

**Experiences of professional nurses in caring for psychiatric
patients with dual diagnosis in a public psychiatric hospital
in North West Province of South Africa**

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BNSc (NWU) PGDM (NWU)

**Dissertation submitted in fulfilment of the requirements for
the degree Master of Nursing Science at the Mafikeng
Campus of the North West University**

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Declaration

I, Joan Mologadi Dikobe, declare that the dissertation entitled “**Experiences of professional nurses in caring for psychiatric patients with dual diagnosis in a public psychiatric hospital in North West Province of South Africa**”, hereby submitted for the degree of Master of Nursing Science, has not previously been submitted by me for a degree at this or any other university. I further declare that this is my work in design and execution and that all materials contained herein have been duly acknowledged.

Signature: 

Date: 19/04/2016

Dedication

This study is dedicated to mental health establishments. It can also be used as a guide by institutions involved in psychiatric patients and people with psychiatric conditions. The findings and recommendations of this study can be used by professional nurses to improve their care for psychiatric patients with dual diagnosis.

Acknowledgements

I thank God for the strength and guidance throughout my studies. It was not easy, but with God, all things are possible (Matthew 19:26).

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Abstract

Dual diagnosis is a serious concern in the whole world and very little is known about the care of psychiatric patients with dual diagnosis. The aim of this study was to explore and describe the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in order to make recommendations that can assist them in improving care for psychiatric patients with dual diagnosis in psychiatric hospital in the North West Province of South Africa.

A qualitative exploratory- descriptive research design was used in this study. Unstructured interviews were conducted with twelve professional nurses caring for psychiatric patients with dual diagnosis in a psychiatric hospital in the North West Province of South Africa. The target population of this study consisted of professional nurses caring for psychiatric patients with dual diagnosis in a psychiatric hospital in the North West Province of South Africa. A non-probability sampling approach was used and participants were selected purposively based on the selection criteria. The sample size was determined by data saturation. A tape recorder was used to record the interviews and was later transcribed verbatim. Data was analysed qualitatively using Tesch's method of content analysis. Trustworthiness was ensured through credibility, dependability, transferability and confirmability.

Emerging themes were negative experiences about caring for psychiatric patients with dual diagnosis, positive experiences about caring for psychiatric patients with dual diagnosis and suggestions for caring for psychiatric patients with dual diagnosis. Emerging themes were examined in line with the objectives of the study and confirmed through the literature control. The findings of this study revealed that professional nurses need to have the knowledge and skills to care for psychiatric patients with dual diagnosis in a psychiatric hospital in the North West Province of South Africa. The recommendations of this study were made in regards to nursing practice, nursing education and nursing research.

Key words: Dual diagnosis, professional nurses, experiences, psychiatric patients and caring

Table of contents

Number	Content	Page number
	Declaration	I
	Dedication	li
	Acknowledgement	iii
	Abstract	lv
	Table of contents	V
	List of acronyms	X

Chapter 1: Overview of the study

1.1	Introduction	1
1.2	Problem statement	4
1.3	Research questions	5
1.4	Aim of the study	5
1.5	Objectives of the study	5
1.6	Significance of the study	6
1.7	Paradigmatic perspective	6
1.7.1	Meta-theoretical assumptions	6
1.7.1.1	Person	6
1.7.1.2	Nursing	7
1.7.1.3	Health	7
1.7.1.4	Environment	7
1.7.2	Theoretical assumptions	8
1.7.2.1	Central theoretical argument	8
1.7.2.2	Conceptual definitions	8
1.7.3	Methodological assumption	9
1.8	Literature review	10
1.9	Research design and methods	10
1.9.1	Research design	10

1.9.1.1	Qualitative design	10
1.9.1.2	Exploratory design	11
1.9.1.3	Descriptive design	11
1.9.1.4	Contextual design	11
1.9.2	Research methods	12
1.9.2.1	Population	12
1.9.2.2	Sampling	12
1.9.2.3	Sample size	12
1.9.2.4	Data collection	12
1.10	Research setting	14
1.11	Data analysis	14
1.12	Literature control	14
1.13	Trustworthiness	14
1.14	Ethical considerations	14
1.15	Organisation of the study	15
1.16	Conclusion	15

Chapter 2: Research design and methods

2.1	Introduction	16
2.2	Research design	16
2.2.1	Qualitative design	16
2.2.2	Exploratory design	16
2.2.3	Descriptive design	17
2.2.4	Contextual design	17
2.3	Research methods	18
2.3.1	Population	18
2.3.2	Sampling approach	18
2.3.3	Sampling technique	18
2.3.4	Sampling criteria	19
2.3.5	Sampling size	19

2.4	Data collection	19
2.4.1	Method of data collection	20
2.5	Research setting	21
2.6	Pilot study	22
2.7	Method of data analysis	22
2.8	Literature control	23
2.9	Trustworthiness	23
2.9.1	Credibility	23
2.9.2	Transferability	24
2.9.3	Dependability	24
2.9.4	Confirmability	24
2.10	Ethical considerations	24
2.10.1	Principle of respect for person	25
2.10.2	Principle of beneficence and non-maleficence	25
2.10.3	Principle of justice	25
2.11	Conclusion	26

Chapter 3:Results and literature control

3.1	Introduction	27
3.2	Delineation of content	27
3.3	Results and literature control	27
3.3.1	Negative experiences about caring for psychiatric patients with dual diagnosis	30
3.3.2	Positive experiences about caring for psychiatric patients with dual diagnosis	36
3.3.3	Suggestions to consider in caring for psychiatric patients with dual diagnosis	43
3.4	Conclusion	51

Chapter 4:Conclusions,limitations and recommendations

4.1	Introduction	52
4.2	Conclusions from the findings	52
4.2.1	Conclusions on the negative experiences of caring for psychiatric patients with dual diagnosis	52
4.2.2	Conclusions on positive experiences of caring for psychiatric patients with dual diagnosis	53
4.2.3	Conclusions regarding suggestions for caring for psychiatric patients with dual diagnosis	53
4.3	Limitations of the study	54
4.4	Recommendations for nursing practice, nursing education and nursing research	54
4.4.1	Recommendations for nursing practice	55
4.4.2	Recommendations for nursing education	56
4.4.3	Recommendations for nursing research	57
4.5	Summary of the study	57
4.6	References	59

List of appendices

Appendix A	Application letter to the ethics committee of the North-West University	64
Appendix B	Permission from the ethics committee of the North-West University	66
Appendix C	Request letter to the North-West Provincial Department of health to conduct the study	67
Appendix D	Permission from the North-West Provincial Department of health to conduct the study	69
Appendix E	Request letter to the management of a psychiatric hospital to conduct the study	70
Appendix F	Permission from the management of a psychiatric hospital to conduct the study	72

Appendix G	Written informed consent from Psychiatric Professional nurses to participate in the study	73
Appendix H	Interview guide	74
Appendix I	Request letter to co-coder	75
Appendix J	Approval letter from the co-coder	77
Appendix K	Example of a transcript of an individual interview with professional nurse	78
Appendix L	Field notes	96
Appendix M	Letter of language editing	97
Appendix N	Certificate of language editing	99

List of tables

Table 3.1	Three major categories as well as subcategories of experiences of professional nurses in caring for psychiatric patients with dual diagnosis	29
Table 3.1.1	Negative experiences about caring for psychiatric patients with dual diagnosis	30
Table 3.1.2	Positive experiences about caring for psychiatric patients with dual diagnosis	37
Table 3.1.3	Suggestions to consider in caring for psychiatric patients with dual diagnosis	44

List of acronyms

DD- Dual Diagnosis

DENOSA-Democratic Nurses Organisation of South Africa

MDT-Multidisciplinary Team

MHCP-Mental Health Care Practitioner

NWP- North West Province

NWU – North West University

PN- Professional Nurse

RSA- Republic of South Africa

SANC – South African Nursing Council

SA-South Africa

UK – United Kingdom

Chapter One

Overview of the study



1.1 Introduction

Dual diagnosis among psychiatric patients is a global concern (Phillips, McKeown & Sandford, 2009:199). The concept of 'dual diagnosis' was first introduced in the United States in the 1980s and it is believed that the number of psychiatric patients with dual diagnosis is high and increasing in the United States (Phillips *et al.*, 2010:199). It is estimated that up to 51 per cent of those with lifetime mental illness suffer from lifetime substance use disorders (Phillips *et al.*, 2009:199).

Dual diagnosis is a combination of problems among psychiatric patients (Newell & Gournay, 2009:132). This combination of problems, referred to as dual diagnosis, is used to describe the concurrent existence of mental illness and substance abuse. These disorders occur at the same time, or one follows the other and eventually, it is difficult to tell which occurred first (Fortinash & Holoday-Worret, 2012:332). Keltner, Schwecke and Bostrom (2007:536) point out that one issue that professional nurses conventionally deal with is the issue of which occurred first, whether it is the mental illness or the problem of substance abuse. Due to this dilemma, care for psychiatric patients diagnosed with dual diagnosis has been affected. Sometimes, it is difficult to know whether mental illnesses such as schizophrenia occur as a result of or complication of substance abuse or whether it is a primary psychiatric disorder. One disorder can precede and cause the other, such as when the person with alcoholism becomes severely depressed or when the person with depression uses alcohol to treat a depression (Stuart, 2014:432).

The most common psychiatric disorders that usually co-exist with substance abuse are Antisocial Personality Disorder, Bipolar Mood Disorder, and Schizophrenic disorder. Alcohol and cannabis seem to be the most commonly abused substances by psychiatric patients with dual diagnosis. Wyman, Chamberlain and Castle (2011:218) maintain that substances commonly used by psychiatric patients with dual diagnosis often include marijuana (also referred to as grass, skunk, pot, and weed), tobacco, cocaine (also referred to as crack, snow, cat, rock, and coke), *nyaope* and alcohol. Psychiatric patients with Schizophrenia and substance abuse are worse than their counterparts without substance abuse in a number of domains including physical health, self-harm, suicide, engagement, retention, adherence to

psychiatric treatment, and psychiatric treatment outcomes (Wyman *et al.*, 2011:218). Keltner *et al.* (2007:535) state that the complexity of problems of psychiatric patients with dual diagnosis resulting in multiple impairments requires a comprehensive therapeutic treatment approach and individual case management.

In America, professional nurses experience depersonalisation, more emotional exhaustion and less job satisfaction when caring for psychiatric patients with dual diagnosis (Verhaeghe & Bracke, 2012:17). Also, policy directions for psychiatric patients with dual diagnosis are focused on increasing the number of professional nurses educated to implement appropriate dual diagnosis prevention, care and integrated treatments. It is important that professional nurses have the required support and resources to provide continuing care for psychiatric patients with dual diagnosis (Edward & Munro, 2009:77).

In Canada, professional nurses caring for psychiatric patients with dual diagnosis are faced with complex clinical and personal situations that require a high level of clinical competence, expertise and skills (Chu & Galang, 2013:30). Professional nurses struggle to provide care for psychiatric patients with dual diagnosis, and cite inadequate educational preparation and poor role support as some of the reasons for their inability to provide support. There is a low level of motivation by professional nurses to provide care for psychiatric patients with dual diagnosis (Chu & Galang, 2013:30). A non-judgemental attitude from professional nurses is encouraged as the best approach when caring for psychiatric patients with dual diagnosis (Bartlett, Brown, Shattell, Wright & Lewallen, 2013:350).

In the United Kingdom (UK), it is reported that psychiatric patients with dual diagnosis have often received poor care, with gaps in service provision (Adams, 2008:101). Professional nurses are confronted with high risks such as lack of adequate training which is one suggested cause for ineffective care towards psychiatric patients with dual diagnosis (Moore, 2013:27). Professional nurses often feel that they do not have the knowledge and skills to care for psychiatric patients with dual diagnosis. For example, they feel that psychiatric patients with dual diagnosis are hard to engage and often appear helpless and lacking in hope (Coombes & Wratten, 2007:385). The Department of Health in the UK developed guidelines aimed at

improving care for psychiatric patients with dual diagnosis and recommended that all professional nurses should be equipped with the skills to assess and manage psychiatric patients with dual diagnosis (Edward & Munro, 2009:76). Despite the guidelines, it is difficult to integrate services for psychiatric patients with dual diagnosis and few professional nurses have received training and most feel uncomfortable working outside their knowledge base (Brousselle, Lamothe, Mercier & Perreault, 2007:1).

Studies conducted in Australia reveal that there is lack of specialised services, poor coordination of mental health and drug treatment services and frustrations with attempting to provide clinical services to psychiatric patients with dual diagnosis (Phillips *et al.*, 2009:217). Professional nurses experience many challenges because psychiatric patients with dual diagnosis are often difficult to motivate and engage in treatment. Failure to provide early care and treatment might lead to more social, physical or psychosocial impairment in the long-term. Professional nurses need to be knowledgeable and confident to deliver effective care and treatments, and systems need to be in place that overcome barriers and assist with care and treatment integration. In order for this to be effective, education and training with appropriate clinical support is required (Cleary, Hunt, Matheson & Walter, 2009:122). According to Elder, Evans and Nizette (2009:365) indicate that despite the high prevalence of dual diagnosis, there is little evidence on the nature of the best practice for psychiatric patients with dual diagnosis. This shows studies need to be conducted in order to fill this research gap.

In a study conducted by Wadell and Skarsaler (2007:138) in Great Britain, The Netherlands and Sweden, participants who were professional nurses caring for psychiatric patients with dual diagnosis indicated that the basis for continued care is a frustrating relationship and a high level of cooperation with psychiatric patients. Without cooperation, it is difficult to motivate and care for psychiatric patients with dual diagnosis. These professional nurses indicated that they perceive the care for psychiatric patients as challenging, stressful and difficult. Van Boekel, Brouwers, Van Weeghel and Garretson (2014:1) maintain that due to the difficulty in treating the condition, professional nurses who participated in their study experienced risks of absenteeism from work and loss of productivity.

In sub-Saharan Africa and Ethiopia in particular, professional nurses are not satisfied with their current level of knowledge about care for psychiatric patients with dual diagnosis and reported that in-service training would be needed for them to improve their knowledge sufficiently in order to be able to deliver mental health care competently (Abera, Tesfaye, Belachew & Hanlon, 2014:10). In the Republic of South Africa (RSA), lack of knowledge and in-service training serve as a hurdle for professional nurses to render effective care for psychiatric patients with dual diagnosis. Professional nurses caring for these patients experience occupational stress, emotional exhaustion, burnout, fear, anger, frustration, demotivation and helplessness. They also experience risks of absenteeism from work, low self-esteem and job dissatisfaction (Ngako, Van Rensburg & Mataboge, 2012:1). Professional nurses caring for psychiatric patients absent themselves from work as a sign of protest and to show their dissatisfaction. These negative experiences cause emotional stress on professional nurses and consequently alcohol abuse (Bimenyimana, Poggenpoel, Myburgh & Van Niekerk, 2009:9). From the documented literature, it seems that there are no studies conducted so far on experiences of professional nurses in caring for psychiatric patients with dual diagnosis in a psychiatric hospital in the North West Province (NWP) of South Africa (SA), thus justifying the need for the current study.

In view of the above experiences from different countries, including South Africa, many professional nurses consider caring for psychiatric patients with dual diagnosis to be a difficult and unpleasant experience. This, coupled with deficits in knowledge may result in failure to identify and care for psychiatric patients with dual diagnosis. Providing professional nurses with knowledge, skills and research as well as improved nursing policies, guidelines and clinical expertise will increase the likelihood that nurse might be better prepared to deliver quality evidence based care to psychiatric patients with dual diagnosis (Heslop, Ross, Osmond & Wynaden, 2013:595).

1.2 Problem statement

It is clear that the care for psychiatric patients with dual diagnosis is a serious concern for professional nurses in a psychiatric hospital in the NWP of South Africa particular and the whole world in general. The researcher, being a professional nurse, observed that the mental health of professional nurses is negatively affected when caring for psychiatric patients with dual diagnosis and some professional nurses even end up having serious mental health problems

such as depression. Due to this difficult-to-treat condition, some professional nurses are also exposed to risks of absenteeism from work, job dissatisfaction and loss of productivity at work (Van Boekel *et al*, 2014:1). Despite the above concerns, no research on the experiences of professional nurses in caring for psychiatric patients with dual diagnosis could be found in the NWP of SA. Furthermore, the researcher's personal experience confirms the fact that professional nurses lack the knowledge on how to care for psychiatric patients with dual diagnosis. Therefore, there is a need for this present study in order to make recommendations to improve the care for psychiatric patients with dual diagnosis in a public psychiatric hospital in the NWP of SA.

