

**Perceptions of nurses at a public mental
healthcare establishment in the North West
Province on factors limiting presence**

PS Motshabi

 **orcid.org / 0000-0003-2511-6993**

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Supervisor: Prof. E du Plessis

Co-supervisor: Mr FG Watson

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Student number: 22009426

DEDICATION

GIVE THANKS TO THE LORD, FOR HE IS GOOD!
FOR HIS MERCY ENDURES FOREVER

PSALM 107:1

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Firstly, I would like to thank my **LORD, THE GREAT I AM**, who has been a pillar of strength for me through this journey until now.

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Declaration

I, Precious Sentletse Motshabi (student number 22009426), declare that the mini-dissertation with the title: Perceptions of nurses at a public mental healthcare establishment in the North West Province on factors limiting presence is my own work and that all the sources that are used, have been indicated and acknowledged by means of a complete reference.

A handwritten signature in black ink, appearing to read 'Precious Sentletse Motshabi'.

Precious Sentletse Motshabi

May 2020

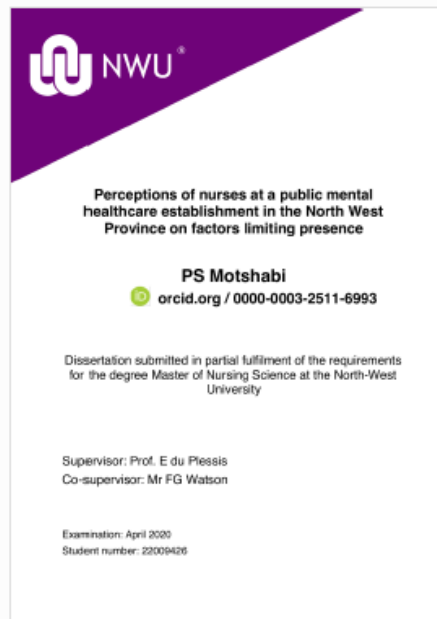


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ABSTRACT

Healthcare establishments in South Africa place emphasis on the improvement of quality of healthcare through improving caring attitudes. Presence is a way through which caring attitudes and values can be experienced. Presence is when nurses holistically avail themselves to patients. Such an approach creates inner healing and promotes quality of life. Presence helps nurses to gain self-awareness, improve their well-being, apply their unique strengths in caring for patients, and bring about healing. However, certain factors exist that limit presence, especially in mental healthcare establishments.

The purpose of this study was to address the knowledge gap regarding factors that limit the presence of nurses working in a mental healthcare establishment through exploring and describing the perceptions of nurses working in a public mental healthcare establishment in the North West Province on factors limiting presence.

In order to achieve the purpose, the research project followed a qualitative descriptive inquiry design by means of individual semi-structured interviews which were audio-recorded to explore the perceptions of nurses working at a public mental healthcare establishment. A purposive sampling method was used and the sample consisted of ten nurses: n=2 auxiliary nurses and n=8 professional nurses, with different work experience and qualifications. They were purposively selected from a population of N=58 nurses. The researcher personally transcribed each semi-structured interview recording verbatim. Field notes were taken directly after each interview. Both the co-coder and the researcher analysed the transcribed interviews using content analysis.

Strategies for trustworthiness were followed by applying the principles of credibility, dependability, confirmability, and transferability. The researcher also adhered to different international and national health research ethics guidelines to ensure and maintain integrity throughout the process of research study.

Meaningful findings emerged during data analysis. These findings describe the views, understanding and opinions of nurses working at a mental healthcare establishment in the North West Province of how they perceive mental healthcare users, and of circumstances, facts and influences that limit, restrict and hinder them to know the mental healthcare users, to know their needs and to provide good care. Perceptions on their own needs in relation to providing good care are also described. These findings could be grouped into the following three themes: perceptions of mental healthcare users, how to get to know the mental healthcare users, and providing good care to mental healthcare users. These three themes, with eight sub-themes are discussed and are supported by relevant data obtained from literature and direct quotes from data. The descriptions provided a deeper understanding of the perceptions of nurses at a public

mental healthcare establishment in the North West Province on factors limiting presence in this context.

The conclusions of the study on the perceptions of nurses in the public mental healthcare establishment in the North West Province of factors limiting presence further guided the formulation of recommendations for nursing practice, education, and research. The conclusions are that presence is limited due to nurses' inner conflict, namely their view of mental healthcare users as dangerous and unpredictable leading to a need to maintain a distance from the mental healthcare users for their safety, in contrast with their wish to maintain caring relationships with mental healthcare users and being advocates for them. Presence is furthermore limited when nurses, to 'get to know' mental healthcare users, are focused on obtaining 'information about' the mental healthcare users. Additionally, circumstances such as language barriers, lack of trust, distorted cognition in the mental healthcare user and staff shortages are seen as factors that limit 'getting to know' mental healthcare users. Good care is perceived to be providing in the basic needs of mental healthcare users. Environmental difficulties are perceived to limit good care and are experienced as demotivating, and nurses are in need of support and encouragement. Also, a need is identified that nurses be equipped to provide good care through presence, which involves connecting, knowing self and others, overcoming 'distance', and negotiating for the needs of others and themselves.

Nurses need to be prepared to negotiate for their own needs to be met and to focus their attention on the needs of the patients through communication and building a trusting relationship with mental healthcare users.

Keywords

Mental healthcare establishment, nurses working at a mental healthcare establishment, perceptions, factors that limit presence of nurses, presence

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CHAPTER 1 OVERVIEW OF THE STUDY

1.1 Introduction

According to Edvardsson *et al.* (2011:1136), presence has the power to promote patient healing through the nurse being available for the patient when she/he is in need. Presence in psychiatric nursing is transformational, promoting the quality of mental healthcare, the well-being of nurses, and the dignity of mental healthcare users (Engqvist *et al.*, 2010:314). This chapter introduces research on the perceptions of nurses at a public mental healthcare establishment in the North West Province on factors limiting presence by outlining the background, the problem statement of the research project, as well as the research question and research purpose. Furthermore, the paradigmatic perspective, research methodology, measures to ensure rigour, and ethical considerations are discussed.

1.2 Background

Healthcare establishments in South Africa place emphasis on the improvement of the quality of healthcare, for example, establishing national core standards for quality improvement such as caring attitudes, values, courtesy, empathy, and informed choices, to meet the needs of the patients (Department of Health, 2011:16-19). According to Kuis *et al.* (2015:173), presence is a way through which such caring attitudes and values can be experienced. Presence is when nurses holistically avail themselves to patients (Fredricksson, 1999:1711). Such an approach creates inner healing and promotes quality of life. According to Engqvist *et al.* (2010:315), through presence, patients feel secure and healing is enhanced through aspects such as restoration of hope and gaining wisdom in the day-to-day management of life. Moreover, presence helps nurses to gain self-awareness, improve their wellbeing, apply their unique strengths in caring for patients, and bring about healing (White, 2014:284). Presence includes an exchange of authentic meaning and awareness that contribute to the realisation of human potential (Holm, 2009:11).

In presence, both the nurse and the patient are equally involved and the nurse accepts both his/her own and the patient's vulnerability and dignity (Gustin & Wagner, 2013:175). The dignity of the patient can be preserved when nurses are present, acknowledging that the patient has something to talk about and having the courage to allow patients to express their unspoken despair (Lindwall *et al.*, 2012:572). The patient communicates verbally or non-verbally the nature of presence that he/she needs, determined by his/her openness, level of vulnerability, and rapport with the nurse (Hickman, 2013:76). Presence is achieved through building a relationship with a patient and trying to understand what the patient needs in the present moment (Monareng, 2009:7). Evidence suggests that nurse-patient interaction and communication such as presence

are strongly associated with high levels of patient satisfaction and recovery in inpatient settings (Hickman, 2013:3).

Presence can be very useful in mental healthcare (Bae, 2011:708). According to Brimblecombe *et al.* (2006:341), presence can contribute to a sense of meaning and identity in mental healthcare users. Ericksson *et al.* (2011:36) explain that the connectedness that presence brings, together with self-awareness and individualised self-protective strategies, can promote mental healthcare users' healing as well as nurse satisfaction and growth. Also, through presence, patient dignity can be preserved in psychiatric nursing practice (Lindwall *et al.*, 2012:569). Caldwell *et al.* (2005:869) found that practising presence brings about positive change for the mentally ill, despite the profound challenges posed by serious and persistent mental illness and a challenging healthcare environment. Presence has the potential to improve the quality of mental health care and lead to significant improvement in patient outcomes, job satisfaction, and the self-esteem of both the nurse and the mental health care user (Caldwell *et al.*, 2005:869).

However, in the South African public mental healthcare sector, the focus of psychiatric nursing is mainly on symptom management and preparation for discharge (Sobekwa & Arunachallam, 2015:7). When mental healthcare users are stabilised, they are discharged back to the community as soon as possible (Mullen, 2009:83). Mental healthcare is criticised for not being fully operational, running on skeleton staff and being degrading, as in the case of a public mental healthcare establishment in the North West Province of South Africa (Wilson, 2018). In addition, lack of resources is also mentioned as one of the factors that contribute to nurse dissatisfaction and that need leaders to prioritise infrastructure to improve job satisfaction (Molefe & Sehularo, 2015:479). According to Vincze *et al.* (2015:149), being present with a patient in a difficult condition such as mental illness may be a challenge for nurses, as nurses are confronted with the patient's illness and with their own reaction to the appearance and behaviour of the patient. Nurses may experience mental healthcare users as aggressive and unpredictable (Sobekwa & Aunachallam, 2015:5). Nurses working in mental healthcare establishments thus do not necessarily connect with mental healthcare users at a deeper, holistic level, while psychiatric nursing care in actual fact demands intensified presence (Dziopa & Ahern, 2009:4) to facilitate healing.

According to Hong Lu *et al.* (2012:1017), in general, factors that may limit presence are lack of time, inconsistent patient care, task-laden responsibilities, practising "on the run", and staffing shortage. Inadequate resources and a perceived lack of managerial support may also contribute to limited presence (Bae, 2011:709). Financial factors are furthermore identified as contributing to job dissatisfaction, leading to limited presence (Molefe & Sehularo, 2015:477). Furthermore, the patient-nurse connection may be experienced as energy draining by the nurse, from interacting with patient's raw emotional pain and ineffective coping mechanisms (Van Sant &

Patterson, 2013:36). A further challenge relates to the difficulty of defining presence: when and how it is given, received, or experienced is not always consciously known to nurses, and is often described in terms or concepts that are vaguely defined (Crane-Okada, 2012:156).

1.3 Problem statement

Caring for mental healthcare users in a South African public mental healthcare establishment holds challenges for nurses (Sobekwa & Arunachallam, 2015:1). Nurses, who are perhaps not adequately prepared are required to provide nursing care to mental healthcare users who may display complex and challenging behaviour in a resource-poor and demanding work environment (Bae, 2011:709). On the other hand, South African mental healthcare users are particularly vulnerable and mostly dependent on public mental healthcare establishments for mental healthcare (Sobekwa & Arunachallam, 2015:1). A tragic example of this vulnerability is the 143 patients who died after being transferred from the Life Esidimeni clinic to non-governmental organisations illegally and without the proper expertise and care (Anon, 2018).

Presence practised by nurses may play a transformative role in mental healthcare as it contributes to nurses' ability to cope, and it can play a significant role in the recovery of mental healthcare users and in maintaining their dignity (Engqvist *et al.*, 2010:314). Presence is considered as the core of the nurse-patient relationship and is connected to positive patient outcomes (Turpin, 2014:14). Those who experience presence report an improvement in mental wellbeing (Finfgeld-Connett, 2008:116). Presence further leads to positive outcomes like increased coping, strength, trust, self-esteem, sense of relatedness, sense of being heard, and decreased sense of isolation (Duis-Nittsche, 2002:33).

Literature discusses, in general, factors that limit the presence of nurses (Edvardsson *et al.*, 2011:2). However, it is not known what unique factors limit the presence of nurses in public mental healthcare establishments in South Africa, especially in areas such as the North West Province where there is a perceived lack of quality in mental healthcare services (Van Deventer *et al.*, 2008:136; Wilson, 2018) and an apparent need for nurses to practise presence. This descriptive qualitative study is aimed at contributing to the knowledge gap of perceptions of factors that limit the practice of presence through exploring and describing the perceptions of nurses working in mental healthcare establishments. The study provides information on perceptions on factors that limit the presence of nurses working in public mental healthcare establishments. This information can be used in efforts to address the identified perceptions of factors, and thus to promote the presence of nurses to ultimately improve the quality of nursing care and patient outcomes.

1.3.1 Research question

What do nurses working in a public mental healthcare establishment in the North West Province perceive as factors that limit presence?

1.4 Purpose of the study

The purpose of the study was to address the knowledge gap regarding perceptions of factors that limit the presence of nurses working in mental healthcare establishments through exploring and describing the perceptions of nurses working in a public mental healthcare establishment in the North West Province on factors that limit presence.

1.5 Paradigmatic perspective

According to Botma *et al.* (2015:186) no research is value-free and the researcher has beliefs and assumptions about the world that reflect in her paradigm or worldview. A paradigm offers the researcher a conception of reality (ontology) and an idea of scientific knowledge (epistemology) prior to generating specific procedures for research (methodology) (Polit & Beck, 2014:239). The researcher's paradigmatic perspective is described by meta-theoretical, theoretical, and methodological assumptions.

1.5.1 Meta-theoretical assumptions

Meta-theoretical assumptions refer to the philosophical beliefs of the researcher and her view on human beings, the environment, sickness, health, and nursing (Polit & Beck, 2012:11). These assumptions are non-epistemic in nature, thus they are not meant to be tested (Polit & Beck, 2012:13). The paradigmatic perspective of the researcher is based on a Christian worldview and relevant theoretical frameworks.

1.5.1.1 Human being

A person is seen as a holistic human being who has acquired status in social interaction. The researcher believes that a human being is made as a holistic individual in the image of God. Biological, psychological, social, and cognitive subsystems are in constant interaction within each individual. The Holy Bible states in Genesis 1:26-27: "God said let us make man in our own image after our likeness and let them have dominion over fish of the sea and over the birds of heaven and over all the earth, and over every creeping thing that creeps on upon the earth. So God created man in His image and likeness, both male and female" (Bible, 1995). This view is strongly linked to Florence Nightingale's description of a person as multidimensional and consisting of biological, psychological, social, and spiritual components. In this study, human being refers to nurses that provide nursing care to mental healthcare users in a mental health establishment in

the North West Province, as well as to the mental healthcare users in a mental health establishment in the North West Province.

1.5.1.2 Environment

The environment refers to one's surroundings. An environment is a natural place where people live, interact, and work. An environment refers to a person's physical, social, spiritual, and psychological components including the values and beliefs of a person that can influence how people feel and how effectively they work. The environment in this study is the workplace for nurses in a public mental health establishment in the North West Province where mental healthcare users are admitted for treatment, care, and rehabilitation.

1.5.1.3 Health

The World Health Organisation (WHO) defines 'health' as the state of complete physical, mental, and social well-being, and not only the absence of disease or illness (WHO, 2006). The body in maintaining homeostasis must constantly adjust and adapt when it responds to stress and change in the environment. According to Florence Nightingale's theory, health is "not only to be well, but to be able to use well every power we have" (Selanders, 2010:81). In this research, the focus is mainly on nurses as mental healthcare providers and their perceptions of factors that limit them in practising presence.

1.5.1.4 Nursing

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups, and communities, sick or well, and in all settings as defined by the International Council of Nurses (ICN) (ICN, 2006). Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled, and dying people. Advocacy, promotion of safe environment, research, participation in shaping health policy and in patient and health system management, and education are also key nursing roles. Nursing is described in the Nursing Act 33 of 2005 as a profession practised by a person registered with the South African Nursing Council. In this study, nursing refers to professional, comprehensive care provided by nurses at a public mental healthcare establishment in the North West Province.

1.5.2 Theoretical assumptions

The central theoretical statement of the present study is described below, followed by conceptual definitions of key concepts in this research.

1.5.2.1 Central theoretical statement

The focus of this study was the exploration and description of nurses' perceptions on factors limiting presence. This information can be used to bridge the knowledge gap on factors that limit presence and as a basis for recommendations for nursing practice, education, and research regarding factors that limit the presence of nurses in a public mental healthcare establishment in the North West Province.

1.5.2.2 Conceptual definitions

Definitions of concepts central to this study are formulated based on available literature and applied to this study.

1.5.2.2.1 Mental healthcare establishment

A mental healthcare establishment is an institution, building, facility, or place where mental healthcare users receive "care, treatment, rehabilitative assistance, diagnostic or therapeutic interventions, including hospitals that provide mental healthcare, treatment and rehabilitation to mentally ill patients" (Mental Health Care Act 17 of 2002). In this study, mental healthcare establishment refers to a tertiary public hospital in the North West Province where mental healthcare users are admitted and treated.

1.5.2.2.2 Nurses working at a mental healthcare establishment

In this study, nurses working at a mental healthcare establishment included all categories of nurses, being enrolled auxiliary nurses, staff (enrolled) nurses, and professional nurses who are registered with the South African Nursing Council (Nursing Act 33 of 2005). An auxiliary nurse is a person trained to provide elementary nursing care according to prescribed levels which includes promoting, maintaining, and restoring the health of the mentally ill patients. A staff (enrolled) nurse is a person educated to practise basic nursing in the manner and to the level prescribed, under supervision of a professional nurse. A professional nurse is a person who is qualified and competent to independently practise comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice.

