ATTITUDES AND PERCEPTIONS OF PSYCHIATRIC NURSES TOWARDS PSYCHIATRIC PATIENTS WHO ARE RE-ADMITTED IN A PSYCHIATRIC HOSPITAL IN TSHWANE

BY

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DECLARATION

I, Ntokozo Celokuhle Ntlanzi, declare that the dissertation ATTITUDES AND PERCEPTIONS OF PSYCHIATRIC NURSES TOWARDS PSYCHIATRIC PATIENTS WHO ARE RE-ADMITTED IN A PSYCHIATRIC HOSPITAL IN TSHWANE submitted to Sefako Makgatho Health Sciences University, for the degree of M. Cur Advanced Psychiatric Nursing Science is my own work in design and execution and all sources that I have used or quoted in this study have been indicated and acknowledged by means of complete references. Neither the whole work nor any part of it has been, is being or shall be submitted for another degree at this university, institution of high learning or any other examination body.

Date: 23/01/2019

Place: Sefako Makgatho Health Sciences University

Signature: ................................

Student Number: 201607219
DEDICATION

I dedicate my work to my late mother Thandi Ntlanzi, my son Khanya Ntlanzi, my uncle Njabulo Ncube, my grandmother and the rest of my family. I thank you all for raising me to become the person I am today. God bless you all.
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RESEARCH ABSTRACT

Background and problem statement

Re-admission of acute psychiatric patients in psychiatric hospitals is a major problem worldwide. This problem causes frustration to the patients, relatives, and the multidisciplinary team treating the patient especially if it happens within a short time after discharge. For the multidisciplinary team particularly the psychiatric nurse, the frustration may be related to the arduous process of both discharge and re-admission which encompass a lot of time, effort and record-keeping, only to be rendered redundant by the subsequent re-admission.

Aim of the study

The aim of the study was to investigate the attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane.

Research design and Methodology

A qualitative, explorative, descriptive and contextual design was applied. Purposive sampling method was used to select the sample, and in-depth semi-structured interviews were used to collect data from ten participants. Data was analysed simultaneously with data collection using the Tesch’s method of data analysis.

Results

Seven main themes emerged from the data. These themes had twenty-one subthemes. The themes includes: Psychiatric nurses' attitudes towards psychiatric patients who are re-admitted, psychiatric nurses' challenges experienced when patients are re-admitted, psychiatric nurses' perceptions of family factors associated with re-admission, psychiatric nurses' perceptions of patient factors associated with re-admission, psychiatric nurses' perceptions of professional factors associated with re-admission, psychiatric nurses' perceptions of social factors associated with re-admission, and strategies to support psychiatric nurses managing patients who are re-admitted.
Conclusion

Psychiatric nurses face a number of challenges when managing psychiatric patients who are re-admitted; these challenges include emotional challenges, insufficient number of healthcare professionals, lack of support from hospital management, and lack of professional development training programs. The recommendations for psychiatric nursing practice are: competency development for psychiatric nurses, emotional support for psychiatric nurses, information dissemination regarding mental health and mental illness, and sufficient staffing.
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CHAPTER 1
OVERVIEW OF THE STUDY

1.1. INTRODUCTION

The re-admission of acute psychiatric patients in psychiatric hospitals is a major problem worldwide. This problem causes frustration to the patients, relatives, and the multidisciplinary team that is treating the patients especially if it happens within a short time after discharge (Heslin & Weiss, 2012: 1). For the multidisciplinary team, particularly the psychiatric nurses, the frustration may be related to the arduous process of both discharge and re-admission which takes much time, effort and record-keeping, only to be rendered redundant by the subsequent re-admission (Chakraborty, 2008:14).

1.2. BACKGROUND AND RATIONALE

The re-admission rates of psychiatric patients in psychiatric hospitals globally are significantly high (Heslin & Weiss, 2012: 1). Shanahan (2015: 6) state that psychiatric patients’ prognosis is better if the psychiatric nurses’ attitude and perception towards them are positive. Nurses’ negative attitude is linked to poor service delivery, which lead to slow improvement of patients’ condition, prolonged hospital stay, and ultimately re-admission (Perlick, Rosenheck, Clarkin, Sirey, Salahi, Struening & Link, 2001: 1627).

