CHAPTER 4

Analysis and discussion of data

4.1 INTRODUCTION

This chapter deals with the analysis and discussion of data collected as described in section 3.4 of this dissertation. The purposes of the study were to identify specific psychiatric competencies of professional nurses of the R425 programme upon completion of training in KZN (as perceived by themselves) and to recommend ways of improving competencies based on these findings.

Questionnaires, comprising five sections, were administered to the respondents. Out of 50 questionnaires distributed, 48 were returned but 3 were so incomplete, that they had to be discarded. Thus 45 (n = 45) questionnaires were analysed. Data obtained from sections A and B of the questionnaires were subjected to the computer analysis (SPSS). The respondents were required to respond to questions in section A of the questionnaire by placing ticks in the appropriate blocks or by filling in words to complete given statements.

Section B required the respondents to indicate competencies that they had mastered (as perceived by themselves) upon entering the psychiatric clinical unit. The following key was used to guide respondents.

4 = Mastery: able to perform competently without supervision.

3 = Competent: able to perform without supervision and with reasonable efficiency.

2 = Satisfactory performance: requires further practice and supervision.

1 = Incompetent performance: further instruction and supervision are needed.

Data from sections C, D and E were not subjected to computer analysis. The researcher analysed the data by grouping common concepts together to obtain frequencies.

Data from section C required respondents to indicate factors contributing to their perceived lack of competence. Data from section D required respondents to indicate which competencies they felt were essential to function as competent professional psychiatric nurses. Data from section E required respondents' input/suggestions to help improve psychiatric competencies of future R425 diplomates.

Findings of this study are presented according to the sections of the questionnaire.

- *Section A*. Biographical data of psychiatric professional nurses.
- *Section B*. Competencies that psychiatric professional nurses had upon entering the psychiatric clinical units (as perceived by themselves).
- *Section C*. Perceptions/views of the R425 diplomate's on factors contributing to their lack of competence.
- *Section D*. Perceptions/views of R425 diplomates on competencies that they felt were essential to function as competent psychiatric professional nurses.
- *Section E*. Suggestions of R425 diplomates to improve their competencies in the psychiatric clinical units.

4.2 ANALYSIS OF BIOGRAPHICAL DATA FROM SECTION A

Nieswiadomy (1993:220) maintained that biographic questions gather data on the characteristics of the respondents. Although the biographic data might not be central to the study, it assisted the researcher to interpret findings. The biographic data included age, sex, designation, professional qualifications

and experience of the R425 diplomates. Frequency tables were used to summarise data where appropriate.

4.2.1 Age distribution

Table 4.1 shows the age distribution of the R425 diplomates.

Table 4.1: Age distribution of the R425 diplomates

AGE DISTRIBUTION	n	FREQUENCY	PERCENTAGE	CUMULATIVE PERCENTAGE
No responses	4	4	8,9	8,9
21-25	3	7	6,7	15,6
26-30	18	25	40,0	55,6
31-35	11	36	24,4	80,0
36-40	6	42	13,4	93,4
41-45	2	44	4,4	97,8
46	1	45	2,2	100,0
TOTAL	**45**	**-**	**100,0**	**-**

Table 4.1 reveals that 4,0% (n = 4) of the R425 diplomates fell within the age group of 26 to 30. As most respondents (80,0%) (n = 36) were up to 35 years old, it could be assumed they had completed the R425 programme fairly recently. Thus they should be able to render meaningful inputs about their perceived psychiatric nursing competencies.

Only 1 respondent was 46 years old. As the respondents completed the questionnaires anonymously, the researcher could not trace this respondent to check whether his/her age was reflected correctly. The age, as given, had to be accepted. Troskie (1993:56) stated that the newly qualified nurses had to assume responsibilities of registered nurses. As the services expected the newly qualified nurses to be able to act on their own, many newly qualified nurses experienced feelings of insecurity.

4.2.2 Sex distribution of R425 diplomates

Table 4.2: Sex distribution of R425 diplomates

RESPONDENTS	n	PERCENTAGE
Male	22	48,9

Female	23	51,1
TOTAL	**45**	**100,0**

Table 4.2 indicates that slightly more females (51,1%) than males (48,9%) participated in this research. The large number of males in this sample could not be explained as the majority of nurses in the RSA are females.

4.2.3 Years of experience

Table 4.3 shows the distribution of years of experience of R425 diplomates.

Table 4.3: Years of experience

YEARS OF EXPERIENCE	n	PERCENTAGE
No response	1	2,2
1-2 years	15	33,3
3-5 years	15	33,3
6-9 years	6	13,3
10-11 years	8	17,8
TOTAL	**45**	**100,0**

Table 4.3 reveals that the majority of the R425 diplomates, namely 66,6% (n = 30) had 1 to 2 years' (33,3%) and 3 to 5 years' (33,3%) experience. About 17,8% of R425 diplomates had 10 to 11 years' experience.

Khoza (1996:109) stated that professional experience could play an important role in improving nurses' competencies. These results concurred with the findings of the study done by Khoza (1996:109) in the RSA where a large number of newly qualified professional nurses worked in psychiatric clinical units (55,2%) whose experience ranged from 1 to 5 years.

4.2.4 Designation of R425 diplomates in the psychiatric clinical units

Table 4.4 shows the designation of R425 diplomates in the psychiatric clinical units.

Table 4.4: Designation of R425 diplomates in the psychiatric clinical units

DESIGNATION	n	PERCENTAGE
Professional nurse	21	46,7
Senior professional nurse	10	22,2
Chief professional nurse	14	31,1
TOTAL	**45**	**100,0**

Table 4.4 reveals that more (46,7%) R425 diplomates were still junior professional nurses. It is also interesting to note that 31,1% of R425 diplomates were chief professional nurses which means that they were occupying senior positions in the psychiatric clinical units.

4.2.5 Professional qualifications of R425 diplomates

Table 4.5 shows professional qualifications of R425 diplomates in the psychiatric clinical units.