1.3 Research questions

Based on the problem statement as stated above, the following research questions were asked:

- What are the experiences of professional nurses in caring for psychiatric patients with dual diagnosis?
- What recommendations could be made to assist professional nurses in order for them to improve their care for psychiatric patients with dual diagnosis?



1.4 Aim of the study

The aim of this study was to explore and describe the experiences of professional nurses in caring for psychiatric patients with dual diagnosis and to make recommendations that may improve care for psychiatric patients with dual diagnosis in a public psychiatric hospital in the NWP of SA.

1.5 Objectives of the study

The objectives of this study were:

- To explore and describe the experiences of professional nurses caring for psychiatric patients with dual diagnosis; and
- To make recommendations that could assist professional nurses to improve the care for psychiatric patients with dual diagnosis.

1.6 Significance of the study

Knowledge obtained from this study might assist professional nurses in improving care for psychiatric patients with dual diagnosis with reference to nursing practice, education and research. The findings of this study will contribute to the body of existing knowledge in the field of psychiatry and mental health care practice. The findings and recommendations of this study might necessitate a review of existing policies and programmes governing and regulating mental health establishments and operations. The conditions of psychiatric patients might thus greatly improve since such people will be receiving quality mental health care, treatment and rehabilitation services.

1.7 Paradigmatic perspective

The paradigmatic perspective of this study provides guidelines for the research methodology, and knowledge and action of nursing (Alligood, 2010:62). The paradigmatic perspective of this study comprises of meta-theoretical, theoretical and methodological assumptions.

1.7.1 Meta-theoretical assumptions

The meta-theoretical assumptions of this study are based on the researcher's view of a person, nursing, health and the environment as well as Roy's theory of adaptation in nursing practice (Alligood, 2010:310). Assumptions regarding a person, health, nursing and the environment are described as follows:

1.7.1.1 Person

Roy's theory of adaptation views a person as an adaptive system in constant interaction with an internal and external environment (Alligood, 2010:310). The researcher views a person as a unique human being created purposely by God and made in the image of God. In this study, a person refers to a professional nurse caring for psychiatric patients with dual diagnosis in a public psychiatric hospital in the NWP of SA including psychiatric patients, the family members of psychiatric patients and the researcher. Psychiatric patient depends on the knowledge of

professional nurses to receive quality mental health care, treatment and rehabilitation services. Family members of psychiatric patients also depend on the knowledge of professional nurses and care for the restoration of the mental health of psychiatric patients. Knowledge is required to assist professional nurses in providing quality mental health care to psychiatric patients with dual diagnosis.

1.7.1.2 Nursing

Roy's theory of adaptation in nursing practice considers nursing as a vital role in assisting individuals who are sick or well to respond to a variety of new stressors, move towards optimal well-being, and improve the quality of their lives through adaptation (Alligood, 2010:309). In this study, the term nursing is used to refer to the rendering of holistic mental health care, treatment and rehabilitation services to psychiatric patients admitted with dual diagnosis at a public psychiatric hospital in the NWP of SA. The goal of nursing is to assist a person achieve adaptation by helping such person adjust to the situation (Alligood, 2010:312). In this study, professional nurses should be assisted or supported with appropriate knowledge and skills to provide effective care, treatment and rehabilitation services to psychiatric patients with dual diagnosis. Professional nurses should be able to understand the condition of dual diagnosis in order to provide quality care to psychiatric patients with dual diagnosis.

1.7.1.3 Health

Roy's theory of adaptation in nursing practice considers health as a state of being in a stable process of breathing and ventilation (Alligood, 2010:312). A person is considered to be in a healthy state when the mind, body and spirit are in a state of being integrated the process of life (Alligood, 2010, 312). This study focuses on professional nurses caring for psychiatric patients with dual diagnosis at a public psychiatric hospital in the NWP of SA. Professional nurses will become integrated when they have the knowledge to effectively care for psychiatric patients with dual diagnosis in the NWP of SA.

1.7.1.4 Environment

Roy's theory of adaptation considers the environment as a source of variety of stimuli that either threaten or promote a person's unique wholeness (Alligood, 2010:310). In this study, the term environment is used to refer to a public psychiatric hospital in the NWP of SA where the study was conducted. Focal, contextual and residual stimuli may be challenging to a person's adaptation (Alligood, 2010:310). Professional nurses need to be supported with relevant skills and knowledge in order to adapt to environmental changes and psychiatric patients should receive effective care in order to be able to adapt to the environment.

1.7.2 Theoretical assumptions

The central theoretical argument and conceptual definitions of major concepts applicable to this study constitute the theoretical assumptions of this study.

1.7.2.1 Central theoretical argument

The exploration and description of the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in a public psychiatric hospital in the NWP of SA provide guidelines for the researcher in making suggestions and recommendations that might assist professional nurses in improving their care for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA.

1.7.2.2 Conceptual definitions

Conceptual definitions of psychiatric patient, dual diagnosis and professional nurse are provided below as used in this study.

Psychiatric patient

A psychiatric patient is a person receiving care, treatment and rehabilitation services or using a health service at a health establishment aimed at enhancing the mental health status of a user (South Africa, 2002:10). In this study, psychiatric patient refers to a person admitted at a

psychiatric hospital in a psychiatric hospital in the NWP of SA and diagnosed with a mental illness and substance abuse simultaneously, referred to as dual diagnosis.

Dual diagnosis

Keltner et al. (2007:535) define dual diagnosis as the presence of at least one psychiatric disorder in addition to a substance abuse or dependency problem. The psychiatric disorder might be a mental illness or a personality disorder. According to Stuart (2014:415), dual diagnosis is the co-existence of substance and psychiatric disorders within the same person. In this study, dual diagnosis refers to the presence of any psychiatric disorder and any substance abuse or dependency problem in a psychiatric patient in a psychiatric hospital in the NWP of SA.

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 (South Africa, 2005:25). In this study, a professional nurse refers to a nurse who has registered with the South African Nursing Council, is in possession of the appropriate qualification(s) in Basic or Advanced Psychiatric Nursing Science and caring for psychiatric patients with dual diagnosis in a public psychiatric hospital in the NWP of SA.

1.7.3 Methodological assumptions

This study is based on Botes' qualitative research model of nursing (1992:36-42). A central theoretical implication of this model is that the study is conducted with a view of improving the care that professional nurses are rendering to psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA.

According to Botes' model, nursing activities are presented in three levels as follows:

- The first level is nursing practice. The researcher identified the experiences of professional nurses caring for psychiatric patients with dual diagnosis in the NWP of SA as a serious problem while working as a professional nurse at a local psychiatric hospital in the NWP of SA.
- The second level is nursing research. Nursing research should be conducted in order to improve nursing practice. This level interacts with the first level. In this study, the exploration and description of the experiences of professional nurses assisted the researcher in making recommendations that might assist professional nurses to better care for psychiatric patients with dual diagnosis in the NWP.
- The third level is the paradigmatic perspective of the study. The paradigmatic assumptions of this study are accepted by the researcher.

1.8 Literature review

Preliminary literature review was done to ground the study. Databases consulted include PubMed, Medline, Science Direct and books from the NWU library.



1.9 Research design and methods

The research design and methods used in the study are briefly described in this section. A detailed description of the design and methods are provided in Chapter Two.

1.9.1 Research design

Research design is the overall plan for addressing a research question, including specifications for enhancing the study's integrity (Polit & Beck, 2008:765). It guides the researcher in planning and implementing a study in a way that is more likely to achieve the intended goal (Burns & Grove, 2009:218). An exploratory- descriptive qualitative research design was used in this study.

1.9.1.1 Qualitative

Qualitative research is a rigorous, interactive, holistic, subjective research approach used to describe life experiences and give them meaning (Grove, Burns & Gray, 2013:3). A qualitative design was used in this study to explore and describe the depth of the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA. Through this research design, the researcher was able to gain insight and discover meaning on the experiences of professional nurses. The experiences of professional nurses were contextually understood. However, the meaning and results of this study cannot be generalised.

1.9.1.2 Exploratory design

Exploratory design increases the knowledge of a field of study (Burns & Grove, 2009:359). An exploratory design provided more details on the meaning attached to the experiences of professional nurses in providing care for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA. This is because there is inadequate information on the issue in NWP.

1.9.1.3 Descriptive design

Descriptive design is crafted to gain more information about characteristics within a particular field of study (Grove, Burns & Gray, 2013:215). Descriptive research design involved observing and describing the experiences of professional nurses in a natural environment. This research design assisted the researcher in uncovering new facts and meaning. An in-depth description of the experiences of nurses towards psychiatric patients with dual diagnosis gave meaning to this study.

1.9.1.4 Contextual

A contextual design was used in this study in order to understand the experiences of professional nurses in providing care for psychiatric patients with dual diagnosis within the context of the public psychiatric hospital in the NWP of SA.

1.9.2 Research methods

The research methods employed in this study are briefly discussed below: population, sampling, sampling technique, sample size, data collection and method of data analysis.

1.9.2.1 Population

Population is defined as the entire set of individuals having some common characteristics (Polit & Beck, 2008:761). Professional nurses caring for psychiatric patients with dual diagnosis in a public psychiatric hospital in the NWP of SA constituted the target population for the study.

1.9.2.2 Sampling

Sampling is defined as the process of selecting a portion of the population to represent the entire population (Polit & Beck, 2008:765). A non-probability sampling approach was used in the study in order to select participants who were well-informed about the phenomenon and who were able to articulate and explain their experiences in caring for psychiatric patients with dual diagnosis in a public psychiatric hospital in the NWP of SA. Participants were selected purposively based on the selection criteria mentioned in the study and based on their willingness to share their experiences in caring for psychiatric patients with dual diagnosis in a public psychiatric hospital in the NWP of SA.

1.9.2.3 Sample size

Data saturation was used to determine the sample size for the study (Brink, 2012:141). Data saturation in this study was the point at which new data about the experiences of PNs in caring for psychiatric patients with dual diagnosis no longer emerged during the data collection process.

1.9.2.4 Data collection

Data collection is the precise, systematic gathering of information relevant to the research purpose or the specific objectives or questions of a study (Grove, Burns & Gray, 2013:45). Data collection is briefly described in this chapter; a detailed description is provided in Chapter Two. Unstructured in-depth interviews were used in this study to collect information from professional nurses caring for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA. Data collection includes method of data collection, communication techniques and field notes. Communication skills as described by Okun and Kantrowitz (2008:75) were used during data collection.

1.9.2.4.1 Permission to conduct the study

Prior to data collection, the researcher obtained written approval from the Ethics Committee of the North West University, Mafikeng Campus (Reference number: NWU-00173-15-A9) (see *Appendix B*), written approval from the North West Provincial Department of Health (see *Appendix D*), approval from the head of the public psychiatric hospital where data was collected (see *Appendix F*) and written informed consent from professional nurses caring for psychiatric patients with dual diagnosis (see *Appendix G*). The researcher ensured that ethical principles were considered throughout the study as described in Chapter Two.

1.9.2.4.2 Method of data collection

The data collection method used in this study was unstructured in-depth individual interviews (Brink, 2012:158). The researcher established a rapport with participants in order to gain information from professional nurses on their experiences in providing care for psychiatric patients with dual diagnosis in a public psychiatric hospital in the NWP of SA.

1.9.2.4.3 Communication techniques

In this study, attention was given to the interview and communication techniques as explained by De Vos, Strydom, Fouche and Delport (2011:345). The detailed communication techniques are described in Chapter Two.

1.9.2.4.4 Field notes

De Vos *et al.* (2011:372) describe field notes as a written account of the things the researcher hears, sees, experiences and thinks during the course of collecting data. In this study, field notes were taken by the researcher during interview sessions in order to recall what transpired during the interviews. A detailed description of field notes is provided in Chapter Two.

1.10 Research setting

Setting refers to the place where data was collected. In this study, the setting was a public psychiatric hospital in the NWP of SA.

1.11 Data analysis

Data was analysed through content analysis as described by Tesch (*in* Creswell, 2009:184). Details will be discussed in chapter Two.

1.12 Literature control

After the data was collected and analysed, the results were confirmed through the relevant literature.

1.13 Trustworthiness

Trustworthiness was ensured using the four criteria of credibility, dependability, transferability and confirmability as described by Lincoln and Guba (1985).

1.14 Ethical considerations

Written approval to conduct the study was obtained from the Department of Nursing Science, the School of Environment and Health Sciences, the Research Ethics Committee of the North West University (NWU), the North West Provincial Department of Health (DOH), and the head

of the public psychiatric hospital in the NWP of SA where data was collected. Written informed consent was also obtained from professional nurses who participated in the study. The researcher ensured that the ethical principles of Democratic Nurses Organisation of South Africa (1998:5) were considered throughout the study. These included the principles of respect for persons, principles of beneficence and non-maleficence and the principle of justice (Brink, 2012:34-38).

1.15 Organisation of the study

This mini-dissertation on the experiences of professional nurses in providing care for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA is divided as follows:

Chapter 1: Overview of the study

Chapter 2: Research design and method

Chapter 3: Results and literature review

Chapter 4: Conclusions, limitations and recommendations

1.16 Conclusion

Chapter one has provided an introduction, problem statement, research questions, aim and objectives of the study, paradigmatic perspective, as well as a brief description of the research design and methodology used in the study. A detailed description of the research design and methodology is discussed in Chapter Two.

Chapter Two

Research design and methods

2.1 Introduction

The previous chapter presented the introduction, the problem statement, research questions, aim and objectives of the study, significance of the study, paradigmatic perspective as well as a brief description of the research design and methodology, the literature review, trustworthiness, ethical considerations and organisation of the study. This chapter presents a detailed description of the research design and methods employed in this study, issues of trustworthiness of data and ethical considerations.

2.2 Research design

An exploratory-descriptive qualitative design was used in this study with the aim of exploring and describing the experiences of professional nurses in providing care for psychiatric patients with dual diagnosis in a public psychiatric hospital in the NWP of SA.



2.2.1 Qualitative

A qualitative design provided in-depth and detailed information on the experiences of professional nurses in providing care for psychiatric patients with dual diagnosis. The researcher encouraged participants to expand on their responses by creating openness and participants felt free to respond in their own words. Through this design, the researcher was able to understand the phenomenon thoroughly, gain more in-depth understanding from the data that were not determined in advance and promoted understanding of the experiences of professional nurses in providing care for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA.

2.2.2 Exploratory

Exploratory research began with a phenomenon of interest, rather than simply observing and describing it (Polit & Beck, 2008:20). In this study, dual diagnosis constituted the phenomenon of interest with the experiences of professional nurses in providing care for psychiatric patients explored in-depth. The researcher investigated the full nature of the phenomenon as well as meaning and other factors related to the experiences of professional nurses in providing care for psychiatric patients with dual diagnosis. Through the exploratory design, descriptions of existing phenomena were obtained and the data used to justify or assess current conditions or make recommendations for the improvement of care for psychiatric patients with dual diagnosis (Lo Biondo-Wood & Haber, 2010:578). The exploratory design improved the researcher's knowledge on the experiences of professional nurses in providing care for psychiatric patients with dual diagnosis. The knowledge improved the effectiveness of results of the study.

2.2.3 Descriptive

The purpose of descriptive research in the study was to observe, describe and document aspects of a situation as it naturally occur (Polit & Beck, 2008:274). The researcher described the experiences of professional nurses in providing care for psychiatric patients with dual diagnosis, provided a clear picture and meaning of situations as they naturally happen. The researcher further described exactly what existed with respect to conditions in the public psychiatric hospital in the NWP. The meaning given by professional nurses regarding their experiences in providing care for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA constituted the focus of the study.

2.2.4 Contextual design

Contextual design is more concerned with making sense of human experiences within a specific context. In this study, contextual design enabled the researcher to obtain in-depth information about the experiences of professional nurses and to describe such experiences in detail within their context. The experiences described by professional nurses were based on their role on providing care for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA.

2.3 Research methods

The research methods employed in this study are briefly described below: population, sampling approach, sampling technique, sample size data collection and data analysis.

2.3.1 Population

Population is defined as the entire set of individuals having some common characteristics (Polit & Beck, 2008:761). Professional nurses caring for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA constituted the target population for the study.

2.3.2 Sampling approach

A non-probability sampling approach was used in the study in order to select participants who had a better knowledge of the phenomenon under discussion and who were able to articulate and explain their experiences in providing care for psychiatric patients with dual diagnosis in the NWP of SA.