1.5.2.2.3 Perceptions

Perceptions are the acts or faculty of perceiving; discernment, insight, a way of perceiving (English Dictionary, 1999:238). In this research, perceptions refer to the views, understanding, and opinions of nurses working in a public mental healthcare establishment in the North West Province on factors that limit nurses in practising presence.

1.5.2.2.4 Factors that limit presence of nurses

The word 'factor' is defined as "a circumstance, fact, or influence that contributes to a result or outcome" (Oxford University Press, 2019). 'Limit' in this research means 'restriction' or 'hindrance' of something, or a point or level beyond which something does not extend or pass (Oxford University Press, 2019). In this research, 'factors that limit' pertains to presence. For example, Esmaeili *et al.* (2014:4) suggested that factors that limit presence may entail aspects such as a lack of common understanding of teamwork, individual barriers, and organisational barriers. It was the intention of this research to explore and describe the perceptions of nurses working at a public mental healthcare establishment in the North West Province on what these factors may entail in this context.

1.5.2.2.5 Presence

Presence is being available with another person and is visible through expressed caring and compassionate behaviour (Covington, 2005:303). Attentive listening, attending to, being non-judgemental, and being accepting are all included in presence (Duis-Nittsche, 2002:23). Presence is, intrapersonal, interpersonal and transpersonal in nature, which means presence happens inside the person and also occurs between two people, and it can be transferred between the two where both the patient and the nurse benefit (Means *et al.*, 2004:25). According to Caldwell *et al.* (2005:861), presence as practiced in mental healthcare by nurses can be described through six characteristics: (a) knowing the uniqueness of individual clients, (b) listening actively with intense focus on the client, (c) engaging several potential channels for change, (d) caring with confidence, creativity, and perceived respect, (e) involving clients optimally, and (f) encountering mutually defined effective change. In addition, Timmerman *et al.* (2019:574) suggest that presence is associated with 'good care', in this case: when mental healthcare is seen by the nurse, and experienced by the mental healthcare user, as 'good', it can be classified as good care. A synthesis of these definitions is that presence in this research is seen as the nurses' intention to reach out to mental healthcare users, to be available and to attend to their needs through knowing the mental healthcare users and knowing their unique needs with the intention of providing good care.

Looking at the above definitions, the key concepts in this research can thus be presented as follows (see Table 1.1).

Table 1-1: Key concepts

Nurses	Perceptions	Factors	Limit	Presence
<ul style="list-style-type: none"> • Professional, nurses, enrolled nurses, auxiliary nurses • Working at a mental healthcare establishment in the North West Province 	<ul style="list-style-type: none"> • Views • Understanding • Opinion 	<ul style="list-style-type: none"> • Circumstances • Facts • Influences 	<ul style="list-style-type: none"> • Restrict • Hinder 	<ul style="list-style-type: none"> • Reach out • Be available • Attend to needs • Knowing the mental healthcare users • Knowing the needs of mental healthcare users • Good care

An understanding of the key concepts, nurses' perceptions of factors limiting presence, could be synthesised from the conceptual definitions (1.5.2.2.1-1.5.2.2.5) and Table 1.1 as follows:

- having an intrapersonal dimension, namely the views, understanding and opinions of nurses (professional, enrolled and auxiliary nurses) working at a mental healthcare establishment in the North West Province of the mental healthcare users, and of their own needs to provide good care;
- as well as an interpersonal and transpersonal dimension, namely the views, understanding and opinions of nurses (professional, enrolled and auxiliary nurses) working at a mental healthcare establishment in the North West Province on circumstances, facts and influences that limit, restrict and hinder them to know the mental healthcare users, to know their needs and to provide good care.

This understanding guided the formulation of the interview schedule.

1.6 Research design

The aim of the qualitative research was to describe and explore perceptions of nurses working in a public mental healthcare establishment on factors limiting presence. According to Brink *et al.* (2018:121), in an attempt to describe the perceptions of nurses, the researcher focuses on what is happening in the life of an individual and what needs to be corrected through the eyes of that person. A descriptive inquiry was thus used to inform this study, as described by Sandelowski (2000:335). This design is discussed in more detail in Chapter 2.

1.6.1 Research methodology

The research methodology explains the way a study is conducted which includes a description of the population, sample, sampling, data collection, and data analysis (Polit & Beck, 2012:62). An overview of the research method is provided in this chapter and discussed in detail in Chapter 2.

1.6.1.1 Population

The population is the whole group of individuals that are of interest to the researcher or meet the criteria for a particular research study. In this study, the population was all three categories of nurses who were rendering care to acute and chronic mental healthcare users in a public mental healthcare establishment in the North West Province, namely enrolled auxiliary nurses, staff (enrolled) nurses, and professional nurses.

1.6.1.2 Sampling

According to Brink *et al.* (2018:123), sampling is the procedure that the researcher follows to select a sample from the population in order to obtain information. In this research study, the researcher used purposive sampling to select participants. Inclusion and exclusion criteria were used to purposively select participants for this research study (see Chapter 2).

1.6.1.3 Data collection

Data collection was done through individual semi-structured interviews. The participants were to provide their perceptions which may be expressed through their words, gestures, tears, or facial expression (Polit & Beck, 2014: 290). Open-ended questions helped the participants to describe their perceptions. The participants were informed that the interviews would be audio-recorded and they have signed the consent forms to agree for the interview to be recorded. Data collection is discussed in more detail in Chapter 2.

1.6.1.4 Data analysis

According to Grove *et al.* (2013:279), data analysis involves putting together the collected data and making the data less complex and more understandable. Sandelowski (2000:338) suggests content analysis as the strategy of choice when analysing qualitative descriptive data. To verify the identified themes and coding, an experienced co-coder was requested to conduct independent co-coding. The transcripts and field notes were provided to the co-coder for data analysis. Meetings with the co-coder were scheduled after the co-coder finished with coding, to reach consensus on the codes, themes, and sub-themes that emerged from the data. A detailed discussion follows in Chapter 2.

1.7 Measures to ensure rigour

Measures to ensure rigour is defined as an application of the principles of trustworthiness in qualitative studies (Brink *et al.*, 2018:97). To ensure trustworthiness, the researcher applied the four suggested criteria outlined by Lincoln and Guba (as cited by Polit & Beck, 2014:232): truth value, applicability, consistency, and neutrality. A detailed discussion follows in Chapter 2.

1.8 Ethical considerations

According to Brink *et al.* (2018:33), ethical aspects were observed throughout the research study as described by the Declaration of Helsinki. According to Brink *et al.* (2018:44), there are three fundamental principles that guide research, being: respect for persons, beneficence, and justice (Brink *et al.*, 2018:34). Research studies involving human being, before they are undertaken, should first be approved by a research committee. Permission to conduct this research study was obtained from the Health Research Ethics Committee of the Faculty of Health Sciences of North-West University. The reference number is the following: NWU-00074-18-A1 (see Appendix A). Permission was obtained from the North West Department of Health (see Appendix B) and permission was received from the management of the mental healthcare establishment where the research took place (see Appendix C). The ethical aspects are further discussed in Chapter 2.

1.9 Chapter outline

The chapter outline is as follows:

Chapter 1: Overview of the research study

Chapter 2: Research methodology

Chapter 3: Report on research findings

Chapter 4: Conclusions, limitations, and recommendations

1.10 Summary

Chapter 1 covered the background of the research study, the problem statement, research question, the purpose of the research perspective, and a short description of the research design and methodology. In Chapter 2, the research design, measures to ensure rigour, and ethical considerations are discussed in detail.

CHAPTER 2 RESEARCH METHODOLOGY

2.1 Introduction

Research methodology is defined as an overall strategy that covers everything from the identification of the research problem to the design of the research study and the plans for data collection and analysis (Burns & Grove, 2009:223). The research problem and research purpose were discussed in Chapter 1, and the purpose of Chapter 2 is to provide a comprehensive description of the research design, method, population, sampling, data collection, and analysis. The trustworthiness and ethical considerations are also discussed in this chapter.

2.2 Research design

A qualitative descriptive inquiry was used as a design for this research study (Sandelowski, 2000:334). According to Brink *et al.* (2018:114), through this design, the researcher searches for and describes as accurately as possible information about a phenomenon or event. Sandelowski (2000:334) emphasises that this design is the method of choice if a rich and straightforward description of a phenomenon or event of specific relevance and interest to scholars, practitioners and policy makers is needed, as in this case. This design is appropriate because it enabled the researcher to discover perceptions as they naturally exist among the participants and as participants view the phenomenon (Sandelowski, 2000:337). Qualitative descriptive studies are likely to be eclectic (Polit & Beck, 2014:275). This means that these studies often borrow or adapt methodological techniques from other methods of research. In this study, a purposive sampling strategy and data saturation were applied, data was collected through individual semi-structured interviews, and data was analysed through identification of themes and sub-themes (Chenail, 2011:1180).

According to Botma *et al.* (2015:194), a descriptive inquiry provides a clear picture about particular individuals, situations, or groups. This descriptive inquiry was used to summarise specific events experienced by individuals by describing what happened and establishing the nature of phenomena. This type of research design was appropriate due to the limited availability of empirical research regarding the perceptions of nurses working in public mental healthcare establishments in the North West Province on factors limiting presence. This research study provided a description of the perceptions of the participants on these limiting factors and enabled the formulation of recommendations to reduce or limit those factors that limit the nurses working in public mental healthcare establishment in practising caring presence with mental healthcare users. A descriptive inquiry was furthermore appropriate for this study because participants' disclosure of their different viewpoints was promoted (Botma *et al.*, 2015:11).

2.3 Research method

The research method is discussed, referring to the population, sample and sampling, data collection, and data analysis.

2.3.1 Population

According to Brink *et al.* (2018:131), the population is the entire group of individuals that the researcher wants to study and who meet the criteria that the researcher is interested in studying. In this research study, the population included all categories of nurses working in a public mental healthcare establishment in the North West Province, namely enrolled auxiliary nurses, staff (enrolled) nurses, and professional nurses. At the time of the research, a total of 58 nurses formed the target population. According to Botma *et al.* (2015:200), the target population represents persons who were part of the context where the phenomenon occurred, and who were thus able to provide rich information on the topic of interest in this study. The context where the study took place was a tertiary public psychiatric hospital in the North West Province. This hospital is one of two tertiary psychiatric hospitals in the North West Province. This hospital was chosen as it is situated in a rural area with limited resources, highlighting the need for the use of presence by nurses in order to ensure the quality of mental healthcare. The hospital has the capacity for 259 patients and, currently, different wards are involved to provide psychiatric treatment to mental healthcare users.

2.3.2 Sampling

According to Botma *et al.* (2015:274), sampling involves the selection of specific research participants to be included in the study. The type of sampling, sample size, role of the researcher, recruitment of participants, obtaining informed consent and the physical environment are discussed.

2.3.2.1 Type of sampling

For this study, purposive sampling was used. The researcher selected participants who presumably had rich information on the phenomenon, namely nurses working in a public mental healthcare establishment in the North West Province. This sampling method was chosen by the researcher to purposively identify participants from a population of nurses who may have perceptions on factors that limit the presence of nurses working in a mental healthcare establishment. The intention was to include all categories of nurses, to ensure a maximum variety of perceptions which allows for an exploration of both the common and the unique themes in this sample (Sandelowski, 2000:337-338).

The following inclusion and exclusion criteria were used to identify the sample:

Inclusion criteria

- Nurses who have worked at the mental healthcare establishment for more than one year
- Nurses who provide acute and long-term in-patient care to mental healthcare users
- Nurses who were registered with the South African Nursing Council as either professional, staff (enrolled) or auxiliary nurses
- Nurses who were willing to sign informed consent forms to participate in the study
- Nurses who were willing to sign informed consent forms for the individual semi-structured interviews to be audio-recorded

Exclusion criteria

- Nursing students working at the mental healthcare establishment who were busy with studies towards obtaining a qualification as professional, enrolled, or auxiliary nurse
- Nurses who were newly employed (less than a year) in the mental healthcare establishment

Sampling was done with the help of an independent person (see Appendix D) who worked at the mental healthcare establishment and who had reasonable access to the nurses. The researcher and independent person, with the permission of the gatekeeper (Appendix C), obtained access to the names of employees. The independent person was familiarised by the researcher with the inclusion and exclusion criteria to compile a list of eligible participants. Thereafter, the independent person recruited potential participants, as described below.

According to Botma *et al.* (2015:200), the factor that determines the sample size in this type of research study is data saturation. Data saturation is reached when there is enough information to replicate the study, when the ability to obtain additional information has been attained and when coding is no longer feasible (Fusch & Ness, 2015:1408). To determine that saturation has occurred, the researcher structured the interview questions so that multiple participants are asked the same questions (Fusch & Ness, 2015:1409). According to Saunders *et al.* (2017:6), decisions of when no further data collection was necessary were based on what the researcher was hearing in the individual semi-structured interviews and this decision can be made prior to coding and category development.

2.3.2.2 Sample size

Sample size was determined by data saturation. Data saturation is reached when the ability to obtain additional information has been attained and when coding is no longer feasible (Fusch &

Ness, 2015:1408). A total of 10 individual semi-structured interviews was held. The demographic information about the participants is available in Chapter 3.

2.3.2.3 The role of the researcher

The researcher submitted the research study to the NuMIQ Scientific committee for evaluation of the scientific soundness and feasibility of the proposed study. The proposal was then submitted to the Health Research Ethics Committee (HREC) of the Faculty of Health Sciences, North-West University (Potchefstroom Campus) for ethical clearance. After obtaining ethical clearance from the HREC (see Appendix A), the researcher applied for permission from the North West Department of Health and the Mental Health Institution to conduct research (see Appendices B & C). An independent person was identified and asked to sign a confidentiality form (see Appendix D). When consent was obtained from the independent person, the researcher gave her the necessary information documents and consent forms to deliver to the prospective participants and to invite them to participate in the research study (see Appendices E and F).

2.3.2.4 Recruitment of participants

The identified independent person voluntarily agreed to act as such in this research (see Appendix D). This person had no power relationship with potential participants and was willing to recruit participants and obtain informed consent. The researcher had a thorough discussion with her regarding the nature of the research. Recruitment material (see Appendix E) was distributed to potential participants to inform them of the research and to invite them to a full information session where the researcher provided information on the research and answered any questions asked. During this session, the participants were informed that individual semi-structured interviews would be conducted which would last about 45 minutes for each participant, and that the interviews would be audio-recorded. The independent person circulated a list so that potential participants could indicate whether they would be interested to participate. The independent person also distributed the informed consent documentation (see Appendix F) to all present to allow them to take it home to read and decide whether they would like to participate. During the following week, the independent person contacted those who indicated interest and arranged for a session with each individual in a private room in the mental healthcare establishment to discuss the informed consent documentation with them, answered any questions, and obtained informed consent before they were invited to the individual semi-structured interviews. Participants were informed that their participation is voluntarily and that they can withdraw from the study at any time and that their withdrawal will not affect them negatively.

The individual semi-structured interviews started after the independent person submitted the signed informed consent forms to the researcher and secured appointments between the researcher and the participants.

2.3.2.5 Obtaining informed consent

Obtaining informed consent is an important procedure and a precautionary measure to protect research participants (Polit & Beck, 2014:87). The researcher ensured that she met prospective participants through meetings and that they received adequate information about the study and had the opportunity to ask questions and understand what the research was about to enable the participants to consent or decline. Their participation was voluntarily without any coercion from the researcher (Polit & Beck, 2014:87). The researcher's responsibility was to provide the prospective participants with information about the purpose of the study, the specific expectation regarding participation, the voluntary nature of participation, and potential costs and benefits in connection with participation. When prospective participants agreed to participate, the independent person supplied them with the informed consent documentation and allowed them to sign the informed consent (see Appendix F).

2.3.2.6 The physical environment

The researcher ensured that the individual semi-structured interviews were held in private and comfortable places where there was no interruption. The researcher booked a well-ventilated, quiet, and clean room or office at the institution. To ensure that disturbance would not occur during interviews, a written note was placed outside the door: "Please do not disturb, interviews in progress". The chairs were arranged in such a way that it facilitated eye contact during the interviews.

2.3.3 Data collection

The researcher conducted individual semi-structured interviews using open-ended questions to explore the perceptions of participants on factors limiting presence, supported by field notes. These aspects are discussed, as well as data recording, transcribing and data storage.

2.3.3.1 Individual semi-structured interviews

Individual semi-structured interviews as a data collection method is in line with qualitative descriptive research (Sandelowski, 2000:338). According to Botma *et al.* (2015:207), individual semi-structured interviews are conducted to obtain a detailed account of participants' perceptions on a specific topic.

The individual semi-structured interviews were initiated by the researcher by greeting the participant and introducing herself to the participant. She repeated information on the purpose and nature of the study and confirmed that participation is voluntarily and that participants can withdraw at any time with no fear of adverse treatment. The researcher confirmed confidentiality of information with participants and ensured that their names were not connected to the study. The researcher ensured that the collected data from participants was kept safe under lock and key and no one other than the researcher, her supervisors, and co-coder have access to that information. Participants were reminded that the individual semi-structured interviews would be audio-recorded.

