimensions. Name of collection, city of collection, other collection information such as "gift of ...", accession number (copyright or credit-line information in parentheses).

Credit lines should include all elements specified in the letter of permission from the rights holder, institution and/or photographer:

Figure 1: Sandro Botticelli, *Primavera* (ca. 1482). Tempera on panel, 203 x 315 cm. Galleria degli Uffizi, Florence (photograph provided by Scala / Art Resource, New York).

Figure 2: Roman sarcophagus, *Death of Meleager* (3rd century CE). Detail. Musée du Louvre, Paris (photograph © James Smith, Rome).

Figure 3: Alfred Stieglitz, *Equivalent* (1925–1927). Gelatin silver print, 11.7 x 9.2 cm. The Museum of Modern Art, New York, anonymous gift (© 2009 Estate of Alfred Stieglitz/Artists Rights Society (ARS), New York).

If a scan is used from e.g. a catalogue, this must be indicated by means of an exact reference: Figure 4: Pieter Brueghel the Elder, *The Misanthrope* (1568). Tempura on canvas, 86 x 85 cm. Signed and dated: 'BRVEGEL 1568'. Museo e Gallerie Nazionali di Capodimonte, Naples, catalogue number 585 (reproduced from Martin 1978, figure 37).

Include cited authors in the reference list.

Supply the source below the table or figure, if material is copyrighted.

Linguistic examples in series

Series of linguistic examples should be presented neatly (as borderless tables) and individual examples should only be numbered if they are discussed with reference to that number in the article's body text. Such numbering should occur consecutively.

The example numbers should be in parentheses and placed next to the left-hand margin.

Numbered examples may be contrasted or compared to one another by using alphabetical numbering for purposes of contrast and comparison.

If numerous examples are necessary to substantiate a specific point, an appendix may appear at the end of the article.

2. Citation Guidelines: Chicago Author-Date

In Text:

Within the body of your text, citations are indicated in parentheses with the author's surname, publication date, and page number (if needed, as when quoting direct words), e.g. (Smith 2012, 45).

Citations are placed within the text where they offer the least resistance to the flow of thought, frequently just before a mark of punctuation.

Single-author citations: If the author's name appears in the text it is not necessary to repeat it, but the date should follow immediately: Malan (2014, 4) refers to this ...

Single author with two or more works in the same year: (Gray 2009a; 2009b)

One publication with two+ authors: ... contested by Smith and Jones (2013, 16). Also (Smith and Jones 2013, 16)

Multiple publications: ... venture failed (Bergin 2009; Chance 2008, 14–17).

When citing multiple publications/authors do so alphabetically (Louw 2010a, 3; Ncube 2008, 77; Zeiss 1993, 4).

Multiple authors with the same initial surname and same year of publication —shorten titles: (Coe et al., "Media diversity," 2001) and (Coe et al., "Social media," 2001)

No page numbers are needed if citing a text on the internet, e.g. academic freedom (Smith 2014), unless page numbers are available

Avoid citing a secondary source: ... greater good (Mullins as quoted in Khan 2014, 6), Mullins (as quoted in Khan 2014, 6) argues ...

Blogs are only referenced in-text.

References: (See examples below)

Use the heading: References.

Only list sources actually referred to in the text.

Authors

List authors alphabetically. Use surnames, first names (if known) and initials.

NB: Although full first names are used in the examples in this document, it is also acceptable to use authors' initials only, as long as one system is used consistently.

The entries are additionally sorted by the work's date of publication (oldest to newest).

Do not use a dash to replace author names.

If no author or editor, order alphabetically by title (corresponding with text citation).

A single-author entry precedes a multi-author entry beginning with the same surname.

Successive entries by two+ authors, when the first author is the same, are alphabetised by co-authors' surnames.

Titles

Use headline-style capitalisation in titles and subtitles of works and parts of works such as articles or chapters (i.e., *Biology in the Modern World: Science for Life in South Africa*). Capitalise significant words and proper nouns.

Use headline-style capitalisation for titles of journals and periodicals (i.e., *Journal of Social Activism*).

Titles of stand-alone publications are typed in italics when used in text: *Evangelism and the Growth of Pentecostalism in Africa*.

Compound Sources

Source within another source: Smit, R. 2012. "Where to Now?" In *Climate Change in the Next Decade*, edited by S.Y. Tovey and T. Rosti, 200–234. Pretoria: Van Schaik.

Treat pamphlets, reports, brochures and freestanding publications (such as exhibition catalogues) as books. Give sufficient information to identify the document.

Electronic references (NB: The text reference must correspond with the alphabetical reference list):

Author's surname, name and initials (if available); title of article/publication. website address (URL)

Macdonald, Fiona. 2017. "The Extraordinary Life of the 1920s Lady Gaga." BBC Culture, September 20. Accessed October 6, 2017. <http://www.bbc.com/culture/story/20170920-the-extraordinary-life-of-the-19th-century-lady-gaga>.

Personal communications, letters, conversations, emails, interviews, recordings may be listed separately in the reference list.

Omit: Inc., Co. Publishing Co. etc. from the name of the publisher.

EXAMPLES (For full list of examples see http://www.chicagomanualofstyle.org/tools_citationguide/citation-guide-2.html)

R: Reference list

T: Text citation

Books

One Author

R: Pollan, Michael. 2006. *The Omnivore's Dilemma: A Natural History of Four Meals*. New York: Penguin.

T: (Pollan 2006, 99–100).

Two or Three Authors

R: Ward, Geoffrey C., and Ken Burns. 2007. *The War: An Intimate History, 1941–1945*. New York: Knopf.

T: (Ward and Burns 2007, 52).

Four or More Authors, list all of the authors in the reference list; in the text from 2nd citation, list only the first author, followed by et al. ("and others"):

R: Barnes, L. A., A. M. Harcombe, P. B. Rall, M. Z. Motala, and W. Grové. 2010. *Unisa Press: An Illustrated History*. Pretoria: Unisa Press.

T: (Barnes et al. 2010).

Editor, Translator, or Compiler instead of Author

R: Lattimore, Richmond, trans. 1951. *The Iliad of Homer*. Chicago: University of Chicago Press.

T: (Lattimore 1951, 91–92).

Editor, Translator, or Compiler in Addition to Author

R: García Márquez, Gabriel. 1988. *Love in the Time of Cholera*. Translated by Edith Grossman. London: Cape.

T: (García Márquez 1988, 242–55).

Chapter or Other Part of a Book

R: Kelly, John D. 2010. "Seeing Red: Mao Fetishism, Pax Americana, and the Moral Economy of War." In *Anthropology and Global Counterinsurgency*, edited by John D. Kelly, Beatrice Jauregui, Sean T. Mitchell, and Jeremy Walton, 67–83. Chicago: University of Chicago Press.

T: (Kelly 2010, 77).

Chapter of an Edited Volume Originally Published Elsewhere (as in primary sources)

R: Cicero, Quintus Tullius. 1986. "Handbook on Canvassing for the Consulship." In *Rome: Late Republic and Principate*, edited by Walter Emil Kaegi Jr. and Peter White. Vol. 2 of University of Chicago Readings in Western Civilization, edited by John Boyer and Julius Kirshner, 33–46. Chicago: University of Chicago Press. Originally published in Evelyn S. Shuckburgh, trans., *The Letters of Cicero*, vol. 1 (London: George Bell & Sons, 1908).

T: (Cicero 1986, 35)

Preface, Foreword, Introduction, or Similar Part of a Book

R: Rieger, James. 1982. Introduction to *Frankenstein; or, The Modern Prometheus*, by Mary Wollstonecraft Shelley, xi-xxxvii. Chicago: University of Chicago Press.

T: (Rieger 1982, xx-xxi)

Book Published Electronically

If a book is available in more than one format, cite the version you consulted. For books consulted online, list a URL and an access date. If no fixed page numbers are available, you can include a section title or a chapter or other number.

R: Austen, Jane. 2007. *Pride and Prejudice*. New York: Penguin Classics. Kindle edition.

T: (Austen 2007)

R: Kurland, Philip B., and Ralph Lerner, eds. 1987. *The Founders' Constitution*. Chicago: University of Chicago Press. <http://press-pubs.uchicago.edu/founders/> (accessed January 1, 2012).

T: (Kurland and Lerner, chap. 10, doc. 19)

Journal Articles**Article in a Print Journal**

In the text, list the specific page numbers consulted, if any. In the reference list entry, list the page range for the whole article.

R: Weinstein, Joshua I. 2009. "The Market in Plato's Republic." *Classical Philology* 104 (4): 439-58. <https://doi.org/10.1086/650979>.

T: (Weinstein 2009, 440)

Article in an Online Journal

Include a DOI (Digital Object Identifier) if the journal lists one. A DOI is a permanent ID that, when appended to <https://doi.org/> in the address bar of an Internet browser, will lead to the source. If no DOI is available, list a URL and include an access date.

R: Kossinets, Gueorgi, and Duncan J. Watts. 2009. "Origins of Homophily in an Evolving Social Network." *American Journal of Sociology* 115: 405-50. <https://doi.org/10.1086/599247>.

T: (Kossinets and Watts 2009, 411)

Other Sources**Book Review**

R: Kamp, David. 2006. "Deconstructing Dinner." Review of *The Omnivore's Dilemma: A Natural History of Four Meals*, by Michael Pollan. *New York Times*, April 23, Sunday Book Review. <http://www.nytimes.com/2006/04/23/books/review/23kamp.html> (accessed January 1, 2012).

T: (Kamp 2006)

Thesis or Dissertation

R: Choi, Mihwa. 2008. "Contesting Imaginaires in Death Rituals during the Northern Song Dynasty." PhD dissertation, University of Chicago.

