

CHAPTER 1

Orientation to the study

1.1 INTRODUCTION

In 2000, Mavundla published the findings of a qualitative study to explore and describe professional nurses' perceptions of nursing mentally ill people at a general hospital in KwaZulu-Natal, South Africa. The study only included twelve (12) professional nurses so the findings represented a very small sample. In order to be able to generalise the findings, it is necessary to survey these perceptions in a broader sample of professional nurses. Accordingly, the present study wishes to describe professional nurses' perceptions of nursing mentally ill people in a general hospital setting to verify Mavundla's findings.

According to Mavundla (2000:1570), in South Africa many mentally ill people are admitted to general hospitals or present themselves to primary health care services. Madela and Poggenpoel (1993:691-693) state that in communities characterised by violence and certain social situations people are often vulnerable to mental illness and predisposed to developing unhealthy ways of coping with stress. Koku (2001:243) found that alcohol and drug abuse contributes to destructive behaviour in people with mental illness resulting in a "dual diagnosis" which is a combination of severe mental illness, such as a psychotic disorder, and substance abuse.

It is generally acknowledged that there is a high rate of substance misuse among patients diagnosed with a mental illness. There is little evidence to suggest that the use of illicit substances per se may be the cause of mental illness (Smith, hucker & Boer 1994:13-15). However, Koku (201:243) states that some evidence indicates that a psychiatric illness, most frequently schizophrenia, may be exacerbated by an individual's use of psychoactive substances. Cormack and Furnham (1998:235), Hayward and Bright (1997:345-346) and Read and Law (1999:216-217) indicate that attitudes influence behaviour and attitudes towards people with mental illness are frequently negative, stigmatising, uninformed and fearful. Health care professionals share these negative attitudes to a certain extent, thereby compromising their ability to deliver competent

and compassionate care.

Emrich, Thompson and Moore (2003:20) state that health care professionals are not immune to social prejudices, and share the public's irrational fears and expectations of unpredictability attributed to mentally ill people. Mavundla and Uys (1997:4-5) found that nurses in a general hospital in Durban responded positively to items that measured stereotypes upheld by the public regarding mentally ill people and that lack of knowledge of mental illness correlates significantly with their perceptions of nursing mentally ill people in general hospitals.

Mavundla (2001:16) state that facilitative communication skills will support general hospital nurses to promote clear, efficient and appropriate conversation when nursing mentally ill people. Mavundla goes on to say that learning and applying the skill will ensure comprehensive nursing care of mentally ill people in a general hospital setting.

1.2 PROBLEM STATEMENT

Mavundla and Uys (1997:3-4) found that 90% of nurses in a general hospital in Durban harbour negative attitudes and 10% have a positive attitude towards the nursing of mentally ill people. Khanyile (1992:27) states that fellow nurses and physicians not employed in psychiatric units tend to refer to patients as "mad people". She adds that this causes stress, which increases negative attitudes among health care professionals, and results in mentally ill people receiving substandard care and having difficulty ensuring that their needs are met.

In South African general hospitals, most nurses are not trained in psychiatric nursing and therefore consider themselves inadequately equipped to nurse mentally ill people comprehensively. This leads to an inability to read the warning signs and symptoms of violence within their units. The negative attitudes of nurses towards nursing mentally ill patients and the influence this has on the quality of care of these patients led the researcher to undertake the present study. The study will be conducted among a broader sample of professional nurses than Mavundla's (2000) study and will answer the question:

- What are the perceptions of professional nurses of nursing mentally ill people in a general hospital setting?

To answer this question, the researcher will conduct a descriptive survey that will be universal and generalisable, that is, for extensive rather than intensive analysis.

1.3 PURPOSE OF THE STUDY

The specific purpose of the study is to describe professional nurses' perception of nursing mentally ill people in a general hospital setting. Polit, Beck and Hungler (2001:74) state that the specific purpose of nursing research includes identification, description, exploration, explanation and control. Such a study may assist in the generalisation of findings to a broader population.

1.4 CONCEPTUAL FRAMEWORK

Mavundla's (2000:1574-1576) conceptual framework will be used for the study. This framework categorises the nursing of mentally ill people in general hospitals into four main themes, namely perception of self, patients, environment and feelings that hinder the nursing care of the mentally ill.