A semi-structured interview schedule guided the interview. The interview schedule was developed based on the understanding of the key concepts of the research, as described in Chapter 1 (sections 1.5.2.2.1-1.5.2.2.5 and Table 1.1). Questions 1 and 5 were formulated in order to gain insight into the intrapersonal dimension of presence, namely the participants' view of mental healthcare users and of their own needs as nurses to provide good care. Questions 2, 3 and 4 were formulated to explore interpersonal and transpersonal aspects, namely participants' views, understanding and opinions on circumstances, facts and influences that limit, restrict and hinder them to know the mental healthcare users, to know their needs and to provide good care. The semi-structured interview schedule was subjected to peer review, namely to the NuMIQ scientific committee, and found to be adequate and relevant.

Participants were thus asked the following questions:

1. In your view, how do you describe the psychiatric patients admitted in your ward?
2. What are factors that hinder you to get to know psychiatric patients?
3. What is limiting to you when you try to understand the needs of psychiatric patients?
4. What would you say are factors that are hindering you to provide good care to psychiatric patients?
5. What are your needs as a nurse to provide good care to psychiatric patients?

The interview schedule was applied in a flexible manner, e.g., participants could share additional information on the topic if they chose to do so. Communication techniques were applied to build rapport with the participants, so that the researcher could probe, clarify, and actively listen to participants, e.g., paraphrasing, summarising, clarification, reflection, encouragement, and minimal verbal responses (Botma *et al.*, 2015:206). The individual semi-structured interviews were conducted in English as this was the language used in the workplace. An audio-recorder was used to record the individual semi-structured interviews and was placed in such a way that it did not interfere with the interviews. The researcher took descriptive, reflective, personal and demographic field notes after the interviews (Polit & Beck, 2012:406).

The individual semi-structured interviews took place in one of the consulting rooms of the public mental healthcare establishment. The researcher ensured that the privacy of the participants was protected by closing the door of the consultation room during the interviews and putting a “Do not disturb” note on the door. The researcher ensured that the room temperature was comfortable. The individual semi-structured interviews took place during on-duty time and arrangements were made with the independent person that participants attend the individual semi-structured interviews at different times according to their workload and routines, giving each other time to return to the unit, e.g. during a tea break or lunch break while on duty. This approach also ensured a minimum impact on the work environment. Participants were provided with refreshments in the form of juice and sandwiches.

The researcher conducted an initial interview with a nurse who was not a participant in this study before commencing with the main study to evaluate the appropriateness and to clarify the questions. This nurse was someone who met the inclusion criteria of the research study so that she/he would be able to answer the questions relevantly. The initial interview enabled the researcher to determine whether relevant data was obtained from the participants. It also provided the researcher with practical information on the necessary arrangements and adjustments that were needed, e.g., how to ask questions. No amendments were needed. Additionally, the first two actual interviews were seen as a trial run, and again no changes were necessary regarding the method or interview questions.

2.3.3.2 Field notes

Field notes were taken during the course of data collection to describe what the researcher saw, felt, and experienced (Polit & Beck, 2014:249). The purpose of field notes is to support identified themes and sub-themes and to provide a description of the data collection (Polit & Beck, 2014:550). The researcher was paying attention to the tone of voice, body language, and emotional expression of participants. These notes were written down after each interview and safely stored for later use. See Appendix I for examples of the field notes taken during the research.

Four different types of notes were taken, as explained below.

2.3.3.2.1 Descriptive notes

Descriptive or observational field notes include portraits of the participants, a reconstruction of dialogue, a description of the physical setting, and accounts of particular events or activities (Botma *et al.*, 2015:218). The notes explain the who, what, and how of the situation and as little interpretation as possible.

2.3.3.2.2 Reflective notes

Reflective notes are about the researcher's personal thoughts such as speculations, feelings, problems, and ideas, as suggested by Polit and Beck (2012:406-407).

2.3.3.2.3 Personal notes

Personal notes are about the researcher's own feelings and perceptions while the research field notes include her insights, reactions, and thoughts during the individual semi-structured interviews. Those notes commented on the researcher's own feelings and experience and give rise to personal emotions and challenge the researcher's assumptions (Polit & Beck, 2012:407).

2.3.3.2.4 Demographic notes

The fourth section of field notes suggested by Creswell (2009:182) includes demographic information about the time, place, and date of the field setting. This study included demographic notes about the participants who took part in the individual semi-structured interviews during this study.

2.3.3.3 Data recording

Before an audio-recorder was used to record the individual semi-structured interviews, permission was obtained from the participants (Botma *et al.*, 2015:214). The audio-recorder was placed in the room where interviews took place in such a way that it did not disturb the participants. After the individual semi-structured interviews took place, the researcher listened to the recordings for completeness and allowed time for self-evaluation concerning her interviewing style and any need to schedule follow-up interviews (Polit & Beck, 2014:543). The researcher determined that there was no need for follow-up interviews, as rich and in-depth data was generated.

2.3.3.4 Transcribing data

The researcher transcribed data contained in the audio-recording verbatim (word for word) (Polit & Beck, 2014:543). The researcher transcribed important additional data to improve quality, depth, and context of the transcription, such as when participants were silent, sighed, or cried.

2.3.3.5 Data storage

The researcher followed the recommended principles of data storage and handling that are suited to qualitative research (Creswell, 2009:175).

- Electronic data was stored in a password protected computer
- During and after the research study, hard copies were stored in a locked cupboard in the researcher's office.

- The researcher protected the anonymity of participants by using code names instead of their real names in the transcripts.
- Data will be stored in the NuMIQ research office for seven years after completion of the research.

2.3.4 Data analysis

An independent co-coder was invited to co-analyse the data and was asked to sign a confidentiality agreement (see Appendix G). To prepare for data analysis, the individual semi-structured interviews were transcribed by the researcher (see Appendix H for an example of a transcript). Typically, in qualitative descriptive and explorative studies, data analysis takes place at the same time that data collection takes place (Sandelowski, 2000:338). The researcher thus started analysing the data from the first interview onwards. Qualitative content analysis was used, as it is the method of choice in qualitative descriptive studies (Sandelowski, 2000:338). During data analysis, codes were developed from the data and used as a template to analyse the remaining data. As the researcher analysed each new transcript, the codes were refined and modified. The occurrence of each code was counted and summarised, in order to generate a description of the patterns and regularities in the data and to confirm the findings (Sandelowski, 2000:338). It was expected that the data analysis would yield a straightforward descriptive summary of the informational content of the data (Sandelowski, 2000:338), as it was needed in this research.

The specific data analysis steps were as follows:

- The researcher read the transcripts of the interviews repeatedly to gain insight into the participants' experience and recalling the information of the transcripts. She listened to the audio-recorded data to identify similarities and patterns. The field notes were also used to back up the collected data.
- The researcher made notations of her own impressions of the transcripts according to her understanding of the participants' responses, facial expressions, sighs, tone of voice and nodding of the head. The researcher remembered all that and this helped her to give meaning to data.
- The researcher started to code the first transcript using different colours to highlight central and important words and phrases and from the first transcript, codes were generated. During the coding process, the researcher divided the data into segments, codes were assigned which relate to the development of meaningful themes and sub-themes which were included to identify meaningful connections and relationships.

- The set of codes was used to analyse the remaining transcripts and the codes of the other transcripts were developed, looking at the connections, similarities and relationships. The phrases of participants were used to determine the codes.
- The identified codes were refined and modified during the analysis process and clustered into categories of meaning that contain related codes.

Both the researcher and the experienced co-coder conducted the data analysis according to the above-mentioned principles and steps. After the consensus discussions, the findings (themes and sub-themes) were presented as a rich descriptive summary, supported by counts of occurrence of each code as well as the quotes from the transcripts. The interpretation of data from field notes and individual semi-structured interviews contributed to the finalisation of the findings as described in Chapter 3 and the formulation of conclusions (see Chapter 4).

2.4 Trustworthiness

Trustworthiness in this qualitative descriptive research was demonstrated through the researcher's attention to accuracy and confirmation of the meaning participants attributed to the information they shared (Sandelowski, 2000:336). The researcher had to further ensure that she collected enough data so that the research captures a holistic representation of the phenomenon being studied (Sandelowski, 2000:336). To meet these requirements, the epistemological standards of truth value, applicability, consistency, and neutrality were applied (Lincoln & Guba, 1985:218). For each of these standards, specific stipulated strategies and criteria were adhered to (Botma *et al.*, 2015:233).

2.4.1 Truth value

Ensuring truth value ensures the accuracy and truth of the findings (Lincoln & Guba, 1985:218). Truth value was the criterion which determined whether the researcher established the truth of the findings with the participants and the settings (context) at which the research was undertaken. Truth value was obtained by using the strategy of credibility. Techniques that were used in this research to ensure credibility include prolonged engagement, peer debriefing and data saturation. Prolonged engagement entailed that the researcher spent extended time with the participants in the research field to gain a better understanding of the research context. This entailed that the researcher spent some time in the unit with the participants before the individual semi-structured interviews to become familiar with the context. Peer debriefing entailed that the supervisors provided continuous feedback and that the proposed research was submitted to an independent scientific committee for review, and that the completed research be submitted for examination.

2.4.2 Applicability

Applicability refers to the degree to which the findings of the study can be applied to different contexts and groups; in other words, the degree to which the findings are transferable. The researcher provided a thick description of the research process, context, and research findings in order that readers may draw conclusions regarding the extent to which the findings and conclusions of the research may be applicable to other contexts (Botma *et al.*, 2015:233). For example, the research process is documented in this mini-dissertation, with proof of the execution of the process documented in Chapter 3 and the annexures.

2.4.3 Consistency

Consistency considered whether the findings were consistent and could be repeated in a similar context. This criterion was achieved through the strategy of dependability. According to Botma *et al.* (2015:233), the researcher described the research process, how data was collected and analysed, as well as the findings, conclusions, and recommendations, and submitted the research report for examination, to enable an inquiry audit.

2.4.4 Neutrality

Neutrality refers to freedom from bias during the research process and the description of the findings. It refers to the degree to which the findings of the research are solely from the participants and were not influenced by the researcher's beliefs or perspectives. The researcher used the strategy of confirmability by ensuring a confirmability audit, through a thick description of the research, providing an audit trail, for example providing examples of a transcript and field notes in Annexures H and I, for correlation with the findings as discussed in Chapter 3. Reflexivity was also applied, namely that the researcher was aware of her research decisions, and reflected on these decisions and the application of the research process through reflective meetings with research supervisors, involving a co-coder during data analysis.

2.5 Ethical considerations

According to Brink *et al.* (2018:158), before research studies where human beings are involved may be conducted, the researcher has to apply to an ethics committee for the approval, in this case the Health Research Ethics Committee (HREC) of the Faculty of Health Sciences (see Appendix A). Application was done also to the Department of Health (see Appendix B) and to the management of the mental healthcare establishment (see Appendix C) where the research took place. According to Brink *et al.* (2018:33), the researcher ensured that the research was conducted in an ethical manner by applying principles of ethics as described by the Declaration of Helsinki. According to Brink *et al.* (2018:34), there are three fundamental ethical principles that

guide researchers: the principle of respect of persons, the principle of beneficence, and the principle of justice. These principles focus on the basic human rights that need to be protected during research studies.

Ethics in research puts emphasis on maintaining integrity throughout the life cycle of the project. Ethics is an integral part of every step of the research process in a specific context (Hammond & Wellington, 2013:59-60). Ethics in health research provides values and norms that guide researchers to undertake research with honesty and integrity. According to Botma *et al.* (2015:4), therefore, ethical consideration should be promoted and taken into consideration from the conceptualisation of the research until research findings are communicated. Tables 2.1 and 2.2 provide a summary of international and national ethics guidelines as applied in this research study. International ethics guidelines have been established to ensure that equivalent standards are adhered to across the world. The researcher also adhered to national health research ethics.

Table 2-1: International ethics guidelines adhered to in this research study

Guidelines	Core principles as applied in this study
Nuremberg code (Botma <i>et al.</i> , 2015:2; Brink <i>et al.</i> , 2018:33; Grove <i>et al.</i> , 2013:160).	Participants voluntarily provided their informed consent to participate in this research study; the study did not bring any unnecessary physical or emotional harm to the participants.
Belmont Report (Botma <i>et al.</i> , 2015:3).	All the participants were treated with respect and dignity. Participants were fairly treated and their autonomy was respected.
Declaration of Helsinki (Botma <i>et al.</i> , 2015:3).	The priority of this research was the wellbeing of the participants over all interests.

Table 2-2: National ethics guidelines followed in this research study

Guideline	Core principles applied in this study
Constitution of South Africa (1996), including the Bill of Human Rights.	The researcher obtained ethical approval and permission from all relevant authorities to protect the participants. The participants and all the role players were treated with dignity and respect and their human rights were respected throughout the research process. The participants were not treated differently because of race, religion, gender, age, or sexual orientation.
National Health Research Ethics Council (Department of Health, 2015).	The human rights of all participants were respected. Participants provided their voluntary informed consent and there was no exploitation or abuse that took place during the research process.

Herewith follows a discussion of how these ethical principles were applied.

2.5.1 Principle of respect for persons

The researcher recognised that the dignity, well-being, and safety of the participants were of the utmost importance (Department of Health, 2015:15). The participants were invited to participate voluntarily and were not coerced in any way (Polit & Beck, 2012:84). Participants were recruited in a respectful manner, and they were provided with as much information as possible, in the form of a pamphlet (see Appendix E), with regard to the aims and methods of the research study so that they could voluntarily choose to participate or not. The pamphlets were distributed to potential participants by the independent person. To further minimise the risk of coercion, the researcher recruited the participants through the help of an independent person, as explained under section 2.3.2.4 above. The independent person met with potential participants to explain the nature of the research and clarify expectations, and obtain informed consent, as explained. The researcher compiled the informed consent documentation (see Appendix F) and asked the independent person to explain the content verbally to the participants in a language they understand (Polit & Beck, 2012:158). Throughout the data collection process, the researcher ensured continued informed consent.

The physical and emotional comfort of the participants was respected during the data collection, and the participants were informed that they may withdraw from the research without any negative consequences, even if they had agreed to participate.

The participants and stakeholders will be informed about the findings of the research through verbal and written feedback. They will be informed verbally through a meeting where the researcher provides participants with a communique of the findings and a written report about the findings of the research study sent to the mental healthcare establishment where the research took place and another report sent to the North West Department of Health.

2.5.2 Principle of justice

To ensure that this principle is followed, fair selection of participants was applied to the sampling process (Botma *et al.*, 2015:13), which means that participants were selected for reasons directly related to the research study and not because they were easily accessible (Brink *et al.*, 2018:35). In this study, the researcher recruited all categories of nurses working in the mental healthcare establishment who were rendering care to the mental healthcare users and who were able to answer the interview questions. The researcher respected the right of privacy of participants (Brink *et al.*, 2018:35) by not asking personal questions not relevant to the research, and by ensuring a private venue for data collection.

Informed consent was obtained for participation and for the recording of the individual semi-structured interviews, as explained. The researcher ensured the confidentiality of the participants

in that their names were not linked to the data received. To ensure anonymity during data analysis, the researcher replaced each participant's name with a code name. Only the researcher, her supervisors, and the co-coder have access to the data (Polit & Beck, 2012:38). The co-coder was requested to sign a confidentiality agreement (see appendix G).

Reimbursement of participants' time, expenses, and inconvenience was carefully considered (Department of Health, 2015:22), and the researcher concluded that participation would not require any expenses incurred by participants, but it required time and slight inconvenience to participants, as they were invited to participate during a tea break or lunch break while on duty, in order not to disadvantage the workforce and daily routine in the mental healthcare establishment. Participants were not reimbursed, but they were provided with refreshments in the form of juice and sandwiches.

2.5.3 The principle of beneficence and non-maleficence

The benefit and risks of the research must be reflected on, and the benefits must outweigh the risks. The researcher was of the opinion that the research holds the indirect benefit that the information that was generated can be used to address the needs of both nurses and patients. The participants did not directly benefit from the research. The researcher weighed the benefits and risks and ensured that the benefits are more than the risks. Risks entail that the participants might experience slight emotional and physical discomfort during data collection due to having to spend time in an individual research interview, which they may not be familiar with. To counter this risk, voluntary, informed consent was obtained, as explained, during which expectations were clarified. During data collection, participants were encouraged to ask questions to clarify uncertainties. According to Brink *et al.* (2018:35), the researcher should minimise potential harm to the participants by monitoring the location where the individual semi-structured interviews take place to ensure comfort and by continuously monitoring the participants for signs of emotional or physical distress. If discomfort or distress occurred, comfort breaks were provided or the individual semi-structured interviews were postponed, depending on the wishes of the participants. A counsellor, namely a member of the employee assistance program of the establishment where the research took place, was requested to be on standby if the participants needed to be referred for emotional support. The researcher arranged with her/him prior to data collection that she/he must be on standby to support the participants if the need arises. This need, however, did not arise during data collection.

The researcher and the research supervisors are competent to conduct the research. The researcher has successfully completed a module in research methodology. She was mentored by the research supervisors, who are experienced in providing research supervision and in

conducting qualitative research. The researcher was trained in conducting individual semi-structured interviews by the supervisors who had experience in conducting such interviews.

2.5.4 Relevance and value of the research

This research was relevant to address the knowledge gap regarding the perception of nurses on factors that limit the presence of nurses working in mental healthcare establishments. The findings, conclusions and recommendations add to the body of knowledge in psychiatric nursing and will provide policy makers and also the Department of Health with information on the perceptions of nurses on factors that impede nurses working in a public mental healthcare establishment to practise presence. When this information is known, the Department of Health will be able to address factors that impede nurses working in public mental healthcare establishments to practice presence, and this will improve the quality of care and patient outcomes. The research findings will be made known to the participants verbally and in writing during meetings that the researcher will conduct with the participants. The research report will be sent to the mental healthcare establishment where research took place and another report will be sent to the North West Department of Health. During this process the researcher will maintain the ethical standards agreed to and thus ensure the participants' privacy and confidentiality throughout. The findings will be shared as a collective and participants' individual contributions will be kept anonymous.