T: (Choi 2008)

Archival material/manuscript collections

When citing archival material in the author-date style, it is unnecessary to use *n.d.* (no date) in place of the date. Dates of individual items should be mentioned in the text, when applicable:

R: Egmont Manuscripts. Philipps Collection. University of Georgia Library.

Kallen, Horace. Papers. YIVO Institute for Jewish Research, New York.

T: Oglethorpe wrote to the trustees on January 13, 1733 (**Egmont Manuscripts**), to say...

Alvin Johnson, in a memorandum prepared sometime in 1937 (**Kallen Papers, file 36**), observed that...

If only one item from a collection has been mentioned in the text, however, the entry may begin with the writer's name (if known). In such a case, the use of *n.d.* may become appropriate:

R: Dinkel, Joseph. *n.d.* Description of Louis Agassiz written at the request of Elizabeth Cary Agassiz. Agassiz Papers. Houghton Library, Harvard University.

T: (Dinkel, *n.d.*)

Paper Presented at a Meeting or Conference

R: Adelman, Rachel. 2009. "Such Stuff as Dreams Are Made On': God's Footstool in the Aramaic Targumim and Midrashic Tradition." Paper presented at the annual meeting for the Society of Biblical Literature, New Orleans, Louisiana, November 21-24.

T: (Adelman 2009)

TYPES OF ARTICLES PUBLISHED

The AJNM strives to provide worthwhile information to the nurses and midwives of Africa, not necessarily nurse academics. Consequently articles should address healthcare issues faced by nurses and midwives throughout Africa. Empirical research articles are preferred. Articles based on theory only might be inappropriate, as well as articles based on textbooks' information. As AJNM is an accredited academic journal, it needs to adhere to the minimum requirements of the Department of Higher Education and Training of South Africa. This means that mostly empirical peer reviewed research articles should be published, but a limited number of pages can contain book reviews or reports of conferences. In exceptional cases one article per issue might address research issues per se. The decisions of the reviewers and the editors are final.

GENERAL

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Appendix B: Acceptance letter to publish manuscript

From: "Prof. Thandisizwe Redford Mavundla" <mavuntr@unisa.ac.za>
To: "Dr Leepile Alfred Sehularo" <Leepile.Sehularo@nwu.ac.za>
Date: 2018/05/21 8:30 AM
Subject: [AJNM] Editor Decision

Dr Leepile Alfred Sehularo:

We have reached a decision regarding your submission to Africa Journal of Nursing and Midwifery, "NURSES COPING MECHANISMS IN A MENTAL HEALTH ESTABLISHMENT".

Our decision is to: accept the submission

Please complete the electronic "Licence to Publish Form" by clicking on the link below to grant Unisa Press permission to publish your article in the Africa Journal of Nursing and Midwifery.

<https://goo.gl/cDnd57>

Prof. Thandisizwe Redford Mavundla
Department of Health Studies
University of South Africa
Phone +27124296303
Fax +27124296688
mavuntr@unisa.ac.za
Executive Editor: AJNM

Africa Journal of Nursing and Midwifery
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Section 2: Manuscript

NURSES' COPING MECHANISMS IN A MENTAL HEALTH ESTABLISHMENT

K. E. Molehabangwe, MNSc Candidate, RN

North West Province Department of Health

Borakalalo Clinic, Zeerust

keomolehabangwe@gmail.com

L.A. Sehularo, PhD, RN

North-West University

School of Nursing Science

Leepile.Sehularo@nwu.ac.za

A.J. Pienaar, PhD, MA, M.EdRN

North West University

School of Nursing Science

abel.pienaar@gmail.com

ABSTRACT

This paper notes that mental healthcare establishments are perceived as extremely stressful environments to work in when compared to general hospitals. It was therefore the aim of this study to explore and describe nurses' coping mechanisms in a mental health establishment in the NWP of SA so as to improve the methods of how they manage stressful situations in their care for mental health care users. A qualitative-explorative-descriptive and contextual design was followed in order to address the researcher's concern. The target population included all categories of nurses who are caring for mental healthcare users in a mental health establishment in the North West Province. Participants were selected purposively based on a set selection criteria. The size of the sample was determined by data saturation which was reached after interviewing ten nurses. Information obtained was transcribed verbatim for data analysis. Trustworthiness was ensured through credibility, dependability, transferability and confirmability techniques. The findings of the study revealed four main themes, namely psychosocial support, coaching and mentoring, stakeholder support as well as suggestions for improving nurses' coping mechanisms. From the findings of the study, recommendations were made for nursing practice, education and research.

Keywords: coping; coping mechanism; mental healthcare user; mental health establishment; nurse; nursing.

INTRODUCTION AND BACKGROUND INFORMATION

Mental healthcare establishments are perceived as extremely stressful environments to work in when compared to general hospitals. For instance, nurses working in mental healthcare establishments are faced with challenges and unpredictable situations while caring for some of the dangerously ill mental healthcare users who are in need of mental healthcare, treatment and rehabilitation services (Senining and Gilchrist 2011, 1). On the other hand, Bayou and Agbenorku (2017, 1) indicated that working in a mental healthcare establishment is more difficult as it interferes with the ability to assess the situation in an attempt to create nursing outcomes with some degree of accuracy. Nurses in the North West Province of South Africa (NWP of S A) in general, and in mental health establishments in particular, are not spared from the complexities and challenges arising from their mental caring duties. Exposure to a challenging, unpredictable working environment on a continuous basis could leave nurses with overwhelming feelings of helplessness thus eroding their coping mechanisms in the long term (Keyter and Roos 2015, 366). Caring for mental healthcare users places an enormous burden on nurses and has been shown to have a significant negative impact on their level of coping (Marimbe, Kajawu, Muchirahondo, Cowan and Lund 2016, 1).

Subsequently in the clinical practice nurses are often faced with difficult and emotionally charged situations (Martins, Chaves and Campos 2013, 1). Nevertheless, in accordance with Keyter and Roos (2015, 366), it is not clear how nurses cope with their mental health caring duties. This also includes nurses working in the NWP of SA. Numerous studies in Saudi Arabia presented evidence of job strain having an effect on nurses coping means in the healthcare setting (Wazqar, Kerr, Regan and Orchard 2017, 1016). It has to be noted that ineffective coping mechanisms have been a proven reality in the nursing profession (Van der Colff and Rothmann 2014, 1). On the other hand, Popescu, Delelean, Papava, Bredicean, Crosovan, Hurmuz, Stefan, Manea and Barbulescu (2015, 1) reiterated that the nature of the nursing profession requires the development of adequate coping mechanisms. Nevertheless, many mental healthcare workers in South Africa are increasingly expected to cope while caring for mental healthcare users (Keyter and Roos 2015, 366).

From the above discussion, it is clear that this research explores mechanisms that nurses utilise to cope during their mental health caring duties. There is also limited evidence to support nurses coping mechanisms particularly those caring for mental healthcare users in the health establishment of the NWP of SA. It is well accepted that nurses working in high

stressful environment are susceptible to ineffective coping mechanisms during their duties. Nurses caring for mental healthcare users seem to be the most vulnerable group. As is evident from other cases, for example in the United States, it was also observed that in NWP of SA nurses also experience depersonalisation, emotional exhaustion and poor coping mechanisms while providing care, treatment and rehabilitation services to mental healthcare users (Jordan et al. 2016).

In view of the above information, this study explored whether the stated experiences may also have a negative impact on nurses coping mechanisms during their mental caring duties in the NWP of SA. Nurses coping mechanisms while caring for mental healthcare users may be affected by these ever changing stressful environments. Again, it is clear that both work and person related factors may trigger poor coping mechanism among the nurses (van der Brande, Baillien, de Witte, van der Elst and Godderis 2016, 2) while caring for mental healthcare users. This study therefore, intended to explore and describe mechanisms that will assist nurses in coping effectively during their caring duties particularly caring for mental health care users in the NWP of SA.

STATEMENT OF THE RESEARCH PROBLEM

As a follow-up on the previous argumentation, the researcher's personal experience as a professional nurse is that caring for the mental healthcare users is one of the most challenging aspects of nursing. These challenges include diverse cultural beliefs, poor nurse-patient relationships, stigma associated with mental illness, lack of resources both human and material and ineffective training of nurses. As observed from the researcher's personal experience, some of the nurses are not coping because of these challenges. The above information clearly indicates the gap and highlights that there are numerous challenges that face nurses in relation to their coping mechanisms during mental health caring duties. On the other hand, the researcher has realised that this is the first study to be conducted on this topic in the NWP of SA. As a result, the researcher deemed it necessary to conduct this study with the aim of exploring and describing nurses' coping mechanisms in a mental health establishment in the NWP of SA to improve the coping mechanism of nurses in this practice.

RESEARCH QUESTIONS

The following research questions guided the research:

- How do nurses cope in a mental health establishment in the NWP of SA?
- What recommendations can be made to improve nurses' coping mechanisms in a mental health establishment in the NWP of SA?

AIM OF THE STUDY

The aim of this study is to explore and describe nurses' coping mechanisms in a mental health establishment in the NWP of SA so as to improve the methods of how they manage stressful situations in their care for mental health care users.

OBJECTIVES OF THE STUDY

The objectives of the study were to:

- Explore the coping mechanisms of nurses working in a mental health establishment of the NWP of SA.
- Recommend relevant coping mechanisms for nurses working in a mental health establishment in the NWP of SA.

DEFINITION OF CONCEPTS

Coping in this study refers to cognitive and behavioural efforts made by nurses to minimize the impact of stress while providing mental healthcare, treatment and rehabilitation services to the mental healthcare users in the NWP of SA.