2.3.3 Sampling technique

A purposive sampling technique was used in this study to select professional nurses. Purposive sampling is based entirely on the judgement of the researcher in that a sample is composed of elements that contain the most representative attributes of the population that serve the purpose of the study best De Vos *et al.*(2011:232). This sampling technique was used to select participants who could provide the information needed for the study. Professional nurses caring for psychiatric patients with dual diagnosis provided rich and valuable information for the study. Participants were selected based on the selection criteria mentioned in the study and for the purpose of sharing their knowledge and experiences with the researcher. The main goal of purposive sampling in this study was to focus on the experiences of professional nurses in providing care for psychiatric patients with dual diagnosis in order to answer the stated research questions.

2.3.4 Sampling criteria

Participants selected for inclusion in the study were chosen based on the following sampling criteria:

- Registration with the South African Nursing Council (SANC) during the period of data collection;
- Possession of a qualification in basic or Advanced Psychiatric Nursing Science or post graduate diploma in Psychiatric Nursing Science;
- Possession of more than three years' experience in providing care for psychiatric patients with DD;
- Currently employed at a psychiatric hospital in the NWP of SA;
- Ability to communicate in English; and
- Willingness to voluntarily participate in the study after giving their informed consent in writing.

2.3.5 Sample Size

The sample size of this study was determined through data saturation. Data saturation in this study was the point at which new data about the experiences of PNs in caring for psychiatric patients with dual diagnosis no longer emerged during the data collection process. The sample size for the study was reached after twelve unstructured individual interviews were conducted with professional nurses providing care for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA.

2.4 Data collection

Data collection is the precise, systematic gathering of information relevant to the research purpose or the specific objectives or questions of a study (Grove, Burns & Gray, 2013:45). Data collection includes method of data collection, communication techniques and field notes

2.4.1 Method of data collection

Unstructured in-depth individual interviews were conducted with participants in order to obtain information from professional nurses on their experiences in caring for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA. The purpose of the unstructured individual interviews was to explore and describe the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in the NWP of SA. The unstructured individual interviews enabled professional nurses to verbalise their experiences while focusing on the research topic. A broad question was asked to start the interview as follows: "What are your experiences in caring for psychiatric patients with dual diagnoses in this psychiatric hospital in the NWP of SA?" The researcher invited and encouraged participants to provide additional information to the probing questions. All the unstructured individual interviews were conducted at a time convenient for both the researcher and all participants, that is, the professional nurses. A tape recorder was used to record responses provided by professional nurses. Permission was given by participants for using the tape recorder.

2.4.1.1 Communication techniques

The following communication techniques were utilised by the researcher during the interviews as described by De Vos *et al.* (2011:345) in order to encourage professional nurses to express their experiences freely and in a relaxed manner.

- Minimal verbal responses- Verbal responses punctuated with occasional nodding such as "mm-mm, yes, I see" were used during the interviews in order to make participants know that she was listening to them.
- Paraphrasing-Verbal responses were used to enhance meaning by restating the words of participants in other words.
- Clarification-This was used by the researcher to clarify ambiguous statements such as "could you tell me more about..."; "You seem to be saying..."
- Reflection-The researcher reflected back on something that the participant had just said in order to enable him or her expand further on the idea. For example, "so, you believe that..."
- Encouragement-The researcher encouraged participants to pursue a line of thought. For example, "I find that fascinating, tell me more."

- Comments-The researcher introduced her own idea or feeling in order to motivate participants to say more. For example, “I always thought that...”
- Spur-The researcher once in a while, mentioned something to tease or challenge participants to say more. For example, “But isn’t it true that...?”
- Reflecting summary-The researcher summarised the ideas, thoughts and feelings of participants in order to see if she really understood what participants had said. For example, “so what you are saying is...”
- Listening-the researcher listened attentively to all participants.
- Probing-The researcher used this technique in order to persuade participants to provide more information on the issue under discussion

2.4.1.2 Field notes

De Vos *et al.* (2011:335) suggest that field notes should be taken while observing the participants and should contain a complete description of the participants, the events taking place, the actual discussions and communication, and the observer’s attitudes, perceptions and feelings. In this study, field notes were taken in a psychiatric hospital in the NWP of SA. Babbie (2015:269) suggests that both empirical observations and the researcher’s interpretations of them should be noted. During the interview, participants were willing to participate and showed interest in sharing their experiences with the researcher. The researcher took notes on the events that took place, the feelings as portrayed by the participants, as well as the description of the setting during the interviews.

2.5 Research setting

The setting for the study was convenient for professional nurses since it was their place of work and the environment was conducive because interviews were conducted in a quiet place. The consulting room was used and it provided total privacy. A notice was posted on the door as follows: “please do not disturb, interview in progress” and a tape recorder was used to record the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in the NWP of SA.

2.6 Pilot study

A pilot study was conducted at the psychiatric hospital in the NWP of SA to assess the feasibility of the study. The main objective was to identify the most suitable method of accessing and recruiting professional nurses caring for psychiatric patients with dual diagnosis. The role of a pilot study is to ensure that the study as a whole functions well to test if the data collection method is relevant to the study (Bryman, 2008:247). Participants were encouraged to feel free to share their experiences with the researcher and they were reassured of confidentiality. Participants were also informed that a tape recorder will be used during the interview to record their responses to issues raised during the interviews. Participants used for pilot study will not be used in the main study.

2.7 Method of data analysis



Data was analysed qualitatively using Tesch's method of content analysis (*in* Creswell, 2009:184). The eight steps used were as follows:

1. The researcher read all the transcripts carefully and jotted down some ideas in order to make sense of the whole interview;
2. One of the most interesting and shortest interviews on top of the pile was read by the researcher, thought of its underlying meaning and wrote down ideas in the margin of pages;
3. The researcher made a list of all topics, clustered similar topics together, grouped the topics into columns and array as major topics, unique topics and leftovers;
4. The topics were abbreviated as codes and the codes written next to the appropriate segments of the text;
5. The most descriptive wording for the topics were found and turned into categories and topics related to each other grouped together;
6. A final decision was made on the abbreviation for each category and codes put alphabetised;
7. Data material belonging to each category was assembled together; and

8. Existing data recoded.

2.8 Literature control

Literature control was done after the researcher had collected and analysed data. After the researcher had collected and analysed data, the results were confirmed through the relevant literature.

2.9 Measures to ensure trustworthiness

Trustworthiness is a way of ensuring the quality of data or rigour in qualitative research (Brink, 2012:172). Trustworthiness was ensured in accordance with the four criteria of credibility, dependability, transferability and confirmability as described by Lincoln and Guba (*in* Polit & Beck, 2008:539). The four criteria are described below.

2.9.1 Credibility

Credibility refers to confidence in the truth of the data and the interpretation thereof. The investigation must be done in such a way that the findings demonstrate credibility, in other words, that the reader will believe them (Brink, 2012:172). Credibility was ensured through the following techniques:

- Prolonged engagement

The researcher spent considerable time in a psychiatric hospital and prolonged the length of engagement with professional nurses collecting data until the point of data saturation. Prolonged engagement enabled the researcher to have a thorough understanding of the experiences of professional nurses. Prolonged engagements assisted in the development of trust and a close rapport between the researcher and the professional nurses.

- Member checking

The researcher returned the data and interpretations to the professional nurses with transcribed interviews to allow them to correct any statement that they considered were misinterpreted by the researcher.

2.9.2 Transferability

Transferability refers to the ability to apply the findings of a study in other contexts or to other participants (Brink, 2012:173). The researcher applied transferability by selecting participants purposively, providing a thorough description of the research setting, the research design and research process and by collecting data on the experiences of professional nurses in caring for psychiatric patients until data saturation. This was done to allow readers to establish how transferable the results were.

2.9.3 Dependability

Dependability refers to the provision of evidence such that if it were to be repeated with the same or similar participants in the same or similar context, its findings would be similar. In other words, dependability refers to the stability of data over time (Brink, 2012:172-173). In this study, the researcher kept field notes and used a tape recorder for verification. The context of this study was described in detail on page 20.

2.9.4 Confirmability

Confirmability refers to the potential for congruency of data in terms of accuracy, relevance or meaning. It is concerned with establishing whether the data represents the information provided by participants and that the interpretations of the data are not fuelled by the researcher's imaginations (Brink, 2012:173). Confirmability was achieved during data collection through in-depth interviews with professional nurses, by using a tape recorder and an audit trail including observation during interviews as well as by writing down field notes.

2.10 Ethical considerations

The researcher obtained written approval from the Department of Nursing Science, the School of Environment and Health Sciences, the Research Ethics Committee of the North West University(NWU), Mafikeng Campus (Reference number:NWU-00173-15-A9) (*see Appendix B*), Ethical Approval from the North West Provincial Department of Health (*see Appendix D*) (DOH), the head of the psychiatric hospital in the NWP of SA where data was collected as well as consent from professional nurses in caring for psychiatric patients with dual diagnosis who participated in the study. The researcher ensured that ethical principles were considered throughout the study. The principles of respect for persons, principles of beneficence and non-maleficence and the principle of justice as stipulated by (Brink 2012:34-38) are described below.

2.10.1 Principle of respect for persons

Participants were informed that their participation in the study was voluntary that is, they had the right to participate or not to participate in the study. Participants were informed that they had the right to withdraw from the study at any time without any penalty or prejudicial treatment and they had the right to refuse to provide information. Participants had the right to ask for clarification about the purpose of the study. The purpose of the study was explained to participants before the interview sessions.

2.10.2 Beneficence and non-maleficence

The researcher ensured that the well-being of participants was protected from physical, psychological or emotional discomfort or harm. The researcher did not cause any internal or external harm to participants. In the event where there was any emotional discomfort, the researcher, was readily available to provide emotional support. If there was a need for referral, the researcher had the contact details of the counsellor and the employee assistance programme. An informed consent explaining the purpose of the study was handed over to participants before the interviews.

2.10.3. The principle of justice

The researcher ensured that participants were fairly selected based on the selection criteria mentioned above. All participants were fairly treated by respecting the agreement made with them such as being punctual and stopping the interview at the agreed time. Participants were informed about anonymity and confidentiality (that their names will not be used for identification purposes). They were also informed that a tape recorder was to be used to record information provided and that data collected was to be kept in a safe place.

2.11 Conclusion

This chapter has presented the research design and methods used in conducting this study. The next chapter presents the results and the literature control on the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in the NWP.

Chapter Three

Results and literature control

3.1 Introduction

The previous chapter discussed the research design and methodology used in this study. This chapter discusses the research findings on the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA. It also presents the data collected from twelve participants. The results of the study are discussed and verified using the relevant literature.

3.2 Delineation of content

Unstructured individual interviews were conducted with professional nurses at a psychiatric hospital in the NWP of SA. The purpose of the study was explained to participants. The researcher informed participants of their anonymity and they all agreed to participate in the study and signed a written informed consent form. Participants felt free to share their experiences in caring for psychiatric patients with dual diagnosis with the researcher. A tape recorder was used to record the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA. The recorded information was later transcribed word verbatim. An example of a transcribed interview is provided in Appendix K. Field notes were taken after each interview and are presented in Appendix L. Data saturation was reached after conducted twelve unstructured individual interviews with participants. The co-coder and the researcher reached consensus on the categories and sub-categories that emerged from the data. These categories and subcategories are described in detail in this chapter.

3.3 Results and literature control

The categories and sub-categories of the experiences of professional nurses in caring for psychiatric patients with dual diagnosis are presented in a table form for easy reading. Data collected was analysed and the following three major categories were identified:

- Negative experiences about caring for psychiatric patients with dual diagnosis;

- Positive experiences about caring for psychiatric patients with dual diagnosis; and
- Suggestions for caring for psychiatric patients with dual diagnosis.



Table 3.1 represents the three major categories as well as the sub-categories of the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA.

Table 3.1: Three major categories as well as subcategories of experiences of professional nurses in caring for psychiatric patients with dual diagnosis

Column A	Column B	Column C
Category 1: Negative experiences about caring for psychiatric patients with DD	Category 2: Positive experiences about caring for psychiatric patients with DD	Category 3: Suggestions for caring for psychiatric patients with DD
• PNs feel unsafe when caring for psychiatric patients with DD alone • PNs indicated that it is difficult to care for psychiatric patients with DD • PNs lack information regarding care and the condition of DD • PNs fear for their lives when caring for psychiatric patients with DD • Poor collaboration among PNs	• PNs feel caring for psychiatric patients with DD is not complicated • PNs indicated that patients cannot access substances in the ward • PNs indicated that psychiatric patients are controllable in the hospital • There is availability of ward programmes when caring for psychiatric patients with DD • There is good treatment compliance of psychiatric patients with DD	• In-service training and workshops should be conducted • There should be the provision of half-way houses • PNs should get management support and motivation • PNs suggested that there should be collaboration among MDT members • There should be the provision of a safe environment for PNs • More mental health care practitioners (MHCP) should be employed

Category 1:

3.3.1 Negative experiences about caring for psychiatric patients with DD

This first main category of the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in the NWP of SA is indicated in column A, category 1 (*see Table 3.1*) as well as in Table 3.1.1 below. This first main category is divided into five sub-categories as shown in Table 3.1.1 below.

Table 3.1.1: Negative experiences about caring for psychiatric patients with dual diagnosis

- PNs feel unsafe when caring for psychiatric patients with DD alone
- PNs indicated that it is difficult to care for psychiatric patients with DD
- PNs lack information regarding care and the condition of DD
- PNs fear for their lives when caring for psychiatric patients with DD
- Poor collaboration among PNs

- **Professional nurses feel unsafe when caring for psychiatric patients with DD alone**

Professional nurses interviewed in this study indicated that it is unsafe to care for psychiatric patients with dual diagnosis alone because they are physically aggressive, uncooperative and have the tendency of committing suicide. This experience is confirmed by the following direct quotations from the transcripts:

"So imagine being me alone and the patient in the room, it is not safe, the person is physically aggressive he can hit you with anything and they become so strong, they can hit you with a table, they can hit you with anything."

"If the ward is having 29 psychiatric patients and you are just alone, it is risky because maybe if you are busy in the office, someone can take a dangerous object and fight."

"So I will be calling, I will be informing the security to come and assist me to hold that patient, and by holding his hand, I will be able to inject the psychiatric patients, the security are just assisting the patient not to injure me or other people because it is very dangerous if I can say I will do it alone."

"By that time the professional nurse was working alone and was busy with an admission, then the visitor came, had chance to sit with patient and he gave the patient marijuana."

Newell and Gournay (2009:134) concur that psychiatric patients with dual diagnosis are more likely to be violent and aggressive. They are also more likely to misinterpret other people, and as a result, they attack innocent people. Weich and Pienaar (2009:39) maintain that psychiatric patients with dual diagnosis are likely to exhibit behavioural problems such as aggression that may lead to violence. Woods and Kettles (2009:176) are of the opinion that it is important for professional nurses to assess and manage factors that may impact their physical safety. They further state that it is always important for the professional nurses to ensure their safety first and this involves requesting the assistance of other members of the health facility or the security. Giandinoto and Edward (2014:289) also indicate that psychiatric patients with dual diagnosis can display unusual behaviour evoking a sense of concern for the safety of professional nurses. Professional nurses are concerned about their safety and feel unsafe when caring for psychiatric patients with dual diagnosis. Psychiatric patients with dual diagnosis are aggressive and their behaviour is unpredictable.

- **Professional nurses indicated that it is difficult to care for psychiatric patients with DD**

Most professional nurses interviewed in this study indicated that it is difficult to care for psychiatric patients with dual diagnosis. Professional nurses reported that although they are

providing psychiatric patients with treatment, health education, trying their best by all means, it remains difficult to care for psychiatric patients with dual diagnosis. This experience is confirmed by the following direct quotations:

"Psychiatric patients with dual diagnosis sometimes it is difficult to care or nurse them, it is difficult in such a way that they will come to the ward being disorientated, very aggressive and violent, very very violent."

"It is very difficult to care for a patient with dual diagnosis because in most cases, signs and symptoms are similar; signs for schizophrenia and substance abuse are almost the same."

"It is difficult to nurse dual diagnosis psychiatric patients, difficult in such a way that they will be addicted to drugs, so most of the time, they will be having the urge of getting drugs, so sometimes we end up seeing them having drugs in the ward."

"Imagine twelve hours working with people who insult you, they are dangerous and they can commit suicide."