2.5.5 Scientific integrity

The design and methodology of the research were vital to the research integrity and resulted in reliable and valid data, and the outcomes addressed the research purpose. The researcher ensured the safety of participants and adhered to the ethical principles and professional standards. The researcher committed to intellectual honesty and personal responsibility for her actions in practices that characterised responsible research conduct. The researcher assessed the potential risks and benefits to the study population and ensured that anticipated benefits and risks were balanced and showed to be in a favourable ratio.

2.5.6 Monitoring of the research

The researcher provided comprehensive and appropriate information to the HREC to facilitate the monitoring process. The informed consent documentation indicated to the participants that such monitoring will take place during the research process. Furthermore, the research supervisors monitored the research through regular communication and feedback meetings, and by requesting the researcher to provide proof of recruitment, informed consent, data collection, and data analysis.

2.5.7 Data management

Data management included all aspects of data planning, handling analysis documentation and storage, and took place at all stages of the study. The information that was collected from the participants was kept under lock and key. The researcher kept hard copies of transcripts in a locked cupboard in her office during the data collection and analysis phase. After the submission of the dissertation, the hard copies will be stored in a locked cupboard in the NuMIQ research office. The list of the participants' real names was kept separate from the documents with data and code names. The researcher ensured that no person has access to the data except the researcher, her supervisors, and the co-coder. If a computer/laptop is used to store data, a password-protected computer will be used. After analysing the data and finalising the findings, data will be stored in locked cupboards at the North-West University and will be discarded after seven years. The researcher ensured that the research study was conducted ethically.

2.5.8 Conflict of interest

Conflict of interest occurs when the individual or researcher has interest in the outcomes of the research that might lead to a personal advantage that might compromise the integrity of the research. Conflict of interest also occurs when the researcher or a party closely related to the researcher benefits from or is disadvantaged by the results, or when the researcher wants to protect or benefit himself or another party and consequently manipulates or adjusts the results. The researcher and supervisors declare that they do not have any conflict of interest in this research study.

2.6 Summary

In Chapter 2, the research methodology was discussed in detail. Furthermore, the research design, population, sampling, sample size, data collection, and data analysis was also discussed. The trustworthiness and ethical considerations were discussed as well. The purpose of the research study is to address the knowledge gap regarding the factors that limit the presence of nurses through exploring and describing the perceptions of nurses working in a public mental healthcare establishment in the North West Province on factors limiting presence. The findings of this research are discussed in the next chapter.

CHAPTER 3 RESEARCH FINDINGS AND LITERATURE INTEGRATION

3.1 Introduction

Chapter 2 provided a discussion of the research methodology. This chapter explains the realisation of the data collection and analysis and presents the research findings and the literature integration. The purpose of this study was to explore and describe the perceptions of nurses working at a public mental healthcare establishment in the North West Province on factors that limit presence.

3.2 Realisation of data collection

This study was conducted in one of the mental healthcare establishments in the North West Province. The sample included auxiliary and professional nurses. The researcher initially planned to also include staff (enrolled) nurses (see 'Inclusion criteria', section 2.3.2.1) but no staff (enrolled) nurses were allocated in psychiatric units at the time of the study. A purposive sampling strategy was used as planned (see section 2.3.2.1) to select participants in this research study. The researcher, with the assistance of the management of the public mental healthcare establishment, identified an independent person to recruit the participants (see Appendix D) who volunteered and signed the confidentiality agreement form to participate in this research study. The researcher had a thorough discussion with the independent person regarding the nature of the research and her role.

Recruitment and obtaining informed consent took place as planned (see sections 2.3.2.4 and 2.3.2.5). Recruitment material (see Appendix E) was distributed to potential participants with the assistance of the independent person to inform them of the research and to invite them to a full information session where the researcher provided information on the research and answered any questions asked. During this session, the participants were informed that individual semi-structured interviews would be conducted that would last about 45 minutes for each participant. The independent person also distributed informed consent documentation (see Appendix F) to all present to allow them to take it home to read and decide whether they would like to participate.

The participants were informed that their participation is voluntarily and that they can withdraw from the study at any time and that their withdrawal will not affect them negatively. The interviews started after the independent person submitted the signed informed consent forms to the researcher and secured an appointment between the researcher and the participants. The participants were identified for the study because they have rich data regarding the phenomenon under study.

They shared their perceptions relating to factors that limit presence through answering open-ended interview questions, namely:

1. In your view, how do you describe the psychiatric patients admitted in your ward?
2. What are factors that hinder you to get to know psychiatric patients?
3. What is limiting you when you try to understand the needs of psychiatric patients?
4. What would you say are factors that are hindering you to provide good care to psychiatric patients?
5. What are your needs as a nurse to provide good care to psychiatric patients?

These questions were formulated based on conceptual definitions of the key concepts of the research (see sections 1.5.2.2 'Conceptual definitions' and 2.3.3 'Data collection'). The participants were informed that the individual semi-structured interviews would be audio-recorded for the purpose of data analysis, and the participants also signed the informed consent form for the individual semi-structured interviews to be recorded. The participants were informed about ethical considerations such as confidentiality and privacy. Data collection was conducted between May and September 2019 and data saturation was reached after conducting 10 individual semi-structured interviews. The first two interviews were seen as a trial run, and no changes were necessary regarding the method or interview questions.

Lively discussions were stimulated during the interviews, and from those discussions, three themes and eight related sub-themes emerged after data analysis. Data analysis was applied as planned, namely that the recordings were transcribed verbatim and that all transcriptions were repeatedly read to get the feeling of the content, followed by the steps of data analysis as outlined in section 2.3.4. These themes and sub-themes are presented and discussed in the following section, namely section 3.3, 'Findings'.

Table 3.1 below outlines the demographic data of the participants who gave their voluntary informed consent to participate in the individual semi-structured interviews. Interestingly, mostly male nurses participated. This profile is typical of mental healthcare establishments, where more male nurses are placed than in general healthcare establishments.

Table 3-1: Demographic profile of participants

No. of participant	Age and race	Gender	Nursing qualifications	Work experience	Psychiatric nursing unit
1	28, Black	Female	Auxiliary nurse	1 year and 2 months	Sub-acute ward
2	40, Black	Female	Auxiliary nurse	1 year and 2 months	Sub-acute ward
3	43, Black	Male	Professional nurse	14 years	Sub-acute ward
4	37, Black	Male	Professional nurse	3 years	Acute ward
5	39, Black	Male	Professional nurse	13 years	Acute ward
6	37, Black	Male	Professional nurse	7 years	Acute ward
7	49, Black	Male	Professional nurse	7 years	Acute ward
8	51, Black	Male	Professional nurse	4 years	State Patients Unit
9	40, Black	Male	Professional nurse	6 years	Security ward
10	36, Black	Male	Professional nurse	3 years	Sub-acute ward

3.3 Findings

Data was gathered to explore and describe the perceptions of participants on factors that limit presence. Data analysis of the participants' responses to the five semi-structured interview questions resulted in three themes and eight sub-themes. In line with the research purpose and research question (section 1.3, 1.3.1) and with definitions of perceptions, factors, limits and presence (section 1.5.2.2, Table 1.1) the findings are the participants' views, understanding and opinions on circumstances, facts and influences that limit, restrict and hinder them to know the mental healthcare users, to know their needs and to provide good care. The findings also include the participants' perceptions of the mental healthcare users and of their own needs in terms of providing good care to mental healthcare users.

Table 3.2 below presents the themes and sub-themes, with colour coding to indicate that data saturation was reached in each theme and sub-theme.

The themes and sub-themes are discussed in the following sub-sections, guided by Table 3.2. In the discussions, each theme and sub-theme is presented, followed by quotes from the individual semi-structured interviews as evidence. The themes were integrated with the literature by discussing relevant literature regarding the specific theme and related sub-themes.

Table 3-2 Themes and sub-themes: Perceptions of nurses at a public mental healthcare establishment in the North West Province on factors limiting presence

THEME	SUB-THEME	INDIVIDUAL SEMI-STRUCTURED INTERVIEWS										
		1	2	3	4	5	6	7	8	9	10	
3.3.1 Perceptions on mental healthcare users	3.3.1.1 Mental healthcare users display disturbing behaviour	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	White
	3.3.1.2 Mental healthcare users are dangerous, but in need of care	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
3.3.2 Perceptions on how to get to know the mental healthcare users and their needs	3.3.2.1 Nurses obtains information about the mental healthcare users from different sources	Green	White	Green	Green	Green	Green	Green	Green	Green	White	White
	3.3.2.2 Perceptions on factors preventing nurses to obtain correct information about the mental healthcare users	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
	3.3.2.3 Perceptions on factors impeding nurses to know the needs of mental healthcare users	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
3.3.3 Perceptions on providing good care to mental healthcare users	3.3.3.1 Perceptions on ‘good care’ to mental healthcare users	Orange	White	Orange	Orange	White	Orange	Orange	White	Orange	White	White
	3.3.3.2 Perceptions on factors preventing nurses to provide good care	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
	3.3.3.3 Perceptions on what nurses need in order to provide good care to mental healthcare users	White	Purple	Purple	Purple	Purple	Purple	Purple	Purple	Purple	Purple	Purple

3.3.1 Theme 1: Perceptions on mental healthcare users

The participants shared their perceptions of mental healthcare users, which could be divided into two sub-themes. These perceptions provide context to the findings, as well as some indication of intrapersonal factors that may limit nurses in connecting with mental healthcare users.

3.3.1.1 Sub-theme 1: Mental healthcare users display disturbing behaviour

Participants provided rich descriptions of how they view mental healthcare users. In their descriptions, they mainly described the behaviour of mental healthcare users, which they viewed to be disturbing in nature. They also conveyed that they perceive mental healthcare users to have cognitive disturbances, leading to a limited understanding by the mental healthcare user and consequent impulsive and uncooperative and manipulative behaviour. They therefore concluded that mental healthcare users need constant supervision.

They provided many examples to substantiate their view. They shared that mental healthcare users are verbally and physically aggressive at times because of their disturbed cognition, and that they can be angry about things that a 'normal' person would not be angry about. Participants reported that as they observed the mental healthcare users, they perceived that they need 24-hour supervision because they cannot account for themselves or make informed decisions. Some undress in public and walk around naked, and/or neglect their personal hygiene. They thus cannot take care of themselves. Mental healthcare users tend to talk to themselves, their speech does not make sense, and their sleep is disturbed due to auditory hallucinations. Their cognition is disturbed and as a result they cannot listen, understand, or think normally, or pay any attention. Consequently, they act without thinking. Their motor activity can be bizarre, e.g., standing in the very hot sun for hours.

The following quotes support this finding:

P1: *"They can be naughty, aggressive. I mean aggressive patient with aggressive behaviour er as we know mental healthcare users may experience hallucinations, delusions and they can be aggressive without knowing that they are aggressive towards a person."*

P2: *"Psychiatric patient er they are what I can, unpredictable or sometimes they become good, sometimes they become er (ba tlhakatlhakana) (they become confused) so to say."*

P2: *"Psychiatric patient they want twenty-four seven observation."*

P3: *"... does not give consent to be admitted and mental healthcare users overall is someone who is incapable of er accounting for himself and might be dangerous to other people."*

P3: *"Mental healthcare users can be a person who roams around aimlessly as clinical symptoms, roams around aimlessly neglecting personal hygiene, does not sleep even at night, hears voices, talk alone and then undressing in public."*

P5: *"A person who his thinking or his cognition level is not the same as any other person."*

P7: *"Like maybe trying to manipulate you."*

P9: *"They don't even listen to you. They don't pay attention."*

Vincze *et al.* (2015:150) also found that mental healthcare users are viewed and experienced by nurses as aggressive and volatile. Such views can affect the care provided (Moylan, 2009:41). According to Stevenson *et al.* (2015), nurses' ability to carry out their professional nursing roles is indeed affected by the aggressive behaviour of patients. Nurses find this situation stressful as they are torn between their desire to maintain a caring relationship with the patient and the need to diminish or eliminate the risk of violence towards themselves and others (Vincze *et al.*, 2015:150).

3.3.1.2 Sub-theme 2: Mental healthcare users are dangerous, but in need of care

Based on their experience of providing nursing care to mental healthcare users, participants perceived mental healthcare users as dangerous and, as a result, participants felt unsafe around them. Participants felt unsafe when they were with the mental healthcare users because of their aggressive and unpredictable behaviour. They also realised that although they perceive mental healthcare users as dangerous, mental healthcare users cannot be left alone because they cannot make informed decisions. Even though they were scared of mental healthcare users, they also felt the need to advocate for them. They felt a need to help the mental healthcare users because of their inability to do so for themselves. Some participants perceived mental healthcare users as a person that needs to be loved and cared for and who is unaware of her/his own behaviour.

P1: *"They are not safe patients; you are not safe around them."*

P2: *"Because they are aggressive, anything can happen, sometime when you come closer to the patient he can beat you, or do something to you."*

P4: *"Who cannot take care of herself, who can be a danger to others and herself and who cannot make informed decisions sometimes."*

P5: *"The person that who is living in his or her own world, that particular person will be danger to self and other members."*

P5: *"I am the one who is supposed to be an advocate of the patient."*

P7: *"I see him as my brother, as a patient as someone who need to be loved, to be cared for er to be supervised."*

P7: *"They need supervision because most of the things they are doing, some of them are not aware of what they are doing."*

Kelly *et al.* (2016:703) report that numerous studies have documented that psychiatric staff are at high risk for workplace violence including physical assault and verbal aggression by patients, visitors, and co-workers. Stevenson *et al.* (2015) found that exposure to real and/or perceived

violence in providing healthcare affects nurses' abilities to carry out their professional nursing roles. According to Gudde *et al.* (2010:449), aggressive and violent behaviour can harm mental healthcare users and staff, damage the relationship and alliance between users and staff, and constitute a threat to the ward. These circumstances require enduring courage from nurses in order to continue conveying their therapeutic presence with mental healthcare users (Caldwell *et al.*, 2005:862).

3.3.2 Theme 2: Perceptions of nurses on how to get to know the mental healthcare users and their needs

From the collected and analysed data, the participants reported that collateral information, namely information about mental healthcare users obtained from sources other than the mental healthcare users themselves, is important for both the nursing staff and the mental healthcare users in getting to know them. The participants highlighted the importance of involving the mental healthcare user's relatives as they can provide important information about the users. They shared factors that prevent them from obtaining correct information regarding the mental healthcare users, as well as barriers that prevent them to get to know the mental healthcare users and their needs. Three sub-themes emerged from the data and are discussed below.

3.3.2.1 Sub-theme 1: Nurses obtains information about the mental healthcare users from different sources

This sub-theme explains where the nurses get information on the mental healthcare users and that there are many ways in which the nurse can get information about the mental healthcare users. Participants recognised the importance of knowing where the patients live, with whom, when they were diagnosed with mental illness, and where they receive their treatment. Participants shared that they consulted patient files to obtain such information, but also emphasised that family members or other relatives are another important source of information about the mental healthcare users. Participants also gain knowledge regarding the mental healthcare users while listening to doctors and other members of the multi-disciplinary team during consultations with mental healthcare users, ward rounds, and team meetings. Social workers are also a source of information, as they gained access to information when they visited the mental healthcare users at their homes. Another method of getting information about the mental healthcare users is asking the patients themselves by developing a trust relationship with them or during orientation.

The following quotes support this finding:

P1: "You can ask the patient yourself alone, when sitting together making friendly talk with the patient asking questions, like during orientation in the morning."

P4: "Collateral information from the family."

P7: "The most important information that we find from relatives."

P8: "Proper history from the person and maybe they are unable to, you know, to articulate or to tell their problem or alternatively their relatives."

Similarly, Caldwell *et al.* (2005:861) conveyed that nurses providing nursing care to mental healthcare users create unique communication channels when the mental healthcare users' ability to communicate is limited. However, the importance of listening intently to identify unspoken wishes and to gain insight into the uniqueness of the mental healthcare user through building relationship is undeniably important (Caldwell *et al.*, 2005:861).

3.3.2.2 Sub-theme 2: Perceptions on factors preventing nurses to obtain correct information about the mental healthcare users

Participants felt that mental healthcare users sometimes prefer to hide their real identity and information about themselves and provide nurses with incorrect information. They perceived mental healthcare users as not disclosing information, and providing false information about who they are and where they live. Participants therefore asked themselves what might have happened with such mental healthcare users that caused them to be admitted. Another factor that prevented participants to obtain a proper history of mental healthcare users is when they were still psychotic and experiencing hallucinations and delusions. Uncontrollable and aggressive mental healthcare users are difficult to interview. Participants share that if the mental healthcare users are in this situation, they cannot risk interviewing them until they calm down. If mental healthcare users cannot understand the nurse because of language barriers, they cannot understand each other, making it difficult to obtain information. Taking inadequate history is another factor that prevents nurses to obtain comprehensive information about mental healthcare users. Participants reported that sometimes they were not able to provide individual attention to all mental healthcare users as they are short-staffed and they cannot interview all of them due to an imbalance in the staff to patient ratio, so interaction with all of them is impossible.

The following quotes illustrate this finding:

P1: "The patient is not open enough, so she does not want to disclose."

