

CHAPTER 2

Literature review

2.1 INTRODUCTION

This chapter reviews literature relevant to diplomates' perceptions of their psychiatric nursing science training during the four year comprehensive nursing diploma programme (R425 programme), and the effects thereof on their psychiatric nursing clinical competence. The literature review is an important step in the research process as it provides the researcher with sources for research ideas, orientate the researcher to what is already known about the topic. Reviewing literature is important for developing a conceptual context and it also helps the researcher to become familiar with practical and theoretical issues related to the topic (Polit & Hungler 1991:98). The literature review in this study will look at the psychiatric competencies of the professional nurses from the R425 programme as well as at the recommendations made by other researchers to improve psychiatric nursing competencies of the R425 programme diplomates. The literature review will also briefly examine the rules and regulations guiding the practice of registered nurses in the RSA.

2.2 PURPOSE OF LITERATURE REVIEW

The primary focus of the literature review is to search for similar problems studied by other researchers. The purpose is to identify the diversity and universality of views, which could remedy the weaknesses, to establish effective instruments to collect data and to analyse data to suggest ways for conducting the study on diplomates' perceptions of their psychiatric nursing science training during the R425 programme (Polit & Hungler 1991:127).

2.3 FRAME OF REFERENCE

The frame of reference that will guide this study will be the scope of practice of registered (R2598) as amended and programme objectives stipulated in the SANC Regulation (R425 of February 1985, as amended) leading to registration as a nurse (general, psychiatric and community) and midwife.

2.3.1 The scope of practice of a registered nurse

In the RSA the scope of practice of a registered nurse is the legislated role of a registered nurse. The acts and procedures which should be performed by scientifically based physical, chemical, psychological, social, educational and technological means applicable to health care practices have been outlined as follows in the regulation (R2598 of 30 November 1984, as amended) prescribing the scope of practice of registered nurse:

- The diagnosing of health needs and the prescribing, providing and executing of nursing regimens to meet the needs of specific patients or where necessary to refer the patient to an appropriate health care professional. The execution of a programme of treatment or medication prescribed for a patient by a registered person.
- The treatment and care of and administration of medicines to patients including the monitoring of a patient's vital signs and reactions to disease conditions, trauma, stress, anxiety, medication and treatment.
- The prevention of disease and promotion of health and counselling of individuals and groups of persons.

2.3.2 Psychiatric nursing competencies expected to be mastered by R425 diplomates

In the RSA the programme objectives stipulated in the SANC's Regulation (R425 of February 1985, as amended) for the course leading to registration as a nurse (general, psychiatric and community) and midwife stipulate that a student nurse on completion of the R425 programme should be competent to:

- Show respect for the dignity and uniqueness of man in his socio-cultural and religious context.
- Diagnose health problems, plan and implement therapeutic actions and nursing care for individual persons.
- Direct and control interaction with patients.
- Maintain the ethical and moral codes of the nursing profession.

2.4 REVIEW OF LITERATURE

A search for relevant literature was undertaken with the assistance of the University of South Africa's (Unisa) reference librarians. Various keywords relevant to the research topic were used to search for relevant literature such as: diplomates' attitudes, diplomates' perceptions, psychiatric nursing, psychiatric nursing training, psychiatric nursing competencies, students' perceptions.

A study similar to the study on diplomates' perceptions of their psychiatric nursing science training during the four year R425 programme was conducted by Khoza (1996) in the LP of the RSA on the competencies of the newly qualified nurses as viewed by senior professional nurses. Another study was done by Troskie (1990) in the RSA on the evaluation of newly qualified nurse's competencies.

The present study attempted to identify specific psychiatric competencies of the R425 programme diplomates in psychiatric clinical units in the KZN Province of the RSA and to recommend ways to enhance psychiatric competencies of the R425 programme diplomates based on these findings.

Other topics which proved relevant to this study were:

- Assessment of clinical competency in various specialities such as paediatrics and midwifery.
- Students' perceptions of clinical teaching.
- Teaching for clinical competency.
- Attitudes of staff.
- Exploring the lived experiences of psychiatric student nurses through self-reflective journals.
- Students' views of the role of the mental health nurse.