Table 4.5: Professional qualifications of R425 diplomates

PROFESSIONAL QUALIFICATION	n	PERCENTAGE
General	45	100,0
Midwifery	45	100,0
Psychiatry	45	100,0
Community	45	100,0
Education	3	6,7

PROFESSIONAL QUALIFICATION	n	PERCENTAGE
Administration	3	6,7
Clinical specialisation	-	-
• Advanced midwifery	-	-
• Advanced psychiatry	-	-
• Intensive care	-	-
• Clinical assessment, treatment and care	-	-
• Ophthalmology	-	-
• Operating theatre	-	-
• Oncology	-	-
• Orthopaedic nursing	-	-

Table 4.5 reveals that all (n = 45) R425 diplomates had general nursing, midwifery, psychiatry and community health as all respondents completed the R425 comprehensive programme. Only 6,7% (n = 3) had nursing education and nursing administration respectively and none of the respondents had obtained other clinical specialisations.

Khoza (1996:111) found a similar picture in the LP of the RSA. Based on her research, Khoza (1996:111) maintained that senior professional nurses working in psychiatric clinical units should be qualified in advanced psychiatric nursing. This qualification would enable them to render more effective clinical teaching and more effective patient care which could contribute towards rendering improved nursing care to psychiatric patients.

4.2.6 Clinical area where R425 diplomates were working

Table 4.6 indicates clinical areas where R425 diplomates were working.

Table 4.6: Clinical area where R425 diplomates were working

CLINICAL AREA	n	PERCENTAGE
No response	1	2,2
Acute ward	14	31,1
Short-term ward	4	8,9
Long-term ward	7	15,6
Predischarge ward	1	2,2
Community psychiatric clinic	11	24,4
Forensic ward	7	15,6
TOTAL	**45**	**100,0**

Table 4.6 reveals that a large number of R425 diplomates (31,1%) (n = 14) were working in acute psychiatric wards. This experience might have assisted the R425 diplomates to acquire psychiatric nursing skills for nursing acute psychiatric patients. Such skills would relate to the admission of psychiatric patients and to the treatment of acute psychiatric conditions. However, they might not have developed the skills required for nursing patients with chronic psychiatric conditions, nor for rehabilitating such patients.

4.2.7 Experience of R425 diplomates in the present psychiatric units

Table 4.7 indicates the number of months the respondents worked in the specific psychiatric units.

Table 4.7: Experience of R425 diplomates in the present psychiatric units

EXPERIENCE IN UNIT	n	PERCENTAGE
No response	2	4,4
1-2 months	7	15,6
3-5 months	8	17,8
6-7 months	3	6,7
12 months	2	4,4
16 months	1	2,2
24 months	22	48,9
TOTAL	**45**	**100,0**

Table 4.7 reveals that a number of R425 diplomates (48,9%) were allocated to one unit for 24 months. This could be interpreted as implying that many of R425 diplomates were permanently allocated to their respective units. Permanent allocation could be important in acquiring expertise in a particular field (Khoza 1996:117). However, permanent allocation to one psychiatric unit will not afford the R425 diplomates opportunities to acquire/enhance diverse psychiatric nursing skills.

4.2.8 Supervisory position in the chain of command of R425 diplomates

Table 4.8 indicates the supervisory position of R425 diplomates.

Table 4.8: Supervisory position in the chain of command of R425 diplomates

POSITION	n	PERCENTAGE
First in charge	3	6,7
Second in charge	22	48,9
Third in charge	20	44,4
TOTAL	**45**	**100,0**

Table 4.8 reveals that as many as 48,9% (n = 22) of R425 diplomates were second in charge, a relatively small number of R425 diplomates (6,7%; n = 3) occupied a position of first in charge and 44,4% (n = 20) occupied junior positions. This could mean that the R425 psychiatric professional nurses received guidance and supervision from their seniors as most of them occupied second or third positions in the hierarchy. This finding apparently supported that of Troskie (1993:56), in the RSA, who revealed that newly qualified nurses in the psychiatric nursing units received a greater amount of guidance than newly qualified nurses who worked in community nursing units.

4.2.9 The influence of position on the R425 diplomates in the psychiatric ward

The R425 diplomates were requested to evaluate how their position in the psychiatric clinical unit hierarchy influenced their ability to be competent psychiatric nursing practitioners. The responses to this open-ended question were coded by hand. The findings were sorted out and categorised into positive and negative categories. Figure 4.1 shows responses indicating how R425 diplomates' positions influenced their perceived abilities to be competent practitioners.

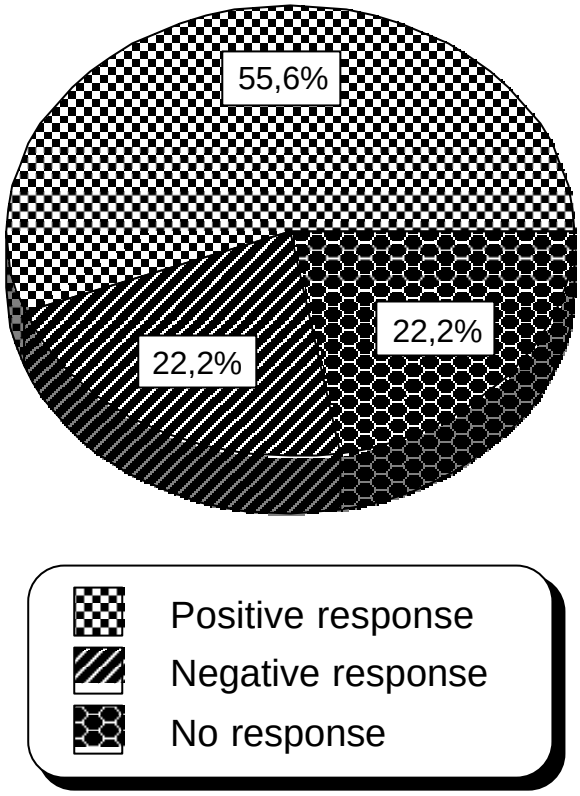

Figure 4.1

Positions' influence on abilities to competent practitioners

The following statements were regarded as implying *positive* responses:

- I am able to make decisions (2,2%)
- it helps me to be a role model and supervision or mentoring of students and staff (37,8%)

- my position helps in developing problem-solving and decision-making skills (2,2%)
- it helps me to be a professionally independent practitioner (2,2%)
- it helps me to learn from my superiors (4,4%)
- it helps me to work hard and accept more responsibility – it is a great challenge (6,7%)

The following statements were regarded as implying *negative* responses:

- no influence, no opinion whatsoever (20,0%)
- there is no recognition, I work as a nursing assistant 2,2%)
- not enough flexibility due to bureaucratic order and stereotypes (2,2%)

These perceptions might be subjective, but the testing of these statements fell beyond the scope of this research. One aspect which deserves further investigation is the perception of a R425 diplomate who reportedly performed the job of an auxiliary nurse. If this were proven to be the case, then the psychiatric institution should revise its job descriptions for specific categories of nurses. It is wasteful of financial and human resources to assign a R425 diplomate, having completed the four-year programme successfully, to perform the duties of an auxiliary nurse, requiring only a one-year certificate course. It should, however, be emphasised that this respondent could not be traced, because the questionnaires were completed anonymously. Consequently, no reason for nor verification of this reported perception could be provided.

4.2.10 Courses of study followed by R425 diplomates

The R425 diplomates were requested to indicate whether they were engaged in any studies and also to indicate/specify the course of study followed.

Table 4.9: Courses of study followed by R425 diplomates

COURSE	n	PERCENTAGE
Diploma in human resource management	1	2,2
BA Cur	2	4,4
Advanced Nursing Administration	1	2,2
Not studying	41	91,0
TOTAL	**45**	**100,0**

Table 4.9 reveals that only 8,8% (n = 4) of R425 diplomates were engaged in studies and 91,0% were not studying. Findings of this study are in contrast to those of Khoza (1996:12) who revealed that 35,0% of senior professional nurses working in psychiatric units in the LP were engaged in studies. On the basis of the data obtained from the completed questionnaires, no reason could be provided for this apparent discrepancy between psychiatric nurses working in the LP and those working in the KZN Province.

4.3 ANALYSIS OF DATA FROM SECTION B

Section B consisted of 85 closed-ended questions. These questions attempted to identify which competencies R425 programme diplomates had upon entering the psychiatric clinical unit as perceived by themselves. The expected competencies were outlined under three areas, namely the cognitive, affective and psychomotor domains.

Tables 4.10 to 4.14 reveal specific cognitive, affective and psychomotor competencies that R425 diplomates had on entering the psychiatric clinical units as perceived and reported by themselves.

Responses falling within categories 3 and 4 were grouped together as indicating R425 programme diplomates' competence in performing these aspects while those falling within category 2, 1 and 0,

were grouped together as indicating R425 programme diplomates' incompetence. In cases where 50,0% or more of the R425 diplomates' responses fell within categories 3 and 4, R425 diplomates were perceived to be competent.

4.3.1 R425 diplomates' perceptions on cognitive competencies

Table 4.10 presents specific problem-solving competencies that R425 diplomates had upon entering the psychaitric clinical units as perceived by themselves, and table 4.11 presents their perceived management competencies while table 4.12 portrays their perceived research competencies. These three aspects combine the R425 diplomates' perceived cognitive competencies.

Table 4.10: R425 diplomates' perceptions about problem-solving competencies

NO	COMPETENCIES REFLECTED IN PERCENTAGES (n = 45)	MASTERY	COMPETENT	PERFORMANCE SATISFACTORY	INCOMPETENT PERFORMANCE	NO RESPONSE
1	Obtain adequate information from a psychiatric patient	31,1	28,9	40,0	-	-
2	Obtain adequate information from family	24,4	53,3	22,2	-	-
3	Assess patients' physical functioning	22,2	66,7	11,1	-	-
4	Assess patients' social functioning	17,8	48,9	33,3	-	-
5	Assess patients' psychological functioning	17,8	35,6	46,6	-	-
6	Distinguish between relevant and irrelevant functioning	35,6	28,9	35,6	-	-
7	Interpret verbal cues from mentally ill patients	22,2	37,8	40,0	-	-
8	Interpret nonverbal cues from mentally ill patients	17,8	35,6	46,6	-	-
9	Identify patients' functional deficits	17,8	35,6	46,6	-	-
10	Analyse information obtained from the patients	17,8	48,9	31,1	-	2,2
11	Prioritise patients' problems	28,9	40,0	31,1	-	-
12	Formulate patients' nursing care plans	26,7	57,8	15,6	-	-
13	Specify nursing interventions in order of priority	26,7	42,2	31,1	-	-
14	Identify learning needs of the mentally ill patients	22,2	55,6	20,0	2,2	-
15	Identify learning needs of the patients' families	13,3	68,9	17,8	-	-
16	Identify learning needs of the students	17,8	66,8	15,6	-	-
17	Set objectives for teaching of the mentally ill patients	13,3	64,4	22,2	-	-
18	Set objectives for teaching of patients' families	11,1	62,2	24,4	2,2	-
19	Set objectives for the teaching of student nurses	15,6	57,8	26,7	-	-
20	Design education programmes for patients	17,8	48,9	33,3	-	-
21	Design education programmes for patients' families	8,9	51,1	37,8	2,2	-
22	Identify high-risk groups for developing mental illness	17,8	17,8	24,4	-	-
23	Design mental health education programmes	13,3	13,3	33,3	-	-