P1: "When patient are not able to talk about their problems, we wouldn't know about their needs cause the patient won't tell or say anything, maybe social needs at home like social problems."

P2: "Sometimes they don't listen, even if you try to talk with the patients, they don't listen, they just delusional and hallucinations."

P3: "We are unable to give individual attention."

P4: "Because you will not reach all of them, you will not be able to interview all the patients that are there to know them."

P5: "So, not be able to interact with the patients."

P6: "Some of the users are not opening up, you can try to reach out at them, and they cannot tell you the truth about their environment."

P8: "Maybe not taking history well from the patient like social worker not interviewing the family."

Gudde *et al.* (2012:449) similarly found that aggressive and violent behaviour can harm mental healthcare users and staff, damage the relationship and alliance between users and staff, and constitute a threat to the therapeutic environment in the ward. However, Caldwell *et al.* (2005:855) report that when nurses – despite the unpredictable behaviour of mental healthcare users and difficult work circumstances – make a concerted effort to connect with and attune to them, mental healthcare users experienced being seen as a human being, a feeling of being trusted and consoled, and hope.

3.3.2.3 Sub-theme 3: Perceptions on factors impeding nurses to know the needs of mental healthcare users

Participants perceived shortages of staff and lack of communication as major reasons that could prevent nurses to know the needs of mental health care users.

Participants elaborated on how staff shortage is a factor that impedes them to know the needs of mental healthcare users. Workload, in their view, is determined by the number of staff on duty and the number of mental healthcare users they are taking care of. If the number of mental healthcare users outnumbers the number of staff members, it becomes challenging to know their needs. Participants shared that because of the frequent admissions and relapses, nurses are always busy with admissions of incoming patients and have no time to interact with patients in the ward. At times, a professional nurse with a nursing assistant is allocated alone in a ward and they have to do all the work. Wards tend to be overcrowded and that results in the challenge of mental healthcare users being prematurely discharged. Another concern is the lack of recreational activities that can help to keep the mental healthcare users busy during the day to reduce boredom. Additionally, mental healthcare users with different mental disorders are all placed in one ward, leading to frustration, misunderstandings, and conflict.

Participants furthermore explained how a lack of communication is a reason that impedes nurses to get to know the needs of mental healthcare users. They explained that a lack of communication occurs when nurses do not talk to mental healthcare users and find out more information about them. Participants also explained that some mental healthcare users do not want to talk about their problems and prefer to keep them to themselves. Some of the mental healthcare users do

not trust everybody and choose to speak to individuals they trust rather than telling everybody. Participants shared that if nurses do not interact with mental healthcare users, they will not get adequate information. Again, it depends on whether the mental healthcare user understands the conversation she/he is having with the nurse, and as their cognition is also affected, and understanding plays a major role during the conversation, it depends on their level of understanding.

The above are confirmed by the following direct quotes from participants:

P1: "When patients are not able to talk their problems, we wouldn't know about their needs 'cause patients won't tell or say anything."

P2: "Because you can't talk to somebody when she/he is confused, they don't listen to you."

P3: "We admit different cultures, people from different cultures, you may find that the other one there is language barrier. Like you are Tswana and you don't know the language of the patient and then you have to take care of this guy 24/7 and you have communication barrier, you don't understand each other."

P3: "Lack of resources, under lack of resources, the other thing, the indoor games, like you know when involve in indoor games, now you interact and you are able to identify these needs, if resources are not there, it is very difficult."

P4: "Even the shortage of staff can make us not being able to know all the patients."

P5: "The level of understanding will not be the same as the level of understanding of the normal person and that also consume time."

P6: "You need to communicate with the users."

P7: "Presently, our users are using cold water to bath, then it is impossible to take care of their hygiene whilst they are in hospital."

P8: "I mean failure to supervise or monitor and to assess, because if you do not assess or monitor, you might not be able to get what they need or how about to treating them."

P9: "The section forty-two are supposed to go to their ward, the thirty-three are supposed to go to their ward. This is the ward for the twenty-seven section patients. Section thirty-three are admitted here but after a day or two they must go to their ward. Section forty-two must go to their ward but they are here and section forty-two are very dangerous patients. Section thirty-three are very dangerous patients, you cannot mix them with the section twenty-seven patients but because of lack of space, there is no accommodation the wards are full."

The literature does report that the lack of resources, high volume, and frequent admissions increase workload and burnout in nurses in public healthcare establishments (WHO, 2015:323).

There tend to be shortages of beds in mental healthcare institutions which often leads to mental healthcare users being discharged prematurely, in turn, leading to high admission rates (WHO, 2015:323). However, the literature also emphasises the importance of the nurse focusing on building a relationship that allows the recognition of what is important to the patient (Caldwell *et al.*, 2005:855). Furthermore, Kuis *et al.* (2015:173) emphasise that presence focuses on the quality of the relationship between caregiver and receiver, which might clarify possibilities for improvement in the relationship between the nurse and the mental healthcare user despite limited resources.

3.3.3 Theme 3: Providing good care to mental healthcare users

From the collected and analysed data, the third theme was identified and three sub-themes emerged and will be elaborated on below.

3.3.3.1 Sub-theme 1: Perceptions on 'good care' to mental healthcare users

Participants perceived that 'good care' is care that is provided over a full 24 hours to provide in the basic needs of mental healthcare users. However, participants elaborated on factors like lack of hot water for bathing during winter, lack of clean linen, shortage of resources like not being provided with toothbrushes, razors to cut their hair or to groom them, or even the kind of meal that they sometimes receive from the kitchen that made the participants feel that they are not providing good care to the physical aspect of the mental healthcare users. The institution is, for example, not providing slippers to those that do not have families.

P1: "shortage of linen, shortage of clothes for the patients."

P3: "Good care also it involves like for example we have been trying for a very long time to be assisted teeth brushes, razors to cut their hair when we are sitting for grooming, we need all these things like during weekend we make them beautiful and then cut their hair and so no and so on, they are not there."

P4: "We are giving care, we are taking care of mentally, physically and psychiatrically maybe there is a shortage, there is no hot water."

P6: "In winter the institution will not provide slippers."

P7: "users are using cold water to bath, just to bath, then it is impossible to take care of their hygiene whilst they in hospital."

P9: "Provide clothes, provide hot water to the patients, give us protective clothing."

Providing for the basic needs of the mental healthcare user is indeed part of the care provided by the nurse, as explained in Peplau's nursing theory (Petriprin, 2016), and the frustrations with

limited resources are recognised (WHO, 2015:323). However, nursing theorists such as Peplau emphasised that 'good care' also entails the way in which the nurse applies herself as an available resource, for example, listening actively to the concerns of the patient to identify the needs of the patient (Petiprin, 2016). Presence, as a way of providing good care, requires the ability and willingness of nurses to fully appreciate and enter the inner world of mental healthcare users, through relationship (Caldwell *et al.*, 2005:855). According to these authors, presence can be described as knowing the uniqueness of individual patients, listening attentively with intense focus on the patient, engaging several potential channels for change, caring with confidence, creativity, and perceived respect, involving the patient optimally, and encountering mutually defined effective change (Caldwell *et al.*, 2005:861).

3.3.3.2 Sub-theme 2: Perceptions on factors preventing nurses to provide good care

Participants repeated much the same information in this interview question as in the question on factors that prevented them to get to know mental healthcare users. Factors they additionally spoke about include factors such as a shortage of equipment and services to provide in the basic needs of mental healthcare users. They shared that a shortage of equipment such as a blood pressure machine prevents them to provide good care to mental healthcare users. A lack of support services like maintenance and food service also prevents them from providing good care, for example, sometimes the food that they provide to the mental healthcare users is not appetising and the maintenance service does not attend to broken goods on time, like the showers that are not working. Participants shared that there is poor infrastructure, such as old buildings with broken windows and doors that are not locked, which exposes the mental healthcare users to the risk of absconding. There is no equipment to cater for mental healthcare users' grooming; things like razors, combs, and toothbrushes. Inadequate laundry services lead to a shortage of clean linen and clothes. Sometimes there is no transport to deliver medication, and participants sometimes have to use their own transport to collect the medication. Participants experience a lack of support from management, whereby management do not encourage the staff even if they have done something positive. Staff members consequently feel demotivated and, as a result, demonstrate a lower level of performance. Alongside this concern, participants feel that they receive a poor salary and feel disgruntled regarding the huge gap between the salary of the professional nurse and the advanced professional nurse.

The quotes below support these findings.

P1: "Shortage, probably shortage of medication, shortage of linen, you can't give them blankets, shortage of treatment, shortage of equipment like blood pressure machine, shortage of clothes for the patients."

P4: "If you are maybe three staff members and the ratio is thirty patients and you are supposed to supervise these patients, you are not going to be able to supervise all of them."

P5: "I will be just staying with the patients but not er making use of myself with available equipment or resources, resources referring to material resources and human resources."

P5: "The thing that hinder one to can give a good care is looking at factors that you might have, sometime being you are in a lesser number and restraining a patient need a lot of man power."

P7: "Then we cannot during spare time or during the day, we cannot take the users and sit with them, talk with him or have time to rehabilitate or maybe games."

P8: "So lack of medication also prevents us from continuous receiving of medication, and the other factor that prevent us from rendering effective care ok er still on medication part, we don't have pharmacy here we collect our treatment from that other hospital and we rely on hospital transport."

P9: "We got manager who stay in the offices, they don't know what is happening in the wards."

P10: "There is no water at all and another section that I would walk in um the showers are not working and so looking on bath sometimes bath tubs, they are psychiatric patients but tubs get broken and when they are broken, there is no money to replace them."

Literature supports that there tend to be severe shortages of nursing personnel in acute psychiatric units; nurses are not only faced with acutely ill patients but the units are extremely busy and high pressured (Sobekwa & Arunachallam, 2015). Interactions in this type of environment may increase or create frustration, anxiety, and a sense of not being cared for (Caldwell *et al.*, 2005:855). Literature on presence also acknowledges that a healthy and effective work environment has a feeling-tone in which individuals are encouraged and feel physically and emotionally safe (Shirey, 2006:258).

3.3.3.3 Sub-theme 3: Perceptions on what nurses need in order to provide good care to mental healthcare users

Participants mentioned perceptions about what the nurse needs so that he/she can provide good care to mental healthcare users. They viewed factors like a safe environment and adequate security in the psychiatric setting as the most important needs. Nurses need to be provided with protective clothing so that they can help the mental healthcare users when they are in the shower. In addition, they viewed a good salary coupled with bonuses as encouragement for nurses to provide good care, as they perceived working in a stressful environment for a small salary as demotivating. They further expressed a need for substantial support from management to acknowledge their inputs. Furthermore, they viewed physical health and mental strengths as

imperative because of the stressful environment in which they are working. Nurses need debriefing, counselling, and therapy sessions because of the stress under which they work and the events that are happening in psychiatric settings. They were of the opinion that it is the responsibility of the employer to ensure that he empowers nurses through short courses, workshops, conferences, and allowing staff to further their studies.

The above description is supported by the following quotes:

P2: "Mm, me my needs is to further my studies so that I can know how to handle these psych patients."

P3: "To be able to further their studies."

P4: "We need to be in-serviced, to have knowledge, more knowledgeable about psychiatric patient."

P5: "We need the recognition; we need to be recognised in terms of the skills in terms of you as a human being."

P5: "So, there are lesser contribution in this institution in terms of debriefing that is counselling us, giving therapy as to what is expected to us accordingly, be motivated because the issue of motivation offers an individual to can give a very good service."

P7: "The working environment too, like I said we don't have heater and the ward is just a wall (laugh) you be getting cold in the place where you are working."

P8: "It's frustrating and strenuous because you do all the work, you give treatment and take vital signs and you have to supervise and monitor throughout because large part of the work is to supervise to monitor and to assess continuous because medication is about an hour and you are done, then ten or eleven hours is monitoring them."

P9: "the security is not enough."

P10: "I think good managers (laugh) one that encourages."

Ramalisa *et al.* (2018:5) also emphasise the importance of supporting and acknowledging the efforts of nurses to increase their motivation and improve their care for patients. Caldwell *et al.* (2005:856) discuss that in order to provide good care through presence, nurses should be prepared in risk-taking to be emotionally vulnerable in order to connect, in knowing self and others, in overcoming 'distance', in developing a reflective state of consciousness, and in engaging in a maturational process to respectfully negotiate for the needs of others and their own needs.

3.4 Summary

Chapter 3 provided themes and sub-themes of the data collected and it is evident that the purpose of the study was realised according to the responses of the participants, namely that their perceptions on factors limiting presence was explored through the semi-structured interview questions and described in this chapter. Literature supported that mental healthcare providers must establish a trusting relationship with mental healthcare users in order to gain their trust so that they can communicate with them. They have to be connected with them on a deeper level so that they know them individually as unique and be able to interact with them on friendly basis which will lead to a safe environment for both participants and mental healthcare users.

CHAPTER 4 CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

4.1 Introduction

This final chapter includes the conclusions, limitations, and recommendations of the study. The conclusions were drawn from the discussion on the perceptions of nurses at a public mental healthcare establishment in the North West Province on factors limiting presence, and from relevant literature. The evaluation of the study will show that the purpose of the study has been accomplished.

4.2 Conclusions

This study explored the perceptions of nurses at a public mental healthcare establishment in the North West Province on factors limiting presence. During the individual semi-structured interviews, perceptions on factors limiting presence were explored through questions that explored participants' view of mental healthcare users, their perception of factors that hinder them to get to know mental healthcare users and to understand their needs, their views on factors that hinder them to provide good care to mental healthcare users, and their perceptions on their own needs to provide good care to mental healthcare users.

The findings provide a rich description and a deeper understanding of nurses' perceptions regarding factors that limit presence. The findings could be grouped into three main themes, namely the perceptions of nurses on mental healthcare users, their perceptions on how to get to know mental healthcare users and their needs, and their perceptions on providing good care to mental healthcare users. From these themes and related sub-themes, as well as relevant literature, the following conclusions could be formulated.

4.2.1 Conclusion regarding theme 1: Perceptions of nurses on mental healthcare users

Participants reported their perceptions on the mental healthcare users as people who display disturbing behaviour and actions and who sometimes do things that they are not aware of doing. For this reason, the participants conclude that the mental healthcare users need constant supervision. They perceive mental healthcare users as dangerous, and they do not feel safe while providing nursing care to them, and at the same time, the participants realised that mental healthcare users need constant supervision and care. The participants reported that they act as advocates for mental healthcare users. *It can be concluded that presence is limited due to nurses' inner conflict, namely their view of mental healthcare users as dangerous and unpredictable leading to a need to maintain a distance from the mental healthcare users for their own safety, in*

contrast with their wish to maintain caring relationships with mental healthcare users and being advocates for them.

4.2.2 Conclusion regarding theme 2: Perceptions of nurses on how to get to know the mental healthcare users and their needs

The findings under this theme were that the participants 'get to know' mental healthcare users and their needs through 'searching for information about them'. Participants thus tended to interpret the relevant interview question as being about 'obtaining information about' the mental healthcare user, and not as 'getting to know' the mental healthcare user. Participants seemingly rely much on information sources other than the mental healthcare users themselves, such as patient files, doctor's consultations, and discussions at the multi-disciplinary team meetings. Factors like language barriers or when the mental healthcare user is not willing to disclose information limited the participants in getting acquainted with mental healthcare users. Further barriers that were perceived to limit the participants in obtaining information from mental healthcare users included staff shortages, being busy with re-admissions, overcrowded units, lack of recreational activities for the mental healthcare users, and distorted cognition in the mental healthcare users. To a lesser extent, participants reported that they do attempt to build a trust relationship with mental healthcare users to be able to win their trust and become aware of their needs. *Presence is thus limited when nurses, with the intention to 'get to know' mental healthcare users, are focused on obtaining 'information about' the mental healthcare users. Additionally, circumstances such as language barriers, lack of trust, distorted cognition in the mental healthcare user and staff shortages are seen as factors that limit 'getting to know' mental healthcare users.*

4.2.3 Conclusion regarding theme 3: Providing good care to the mental healthcare users

Participants described good care to mental healthcare users as providing in the basic needs of mental healthcare users, such as having hot water to bathe them in the morning, for them to have toothbrushes to brush their teeth and have razors to cut their hair when they are sitting for grooming. They also identified, from their frame of reference, factors that prevent nurses at a public mental healthcare establishment to provide good care to mental healthcare users. Participants perceived environmental factors like a shortage of staff, high admission rates, a shortage of hot water for users to bathe, and a shortage of linen as preventing them from providing good care. They experienced these circumstances as demotivating. At the same time, presence requires courage from nurses to reach out to mental healthcare users to build trust relationships. *Thus, good care is perceived to be providing in the basic needs of mental healthcare users. Environmental difficulties are perceived to limit good care and are experienced as demotivating,*

and nurses are in need of support and encouragement. Also, a need is identified that nurses be equipped to provide good care through presence, which involves connecting, knowing self and others, overcoming 'distance', and negotiating for the needs of others and themselves.

4.2.4 Overall conclusion

The above discussion revealed participants' perceptions (opinions, views, understanding) on factors (circumstances, influences, fact) that limit (restricts, hinder) nurses at a public mental healthcare establishment in the North West Province in practising presence (reaching out, getting to know mental healthcare users and their needs, providing good care). It is clear that nurses need to be encouraged and supported, and empowered to negotiate for their own needs to be met and to provide good care through presence, namely to provide in the needs of the mental healthcare users through communication and building a trusting relationship with mental healthcare users.

