

## **CHAPTER 5**

### **Conclusions, limitations, implications and recommendations**

#### **5.1 INTRODUCTION**

This chapter provides a brief overview of the study, as well as the conclusions and limitations of the study and the implications of the findings and recommendations for further research.

In 1985 the regulations and directives of the course for the education and training of a nurse (general, psychiatric and community) and midwife leading to registration with the SANC were published (R425 of February 1985, as amended). Diplomates referred to in this study, completed the R425 training programme and worked in psychiatric clinical units in KZN Province of the RSA during the data collection phase of this survey in 2003.

Since the R425 programme commenced in 1986 there has been concern that professional nurses who completed this programme might have inadequate knowledge and expertise for rendering psychiatric, midwifery and community nursing care.

Troskie (1990:290) evaluated competencies of newly qualified nurses in the RSA and Khoza (1996:130) studied newly qualified nurses' competencies in general, community health, and psychiatric nursing as well as in midwifery units in the LP of the RSA.

This research investigated R425 diplomates' perceptions of their cognitive, affective and psychomotor psychiatric clinical competencies in the KZN Province in the RSA.

## **5.2 PURPOSE OF THE STUDY**

The study was undertaken to identify R425 diplomates' perceptions of their own competencies in KZN and to recommend ways of improving competencies based upon the findings.

## **5.3 OBJECTIVES OF THE STUDY**

The objectives of the study were to

- identify specific psychomotor, affective and cognitive competencies of the R425 programme diplomates in the psychiatric clinical units as perceived by themselves
- recommend ways of improving psychiatric competencies of the R425 programme diplomates based on the findings

## **5.4 RESEARCH RESULTS**

The research results were organised according to the sections of the questionnaire comprising biographic data, R425 perceptions of their diplomates' psychiatric nursing competencies and/or incompetencies as well as factors impacting on these competencies/incompetencies.

### **5.4.1 Biographic data**

All respondents were R425 diplomates; approximately half (51,0%) were females; none had acquired any additional clinical qualifications and only a minority were registered with the SANC as nurse administrators or nurse educators. Almost half (48,9%) of the respondents had been allocated to the

same psychiatric unit for 24 months. Many R425 diplomates (48,9%) occupied second in charge positions, while 44,4% occupied junior positions and only 6,7% occupied first in charge positions.

#### **5.4.2 Competencies which R425 diplomates should have mastered on entering psychiatric clinical units**

The R425 programme diplomates were reportedly competent in most of the problem-solving competencies (as outlined in table 4.10). Findings of this study also revealed that R425 diplomates were incompetent in designing and implementing rehabilitation programmes for mentally ill patients. The R425 diplomates were reportedly incompetent in managing crises in units. Presentation skills in workshops and community projects were perceived to be inadequately performed by R425 diplomates in the psychiatric clinical units.

R425 diplomates who participated in this study perceived themselves to be competent in performing all actions listed in tables 4.15 and 4.13.

#### **5.4.3 Factors impacting on R425 diplomates' competencies**

Factors perceived to be contributing towards R425 diplomates' incompetencies in the psychiatric clinical units and which were reported by 30,0% or more of the respondents included:

- shortage of staff in the psychiatric clinical units (46,7%)
- poor orientation of new staff (37,8%)
- poor organisation of the R425 programme (31,1%)

However, the number of respondents who supplied this information in response to open-ended questions were small and never exceeded 50,0%).

#### **5.4.4 Essential/nonessential psychiatric nursing competencies**

Competencies perceived to be essential for R425 diplomates to function as competent psychiatric nurses in a psychiatric clinical units were:

- communication skills (93,3%)
- management skills (82,2%)
- problem-solving skills (57,7%)

Research and psychomotor competencies were perceived to be nonessential by R425 diplomates in the psychiatric clinical units. The reasons for these perceptions could not be ascertained from the responses supplied to the questionnaire items.

#### **5.4.5 Improvements of R425 diplomates psychiatric nursing skills**

Although a number of recommendations were made by the R425 diplomates for improving their competencies in the psychiatric clinical unit. Only two were made by more than 30,0% of the respondents, namely:

- R425 diplomates to have six months clinical exposure after completion of the course before they are awarded a certificate in psychiatric nursing science (37,8%)
- the curriculum for the R425 programme should be more flexible allowing for longer periods of clinical psychiatric exposure (31,1%)

## 5.5 IMPLICATIONS OF RESEARCH FINDINGS

The findings of this study revealed various implications for nursing education and nursing practice in psychiatric units.

### 5.5.1 Nursing education

R425 diplomates perceived themselves to be incompetent in performing competencies related to

- designing rehabilitation programmes
- implementing rehabilitation programmes
- presentation skills in workshops and projects
- initiating, conducting and evaluating research
- managing crises in psychiatric units

This could imply that nurse educators should pay more attention to these aspects to enable future R425 diplomates to be more competent in performing these tasks. The competencies which were perceived to be essential by the R425 diplomates in table 4.15 could be labelled essential competencies. This implies that those competencies should be mastered during the professional preparation of R425 student nurses. However, nurse educators and nurse managers should emphasise that R425 diplomates who work in psychiatric clinical units should attend to physical complaints as well as to the psychiatric diagnoses of their patients. "Psychiatric nursing needs a blend of the interpersonal and the biological to provide psychiatric care, to capitalize on the therapies that have measurable outcomes and demonstrate effectiveness" (Puskar 1996:6). This is essential because the rate of physical illnesses among diagnosed psychiatric patients is higher than in the general population (Worley, Drago & Hadley 1990:108).