NO	COMPETENCIES REFLECTED IN PERCENTAGES (n = 45)	MASTERY	COMPETENT	PERFORMANCE SATISFACTORY	INCOMPETENT PERFORMANCE	NO RESPONSE
24	Evaluate effectiveness of mental health education programmes	20,0	20,0	35,6	2,2	-
25	Assess patients' needs for rehabilitation	17,8	17,8	37,8	-	-
26	Design rehabilitation programmes for mentally ill patients	8,9	8,9	51,1	13,3	-
27	Implement rehabilitation programmes for mentally ill patients	11,1	11,1	46,7	13,3	-

4.3.1.1 R425 diplomates' perceptions about their problem-solving competencies

Table 4.10 reveals that the R425 diplomates (n = 45) were of the opinion that they mastered the following problem-solving competencies upon entering the psychiatric units:

- obtain adequate information from patient and family (77,7%)
- assess patients' physical (88,9%), social (66,7%) and psychological (53,4%) functions
- identify patients' problems (68,9%)
- formulate nursing care plans (84,5%)
- identify learning needs of mentally ill patients (77,8%), family (82,2%) and students (84,6%)
- set objectives for teaching mentally ill patients, family and students
- design education programmes for patients (77,7%), family (73,3%) and students (73,4%)

The findings of this study revealed that R425 diplomates who participated in this study perceived themselves to be competent problem-solvers. This is in contrast to the study done by Khoza (1996:38) in the LP of the RSA. These findings revealed that psychiatric professional nurses were perceived by 44,8% of senior professional nurses to be incompetent in assessing patients' needs, defining patients'

problems and in discriminating and synthesising information obtained from such assessments. However, it needs to be emphasised that Khoza's study focussed on senior professional nurses working in psychiatric units, while this study included R425 diplomates working in psychiatric units. Thus the views of senior professional nurses about the R425 diplomates' competencies fell beyond the scope of this research.

Findings of this study concurred with the study done by Troskie (1993:50) in the RSA which revealed that newly qualified nurses in the psychiatric units were better problem-solvers than community health nurses.

Table 4.10 reveals that R425 diplomates perceived themselves to be incompetent in designing and implementating rehabilitation programmes for mentally ill patients. This could be attributed to the fact that majority of the respondents worked in acute care psychiatric units where rehabilitation might not assume much significance.

4.3.1.2 R425 diplomates' perceptions about their management competencies

Table 4.11: R425 diplomates' perceptions about their management competencies

NO	COMPETENCIES REFLECTED IN PERCENTAGES (n = 45)	MASTERY	COMPETENT	PERFORMANCE SATISFACTORY	INCOMPETENT PERFORMANCE	NO RESPONSE
1	Present clear and accurate report to members of the multidisciplinary team	33,3	40,0	24,4	-	2,2
2	Delegate aspects of care to subordinates	26,7	42,2	31,1	-	-

NO	COMPETENCIES REFLECTED IN PERCENTAGES (n = 45)	MASTERY	COMPETENT	PERFORMANCE SATISFACTORY	INCOMPETENT PERFORMANCE	NO RESPONSE
3	Implement policies and procedures	17,8	53,3	28,9	-	-
4	Manage crises in the psychiatric unit	13,3	35,6	46,7	2,2	2,2
5	Apply the provisions of the Mental Health Act (18 of 1973) when admitting psychiatric patients	22,2	53,3	24,4	-	-
6	Apply the provisions of the Mental Health Act (18 of 1973) when managing psychiatric patients	24,4	57,8	17,8	-	-
7	Apply the provisions of the Mental Health Act (18 of 1973) when discharging psychiatric patients	26,7	53,3	20,0	-	-

Table 4.11 reveals that the majority of the R425 diplomates in the psychiatric clinical units were of the opinion that they have mastered competencies in the management of psychiatric clinical units and were competent in

- presenting clear and accurate reports to members of the multidisciplinary team (77,3%)
- delegating aspects of care to subordinates (68,9%)
- implementing policies and procedures (71,1%)
- applying provisions of the Mental Health Act (18 of 1973, as amended) when admitting (75,5%), managing (82,2%) and discharging (80,0%) psychiatric patients.

The findings of this study concurred with those reported Khoza and Ehlers (2000:56) in the LP of the RSA, where newly qualified nurses were perceived by senior professional nurses to be competent in administrating and managing these aspects of psychiatric nursing.

Gijbels (1995:460) found that psychiatric nurses in the UK indicated that administration duties took priority over therapeutic activities spending up to 90,0% of their time in the office.

Table 4.11 reveals that 48,9% of the R425 diplomates perceived themselves to be incompetent in managing crises in psychiatric units. It could be argued that managing a crisis in a unit could not be mastered at once by the R425 diplomates upon entering the psychiatric unit, but that it requires gradual development upon exposure to a variety of crises.

The demographic profile of R425 diplomates indicated that the majority were junior professional nurses occupying second and lower positions in the psychiatric unit hierarchy. It might be possible that R425 diplomates occupying these positions have fewer opportunities to manage crises in units than the professional nurses who are in charge (occupying first positions) in these units.

In conclusion, the findings of this study revealed that R425 diplomates perceived themselves to be competent in most management skills.

4.3.1.3 R425 diplomates' perceptions about their research competencies

Table 4.12: R425 diplomates' perceptions about their research competencies

NO	COMPETENCIES REFLECTED IN PERCENTAGES (n = 45)	MASTERY	COMPETENT	PERFORMANCE SATISFACTORY	INCOMPETENT PERFORMANCE	NO RESPONSE
1	Identify researchable psychiatric problems	6,7	22,2	48,9	20,0	2,2
2	Initiate research	6,7	15,6	46,7	28,9	2,2

NO	COMPETENCIES REFLECTED IN PERCENTAGES (n = 45)	MASTERY	COMPETENT	PERFORMANCE SATISFACTORY	INCOMPETENT PERFORMANCE	NO RESPONSE
3	Critically analyse research	4,4	15,6	48,9	28,9	2,2
4	Use research data	4,4	17,8	42,2	33,3	2,2
5	Determine applicability of the results in the clinical setting	2,2	13,3	53,3	28,9	2,2

The findings reveals that most R425 diplomates perceived themselves to be incompetent (as outlined in table 4.12) in performing the following research activities:

- identify researchable problems (68,9%)
- initiate research (75,6%)
- critically analyse research reports (77,8%)
- use research data (75,5%)
- determine the applicability of research results to their specific clinical settings (82,2%)

The findings of this study concurred with those of Troskie (1993:50) which revealed that most respondents (both newly qualified nurses and supervisors) felt that the nurses lacked theoretical knowledge to do research. Khoza and Ehlers (2000:556) reported that research was commonly perceived as being a non-essential nursing competency in psychiatric units in the LP of the RSA.