4.3 Evaluation of the study

The research project aimed to explore and describe the perceptions of nurses working in a public mental healthcare establishment in the North West Province on factors limiting presence. The purpose of the research study was to address the knowledge gap regarding factors that limit the presence of nurses working at public mental healthcare establishment through exploring and describing their perceptions on factors that limit presence. From the discussions in Chapter 3 as well as regarding the conclusions, it is evident that the study's purpose has been achieved. The researcher was able to incorporate the participants' beliefs, thoughts, insights, and actions regarding findings that present their perceptions on factors that limit nurses in practising presence. Furthermore, the individual semi-structured interviews enabled the researcher to collect rich descriptions from the participants about the phenomenon. In addition, the research findings were confirmed when a literature integration was applied.

4.4 Limitations of the study

As there is no study without limitations, the reader can understand that this study was done in one specific mental healthcare establishment in the North West Province and the following limitations were identified:

The qualitative research study findings cannot be generalised to other nurses in mental healthcare establishments; however, the information captured explains the perceptions of nurses at a public mental healthcare establishment in the North West Province on factors limiting presence.

The study was done on only one mental healthcare establishment and its findings are specific to that specific establishment; however, other research on perceptions on factors limiting presence can be conducted on other mental healthcare establishments.

Although data saturation was reached, the inclusion of staff (enrolled) nurses as intended initially would have added value.

4.5 Recommendations

The recommendations focus on encouraging nurses at public mental healthcare establishments to practise presence and also to do justice to mental healthcare users by providing them with good care despite difficulties in their work environment. The recommendations also focus on empowering nurses to negotiate for their own workplace-related needs to be met. Recommendations for nursing practice and education are presented in an integrated manner, by formulating recommendations relating to each theme and related conclusions regarding perceptions of limiting factors. These recommendations are followed by recommendations for further research.

4.5.1 Recommendations regarding Theme 1: Perceptions of nurses of the mental healthcare users

The conclusion related to Theme 1 is that presence is limited due to nurses' inner conflict, namely their view of mental healthcare users as dangerous and unpredictable leading to a need to maintain a distance from the mental healthcare users for their own safety, in contrast to their wish to maintain caring relationships with mental healthcare users and being advocates for them.

Recommendations include:

- Nurses should be encouraged to continue to advocate for mental healthcare users.
- Nurses should be involved in self-care and self-awareness programmes in order to resolve inner needs, do introspection and reflect on their perception of mental healthcare users and how their views may limit them in being present with them.
- Nurses should be involved in training programmes to develop themselves, gain more knowledge on how to deal with mental healthcare users in a calm and approachable manner, develop skills on how to manage them and involve them in their care, and inform them about any changes that occur either with medication or care.
- Nurses should be guided in using themselves as therapeutic instruments and in building relationships with mental healthcare users within which they connect with and attune to mental healthcare users and gain an understanding of their needs.

- Nurses should be guided in using their strengths and presence to build relationships with their supervisors and managers in order to make them aware of their needs and to negotiate for their workplace-related needs to be met, including needs for safety and improved working environments.

4.5.2 Recommendations regarding Theme 2: Perceptions of nurses on how they get to know the mental healthcare users and their needs

The conclusion regarding Theme 2 is that presence is limited when nurses, with the intention to 'get to know' mental healthcare users, are focused on obtaining 'information about' the mental healthcare users. Additionally, circumstances such as language barriers, lack of trust, distorted cognition in the mental healthcare user and staff shortages are seen as factors that limit 'getting to know' mental healthcare users.

Recommendations include:

- Nurses should be equipped, e.g. through in-service training, to be resourceful in communicating with and building trust relationships with mental healthcare users despite communication barriers. For example:
 - Continuing to involve the relatives of the mental healthcare users in obtaining collateral information about the mental healthcare users, with the intention of being better prepared to build trust relationships with the mental healthcare users and their relatives.
 - Playing an active role in the multi-disciplinary team, to not only rely on other team members to gain knowledge about mental healthcare users, but to also be active members in gaining insight into the needs of mental healthcare users through building relationships with them and in advocating for the needs of mental healthcare users.
 - Attuning to and connecting with mental healthcare users through building trust relationships with them, including respectful communication, active listening, cultural sensitivity, and the absence of coercion. This will result in a sense of trust and safety.

4.5.3 Recommendations regarding Theme 3: Providing good care to mental healthcare users

Regarding theme 3, it was concluded that good care is perceived to be providing in the basic needs of mental healthcare users. Environmental difficulties are perceived to limit good care and are experienced as demotivating, and nurses are in need of support and encouragement. Also, a need is identified that nurses be equipped to provide good care through presence, which involves

connecting, knowing self and others, overcoming 'distance, and negotiating for the needs of others and themselves.

Recommendations include:

- Nurses should be encouraged to reflect on the meaning of 'good care', and to reflect on what mental healthcare users would perceive as good care. They could be encouraged to have discussions with mental healthcare users to find out from them what they view as good care and what their needs are.
- Nurses should be acknowledged for their efforts to do the best they can in providing nursing care in difficult work circumstances. This can be done through relational management, where management build relationships with nurses and obtain an understanding of nurses' needs. This acknowledgement can also be done through initiatives such as team-building meetings and meetings to convey appreciation and acknowledgement.
- Management can support nurses to find meaning in their work in spite of their circumstances, to be resourceful in creating a better environment for themselves, and to communicate with management effectively in order to make their needs known.
- Nurses can be encouraged to strive to be in management positions themselves so that they can make a difference, do introspection on their need for recognition and what it means, and what they can do to meet this need.
- Nurses should be empowered, through in-service training, to recognise the value of attuning to and connecting with mental healthcare users and using themselves as therapeutic instruments. They should furthermore be equipped to attune to and connect with mental healthcare users and use themselves as therapeutic instruments through in-service training in this regard.

4.5.4 Recommendations for further research

The researcher identified a gap regarding perceptions of nurses at a mental healthcare establishment in the North West Province on factors limiting presence. This research study identified that certain scientific investigations still need to be done, such as:

- Further research on factors limiting presence
- Research with a similar population in different mental healthcare institutions and in different provinces, and including staff (enrolled) nurses together with auxiliary nurses and professional nurses
- Research with the management of mental healthcare institutions on their views on presence, good care, and factors limiting presence

- Research on the impact of the lack of practising presence on patient outcomes
- Research on the views and needs of mental healthcare users regarding good care and presence

4.6 Summary

This chapter provided the conclusions, evaluation of the study, limitations, and recommendations.

The purpose of the research study has been reached, namely an exploration and description of the perceptions of nurses at a public mental healthcare establishment in the North West Province on factors limiting presence. The findings have been supported by literature and direct quotes from the participants. The information adds to the body of knowledge and policy makers can review their policies looking at the findings of this study. The management of the mental health establishment can also adjust their management based on the findings of this study.

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APPENDIX A: ETHICS COMMITTEE APPROVAL LETTERS



Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: <http://www.nwu.ac.za>

**Health Sciences Ethics Office for Research,
Training and Support**

Health Research Ethics Committee (HREC)
Tel: 018-285 2291
Email: Wayne.Towers@nwu.ac.za

7 September 2018

To whom it may concern

APPROVAL OF THE RESEARCH STUDY FROM THE HEALTH RESEARCH ETHICS COMMITTEE (HREC) OF THE FACULTY OF HEALTH SCIENCES

Ethics number: NWU-00074-18-S1

Kindly use the ethics reference number provided above in all future correspondence or documents submitted to the administrative assistant of the Health Research Ethics Committee (HREC).

Study title: Perceptions of nurses at a public mental healthcare establishment in the North West Province on factors limiting presence

Study leader/supervisor: Prof E du Plessis

Student: PS Motshabi-22009426

Application type: Single study

Risk level: Minimal

You are kindly informed that this application was reviewed at the meeting of the Health Research Ethics Committee, Faculty of Health Sciences, North-West University, held on 19/07/2018. Following review of the application, it has been decided that the study is approved. Approval in this letter means that **final ethics approval** was indeed granted for the **research methodology and the ethical aspects** of this study and that the HREC has **no further ethical concerns** relating to the research ethics process, except for the outstanding documentation indicated below, which must be provided to the HREC by the researcher.

It is important to mention that this letter indicates that there are no further ethical concerns that exist, regarding the execution of the research.

A final ethics letter will be issued upon the receipt of the following documentation:

- a. A copy of the approval letter from you as the North West provincial Department of Health, indicating that the study can proceed.

The mentioned document, as indicated above, should be submitted to Ethics-HRECProcess@nwu.ac.za by the researcher, for review before the ethics approval certificate can be provided. This approval is provided for a year, after which continuation of the study is dependent on receipt of an annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation for another year.

12 April 2019

ETHICS APPROVAL LETTER OF STUDY

Based on approval by the North West University Health Research Ethics Committee (NWU-HREC) on 12/04/2019, the NWU Health Research Ethics Committee hereby approves your study as indicated below. This implies that the North-West University Research Ethics Regulatory Committee (NWU-RERC) grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: Perceptions of nurses at a public mental healthcare establishment in the North West Province on factors limiting presence.																															
Study Leader/Supervisor (Principal Investigator)/Researcher: Prof E du Plessis																															
Student: PS Motshabi																															
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<i>Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation</i>																															
Application Type: Single Study	Risk: Minimal																														
Commencement date: 12/04/2019																															
Expiry date: 30/04/2020																															
Approval of the study is initially provided for a year, after which continuation of the study is dependent on receipt and review of the annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation.																															

Special in process conditions of the research for approval (if applicable):

- Please provide the HREC with copies of the signed confidentiality agreements of the mediator and co-coder.
- If after the first test interview, it is determined that the interview schedule will have to be amended, please submit a copy of the amended interview schedule for review and approval by the HREC, before it is implemented in the study. If this is not required, please inform the NWU-HREC of this fact, so that the in-progress requirements can be signed off.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:

- *The study leader/supervisor (principle investigator)/researcher must report in the prescribed format to the NWU-HREC:*
 - *annually (or as otherwise requested) on the monitoring of the study, whereby a letter of continuation will be provided, and upon completion of the study; and*
 - *without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.*
- *The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the study leader/researcher must apply for approval of these amendments at the NWU-HREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.*
- *Annually a number of studies may be randomly selected for an external audit.*
- *The date of approval indicates the first date that the study may be started.*
- *In the interest of ethical responsibility the NWU-RERC and NWU-HREC reserves the right to:*

- request access to any information or data at any time during the course or after completion of the study;
- 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 study are revealed or suspected;
 - it becomes apparent that any relevant information was withheld from the NWU-HREC or that information has been false or misrepresented;
 - submission of the annual (or otherwise stipulated) monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and / or
 - new institutional rules, national legislation or international conventions deem it necessary.
- NWU-HREC can be contacted for further information or any report templates via Ethics-HRECApply@nwu.ac.za or 018 299 1206.

The NWU-HREC would like to remain at your service as scientist and researcher, and wishes you well with your study. Please do not hesitate to contact the NWU-HREC or the NWU-RERC for any further enquiries or requests for assistance.

Yours sincerely



Digitally signed by Wayne
Towers
Date: 2019.05.21
21:00:10 +02'00'

Prof Wayne Towers
Chairperson NWU Health Research Ethics Committee

Original details: (22351930) C:\Users\22351930\Desktop\ETHICS APPROVAL LETTER OF STUDY.docm
8 November 2018

Current details: (22351930) M:\DSS\18533\Monitoring and Reporting Cluster\Ethics\Certificates\Templates\Research Ethics Approval Letters\9.1.5.4.1 HREC Ethical Approval Letter.docm
3 December 2018

File reference: 9.1.5.4.2

APPENDIX B: REQUEST FOR PERMISSION AND RESPONSE: NORTH WEST DEPARTMENT OF HEALTH



Private Bag X1290, Potchefstroom
South Africa 2520

Tel: +2718 299-1111/2222

Fax: +2718 299-4910

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

15 May 2019

Head of the Department
Department of Health North West
Private Bag X2068
MMABATHO
2735

Dear Madam/Sir

Request for permission to conduct research

The above matter refers

I hereby wish to request for permission and approval to conduct a research study on “Perceptions of nurses at a public mental healthcare establishment in the North West Province on factors limiting presence.”

I am presently studying for my master’s degree at the North-West University. The research will be conducted under the supervision and guidance of Prof Emmerentia Du Plessis and co-supervisor Mr Francois Watson from the School of Nursing Science, North West University.

Herewith find attached the following documents in request for permission and approval to conduct research at Bophelong Psychiatric Hospital:

1. Information to participants
2. Informed consent forms
3. Recommendation from the Health Research Ethics Committee (North-West University)
4. Research proposal

I intend to collect data from May-September 2019.

I hope you will find this in order

Kindest regards

Precious S. Motshabi (Ms)



health

Department of Health
North West Province
REPUBLIC OF SOUTH AFRICA

3801 First Street
New Office Park
MAHIKENG, 2735

Eng: Nthabiseng Mapogo
Tel: 018 391 4504
NMapogo@nwpc.gov.za
www.nwhealth.gov.za

POLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION

Name of researcher : Ms. P.S. Motshabi
North West University

Physical Address : House No 43, 20th Avenue Tloobane West
(Work/ Institution) Tob Shimankana Tobane Hospital
Corner Hystek & Bosch Street Rustenburg 0300

Subject : **Research Approval Letter- Perceptions of nurses at a public mental healthcare establishment in the North West Province on factors limiting presence.**

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. F.R.M. Reichel
Director: PPRM&E

LEPAPHA LA BOITEKANELO
DEPARTMENT OF HEALTH
Kgaisana Post Private Bag 22088
Mmabatho, 2735
19 MAR 2019
NORTH WEST PROVINCE
REPUBLIC OF SOUTH AFRICA

15/03/2019
Date

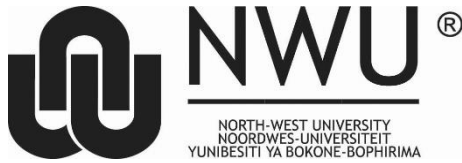
P.S. Motshabi
Researcher

20/03/2019
Date



Healthy Living for All

APPENDIX C: REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT MENTAL HEALTHCARE ESTABLISHMENT AND RESPONSE



Private Bag X1290, Potchefstroom
South Africa 2520

Tel: +2718 299-1111/2222

Fax: +2718 299-4910

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

15 May 2019

The Chief Executive Office

(Name omitted) Psychiatric Hospital

(Place omitted)

(Code omitted)

Dear Sir/Madam

The above matter refers:

I hereby wish to request for permission and approval to conduct research on: Perceptions of nurses at a public mental healthcare establishment in the North West Province on factors limiting presence.

I am presently studying for my Master's degree at the North West University. The research will be conducted under the supervision and guidance of Prof Emmerentia du Plessis and co-supervisor Mr Francois Watson from the School of Nursing Science, North West University.

Herewith find the attached ethics approval letter from the Health Research Ethics Committee, North West University and the permission letter from the North West Department of Health. I intend to collect data during May-September 2019.

Hoping this will meet your attention.

Regards,

Precious S. Motshabi (Ms).



health
 Department of
 Health
 North West Province
 REPUBLIC OF SOUTH AFRICA



Covered to protect the identity of
 participants.

OFFICE OF THE CEO:

TO : Ms P.S Motshabi
 School of Nursing Science
 North West University Potchefstroom Campus

FROM Covered to protect the identity of
 participants.

DATE : 29 March 2019

SUBJECT : Re-Research on Perceptions of nurses at a public Mental Healthcare
 establishment in the North West province on factors limiting presence

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 Manager

Covered to protect the identity of participants.

Regards

Covered to protect the
 identity of participants.

Chief Executive Officer
 Bophelong Psychiatric Hospital



APPENDIX D: LETTER TO THE INDEPENDENT PERSON AND CONFIDENTIALITY AGREEMENT SIGNED BY THE INDEPENDENT PERSON



Private Bag X1290, Potchefstroom
South Africa 2520

Tel: +2718 299-1111/2222

Fax: +2718 299-4910

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

15 May 2019

The independent person

Dear Sir/Madam

REQUEST TO RECRUIT PARTICIPANTS AND OBTAIN INFORMED CONSENT

I am currently studying for a Master's Degree at the North-West University. One of the requirements for this course is that I have to conduct a research project.

The title of the research is: Perceptions of nurses at a public mental healthcare establishment in the North West Province on factors limiting presence. The purpose for the study is to explore and describe nurses' perceptions on the factors limiting presence.

I herewith kindly request that you act as independent person. The researcher expects the independent person to assist with the recruitment of participants and only those who meet the inclusion criteria. The researcher will hand over the consent forms and will also ask the independent person to arrange a meeting with the participants to provide them with important information and clarify anything that they do not understand. The researcher expects the independent person to sign a confidentiality undertaking.

The research will be conducted under the supervision of experts from the North West University. I plan to do data collection from May-September 2019.