Coping mechanism in this study refers to a concept that will serve as a device or means for coping of the nurses while they provide mental healthcare, treatment and rehabilitation services in the mental health establishment of the NWP of SA.

Mental healthcare user (MHCU) in this study refers to the users admitted for mental healthcare, treatment and rehabilitation services in a designated mental health establishment of the NWP of SA.

Mental health establishments are facilities, buildings or places where persons receive care, treatment, rehabilitative assistance, diagnostic or therapeutic interventions or any other mental healthcare services in the NWP of SA.

Nurse refers to all categories of nurses such as professional, enrolled and enrolled auxiliary nurses who are trained and licensed to practice independently by the South African Nursing Council (SANC), in order to provide mental healthcare, treatment and rehabilitation services to the mental healthcare users in the NWP of SA.

Nursing in this study refers to the promotion, protection and optimization of mental health as well as prevention of mental illness in a mental health establishment in the NWP of SA.

RESEARCH METHODOLOGY

Research design

A qualitative-explorative-descriptive and contextual research design was utilised with the aim of exploring and describing the nurses' coping mechanisms in a mental health establishment in the NWP of SA. This research design was found appropriate as it assisted the researcher to explore and describe the coping mechanisms of nurses in the context of a mental healthcare establishment in the NWP of SA.

Population

The target population in this study were all categories of nurses such as professional, enrolled and enrolled nursing auxiliaries working in a mental health establishment in the NWP of SA.

Sampling approach

A non-probability sampling approach was used to select nurses who were able to provide extensive information about their coping mechanisms while caring for mental healthcare users in the NWP of SA.

Sampling technique

A purposive sampling technique was used to select all categories of nurses based on the proposed selection criteria. The sampling technique assisted the researcher in selecting the nurses who were knowledgeable about mental healthcare, treatment and rehabilitation services in the NWP of SA.

Sampling size

The sample size in this study was determined by data saturation which was achieved after ten semi-structured individual interviews with nurses.

Data collection

Data collection and analysis were done concurrently. Semi-structured individual interviews were used to collect data from nurses of all categories in December 2017. Again the researcher collected data through questioning, observing, audio taping as well as taking the fields notes.

Data analysis

Both the researcher and an independent co-coder analysed the data of the study by following Tech's method of qualitative data analysis (Creswell and Creswell 2017, 184). With this method of qualitative data analysis, both the researcher and the co-coder read all semi-structured individual interviews carefully. They jotted some ideas down with the purpose of making sense of what was happening during the interviews. Similar topics were clustered together to reveal four themes namely psychosocial support, coaching and mentoring, stakeholder support as well as suggestions to improve coping.

Ethical considerations

Before data collection and analysis, the researcher obtained a written approval from the School of Environmental and Health Sciences, Faculty of Agriculture, Science and Technology, Research Ethics Committee of the North-West University (Reference number: NWU-00674-17-A9). The researcher also obtained a written approval from the North West Provincial Department of Health as well as from the Head of the Health Establishment where data was collected and analysed in December 2017. Nurses also signed informed voluntary consent forms for their voluntary participation in this qualitative study. From the beginning to

the end of the study, the researcher maintained the three ethical principles of respect for human dignity, beneficence and justice throughout the study.

Trustworthiness

Trustworthiness was applied in accordance with the four criteria of credibility, dependability, transferability and confirmability as explained by (Polit and Beck 2008, 768). The researcher ensured credibility through prolonged engagement with nurses caring for mental care users. Data was collected from ten nurses which was a point of data saturation. To ensure dependability, two qualified experienced supervisors were involved throughout the research process. In ensuring confirmability in this study, both the researcher and an independent co-coder analysed the findings of this study separately and met to reach consensus on the themes and sub-themes that emerged from the findings. Data collected was also compared with available literature. The researcher applied transferability by selecting all categories of nurses purposively, meaning those who were providing mental healthcare, treatment and rehabilitation services in the NWP of SA.

DISCUSSION OF RESULTS

The study yielded four main themes: (1) psychosocial support, (2) coaching and mentoring, (3) stakeholder support as well as (4) suggestions to improve coping. These main themes together with sub themes are discussed below:

Table of themes and sub-themes

Themes	Sub-themes
1. Psychosocial support	<ul style="list-style-type: none"> • Provision of Employee Assistance Programme (EAP) • Staff appreciation and reward • Employee engagement
2. Coaching and mentoring	<ul style="list-style-type: none"> • Reflective meetings • Career and personal development • Staff motivation
3. Stakeholder support	<ul style="list-style-type: none"> • Support from community and family members • Support from management • Support from government • Spiritual support
4. Suggestions to improve coping	<ul style="list-style-type: none"> • Employment of more nursing personnel • Increase of financial benefits • Provision of comprehensive training by institutions of higher learning • Employment of more mental health nurse specialists

Theme 1: Psychosocial support

Psychosocial support was the first theme that emerged from the findings of this study. Sub-themes for psychosocial support include provision of Employee Assistance Programme

(EAP), staff appreciation and reward as well as employee engagement. These sub-themes are discussed below:

Provision of Employee Assistance Programme (EAP)

Nurses working in a mental health establishment where this study was conducted reported that they are able to cope with their work related stresses due to the availability of EAP in their work environment. These nurses indicated that EAP assists them to relieve stress. This result is confirmed by the quotation from the transcribed interview:

So, we also have structures like EAP which is the Employee Assistance Programme. That programme is there to help some of us who are stressed sometimes. It is really helpful.

EAP has been in existence for many decades as an employee support programme which was specifically designed with the aim of assisting employees who experience work and personal problems. Grobler and Joubert (2012, 150) concur with the findings of this study and indicate that management of private and public organisations have the responsibility to provide employees with internal and external services such as EAP which are aimed at enhancing the health and wellness of employees. Programmes such as EAP are playing an important role in improving production at work, raising employees' morale; fostering value based work ethics (Govender 2011, 1). Some of the benefits of EAPs include increased presenteeism which in other words is reduced absenteeism, improved workers' performance, reduced healthcare costs as well as reduction of accidents (Dawad and Hoque 2016: 19).

Staff appreciation and reward

Participants of this study in addition indicated that they need management to appreciate what they are doing on a daily basis as well as to reward them where necessary. These participants indicated that without appreciation and reward from the hospital management, it will be very difficult for them to cope at a mental healthcare institution. To confirm his finding, one of the participants said:

Management should first of all start by complimenting and appreciating what we are doing because happy employees give happy results. Sometimes just to say thank you for doing this helps a lot, at least we will feel appreciated.

Concerning staff appreciation and reward, Rothmann and Welsh (2013,17) concur with the finding of this study and add that praise from the supervisor or a manager, public recognition, a reward or any token of appreciation, job security, pay rise, promotion, respect from co-workers as well as more freedom and opportunities are needed for the employees to like their job. As a result, employees such as nurses will be more likely to engage and cope with their work if they perceive more rewards and appreciation for their efforts. Pregnolato, Bussin and Schlechter (2017, 1) add that employers or managers need to have a clear understanding of how various appreciation and reward factors influence talented employees or workers choose to stay or leave an organisation. According to van Staden (2017, 54), each organisation should conduct research in order to know how to keep workers feeling accomplished and appreciated and rewarded appropriately.

Employee engagement

Most of the participants interviewed in this study verbalised that the management is not engaging them on anything. Management is just imposing things on them. This result is confirmed by the following direct quotation from the interview:

Management is not engaging us on anything; they just tell us what to do every time.
That's the problem. They should engage us, nothing about us without us.

According to Pregnolato et al. (2017, 1), employee engagement is overwhelmingly cited by the Chief Executive Officers as the number one priority on human resource or human capital agenda. The results of this study are supported by Rothmann and Welsh (2013, 14) who pointed out that employee engagement is important not only because of its effects on organisational outcomes, but also because it has a positive impact on the psychological well-being of employees. These authors add that when you engage employees at work, they will be able to cope with work demands including different positive organisational outcomes such as high customer loyalty and production as well as lower rates of staff turnover. Van Staden (2017, 54) adds that a good employer should be sensitive, engage with employees and identify when they are unhappy, and address the problem immediately.

Theme 2: Coaching and mentoring

Coaching and mentoring was the second theme that emerged from the findings of this study. Sub-themes for coaching and mentoring include reflective meetings, career and personal development as well as staff motivation. Maritz and Roets (2013, 82) add that coaching and mentoring initiatives are gaining prominence in nursing practice as a strategy for improving health outcomes. The sub-themes for coaching and mentoring are discussed below:

Reflective meetings

Participants of the study indicated that they need meetings with the hospital management in order to be able to cope at a mental health care institution. These participants mentioned that without reflective meetings, they would not know what is happening at a mental health establishment. To confirm this finding, one of the participants said:

If these managers can at least have regular meetings with us, and update us about what is happening in an establishment or ward or unit. That's something to me.

Molefe and Sehularo (2015, 478) concur with the finding of this study that there is a perception that managers' failure to call meetings leads to the nurse's job dissatisfaction as well as difficulty in coping with work related stressors in a public psychiatric hospital in North West Province. Maritz and Roets (2013, 89) also concur with the findings of this study that reflective meetings are needed for nurses to be able to cope with their work. These authors suggest that at least face-to-face meetings are needed to establish relationships. Some of the aims of these reflective meetings will be to familiarize nurses with the mentor or a coach. Another aim of these reflective meetings will be to sustain the work through the inevitable rough patches. Van Staden (2017, 55) adds that managers should arrange and motivate their employees to attend debriefing sessions after difficult and very stressful situations or busy times.