These findings could imply that R425 diplomates who participated in this study were not research orientated. Research could be important in the improvement of the quality of psychiatric nursing care practice and for the development of scientific psychiatric nursing knowledge (Khoza & Ehlers 2000:56).

In conclusion, the findings of this study revealed that the majority of the R425 diplomates (exceeding 70,0% in most cases) perceived themselves to be incompetent in performing research.

4.3.1.4 R425 diplomates' perceptions about their affective competencies including communication skills, ethical conduct and caring

Table 4.13: R425 diplomates' perceptions about their affective competencies

NO	COMPETENCIES REFLECTED AS PERCENTAGES (n = 45)	MASTERY	COMPETENT	PERFORMANCE SATISFACTORY	INCOMPETENT PERFORMANCE	NO RESPONSE
Affective competencies						
1	Sensitive to feelings of patients	31,1	62,2	6,7	-	-
2	Accept criticisms from staff	28,9	60,0	28,9	-	-
3	Confident in one's own nursing ability	33,3	35,6	28,9	-	2,2
Communication skills						
1	Communicate unconditional acceptance of each patient	33,3	57,8	8,9	-	-
2	Actively listen accurately to mentally ill patients	35,6	51,1	13,3	-	-
3	Reflect feelings and content accurately	22,2	48,9	28,9	-	-
4	Verbalise empathic understanding	26,7	55,6	17,8	-	-
5	Assess need for a group activity for all categories of psychiatric patients	20,0	68,9	11,1	-	-
6	Plan group activity for categories of psychiatric patients	28,9	57,8	13,3	-	-
7	Implement group activities for different categories of psychiatric patients	31,1	53,3	15,6	-	-
8	Evaluate group activities for mentally ill patients	31,1	51,1	17,8	-	-
9	Identify undesirable behaviour	35,6	51,1	11,1	-	2,2
10	Handle problems without making personal comments	22,2	46,7	31,1	-	-

NO	COMPETENCIES REFLECTED AS PERCENTAGES (n = 45)	MASTERY	COMPETENT	PERFORMANCE SATISFACTORY	INCOMPETENT PERFORMANCE	NO RESPONSE
11	Communicate information to other members of the multidisciplinary health team	37,8	55,6	6,7	-	-
12	Presentation skills during ward rounds	28,9	35,6	33,3	-	2,2
13	Presentation skills in workshops	17,8	31,1	33,3	17,8	-
14	Presentation skills in community projects	8,9	33,3	26,7	26,7	4,4
Ethical conduct and caring						
1	Adhere to regulations, laws and policies	37,8	57,8	4,4	-	-
2	Create safe environments for patients	37,8	60,0	2,2	-	-
3	Practise within the scope of practice of a professional nurse	42,2	55,6	2,2	-	-

The findings of the research as summarised in table 4.13 reveals that R425 diplomates perceived themselves to be

- sensitive to feelings of patients (93,3%)
- accepting criticisms from staff (89,9%)
- confident in their nursing practices (68,9%)
- communicating unconditional acceptance of each patient (91,1%)
- assessing needs for group activities, planning, implementing and evaluating group activities for different categories of psychiatric patients (68,9%)
- communicating information to other members of the health team (93,4%)
- applying appropriate presentation skills during ward rounds (64,5%)
- adhering to regulations and policies (95,6%)
- creating safe environments for patients (97,8%)
- adhering to the SANC's scope of practice as specified in R2598 (97,8%)

The findings of this study concurred with those of Khoza and Ehlers (2000:56) who revealed that newly qualified nurses in the LP were competent in performing affective competencies related to caring and interpersonal relationships. These two aspects are essential in psychiatric nursing practice (Khoza & Ehlers 2000:56). Landeen et al (1995:881) agreed that senior psychiatric student nurses felt that communication skills and therapeutic relationship were critical when working with psychiatric patients. The findings of this study are in contrast to Troskie's (1993:57) findings which revealed that newly qualified nurses in the RSA were not capable of handling communication and interpersonal relations. However, Troskie's research did not focus solely on nurses working in psychiatric units.

The research findings revealed that R425 diplomates perceived themselves as being incompetent in using presentation skills during workshops (48,9%) and community projects (42,2%), but were competent doing so during ward rounds (64,5%) as outlined in table 4.13.

A contributing factor could be the fact that the majority of the respondents were working in acute care psychiatric units where their presentation skills would be required during ward rounds, clinical teaching and patient teaching sessions, but not necessarily for workshops nor for community projects.

4.3.1.5 R425 diplomates' perceptions about their psychomotor competencies

Table 4.14: R425 diplomates' perceptions about their psychomotor competencies

NO	COMPETENCIES REFLECTED AS PERCENTAGES (n = 45)	MASTERY	COMPETENT	PERFORMANCE SATISFACTORY	INCOMPETENT PERFORMANCE	NO RESPONSE
1	Identify any deviation from normal behaviour	33,3	55,6	11,1	-	-
2	Manage any deviation from normal behaviour	24,4	62,2	13,3	-	-
3	Identify accurately the patient in crisis	22,2	42,2	33,3	2,2	-
4	Implement suicide precautions for psychiatric patients	26,7	53,3	20,0	-	-
5	Assess nutritional status of patients	40,0	53,3	6,7	-	-
6	Prepare and administer medication safely	57,8	40,0	2,2	-	-
7	Demonstrate knowledge of the use of psychiatric medication	46,7	44,4	8,9	-	-
8	Identify patients with side-effects from medication	46,7	24,4	28,9	-	-
9	Implement strategies to deal with side-effects from medication	31,1	42,2	26,7	-	-
10	Follow-up clients who defaulted on their treatment regimes	28,9	48,9	20,0	2,2	-

The research findings as outlined in table 4.14 reveal that the majority of R425 diplomates perceived themselves to be competent in performing all items listed in table 4.14. Only 2,2% indicated that they were of the opinion that they were incompetent in accurately identifying a patient in crisis and only 2,2% indicated that they were not competent to follow-up clients who defaulted on their treatment regimes.