1.4.1 Perception of self

This is about professional nurses' self-perception of the knowledge and skills required to nursing mentally ill patients. To determine this, nurses examine whether they have enough knowledge and skill to deal with these patients and their symptoms. Mavundla (2000:1573) found that professional nurses expressed two types of self-perception, namely negative (lack of knowledge) and positive (possession of knowledge and skill).

1.4.1.1 Negative self-perception associated with lack of knowledge

Mavundla (2000:1573-1574) found that professional nurses lack the knowledge and skills required to nurse mentally ill patients in their units, and this situation evoked a negative self-perception. They view

themselves as incompetent to nurse mentally ill people in these settings. This study will examine the following questions:

- Do knowledge and skills influence nurses' self-perception?
- Do knowledge and skills influence nurses' perception of nursing mentally ill patients?

1.4.1.2 Positive self-perception associated with possession of knowledge and skill

Mavundla (2000:1574) found that nurses felt that they needed to be equipped with knowledge and skill in order to understand the nursing of mentally ill patients. They believed that this would improve their interaction with their external environment.

1.4.2 Perception of the patient

Mavundla (2000:1574) holds that lacking or having the knowledge and skills to nurse mentally ill people in general hospital settings determines nurses' perceptions of nursing the mentally ill. Therefore nurses either perceive a mentally ill client negatively or positively.

1.4.2.1 Negative perception of the mentally ill patient

Mavundla (2000:1574-1575) found that a lack of knowledge and skills had an influence on nurses' perceptions of nursing mentally ill patients. Furthermore, nurses were not happy with the presence of a mentally ill patient in a unit because they anticipated problems that might disturb their daily routine, like wandering, noise, violent behaviour and dual diagnosis. These problems should dissipate once nurses become intensively involved with their patients and the therapeutic milieu of the unit. This study wishes to describe professional nurses' perception of nursing mentally ill patients because of concerns related to feeling unable to help or nurse mentally ill patients in a general hospital setting. This understanding, in turn, affirms the importance of addressing the negative perception of nursing mentally ill people.

1.4.2.2 Positive perception of the mentally ill patient

In a study in Durban, Mavundla and Uys (1997:3-5) found that 3% (n=3) of nurses had a positive attitude

towards mentally ill people. The nurses' positive attitude was due to the fact that they felt confident about nursing mentally ill patients and viewed them like any other patients. However, nurses felt insecure if there were no trained psychiatric nurses in the unit or ward. The nurses felt confident to nurse mentally ill patients when there was a psychiatrically trained nurse in the unit. One of the nurses in Mavundla's (2000:1575) study stated that "where possible they should be treated as normal, but it's nicer nursing them because we have a nurse with psychiatric training".

Murray and Steffen (1999:505-508) assert that increased education about mental illness, causes, symptoms and related treatments results in more positive attitudes towards people with mental illness, and increased contact with mental illness leads to a more positive attitude. Therefore professional nurses should improve their knowledge and skills in how to handle mentally ill patients. This, in turn, will contribute positively to the restoration and maintenance of the patients' mental health. Similarly, in a study of nursing education, Chan and Cheng (2001:436) found that knowledge and contact promote a positive attitude among student nurses towards mentally ill people.

1.4.3 Perception of environment

According to Mavundla (2000:1575-1576), nurses were concerned about the unit or ward in which they nurse mentally ill patients. They were of the opinion that staff shortage and overcrowding are additional problems that made it very difficult for them to render adequate nursing care to mentally ill people.

1.4.3.1 Overcrowding

Mavundla (2000:1576) was of the opinion that nurse-patient ratio was 1:40; and this problem was perceived as a serious threat to the recovery of mentally ill patients.

1.4.3.2 Staff shortage

According to Sibeko and Greeff (1995:15), poor nurse-patient ration causes problems, making impossible for nurses to cope with workload and at the same time unable to attend to the needs of the patients.

Mavundla (2000:1576) complemented the above statement; among other things discovered from his findings was poor nurse-patient relationship. He further stated that nurses could not even counsel patients because most of their time was spent in ensuring that their routine work was completed.

1.4.4 Perceived feelings

These are nurses' feeling about nursing mentally ill patients in hospital wards that make it difficult for them to be near the patients. Such feelings include fear, despair and frustration. This was because of lack or inadequate knowledge on how to nurse mentally ill patients (Mavundla 2000:1576-1577).

1.4.4.1 Fear

Most participants confirmed their vulnerability to danger and felt responsible for their safety and other patients in the ward (Mavundla 2000:1576).