Fortinash and Holoday-Worret (2012:333) concur that people with dual diagnosis are difficult to care for. This is because most of them have lost their support systems and suffer from repeated relapses and hospitalisation. Keltner *et al.* (2007:37) maintain that the existence of dual diagnosis complicates the care and treatment, increases the incidence of relapse and is associated with violence. Fortinash and Holoday-Worret (2012:333) are of the opinion that the symptoms of one condition often mask or conceal the symptoms of the other. Stuart (2014:432) posits that it is often very difficult to distinguish between the two disorders. Uys and Middleton (2009:391) state that psychiatric patients with dual diagnosis are difficult to care for due to a range of reasons such as the fact that the problem of dual diagnosis is not recognised and the fact that the patient is cared either for one or the other problem only. According to Newell and Gournay (2009:133), substance abuse is a strong predictor of non-adherence to medication following discharge and psychiatric patients may still be able to access drugs during admission which may impede their recovery. Even inpatient units, it has been observed that dual diagnosis psychiatric patients continue to use substances, most often, cigarettes (nicotine), alcohol, cannabis and crack cocaine (Newell & Gournay, 2009:163). There is also evidence that dual diagnosis psychiatric patients have higher rates of suicide (Newell & Gournay, 2009:133). The National Confidential Inquiry into suicide and homicide indicate that at least half of all cases of

suicides of psychiatric patients were associated with dual diagnosis (Woods & Kettles, 2009:214). Pasche and Stein (2013:405) maintain that the risk of suicide attempts has also increased in psychiatric patients with dual diagnosis. Professional nurses are required to ensure that they monitor psychiatric patients for signs and symptoms of suicide to prevent them from committing suicide (Zarea, Nikbakht-Nasrabadi, Abbaszadeh & Mohammadpour, 2013:127). Uys and Middleton (2009:392) state that since psychiatric patients with dual diagnosis probably form a large proportion of psychiatric patients with recurrent psychiatric hospitalisations, they deserve the attention of psychiatric professional nurses in order to care for them effectively. Professional nurses consider the care for psychiatric patients with dual diagnosis to be a difficult job because when such psychiatric patients are admitted into hospital, they have the urge to smoke, have suicidal ideations and it becomes difficult to care for them because signs and symptoms of mental illness and substance abuse are similar.

- **Professional nurses lack information regarding care and the condition of dual diagnosis**

Professional nurses interviewed in this study indicated that they do not have the knowledge about the condition of dual diagnosis and also on how to care for psychiatric patients with dual diagnosis. Although they indicated that they were taught at the university or the colleges, professional nurses maintained that dual diagnosis was not dealt with in greater detail. This experience is confirmed by the excerpts below:

"Ya, like I have said, the problem that we are having in our care of these psychiatric patients is the lack of knowledge about their condition."

"People need to be organised by the hospital management to come and give professional nurses knowledge."

"I do not have an insight about what is dual diagnosis; it is going to be difficult for me as a professional nurse to care for something that I do not know."

Kelithier *et al.* (2007:538) confirm that medical staff such as professional nurses needs to be aware of and prepared in dealing with issues and conflicts inherent in dual diagnosis psychiatric patients. Moreover, education in dual diagnosis among professional nurses is required. Woods

and Kettles (2009:213) state that training and education regarding dual diagnosis has played a small role in educational programmes for professional nurses and this needs to be addressed through training for professional nurses. Newell and Gournay (2009: 132) indicate that it is essential that professional nurses familiarise themselves with issues associated with dual diagnosis in order to be able to deliver effective care for psychiatric patients with dual diagnosis. Trust between professional nurse and the patient develops if the patient believes that the professional nurse is knowledgeable and skilled (Keltner *et al.*, 2007:539). Professional nurses are not well-educated on how to care for psychiatric patients with dual diagnosis (Camuccio, Chambers, Valimaki, Farro & Zanotti, 2012:813). According to Lachman, Nassen, Hawkridge and Emsley (2012:53), there is lack of evidence-based care guidelines for psychiatric patients with dual diagnosis. Professional nurses strongly maintained that they lack knowledge on how to care for psychiatric patients with dual diagnosis and as a result, they find it difficult to render effective care. Therefore, they need to be educated on issues associated to the condition and care for psychiatric patients with dual diagnosis.

- **Professional nurses fear for their lives when caring for psychiatric patients with dual diagnosis**

Professional nurses interviewed in this study maintained that they usually are scared of being injured by psychiatric patients with dual diagnosis; nurse indicated that they sometimes find themselves in danger. This experience is confirmed by the excerpts below.

"You find yourself you are in danger that patient might end up injuring you or end up hurting you or might end up hurting people around."

"What I am concerned about is our safety, safety of people who are nursing these psychiatric patients with dual diagnosis Mmh."

"Psychiatric patients might take a chair and hit the professional nurse with that chair, might hit a professional nurse with a fist sometimes Mmh, and sometimes you give patient a tea that is hot, he may pour you with that tea on the face."

Keltner *et al.* (2009:537) maintain that dual diagnosis complicates care, increases the incidence of relapse and is associated with violence. Fortinash and Holoday- Worret (2012:333) argue that

psychiatric patients with dual diagnosis are often involved in the criminal justice system. Newell and Gournay (2009:134) state that people with dual diagnosis are more likely to be violent and aggressive, and more likely to engage in self-harm behaviours including suicide. Furthermore, they are more likely to misinterpret other people's behaviour, and act on impulses to attack. Uys and Middleton (2009:391) are of the opinion that substance abuse would seem to cause more delusional and hallucinatory activity. Studies reveal that fear prevents professional nurses from effectively caring for people with dual diagnosis (Giandinoto & Edward, 2014:729). Professional nurses are usually scared that they can be injured or harmed physically by psychiatric patients with dual diagnosis. This is because most psychiatric patients with dual diagnosis are often involved in criminal justice.



- **Poor collaboration among professional nurses**

Professional nurses interviewed in this study maintained that they do not collaborate with one another and as a result, they are unable to deliver quality care to psychiatric patients with dual diagnosis. The excerpts below confirm this feeling expressed by nurses.

"Currently, according to my experience, we are working in isolation, we are not working much together; we only work together during MDT."

"According to my experience in nursing, we are working shifts and the user came with an attitude from the other shift."

Zerwekh and Claborn (2009:256) define the word "co-labor" as the core of the word-meaning "working together towards some meaningful end". Teams are a formal way of actualising collaboration, which is at the heart of successful decision-making. He further states that collaboration among professional nurses leverages skills, time, and resources for the benefit of professional nurses in the hospital. According to Zerwekh and Claborn (2009:256), when professional nurses collaborate with one another, dual diagnosis patient's benefit. Newell and Gournay (2009:138) maintain that professional nurses should demonstrate genuine empathy and a non-judgemental attitude when caring for dual diagnosis psychiatric patients. Without a positive cohesive bond or collaboration, there can and will be limits to the overall quality of care rendered to psychiatric patients with dual diagnosis (Zerwekh & Claborn, 2009:256). Professional nurses stated that they work in isolation and that poor collaboration among them affects the quality of care rendered to psychiatric patients with dual diagnosis.

Category 2:

3.3.2 Positive experiences about caring for psychiatric patients with dual diagnosis

The second main category of the experiences of professional nurses in caring for psychiatric patients with dual diagnosis is The positive experiences about caring for psychiatric patients with DD constitutes the second main category of experiences of professional nurses in caring for psychiatric patients with dual diagnosis. This is indicated in column B, category 2 (see *Table 3.1*) as well as in *Table 3.1.2*. This second main category is divided into five sub-categories as shown in *Table 3.1.2*.

Table 3.1.2 Positive experiences about caring for psychiatric patients with dual diagnosis

- Professional nurses feel caring for psychiatric patient with dual diagnosis is not complicated.
- Professional nurses indicated that patients cannot access substances in the wards.
- Professional nurses indicated that psychiatric patients are controllable in the hospital.
- There is availability of ward programmes when caring for psychiatric patients with DD.
- There is good treatment compliance of psychiatric patients with DD.

- **Professional nurses feel caring for a psychiatric patients with DD is not complicated.**

Some professional nurses interviewed in this study feel that in caring for psychiatric patients with dual diagnosis is not a complicated process because there is close monitoring and close supervision of psychiatric patients in the hospital. Professional nurses also indicated that protocols of managing aggressive psychiatric patients are also used when caring for psychiatric patients with dual diagnosis. This experience is confirmed by the following excerpts from participants:

"The protocol is there to help you to see what to give the patient when he is aggressive."

"Due to the treatment that we have in the institution, so it makes it little easier for us to can manage them."

Woods and Kettles (2009:200) maintain that dual diagnosis protocols recognise that it is essential to care for symptoms in order to meet the needs of psychiatric patients. The rule of thumb should be that whichever service feels it can meet the needs of dual diagnosis

psychiatric patients should lead the process by coordinating and ensuring that both drug and mental health teams are involved. The Dual Diagnosis Good Practice Guide or Protocol recommends that services should provide integrated care for dual diagnosis psychiatric patients (Woods & Kettles, 2009:212). According to Woods and Kettles (2009:218), when caring for psychiatric patients with dual diagnosis; professional nurses should monitor the effects of drug on the mental health of psychiatric patients as well as changes and improvement. Urine screening should be taken as a positive experience by professional nurses when caring for such psychiatric patients. They should be used to enable professional nurses to monitor and ensure that psychiatric patients with dual diagnosis get the right type of medication. This will enable professional nurses to care for psychiatric patients with dual diagnosis and monitor the effects of drug on the mental health of psychiatric patients (Woods & Kettles, 2009:218). Urine screening needs to be supervised (Woods & Kettles, 2009:219). Protocols used by professional nurses when in caring for psychiatric patients with dual diagnosis include prescribed treatment that professional nurses administer to psychiatric patients with dual diagnosis. This will ensure that care for psychiatric patients with dual diagnosis becomes uncomplicated.

- **Professional nurses indicated that patients cannot access substances in the ward**

Some of professional nurses indicated that in the hospital, there is close supervision and monitoring of dual diagnosis psychiatric patients. Professional nurses also maintained that in the hospital, there is no problem with substances because there is no one who can give psychiatric patients substances, there is no way that patient can have access to substances. This experience is confirmed by the following excerpts:

"We don't have any problem with substances here in the ward and there is also a tight security in the ward."

"When the patient is in our institution, there is no problem because there is no one who will give the patient drugs."

"When the patient has visitors, we ensure that everything that they come with, we check it first so that the patient cannot come into contact with marijuana."

"We cannot allow them to use those substances while we are trying so hard for them to try to forget those substances."

According to Newell and Gournay (2009:163), psychiatric inpatient units generally, and quiet rightly, operate a “no drug” policy. The patient with dual diagnosis will agree to remain without using drugs for one week, with the agreement to be renewed weekly, the patient will make a daily commitments to abstain (Stuart,2014:438). Uys and Middleton (2009:391) state that institutional care should be done in a drug-free environment. Professional nurses are responsible for ensuring that a urine drug screening procedure is carried out (Prince & Wibberley, 2012:673). Professional nurses stated that they do not experience problems with substances because security is tight in the ward. They ensure that psychiatric patients with dual diagnosis do not have access to substances in the ward.

- **Professional nurses indicated that psychiatric patients are controllable in the hospital**

Some professional nurses indicated that they strive to provide care to psychiatric patients with dual diagnosis by giving them medication, health education and referring them to other members of the multidisciplinary team. Psychiatric patients with dual diagnosis become controllable once they have stopped using substances. This experience is confirmed by the following excerpts:

“In the hospital, we are able to control them, we give them relevant information, they attend the necessary therapy with the psychologist, they are exercising and doing everything that we want them to do.”

“When psychiatric patients are taking treatment, they are controlled and they can be discharged.”

“The illness we cannot cure but by taking treatment, it can be controlled and you can function anyway like any other person.”

“The psychosis that is induced by substances can be controlled by stopping the usage of drugs.”

Stuart (2014:436) argues that psychiatric patients with dual diagnosis who use problem-focused coping mechanism are controllable and take responsibility for their condition and either find ways to change or seek help. Professional nurses are simply reminding psychiatric patients with dual diagnosis that they must not bring drugs into the ward or that these substances are bad for their mental health (Newell & Gournay, 2009:163). Psychiatric patients with dual diagnosis are motivated to quit substances when admitted in hospitals (Soltz, Crockford, White & Currie, 2009:37). Newell and Gournay (2009:165) maintain that good practice for professional nurses caring for dual diagnosis in inpatient units should focus on keeping psychiatric patients engaged in treatment, helping themselves if they want to reduce or stop using substances. According to Stuart (2014:445), psychiatric patients with dual diagnosis have optimum benefits with a comprehensive treatment programme that includes the addition of psychological, behavioural, social and spiritual treatments. Professional nurses should reinforce abstinence in psychiatric patients with dual diagnosis (Stuart, 2014:453). Based on the findings from participants; psychiatric patients with dual diagnosis are controllable when they stop abusing substances. Professional nurses are able to control psychiatric patients with dual diagnosis by giving them health education and referring them to multidisciplinary teams according to their needs. Professional nurses maintained that in the hospital, they are able to control psychiatric patients with dual diagnosis by giving them prescribed treatments. Professional nurses also reported that they are able to control psychiatric patients with dual diagnosis and such psychiatric patients stop using substances.

- **There is availability of ward programmes when caring for psychiatric patients with DD**

All professional nurses interviewed in this study maintained that they have ward programmes that inform or guide them on what to do when caring for psychiatric patients with dual diagnosis. They all indicated that the health education that they provide to psychiatric patients with dual diagnosis in accordance with the ward programme is very effective and psychiatric patients seem to understand, cooperate participate during ward programmes. This is confirmed by the following excerpts:

"There is a ward programme that we follow every day."

"We have the programme which we call health education programme and we do it, it is a monthly programme."

"There are programmes drawn in the ward that guide us."

"We continuously educate them about their condition, danger of substance abuse, importance of taking treatment."

Keltner *et al.* (2007:539) concur that the professional nurses are involved in the sensitisation of psychiatric patients regarding the effects of alcohol and drugs on the mind and body and psychiatric patients need education about their condition and health in recognising the signs of relapse regarding their specific mental illness and substance abuse problem. It is best for professional nurses to maintain a quiet, calm environment for psychiatric patients with dual diagnosis. To help maintain the patient's orientation, professional nurse should provide frequent, low key reminders about who the patient is, where the patient is, and the day of the week (Stuart, 2014:440). Professional nurses also stated clearly that ward programmes are planned monthly to guide them when caring for psychiatric patients with dual diagnosis. They reported that they educate psychiatric patients with dual diagnosis on issues of health in accordance with the planned programme and involve them in daily orientation in the ward.



- **There is good treatment compliance for psychiatric patients with DD**

The professional nurses interviewed in this study indicated that in the hospital, psychiatric patients with dual diagnosis comply with treatment and take their treatment regularly as prescribed. Furthermore, professional nurses are those responsible for administering treatment to psychiatric patients with dual diagnosis in the hospital. Treatment for psychiatric patients with dual diagnosis also includes treatment rendered by multidisciplinary teams such as psychotherapy. However, professional nurses reported that the challenge is that family members are not part of the treatment plan. This experience is confirmed by the following excerpts from participants:

"He will be complying with treatment because he will be getting it regularly, every day at the right time with the right doses and the patient will recover from the symptoms he presented with."

"When the patient is in our institution, the patient will be complying with treatment, complying with everything that we are asking him/her."

"People are able to function normally when they are on treatment, when they get treatment as required and at said times."

"The doctor will be prescribing that these psychiatric patients must be taken blood or urine, to check whether there is any drug that they are taking."

"We intensify the health education on substance because it will be the core problem that would be really troubling our psychiatric patients."

Keltner *et al.* (2007:539) maintain that compliance with prescribed medication is supported by the professional nurse. Professional nurses sensitise teach psychiatric patients with dual diagnosis on the management of side effects and about potential problems resulting from using substances with medication. Compliance with treatment increases when professional nurses are empathic and hopeful (Varcanolis & Halter, 2012:352). According to Stuart (2014:439), compliance with treatment is needed in order to provide care to psychiatric patients with dual diagnosis. In order to achieve this, the following aspects of care should be included in the treatment: Providing education about dual diagnosis, maintaining abstinence, motivating change, and establishing a therapeutic alliance. Motivation to change is a key factor in successful abuse cessation of illegal substances (Woods & Kettles, 2009:224). Treatment of psychiatric patients with dual diagnosis is provided on an individual or group basis, improvement in the approach, the multidisciplinary team such as psychologists do psychotherapy and work on a structured approach to treatment (Woods & Kettles, 2009:227). Psychotherapy can be an important treatment modality during hospitalisation (Woods & Kettles, 2009:178). Random urine or blood screening tests should be used routinely in the treatment programme (Uys & Middleton, 2009:391). Professional nurses pointed out those psychiatric patients with dual diagnosis take their treatment regularly and cooperate when admitted into hospital.