A study conducted in America suggests that psychiatric patients diagnosed with mood disorders and schizophrenia are more likely to be re-admitted within 30 days after discharge (Heslin & Weiss, 2012: 1). In Colombia, up to 80% of psychiatric patients are re-admitted for all psychiatric conditions (Jaramillo-Gonzale, Sanchez-Pedraza & Herazo, 2014: 161). An Australian study suggests that 46% of psychiatric patients are re-admitted within 12 months after discharge (Zhang, Harvey & Andrew, 2011: 582).

A longitudinal study was conducted over five years in Nigeria from the year 2000 to the year 2005 in one of the psychiatric institutions. This study suggested that 41% of the psychiatric patients were re-admitted (Yussuf, Kuranga, Balogun, Ajiboyed, Issa, Adegunloye & Parakoyi, 2008:14).
2008:189). This study further recommended that attitudes and perceptions of psychiatric nurses towards the treatment of psychiatric patients with multiple re-admissions need to be researched further as this might affect the quality of care towards these re-admitted psychiatric patients (Yussuf et al., 2008:190).

A study conducted in South Africa in the Western Cape Province suggests that 37.2% of patients are re-admitted in the psychiatric hospital (Niehaus, Koen, Galal, Dhansay, Oosthuizun, Emsley, & Jordaan, 2008: 3). Nelson and Rosenthal (2015: 3) argue that psychiatric nurses can help reduce hospital re-admissions by intervening on admission, throughout the hospital stay, and during discharge. On admission, nurses can help reduce hospital re-admissions by identifying problems that may need further interventions during the patient’s stay in the psychiatric hospital (Nelson & Rosenthal, 2015: 1).

Several risk factors for re-admissions are cited as age, educational background, and previous admissions (Martensson, Jacobsson & Engtrom, 2014: 783). Patients with less education, older patients and those with a history of previous re-admissions are at high risk of being re-admitted (Martensson et al., 2014: 783).

Different strategies can be used to reduce re-admission rates in psychiatric hospitals. These strategies include continued quality care, proper discharge planning, and implementation of outpatient services (Gaynes, Brown, Lux, Ashok, Coker-Schwimmer, Hoffman, Sheitman & Viswanathan, 2015: 1). A study conducted in one of the psychiatric hospitals in America suggested that the hospital’s management implements the following strategies to reduce re-admission rates: aftercare services that include weekly follow-ups and education of patient’s family members by psychiatric nurses (Molfenter, Connor, Ford 2nd, Hyatt, & Zimmerman, 2016: 123)

Coordination of inpatient and outpatient services is a crucial strategy in reducing hospital re-admissions. Supervisor discharges is a strategy that involves allocating a psychiatric nurse to the patient in the community who will guide and educate the patient throughout their stay at home. Need orientated discharge is a strategy where the discharge is planned according to the psychiatric needs of the patient. These strategies were proven to reduce re-admission rates significantly (Gaynes et al. 2015: 11).
1.3.  PROBLEM STATEMENT

Re-admission rates of psychiatric patients in psychiatric hospitals globally are significantly high (Heslin & Weiss, 2012: 1). The researchers’ opinion is that one of the causes of re-admission of psychiatric patients is the nurses’ negative attitudes and perceptions towards the treatment of psychiatric patients who are re-admitted. During clinical practice as a psychiatric nurse, the researcher observed that re-admitted psychiatric patients are less involved in psychosocial therapies including discharge planning which is essential for their recovery and discharge. The inadequate use of psychosocial therapies and poor discharge planning is reported to be associated with re-admissions (Nelson & Rosenthal, 2015: 3).

Furthermore, the re-admission of patients shortly after discharge can elicit a variety of emotions to psychiatric nurses as they might be wondering what they might have missed while preparing the patients for discharge (Chakraborty & Aryiku, 2008:5). The researcher’s opinion is that re-admission of psychiatric patients can be a burden to psychiatric nurses due to the long, tedious admission process which is done for the same patients time and again resulting in a negative attitude towards the patients. Thus, a better understanding of the attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted is necessary. This view led to the researcher’s interest to investigate the attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane.

1.4.  AIM OF THE STUDY

The study aimed to investigate the attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane.

1.5.  RESEARCH QUESTIONS

- What are the attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane?
• What strategies can be formulated to support psychiatric nurses in the management of the re-admitted patients?

1.6. OBJECTIVES OF THE STUDY

In order to achieve the aim of the study, the following objectives were formed:

1.6.1. To explore and describe the attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane.
1.6.2. To explore and describe strategies to support psychiatric nurses who are managing psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane.