1.4.4.2 Despair

Wards such as medical-surgical-orthopaedic, nurses fear violence or loss of patient, nurses either approached security guards or matrons for help, usually in vain. As a result they feel nothing is being finished for them in such cases (Mavundla 2000:1576).

1.4.4.3 Frustration

During interview and field sessions Mavundla discovered that nurses appeared to be frustrated in a number of ways statements, such as "... ill patient but violent ...," "... time spent by the patient at the out-patient department whilst waiting for the psychiatrists ...," "... this duration of time causes stress for both nurses and patients worse during holidays and weekends ...," "... can't get help from the security personnel at times ...," "lack of skills which to help the patient ...". Frustration is an unpleasant affect characterised by a build-up of emotional energy when needs, wishes and desires are obstructed by others, one's abilities (Mavundla 2000:1577).

1.5 DEFINITION OF TERMS

The following terms are used in this study as defined below.

- **Professional nurse**

Professional nurses are nurses employed in general hospital settings who at some time render nursing to mentally ill people within their unit. They should be registered with the South African Nursing Council as nurses. In this study, they are viewed as possessing and/or not possessing knowledge and skills to nurse mentally ill people in a general hospital setting (Mavundla, Poggenpoel & Gmeiner 1999:35).

- **Nursing**

Nursing is a goal-directed service to assist the individual, family and/or community in the promotion, maintenance and restoration of health (Oral Roberts University 1988-1989:196 cited in Mavundla 2001:9; Rand Afrikaans University, Department of Nursing Science, 1992:6). In this study it refers to nursing rendered to a mentally ill person in a general hospital setting.

- **Mentally ill person/people**

Perko and Kreigh (1990:33) define a mentally ill person as “a person with personal as well as social problems, accompanied by maladjustment in individual’s reaction to himself, his interactions with others and with his environment are usually inadequate, inappropriate and unacceptable, reflecting the extent of his emotional, psychological and physical dysfunction”.

- **Perception of self**

In this study, perception of self refers to professional nurses’ self-perception of whether they have or lack the knowledge and skills required to nurse mentally ill patients. This means that nurses examine themselves with regard to nursing mentally ill people (Mavundla 2000:1575-1576).

- **Perception of environment**

This refers to nurses’ perception of the external environment, namely the unit or ward, in which they have to

render adequate nursing care to mentally ill people (Mavundla 2000:1576-1577). Sibeko and Greeff (1995:15) state that a poor nurse/patient ratio causes problems, making it impossible for the professional nurse to cope with the workload and at the same time attend to the needs of the patient. Furthermore most of the time when patients tried to approach nurses, they were always turned away, possibly because the nurses were too busy to attend to patients or did not allow themselves the opportunity to interact with the patients.

- **Perception of feelings**

These are nurses' feelings about mentally ill patients in hospital wards that make it difficult for them to be near the patients. Such feelings include fear, despair and frustration because they lack or have inadequate knowledge and skills to nurse these patients (Mavundla 2000:1576-1577).

1.6 RESEARCH METHODOLOGY

A descriptive study will be conducted in a public hospital in the province of Gauteng, South Africa to verify and generalise Mavundla's (2000:1576-1577) qualitative findings. The necessary permission to conduct the study will be obtained from the Senior Medical Superintendent and from the respondents in the form of written consent. The population will consist of all the professional nurses working at the selected public hospital in Gauteng who at some stage were involved in nursing mentally ill people in their respective departments with a minimum working experience of at least two years. The target population will be obtained by random sampling with special reference to inclusion criteria. Data collection will be done by means of a self-administered questionnaire developed with reference to Mavundla's (2000) conceptual framework and the literature review. A pilot study will be conducted in order to test the reliability and validity of the tool. Measures to ensure validity and reliability will be taken into consideration.

1.7 OUTLINE OF THE STUDY

Chapter 1 introduces the reader to the study and outlines the problem and the research methodology.

Chapter 2 discusses the literature review conducted by the researcher.

Chapter 3 covers the research design and methodology.

Chapter 4 discusses the research findings.

Chapter 5 concludes the study, discusses its limitations and makes recommendations for further research.

1.8 CONCLUSION

This chapter discussed the purpose and conceptual framework of the study, defined terms and briefly described the research design and methodology. Chapter 2 discusses the literature review.