- **Summary of category 2 and its sub-categories**

The research findings of category 2 and its sub-categories reflect the positive experiences of professional nurses in caring for psychiatric patients with dual diagnosis. Professional nurses feel that caring for psychiatric patients with dual diagnosis is not complicated because they are able to closely monitor and supervise psychiatric patients with dual diagnosis and have protocols to follow when caring for psychiatric patients with dual diagnosis. Professional nurses also reported that psychiatric patients with dual diagnosis do not have contact with substances when admitted in the hospital. It is easy to control psychiatric patients with dual diagnosis because professional nurses are trying all their best to care for them. Ward programmes serve as a guide to assist professional nurses in providing care to psychiatric patients with dual diagnosis. Professional nurses also indicated that psychiatric patients with dual diagnosis get their treatment correctly when hospitalised and the treatment also includes non-medical treatment such as psychotherapy. Suggestions to assist professional nurses improve their care for psychiatric patients with dual diagnosis constitute the third category of the experiences of professional nurses in caring for psychiatric patients with dual diagnosis.

Category 3:

3.3.3 Suggestions to consider in caring for psychiatric patients with dual diagnosis

The third main category of the Professional nurses' experiences of caring for psychiatric patients with dual diagnosis is the suggestions in caring for psychiatric patients with dual diagnosis. It constitutes the third category of experiences of professional nurses in caring for psychiatric patients with dual diagnosis and is indicated in column C, Category 3 (*see Table 3.1*) as well as Table 3.1.3.

Table 3.1.3 Suggestions to consider in caring for psychiatric patients with dual diagnosis

Professional nurses suggested as follows:

- In-service training and workshops should be conducted
- There should be the provision of half-way houses;
- Professional nurses should get management support and motivation;
- Professional nurses suggested that there should be collaboration among multidisciplinary team(MDT) members;
- There should be the provision of a safe environment for Professional nurses
- More mental health care practitioners (MHCP) should be employed

- **In-service training and workshops should be conducted**

All professional nurses interviewed in this study suggested that the need for continuous in-service training on the condition of dual diagnosis and suggested that workshops be organised regularly. Professional nurses indicated that they need to be skilled in caring for psychiatric patients with dual diagnosis. If professional nurses have the skill, they will know how to care for psychiatric patients with dual diagnosis. This suggestion is confirmed by the following excerpts from participants:

"So it is better if we have an insight, workshops, in-serviced about this condition so that we can at least empower ourselves."

"Sometimes things do change, and then you need to be more equipped now and then about new things."

"The in-service training is very important so that we understand how to care for psychiatric patients with dual diagnosis."

"Professional nurses need to be in-serviced continuously so that they can keep in times with the changes that are happening, so that they can provide effective services."

Woods and Kettles (2009:212) concur with participants in this study that focus should be on training professional nurses to care for psychiatric patients presenting symptoms of dual diagnosis. They further maintain that the in-patient guidelines for dual diagnosis set down the criteria for training of professional nurses (Woods & Kettles, 2009:201). According to Varcarolis and Halter (2012:352), care for psychiatric patients with dual diagnosis requires appropriate training of professional nurses. The teaching of skills is also important, since the lack of skills plays a role in dual diagnosis (Uys & Middleton, 2009:392). Newell and Gournay (2009:104) state that one other difficulty that needs to be mentioned is the fact that there is widespread anecdotal evidence that, following training, professional nurses may not continue to use the skills acquired during training courses, there is obviously a need to ensure that training is adequately followed-up refresher training and supervision. Addiction programmes and mental health programmes both need a dual focus, which requires appropriate training for professional nurses (Varcarolis & Halter, 2012:352). Professional nurses in services often report that they lack skills to work with complex needs and commonly, professional nurses in mental health services report a lack of experience in substance use issues (Newell & Gournay, 2009:133). The dual diagnosis good practice guide recommends a framework within which professional nurses can strengthen services so that they have the skills to care for psychiatric patients with dual diagnosis (Woods & Kettles, 2009:212). Professional nurses also suggested that they should be provided with in-service training on the condition of dual diagnosis for them to be able know and understand how to care for psychiatric patients with dual diagnosis.

- **There should be the provision of half-way houses**

Some professional nurses interviewed in this study suggested that psychiatric patients with dual diagnosis should be referred to half-way houses or rehabilitation centres before being sent home. Professional nurses indicated that if psychiatric patients are allowed to go straight home, they will be tempted, but if empowered, they will know how to deal with their condition at home. This information is supported by the following excerpts obtained from participants:

"If it was possible, there should be a centre, they should be sent to the centre from the hospital to a something like half way house, where they go from the hospital."

"Psychiatric patients with dual diagnosis are discharged prematurely; maybe if there was enough space and the half way houses, the centres that I was talking about maybe it could help, those who are better can be taken to half way houses."

"Ya, if there is rehabilitation centre where a person will be taught on how to stop using the substances, that person won't be able to use the substances when he goes back."

"So refer him immediately from here to a rehabilitation centre, and then there they will teach him before he goes home so that when he has temptation as when he is outside then at least he is empowered to deal with those things outside."

According to Woods and Kettles (2009:227), half-way houses or residential rehabilitation fits into the models of care for psychiatric patients with dual diagnosis. Psychiatric patients with dual diagnosis should receive care for both mental illness and substance abuse problems (Hoxmark & Wynn, 2010:187). Psychiatric patients with dual diagnosis who present themselves at mental health services may also be referred to rehabilitation centres or half-way houses (Newell & Gournay, 2009:133). Most half-way houses programmes require psychiatric patients to be drug-free before they enter the programme. Programmes run between six weeks to twelve months depending on the needs of the psychiatric patients. Half-way houses will also provide ongoing support following discharge of psychiatric patients with dual diagnosis (Woods & Kettles, 2009:227). There is a limited number of half-way houses accepting psychiatric patients with dual diagnosis (Woods & Kettles, 2009:227). Varcarolis and Halter (2012:354) maintain that psychiatric patients with dual diagnosis who live in such half-way houses programmes 90 days or longer, exhibit a significant decrease in substance abuse, the goal of half-way houses is to effect a change in lifestyle, including abstinence. Half-way houses or rehabilitation centres, therefore, came out strongly as a support strategy for psychiatric patients who have been treated with dual diagnosis.



- **Professional nurses should get management support and motivation**

Professional nurses interviewed in this study suggested that it would be good if they were supported and motivated by management. Professional nurses indicated that they need support and motivation from management. This suggestion is confirmed by the following excerpts:

"Management must give us 100% support; they shouldn't come when there is something that is why I said they should motivate us."

"Management should not just come when there is a problem, they should show their support."

"I am working in this institution and sometimes a month passes without seeing top management."

According to Zerwekh and Claborn (2009:199), motivational theory focuses on the manager being able to determine what best motivates professional nurses to make choices that will lead to the most effective methods to complete the work that needs to be done. This theory is directed towards ways at ensuring that professional nurses are as productive as possible in order to meet the organisational goals or targets. Professional nurses should be supported by management when caring for psychiatric patients with dual diagnosis (Smith, 2013:35). Zerwekh and Claborn (2009:207) consider that motivational strategies should:

"Let professional nurses know that what they do matters."

-When was the last time the manager sat down with professional nurses to tell them what a good job they are doing? When was the last time the Chief Executive Officer complimented professional nurses on a job well done?

Explain why you are asking them to do it.

-When a difficult time is anticipated, explain to professional nurses what is happening and why.

Learn their language.

-When was the last time the manager actually sat down with professional nurses to find out who they are, what they like to do and what their priorities are?

Praise them in front of others.

-Acknowledge a job well done in the presence of people who are important (professional nurses).

Give them the tools to do the job.

-What about effective communication skills, or good customer service skills? The hospital is in the business of providing service for psychiatric patients with dual diagnosis. Training is offered for technical skills-new equipment, procedures, policies-but what about training for skills necessary in caring for psychiatric patients with dual diagnosis?

Professional nurses need to be fully supported by management so that they can be motivated to care for psychiatric patients with dual diagnosis.

- **Professional nurses suggested that there should be collaboration among multidisciplinary team members (MDT)**

Some professional nurses interviewed in this study indicated that the multidisciplinary team needs to be strengthened and work in collaboration with other stakeholders in order to effectively care for psychiatric patients with dual diagnosis. This suggestion is confirmed by the following excerpts from the interviews:

"We need also to include MDT like the psychologist for counselling, the social worker and the occupational therapist".

"The doctor refers the patient to the social worker or the psychologist and also refers them for rehabilitation to occupational therapy."

"To intensify the working relationship between the multidisciplinary team."

According to Varcarolis and Halter (2012:352), care for psychiatric patients with dual diagnosis is improved when there is collaboration among the multidisciplinary team. Woods and Kettles (2009:213) concur by stating that the focus is on dual diagnosis, which demonstrates the need to collaborate to care for psychiatric patients with dual diagnosis. Keltner *et al.* (2007:539) maintain that effective care for psychiatric patients with dual diagnoses must be multifaceted and multidisciplinary. Keltner *et al.* (2007:539) confirm that collaboration among professional nurses is required. Uys and Middleton (2009:393) state that treatment possibilities by other team members and available facilities are the basis on which treatment in general should be

planned and implemented. Varcarolis and Halter (2012:352) are of the opinion that care success is increased when mental health care practitioners work in collaboration. The aim of collaboration among the multidisciplinary team for psychiatric patients with dual diagnosis is to ensure that the progress of the care programme is implemented using the collaborative approach as this can provide a framework within which professional nurses can strengthen their care (Woods & Kettles, 2009:213). It is suggested that collaboration among the multidisciplinary team can improve care for psychiatric patients with dual diagnosis.

- **There should be the provision of a safe environment for professional nurses**

Professional nurses interviewed in this study suggested that the environment should be safe and conducive because they sometimes find themselves in danger. Professional nurses maintained that they sometimes sustain injuries from psychiatric patients with dual diagnosis because the environment is not safe and conducive. This suggestion is confirmed by excerpts from interviews as follows:

"We need to ensure a safe environment for professional nurses because sometimes psychiatric patients are dangerous to us and other psychiatric patients."

"The patient will be in the hospital having sessions with the psychologist and the patient will be going for counselling."

"Sometimes the seclusion is prescribed and we seclude them, so that they can be manageable."

According to Woods and Kettles (2009:176), provision of a safe environment includes removing dangerous objects, regularly observing psychiatric patients for suicidal behaviour and providing counselling opportunities for the patient. Part of ensuring psychiatric patients safety is by including psychiatric patients with dual diagnosis in decisions about their care and restricting their behaviour only as necessary (Woods & Kettles, 2009:176). Uys and Middleton (2009:391) maintain that institutional care should be done in a safe, supportive and drug-free environment. Woods and Kettles (2009:176) also state that it is important to have effective communication with psychiatric patients to allow them to disclose and discuss their life situations. Observation is also important in assisting psychiatric patients and in making them feel they are cared for and in providing an opportunity to engage with psychiatric patients in a therapeutic environment. The

environment should be safe and free from dangerous objects because psychiatric patients use very safe objects to harm professional nurses and other psychiatric patients. The seclusion room needs to be free because this is where aggressive psychiatric patients with dual diagnosis are kept.

- **More mental health care practitioners (MHCP) should be employed**

Professional nurses interviewed in this study suggested that if enough mental health care practitioners can be employed, including professional nurses, it will be easier for them to care for psychiatric patients with dual diagnosis. Professional nurses also indicated that if they can have enough mental health care practitioners, then psychiatric professional nurses, including psychologists and social workers will be able to do home visits in order to monitor the progress of psychiatric patients with dual diagnosis. Professional nurses maintained that they are not many in the ward to care for psychiatric patients with dual diagnosis. This suggestion is confirmed by the following excerpts:

"If we can have enough staff, if we can have enough psychologists, enough social workers, if we can have enough professional nurses."

"I cannot leave the ward and go home for one patient and leave twenty psychiatric patients in the ward, if we can have enough staff, enough professional nurses."

"But there is no enough staff, you find that we are two professional nurses with twenty psychiatric patients in the ward, so I cannot leave the ward, what if the other professional nurse is having family matters, then I will be all by myself."

"So we need more staff."

Zerwekh and Claborn (2009:327) maintain that the employment of professional nurses must be addressed, particularly in hospitals, which require 24-hour coverage. They further state that the higher level of employment of mental health care practitioners could have a positive impact on both quality of care and the satisfaction of professional nurses. Zerwekh and Claborn (2009:342) add that on a daily basis, there may be vacant beds for dual diagnosis psychiatric patients. However, if professional nurses are not available to care for psychiatric patients with dual diagnosis, the ward cannot support additional admissions. Zerwekh and Claborn

(2009:377) add that Inadequate staff is a problem of concern for professional nurses. They also maintain that employment of professional nurses is among the most prevalent topics discussed in any type of negotiations. There is much discussion in both national and state legislature regarding proposals aimed at addressing issues of employment professional nurses who provide care for psychiatric patients with dual diagnosis (Zerwekh & Claborn, 2009:377).In relation to care for psychiatric patients with dual diagnosis, the latter should include maximising mental health care practitioners. It is essential to have a consistent approach to enable psychiatric patients with dual diagnosis to get help (Woods & Kettles, 2009:220).The suggestion for more mental health care practitioners was regularly raised by professional nurses. This cry was for them to be able to deliver quality health services and to be able to visit those who are discharged and render continuous care to psychiatric patients with dual diagnosis.

3.4 Conclusion

Unstructured in-depth individual interviews conducted in this study revealed that professional nurses have different experiences in caring for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA. Some professional nurses have negative experiences in caring for psychiatric patients with dual diagnosis and other professional nurses have positive experiences in caring for psychiatric patients with dual diagnosis. All participants interviewed in this study made suggestions that could assist professional nurses in improving their care for psychiatric patients with dual diagnosis. The next chapter presents the conclusions, limitations and recommendations of the study.

Chapter Four

Conclusions, Limitations and Recommendations

4.1 Introduction

The previous chapter presented the results and literature control of the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA. This chapter provides the conclusion, discusses the limitations of the study and make recommendations from the findings in order to improve care for psychiatric patients with dual diagnosis in a public psychiatric hospital in the NWP of SA.

4.2 Conclusions from the findings

Conclusions are based on the findings of the study and the literature control. Participants were requested to describe their experiences in caring for psychiatric patients with dual diagnosis in the NWP of SA. The results of the study provided a rich description of the experiences of professional nurses in caring for psychiatric patients with dual diagnosis and supported with direct quotations from the transcripts. After the data was collected and analysed, three major categories were identified from the twelve unstructured individual interviews with professional nurses. The three major categories that emerged are described as below.



4.2.1 Conclusions on the negative experiences of professional nurses about caring for psychiatric patients with DD

Based on the findings of this study, professional nurses have negative experiences in caring for psychiatric patients with dual diagnosis in the psychiatric hospital in the NWP of SA. Professional nurses feel insecure and need assistance from other professional nurses when caring for psychiatric patients with dual diagnosis. They maintained that psychiatric patients with DD are uncooperative and physically aggressive. Professional nurses experience difficulties when caring for psychiatric patients with dual diagnosis. Some of the major challenges are as follows: In most cases, signs and symptoms of mental illness and substance abuse are almost the same, and professional nurses find that they care for one diagnosis such as mental illness

and neglect the problem of substance abuse; psychiatric patients with dual diagnosis are addicted to drugs and sometimes they are caught having substances in the ward; psychiatric patients with DD are frequently admitted in the hospital; professional nurses lack information and insight about the condition of DD and also how to care for psychiatric patients with dual diagnosis; it is difficult to provide care for a condition that they do not know; professional nurses fear for their lives when caring for psychiatric patients with DD; they are afraid that psychiatric patients with DD might injure them; they are concerned about their safety; and sometimes, they find themselves in danger.

4.2.2 Conclusions on the positive experiences of professional nurses about caring for psychiatric patients with DD

Based on the findings of the study, there are some positive experiences of professional nurses regarding caring for psychiatric patients with DD. Some professional nurses feel that caring for psychiatric patients with dual diagnosis is not complicated. CCTV's are used to monitor psychiatric patients with DD and there is close observation in the ward. The other thing that makes the care not to be complicated is the types of treatment administered in the psychiatric hospital in the NWP. Professional nurses have a good relationship with the psychiatric patients, they use protocols in managing aggressive psychiatric patients. Some professional nurses do not experience any problem with substances in the hospital. Professional nurses reported that there is no way that the patient can have access to substances because security is tight in the ward. It is easy to control psychiatric patients with DD since the hospital is a closed area and professional nurses provide psychiatric patients with medication, health education and also refer them to other members of the multidisciplinary team. Professional nurses have ward programmes planned for the entire month and they follow such programmes every day in their wards. These programmes guide nurses when caring for psychiatric patients with DD. Psychiatric patients with dual diagnosis take their treatment regularly in the hospital as prescribed and are seen by multidisciplinary team members.