- Perceptions of mental health nurses and other mental health professionals on the mental health nursing skills in an acute admission environment.

Clinical competencies are based on the ability to perform cognitive, affective and psychomotor skills. Competency is a demonstrated cognitive, affective and psychomotor ability required for the performance of specific activities (Khoza & Ehlers 2000:50).

Benner (1984:38) described five stages of nurses' progression towards competence:

- *The Novice*. One who is new to a situation, has no experience of the situation and is therefore unable to draw on past experience in order to make decisions.
- *The Advanced Beginner*. One who starts to recognise aspects which influence decision making in a particular scenario.
- *The Competent Practitioner*. One who begins to see her actions in terms of long range goals or plans.
- *The Proficient Practitioner*. One who has acquired a lot of past experiences, and is able to view the whole situation as a totality.
- *The Expert Practitioner*. One who has vast experience. She can recognise that there is a problem before it becomes apparent to others.

In support of the preceding discussion Andrews and Wallis (1999:204) in England revealed that student nurses developed personally and professionally from dependence towards independence. These authors indicated different stages that student nurses undergo during mentorship.

The first stage occurs when new student nurses are dependent on mentors and undertake subordinate roles in which they require close supervision.

During the second stage the student nurses and mentors develop a more equal relationship and less direct supervision is required.

During the third stage the students move on to become mentors themselves by demonstrating personal and professional qualities of mentors.

At the fourth stage the student nurses become responsible for the performance of others and are mentoring other student nurses in clinical settings.

Thus the stages outlined by Andrew and Wallis (1999:203) seem to be similar to those of Benner (1984:38). A review of the literature has identified the following expected competencies of professional nurses in psychiatric units:

- Cognitive competencies
 - Problem-solving
 - Research
 - Management
- Affective competencies
 - Communication and interpersonal relationships
 - Caring
- Psychomotor competencies

2.5 COGNITIVE COMPETENCIES

Problem-solving, research and management competencies could be categorised as cognitive competencies.

2.5.1 Problem-solving competencies

The scope of practice of registered nurses stipulates that every professional nurse must be competent in the diagnosis of health needs and in prescribing, provisioning and executing a nursing regimen to meet the needs of a patient or a group of patients.

Khoza and Ehlers (2000:26) stated that the clinical role of a newly qualified nurse "... should be based on a sound theoretical knowledge of problem-solving competencies".

The nursing process (sometimes referred to as problem-solving) is an interactive, scientific approach requiring the nurse to make decisions. The nursing process has the following key elements:

- It has four main stages namely assessment, planning, intervention and evaluation. (Reporting of each stage is implied in these steps of the nursing process.)
- It is deliberate and interactive.
- It is a systematic and scientific approach.
- It requires critical thinking and competency in decision-making (Stuart & Sundeen 1995:200).

A number of studies investigating the problem-solving abilities of senior students and professional nurses have been reported. Khoza and Ehlers (2000:55) conducted a study on the competencies of newly qualified psychiatric nurses in the LP of the RSA. Findings revealed that the newly qualified nurses were incompetent in the application of the nursing process. Notwithstanding the preceding research report, Troskie (1993:50) in the RSA compared newly qualified nurses' problem-solving competencies in the psychiatric, community and midwifery areas. Findings revealed that newly qualified nurses in the psychiatric units were better problem-solvers than community health nurses and midwives.

A study was done by Mtshali and Khanyile (2001:22) on the comparative analysis of ethical development of student nurses registered for a basic degree and basic diploma programme in the KZN Province. Findings revealed that the students in both groups developed some abilities to make decisions on their own. However, the degree students performed better than the diploma students. This difference could be attributed to the community-based experiences to which degree students were exposed, enhancing their autonomy, independence, critical thinking and competence in problem-solving. These researchers concluded that there could be a relationship between the nature of nursing education programmes and the problem-solving abilities of student nurses.