1.7. SIGNIFICANCE OF THE STUDY

In South Africa, a few studies report on the attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted in psychiatric hospitals. Thus, this study helps to explore the attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted. The findings of this study may help in generating strategies to be used by the psychiatric hospital in Tshwane to reduce the re-admission rates of patients and support psychiatric nurses who work with psychiatric patients. This study will benefit the Department of Health by coming with the recommendations which can help to improve the service delivery in the health sector. The study will also benefit the nursing education by adding to the body of knowledge which is needed to improve the quality of training of new nursing professionals.

1.8. RESEARCH DESIGN

In this study, a qualitative, descriptive, exploratory, and contextual design was used. The research design is explained in detail in Chapter 2.
1.9. RESEARCH METHOD

1.9.1. Setting of the study

This study was conducted in a tertiary psychiatric hospital situated in Tshwane. The hospital serves as a teaching facility for some of the universities around the Tshwane Province. The hospital had 1067 bed capacity at the time of the study.

1.9.2. Population of the study

The target population of this study was all the professional nurses who were permanently employed in a psychiatric hospital in Tshwane for at least one year or more at the time of data collection. The psychiatric hospital had about 237 permanently employed professional nurses at the time of the study. The population is discussed in detail in Chapter 2.

1.9.3. Sampling Method

In this study, a purposive sampling method was used to select the sample. Ten psychiatric nurses working in both male and female acute admission wards were sampled.

1.9.4. Inclusion Criteria

- All permanently employed psychiatric nurses who had at least one year of experience in an acute admission ward at the time of data collection;
- Both male and female nurses; and
- Nurses who gave consent to participate in the study.

1.9.5. Exclusion criteria

- All psychiatric nurses who were not permanently employed at the time of data collection; and
- All psychiatric nurses who had less than one year of experience at the time of data collection.

Sampling will be discussed in detail in Chapter 2.
1.9.6. Data collection

In-depth, semi-structured individual interviews were conducted in English. Field notes were kept. Data collection is discussed in detail in Chapter 2.

1.9.7. Data analysis

Data was analyzed simultaneously with data collection using the Tesch’s method of data analysis (Creswell, 2014: 16). This method will be described in detail in chapter 2.

1.9.8. Recommendations

Recommendations that are based on research findings are made to improve service delivery to psychiatric patients by psychiatric nurses in psychiatric hospitals. The recommendations are outlined in detail in Chapter 4.

1.10. TRUSTWORTHINESS

To ensure trustworthiness, the researcher adopted Lincoln and Guba’s (1985) (in Polit & Beck, 2012: 584) model of trustworthiness. The criteria for trustworthiness include credibility, transferability, dependability, and confirmability. Trustworthiness is described in detail in Chapter 2.

1.11. ETHICAL CONSIDERATIONS

Before commencing with the study, permission was obtained from the Sefako Makgatho University’s Research and Ethics Committee (SMUREC) (Annexure A). Once Permission was granted, the researcher sought permission from the Chief Executive Officer (CEO) of a psychiatric hospital in Tshwane (Annexure B). An information leaflet about the study (Annexure F) was given to participants. A written informed consent was obtained from the participants before conducting the study (Annexure E).
1.12. OPERATIONAL DEFINITIONS

1.12.1. Attitude

The term attitude is defined as a feeling or opinion about someone or something or behaviour which is caused by this (Cambridge Dictionary, 2016: n.p). In this study, attitude means the feelings and opinions of psychiatric nurses towards psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane.

1.12.2. Psychiatric Nursing

Psychiatric nursing is a discipline in nursing that focusses on mental health issues. This area of nursing practice involves the prevention, curing, and rehabilitation of mental disorders as well as the promotion of mental health of individuals (Medical Dictionary, 2017: n.p). In this study, psychiatric nursing is a branch in nursing that deals with a variety of psychiatric conditions of re-admitted acute psychiatric patients in a psychiatric hospital in Tshwane.

1.12.3. Psychiatric Patient

A person receiving care, treatment, and rehabilitation services or using a health service at a health establishment aimed at enhancing the mental health status of the patient (Mental Health Care Act 17, 2002: 6). In this study, a psychiatric patient is a person receiving acute care, treatment, and rehabilitation at a psychiatric institution in Tshwane aimed at enhancing the mental health status of the patient.