4.2.3 Conclusions regarding suggestions for caring for psychiatric patients with DD

Based on the findings of this study and confirmation from the literature, professional nurses made suggestions with regard to caring for psychiatric with DD in a psychiatric hospital in the

NWP of SA. For instance, they suggested the need for the provision of in-service training for professional nurses on the condition and care of psychiatric patients with dual diagnosis. Psychiatric patients with dual diagnosis should be referred to half-way houses or rehabilitation centres before being discharged from hospital so that they can be advised on how to stop substances. Professional nurses need support and motivation from management. The multidisciplinary team should work in collaboration and the working relationship need be intensified in order to care effectively for psychiatric patients with dual diagnosis. The environment should be safe because professional nurses are sometimes exposed to dangerous situations. If many mental health care practitioners could be employed, it will be easier for professional nurses to improve their care for psychiatric patients with dual diagnosis. PN also maintained that they do not have specific policies of caring for psychiatric patients with dual diagnosis. They indicated that there are separate policies for mental illnesses and substance abuse.

4.3 Limitations of the study

The sampling criteria included only participants who had at least three years of experience and above in caring for psychiatric patients with dual diagnosis. The researcher believes that there are professional nurses who could also provide rich data on the topic even though they have not been caring for psychiatric patients with dual diagnosis for more than three years.

The study focused solely on professional nurses caring for psychiatric patients with dual diagnosis in one psychiatric hospital in the NWP of SA. The findings can therefore not be generalised to the other psychiatric hospitals in the NWP of SA.

Another limitation of the study is that professional nurses described the signs and symptoms of psychiatric patients with dual diagnosis instead of describing their experiences in caring for the psychiatric patients. This therefore prolonged the duration of the interviews unnecessarily.

The researcher had to replay the tape recorder several times during the transcription process because some participants were speaking too fast during the interviews.

4.4 Recommendations

Based on the findings of this study, the following recommendations are made for nursing practice, nursing education and nursing research.

4.4.1 Recommendations for nursing practice

In order to provide quality evidence-based care for psychiatric patients with dual diagnosis, it is advisable to provide in-service training for PNs about the dual diagnosis condition and care for psychiatric patients with dual diagnosis.

In order to overcome the challenge of psychiatric patients who abuse substances after they are discharged from hospital, it is recommended that psychiatric patients with dual diagnosis to be referred to half-way houses for advice on how to cope without substances. Furthermore, before being sent to half-way houses, a multidisciplinary team should assess their motivation to change.

In order to improve care for psychiatric patients with dual diagnosis, multidisciplinary team members should work effectively and professionally by using the team approach. The multidisciplinary team members includes the psychiatrist who is the head of the multidisciplinary team, the ward doctor who is in charge of the ward where psychiatric patients with DD are admitted, professional nurses, psychologists, social workers and occupational therapists. Family members and psychiatric patients should be involved in the multidisciplinary team.

There is the need for collaboration between professional nurses and the multidisciplinary team members. Such collaboration will assist stakeholders to feel secure when caring for psychiatric patients with dual diagnosis. Professional nurses should be able to assess factors that may predispose them to danger by ensuring that the hospital environment is safe and free from dangerous objects.

It is necessary to have comprehensive solutions to psychiatric patients with DD. It is advisable for PNs to focus on the integrated approach when caring for psychiatric patients with dual diagnosis (Stuart, 2014:451). An integrated model of care for psychiatric patients with DD is recommended because it is an evidence-based practice, they have professional staff members to prescribe and monitor the effectiveness of medication. They practise assertive care management in which case workers seek out psychiatric patients when they fail to show up and help psychiatric patients with dual diagnosis to meet bio-psychosocial aspects.

The nursing practice should employ more mental health care practitioners to make the job of professional nurses caring for psychiatric patients with DD easier. If there are more mental health care practitioners, they will be able to deliver quality care for psychiatric patients with DD. Management should support and motivate professional nurses for them to be motivated to deliver quality care to psychiatric patients with dual diagnosis.

There is a need for a policy that deals specifically with the provision of care for psychiatric patients in psychiatric hospitals in the NWP. Based on the findings of the study, it is evident that professional nurses are currently using separate policies for psychiatric patients and substance abuse. If these policies could be integrated, professional nurses will be able to improve their services and provide quality care to psychiatric patients with dual diagnosis.

4.4.2 Recommendations for nursing education

In order to improve care for psychiatric patients with dual diagnosis, there is a need to evaluate the curriculum of nurses. To achieve this feat, there is a need for nursing educators and nursing managers to collaborate and work together.

It is recommended that nursing educators and preceptors work in collaboration with nursing managers to discuss challenges faced by professional nurses for such challenges to be included in the curriculum of student nurses and in-service training for professional nurses.

University lecturers and college tutors should be updated on the latest developments with regard to caring for psychiatric patients with DD in the nursing practice. They will in return be able to teach the relevant syllabus. This can be achieved if there is a good relationship or partnership between nursing educators and nursing managers.

There is a need for university lecturers, educators at nursing colleges, nursing managers and preceptors to be involved in designing programmes for student nurses because they are future professional nurses. There is also the need to improve the curriculum since some professional nurses maintained that it is difficult for them to provide care in a discipline that they are not familiar with. Some nurses even indicated that although they were taught at the university or colleges, the topic of dual diagnosis was not treated in detail.

In order to improve the level of care for psychiatric patients with dual diagnosis, there is a need for nursing educators and student nurses to be involved in in-service trainings conducted in the

hospital. This will go a long way in improving partnership between nursing educators and nursing managers in terms of care for psychiatric patients with dual diagnosis.

4.4.3 Recommendations for nursing research

There is a need to conduct further research on the topic of dual diagnosis among psychiatric patients. Research on the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in other psychiatric hospitals in the NWP of SA should be conducted as such studies may reveal new data that could assist professional nurses in improving their care for psychiatric patients with dual diagnosis in the whole province. This study focused on the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in one psychiatric hospital in the NWP.

If other studies could be conducted in other facilities, it will provide more insight and knowledge of caring for psychiatric patients with dual diagnosis in the whole province.

It is recommended that a quantitative study be conducted because in a qualitative study, researchers are guided by data saturation, while in a quantitative study, the sample size could be increased.

4.5 Summary of the study

The aim of this study was to explore and describe the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA. The exploration and description of professional nurses provided more insight on the experiences of professional nurses in caring for psychiatric patients with dual diagnosis. The findings and conclusions of this study revealed that professional nurses have different experiences with regard to caring for psychiatric patients with dual diagnosis. Some professional nurses have negative experiences as they find the care for psychiatric patients to be difficult while other professional nurses have positive experiences as they consider care for psychiatric patients with dual diagnosis to be uncomplicated. All professional nurses interviewed in this study made recommendations to assist professional nurses in improving care for psychiatric patients with dual diagnosis. Recommendations for nursing education, nursing research and

nursing practice were made. These recommendations could improve care for psychiatric patients with dual diagnosis. Recommendations were made based on the findings of the study.

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Appendix A: Application letter to the Ethics Committee of the North West University

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Dear sir / madam

Request for permission to conduct research

I am currently studying for a Master's degree in Psychiatric Nursing (MCur) at the North West University, Mafikeng Campus. I am currently working on a research project for completion of my studies and I am expected to conduct the study in fulfilment of the requirements for the degree.

The title of my study is: Experiences of professional nurses in caring for psychiatric patients with dual diagnosis". This study has been approved by the School of Environmental and Health Sciences.



The purpose of the study is to:

Explore and describe the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in order to make recommendations that may improve the care of this difficult to treat condition in a psychiatric hospital in the North West Province of South Africa.

In order to achieve the above purpose, unstructured individual interviews will be conducted with professional nurses. The central question that will be asked will be: "what are your experiences in caring for psychiatric patients with dual diagnosis?"

Professional nurses will be selected based on the following inclusion criteria:

Professional nurses should be:

- Registered with the South African Nursing Council (SANC) during data collection
- In possession of a qualification in Basic or advanced Psychiatric Nursing Science
- Working at a public psychiatric hospital in the North West Province

- Able to communicate in English -Willing to participate voluntarily in the study and give an informed consent.

Your favourable consideration in the above matter and a response at your earliest convenience will be appreciated.

Yours faithfully

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Ms J.M Dikobe

MCur student



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Supervisor: Dr M.E Manyedi

.....

Co-supervisor: Mr L.A Sehularo

Appendix B: Permission from the Ethics Committee of the North West University



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

Private Bag X6001 Potchefstroom
South Africa 2520

Tel: (018) 299-4900
Faks: (018) 299-4910
Web <http://www.nwu.ac.za>

Institutional Research Ethics Regulatory Committee

Tel +27 18 299 4849
Email Ethics@nwu.ac.za

ETHICS APPROVAL CERTIFICATE OF PROJECT

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

Project title: Professional nurses' experiences of caring for mental health care users with dual diagnosis in North West Province	
Project Leader:	Dr. ME Manyedi
Student:	J Dikobe
Ethics number:	N W U - 0 0 1 7 3 - 1 5 - A 9
Approval date: 2015-07-11	Expiry date: 2020-07-10
Category:	N/A

Special conditions of the approval (if any): None

General conditions

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principal investigator) must report in the prescribed format to the NWU-IRERC:
 - annually (or as otherwise requested) on the progress of the project;
 - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-IRERC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-IRERC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-IRERC retains the right to:
 - request access to any information or data at any time during the course or after completion of the project;
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the NWU-IRERC or that information has been false or misrepresented
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.

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

Yours sincerely

Linda du
Plessis

Digitally signed by Linda du Plessis
DN: cn=Linda du Plessis, o=NWU
ou=Vaal Triangle Campus,
email=Linda.duPlessis@nwu.ac.za,
c=ZA
Date: 2015.07.13 13:08:14 +0200

Prof Linda du Plessis

Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)

Appendix C: Request letter to the North West Provincial Department of health to conduct research

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Dear sir / madam

Request for permission to conduct research

I am currently studying for a Master's degree in Psychiatric Nursing (MCur) at the North West University, Mafikeng Campus. I am currently working on a research project for the completion of my studies and I am expected to conduct this study in fulfilment of the requirements for the degree.

The title of my study is: "Experiences of professional nurses in caring for psychiatric patients with dual diagnosis". This study has been approved by the School of Environmental and Health Sciences and Ethics committee of the North West University

The purpose of the study is to:

Explore and describe the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in order to make recommendations that may improve care for this difficult to treat condition in a public Psychiatric hospital in the North West Province.

In order to achieve the above objective, unstructured individual interviews will be conducted with professional nurses. The central question that will be asked will be: "what are your experiences in caring for psychiatric patients with dual diagnosis?"

Professional nurses will be selected based on the following inclusion criteria:

Professional nurses should be:

- Registered with the South African Nursing Council (SANC) during data collection
- In possession of a qualification in Basic or advanced Psychiatric Nursing Science
- Employed at a public psychiatric hospital in the North West Province

- Able to communicate in English -Willing to participate voluntarily in the study and give an informed consent

Your favourable consideration in the above matter and a response at your earliest convenience will be appreciated.

Yours faithfully

.....

Ms J.M Dikobe

MCur student



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Supervisor: Dr M.E Manyedi

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Co-supervisor: Mr L.A Sehularo

Appendix D: Permission from the North West Provincial Department of Health to conduct the study



POLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION

Name of researcher : Mrs. J Dikobe
North West University

Physical Address : Bopnelong Psychiatric Hospital
(Work/ Institution) Lichtenburg road
Danville, Mafikeng 2745

Subject : Research Approval Letter- Professional nurses' experiences of caring for mental health care users with dual diagnosis in North West Province.

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

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

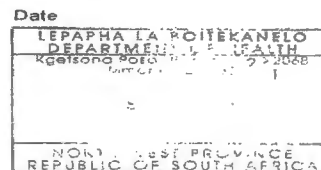
Kindest regards

Dr. FRM Reichel
Dr. FRM Reichel
Director: PPRM&E

JM Dikobe
Researcher

09/01/2015
Date

14/09/2015
Date



Healthy Living for All

Appendix E: Request letter to the management of the psychiatric hospital to conduct the study

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Dear sir / madam

Request for permission to conduct research

I am currently studying for a Master's degree in Psychiatric Nursing (MCur) at the North West University, Mafikeng Campus. I hereby request for permission to conduct research at your institution. I am currently working on a research project for completion of my studies and I am expected to conduct this study in fulfilment of requirements for the degree.

The title of my study is: "Experiences of professional nurses in caring for psychiatric patients with dual diagnosis". This study has been approved by the School of Environmental and Health Sciences, Ethics Committee of the North West University and the Provincial Department of Health.

The purpose of the study is to:

Explore and describe the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in order to make recommendations that may improve care for this difficult to treat condition in public Psychiatric hospitals in the North West Province.

In order to achieve the above objective, unstructured individual interviews will be conducted with professional nurses. The central question that will be asked will be: "what are your experiences in caring for psychiatric patients with dual diagnosis?"

Professional nurses will be selected based on the following inclusion criteria:

Professional nurses should be:

- Registered with the South African Nursing Council (SANC) during data collection
- In possession of a qualification in Basic or advanced Psychiatric Nursing Science
- Employed at a public psychiatric hospital in the North West Province

- Able to communicate in English -Willing to participate voluntarily in the study and give an informed consent.

Your favourable consideration in the above matter and a response at your earliest convenience will be appreciated.

Yours faithfully

.....

Ms J.M Dikobe

MCur student

.....

Supervisor: Dr M.E Manyedi

.....

Co-supervisor: Mr L.A Sehularo

Appendix F: Permission from management of the psychiatric hospital to conduct the study



health

Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

Lichtenburg Road,
Corner Danville
Private Bag X 2031
Mafikeng
2735

Tel: (018) 383 6700
Fax: 018 383 3628
EXT: 6835



MAFIKENG/BOPHELONG
Hospital Complex

BOPHELONG PSYCHIATRIC HOSPITAL

TO: Mrs J.M Dikobe

FROM: Mr M.D Monokoane
Chief Executive Officer

15 September 2015

This letter serves to inform you that your request to conduct research at Bophelong Psychiatric Hospital has been approved.

Regards

Mr M. D Monokoane
CEO: Bophelong Psychiatric Hospital



Appendix G: Written informed consent by professional nurses to participate in the study

I hereby consent to participate voluntarily in the study entitled: "Experiences of professional nurses in caring for psychiatric patients with dual diagnosis". I give permission for an interview to be conducted as arranged and that a tape recorder be used to record information.

I also understand that I have the right to decide whether to participate or not in the study without any risks of a penalty. In addition, I know that I have the right to withdraw from the study at any time, to refuse to give information or to ask for clarification about the purpose of the study.

Kindly be informed that there will be confidentiality and that the names of participants will not be revealed for identification purposes. The results of the study will be included in the research report.

Signature of participant..... Date.....

Signature of researcher..... Date.....

Appendix H: Interview guide:

- What do professional nurses understand by dual diagnosis?
- What are the experiences of professional nurses in caring for psychiatric patients with dual diagnosis?
- What suggestions can be made to assist professional nurses to improve their care for psychiatric patients with dual diagnosis?

Appendix I: Request letter to the co-coder

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Dear sir / madam

Request letter to the co-coder

I am currently studying for a Master's degree in Psychiatric Nursing (MCur) at the North West University, Mafikeng Campus. I am currently working on a research project for the completion of my studies and I am expected to conduct this study in fulfilments of requirements for the degree.

The title of my study is: "Experiences of professional nurses in caring for psychiatric patients with dual diagnosis". This study has been approved by the School of Nursing Science, the Ethics Committee of the North West University, the Provincial Department of Health and Management of the psychiatric hospital.

The purpose of the study is to:

Explore and describe the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in order to make recommendations that may improve care for this difficult to treat condition in the public psychiatric hospital in the North West Province.

In order to achieve the above objective, unstructured individual interviews will be conducted with professional nurses. The central question that will be asked will be: "what are your experiences in caring for psychiatric patients with dual diagnosis?"

Kindly be informed that there will be confidentiality and that the names of participant will not be revealed for identification purposes. The results of the study will be included in the research report.

Please find the research proposal enclosed.