Gijbels (1995:460) conducted a study in England on mental health nursing skills in an acute admission environment. Findings revealed that psychiatric nurses needed to have a wide range of skills involving problem-solving skills, as these were important for effectively referring clients to other health care services/professionals.

2.5.2 Research competencies

Khoza (1996:33) stated that research appeared to receive very little attention in the basic nursing education programme. The study done by Troskie (1993:50) on the critical evaluation of the newly qualified nurses' competencies in the RSA, revealed that most respondents (both newly qualified nurses and supervisors) felt that the nurses lacked theoretical knowledge to do research. Khoza and Ehlers (2000:50) also conducted a study on the competencies of newly qualified psychiatric nurses in the RSA and reported that research was commonly perceived as being a non-essential nursing competency. Khoza and Ehlers (2000:56) maintained that "research could be of importance in the improvement of psychiatric nursing practice and the growth of scientific psychiatric nursing knowledge".

The literature review indicated that professional nurses were not competent in conducting research in the RSA. Specific future research could concentrate on determining whether or not nurses in the RSA read, understand and apply research results in their clinical practice situations, even if this might not conduct independent research as such.

2.5.3 Administrative/management competencies

The R425 programme objectives stipulate that programme diplomates must be able to apply principles of management in a nursing unit on the completion of the R425 programme. Khoza and Ehler's (2000:50) study on the competencies of the newly qualified nurses in the LP of the RSA, revealed that newly qualified nurses were incompetent in performing administration and management tasks of a

clinical unit. These nurses were also incompetent in admitting and discharging patients according to the stipulations of the RSA's Mental Health Act (18 of 1973, as amended).

Gijbels (1995:462) reported that factors in an acute admission environments in England might influence the application of nurses' skills. These factors included administrative duties, responding to senior management and to other disciplines which took priority over performing psychiatric nursing activities. This influenced the amount of time a nurse spent on administration which resulted in the office becoming the focal point for a variety of actions, rather than interacting with the patient(s).

2.6 AFFECTIVE COMPETENCIES

Clinical competencies in the affective domain have been described as being "... those dimensions of nursing that characterise it as a humanistic discipline whose practice is noted for its quality of caring. They transcend all aspects of nursing. The development of affective competencies must be subject to the rigor and pedagogy as are competencies in the other two domains, cognitive and psychomotor" (Reilly & Oermann 1999:291).

2.6.1 Communication and interpersonal relationship competencies

The scope of practice R2598 prescribes that a professional nurse in the RSA should be competent in communication and facilitation of communication with the patient in the execution of her duties and this is important for the development of caring and therapeutic relationships.

The R425 programme objectives stipulate that a professional nurse, on completion of the R425 programme, should be able to direct and control interactions with patients. The teaching guide for the R425 programme stipulate that the student should be able to apply interpersonal skills in social interactions.

In support of the preceding discussion Troskie (1993:56) revealed that the factor of orientation had a high correlation with the factor of setting standards. Orientation correlated highly with maintaining

good interpersonal relations. Searle and Pera (1952:136) in the RSA stated that competent communication remains important to all nurses, encompassing the following aspects:

- Careful listening
- Meticulous explanation to a patient
- Consultation with a patient
- Meaningful touch
- Consideration
- Courtesy
- Oral, written and mechanical means of communication
- Assisting a patient to communicate his/her needs to others
- Communication with his/her relatives and friends

Landeen, Byrne and Brown (1995:881) conducted a study on exploring the lived experiences of psychiatric student nurses through self-reflective journals. Findings revealed students felt that communication skills and the therapeutic relationships were critical in working with psychiatric patients and they also felt respect was an important aspect of all relationships.

Sibeko and Greef (1995:15) conducted a study on psychiatric nurses' communication with psychiatric patients in the RSA. Findings revealed that psychiatric nurses' views on communication with psychiatric patients could be a:

- Stumbling block. The professional nurses are unable to improve or maintain their relationship with the patient, unable to minimise obstacles in their communication and they cannot communicate with the client because of their limited communication skills.
- Facilitating. If the professional nurses are able to incorporate communication into all phases of the nursing process and establish an ongoing therapeutic nurse patient relationship.