Career and personal development

Participants interviewed in this study indicated that they need career and personal development to be able to cope at a mental healthcare institution. These participants mentioned that they need to be up to date and on par with other mental healthcare practitioners in other mental healthcare institutions in order to cope in their healthcare facilities. To confirm this finding, one of the participants said:

Management must send us to workshops, seminars or short-courses, so that we can be up to date with what is happening in mental institutions, we need workshops, you know, we want to be developed personally and professionally, they must train us.

From these words it is clear that coaching and mentoring addresses issues such as career and personal growth and offering psychological and career support or encouragement (Maritz and Roets 2013, 81). Sing and Govender (2013, 319) concur with the findings of this study. For instance, these authors conducted a study on the understanding of the mentoring and coaching imperative for the senior management level of the South African public service. Findings of their study show that it is the task of coaches and mentors to create and sustain a work environment that enables this continuous career and personal development of employees. When employees are given the opportunity to grow personally and professionally they are able to cope with work stresses. Pregolato et al. (2017, 2) add that career and personal development comprises learning experiences designed to enhance the workers' skills and competencies and they also assist workers to pursue their career goals.

Staff motivation

Participants interviewed in this qualitative study indicated that they want management to motivate them in order for them to love and perform exceptionally well in their work when they provide mental healthcare, treatment and rehabilitation services in the NWP of SA. One of the participants said:

They (management) should motivate us; they should make us to love our job, so that we can always smile at work, that's all that we want.

The above words speak to what Thersby (2007) speaks on. Thersby (2007, 3) warned that managers should be very careful of demotivated workers because they can destroy morale and affect the performance of all other employees, which will ultimately impact on a company's bottom line. Machara and Jain (2016, 84) as well concur with the findings of this study that staff motivation is vital to employees' coping, performance as well as service delivery. According to Machara and Jain (2016, 85), good motivation of staff by the management will lead to staff morale and improved customer service and productivity. This indicates that when the nursing staff members are highly motivated they will be able to cope with challenges they experience when caring for mental healthcare users. Van Staden (2017,

54) adds that managers should motivate and encourage employees to make suggestions and to listen to their opinions.

Theme 3: Stakeholder support

Stakeholder support was the third theme that emerged from the findings of this study. Sub-themes for stakeholder support include support from community and family members, support from management, from government as well as spiritual support. These sub-themes are discussed below:

Support from community and family members

Nurses working in the mental healthcare establishment mentioned that they need the involvement of community as well as family members to enable them to cope during mental health caring duties. This is confirmed by the following direct quotation from the interview:

The only thing that may be done to make us cope it is support from community or relatives. If they can come to the hospital to show the patients that they are - - they support them on the conditions that they find themselves in.

Lack of support networks has long been established as the cause of ineffective coping in caring for mental healthcare users (Conradie, Eeve, Serfontein, Visser, Calitz and Joubert 2017, 2). Nursing is a kind of occupation delivering services to individuals, families and societies of all countries (Golbasi, Kelleci and Dogan 2008: 1). Thus, there is a demand for increased support from community and family members to nurses in the mental health establishment (Laal 2016, 3). In order to be a good mental healthcare provider you need to have increased support from community and family members of the patients (Popescu et al. 2015, 612).

Support from management

Some of the nurses that were interviewed in this qualitative study indicated that they need support from their management in order to cope when providing care, treatment and rehabilitation services in the NWP of SA. This is confirmed by the direct quotation from one of the interviewees:

I think the things that can make us cope are when our supervisors or managers support us. Even in the ward they must visit from time to time to see what is happening in the ward.

The above words clearly point to the need and importance of management's being present in the work environment as a means of supporting the nurses. In fact in light of the importance of management presence, Beh and Loo (2012, 132) concur that lack of supportive relationship or poor relationship with superiors are a potential source of ineffective coping leading to low trust and low interest in problem solving. Stephens, Smith and Cherry (2017, 276), support the idea that difficulties in retaining nurses may be attributed to lack of support from managers. From this finding it is therefore imperative that the healthcare managers diligently work to eliminate environments that undermine nurses coping mechanisms. Van Staden (2017, 55) adds that support from management might provide a successful way of coping with job stressors.

Support from the government

The research also found out that there is a feeling among care givers that government is not doing enough by way of support despite providing resources like knitting materials for patients. This is confirmed by that fact that some of the nurses that were interviewed in this study mentioned that they need support from the government in order for them to cope well when caring for mental healthcare users in the NWP of SA. The need is confirmed by the direct quotation from the following transcript:

The government also support us by providing us with the equipments for an example, things that maybe can occupy the patients for instance those who knit, knitting materials, those who can read, to read and things like that. They must send us to workshops - - you know - - capacitation, induction programmes.

Support from the government is necessary in nursing practice (Ndawula 2012, 28). This may assist nurses in coping, in feeling important and valuable in contributing to the care, treatment, management and rehabilitation services of the users. The support from the government may also assist in increasing the nurses' morale with better coping mechanisms. From the literature review, it seems that there is dearth of literature on the support that the government is providing to the employees. This is probably because government in most

cases is represented by the employer or manager. However, more studies should be done to investigate the role that government is playing to support its employees.

Spiritual support

A number from among the nurses that were interviewed in this study indicated that as human beings, sometimes they rely on prayers, love of people and God's grace to cope with the challenges of dealing with mental healthcare users in the NWP of SA. This need for spiritual support is confirmed by the following direct quotation from one of the interviewees who stated:

I think we are just coping by the grace of God. It is just by the grace of God that we are able to cope. It is just for the love of the people - - because you want to love your neighbour or other person as yourself.

The above words highlight the importance of spirituality in matters relating to management of stressors in healthcare facilities. It is thus clear that stress affects the intellectual, psychological, social and spiritual aspects of the workers (Agbonlulue et al., 2017, 300). This indicates that employers should work hard to attend to the intellectual, psychological, social as well as spiritual aspects of workers. Bester and Muller (2017, 1) add that spiritual support at work is needed for achieving and maintaining employee wellness. Nurses are like any human beings, they have their personal beliefs which need to be considered, prayers and belief in a benevolent God combined, provide emotional and spiritual support as an effective coping mechanism. Omolayo, Mokuolu, Balogun, Omole and Olawa (2013, 93), who perceive spirituality as a positive emotion focused mechanism, indicated that some nurses use religious and spiritual support as a means of coping with caring for mentally ill users. Most nurses find it difficult to cope in caring for users who are sometimes aggressive and violent. In these situations they resort to religion and believe that God's grace and prayers remain the only coping mechanisms they can rely on in order to manage effectively and thus, survive the situation.

Theme 4: Suggestions to improve coping

Suggestions to improve coping was the fourth theme that emerged from the findings of this study. Sub-themes for suggestions to improve nurses coping mechanisms include employment of more nursing personnel, increasing financial benefits, provision of

comprehensive training by institutions of higher learning, and employment of more mental healthcare specialists. These sub-themes are discussed below.

Employment of more nursing personnel

A number of nurses who participated in this study suggested that there is a need for employment of more nursing personnel. This experience is confirmed by one of the nurses in the direct quotation from the following transcript:

Yes I think what they can do is to increase staff members because we are short staffed at this moment. Consideration is made on - - eh - - hiring more staff so that we can be able to perform to or deliver better services. I think it will be wise if this thing of staff -patient ratio can be considered.

Nurses constitute the majority of the healthcare personnel (Deklava, Cirlenis and Millere 2014, 261). However, more nurses are still needed globally. South Africa is also experiencing a severe shortage of nurses (Ehlers 2013, 30). For instance, Ndawula (2012, 29) indicated that the nurse-patient ratio should be favourable as nurses faced greater responsibilities and this will be achieved only if more nursing personnel are employed. This literature indicates that most of the health departments in the whole world should work hard to recruit and retain more nurses as it is a well-known fact that most of the nurses leave South Africa for greener pastures in other countries such as United Kingdom (UK) and Saudi Arabia.

Increase of financial benefits

Some nurses interviewed in this study mentioned that they need an increase in financial benefits in order to cope better when caring for mental healthcare users in the NWP of SA. This finding is confirmed by the direct quotation as follows:

I need to have some form of rewards. These rewards should be in the form of PMDS or some form of bonuses like. If they can pay us maybe danger allowance to show us that we are working in a dangerous situation at least we will cope, because yes, nurses must work.

A study by Molefe and Sehularo (2015, 479) concurs with the findings of this study that financial factors such as occupational specific dispensation (OSD), performance management development system (PMDS), as well as an annual increase contribute to nurses' dissatisfaction in addition to poor coping mechanisms at a public psychiatric hospital in North West Province. South African nurses are lured by more affluent countries that have more to offer in terms of competitive financial benefits and further, prefer to resign or quit to other nursing jobs which offer more financial benefits (Mokoku, Oosthuizen and Ehlers 2010, 1). Conradie et al. (2017, 1) emphasized that the need for increased financial benefits at the mental health establishments needs urgent attention.

Provision of comprehensive training by institutions of higher learning

Nurses who participated in this study emphasized that they are not well equipped with the psychiatric skills that can enable them to manage mental healthcare users hence they suggested that there is a need for provision of comprehensive training by institutions of higher learning. These nurses indicated that some participants do not even possess basic psychiatric nursing skills. The direct quotations from the following transcript confirm the above finding:

Eh - - no- I will further say eh - - our institutions of higher learning must provide a comprehensive training on nurses but, what I have noticed is that a professional nurse does not know more or have interest in people with psychiatric problems. So, if we can have more development, more career development especially on psychiatry, more specialists and more people will be specialising on psychiatry and that will curb the problem.