Your favourable consideration in the above matter and a response at your earliest convenience will be highly appreciated.

Yours faithfully

.....

Ms J.M Dikobe

Mcur-student



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Supervisor: Dr E.M Manyedi

.....

Co-supervisor: Mr L.A Sehularo

Appendix J: Approval from the co-coder



NORTH-WEST UNIVERSITY
YUNIBESITHA BOKONG BOPHIRIMA
NOORDWES-UNIVERSITEIT
MAFIKENG CAMPUS

Private Bag X2045, Mafikeng
South Africa, 2735

Tel +2718 399 2642 / 0303470183
Fax +2705 621 4308
Web <http://www.nwu.ac.za>

To whom it may concern,

This letter serves as confirmation that I was requested by Mrs Joan Dikobe to act as co-coder and that I co-coded data collected in the study entitled **"Professional nurses experiences of caring for mental health care user with dual diagnosis"**

Yours sincerely

Mr A Leepile (MCur, BNSc)

Lecturer: North West University

A handwritten signature in black ink, appearing to read 'A Leepile'.

Appendix K: Example of transcript

Interview no 1

Date: 20. 09.2015 - Day: Sunday

Time: 11h05 - Temp: 22 degrees heater on

Age: 43 years, Gender: female, Experience: 03 years

Education: Bachelor of Nursing Science

Occupation: Professional Nurse

Researcher: Good morning sister

Participant: Good morning Mam

My name is Joan Dikobe, sister as you already completed the written consent form, the purpose of this study is to explore and describe the experiences of professional nurses in caring for psychiatric patients with dual diagnosis. Please be free to share your experiences with me .This is confidential and your name will not be disclosed for identification purposes. If at any stage you feel uncomfortable about participating in this interview, you are free to discontinue without feeling intimidated. You have the right to withdraw from the study at any time without any penalty and nothing negative will be held against you for withdrawing from the study .I also need to inform you that I will be recording this interview in order to be able to refer to later because I cannot memorize everything.

Participant: Ok

Researcher: Yes Mam. The data collected will be deleted when I am satisfied that I have used the information. Sister, do you have any question to ask before I ask you questions?

Participant: No, I don't have questions, Mam.

Researcher: Ok, Sister what do you know about dual diagnosis?

Participant: My understanding about dual diagnosis is those psychiatric patients who are mentally ill, and at the same time they will be abusing substances, they will be taking drugs. They've got two conditions at the same time that is mental illness plus substance abuse. Those psychiatric patients are the psychiatric patients that when they are home they will be taking drugs whilst they are mentally ill and they will be brought to the hospital by their families because they will be presenting with the unusual signs, so they will be brought by their families here in the hospital to report what they are doing and those psychiatric patients will be seen by the doctor in the hospital. Most of them the doctor will be admitting them in the ward so that we can take care of them in the ward.

Researcher: Ok.

Participant: And usually when those psychiatric patients come, they will be presenting with signs like, some of them will be laughing alone, some of them will be aggressive, violent, fighting other people and also the report will be the information given by the family members that those psychiatric patients are not cooperative at home, they are fighting and breaking windows.

Researcher: Ok, sister, I am listening to you, you mentioned things that they are presenting with such as being aggressive and violent and uncooperative, and so tell me more about how you care for those psychiatric patients with dual diagnosis.

Participant: When they are violent or aggressive, the doctor will be prescribing the sedation treatment that is the injection, the Ativan and we professional nurses inject the patient so that he/she can calm down to avoid harming themselves or other psychiatric patients or staff members.

Researcher: Ok sister, can you tell me about what happens when giving those psychiatric patients with dual diagnosis the prescribed treatment?

Participant: Because usually they will be violent neh, they will be fighting and they will also be uncooperative, they won't allow me sometimes to inject them, so I will be calling, I will be informing the security to come and assist me to hold that patient, and then by holding his hand, I will be able to inject the psychiatric patients, the security are just assisting the patient not to injure me or other people because it is very dangerous if I can say I will do it alone, I might end up injecting myself or the patient might end up injuring me, so I need the assistance of other staff members and the security if we are short in the ward so that I can administer the injection. Remember these psychiatric patients are violent and I have to take the patient to inject him/her

in the room for privacy, I cannot inject them in public, I have to take that patient to inject him in the room for privacy, so imagine being me and the patient in the room, it is not safe, so I just have to ask for assistance from other colleagues of mine, they will be holding the patient and I will be able to inject the patient and the patient will calm down, then he/she will be resting in the ward.

Researcher: Ok, tell me more about what happens when the security and staff members are there holding the patient when you are injecting him/her?

Participant: Firstly, I inform the patient that I am going to inject you, so most of the time, they deny, so I explain to the patient that I am going to ask for assistance from the security because you are not cooperative, then they will be holding the patient's hands and the patient most of the time will be lying on the bed and they will also be holding the legs, the other security will be in front, the other two will be on the sides and the other at the back so that they can hold him tight, then I will be injecting the patient.

Researcher: Ok, you mentioned that those psychiatric patients with dual diagnosis are brought by their family members here in the hospital, so what do you do as a professional nurse when they are brought by their family members?

Participant: The family members will be saying they are afraid of the patient that is why they brought him/her in the hospital.

Researcher: Ok, sister what else do you do when caring for those psychiatric patients with dual diagnosis?



Participant: Ok, Mmmh, most of the time, those psychiatric patients, we give them treatment as prescribed by the doctor, we professional nurses are the ones who are giving treatment to those psychiatric patients with dual diagnosis, and then the other thing we make sure that we occupy the psychiatric patients, sitting together with the psychiatric patients, talking to the psychiatric patients, remember the patient will be calm after the injection and they will be sleeping. When they wake up, they won't be violent anymore, so we will be sitting together with the psychiatric patients, we interact with the patient, we interview the psychiatric patients about their condition that they are experiencing that is, the dual diagnosis, we occupy them most of the time and then, we occupy them a lot because these psychiatric patients need attention.

Researcher: So tell me more about how you occupy them,

Participant: By occupying them, I mean we sit together with them and talk to them. By talking to them, we will be assessing, we will be doing assessment to check whether the patient's mind is functioning properly by doing mental status examination and by doing, that we will be recording that and when the doctor comes in the ward to see the patient, we give the doctor information, we present the patient to the multidisciplinary team because we spend most of the time with psychiatric patients with dual diagnosis, so we are the ones who experience a lot of what they are doing. So usually, we present them to the doctor about what is happening in the ward, so the team also calls them after presenting, they will call the patient and interview the patient themselves so that they can hear the progress because they will be on treatment.

Researcher: I heard you saying you interview them about their condition, so how do you find the interview with those psychiatric patients with dual diagnosis?

Participant: Eeeh, I believe the interview is effective because some of the things we hear from the psychiatric patients, we will hear how they are functioning because the main thing we want to know the cause of that and then some of them will explain why they take drugs, when did that happen and how, so the interview with them is effective because we will be presenting them to the doctor so that they can be given relevant treatment or rehabilitation.

Researcher: You mentioned that you ask them about the cause of their condition, can you tell me more about that?

Participant: Some of them will be telling us that they started taking drugs at school, due to peer pressure, some will be telling us that they've got those drugs from people outside their homes, there are people in the community who are selling drugs so they usually buy those drugs from them so then they will be taking those drugs. They say when they have taken those drugs, they feel happy and feel high, that is their meaning, not knowing exactly what they mean when they say high, they usually say that.

Researcher: Ok, tell me more about your experiences when caring for those psychiatric patients with dual diagnosis.

Participant: These psychiatric patients with dual diagnosis sometimes, it is difficult to nurse them, difficult in such a way that they will be addicted to drugs, these psychiatric patients. So most of the time, they will be having these, as if they will be having the urge of getting the drugs, so it is difficult for them to cope without drugs, so sometimes, we end up seeing them having those drugs in the ward, not knowing where are they from, where are they getting them from,

those drugs. Are they getting them from staff members or somebody who is working in the hospital or are they getting them from the visitors, because they usually get visitors when they are in the hospital, so we end up seeing the patient taking drugs in the ward because some of them do smoke in the ward.

Researcher: You mentioned that it is difficult to nurse those psychiatric patients with dual diagnosis; can you tell me more about those difficulties that you are experiencing?

Participant: Mmh, the difficulties sometimes might be they do not want to tell us exactly what happened about this dual diagnosis that they are having. Sometimes, they deny that they are taking drugs and remember that when they get in the hospital and the family presents to the doctor that this patient has been taking drugs and at the same time he is mentally ill, so when they get to the hospital, the doctor will be prescribing that this patient must be taken blood or urine, to check whether there is any drug that he/she is taking. So sometimes, if you do not do that, they will be denying that they are taking the drugs. So it becomes difficult if blood is not taken because we won't be able to know which drugs are they taking and sometimes, they fight other psychiatric patients when one has got cigarette in the ward and is not giving to others who do not have, they then fight each other and end up injuring themselves in the ward, do you understand?

Researcher: Yes

Participant: So that is why we must keep an eye on them, and very closely and the very important thing in the ward when the visitors come, we search them because they will be saying they brought something for the patient, so we search the package that they brought, because sometimes, they will be putting those drugs inside the plastic.

Researcher: Ok sister, you mentioned that you sometimes find them having drugs in the ward, so tell me more about that.

Participant: As a professional nurse, I will be interviewing the patient, ask him/her where he/she got drugs. Most of the time, they won't tell you, they won't tell you how and where they got them from but you will be able to take those drugs from her/him, and we report that to the senior, the operational manager about what has happened. After reporting to the operational manager, they take over. I am not so sure whether they call the police or what is happening, I have not experienced what is happening after that because we professional nurses, after taking those

drugs, we continue talking to them about dual diagnosis, the mental illness plus substance abuse eeh, the importance of stopping drugs and the disadvantages of continuing taking drugs.

Researcher: Ok, Sister I am listening to you, you said sometimes they fight for cigarettes in the ward, so tell me more about that.

Participant: When they are fighting mmm, usually, we inform the doctor neh, we inform the doctor that the patient is fighting, most of the time, the doctor will prescribe the Ativan say Prn that is, when necessary, so we will be taking the Ativan and inject the patient to calm down so that he/she might not injure others, yes that is exactly what we do when they are fighting, we inject them, we sedate them to avoid more injuries.

Researcher: Ok sister, can you tell me more about sedating them?

Participant: They will be sleeping yes, they will be sleeping and you will be looking at the one that is fighting others, the one who started, and then you will be injecting that one.

Researcher: Ok, what you are saying is that you inject the one who is fighting others?

Participant: Yes.

Researcher: You said they sleep after sedation, can you tell me more about that?

Participant: He will be sedated, after he/she is awake, he/she won't fight again, you just call the patient and talk to the patient that it is not advisable to fight.

Researcher: Tell me more about what happens after you have spoken to them about not fighting again.

Participant: They will be telling you that, they will be promising that they will never fight again.

Researcher: What happens after they have said they will never fight again?

Participant: Some, they do not fight as they say, but some because they are addicted to drugs, they will end up now and then fighting, so we keep on calling them to order, that is the experience that I am having.

Researcher: Ok, so tell me more about those that are fighting now and then.

Participant: The ones who keep on fighting, every time when the doctor comes to the ward, we tell the doctor that this one is not cooperative, the doctor will either adjust the treatment so that

the patient can be calm, the doctor adjusts the treatment so that the patient can change the behaviour and after adjusting the treatment, the patient will be responding well to treatment and will be cooperative.

Researcher: Ok sister, you mentioned that these psychiatric patients with dual diagnosis have difficulties to cope without drugs, can you tell me more about that?

Participant: Mmh, what I can say is that it is the same as the one that I was saying if they do not cope, the doctor comes and reviews the treatment but most of the time, the doctor's review of medication assists, mmh it assists, they end up coping and then when they are not coping, if that thing continues, the patient will be taken to the social worker, the doctor refers the patient to the social worker or to the psychologist and they also refer them for rehabilitation, to occupational therapy, they rehabilitate them, that means they occupy them, so they occupy them by giving them some work so that they can forget about the substances, they maybe wash cars or do the shoes.

Researcher: So what you are saying is that they are also referred to the social worker, psychologist and occupational therapist so that they can forget about the drugs?

Participant: Yes

Researcher: Ok, sister you also mentioned that when the visitors come to the hospital you search them, can you tell me more about that?

Participant: When the visitors come to the hospital, they will be bringing them maybe bananas, fruits, you see, so because these psychiatric patients have been taking drugs at home and they are used to them, we must make sure that the drugs are not in the packages, remember that when they are at home, they will be telling us that they have been taking drugs with friends and those friends usually visit them in the hospital. So we avoid bringing them drugs in the hospital that is why we search their packages, what they are having so it is like the policy of the hospital, everything that comes to the hospital, we must look what is inside because we do not know inside that.

Researcher: Can you tell me more about the searching for drugs?

Participant: There are no exact people who are told to do that, as a professional nurse in the ward, you just ask them politely because they will be telling us that I brought this and that for her or him neh. You can just ask them politely what you brought, just like that, you don't tell them

that I am searching for drugs, you just tell them that can I see what you brought for the patient, knowing what you are looking for exactly, maybe it can be drugs or instruments that can injure others.

Researcher: Sister, you mentioned that psychiatric patients with dual diagnosis sometimes deny that they are using substances and you take urine or blood from those psychiatric patients with dual diagnosis, can you tell me more about that?

Participant: By taking blood or urine, it is because we've got information from the family and usually, when these psychiatric patients come, blood is taken *akere*, the reason for taking blood is to confirm that is it true that the patient has been taking drugs, the results will be confirming that these patient yes, he or she is taking drugs, then the doctor will take over there. Usually, they refer them to the psychologist, social worker and for therapy as well. .

Researcher: When do they refer them to the psychologist, social worker and occupational therapist?

Participant: After seeing them in the ward, the doctor will be seeing the patient alone and then they will be seen by the team, with all of them.

Researcher: What would be the reason for referring a patient to a psychologist?

Participant: So that the psychologist may assist, there are some sessions. I do not know exactly what they are doing in those sessions; I do not know what they are doing with the psychiatric patients with dual diagnosis. It is not only one session. It is a continuous thing; I do not know exactly what they are doing, so it is like a policy that those psychiatric patients need to be seen by the psychologist. And the social workers, they usually refer the psychiatric patients to those people. It is part of the hospital rehabilitation, I can say that.

Researcher: Ok, you said you take urine or blood, so tell me more about that.

Participant: Ok, that one is part of the doctor, it is the doctor who gives the results of the patient, remember he is the one who reads the results and interprets them to the psychiatric patients.

Researcher: Tell me more about what happens when the doctor has shown the results to psychiatric patients with dual diagnosis?

Participant: When the results show that the patient has been taking drugs, most of them will be now agreeing that they have been taking drugs, they say they were afraid to say it out, so they just agree that they were afraid to tell us the truth, it is the truth that I am taking drugs.

Researcher: Ok sister, do you still have any experience to tell me about caring for psychiatric patients with dual diagnosis?

Participants: The other experience that I have is, I think I have explained that anyway, the other time there was a patient in the ward and that patient came, I do not know, this patient was having a cell phone I do not know how. Then there was another patient who came from home with dual diagnosis neh, the other one had a cell phone, they were friends already. He asked his friend to borrow her cell phone then, the professional nurse found that the patient was phoning in the bathroom not knowing whom exactly and asking them to bring her drugs in the ward. So the professional nurse took the phone away from the patient. The professional nurse reported that we should be aware of the patient because of what she has done. The professional nurse told us to keep an eye on that patient because she still needs drugs, and then the patient talks, she opened up and said yes, I am taking drugs at home and she also mentioned the name of the drug, she said I am taking cat. It happened that the grandmother of that patient passed away and the family members came to the hospital and requested that the patient should attend the funeral, it was after two weeks, the patient looked fine by that time so the doctor agreed that the patient can be given pass out for a weekend only so that the patient can go and bury the grandmother. Suddenly, after two days, the family brought the patient back again telling us that the patient is taking drugs at home, then the doctor just kept the patient in the ward for a long time.

Researcher: Ok sister, you explained to me that those psychiatric patients with dual diagnosis are searched in the ward, now can you tell me more about psychiatric patients having cell phones in the ward?

Participant: I was also amazed when the sister told me, but when I asked how did the patient come in the ward with the cell phone, the reason was that, that patient brought it herself in the hospital, that is section 25 voluntary patient and they said for voluntary psychiatric patients, they do not take their things and put them away. I just got the information from the sister because I was also amazed how possible. The reason is that they did not take it because she is a voluntary patient.