## 5.6 LIMITATIONS

The generalisability of the research results are limited because the survey was conducted subject to a number of limitations. These included that:

- The survey only investigated perceptions of the R425 diplomates about their competencies. Their actual competencies were not evaluated by the researcher nor by senior professional nurses in charge of the psychiatric units. Future research could ask the senior professional nurses in charge of the wards to evaluate R425 diplomates' competencies and/or future researchers could directly observe and evaluate R425 diplomates' psychiatric nursing competencies.
- The study involved only professional nurses who were working in psychiatric clinical units excluding community, midwifery and general nursing units. Thus the R425 diplomates' perceptions of their psychiatric nursing competencies were not obtained if they did not work in psychiatric units during the data collection phase of this research.
- The study involved only professional nurses who graduated from the R425 programmes, excluding professional nurses who followed the other psychiatric nursing programmes.
- The survey was only conducted in the KZN Province. Consequently the results might not be generalisable to R425 diplomates in other provinces of the RSA.

## 5.7 RECOMMENDATIONS

Despite the limitations which might impact negatively on the generalisability of the research results, the following recommendations are made to enhance R425 diplomates' psychiatric nursing competencies.

- R425 diplomates should be observed to determine whether they lack the competencies identified by themselves.

- The senior professional nurses in charge of psychiatric clinical units should also be involved in evaluating competencies of the R425 diplomates
- The perceived shortage of staff should be investigated and if possible, remedied.
- The cognitive and affective competencies which have been perceived by the R425 diplomates to be essential could be considered to be priorities in the preparation of R425 diplomates.
- There is a need for psychiatric professional nurses to follow clinical specialisation, namely advanced psychiatric science. This could improve the quality of patient care in the areas of KZN Province of the RSA included in this study, as well as the clinical competencies of the newly qualified R425 diplomates.
- There is a need for the R425 programme to be more flexible. The course should allow more time in the clinical areas. Priority should be given to competencies which were considered essential in this study, namely communication skills, management skills and problem-solving skills.

Further research should investigate problems identified in this study. These should include:

- Attitudes of senior professional nurses towards R425 diplomates.
- The effect of orientation programmes on the development of competencies of R425 diplomates working in psychiatric clinical units.
- Attitudes of psychiatric professional nurses towards research.
- Positive and negative indicators of good quality psychiatric nursing care as perceived by psychiatric patients
- Attitudes of psychiatric professional nurses towards the psychosocial rehabilitation of mentally ill patients.
- Competencies of senior professional nurses of psychosocial rehabilitation of mentally ill patients.

- The influence of R425 diplomates' position in the unit hierarchy on role performance.
- Clinical supervision by tutors and the development of competency.
- Attitudes of senior professional nurses towards community projects.
- Attitudes of senior staff towards the development of competency of new staff in the psychiatric clinical unit.

## 5.8 CONCLUSIONS

The study focussed on the R425 diplomates' perceptions of their cognitive, affective and psychomotor competencies in psychiatric clinical units in the KZN Province of the RSA. Such information could provide curriculum developers with inputs which could assist in the development and refinement of psychiatric competencies expected from R425 diplomates.

The identified competencies could improve the quality of care and raise nursing standards if they could be mastered by the R425 diplomates in the health services affected by this research.

Despite the R425 diplomates' recommendations, it should be remembered that nurses should embark on lifelong learning. Consequently R425 diplomates should be encouraged to further their knowledge, experience and competence throughout their professional lives. Rather than extending the duration of the R425 programme to afford the students more time in psychiatric clinical units, newly qualified nurses might benefit more from orientation and in-service programmes within their chosen field of work. This would be more cost-effective than extending the duration of the R425 programme.

During such orientation phases, the newly qualified R425 diplomates should work for two to three months in one psychiatric clinical unit and then move on to a different unit. In each unit the newly qualified R425 diplomates should be expected to meet specific objectives. "A sequence of experiences



that has both continuity and connection is important ... for progressive development of the student” (Fothergill-Bourbonnais & Higuchi 1995:40).

Portfolios should be completed in each unit. The R425 diplomates’ accomplishments and shortcomings, as reflected in their portfolios, and in their monthly unit reports, should be discussed at in-service education sessions. Nurse managers and nurse educators should also be present at these sessions and should assist R425 diplomates to master any identified incompetencies.

“Change in the future relates to where students will have their practical experience and the knowledge and competencies they will need to practice in the future. Constancy in the future rests with the intent of the preparation — to provide humanistic care to clients in order to facilitate optimum health. For the educators, the source of constancy remains in the purpose for the use of the clinical field in the preparation of tomorrow’s nurses, learning how to learn, dealing with ambiguity, thinking like professionals, and developing personal causation. Both constancy and change are in the future of nursing education” (Reilly & Oermann 1999:489).