So communication with psychiatric patients can be a stumbling block or a facilitating element in assisting psychiatric patients to enhance and/or maintain their mental health. This is the case because

assessment planning, implementation and evaluation of nursing care of patients depend upon communication between the nurses and the patients.

Guidelines for communication could include:

- Improvement and maintenance of nurse patient relationship by being available to the patient and setting aside time for individual and group therapies which are essential for restoration and maintenance of patients' mental health.
- Dealing with stumbling blocks in communication. The psychiatric nurses need assistance to improve their problem-solving skills which will help them to deal with work-related problems, patients' problems and problems affecting both the nurses and the patients.
- They can attend lectures or in-service training on communication skills (Sibeko & Greef 1995:19).

Psychiatric nurses are expected to be competent in performing interpersonal relationship nursing activities. Edwards (1995:222) studied student nurses' views about the role of the mental health nurse in England. According to these student nurses' views, the role of a mental health nurse in England encompasses:

- Respecting patients and being reassuring
- Listening skills
- Exploring and giving information
- Counselling skills
- Being able to relate to an individual.
- Providing touch and comfort

In support of the above Doornbos (1997:22) identified the most common skills practised by English psychiatric nurses to include bereavement counselling and general counselling.

Feely (1997:115) agreed that effective interpersonal relationships do help nurses to develop appropriate nursing care strategies for psychiatric patients.

2.6.2 Caring and ethical competencies

The R425 programme's objectives state that a professional nurse, on completion of the R425 programme, must be able to maintain the ethical codes of the nursing profession. The acts and procedures in the scope of practice (R2598) in the RSA stipulate that caring behaviour is expected from professional nurses.

According to Girot (1993:116), care is the core of nursing practice. Caring permits the nurse to focus on priority needs, allowing her to notice signs of improvement or deterioration of patients' conditions. The function of the nurse practitioner is to utilise her scientific and technological knowledge to provide a caring service.

Brink (1990:38) in the RSA stated that despite the fact that caring is the core of nursing, nurses seemed to lack caring competencies. She recommended that more attention should be paid to the teaching of caring. Kelly (1992:121) conducted a study in the United States of America (USA) to explore how nursing graduates described their professional self-concepts. Findings revealed that caring was identified to be a core variable. Graduates identified the qualities of a caring nurse as comprising:

- Cheerfulness
- Friendliness
- Being a good listener
- Empathy
- Compassion

The findings revealed these graduates lacked self-confidence and that they were unable to describe what they physically did to show that they provided good nursing care to their patients/clients (Kelly 1992:21).

Mtshali and Khanyile's (2001:22) descriptive study in the KZN Province in the RSA indicated that degree student nurses were better problem-solvers than diploma students. This was probably due to the fact that degree students were exposed to community based (experiential) learning while diploma students were taught mainly by using traditional classroom teaching strategies.

Caring is a critically important aspect for rendering effective nursing care. Students learn caring from role models in clinical situations so it is important for the registered nurses to remain role models for teaching caring in the clinical settings.

2.7 PSYCHOMOTOR COMPETENCIES

The SANC's R425 regulations stipulate that professional nurses should be competent in applying psychiatric psychomotor skills in the psychiatric clinical situations. Khoza (1996:72) stated that "the manual competencies that were considered to be very important for nursing care seem to have been overlooked somehow in the evolution of the education process". She maintained that the educational process put more emphasis on psychosocial behaviours and on the acquisition of cognitive behaviours than on psychomotor skills. Searle and Pera (1992:139) also expressed concern about the role of technology and its possible effects on the nurse-client interactions.

Khoza and Ehlers (2000:56) reported that senior professional nurses felt that some psychomotor competencies were not essential in psychiatric nursing units. This might explain why clinical experiences of psychiatric nurses tended to focus on psychosocial components with less emphasis on the physical and physiological needs of the patients. Khoza and Ehlers (2000:56) recommended that senior professional nurses in psychiatric units could facilitate the development of newly qualified nurses' competencies by encouraging them to care for physical illnesses of psychiatric patients in the psychiatric units, rather than transferring these psychiatric patients to general hospitals/wards.