The findings of this study appeared to contrast with those reported by Khoza and Ehlers (2000:56) indicating that in the LP senior professional nurses regarded most psychomotor competencies to be nonessential in the psychiatric units.

Gijbels (1995:462), in England, indicated that psychiatric nurses need to have a variety of skills, not only expertise in psychological interventions, but also skills in dealing with substance abuse, eating and other problems.

Edwards (1995:222), in England, also indicated that psychiatric nursing students need to be skilled in a variety of cognitive and psychomotor nursing situations.

These findings could indicate that R425 diplomates who participated in this study were reportedly more effectively prepared to perform psychomotor competencies than cognitive competencies such as doing research, planning rehabilitation programmes, managing crises in units and presenting workshops or community projects skillfully.

4.4 ANALYSIS OF DATA FROM SECTION C

Section C of the questionnaire requested R425 diplomates to indicate which factors contributed to their lack of competence. The responses to these open-ended questions were coded by hand.

Table 4.15 indicates which factors were perceived to contribute to incompetencies of R425 diplomates in psychiatric clinical units.

Table 4.15: Perceived factors which contributed to incompetencies of R425 diplomates in psychiatric clinical units

CAUSES	FREQUENCY (n)	PERCENTAGE (%)
Shortages of staff	21	46,7
Poor orientation of new staff	17	37,8
Lack of resources (facilities and equipment)	11	24,4
Lack of leadership	9	20,0

CAUSES	FREQUENCY (n)	PERCENTAGE (%)
Poor organisation of the R425 course's psychiatric components	14	31,1
Attitudes of senior staff	8	17,8
Lack of in-service education sessions	5	11,1
Inadequate clinical supervision	4	8,9
Demotivated senior staff in clinical psychiatric areas	2	4,4
Racism	2	4,4

4.4.1 Causes contributing towards R425 diplomates' incompetencies in psychiatric clinical units

4.4.1.1 Shortages of staff

Table 4.15 reveals that R425 diplomates in the psychiatric clinical units perceived the shortages of senior staff to be the main cause contributing to their lack of competence. R425 diplomates are expected to run wards while they are still learning themselves. Respondents indicated that increased numbers of patients with serious psychiatric illnesses, make it difficult for them to become competent in what they are doing. Without the support of skilled and experienced psychiatric nurses, they lack role models for developing psychiatric nursing competencies.

Kelly (1996:1063), in the USA, indicated that due to staff shortages, new graduates might not get the required guidance to gain experience and confidence prior to being expected to manage psychiatric units on their own.

Uys and Middleton (1997:19) stated that one out of every five people in the RSA would suffer from mental disorder at some stage in their lives. These statistics indicate that the RSA needs skilled psychiatric nurses. Unless the RSA can manage to retain larger numbers of its professional nurses, both student nurses and newly qualified nurses will not have adequate access to competent role

models. Without competent role models, it could be difficult to become competent practitioners, impacting negatively on the quality of patient care and on the education of student nurses.

Troskie's (1993:156) findings revealed that newly qualified nurses, working in the psychiatric units, received better guidance than nurses working in other clinical areas. Nevertheless, the R425 diplomates, working in psychiatric clinical units, perceived this guidance to be inadequate in helping them to become competent psychiatric nurses.

4.4.1.2 Poor orientation of new staff

The research findings summarised in table 4.15 reveal that R425 diplomates perceived poor orientation of new staff to be a cause contributing towards their incompetency. One respondent mentioned that there was no orientation policy. This could be attributed to the shortage of senior nurses.

Troskie (1993:56) revealed that orientation correlated with standards and with maintaining good relations. Troskie (1993:56) indicated that there was a relationship between incompetency of newly qualified nurses and their placement, orientation and guidance.

Findings of this study concurred with those of Khoza (1996:258) who revealed that the majority of senior professional nurses indicated that newly qualified nurses required from nine to twelve months to function satisfactorily in psychiatric clinical units. These respondents also recommended that there might be a need to reinforce the R425 diplomates' competencies during orientation programmes and during in-service education sessions.

4.4.1.3 Lack of resources

Table 4.15 reveals that 24,4% (n = 11) of the R425 diplomates perceived the lack of equipment and facilities to be contributing towards their incompetence in the psychiatric clinical units. Respondents indicated that they were expected to use any available resources to provide care to the patients irrespective of quality or functionality. However, as these were responses to an open-ended question, no specific shortages were identified.

4.4.1.4 Lack of leadership/management skills

Table 4.15 reveals that 20,0% (n = 9) of the R425 diplomates perceived a lack of leadership from the seniors to be a cause contributing towards their perceived incompetency in the psychiatric clinical wards. This could be attributed to the shortage of senior nurses who could be leadership role models.

4.4.1.5 Poor organisation of the course

Table 4.15 reveals that R425 diplomates (20,0%) perceived poor organisation of the R425 course to be contributing to their incompetency in the psychiatric clinical units. Respondents indicated that six months psychiatric experience during the R425 programme were inadequate to master psychiatric nursing skills. Findings of this study concurred with those of Parker and Carlisle (1996:77) in the UK who revealed that negative perceptions towards the course were related to the organisation of the entire course.