In South Africa, psychiatric nursing is seen as a part of the basic education of nurses in order to equip them to work as generalist nurses in the in the comprehensive health services of the country (Uys and Middleton 2010, 15). Training and education regarding mental health caring have played a small role in educational programmes and need to be addressed through comprehensive training for all categories of nurses (Dikobe, Manyedi and Sehularo 2016, 190). Machailo (2013, 1) reiterated that previously psychiatry was not included in the basic training of nurses, as a result most nurses are not equipped with the appropriate skills and knowledge to cope effectively when dealing with mental health care.

Employment of more mental health nurse specialists

During the data collection for this study, participants suggested that there is a need for employment of more psychiatric nurse specialists who are equipped with advanced knowledge on how to manage the mental healthcare users. This suggestion is confirmed by the direct quotation from the following transcript:

We need more psychiatric nurse specialists in our hospital. Three nurse specialists are not enough for the whole hospital. Imagine, there is only one specialist with a Master's degree and the other two have child psychiatric nursing from University of Free State (UFS). To me they are not enough, we need more.

In order to support the great demands for health services, an adequate number of psychiatric nurse specialists are required for the delivery of mental healthcare, treatment and rehabilitation services (Behand Loo 2012, 131). Ndawula (2012, 17) posits that speciality knowledge and clinical skills are required to cope when solely undertaking the role of the mental health care.

RECOMMENDATIONS

For nursing practice, nurse managers should ensure that there is an Employee Assistance Programme (EAP) in a mental health establishment. If it is there he or she should make sure that it is effective. Staff should be appreciated and rewarded appropriately. Nurse Managers should also ensure that they engage employees appropriately because the employees mentioned that there is nothing about them without their involvement – “nothing about us without us.” Nurse Managers should work closely with human resource departments particularly with the training and development officer to ensure the provision of EAP as well as staff appreciation and reward.

For teaching and learning purposes, nurse managers should ensure that there are reflective meetings, nursing personnel are developed personally and professionally and that they are also motivated appropriately. To ensure effective teaching and learning of nurses at a mental health establishment, nurse managers should work closely with human resource manager. Nurse managers should furthermore ensure that education programmes related to the coping of nurses in mental health establishments should also be developed as a matter of urgency.

For community engagement, nurse managers should work hard to ensure that all stakeholders such as family, community members and the government support the nurses who are working at a mental health establishment. He or she should also ensure that nurses are supported spiritually. This can be achieved by ensuring that morning prayers continue for all nurses and mental healthcare users. Different church denominations and faiths can also be invited to offer prayers on Sundays or days that are appropriate to the religious beliefs.

For policy makers, nurse managers should work collaboratively with the labour relations officer to ensure that there are effective policies on recruitment, appointment and retention of more nurses using personnel particularly mental health nurse specialists. The nurse manager should also work collaboratively with the human resources manager to develop effective guidelines that will ensure a proper distribution of financial benefits to all nurses.

For research, there is a need for a similar study to be conducted with a larger sample size following a quantitative or mixed methods research approach among others that can be identified. Non-nursing personnel should also be involved in such studies.

LIMITATION

The focus of this qualitative study was on nurses' coping mechanisms on working in a mental health establishment in the NWP of SA. The limitation of this study is its small sample size hence the results cannot be generalised to all nurse populations or other mental health establishments in the NWP of SA and worse still the rest of the Republic of South Africa.

CONCLUSION

The findings from this study revealed four main themes of the nurses' coping mechanisms in a mental health establishment. These themes are psychosocial support, coaching and mentoring, stakeholder support as well as suggestions to improve coping. The findings and recommendations of this study indicate that the management has a lot to do to assist nursing to cope when they provide mental health care, treatment and rehabilitation services in the NWP of SA. Despite these findings, the researcher urge that more research on a wider scale be carried out since this research was localized in that it focused on only one mental healthcare institution in NWP of SA.

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Section 3: Conclusion, Limitations and Recommendations

Section 3: Conclusions, limitations and recommendations

3.1 Introduction

The previous section comprises the manuscript on the nurses' coping mechanisms in a mental health establishment in the North West Province. The *African Journal of Nursing and Midwifery* (AJNM) guidelines were followed in the manuscript. The manuscript has been accepted for publication on the 21 May 2018. In this section the conclusion, limitations and recommendations of the whole study are given. The focus of the recommendations of this study is on nursing practice, education, research and policy making.

3.2 Conclusion

The conclusion of the study focuses on the four main themes which are psychosocial support, coaching and mentoring, stakeholder support as well as suggestions to improve coping.

3.2.1 Conclusion regarding psychosocial support

Findings from this study revealed that poor coping mechanisms prevail among all categories of nurses caring for users in the mental healthcare establishment in the NWP of SA. Psychosocial support was identified as the first theme in the study. Employee Assistance Programme (EAP), staff appreciation and reward as well as employee engagement emerge as the sub-themes of the psychosocial support. Exposure to prolonged stressful caring duties could leave nurses with an overwhelming feeling of helplessness thus eroding their coping in the long term (Keyter & Roos, 2015:367). Nurses sometimes feel emotionally overloaded and thus find themselves unable to cope when providing care, treatment and rehabilitation services to the mental healthcare users (Gilchrist et al., 2012: 2). EAP must be designed with the aim of assisting nurses in coping during their caring duties. The psychosocial wellbeing of nurses should be enhanced through the provision of internal as well as the external services of EAP (Grobler & Joubert, 2012:180).

Nurses are more likely to cope with their work if they receive rewards, are appreciated for their efforts and get praise from their senior personnel. Psycho-education needs to be developed with the aim of expanding nurses coping mechanisms (Keyter & Roos 2015:368). Praise from senior personnel as a form of appreciation will among other factors assist nurses in coping with stressful working conditions (Rothmann & Welsh, 2017:17).

Nurses also need to be engaged in decision-making regarding their caring services to the users. This will also have positive effects on their psychosocial wellbeing (Keyter & Roos, 2015: 368) since they will thus cope effectively during their mental health caring duties.

3.2.2 Conclusion regarding coaching and mentoring

Coaching and mentoring emerged as the second theme in the study. Reflective meetings, career and personal development as well as staff motivation were identified as sub themes emerging from coaching and mentoring. Coaching and mentoring are gaining prominences in the nursing practice as means for improving nurses coping mechanisms as well as the health care practices per se (Maritz & Roetz, 2013:82). This study revealed the need for hospital management staff in holding meetings with nurses so as to know what is happening in their working environment. The reflective meeting will improve nurses coping mechanisms as well the relationships with senior personnel.

A need for career and personnel development was also identified as means in improving nurses coping mechanisms. Coaching and mentoring if sustained were observed as enhancing nurses' coping mechanisms. It is therefore the duty of senior management staff to create and sustain work environments that will enable continuous career and personnel development of nurses. Good motivation by management staff will improve nurses morale and coping mechanisms thus quality service delivery and productivity (Machara & Jain, 2016:85). Highly motivated nurses will manage to cope effectively with experiences of caring for users with unpredictable challenging behaviours. Golbasi, Kelleci and Dogan (2008:1) confirm

that high levels of motivation are needed in order for nurses to cope effectively during their mental caring duties.

3.2.3 Conclusion regarding stakeholder support

Stakeholder support as it emerged from this study includes support from the community and family members, support from the managers, from the government as well as spiritual support. This study revealed that there is a need for the involvement of community and family members in order to assist nurses to cope effectively during their mental caring duties. Lack of support from community and family members has long been established as a cause of ineffective coping mechanisms for mental healthcare users (Conradie et al., 2017: 2). Laal (2016: 3) and Popescu et al. (2015:612) concur with the findings from this study that there is a great demand for increased support from community and family members of users in order for nurses to cope and provide quality mental healthcare services. The greater the community and family members support, the better the nurses will cope (Martins et al., 2014: 170).

Nurses also need support from the health facility's management in order to cope while they care for mental healthcare users. Nurses also revealed that what can make them cope is when their supervisors support them. Lack of a supportive relationship with senior personnel is a potential source of ineffective coping leading to low interest in problem solving (Stephens et al., 2017: 276). The managers should endeavour to eliminate the environment that undermines nurses' coping mechanisms. They must create environment for open communication. They need to schedule frequent meetings with nursing personnel. They also have to give feedback on presented challenges that prevail in the nurses' working environments. They should also involve nurses in decision making on matters pertaining to their caring duties. The management must furthermore be transparent in all matters concerning healthcare situations.

Support from the government was in addition found to be necessary in the nursing practice as it can go a long way in assisting nurses to feel important in contributing to the care, treatment, management and rehabilitative services of the users (Ndawula,

2012:28). This will moreover assist in increasing the nurses' morale with better coping mechanisms. Beh and Loo (2012: 132) concur with the findings that lack of a supportive relationship from governments is a potential source of ineffective coping which may lead to low morale and lack of interest in problem solving. It is therefore important for all senior personnel in the department to recognise the value nurses' coping mechanisms may bring to the profession and to take time to welcome and support them.

The findings from this study also revealed that nurses' personal beliefs need to be considered. Nurses continue caring for users even when caring is difficult, sometimes with no resources at all (Mokgothu et al., 2015: 3). God's grace and prayers thus remain the only coping mechanisms they can rely on. Prayers and belief in a benevolent God or high spiritual being depending on each's faith provide nurses with emotional and spiritual support (Omolayo et al., 2012:3) and, has been proven by this study to be an effective coping mechanism to some nurses when events challenge their working environments.