2.8 FACTORS THAT MIGHT IMPROVE PSYCHIATRIC COMPETENCIES OF THE R425 PROGRAMME DIPLOMATES IN PSYCHIATRIC CLINICAL UNITS

From the literature reviewed the following factors could contribute to the development of a professional nurse's competencies: teaching methods, clinical practice (learning opportunities) and clinical supervision.

2.8.1 Teaching method

Teaching methods could play an important role in the development of a professional nurse's competence to render a comprehensive health service, provide holistic nursing care, think critically, make independent decisions and being able to solve problems (Gwele 1996:47). Nursing colleges in the RSA should adopt a curriculum and teaching methods that will enhance students' development of self-directed learning, self-reliance, their abilities to utilise different intellectual interpersonal and practical skills to make decisions and solve problems (Khumalo & Gwele 2000:57). These researchers concluded that problem-based learning could be an appropriate educational approach to prepare professional nurses who would be able to provide comprehensive health care. They stated that "... the nursing education system has to aim at producing nurse professionals who are competent in the delivery of comprehensive health care to meet the changing needs of the South African society" (Khumalo & Gwele 2000:57).

In support of the preceding discussion Biley and Smith (1999:1202) stated that problem-based learning aims to develop critical thoughts, analytic abilities, self-directed learning and the synthesis of knowledge and skills within the context of professional practice. Problem-based learning is constructed to stimulate students to be responsible for their own learning. The final outcome of the programme is a professional nurse who is a competent and an autonomous life long learner who is capable of dealing with both theory and practice successfully.

Chabeli (1998:39) in the RSA recommended that a model to facilitate reflective thinking in clinical nursing education should be developed in order to meet the health needs of the country. Effective

communication, collaboration, role modeling, effective supervision, up to date knowledge and skills, use of the scientific approach as part of the problem-based approach, teaching in the clinical unit and effective management were revealed to be the most important aspects enhancing students' reflective clinical learning experiences.

2.8.2 Effective clinical practice

Effective clinical practice is influenced by learning principles and it has diverse requirements to be met prior to being effective.

□ A conducive clinical environment

A supportive clinical environment encourages students to learn. Lofmark and Wilkblad (2001:46) stated that "clinical practice is a major component of nursing education and has been acknowledged as central to nursing education and it should aim at developing students' critical thinking, analysis skills, competence in psychomotor, communication and management skills and to increase self-confidence in their ability to perform". This indicated that student nurses could benefit from clinical practice if students were allowed to

- assume responsibility or use their own initiatives to solve problems
- work independently
- practise without restrictive time limitations
- reflect on the feedback provided about their clinical competencies, thus increasing their self-confidence

Reilly and Oermann (1999:77) stated that the clinical environment should be characterised by valuing, learning, exhibiting a caring relationship with all concerned, providing students freedom to explore, question and try out different approaches. Lowane (1990:80) in the RSA stated that effective practice required adequate equipment for use, adequate time and patients in the clinical learning situations. According to Quinn (1995:187), the unit supervisor should ensure that relevant experiences are

provided for the student nurses to enable learning outcomes to be achieved, facilitating student nurses' development of clinical competencies. According to McCaugherty (1991:535), student nurses learn in the clinical settings, rather than in classrooms or from nurse educators. The education of student nurses should thus be based on professional practice and related problems found in clinical settings, rather than on classroom teaching.

The preceding discussion is supported by Ewan and White (1995:21) who indicated that there is a need for a workable balance between the emphasis on learning principles and the time actually spent in practising technical skills, bridging the gap between the skills practised in the laboratory and those required in clinical settings. Dunn and Hansford (1997:1299) in Australia conducted a study on the undergraduate student nurses' perceptions of their learning environment. Findings revealed that it is important for participants in the undergraduate nursing students' clinical education to collaborate, in order to create a clinical learning environment which promotes the development of well-educated registered nurses capable of providing safe cost effective patient care.