The findings of this study apparently supported those of Gwele and Uys (1995:9) in the KZN Province of the RSA, indicting that aspects undermining the attainment learning objectives, included

- fragmented clinical placements
- emphasis on a number of lecturers and number of clinical hours instead of competencies
- a packed and rigid curriculum

4.4.1.6 Attitudes of senior staff

Table 4.15 reveals that only 17,8% (n = 8) of the R425 diplomates perceived attitudes of senior staff toward R425 diplomates as contributing to their lack of competency. Thus the situation in the KZN Province seemed to be better than that reported on other provinces of the RSA. Findings of this study seemed to be supported by various other studies. Khoza (1996:225) reported that the attitudes of senior professional nurses (55,0%) contributed towards the incompetency of the newly qualified nurses in the LP of the RSA. Lowane (1990:59), in the LP of the RSA, revealed that the ward sisters' attitudes impacted negatively on student nurses' learning in the clinical situations, although she did not refer to psychiatric clinical units specifically.

Girot (1993:16) revealed that, in the UK, sisters mentioned that newly qualified graduates knew nothing and they expected to be spoon fed. However, Khoza and Ehlers (2000:57) reported that the attitudes of newly qualified nurses in the psychiatric units in the LP were perceived by senior professional nurses to contribute to newly qualified nurses' incompetencies. Apparently these newly qualified nurses' attitudes made it difficult for senior professional nurses to teach them psychiatric skills.

4.4.1.7 Lack of in-service education

Table 4.15 reveals that only 11,1% (n = 5) of the R425 diplomates perceived the lack of orientation and in-service education as a contributing towards their incompetencies. Respondents felt that in-service education and workshops could be helpful in improving psychiatric nursing skills. Khoza (1996:228) indicated that competencies which newly qualified nurses lacked should be identified and considered

when developing orientation programmes as a contributing factor. However, only a minority of respondents (11,1%) indicated a need for orientation and in-service education (in response to an open-ended question) to enhance their psychiatric nursing competencies.

4.4.1.8 Inadequate clinical supervision

Table 4.15 reveals that R425 diplomates perceived inadequate clinical supervision of psychiatric students to be contributing to a lack of competency when they become newly qualified professional nurses who work in psychiatric units. However, only 8,9% (n = 4) indicated this to be the case in response to an open-ended question.

Chetty and Gwele (2001:57), in the KZN of the RSA, revealed that students felt that clinical teachers needed to be more available for students. Moreover students reported that they learned more from professional nurses in the clinical units than from clinical teachers. Khoza and Ehlers (2000:50), in the LP of the RSA, revealed that senior professional nurses considered the clinical accompaniment of student nurses in the psychiatric units to be contributing towards newly qualified nurses' incompetencies. These senior professional nurses were apparently of the opinion that such accompaniment hampered the students' development of their psychiatric nursing competencies as independent practitioners.

4.4.1.9 Demotivated senior staff in the psychiatric clinical units

Table 4.15 reveals that only 4,4% (n = 2) of the R425 diplomates perceived the lack of motivation and burnout of senior staff as a cause contributing to their lack of competence, in response to an open-ended question. Consequently more than 90,0% of the respondents did not mention lack of motivation and/or burnout among senior professional nurses as contributing to their lack of competence in psychiatric clinical units.

4.4.1.10 Racism in the psychiatric clinical units

Table 4.15 reveals that 4,4% (n = 2) of the R425 diplomates perceived racism as a cause contributing to the lack of competency. Two respondents indicated a perceived lack of recognition of young African managers leaders in the psychiatric clinical units. One respondent mentioned that there were restraints from management that prevented young professional nurses from becoming competent leaders of the future. These perceptions might be subjective, but the testing of these statements fell beyond the scope of this research. As the questionnaires were completed anonymously, these respondents could not be traced to explore these statements further.

4.5 ANALYSIS OF DATA FROM SECTION D

Items from section D of the questionnaire requested R425 diplomates who were working in the psychiatric clinical units to indicate which competencies they considered to be essential for functioning as competent psychiatric nurses. The responses to these open-ended questions were coded by hand. Table 4.16 represents competencies perceived by R425 diplomates to be essential to function as competent psychiatric nurses in psychiatric clinical units.

4.5.1 Competencies perceived to be essential by R425 diplomates to function as competent psychiatric nurses in psychiatric clinical units

All competencies perceived to be essential by at least 50% of the R425 diplomates were accepted as being essential competencies in this study. The essential competencies which are necessary for the R425 diplomates to function as competent psychiatric nurses in the psychiatric clinical unit are listed in order of importance in table 4.16.

Table 4.16: Essential psychiatric nursing competencies as perceived by R425 diplomates

COMPETENCIES	FREQUENCY	PERCENTAGE
Communication skills	42	93,3
Management skills	37	82,2
Problem-solving skills	26	57,7

4.5.1.1 Communication skills

Table 4.16 reveals that 93,3% (n = 42) of the R425 diplomates perceived communication skills to be an essential competency for functioning as a competently in a psychiatric clinical unit. Findings of this study were supported by various studies. Landeen et al (1995:81) in the RSA found that psychiatric senior students felt that communication and therapeutic relationships were critical in working effectively with psychiatric patients. Sibeko and Greeff (1995:15), in the RSA, emphasised that assessment, planning, implementation and evaluation of nursing care of patients depended on communication between nurses and patients. In a study done by Edwards (1995:222) in the UK, the users of psychiatric services commented on the competencies and qualities required of mental health nurses. These included showing respect, listening, explaining and giving appropriate information, counselling skills, being able to relate to a patient as an individual person and being able to provide touch and comfort.

Feeley (1997:115), in the UK, indicated that effective interpersonal relationships helped nurses to develop appropriate nursing care strategies. Khoza (1996:227), in the LP in the RSA, revealed that 48,3% of senior professional nurses regarded communication competencies to be expected competencies of the newly qualified nurses working in psychiatric clinical units.