Regards

Precious Motshabi (Ms)



NORTH-WEST UNIVERSITY
 YUNIBESITHI YA BOKONE-BOPHIRIMA
 NOORDWES-UNIVERSITEIT

CONFIDENTIALITY UNDERTAKING

entered into between:

I, the undersigned

Prof / Dr /

Identity No

Address:

Covered to protect the identity of participants.

hereby undertake in favor of the **NORTH-WEST UNIVERSITY**, a public higher education institution established in terms of the Higher Education Act No. 101 of 1997

Address: Office of the Institutional Registrar, Building C1, 53 Borchard Street, Potchefstroom, 2520

(hereinafter the "NWU")

1 Interpretation and definitions

1.1 In this undertaking, unless inconsistent with, or otherwise indicated by the context:

1.1.1 "Confidential Information" shall include all information that is confidential in its nature or marked as confidential and shall include any existing and new information obtained by me after the Commencement Date, including but not be limited in its interpretation to, research data, information concerning research participants, all secret knowledge, technical information and specifications, manufacturing techniques, designs, diagrams, instruction manuals, blueprints, electronic artwork, samples, devices, demonstrations, formulae, know-how, intellectual property, information concerning materials, marketing and business information generally, financial information that may include remuneration detail, pay slips, information relating to human capital and employment contract, employment conditions, ledgers, income and expenditures and other materials of whatever description in which the NWU has an interest in being kept confidential; and

1.1.2 "Commencement Date" means the date of signature of this undertaking by myself.

1.2 The headings of clauses are intended for convenience only and shall not affect the interpretation of this undertaking.

2 Preamble

2.1 In performing certain duties requested by the NWU, I will have access to certain Confidential Information provided by the NWU in order to perform the said duties and I agree that it must be kept confidential.

2.2 The NWU has agreed to disclose certain of this Confidential Information and other information to me subject to me agreeing to the terms of confidentiality set out herein.

3 Title to the Confidential Information

I hereby acknowledge that all right, title and interest in and to the Confidential Information vests in the NWU and that I will have no claim of any nature in and to the Confidential Information.

4 Period of confidentiality

The provisions of this undertaking shall begin on the Commencement Date and remain in force indefinitely.

5 Non-disclosure and undertakings

I undertake:

5.1 to maintain the confidentiality of any Confidential Information to which I shall be allowed access by the NWU, whether before or after the Commencement Date of this undertaking. I will not divulge or permit to be divulged to any person any aspect of such Confidential Information otherwise than may be allowed in terms of this undertaking;

5.2 to take all such steps as may be necessary to prevent the Confidential Information falling into the hands of an unauthorised third party;

5.3 not to make use of any of the Confidential Information in the development, manufacture, marketing and/or sale of any goods;

5.4 not to use any research data for publication purposes;

5.5 not to use or disclose or attempt to use or disclose the Confidential Information for any purpose other than performing research purposes only and includes questionnaires, interviews with participants, data gathering, data analysis and personal information of participants/research subjects;

5.6 not to use or attempt to use the Confidential Information in any manner which will cause or be likely to cause injury or loss to a research participant or the NWU; and

5.7 that all documentation furnished to me by the NWU pursuant to this undertaking will remain the property of the NWU and upon the request of the NWU will be returned to the NWU. I shall not make copies of any such documentation without the prior written consent of the NWU.

6 Exception

The above undertakings by myself shall not apply to Confidential Information which I am compelled to disclose in terms of a court order.

7 Jurisdiction

This undertaking shall be governed by South African law be subject to the jurisdiction of South African courts in respect of any dispute flowing from this undertaking.

8 Whole agreement

8.1 This document constitutes the whole of this undertaking to the exclusion of all else.

8.2 No amendment, alteration, addition, variation or consensual cancellation of this undertaking will be valid unless in writing and signed by me and the NWU.

Dated at Potchefstroom this 04/06 2019

Witnesses:

Covered to protect the identity of participants.

(Signatures of witnesses)

(Signature)

APPENDIX E: PAMPHLET TO INVITE PARTICIPANTS



Invitation to participate in research

(Date to be inserted)

Dear Recipient,

Perceptions of nurses at a public mental healthcare establishment in the North West Province on factors limiting presence

You are hereby invited to participate in the above-mentioned research by Mrs Precious Motshabi, M.Cur-student at the North-West University.

An information session on the research will be held by (independent person), (date), (venue) and you are invited to attend, to hear more about the research.

This research is needed to improve the quality of care to mental healthcare users (psychiatric patients) through practicing presence.

This study will be **a good fit for you** if you are:

- A nurse who have worked at a mental healthcare establishment for more than one year
- A nurse who provide acute and long term in-patient care to mental healthcare users
- Registered with the South African Nursing Council
- Willing to sign informed consent forms to participate in the study
- Willing to sign informed consent forms for the interviews to be audio-recorded

The research entails participation in a once-off, audio-recorded individual interview at a private room at the hospital where you work, with Mrs Motshabi, that will not last longer than 45 minutes to an hour. You will be asked questions about your view on factors limiting presence, for example factors that hinder nurse-patient interactions and in knowing what the needs of the mental healthcare user are. There will be no costs involved for you. If you are interested, (the independent person) will arrange a date and time that suits you for the interview with Mrs Motshabi.

You will not directly benefit from participating, but recommendations will be formulated to improve the quality of mental healthcare through presence, benefiting mental healthcare users and nurses in the future.

You are free to decide to participate, you will not be penalized in any way if you decide not to participate.

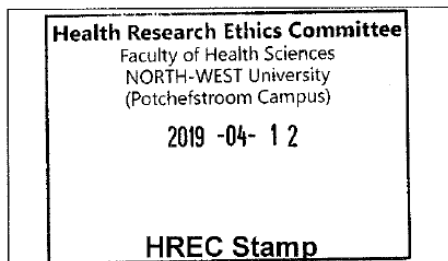
Warm regards,
(Independent Person)
Tel: (to be inserted)
E-mail: (to be inserted)

Mrs Precious Motshabi
083 547 9227
motshabiprecious@gmail.com

APPENDIX F: INFORMED CONSENT DOCUMENTATION



Private Bag X1290, Potchefstroom
South Africa 2520
Tel: +2718 299-1111/2222
Fax: +2718 299-4910
Web: <http://www.nwu.ac.za>



Informed consent documentation for nurses working at a public mental healthcare establishment in the North West Province

TITLE OF THE RESEARCH STUDY: Perceptions of nurses at a public mental healthcare establishment in the North West Province on factors limiting presence

ETHICS REFERENCE NUMBER: NWU-00074-18-S1

PRINCIPAL INVESTIGATOR: Prof Emmerentia du Plessis

POST-GRADUATE STUDENT: Ms Precious Sentletse Motshabi

ADDRESS: School of Nursing Science, Private Bag X6001, Potchefstroom, 2520

CONTACT NUMBER: 0835479227

You are being invited to take part in a research project entitled: "Perceptions of nurses at a public mental healthcare establishment in the North West Province on factors limiting presence", that form part of studies as requirement for a master in nursing science (Psychiatric Nursing Science) degree. Please take some time to read the information presented here, which will explain the detail of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important that you are satisfied and that you clearly understand what this research entails and how you

would be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00074-18-S1) and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (NDOH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

What is this research study all about?

The purpose of this research is to explore and describe the perceptions of nurses at a public mental healthcare establishment in the North West Province on factors limiting presence, for example, factors that hinder nurse-patient interactions with mental healthcare users and that hinders you in knowing what the needs of the mental healthcare users are. This study will be conducted during May and June 2019. Interviews will be conducted at a comfortable and a safe room at the mental healthcare establishment where you are working and will involve an individual semi-structured interview with a researcher trained in conducting qualitative research. The interview will last for 45 minutes with each participant. At least fifteen participants will be included in this study.

Why have you been invited to participate?

You have been invited to participate because you are a nurse that:

- a. Has worked at a mental healthcare establishment for more than one year
- b. Provide acute and long term inpatient care to mental healthcare users
- c. Is registered with South African Nursing Council
- d. Is willing to sign informed consent form to participate in the study
- e. Is willing to sign informed consent forms for the interviews to be audio-recorded

You will be excluded if you are a:

- nursing student who work at the mental healthcare establishment and are still busy with studies towards obtaining a qualification as professional, enrolled or auxiliary nurse
- nurse who are newly employed at the mental healthcare establishment

What will be expected of you?

You will be expected to share your views on factors limiting presence. This will entail a once-off, audio-recorded, individual interview that will last for about forty-five minutes.

Will you gain anything from taking part in this research?

You will not directly benefit from taking part in this research.

The indirect benefit will be that the study will benefit the larger community. The researcher will be able to formulate guidelines on how to minimise or eliminate factors that limit presence of nurses working at a public mental healthcare establishment in the North West Province.

Are there risks involved in your taking part in this research and what will be done to prevent them?

The risks in this study are that you might experience slight emotional upset to talk about factors that limit the presence of nurses working in a public mental healthcare establishment in the North West Province. Comfort breaks will be allowed as needed and refreshments will be served. A counsellor will be on standby for debriefing if needed. There are more gains in this study than there are risks.

How will we protect your confidentiality and who will see the findings?

The interview will be conducted in a private, safe room. No personal information will be shared with anyone outside the research, and the information that you share during the interview will be anonymised, namely that your name and other identifying information will be deleted from the transcript of the interview. Only the researcher, researcher supervisors, and the person assisting in analysing the information will be able to look at the transcripts of the interviews. Findings will be kept safe by locking hard copies in locked cupboards in the researcher's office and electronic data will be password protected. As soon as data has been transcribed it will be deleted from the audio-recorder. Data will be stored for five years.

What will happen with the data?

This is a once-off interview. Data analysis will be done by the researcher and an independent co-coder. The researcher may contact you after analysing the data, to verify that the findings is a true reflection of what you shared in the interview.

How will you know about the findings?

After the findings of research study are finalized, the researcher will arrange a once-off meeting with the participants at the mental healthcare establishment to provide them with a verbal and written report about the study. The written report will be in the form of a communiqué. A report will be sent to the mental healthcare establishment where the research takes place and also to the North West Department of Health.

Will you be paid to take part in this study and are there any costs involved?

This study is partly funded by the National Research Foundation. You will not be paid to take part in the study, because you will not have any expenses in participating in this research. There will thus be no costs involved for you, if you do take part. Refreshments will be served.

Is there anything else that you should know or do?

You can contact P.S Motshabi during office hours at 0835479227 if you have any further queries or encounter any problems.

You can contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206, carolien.vanzyl@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher.

You will receive a copy of this information and consent form for your own records.

Declaration by participant

By signing below, I agree to take part in a research study titled: Perceptions of nurses at a public mental healthcare establishment in the North West Province on factors limiting presence.

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 20....

.....

Signature of participant

Declaration by person obtaining consent

I (*name*) declare that:

- I clearly and in detail explained the information in this document to

.....

- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....

Signature of person obtaining consent

Declaration by researcher

I (*name*) declare that:

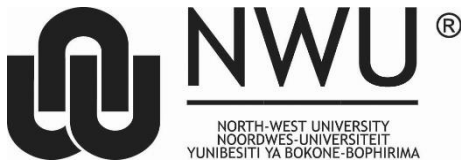
- I had the information in this document explained by who I trained for this purpose.
- I did/did not use an interpreter
- I was available should he/she want to ask any further questions.
- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....

Signature of researcher

APPENDIX G: LETTER TO CO-CODER AND CONFIDENTIALITY UNDERTAKING BY CO-CODER



Private Bag X1290, Potchefstroom
South Africa 2520

Tel: +2718 299-1111/2222

Fax: +2718 299-4910

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

15 May 2019

Dear Sir/Madam

REQUEST FOR CO-CODER

The above subject matter refers:

I am currently studying for Master's Degree at the North West University. One of the requirements for this course is that I conduct research.

I herewith kindly request you to act as co-coder. The co-coder is expected to assist with co-analysing the collected data. You will also be expected to sign a confidentiality undertaking.

Regards

Precious Motshabi (Ms)



NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

CONFIDENTIALITY UNDERTAKING

entered into between:

I, the undersigned

Prof / Dr / Mr / Ms ___Mrs K Froneman_____

Identity Number:___7508200112089_____

Address:___School of Nursing Science Potchefstroom_____

hereby undertake in favor of the **NORTH-WEST UNIVERSITY**, a public higher education institution established in terms of the Higher Education Act No. 101 of 1997

Address: Office of the Institutional Registrar, Building C1, 53 Borchard Street, Potchefstroom, 2520

(hereinafter the "NWU")

1 Interpretation and definitions

1.1 In this undertaking, unless inconsistent with, or otherwise indicated by the context:

1.1.1 "Confidential Information" shall include all information that is confidential in its nature or marked as confidential and shall include any existing and new information obtained by me after the Commencement Date, including but not be limited in its interpretation to, research data, information concerning research participants, all secret knowledge, technical information and specifications, manufacturing techniques, designs, diagrams, instruction manuals, blueprints, electronic artwork, samples, devices, demonstrations, formulae, know-how, intellectual property, information concerning materials, marketing and business information generally, financial information that may include remuneration detail, pay slips, information relating to human capital and employment contract, employment conditions, ledgers, income and expenditures and other materials of whatever description in which the NWU has an interest in being kept confidential; and

1.1.2 "Commencement Date" means the date of signature of this undertaking by myself.

1.2 The headings of clauses are intended for convenience only and shall not affect the interpretation of this undertaking.

2 Preamble

2.1 In performing certain duties requested by the NWU, I will have access to certain Confidential Information provided by the NWU in order to perform the said duties and I agree that it must be kept confidential.

2.2 The NWU has agreed to disclose certain of this Confidential Information and other information to me subject to me agreeing to the terms of confidentiality set out herein.

3 Title to the Confidential Information

I hereby acknowledge that all right, title and interest in and to the Confidential Information vests in the NWU and that I will have no claim of any nature in and to the Confidential Information.

4 Period of confidentiality

The provisions of this undertaking shall begin on the Commencement Date and remain in force indefinitely.

5 Non-disclosure and undertakings

I undertake:

5.1 to maintain the confidentiality of any Confidential Information to which I shall be allowed access by the NWU, whether before or after the Commencement Date of this undertaking. I will not divulge or permit to be divulged to any person any aspect of such Confidential Information otherwise than may be allowed in terms of this undertaking;

5.2 to take all such steps as may be necessary to prevent the Confidential Information falling into the hands of an unauthorised third party;

5.3 not to make use of any of the Confidential Information in the development, manufacture, marketing and/or sale of any goods;

5.4 not to use any research data for publication purposes;

5.5 not to use or disclose or attempt to use or disclose the Confidential Information for any purpose other than performing research purposes only and includes questionnaires, interviews with participants, data gathering, data analysis and personal information of participants/research subjects;

5.6 not to use or attempt to use the Confidential Information in any manner which will cause or be likely to cause injury or loss to a research participant or the NWU; and

5.7 that all documentation furnished to me by the NWU pursuant to this undertaking will remain the property of the NWU and upon the request of the NWU will be returned to the NWU. I shall not make copies of any such documentation without the prior written consent of the NWU.

6 Exception

The above undertakings by myself shall not apply to Confidential Information which I am compelled to disclose in terms of a court order.

7 Jurisdiction

This undertaking shall be governed by South African law be subject to the jurisdiction of South African courts in respect of any dispute flowing from this undertaking.



8 Whole agreement

8.1 This document constitutes the whole of this undertaking to the exclusion of all else.

8.2 No amendment, alteration, addition, variation or consensual cancellation of this undertaking will be valid unless in writing and signed by me and the NWU.

Dated at Potchefstroom this 01 November 2019

Witnesses:

1 
2 

(Signatures of witnesses)

Kathleen
Froneman 
Digitally signed by
Kathleen Froneman
Date: 2020.03.19
10:10:20 +02'00'

(Signature)

APPENDIX H: TRANSCRIPT OF A SEMI-STRUCTURED INDIVIDUAL INTERVIEW

Researcher: Er, good afternoon.

Participant 3: Good afternoon.

Researcher: My name is Precious Motshabi, i am a student from North West University, as a requirement of my master's degree need to a research that is why we are having this interview neh. Can you introduce yourself?

Participant 3: Er, I am 43 years old, I have been working here in Bophelong psychiatric hospital from 2004 until now. I have 14 years' experience working in psychiatric institution.

Researcher: You are working as...?

Participant 3: As a professional nurse.

Researcher: Ok, today we are going to do a research neh, the title of research is: the perceptions of nurses working at a public mental healthcare establishment in the North West University on factors limiting presence. The things that we are going to look at, are the things that prevent to take total care of the psychiatric patients because of some factors that they come across in the workplace neh. And then I just want to tell you that er participating in this research is voluntary, so you are not forced to enter/participate. You are free to choose whether to participate or not and then the other thing you must know that um the information that we are discussing here will remain confidential, there is no way that the information can get out of this door, is going to remain between me. And then you be free to answer the questions the way that you should. So as I told you that the title of the study is, the perceptions of nurses that are working in a public mental healthcare establishment in the North West Province on factors limiting presence. I just want to know in your view how do you describe a psychiatric patient?

Participant 3: A psychiatric patient is someone who cannot account for himself, some of them depending on the sections that they have been admitted. Psychiatric patients can be voluntary ones, the other ones can be the ones that does not give consent to be admitted and psychiatric patients overall is someone who is incapable of er accounting for himself and might be dangerous to other people and the other fellow patients.

Researcher: Umh, by being dangerous what do you mean?

Participant 3: I mean aggressive patient with aggressive behaviour, er as we know psychiatric patient may experience hallucination, delusions and they can be aggressive without knowing that they are aggressive towards a person, but they will be aggressive because of hallucinations and delusions.

Researcher: Ok.

Participant 3: And they can be verbally or physically aggressive.

Researcher: Ok, umh, what you have said I can hear that you are describing the psychiatric patients that are admitted voluntary or involuntary but let's say in an ordinary language you explain to a person a psychiatric patient, what would you say? maybe you meet me on the way and I asked you about somebody and you try to describe somebody that is psychiatric patient. How would you describe that person to somebody that does not know voluntary or involuntary patients?