□ **An ideal unit supervisor**

A unit supervisor contributes to different settings or psychosocial climates for students' learning by being supportive to students. Andrews and Wallis (1999:204) discussed the following characteristics for effective mentoring:

- Approachability
- Effective interpersonal skills
- Adopting a positive teaching role
- Paying appropriate attention to learning
- Providing supervisory support and professional development

Gray and Smith (2000:1542) conducted a study in the United Kingdom (UK) using grounded theory to discover the effects of mentorship on student nurses following the introduction of the 1992 programme of education leading to a Diploma in Higher Education in Nursing and registration with the United

Kingdom Central Council for Nurses and Midwives (UKCC). Findings revealed that the expected role of mentors from the students' perspectives required supporting, guiding, teaching, supervising and assessing. Students described a good mentor as being enthusiastic, friendly, approachable, understanding, having a good sense of humour, being a good role model and communicator. Such a person also needed to be knowledgeable about the Diploma in Higher Education in Nursing and to have realistic expectations, being able to pace teaching to facilitate the transition from observer to doer and providing regular feedback on students' performance, to be genuinely interested in students, to have confidence and trust in students' abilities, gradually withdrawing supervision as students' competence increase.

Ryan and Brewer (1997:24) stated that "individuals who are considered successful often speak of the mentors they had during critical periods of their development". Chabeli (1998:27) in the RSA revealed that role models should be open minded, have self-awareness, be able to analyse and synthesise information and to evaluate student nurses in the clinical setting. Searle and Pera (1995:19) also indicated that role models should be competent, concerned, compassionate, good teachers and supervisors and should provide a health care climate that is conducive to learning. Role models should be willing to assist students whenever their assistance is needed. Tlakula and Uys (1993:29) in the RSA revealed that student nurses learn through precept and example. Student nurses expected supervisors to be assertive, self-assured, empathetic, nonjudgemental trustworthy, sincere, sensitive, competent, knowledgeable and resourceful. Mellish and Brink (1990:69) maintained that it is essential for professional nurses in training hospitals to be active members of the teaching team and that the staff establishment should provide for optimal guidance of student nurses.

The preceding discussions are supported by Chabeli (1998:24) in the RSA, who maintained that the teaching role of professional nurses in clinical settings is important and irreplaceable and that the unit supervisor is in a favourable position based on her expert and experiential knowledge to facilitate student nurses.

Gerrish (1990:198) identified three main areas of responsibility in the UK which can be ascribed to the ward sister namely, responsibility for maintaining high standards of care, being accountable for the

care patients receive, and being responsible for the day to day management of the ward, and for effective liaison between staff and other ward personnel, as well as being responsible for teaching student nurses.

Mhlongo (1996:31) recommended that in-service education should be organised to teach activities that are involved in assessment, planning, implementation and evaluation of clinical teaching and that all categories of nurses should be involved. More regular meetings between tutors and unit sisters could be held where clinical experiences of student nurses could be discussed, evaluated and redesigned.

The preceding discussions are also supported by Dunn and Hansford (1997:305) who stated that nursing managers and clinical facilitators should co-operate in the development and implementation of strategies to enhance the acceptance of students as fully participating members of the ward team.

2.8.3 Clinical supervision

Clinical supervision plays an important part in the development of a student nurse. Rolfe (1990:196) suggested the use of clinical supervision as an important aspect to address the changing role of student psychiatric nurses. He further emphasised that clinical supervision could bridge the gap between theory and practice. Clinical supervision should provide the student psychiatric nurses with a clinical support system contributing towards good quality patient care.

In support of the preceding discussion, Mtshali and Khanyile (2001:28) recommended that clinical supervision is an important aspect to facilitate ethical development so that students can be encouraged to reflect on their experiences related to handling ethical issues in clinical settings.

Antrobus (1997:133) stated that clinical supervision in England is being used in nursing as a mechanism through which nurses can learn the art of nursing practice in order to improve their levels of professional competency.