4.5.1.2 Management skills

Findings of the research revealed that 82,2% (n = 37) of the R425 diplomates perceived management skills to be essential competencies for functioning competently in psychiatric clinical units as outlined

in table 4.16. Findings of this study were supported by those of Khoza (1996:227) who revealed that management of procedures according to the Mental Health Act (18 of 1973, as amended) was perceived by 48,3% of senior professional nurses to be expected competencies of the newly qualified nurses working in psychiatric units.

Feely (1997:116), in the UK, described the psychiatric nurses' roles as comprising those of teacher, leader, counsellor, resource person and surrogate.

4.5.1.3 Problem-solving skills

Analysis of responses to this item indicated that 57,7% (n = 26) of the R425 diplomates perceived problem-solving to be an essential competency to function as a competent psychiatric nurse in a psychiatric clinical unit as outlined in table 4.16. Khoza and Ehlers (2000:26) stated that the clinical role of newly qualified nurses should be based on sound theoretical knowledge underlying their problem-solving competencies.

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

Khoza (1996:27), in the LP of the RSA, revealed that the assessment of a psychiatric patient, was perceived by 55,2% of senior professional nurses to be an expected competency of newly qualified psychiatric nurses.

Communication, management and problem-solving skills should be prioritised when planning psychiatric nursing curriculum and when developing orientation programmes and in-service education programmes.

4.5.2 Nonessential competencies as perceived by R425 diplomates in psychiatric units

Table 4.17 presents competencies perceived by R425 diplomates to be nonessential for functioning as a competent psychiatric nurse. Competencies perceived to be essential by less than 50,0% of R425 diplomates were considered to be nonessential.

Table 4.17: Nonessential competencies as perceived by R425 diplomates in psychiatric units

COMPETENCIES	FREQUENCY	PERCENTAGE
Research skills	14	31,1
Psychomotor skills	5	11,1

4.5.2.1 Research skills

Research findings as presented in table 4.17 reveal that research skills were perceived by R425 diplomates, who were working in the psychiatric units, to be a nonessential competency. Findings of this study are supported by Troskie (1993:50), who 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 reported that research appeared to be commonly perceived as a nonessential competency. These authors recommended that research could be of importance in the improvement of psychiatric nursing practice and for the growth of scientific psychiatric nursing knowledge in the RSA.

4.5.2.2 Psychomotor skills

Table 4.17 reveals that psychomotor skills were perceived by R425 diplomates who were working in the psychiatric unit to be nonessential. Findings of this study were supported by those reported by Khoza and Ehlers (2000:56) who revealed that senior professional nurses felt that some psychomotor competencies were nonessential in psychiatric clinical units. These results might indicate that clinical experiences of psychiatric nurses focus on the psychological components with less emphasis on the physical and physiological needs of the patient.

Khoza and Ehlers (2000:56) recommended that senior professional nurses in the psychiatric units could facilitate the development of the psychomotors' competencies of newly qualified nurses by influencing them to care for physical illnesses of psychiatric patients in the psychiatric units, rather than transferring these patients to medical wards.

Although R425 diplomates perceived themselves to be competent in performing psychomotor skills, they regarded these competencies to be nonessential in the psychiatric units. As indicated in section 4.4.1.1 of this dissertation there is an influx of psychiatric patients with a variety of conditions including substance related disorders, eating disorders and HIV/AIDS. Psychiatric nurses might be expected to have a variety of cognitive and psychomotor skills to render effective nursing care to these patients as total persons.

4.6 ANALYSIS OF DATA FROM SECTION E

Section E requested respondents' viewpoints concerning what could be done to improve the competencies of R425 diplomates in the psychiatric clinical units. The responses to these open-ended questions were coded by hand.

The following suggestions were made by the R425 diplomates to improve their competencies in the psychiatric clinical units:

- A total of 37,8% (n = 17) of the R425 diplomates suggested six months clinical exposure after completion of training. The respondents also indicated that six months' clinical exposure after completion but before having awarded a Diploma in Psychiatric Nursing would make them confident and competent to work in psychiatric clinical units. However, they should not be expected to manage psychiatric clinical units during these six months' clinical exposure.
- As many as 31,1% (n = 14) of the R425 diplomates felt that the course should be more flexible and allow more time in the psychiatric clinical area. This would enable students to correlate theory with practice and become confident in making decisions regarding patient care. The curriculum should emphasise communication skills, problem-solving and interpersonal relationships to a greater extent.
- Unexpectedly 17,8% (n = 8) of the R425 diplomates felt that a research project should be a requirement for the R425 diplomates and they suggested that more research should be included in the curriculum.
- More clinical supervision during training by psychiatric nursing tutors were suggested by 15,9% (n = 7) of the R425 diplomates.
- Of the R425 diplomates 15,7% (n = 7) indicated that the R425 course should be extended to 12 months to offer them extended psychiatric clinical learning experiences.
- Of the R425 diplomates 11,2 (n = 5 suggested that senior staff should change their attitudes towards R425 diplomates to become more supportive.
- Of the R425 diplomates 4,4% (n = 2) suggested regular in-service education to increase their competencies.
- Of the R425 diplomates 4,4% (n = 2) suggested that staff in psychiatric clinical units should be increased to maintain effective and efficient patient care and to provide role models for students and newly qualified nurses.
- Almost 9,0% felt strongly that staff should be trained in Zulu (or any language commonly used by psychiatric patients) to reduce communication barriers.

- Of the R425 diplomates 2,2% (n = 1) suggested that there should be more emphasis on forensic psychiatry during training in the RSA.

4.7 CONCLUSION

Chapter 4 revealed specific psychomotor, cognitive and affective competencies of the R425 diplomates who were working in the psychiatric units in the KZN Province of the RSA, as perceived by themselves. The competencies that were perceived to be essential could be considered to constitute a basis for developing a list of competencies to be mastered by R425 diplomates in the psychiatric nursing science components of this programme. Further research should be conducted to determine why R425 diplomates perceived research and psychomotor skills to be nonessential competencies in psychiatric nursing.

In chapter 5 the conclusions and limitations of the study will be presented as well as recommendations based on the research results.