1.12.4. Psychiatric Hospital

A psychiatric hospital is a health establishment that provides care, treatment, and rehabilitation services for patients with mental illness (Mental Health Care Act 17, 2002: 7). In this study, a psychiatric hospital means a health establishment situated in Tshwane that provides care, treatment, and rehabilitation services for patients with mental illness.

1.12.5. Mental Illness

Mental illness is defined as a positive diagnosis of a mental health-related illness in accordance with an accepted diagnostic criteria made by a mental health care practitioner authorised to make
such a diagnosis (Mental Health Care Act 17, 2002: 7). In this study, mental illness means a positive diagnosis of a mental disorder that meets accepted diagnostic criteria which is made by a qualified mental health practitioner in a psychiatric hospital in Tshwane.

1.12.6. Re-admission

Re-admission pertains to a situation in which a patient is admitted as an inpatient to a psychiatric hospital within 28 days after discharge from a continuous inpatient stay (Medical Dictionary, 2017). In this study, re-admission means a situation whereby a patient is admitted in a psychiatric hospital in Tshwane within 28 days after discharge.

1.13. OUTLINE OF THE CHAPTERS

Chapter 1: Overview of the study
Chapter 2: Research design and method
Chapter 3: Research findings
Chapter 4: Conclusions, recommendations, and limitations of the study

1.14. SUMMARY OF THE CHAPTER

In this chapter (Chapter 1), an overview of the research study’s background and rationale, the problem statement, the purpose and the objectives were highlighted. The research design and methods were also addressed. The research design and methods are described in detail in Chapter 2.
CHAPTER 2
RESEARCH DESIGN AND METHODOLOGY

2.1. INTRODUCTION

In the previous chapter, an overview of the study was provided. In this chapter, the research design and methodology are described in detail. This includes the research aim, objectives, setting, population, sampling, ethical considerations, trustworthiness, and data analysis.

2.2. AIM OF THE STUDY

The study aimed to investigate the attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane.

2.3. OBJECTIVES

The objectives of the study were:

- To explore and describe the attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane.
- To explore and describe strategies to support psychiatric nurses who are managing psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane.

2.4. RESEARCH DESIGN

A research design is a “blueprint for conducting a study” (Burns, Gray & Grove, 2015: 67). It involves planning how the research question is answered and how data is collected and analysed in the study (Creswell, 2014: 187). In this study, a qualitative, descriptive, explorative, and contextual design was used to describe and explore the attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane.
2.4.1. Qualitative design

Qualitative research is an approach to research that is interested in finding out how people think about their situations (Burns et al., 2015: 20). With this approach, data are collected within the participants’ natural setting where they experience the problem under study (Terry, 2012: 86). It describes the studied phenomena from the participants’ perspective (Creswell, 2014: 186). Qualitative researchers usually approach reality from a constructivist point of view (Roller, 2015: 3). According to Burr (2015: 3), a social constructivist believes that people generate their understanding of how the world functions with regard to their past experiences. This study was approached from a qualitative perspective point of view to describe and explore the attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane.

2.4.2. Exploratory design

An exploratory design is undertaken when little information is known about the studied phenomena (Terry, 2012: 109). This design helps to understand the nature of the studied phenomena better. It is used to address the problem that needs a solution (Burns et al., 2015: 27). In South Africa, there is little information about the attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted in psychiatric institutions. Therefore, an exploratory design aimed to investigate the attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane.

2.4.3. Descriptive design

This approach involves an in-depth description of phenomena after it has been explored (Creswell, 2014: 15). This design helps the researcher to accurately sort and describe the information provided by the participants through the researcher’s observation and interaction with the participants in their natural setting (Burns et al., 2015: 33). This study focuses on an in-depth description of the psychiatric nurse’s attitudes and perceptions towards psychiatric patients who are re-admitted in the psychiatric hospital in Tshwane.
2.4.4. **Contextual design**

The contextual design of this study is significant for understanding psychiatric nurse’s behavior within the background where care is rendered. This also includes psychiatric nurse’s perceptions (Creswell & Poth, 2017: 89). The context of this study was four acute closed wards and two acute open wards for both males and females in a psychiatric hospital in Tshwane.

2.5. **METHODOLOGY**

Research methodology is a specific method that determines how the sample is selected and how data are collected and analysed in the research study (Creswell, 2014: 16). The research methodology in this study includes that of sampling, data collection, and data analysis methods.