University of South Africa etd – Hlongwa, E. N.(2003)

A study conducted by Dana and Gwele (1998:59) in the RSA on student nurses' perceptions of the community as a clinical learning environment, revealed that students perceived their supervisors and mentors to be generally supportive. These students indicated that help and expert advice were available when the student nurses needed it.

Nehls, Rather and Guyette (1997:224) in England conducted a study on the preceptor model of clinical instruction. They reported that attention received by student nurses in the clinical settings, and multiple learning opportunities experienced through performing realistic assignments, helped student nurses to expand their basic skills and to develop their self-confidence as independent practising nurses.

Quinn (1995:189) stated that "... student nurses' autonomy should be encouraged by nurse educators' and unit supervisors' use of a 'hands off' approach which is beneficial to the student nurses as they learn to practice in the clinical setting".

Hallet (1997:107) revealed that in the UK nurse educators and unit supervisors provided opportunities for student nurses to gain experiences allowing them to move gradually from dependency towards independency during clinical supervision.

Lekhuleni (2002:43) indicated that it is important for the nurse educators in the LP of the RSA to bridge the gap between theory and practice in clinical settings. The presence of nurse educators in the clinical settings influenced students' development of professional competencies.

According to Cahill (1997:150), the advantages of clinical involvement of nurse teachers included keeping in touch with clinical realities, bridging the gap between theory and practice, developing credibility and maintaining clinical skills as well as improving the relationship between nurse teachers and professional nurses in the clinical situations in England. Nurse educators should be able to develop and maintain their own clinical skills. They have opportunities to practise while providing clinical supervision, facilitating students' transitions into those of practitioners (Matome 2002:75).

Matome (2002:76) in the RSA recommended that nurse educators should be available to support student nurses during practica, reinforce previously acquired knowledge and emphasise the applicability of previously acquired knowledge to unique patients' needs for nursing care. Cahill (1997:149) maintained that nurse educators should have time to develop and maintain clinical skills, have opportunities to practise and be involved in teaching in clinical settings for the equivalent of one day per week in England.

2.9 FACTORS THAT MIGHT CONTRIBUTE TO PSYCHIATRIC INCOMPETENCIES OF THE R425 PROGRAMME DIPLOMATES IN PSYCHIATRIC CLINICAL UNITS

From the literature reviewed, the following factors were identified that might hinder the development of competence among student nurses: staff attitudes, poor organisation of the course and inadequate clinical supervision.

2.9.1 Attitudes of staff

Dürrheim (1993:4) studied student nurses' perceptions of clinical midwifery experiences in the RSA. Third and fourth year student nurses from nursing colleges in the then Transvaal Province of the RSA completed questionnaires. These students indicated that the clinical instructors and ward staff could improve the learning environment by being more understanding about students' problems, both personal and academic. Students also felt that lecturers needed to show more confidence in them and that feedback should be more positive. On the contrary, Khoza and Ehlers (2000:57) reported that the attitudes of the newly qualified nurses in the psychiatric units in the LP of the RSA were perceived by senior professional nurses to contribute towards newly qualified nurses' incompetencies. (These newly qualified R425 nurses reportedly did not maintain an openness nor a willingness to learn from senior professional nurses in the psychiatric clinical situations.)

Musinski (1999:24) revealed that the development of student nurses from dependency towards independency could be facilitated in England if errors were accepted as a natural part of student

nurses' learning processes. The study further suggested that student nurses should not be humiliated nor embarrassed if they fail to accomplish any task successfully.

Khoza and Ehlers (2000:54) found that some professional nurses in the RSA perceived the newly qualified nurses in psychiatric units "... to be making blunders everyday, always under the umbrella of their seniors, and that patients were not safe in the care of these newly qualified nurses". This was supported by Girot (1993:134) who revealed that sisters in England commented that newly qualified graduates knew nothing and that they actually expected to be spoon-fed all the way.