3.2.4 Conclusion regarding suggestions to improve coping

Suggestions to improve nurses coping also emerged from the findings of this study. Sub-themes from suggestions to improve coping include employment of more nursing personnel, increasing financial benefits, provision of comprehensive training by institutions of higher learning and employment of more psychiatric nurse specialists. The findings from this study revealed the need to increase or hire more staff members so that nurses can cope and thus perform to their best ability. Ndawula (2012: 29) also confirms that the nurse-patient ratio should be favourable and can be achieved only if more nursing personnel are employed.

There is also a need to increase nurses' financial benefits in order to motivate them to better cope while caring for users. Conradie et al., (2017: 1) emphasise that there is a need for increasing nurses financial benefits at the mental health establishment and they underscore that this is in need of urgent attention. Failure to increase the financial benefits may compromise the nurses' coping mechanisms, and thus create a breeding ground for poor coping among those caring for MHCUs in the NWP of

SA. With more money invested in the healthcare system the expectations would be an improved status on nurses' salaries but the present status reflects the opposite (Koen, 2010: 6). The prevailing salary discrepancies have been reported as a major problem that has diminished nurses' coping mechanisms particularly those caring for MHCUs in the NWP of SA.

This study also revealed that there is for institutions of higher learning to provide comprehensive training to nurses. Dikobe, Manyedi and Sehularo (2016:190) concur with this finding and assert that that mental health caring needs to be addressed through comprehensive training for all categories of nurses. There is also a need to equip nurses with the appropriate skills and knowledge that will assist them in coping effectively when dealing with their caring responsibilities.

Participants in this study also highlighted the need for the employment of more psychiatric nurse specialists who are equipped with advanced knowledge and skills on how to manage healthcare users. The need for experience is confirmed by Beh and Loo (2012:131) who argue that adequate numbers of psychiatric nurse specialists are required for the delivery of mental healthcare, management, treatment and rehabilitation services. The researcher as well noted that speciality knowledge and clinical skills are also required to assist nurses in coping when solely undertaking the role of mental health caring duties (Ndawula, 2012:17). There is therefore a need for the employment of more psychiatric nurse specialists who will cope effectively with challenges of caring for users. This is especially so when it comes to nurses caring for users in the mental health establishment of the NWP of SA.

3.3 Limitations

The major limitation of this qualitative study was that it represented nurses from only one Mental Health Establishment (MHE) in the NWP of SA. The small sample size of only ten (10) nurses could be a further limitation to this study. The results therefore need to be considered with caution as they are not largely generalisable to the whole population of South Africa. It is therefore important to recommend further studies with larger sample sizes following a quantitative or mixed method research

approach. The nurses' coverage in other institutions in the NWP of SA was never established which could also form a limitation to this study. They neglect of the individual personality traits of the nurses is also another limitation in this study. This study also did not explore the complex environmental factors and different managerial styles which may have significant impacts, both positive and negative on nurses coping mechanisms during mental health caring duties. This study was limited only to the nurses coping mechanisms in the mental health establishments in the NWP of SA. Non-medical and medical staff such as administrators and doctors were also not included in this study. Nurses in the private mental health care establishments were as well not included in this study. The use and dependence on only nurses in the public mental health care establishment as the sample is also limiting as the result cannot be generalised to all nurse populations and all mental healthcare establishments. The transcription of all individual interviews was also identified as one of the limitations in this study. During the interview the researcher observed that some of the participants were not relaxed or audible. They spoke softly making the recorded tape not audible enough during transcription. This required the researcher to constantly rewind the recording tape to reach a full understanding of what the participants were saying. It was a physically exhausting experience to the researcher. Another limitation to this study resulted from the fact that it was not funded. During the course of this study the researcher came across many valuable books relevant to the study but she could not buy. They were very important to this study but she could not access or buy them because of lack of financial assistance. This study maybe could have been better than this, if it was funded to assist the researcher to have access to more literature that focuses on the area in question. Barriers to coping support from various stakeholders and suggestions to improve coping were the only three major themes identified for analysis in this study.

3.4 Recommendations

Recommendations from this study were made based on the findings and literature control which was used to confirm findings. Recommendations are made for nursing

practice, teaching and learning, community engagement, policy makers as well as research. These recommendations are described in the following sections:

3.4.1 Nursing practice

For nursing practice, nurse managers should ensure that there are Employee Assistance Programmes (EAP) in a mental health establishments. If these are there they should make sure that they are effective. Staff should also be appreciated and rewarded appropriately. Nurse Managers should also ensure that they engage employees appropriately because the participants/respondents mentioned that “there is nothing about us without us.” Nurse Managers should therefore work closely with human resources departments particularly with the training and development officer to ensure provision of EAP as well as staff appreciation and reward. It is suggested in this study that managers support their subordinates by adapting the following strategies that Ndawula, (2012: 7) also cites by:

- Clarifying roles and performance expectations
- Promoting prompt constructive resolutions of conflicts
- Psychological counselling and therapy should be easily available for troubled staff
- Career development and growth should be actively promoted
- A healthcare support program for health nurses suffering from social problems and other chronic medical conditions including the health fitness programs and nutritional support systems.
- Managers should increase their observational skills to detect signs of low morale that could decrease nurses’ coping mechanisms during their mental caring duties.
- Retention of existing nurses by reducing job demands and workload.
- Providing training to nurses through workshops, counselling and job stress management could assist nurses cope when dealing stressful situations.

The management must work as a team to educate and train nurses on how to cope effectively while carrying out care duties for mental healthcare users. They must

place interventions or strategies dealing with how to cope effectively when exposed to challenging events during their mental health caring duties. The government on the other hand is encouraged to carry out the assessment of the relationship between the current recruitment of nurses, practices of nursing staff, organisational culture issues and nursing personnel coping mechanisms.

3.4.2 Teaching and Learning

For teaching and learning, nurse managers should ensure that there are reflective meetings, nursing personnel are developed personally and professionally and that they are also motivated appropriately. To ensure effective teaching and learning of nurses at a mental health establishment, nurse managers should work closely with human resources managers. Nurse managers should also ensure that education programmes related to coping of nurses in mental health establishments should also be developed as a matter of urgency.

3.4.3 Community engagement

For community engagement, nurse managers should work hard to ensure that all stakeholders such as family, community members and the government support the nurses who are working at a mental health establishment. He or she should also ensure that nurses are supported spiritually. This can be achieved by ensuring that morning prayers and meditations where appropriate continue for all nurses and mental healthcare users. Different churches and faiths can also be invited to offer prayers on Sundays or appropriate days for those of different religious persuasions that are not Christianity or other Christian faiths that have different prayer and intercession days.

3.4.4 Policy making

For policy makers, nurse managers should work collaboratively with labour relations department officers to ensure that there are effective policies on recruitment,

appointment and retention of more nurses using personnel particularly mental health nurse specialists. Nurse Managers should also work collaboratively with human resources managers to develop effective guidelines that will ensure proper distribution of financial benefits to all nurses.

3.4.5 Further research

For research, there is a need for a similar study to be conducted with a larger sample size following a quantitative or mixed methods research approach. Non-nursing personnel should as well be involved in such studies.

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World Health Organisation (WHO, 2010(a))

Appendix C: Request to the North West University for permission to conduct research

The University of North West

Mafikeng Campus

North West- South Africa

Dear Sir/Madam

Letter to request permission to conduct research

I'm currently registered for the MNSc (Nursing Science) degree in the North West University, Mafikeng Campus. I am working hard for completing my studies. The title of the research is: **Nurses coping mechanisms in a mental health establishment of the North West Province (NWP) of South Africa (SA)**. Permission is therefore, requested to undertake this research.

The aim of the study is:

- **To explore and describe nurses coping mechanisms in a mental health establishment of the NWP of SA.**

To achieve the above mentioned aim, questionnaires will be completed by all categories of nurses after signing an informed consent. The central questions that will be asked will be:

- How do nurses working in a mental health establishment in the NWP of SA cope?
- What recommendations can be made to improve nurses coping mechanisms in a mental health establishment of the NWP of SA?

The criteria for selecting participants are:

- All categories of nurses registered with the South African Nursing Council (SANC) to practice as nurses. This will include Professional, Enrolled and Enrolled Auxiliary nurses.
- Nurses caring for mental health care users in a mental health establishment in the North West Province of South Africa, with at least six months of clinical exposure in mental health caring.
- Nurses willing to participate in the study and provide consent by completing the consent form.
- Your kind considerations of the above matter for responding at your earliest convenience will be appreciated.

Yours sincerely

Date -----

Mrs K E Molehabangwe

(MNSc Student)

Supervisors -----

Date -----

Dr. L.A. Sehularo

Date -----

Prof. A.J. Pienaar

Appendix D: Permission from NWU to conduct research



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRI MA
NOORDWES-UNIVERSITEIT

Private Bag X6001, Potchefstroom,
South Africa, 2520

Tel: (018) 299-4900

Faks: (018) 299-4910

Web: <http://www.nwu.ac.za>

Institutional Research Ethics Regulatory Committee

Tel: +27 18 299 4849

Email: Ethics@nwu.ac.za

ETHICS APPROVAL CERTIFICATE OF PROJECT

Based on approval by the Health Science Ethics Committee (FAST-HSEC) on 07/09/2017 after being reviewed at the meeting held on 07/09/2017, the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby approves your project as indicated below. This implies that the NWU-IRERC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: Nurses coping mechanisms in a mental health establishment	
Project Leader/Supervisor: Dr LA Sehularo	
Student: Molehabangwe KE	
Ethics number:	N W U - 0 0 6 7 4 - 1 7 - A 9
	<small>Institution Project Number Year Status</small>
	<small>Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation</small>
Application Type: Single Study	
Commencement date: 2017-09-07	Expiry date: 2020-09-07
Risk:	Minimal

Special conditions of the approval (if applicable):

- Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HSEC (if applicable).
- Any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HSEC. Ethics approval is required BEFORE approval can be obtained from these authorities.