2.5.1. **Setting of the study**

A research setting is defined as a place where the research is conducted (Burns et al. 2015: 38). There are three types of settings that are commonly used in research which include: natural setting, partially controlled setting as well as the highly controlled setting (Burns et al. 2015: 38). The setting of this study was a naturalistic setting namely acute admission closed wards for both males and females. The hospital is a tertiary psychiatric hospital that is geographically situated in the Tshwane Province. The hospital caters for mental state prisoners, state patients, voluntary, assisted patients and involuntary patients. The hospital had a bed capacity of 1067 beds at the time of data collection. Within this setting, the following population was included:

2.5.2. **Population**

Schmidt and Brown (2014: 247) define the population as everyone who qualifies to be included in the study. It is one that contains members of a group that the researcher wishes to study. (Basavanthappa, 2014: 213). The target population of this study was all the psychiatric nurses who were permanently employed in a psychiatric hospital in Tshwane for at least one year or more at the time of data collection. The psychiatric hospital had about 237 permanently employed psychiatric nurses at the time.
2.5.3. Sampling method and procedure

Sampling is defined as a system used to select a sample from the target population (Basavanthappa, 2014: 211). A sample is a selected group of participants that represents all participants who are legible for the study (Schmidt & Brown, 2014: 248). In this study, a purposive sampling method was used. With a purposive sampling method, the researcher deliberately selects participants who have knowledge and experience about the studied situation (Burns et al. 2015: 270). The selected sampling method is appropriate in this study because the researcher’s area of interest was the experienced psychiatric nurses who have worked in an acute admission ward for more than a year before data collection.

The participants were identified and purposefully selected as follows: The researcher first identified acute admission wards at the tertiary psychiatric hospital in Tshwane. The researcher then went to each ward and identified psychiatric nurses who have worked at the acute admission ward for more than a year. The information about the participants was obtained through the participants’ self-report. The psychiatric hospital in Tshwane was selected because it is the biggest tertiary psychiatric hospital in the Tshwane region. There are seven acute admission wards in the hospital from which five wards were selected in this study as they had a high number of readmissions.

After the Chief Executive Officer granted permission to conduct the study, appointments were made with all the participants who had agreed to participate in the study. The participants then received a leaflet detailing the study shortly after being selected. The sample size for this study was ten psychiatric nurses, wherein the researcher, the supervisor, and the independent coder confirmed data saturation. All the participants met the selection criteria and they all agreed to participate in the study.

2.5.4. Inclusion criteria

The inclusion criteria are used to determine participants to be included in the study (Schmidt & Brown, 2014: 250). The inclusion criteria of this study were as follows:

- All permanently employed psychiatric nurses who had at least one year of experience in an acute psychiatric ward at the time of data collection;
• Both male and female psychiatric nurses; and
• Psychiatric nurses who gave consent to participate in the study.

2.5.5. Exclusion criteria

The exclusion criteria included all the characteristics of elements that were not included in the sample (Schmidt & Brown, 2014: 250). The exclusion criteria in this study are as follows:

• All psychiatric nurses who were not permanently employed at the time of data collection; and
• All psychiatric nurses who had less than one-years’ experience at the time of data collection.

2.6. DATA COLLECTION

According to Schmidt and Brown (2014: 190), three main data collection tools are used in qualitative research. These tools include in-depth interviews, direct observation, and other tools such as written documents, photographs as well as physical objects. In this study, in-depth interviews were used to collect data. Basavanthappa (2014: 342) describes an in-depth interview as the type of interview that aims at eliciting emotions and underlying motives behind a particular behaviour. Furthermore, the author states that an in-depth interview is a lengthy interview that requires a highly skilled interviewer. Other records such as field notes were also kept (ibid). Two types of in-depth interviews are mostly used by qualitative researchers. They are semi-structured interviews and unstructured interviews (Burns et al., 2015: 83). Semi-structured interviews were used to collect data in this study. Semi-structured interviews are the type of interviews that are designed to focus on the same sequence of questions while also allowing the interview to flow freely and openly (Van Teijlingen, 2014: 17).