2.9.2 Poor organisation of the course

Parker and Carlisle (1996:77) examined final year student nurses' perceptions about their training during the Project 2000 course in the UK. The aim of study was to discover how student nurses evaluated their training in terms of its relevance, teaching methods and organisation. The findings revealed negative perceptions towards the organisation of the whole course. Students found the course to be fragmented and they postulated that it could be due to the speed at which the course was put into effect. Inadequate time was given to the preparation of the learning environments and working relationships between staff and students.

A similar picture was found by a study done by Gwele and Uys (1995:9) in the RSA on the views of nurse educators regarding the R425 programme. Findings revealed a number of aspects that hindered the attainment of objectives namely:

- Fragmented clinical placements.
- Emphasis on the number of lectures and clinical hours instead of on competencies.
- A packed and rigid curriculum with too many "nice to knows" rather than "must knows".
- Enforced qualifications in general, midwifery, community and psychiatric nursing science.

From the literature reviewed it has been identified that poor organisation of the course might be contributing factors to R425 programme diplomates' clinical incompetence.

2.9.3 Inadequate clinical supervision

Concerns about the problem of inadequate clinical supervision were raised by a document sent out by the SANC during 1990 which indicated that professional nurses frequently did not apply their theoretical knowledge of nursing in practice and that student learning in the clinical situations appeared to be inadequate. In support of the above statement Chetty and Gwele (2001:77) studied graduates' perceptions about their midwifery training during the R425 programme in the KZN Province of the RSA. Twenty-nine graduates of the four year comprehensive nursing programme were asked to complete self-administered questionnaires. Data was analysed using descriptive and inferential statistics. With regard to clinical supervision, findings revealed that teaching by clinical teachers was of a good quality. However, students felt that clinical teachers needed to be more available in clinical situations. Moreover, the students felt that they learned more from ward staff than from clinical teachers. In support of the preceding discussion Crotty (1993:46) conducted a study on the clinical role activities of nurse researchers in Project 2000 programmes in England. Findings revealed that nurse teachers did not perceive their role to encompass being clinical teachers. Respondents felt that teaching students through "hands on care" was the role of qualified staff in the clinical areas, not of the nurse educators.

A similar picture was also found by Khoza and Ehlers (2000:50) in the LP of the RSA who revealed that senior professional nurses regarded the clinical accompaniment of student nurses in the psychiatric units by preceptors and tutors as a possible cause contributing towards newly qualified nurses' incompetencies.

2.10 CONCLUSION

Attempts have been made in this chapter to look at psychiatric competencies of the R425 programme diplomates and the recommendations made by other researchers for improving nurses' psychiatric competencies. The literature review revealed that specific psychiatric competencies in cognitive, affective and psychomotor skills are expected when the R425 programme diplomates qualify as

professional nurses. Various researchers have indicated that these professional nurses are lacking competencies in performing a number of psychiatric nursing actions.

Since the implementation of the R425 programme in the RSA there has been a need to explore specific cognitive affective and psychomotor psychiatric competencies of the R425 programme diplomates. Troskie's thesis (1990:290) evaluated the competencies of the newly qualified nurses in the RSA and Khoza (1996:130) studied the competencies expected from newly qualified nurses in general, community health and psychiatric nursing as well as midwifery in the LP in RSA.

This study attempted to identify specific psychomotor, affective and cognitive psychiatric nursing competencies of the R425 programme diplomates working in psychiatric clinical units as perceived by the diplomates themselves. The research results would be used to recommend ways for improving professional nurses' psychiatric nursing competence.

This chapter discussed literature relevant to each research question, namely:

- Which cognitive, affective, psychomotor psychiatric competencies do R425 diplomates have upon entering the psychiatric work setting, as perceived by themselves?
- Which factors, according to R425 diplomates' perceptions, contribute towards their psychiatric incompetence in psychiatric clinical units?
- Which factors could contribute to R425 diplomates' competence in psychiatric clinical units?

Chapter 3 will discuss the research methodology adopted to study the R425 diplomates' perceptions about their psychiatric nursing competencies in the KZN Province of the RSA.