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 (principle investigator) must report in the prescribed format to the NWU-IRERC via HSEC:
 - annually (or as otherwise requested) on the progress of the project, and upon completion of the project
 - without any delay 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 HSEC. 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 NWU-IRERC via HSEC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-IRERC and HSEC retains the right to:
 - request access to any information or data at any time during the course or after completion of the project;
 - to ask further questions, seek additional information, require further 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 HSEC 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.
- HSEC can be contacted for further information via Lesetja.Motadi@nwu.ac.za or 018 280 2508.

The IRERC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the IRERC or HSEC for any further enquiries or requests for assistance.

Yours sincerely

Prof LA Du Plessis
Digitally signed by
Prof LA Du Plessis
Date: 2017.10.12
08:57:13 +02'00'

Prof Linda du Plessis

Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)

Appendix E: Request letter for the Provincial Department of Health to conduct research

The Department of Health
North West Province
South Africa

Dear Sir/Madam

Request to the Department of Health for permission to conduct research

I'm currently studying for the MNSc (Nursing Science) degree at the North West University, Mafikeng Campus. I'm working on the research topic titled: **Nurses coping mechanisms in a mental health establishment in the North West Province of South Africa.**

I would like to obtain your consent to invite nurses of all categories who are rendering mental health care services to mental health care users in the North West Province to participate in this research study.

The main aim of this research study is to:

- **Explore and describe nurses coping mechanisms in a mental health establishment in the North West Province of South Africa.**

In order to obtain the above aim, nurses of all categories will each be requested to complete a form which will consist of questions with their demographical background. Before commencement and completion of the form, an information session will be held in the ward with nurses to give a background of the research. Consent to participate in the research will be obtained when nurses complete the forms. Furthermore, all information will be handled with strict confidentiality. Nurses and name of the institution will not be mentioned in the research.

Nurses who will be selected to participate in this research must meet the following sampling criteria:

- Registered with the South African Nursing Council (SANC) to practice as nurses. This will include all categories of nurses, Professional, Enrolled and Enrolled Auxiliary nurses.
- Caring for mental health care users in a mental health establishment in the North West Province of South Africa, with at least six months of clinical exposure in mental health caring.
- Willing to participate in the study and provide consent by completing the consent.

The interviews for voluntary participants in this research study will be conducted

The interviews for voluntary participants in this research study will be conducted at the time that will not inconvenience ward activities for both day and night shift.

Your consideration of the above matter with favourable response at your earliest convenience will be kindly appreciated.

Yours Sincerely

Date -----

Mrs K.E. Molehabangwe (Rakate)

(MNSc Student)– 23982039

Supervisor -----

Date -----

Dr. L.A. Sehularo

Supervisor -----

Date -----

Prof. A.J. Pienaar

Appendix F: Permission from the Provincial Department of Health to conduct research



POLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION

Name of researcher : Ms. K. Molahabangwe
North West University

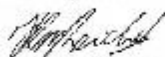
Physical Address : 60 NTSWELETSONA VILLAGE, LEHURATSE
(Work/ Institution) BORAKAALO HEALTH CENTRE
RAMOTHERE MOILON SUB DISTRICT

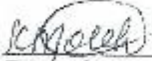
Subject : Research Approval Letter – Nurses coping mechanisms in a mental Health establishment.

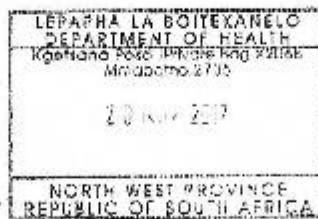
This letter serves to inform the Researcher that permission to undertake the above mentioned study has been granted by the North West Department of Health. The Researcher is expected to arrange in advance with the chosen facilities, and issue this letter as proof that permission has been granted by the Provincial office.

This letter of permission should be signed and a copy returned to the department. By signing, the Researcher agrees, binds him/herself and undertakes to furnish the Department with an electronic copy of the final research report. Alternatively, the Researcher can also provide the Department with electronic summary highlighting recommendations that will assist the department in its planning to improve some of its services where possible. Through this the Researcher will not only contribute to the academic body of knowledge but also contributes towards the bettering of health care services and thus the overall health of citizens in the North West Province.

Kindest regards


Dr. FRM Reichel
Director: PPRM&E


Researcher



27/11/2017
Date

23/11/2017
Date



Healthy Living for All

Appendix G: Request letter for permission to the management of the Mental Health Establishment to conduct the research

The Chief Executive Officer

Bophelong Psychiatric Hospital

Mafikeng

Dear Sir /Madam

Request to the Management of Mental Health Establishment for nurses to participate in the research.

I am currently studying for the MNSc (Nursing Science) degree at the North West University, Mafikeng Campus. I am working on the research for completion of my studies.

I'm kindly inviting nurses of all categories of nurses working in the designated mental health establishment to participate in this research titled: Nurses coping mechanisms in a mental health establishment of the North West Province (NWP) of South Africa (SA). The aim of this study is: **to explore and describe the nurses' coping mechanisms in a mental health establishment in the NWP of SA** .This will assist in providing relevant mechanisms that will assist nurses in coping during their mental health caring duties.

In order to obtain valid data preferably nurses of all categories will advised to participate. Nevertheless, participation will be voluntary. Nurses will be given questions to complete. Questions will later be collected and analysed by the researcher. The researcher will brief the participants in the respective units on what the research entails. Seeing that data will be collected from nurses of all categories, the researcher is hoping to do it at the time that will not inconvenience ward activities of the nurses as well as other multi-disciplinary team members. The researcher will do this over a period of a month, on weekends if possible (Saturdays and / or Sundays), for both day and night shifts.

Yours sincerely-----

Date -----

Mrs K E Molehabangwe

(MNSc Student)

Supervisors: Dr. L.A. Sehularo -----

Date -----

: Prof. A. Pienaar -----

Date -----

Appendix H: Permission from the Mental Health Establishment to conduct research

OFFICE OF THE CEO: BOPHELONG PSYCHIATRIC HOSPITAL

TO : Ms K Molehabangwe
North West University


FROM : Mr MD Monokoane
Chief Executive Officer
Bophelong Psychiatric Hospital

DATE : 01 December 2017

SUBJECT : Re-Research on Nurses coping mechanisms in a Mental Health Establishment

This letter serves to inform you that permission is granted for you to conduct research.

You are expected to make arrangements in advance with the Nursing Services Manager (Ms KD Dijong) at telephone no: (018) 383 6700, extension 6834.

Regards

Mr MD Monokoane
Chief Executive Officer
Bophelong Psychiatric Hospital



Re-Research on Nurses coping mechanisms in a Mental Health Establishment

Appendix I: Consent form for participating in the research study

I (full names) ----- hereby give consent to voluntarily participate in the research study. I understand the following:

- The title of the study is the: Nurses coping mechanisms in a mental health establishment of the North West province (NWP) of South Africa (SA).
- The purpose of study being to: **Explore and describe the coping mechanisms of nurses in a mental health establishment of NWP of SA.**
- That my participation is voluntary. I have the right to decide whether or not to participate in the study without any risk of penalty or prejudiced.
- There are no financial gains to me for participating in the study
- I have the right to withdraw from participating in the study at any time.
- The study may lead to emotional harm and the debriefing sessions will be conducted immediately by the researcher
- The audiotape will be used to capture precisely what I say. Information will only be accessible to the researcher. My identity or personal details will not be revealed in the research report.

I understand my rights as a research participant, and I voluntarily consent to participate in this study. I understand what the study is about, why and how it is done. I will receive a signed copy of this consent form.

Signature of participants: ----- Date -----

Signature of researcher: ----- Date -----

Supervisors ----- Date -----

Dr. L.A. Sehularo

----- Date -----

Prof. A.J. Pienaar

APPENDIX J: Request to act as co-coder in the research study

Dear Sir/Madam

Request to act as co-coder

I am a student registered for MNSc degree in Nursing Science at the University of North West Mafikeng campus. I am conducting research on: **Nurses' coping mechanisms in a mental health establishment of the North West Province (NWP) of South Africa (SA)**

The aim of the research is: **to explore and describe nurses' coping mechanisms in a mental health establishment of the NWP of SA.**

However, in order to complete my studies and achieve the above mentioned aim of the study successfully, your assistant as co-coder is humbly requested. Questionnaires will be completed by nurses who voluntarily participated in the study after signing an informed consent. Question centred around will be: **How do nurses working in a mental health establishment in the NWP of SA cope?**

The approved proposal with what the research entails will be enclosed. Your response at your earliest convenience will be appreciated.

Thanking you in advance

Yours Sincerely

Date -----

Mrs K.E. Molehabangwe (Rakate)

MNSc Student – 23982039

Supervisor -----

Date -----

Dr. L.A. Sehularo

Supervisor -----

Date -----

Prof. A.J. Pienaar

APPENDIX K: An example of an interview

R = Good morning Sir

P = Good morning, Mam

R = How do you cope by working in a mental health establishment?