Researcher: Can you tell me more about those dual diagnosis psychiatric patients that bring themselves to the hospital and having cell phones in the ward?

Participant: According to my knowledge, psychiatric patients are not allowed to stay with cell phones in the ward but they say they just didn't take the cell phone for that reason. I did not ask more about that, it is just that I was so surprised, so I can't say a lot about that.

Researcher: You told me that patient was given pass out to go home to bury her granny and she came back after two days because of abusing substances again at home. Can you tell me more about that?

Participant: Yes, I was explaining about that patient who was in the ward. Remember that patient was still under hospital care, it was just that the family came, and asked for that patient, she was still in the process of going to be seen by the psychologist, the doctor and the social worker. So she was just going for that weekend, that is Friday, Saturday, Sunday, then she was supposed to come back on Monday so that we can continue assisting that patient. So it happened that the granny passed away, and the family came to ask the doctor, but surprisingly, they brought that patient back before the time, that is before Monday, family telling us that she is taking drugs again and she is shouting, fighting at home, remember it is the funeral, so they decided to bring her back because she was not doing well at home because of the friends, because they were together with friends again, then she was brought back even before the funeral.

Researcher: Ok, can you tell me more about those psychiatric patients who are brought back again to the hospital because of abusing substances?

Participant: Remember this patient was given pass out with treatment. When they get home, they are supposed to take treatment, so it is a clear sign, that is, the sign we see that when they get home, sometimes, they do not take treatment or even if they take treatment, they go to drugs again. You understand and when they are given treatment and do not take treatment and continue with the drugs, there won't be any improvement on the dual diagnosis. He or she is going to present the same signs that she or he was brought with before. So when they are brought back again from home, it is then that the doctor will call the families to come and talk to the multidisciplinary team, to tell the multidisciplinary team what is happening at home and therefore, the social worker will take over, that means the social worker will look thoroughly, go and look at the area where the patient is staying, is there someone who can take care of this

patient or how are they living at home, the reason being they want to see why this patient is coming back now and then to the hospital.

Researcher: You said these psychiatric patients with dual diagnosis come back very often to the hospital, so tell me more about that.

Participant: When they come back, we call the doctor and tell him that the patient is brought back and what we do in the ward, we continue giving health education about any condition but most of the time, we will be dealing with that of mental illness combined with substance abuse, talking about the advantages of not taking drugs and disadvantages of taking drugs. We give continuous health education and at the same time, we continue giving medication that is prescribed by the doctor. That is our duty in the ward.

Researcher: Ok, how do they respond when you give them health education?

Participant: Remember, when you give health education, you do not talk alone, you interact with them, they must participate so that you can see their knowledge about that thing that you are talking about. So most of the time, they will be talking about their experiences, they will tell you how do they take all those drugs and you will be telling them about the disadvantages and some of them will be telling you that they were not aware that they will end up having mental illness combined with substance abuse because they were just doing it for fun, they did not know that it would be so serious because you will be telling them that it is dangerous to take drugs.

Researcher: So tell me more about what happens when they tell you that they were not aware that they will end up having dual diagnosis.

Participant: They will be showing that they regret according to the look because they will be promising that yoooo, it is dangerous; I will never take drugs, so that are the things they say (sic). They just show that they regret taking them and say they did not know that it is dangerous.

Researcher: Tell me more about what happens after they have shown that they regret taking drugs.

Participant: Because they will be still admitted, they continue to be seen by the psychologist, social worker and then when the patient has improved, they discharge the patient home.

Researcher: Tell me more about what happens after the discharge of these psychiatric patients with dual diagnosis.

Participant: The patient will go home and the doctor will give them the review date to come and see the doctor again. That is, every month to come and see the doctor, remember these psychiatric patients have two conditions, the mental illness and substance abuse, that means they must be on treatment, they must not stop treatment so every time they come to the hospital, they will see the doctor and the doctor will prescribe medication and the family members will give the report about whether he/she is coping or whether they are seeing the difference or what. So the family members will be involved there for taking care of the patient.

Researcher: Ok, what you are saying is that the family member will be reporting how the patient behaves at home.

Participant: Yes.

Researcher: Tell me more about the report that you are getting from the family members of these psychiatric patients with dual diagnosis.

Participant: Sometimes, they will be telling us that he or she is no longer taking drugs, he is fine, he is improving, then they take treatment and they go home, then they will be given appointments by the psychologist. Remember, it is a continuous thing. I do not know up to when they see the psychologist because they usually see the psychologist.

Researcher: Is there any other experience that you want to share with me?

Participant: Yes, the other thing is that we observe them closely.



Researcher: Tell me more about observing them closely.

Participant: It is the same as occupying them. So sometimes, you cannot observe a patient directly by looking at him/ her, you just look just from a distance, how is this patient coping with others? Is he interacting with others? Is he staying alone? Do you understand because they've got the tendency sometimes of committing suicide, family members will be reporting, sometimes the family members will come and explain that he once tried to commit suicide, so you look at the movements.

Researcher: You mentioned that they have a tendency of committing suicide; can you tell me about that?

Participant: That one will be the information from the family members, so we will be talking, remember that the psychologist will also assist with that. So we do not allow that patient to go to

the bathroom alone for a long time, you must watch closely to that patient, because once she has attempted once, he or she can also attempt here in the hospital and sometimes, it does happen, the suicide. That is why we observe and even the doctor will be writing on the prescription that "patient should be observed closely".

Researcher: So sister, you mentioned that they have a tendency of committing suicide; can you tell me more about that?

Participant: Some of them will be cutting themselves on the hands so that they can bleed, you will never know where they get those things they use to cut themselves. Some of them will be taking the belts or the clothes that they are wearing; they want to use them to hang themselves in the ward. That is why it is very important to look at them closely, because you can't just leave that patient alone, to stay alone, yes in the bathroom. In the toilet, you give them the privacy but we must be very careful, just keep on checking what is going on because they are not trustworthy, because they might end up killing themselves.

Researcher: Sister, you said they are not trustworthy can you tell me about that?

Participant: They are untrustworthy because you will never know what they are thinking by that time, so you will never know their thinking by that time, so you will never trust that patient because he or she can do anything at any time.

Researcher: Why don't you trust them?

Participant: Because they are not reliable, because if someone wants to kill herself or himself, you will never know when he or she is going to do that. That is why when they have brought things, we take for example, they will be having maybe the bags, not hand bags exactly, the toiletry bags. We do not allow them to keep them with them, we usually keep them and when they go to bath, we give them and when they bath, remember we observe them because they might use those things or drink those things that they are applying on the body, to drink and kill themselves. That one does happen sometimes.

Researcher: Ok sister, I am listening to you. You also mentioned that they are not reliable, tell me more about that.

Participant: It is because they want to kill themselves. They will be telling us that they feel worthless; they feel that they are not wanted in the community, things like that. They will be

telling us those reasons, but they won't tell us why. They just tell us that people do not love them. They are worthless; they do not have other things *Mmh*.

Researcher: Why do they think they are not wanted in the community?

Participant: They say that is the way they see in the community, it is the thing that they are thinking.

Researcher: Is there any other experience that you want to tell me about caring for psychiatric patients with dual diagnosis?

Participants: No, I think I have said almost everything about the experiences that I am having.

Researcher: Sister, what suggestions can be made to assist professional nurses to improve their care for psychiatric patients with dual diagnosis?

Participant: I think there has to be a policy that says how to care for psychiatric patients with dual diagnosis because presently, we are just using the policy for psychiatric patients with mental illness; it is not specific for psychiatric patients with dual diagnosis. If there can be a protocol maybe it can assist and again, if the family can also assist for taking care of these psychiatric patients, when they are discharged home, they must take care of them, they must participate on their wellbeing maybe by giving them treatment, by reminding them to come to the hospital for treatment and giving them support.

Researcher: Ok

Participant: And I believe also that there has to be in-service training for treating psychiatric patients with dual diagnosis, continuous in-service training for professional nurses.

Researcher: Ok, why do you suggest that there should be policy for caring of psychiatric patients with dual diagnosis?

Participant: Remember that there is a policy, there is a protocol. Most of the time, it will be talking about mental illness alone *neh* and the other one will be saying psychiatric patients with substance abuse alone. So I think if they can combine them and those two are separate, it is fine, but if they can combine them and say psychiatric patients with dual diagnosis so that we can know how to take care of psychiatric patients with dual diagnosis according to the policy and protocols, I think that can assist.

Researcher: Ok, I am listening to you sister, are you saying there are no policies with regard to caring for these psychiatric patients with dual diagnosis or can you tell me more about that?

Participant: I have haven't seen the policy that says caring for psychiatric patients with dual diagnosis. The policy, the protocols that I have seen says caring for psychiatric patients with mental illness or caring for psychiatric patients with substance abuse separately, now according to the topic, your topic says psychiatric patients with dual diagnosis, how to care for them.

Researcher: So what you are saying is that in you institution, there is no policy on psychiatric patients with dual diagnosis, you only have policy for mental illness and for substance abuse separately?

Participant: Yes

Researcher: You also suggested that family members can take care of psychiatric patients; can you tell me more about that?

Participant: I believe if they can participate in the health of the psychiatric patients like I have said by monitoring that the patient is taking treatment properly and on time and that the patient is not taking drugs whereas he or she is mentally ill. If they can monitor closely and assist and support the patient, that can also help to improve the care for psychiatric patients with dual diagnosis.

Researcher: Ok sister, I am listening, can you tell me more about the support of the family?

Participant: By the support, I mean like sometimes, they will be telling you that they do not get the support, they feel worthless, so you will be asking the family members to give them the support and to show them the love that they are having for those psychiatric patients with dual diagnosis, any kind of support that the family can give. Sometimes, when the social worker visits the family, they come back with the results that at home, there is no support. Maybe most of the time, the patient is staying alone, they leave the patient alone or the patient does not take treatment, they do not have anything to eat.

Researcher: You mentioned that policies can be made so that you professional nurses can know how to care for psychiatric patients with dual diagnosis; can you tell me about your knowledge of caring for psychiatric patients with dual diagnosis?

Participants: Most of the time, we follow the doctor's instructions. Remember, when the protocol is there, the protocol will be telling us how to handle these psychiatric patients and the protocol will be in the wards *neh*? So, if the protocol is there, we will be following that protocol in the ward even if the doctor is not there. Remember that the protocol is something that is written and signed and known by the whole hospital *neh*, so if we do that, we will be doing that according to the hospital. Now, what is happening presently is that we only follow doctors' orders and we are only using our experiences, by just looking at them, by giving them treatment that is why I am saying we follow doctors' instructions. So a protocol is a guideline, it will be telling us on how to care for these psychiatric patients with dual diagnosis.

Researcher: Sister, you said you are only using your experience when caring for these psychiatric patients with dual diagnosis, can you tell me more about that?

Participant: We just use the experience that we have been working here. We have seen psychiatric patients, therefore, these psychiatric patients might be suicidal, we look closely, we occupy the patient, we interview the patient, and we present the patient to the multidisciplinary team and administer medication, those are the things that we do.

Researcher: You suggested that there should be continuous in-service training; can you elaborate more on that?

Participant: Remember that when you are working at the place, sometimes, things do change then you need to be more equipped now and then about new things that are there because if you just work with an old, old method, then some of the things you are not taught about that, then sometimes the service does not run smooth, but if the in-service training is continuous, then that one can assist.

Researcher: How are the in-service trainings done on the care for psychiatric patients with dual diagnosis?

Participant: Like I am saying, we are doing in-service training almost every day because every month, we draw a programme that we are going to give this topic of mental illness and tomorrow maybe, we do something else. So we do those topics but I have never seen according to my experience the topic that says caring for psychiatric patients with dual diagnosis. We have never, I have never seen that myself; it only talks about mental illness and it will be talking about substance abuse. The in-service trainings are done in the hospital but with dual diagnosis, I haven't seen it.

Researcher: What you are saying is that since you came to this hospital, with more than three years of experience, you have never received in-service training with regard to the condition of dual diagnosis?

Participant: Yes, the topic of dual diagnosis was never done; we only talk about substance abuse alone and mental illness alone.

Researcher: You also mentioned the fact you need to receive in-service training continuously in order to function smoothly; can you please elaborate on this?

Participant: It is like I was saying, if there was a protocol, then we would work according to the protocol and then we will do things rightfully and we are definitely sure that we are doing things right and I will have that confidence that I follow the protocol and there is nothing wrong that I have done.

Researcher: Tell me more about the smooth running.

Participant: By smooth running, I mean exactly that I have said that if you work according to the protocol, you just do things according to the protocol; you don't start by thinking what must I do, you will be having the protocol in the ward and look at the protocol, follow that protocol, do everything according to the protocol and then the service will run smooth. That is exactly what I mean. If the protocol is in the ward, then I won't wait for the doctor to come and tell me what to do. If the protocol is there, I just follow the protocol and call the doctor when there is a need. If the patient is not responding according to the protocol, I call the doctor, but if the protocol is not there, the doctor will have to come and see the patient and write down what to do and I do that, do you understand? I have never seen the protocol on psychiatric patients with dual diagnosis.

Researcher: Sister, what do you mean when you say if there were policies you would do things rightfully, could you elaborate on that? Participant: Exactly! What I mean is that I will be following the protocols; things will run smooth because I will be doing things according to the guidelines. When you do things according to the protocols, you won't be having a problem that I did not do this, the protocol guides you on what to do.

Researcher: Do you have any other suggestion?

Participant: No, I do not have anything extra. I think I have said everything I am experiencing about psychiatric patients with dual diagnosis.

Researcher: Thank you very much sister for your availability and for participating in this study.

Participant: My pleasure Mam.

Appendix L: Field notes

On Saturday, 26.09.2015, an unstructured individual interview was conducted with a 41 year old female professional nurse in a public psychiatric hospital in North West Province at 14H10. The participant has a degree in Nursing Science. The interview was conducted from 14H10 to 15H20. The temperature was 17 degrees Celsius. The interview was conducted in a quiet consulting room in the psychiatric outpatient department (OPD) and the language that was used during the interview was English. There was no disturbance during the interview because the OPD does not operate on weekends.

The participant had been working for three years and four months at the psychiatric hospital. The purpose of the study was explained to the participant (the experiences of professional nurses in caring for psychiatric patients with dual diagnosis). The participant was informed that participation in the study was voluntary. The professional nurse was willing to participate in the study and signed the written consent form.

The participant mentioned that she was afraid to work in the psychiatric hospital because people used to say it is not easy to work in a psychiatric hospital because psychiatric patients are dangerous. The participant indicated that she did not know until she experienced it. She maintained that she takes pleasure in caring for psychiatric patients and indicated that she had realised that the most important thing is to have a good relationship with psychiatric patients.

The participant felt free to share her experiences with the researcher and made recommendations that could go a long way in assisting professional nurses to improve their care for psychiatric patients.

Appendix M: Request letter to the language editor

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Dear sir / madam

Request letter to the language editor

I am currently studying for a Master's degree in Psychiatric Nursing (MCur) at the North West University, Mafikeng Campus. I am currently working on a research project for completion of my studies and I am expected to conduct this study in fulfilment of requirements for the degree.

The title of my study is: "Experiences of professional nurses in caring for psychiatric patients with dual diagnosis". This study has been approved by the School of Nursing Science.

The purpose of the study is to:

Explore and describe the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in order to make recommendations that may improve care for this difficult to treat condition in a public psychiatric hospital in the North West Province.

In order to achieve the above purpose, unstructured individual interviews will be conducted with professional nurses. The central question that will be asked will be: "what are your experiences in caring for psychiatric patients with dual diagnosis?"

Kindly be informed that there will be confidentiality and that the names of participants will not be revealed for identification purposes. The results of the study will be included in the research report.

Enclosed, please find the research proposal.

Your favourable consideration in the above matter and a response at your earliest convenience will be highly appreciated.

Yours faithfully

.....

Ms J.M Dikobe

Mcur-student



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Supervisor: Dr E.M Manyedi

.....

Co-supervisor: Mr L.A Sehularo

Appendix N: Certificate of language editing

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CERTIFICATE OF LANGUAGE EDITING

The dissertation entitled:

**EXPERIENCES OF PROFESSIONAL NURSES IN CARING FOR
PSYCHIATRIC PATIENTS WITH DUAL DIAGNOSIS**

Submitted by

J.M. DIKOBÉ (16515080)

For the degree

MASTER OF NURSING SCIENCE

In the

Faculty of Agriculture, Science and Technology

Mafikeng Campus

North-West University

Has been edited for language by

Paul NepaplehNkamta (PhD; MA; PGCE; BA Hons)



Paul NepaplehNkamta (PhD)