Participant 3: When I describe a psychiatric I may include that psychiatric patient can be a person who roams around aimlessly as clinical symptoms, roam around aimlessly, neglecting personal hygiene, does not sleep even at night, hears voices, talks alone and then undressing in public er that's in short a psychiatric patient.

Researcher: Yes, because if you talk to somebody who does not know anything about nursing but the way you describe she can understand what kind of person are you talking about. And then the other question is um, what are factors that hinder you to get to know psychiatric patients? As you have to nurse these patients holistically, physically, emotionally and spiritually. What are the things that can prevent you nurse these areas of the patients?

Participant 3: Meaning to, I mean things that hinder to render a holistic...?

Researcher: Yes, things that prevent you to know the psychiatric patient, isn't it that they are ill but they are not the same, they are all psychiatric patients but they are not the same. They are not presenting the same way; they do not have the same problems.

Participant 3: Yes, as we know psychiatric patients are classified according to their conditions, there are those who are chronic ones, er for example they can be schizophrenic, bipolar mood disorder and then the others ja, it depends on their diagnosis. Others can be manageable; others can be unmanageable.

Researcher: How, I want to know the things, factors that can prevent you to know each and every one of them individually, like they are admitted here.

Participant 3: Ah, they are many er most of the time we are unable to....

Researcher? Yes.

Participant 3: We are unable to give individual attention.

Researcher: Like?

Participant 3: As they are many, they come in and those who progress well, they are discharged, the other ones are in the ward. I mean the ward that I am working is like admission ward so most of the patients are coming here from the admission ward as transfer to this ward and the others are still really due to lack of space in other wards. We admit and we transfer you know most of the time you are not conversant with the patient but according to the limited space, we are forced to transfer them to other wards

Researcher: I understand that you want to tell me that there are patients that can be admitted, come and pass this ward and be discharged. I understand that you want to tell me that there is time where the patients can come and pass through this ward without having time to talk with them.

Participant 3: Yes, individual attention really in most of the time is difficult, like we are working shifts, so others you find that when you come to work there are new patients. After some time, they are gone to other wards. So really, individual attention is really a problem.

Researcher; What is it that prevent you from having an individual attention to each and every one of them?

Participant 3: The influx, there is a lot of admissions and most of the patients are in our nearby areas and also the transferring hospitals, they are many, per day you can find that you have admitted four patients. Uhm, and the others ones are the those who stay for a long time in thet

hospital, you are able to give them, like to know them well as compared to others who are coming in and going out.

Researcher: Oh, you want to tell me that you admit more patients than your capacity can hold them.

Participant 3: But I would say that is why if there is a space in other wards we transfer to other wards to fill that space and then 72-hour observation in Mafikeng provincial is sending more patients, sometimes there are floor beds, we don't have floor beds but at the end of the day the ward is full to its capacity.

Researcher: Oh, it means that er if your ward is full, you have to transfer them to other areas so that you can admit the coming new ones?

Participant 3: The new ones who are acutely ill and then we discharge those who have progressed, at least who can be manageable at home, we discharge them.

Researcher: Oh, but you make it a point that at least when you discharge them, they are....

Participant 3: Manageable at home, they can be manageable at home.

Researcher: Ok, then the other question I have is, what is limiting you when you try to understand the needs of psychiatric patients? Isn't it that these patients have needs, so they come from different areas with different needs, so what is it that impedes you to know the needs of these patients?

Participant 3: Ja, as we know, we admit different cultures, people from different cultures. You may find that the other one there is language barrier. Like you are Tswana and you don't know the language of the patient and then you have to take care of this guy 24/7 and you have communication barrier, you don't understand each other. So, you can't be able to express the ideas then you cannot be able to identify his special needs. Communication area is very problematic.

Researcher: You have...

Participant 3: You cannot identify their needs without interacting with them.

Researcher: Ok, except from the cultural differences and language barriers, what other aspects can you, what other factors can you say they are the ones that impedes you to know uhm to understand their needs, because others you know their language

Participant 3: Yes.

Researcher: Now....

Participant 3: Others we know needs neh, and then the other thing is like if you are, you have a lack of resources neh, in the hospital you can't cater all the needs like there will be ones who are active in sports like ball, patient will be having a hobby like playing tennis and is usually playing tennis. So here in our hospital we don't have that kind of facility where we engage the patients to play tennis to explore his activity that he usually does. Lack of resources, under lack of resources, the other thing the indoor games, like you know when you involve in indoor games, now you interact and you are able to identify these needs, if the resources are not there it is very difficult.

Researcher: So the lack of resources and the language barrier are the ones that you talked about, is there anything more you can add on top of the two that they are the ones that impedes you to know their needs as psychiatric patients.

Participant 3: Hmm, and the other thing, what can I say? I will think about that; we will come back to that.

Researcher: Ok, and then um the other question that I have is um, what would say are factors that are hindering you to provide good care to psychiatric patients?

Participant 3: Lack of resources and of support from the top management is whereby that's whereby lack of resource are coming from, lack of support from the managerial staff.

Researcher: Umh, what do you mean by lack of support from management?

Participant 3: What I mean is that like er if you have a support from management like for example, you make something or inputs like your aim being that to improve service delivery to the patients and then you are not like taking into consideration, whatever you are making inputs are not like implemented in future like for example you see like in these ward, I need to have, we need some sort of er let me say er the television set whereby we are going to er assist patients to be well orientated and also to assist the memory of the patients. So if you don't have a simple, a television set, it means our patients will be disorientated once they are her in hospital.

Researcher: So, the management are the ones that are responsible for providing that?

Participant 3: Yes, they are the ones who are at the strategic level that make business plan for financial year, planning for everything at the hospital the patients need ja, yes so if they can plan they can put the television set in their business plan and at end of the year they have not achieved to buy television set, and then it means there is lack of support, because is what we need to keep our patients well informed about everything that is going around.

Researcher: Um, hm, I hear that you are telling me that um you go to the meetings, you give out inputs of what you need in the wards but the management does not respond to the things that you need.

Participant 3: Yes, like if they are not seeing the progress, if I mean if they are not buying the things that we need and the things that are important er to our patients then if they do not buy it means they don't recognise our inputs.

Researcher: So, they are not helping you to help the patients.

Participant 3: No.

Researcher: Umh, then when you back to them, did you get any feedback positive or negative?

Participant3: They will always talk about constraints of the financial constraints but there are things that we really need as the institution, you know that we have our patients in the room, our patients must be the first priority.

Researcher: Umh..

Participant 3: Our patients should be the first priority, the budget that is allocated to the institution is for the patients.

Researcher: Hm, er, so now how do you think they use the for because you said the patients must be the first priority when it comes to budget but at the end of the day they fail to provide you with what you need and then how do you think they use the money for?

Participant 3: Ahh, I am not sure, I can't comment on that.

Researcher: Neh.

Participant 3: If they really care about what is important to the patient, their families have er I mean put their faith on us, so if we can't keep them happy then it means really they are not budgeted for but the budget is for the patients, without the patients we cannot have the budget.

Researcher: Ok, umh, like the things that impedes you to provide a good care, you talked about the lack of support from management whereby they fail to provide you with the things that you need to help the patients. What else can you add?

Participant 3: (Silence) umh, I can that the support services, the structure er I mean support services. I mean like other departments, food service department, so there is a lot like for example like a maintenance issue, like you are unable to maintain their good hygiene because there is no hot water to bath and the maintenance are failing dismally in that area because it's winter now it's a disaster. The water is cold so you cannot really bath them with cold water, otherwise all of them will be having flu.

Researcher: Umh, what about the food services?

Participant 3: The food service also really is not good, sometimes most of the time they dish up small portion of food and we know that psychiatric patients really they eat a lot this guys.

Researcher: Um

Participant 3: The medication that they are taking makes them to eat frequently er so they need something like snacks during the course of the day. Eat what, fruits and what, what, so there are things that I think the services implemented in the institution. I don't know.

Researcher: Is that all that are hindering you to take good care?

Participant 3: A holistic care, good care also it involves like for example we have been trying for a very long time to be assisted teeth brushes, razors to cut their hair when we are sitting for grooming, we need all these things like during weekend we make them beautiful and then cut the hairs and so on and so on, they are not there.

Researcher: Um.

Participant 3: Ja.

Researcher: Ok, is that all?

Participant 3: And then the other thing also is the laundry services, we are struggling because the province does not have a what we call laundry, the hospital doesn't have a laundry in the hospital. So the clothes are washed in Mogwase, so we are provided with limited clean clothes. So some other thing, they spent maybe some days not changing because the linen is not there, is still in Mogwase, is still not collected. So thus the issue (silence).

Researcher: Ok, and then you talked about the laundry....

Participant 3: And then also there is, you know some other patients, their attitudes especially those who know the ins and outs of the hospital. Really their attitudes, they make it very difficult to render the services that you want to render to them, like they know in and out like they know all the multidisciplinary team members. When they are presented in a multidisciplinary team, you know that the patient is not well somehow but during the multidisciplinary team rounds is talking, you know he knows the questions that are going to be asked, so is always ready. He will answer all the questions, even if you say he is disorientated but that time he answers every single question correctly and he knows that he is going to be discharged and you know the doctors becomes convinced that he is ready.

Researcher: The patient that are admitted now and then they think that they know what say when?

Participant 3: Yes.

Researcher: He knows how to behave when he wants to be discharged.

Participant 3: They know how to behave when they want to go and want to be discharged. Others they come, they even sometimes fake, I mean like mental illness, if he wants to come and rest and enjoy the stay in the hospital and eat food then he will fake all those hallucinations what, what for him to be admitted, but when is about to go for his er monthly pension, social grants, he behaves as if like, you will see that he wants to be discharged when it's time to get social grant money, that time he will behave.

Researcher: Um...

Participant 3: But when he doesn't want to go home he will not behave.

Researcher: Hmm, they are too clever, so they (laughs) outsmart the nursing staff/

Participant 3: Yes.

Researcher: Hmm, and also the patients that you are nursing, they have different behaviour that they display

Participant 3: Yes.

Researcher: Can you talk something about their behaviour?

Participant 3: Their behaviour, i mean differs some others they come aggressive towards other patients, they can fight for maybe tobacco or they fight each other and the we have to call the security in to restrain him for his behaviour and be given appropriate medication according to the protocol of management of aggressive patient. So others are behaving but there are the ones that are aggressive but most of the time we transfer them to a security ward where they will be secluded.

Researcher: Hmm, you said that the patient that has been admitted more frequently are the ones that give problems and they know how to act when time come for them, if they want to go home thy know how to behave, if they want to be admitted. How does that make you feel as a nurse because you know he was here two weeks ago and then he went home to eat the grant money, he finishes it and then come back.

Participant 3: You know what? It makes very problematic because there are patients who will be waiting for that bed, who really need that bed. Patients who are acutely psychotic, they need those beds. Then if we feel our hospital with those patients who like behave in that fashion it's not going to help us, but I think as a psychiatric nurse, even if you are unable to identify that he is faking, you are convinced that he is not psychotic, you don't have a choice but to admit him (laugh).

Researcher: Hmm, ok.

Participant 3: because they know that the other thing that warrants admission is the aggressive behaviour.

Researcher: Hmm...

Participant 3: So they are aggressive and as a medical, as a doctor you don't have any other option but to admit him because he is dangerous to himself and other people.

Researcher: Alright, hmm, the other question that I have; what are your needs as a nurse to provide care to psychiatric patients? Isn't it that you talk about the needs of the patients then you said you do not have resources and then they are not supporting you. So what are your needs as a nurse to provide care to psychiatric patient? What is it that you need so that you can provide a good care to these patients?

Participant 3: I need a physical strength and mental strength.

Researcher: what do you mean by physical strength?

Participant 3: physical strength I mean strength to work like strong be able to assist when the patient is aggressive. I mean if you are physically healthy you can handle that patient.

Researcher: Umh...

Participant 3: Psychological er, being in a good state of mind and take care of an ill patients, like to be free of stress related issues, like that I mean if you don't have fully support from the team itself, the management are you become stressed sometimes but you are not taken into consideration and that might your ability to carry out your duties.

Researcher: You talk about team, what do you mean by team?

Participant 3: I was referring to the authoritative people like those who are in high offices, the manager, our nursing managers.

Researcher: Hmm.

Participant 3: Hmm, to act like a team, otherwise in the ward we work ok as a team.

Researcher: Umh, you talked about the physical strength that you need, the strength that you are going to need when you are handling aggressive patients and then the support of the team managers, support team meaning the management if they can be very close knowing what is happening and what is it that you need so that they can give you, provide you with that, is all the things that you need to provide a good care to psychiatric patients.

Participant 3: Yes.

Researcher: I think that um like the nursing assistant, you are working with nursing assistants and then I think they also need er to be educated on helping, some of the things like handling the psychiatric patients. Isn't it that they are always with you and they also need to grow professionally speaking, you as well.

Participant 3: Ja, you know you are right, as I refer them as our team, they want to grow in their profession but in the hospital there are other issues or processes that aer followed for them to be able to further their studies. the training development are the ones that are responsible about giving them a chance to g9 further their studies and also in the ward we service them, we teach them about the management of aggressive patient, the protocol, ja, we teach them.

Researcher: Isn't it that maybe when you have done like you said, the management is like far away from you, they don't know what is happening and if you feel that you have done something great, there is no one who give a motivation like maybe saying a word of....

Participant: Ja, you know there some issues like each and every employee has a right to be assessed, like there is pmds er issue. I don't know how they do it but they tend to favour others who really don't give the full potential to the needs of the patients. They are the ones that are rewarded. I don't know how managers process that but if you are working like er you are giving

yourself, er I mean like what can I say? Like you are working hard, you are a hard worker but at the end of the day you are not rewarded you know for the fact that except money really there are other things that can motivate can motivate an individual, but if the pmds process is not favouring you. Ja, they reward according to their favoured people, then you become you know less effective like maybe you work like those people who are being rewarded, maybe you will be lucky if you reduce your strength to be rewarded (laugh). So you see thus the issue today is a burning issue.

Researcher: And then it seems as if maybe people to be confused because now you don't know whether to slow down your pace to be rewarded because those that put their strength.

Participant 3: And that is not how i operate, i want to work, when i work I work.

Researcher: Umh...

Participant 3: I work very hard, so really is discouraging.

Researcher: Umh, ok, you have talked about the psychiatric patients and the way you explain is very well to somebody who doesn't know anything about nursing he can identify that person when he meet him or when he saw him in the village neh, and then talk about lack of resources as one of the factor that impedes you to provide total nursing care , the one that impedes you to know the patients is admission er influx whereby you admit more patients then before you can even know the patient, he is transferred to a new ward and then the other one comes in and this is the fast lane for admission, so those are the factors that you said are the ones that impedes you to know the psychiatric patients and then to know their needs

Participant 3: Yes.

Researcher: And then you said lack of management support also is a factor that impedes you to provide a good nursing care to psychiatric patients whereby the management seems to be far from you. And then you know the things that you need but you give inputs during the meetings but nobody is responding to them and they just hear what you need in the ward and they do not do anything about those needs. So you said about laundry services, the maintenance no hot water whereas in winter. Too many things are happening now. The support services are the problems that really affect to render the good care to psychiatric patient and then about your needs you only spoke about physical strength and the team support and you also need management to be close to you so that when you need something they must come and to see to it that they provide with what you need and that is not happening. So you talked about pmds whereby it is not provided in the right way. It is unfair the structure that they follow to give people pmds whereby you end up losing energy to work because people that you know that they are not supposed to get the money they receive it and the ones that are supposed to get they do not get. So you it's just confusing, you don't know what to do so that you can get it, because when you work hard is for your own sake because nobody cares.

Participant 3: Yes.

Researcher: Ok, and then I just want to know, do you have any question for me?

Participant 3: No, actually it was interesting for me to participate in this type of research.

Researcher: Ok, I thank you then.

Participant 3: Thank you.

Researcher: Thank you for your time.

APPENDIX I: EXAMPLE OF FIELD NOTES

DESCRIPTIVE NOTES

The individual semi-structured interviews were attended by auxiliary and professional nurses who are providing acute and long term care to mental health care users. All of them had an experience of more than one year in providing nursing care to mental health care users. All the participants were in their respective wards during the interviews. In each of the wards where there were participants, a room was prepared for interviews so there was no confusion everything goes according to the plan. The researcher explained to each and every participant about the ethical considerations like confidentiality and anonymity before the interview started.

During interviews the participants were maintaining eye contact very well, the auxiliary nurses had some difficulty in understanding some of the questions but the researcher was there to explain to them what they do not understand in detail. To show that the participants were listening, they were responding by nodding their heads or saying yes. All nurses were relaxed during and after the interviews.

REFLECTIVE NOTES

All the participants were friendly and each shared their perception on factors limiting presence. The participants expressed their gratitude for being given opportunity to participate in the research study.

DEMOGRAPHIC NOTES

The first individual semi-structured interviews were conducted on 29/05/2019 with one auxiliary nurse and two professional nurses and the next individual semi-structured interviews were conducted on 04/06/2019 with one auxiliary nurse and two professional nurses. The final individual semi-structured interviews were conducted on 12/07/2019 with two professional nurses and on 13/09/2019 with two professional nurses. All the interviews were conducted while the participants were on duty, the researcher travelled to the mental healthcare establishment to meet with the participants for the interviews as per arrangement. The demographic profile as recorded in Chapter 3 of the mini-dissertation provides information about the participants.