P= Thank you for participating in your research project. To cope like in a mental institution by nursing the mental health care users is not easy. There are quite number of reasons that one can cite, based on what I can say - - .Point one – we - - we don't, we are understaffed. We are working under stressful conditions, understaffed, no human resources. We find that in one ward, only one professional nurse is allocated and one assistant nurse. So, it makes us very difficult to have an observation of the total number of users in that unit. Say for instance that maybe we have admitted twenty five users. Then as the ratio of twenty five plus that of the staff, nursing staff, they don't tally at all together. So, it simply means that at some point the management is failing us by not supplying us with sufficient, enough nursing personnel resources to can manage your KPAs Like an envisage incidences like things like potential escape, potential you know - -, escapes, dangers, some of them endangering each other. But the other thing is that we also lack support from management, from nursing management of the department per se. Nurses' morale has gone very down based on the fact that they are under paid. And the other point is that they are being under paid and work long hours. This is the most categories within the health sector that works abnormal hours, twelve hours in a day that's too much. I think in terms of labour law, people have to work eight hours per week , I mean per day, for them to have - - - - because I think after eight hours I presume, I assume that their concentration span would have lapsed after that. So, after eight hours we just drake ourselves. Yes - - I think I cited the fact that we are always understaffed. We always work long abnormal hours like any other public servants would not do in a government sector. We are working twelve hours per day of which I think we should be working eight hours, on the basis that after eight hours my presumptions is that our concentration span would have lapsed. So, start manifesting with fatigue, lack of concentration and all those things like. These are things that make us difficult to render efficient, effective service delivery for mental care users. So, I also cited the fact that we are working under these stressful

situations. And, we don't have support from the most senior personnel in the hospital, in institutions. Like for instance, the Chief Executive Officer (CEO). The executive of the institution does not care about the needs of the nurses. For instance things like, if you look at the concept of staff establishment. And would find that , only two personnel has been allocated to manage twenty five mental health care users per day, and you see-- - and you are - - and this and other one is the most junior personnel and I'm the most senior personnel. Sometimes, I get sick and that most junior personnel is expected to carry out the duties of the unit of which some of them does not even appear on his or her scope of practice. The management will be made aware of the situation as it unfolds but they will never take any pain for them to can replace that person who has left because of some other reasons from the unit. So, we also have those things, structures like - - that has been established within the institution like an EAP which is the Employee Assistant Program (EAP), whereby employees who are absenting themselves for no apparent reasons, some would be indulging into some drug substance abuse, they are not being taken care of. For instance, they are not being encouraged to participate in the EAP for them to can be able to be rehabilitated. In actual fact, in a nutshell, what I want to put across at this spectrum is that, we don't have the processes or mechanisms in place to rehabilitate people who are not behaving in accordance or in terms of the public service act or civil service act or nursing act, so to say. So, those are the things that make us difficult to execute some of the duties that we are having. Besides, pertaining to the issue of like nursing the aggressive patients, some having being declared states patients for some point in their lives they have committed annoying , serious crimes like rape, murder, robbery and all those things . Those are the most potentially dangerous patients like to deal with them on day to day basis. More especially when you are short staffed. More especially sometimes you will be experiencing some shortage of drugs. These are the things that hinder proper nursing care to these people, And at some point, it puts our lives in danger. It endangers our lives at the end of the day. Regardless of the fact that at the end of the day, every month end, we handed monthly report to the management to highlight some of the risks factors that we have identified, in due course of the implementation of services in due processes, they don't do anything about those issues. And it boils to the issue of us having burnout syndromes on that note.

R = Can you say more?

P = It's - - I would say how I cope personally so speaking, it's - - It is like, for instance when I was doing psychiatry, when I was doing my career in nursing. I did psychiatry. I was taught things like skills like how to apply my skills in the clinical situations. And how to manage the aggressive patients, non-drug management and drug management, but is not easy these days to can apply your mind. Simply because we will be having some shortage of drugs in the hospital, from the medical stores they will say that the budget, - - the government is experiencing budgetary deficit. Based on those facts, like for instance, the Department of health right now has been put under administration. It has been sequestered. We don't get fund directly from the Department of health. We are getting it from Provincial treasury. It makes it difficult for the department or hospital to acquire more medications from the department because the department on its own does not have funds. It relies mostly on the provincial treasury to cater for the needs of the mental health care users, including even our salaries. They come directly from the Provincial treasury and directly from the department of health because it was captured, it was realised that at some point it has some ghost posts. Why? - - How? - - ghost posts for so many years? It progressed, when at the end of the day they have realised that. They did not institute not even a single commission, to try and deal with these matters, to try and identify who are those ghosts' people So, you will find that these are the things which I would say politically it's - - you know - - . At the end of the day we have political appointees that is given to the institution. So, those who are in the hospital appointees they are normally subjects themselves to directionality directives and at the end of the day those things they compromise service delivery. The point of having political appointees within the institution seriously, definitely causes negative impact and compromises service delivery within the institution because these people cannot object to what it is like being – if one know it is like the hospital budget is ten million and will be given two million, he will be expected to squeeze the budget until, I don't know. So, we end up lacking things like good enough, medications, proper ones that can deal with or subdue mentally aggressive patients. So, these are the things and conditions that we normally find ourselves in, so terrible and terribly to deal with. It demises the person who has been trained for four years and at the end

of the day he has been abused by the very same system that has been there by the very same people who has the same qualifications like you and that is that.

R – What can be done to make you cope?

P = Yah - - to make a person cope, is just - - it goes a long way. It is just a - - it is a good question but it involves a lot of things surrounding it. For instance for me to be able to cope in the work situation, point number one – I need to be very happy at the end of the day. I need to be very happy. I need to serve those people with a smile and for me to do that I need to have some form of rewards. Those rewards could be in the form of PMDS or some form of bonuses like, say maybe on quarterly basis, to pep our spirits and morale up so that we can be able to serve those people, you know - - freely and with a smile. So, that is that in brief.

R = D you think that is all that can be done to make you cope?

P = and again the other point it is like - - it is capacitation and induction. They must send us to workshops for us to can be able to cope in dealing with mentally ill people. Workshops, you know - - capacitation, induction programmes, they must be employed, they must be rocked in. Maybe get a person or an expert dealing with issues like burnout syndromes or all those things, like to come and address us or show us all the mechanisms that we can employ in order for us to cope in dealing with issues of not being able to deal with mentally ill people.

R = you talk about PMDS – How can it make you cope in the situation you find yourself in?

P = Like for instance the PMDS, what I have realised is that, it is not being done objectively, there is no perfection when dealing with the concept of Progressive Management Development Systems (PMDS). Only what prevailed on it or that surrounds the concept is subjectivity. You will find that only one group of people - - I want to be honest with you - - only one group of people, year in, year out, they seem to be the beneficiaries of these PMDS, but PMDS, basically is not all about money. PMDS even if it is being, is like addressing inadequate performance in the work place of the employee, but if there is good performance I expect to get a reward, so that people can increase momentum when dealing with these people. This reward I think it is on monetary basis. You reward a person with money for him to be like

punctual on duty, to be able to be productive and be the asset of an institution, but besides that I don't see us going anywhere, from out of these points.

R = Do you think that is all that can make you cope in this mental health institution?

P= Mm - - not really all per se - - like you say - - Like, sometimes we are having these depressive authoritative management, who does not want to listen to the needs or concerns of the nurses like so to say. So, they will be telling you, they will be like necking on you like there is no business. There are issues that we want to raise at labour management meetings but some of them are being brushed off or away. Sometimes, I will set an example, we had meeting with the management and it was labour management engagement and some point the CEO of the institution said to us that we should not have meeting with the nursing service manager. By then it was an acting service manager. He told us point that we should not have an interaction with that acting service manager. We ask ourselves how we going to improve the issues that surrounds or concerns the nurses and which platform I we going to get to can raise such issues as we were captured by the CEO. These are things that turn someone's performance very low - - Mm - - mm - - .

R = Can you tell me more about other things that can make you cope?

P = The other point is this thing, the setup we are in now, this so new thing of dividing the structure of the nursing hospital. We have the general , we have the speciality stream but now those who are on the speciality stream they are the ones who are be nominated to become acting operational and on the basis that they benefited from that act, which ids grandfathers clause. Those who were not on speciality they have been marginalised based on the concept. So, it is difficult for us. You ask yourself when you are going to develop your managerial skills because you have not been given the latitudes to act to expose yourself to the management skills, so to say. So, are things that from time to time they keep on pulling your morale down? The management has created the tendency of having pulling down morale syndrome amongst staff members. They have divided the staff on those bases, hence poor performance, hence no coping at all and those things.

R = Do you think that is all that can make you cope?

P = Yah - - I think that is that but lastly I would like to say it is a continuous deadlock with management in terms of certain issues but some of them are very private. Some of them, for instance, you would say, some of the incidences that have been done by certain individuals they are not really reported appropriately by procedure or proper mechanisms not being followed in terms of reporting such procedures. But certain individuals with the same mistake is like, it seems the whole world will like to start tremble as if he has killed a person or have done something very horrific. There things that would disturb our focus in this noble profession.

R = what else more?

P = Lastly, the solution is that, if the nurses themselves can gather, put their grievances in black and white and submit them to the relevant authorities, give them time frame to respond to those grievances. Normally they don't do that. They don't respond within the prescribed period of time. They will have their lame excuses that we have this and that, but precisely is a long standing problem this one. I think is a national issue of why nurses are not being able to cope like all those like. It is a national issue but it stems from the issue of remuneration packages. For instance, someone went to school for four year at Macon, I did a bachelor of degree in nursing for four years at the university, at the same time, at the end of the day when we graduate I'm getting twelve thousand rands and the other one is getting thirty five thousand rands. This one is working from eight to four; I'm working from seven to seven, working weekends and holidays. So, it is somehow the things that when they cluster in your head, you become sort of being grassy like.

R = anything else?

P = I think I have exhausted whatever issues you expected me to allude on. I thank you very much, with pleasure.

R = Thank you very much. -----end