In this study, the interviews were conducted in the conference rooms of both male and female acute admission wards because they were available for use most of the time. These rooms were conducive for interviews as they were quiet, well ventilated, and offered privacy. All interviews commenced immediately after written informed consent was obtained from the participants. The researcher took the participant's biographic data before the interviews were conducted. The
interviews were conducted in English. The average interview time between all interviews was approximately 30 to 45 minutes. In this study, semi-structured interviews were conducted by following a process with the following steps: preparation, introduction, developing rapport, carrying the interview forward, recording the interview, and closing the interview (Basavanthappa, 2014: 344). This process is described in detail below:

2.6.1. The interviewing process

2.6.1.1. Preparation

In preparation for the interviews, the researcher obtained a list of all the participants and their contact details after purposive sampling was done. The researcher then organised the interview appointments with the participants telephonically a week before the interviews took place. Copies of an interview schedule, information leaflet for the study as well as a written consent were put together. The rooms in which the interviews took place were prepared. Factors such as privacy, noise levels, and room temperature were taken into consideration.

2.6.1.2. Introduction

Both the researcher and participants introduced themselves by names. The researcher then introduced the research topic and explained the proceedings to the participants.

2.6.1.3. Developing rapport

The researcher developed a rapport with the participants by discussing general topics such as sports and trending local news. This was done to put the participants at ease and to make them feel comfortable. Participants were encouraged to verbalise their feelings and perceptions without any fear and with honesty. They were also asked whether they felt comfortable with the environment or not. Factors such as room temperature and noise levels were taken to consideration.

2.6.1.4. Carrying the interview forward

The interviews commenced after rapport was established. The interviews were carried in an informal, natural conversation style. Questions were asked in the same sequence as outlined in the interview schedule (see Annexure A) with all the participants. The researcher used a variety
of communication skills in order to get rich information from the participant (Seidman, 2013: 81-95). These skills are outlined below.

2.6.1.5. Communication skills

- The researcher asked probing questions according to the participant’s answers in order to get more information about the subject at hand.
- Questions that were not understood were repeated slowly for the participants.
- All answers were taken naturally without showing disapproval and surprise expressions;
- The researcher listened to all the answers quietly and attentively.
- Answers were not argued nor disputed.
- Genuine interest and concern were shown to the ideas expressed by the participants.
- An impartial and objective attitude was maintained.
- The researcher did not reveal his own opinion or reaction even if the participants asked for one.
- At times when the interview derailed, the researcher brought it back by focusing on the subject at hand.
- At times when there was a pause in the flow of information, the researcher did not hurry the interview but allowed it to flow at the participant’s pace.
- Clarification was asked where the researcher did not understand the response.
- The researcher reflected on the participant’s statements in order to understand their thoughts and feelings.
- The researcher paraphrased some of the participant’s statements in order to understand their meaning. (Fernando, 2012: 70)

2.6.1.6. Recording the interview

An electronic recording device was used to record the entire interview with all the participants. Other records such as field notes, methodological logs, and reflective journal were kept. The researcher kept all records safely for review and analysis at a later stage.

2.6.1.7. Closing the interview

All the participants were thanked with a smile and a handshake after the end of each interview. At the end of the interview, the researcher edited each interview to check if all questions were
asked and if there was no inconsistency of the responses provided by the participants. Abbreviations recorded during the interviews were replaced with full words and legibility of the recordings was ensured.

### 2.6.1.8. Pilot interview

A pilot interview is a testing interview that is done at the end of the planning phase of the research. This interview aimed at identifying potential problems which might arise in the actual study (Basavanthappa, 2014: 480). In this study, two participants from closed acute admission wards were used in the pilot interviews. These pilot interviews led to the researcher reviewing and modifying the interview schedule.

### 2.6.1.9. Field notes

The researcher took field notes before, during, and after contact with the participants. Field notes were used to record notations made before, during, and after contact with the participants. Notations such as the participant’s mood, the participant’s attitude towards the interviewer, the participant’s cooperation, and the condition of the environment were all recorded.

### 2.7. DATA ANALYSIS

In this study, data analysis was done simultaneously with data collection. The audio recordings from the interview schedule were transcribed verbatim. Data were analysed using Tesch’s six steps of data analysis (Creswell, 2014: 197). The steps followed during data analysis in this study are described below.

The researcher followed the following steps during data analysis:

#### 2.7.1. Step 1: Organising and preparing data for analysis

In this step, the researcher gathered all the audio-recorded interviews and field notes, optimally went through them and transcribed them.
2.7.2. Step 2: reading through the data

In this step, the researcher carefully read through the transcripts and tried to acquire the meaning of the collected data. The researcher tried to understand the meaning of the collected data by asking questions such as: “what general ideas are participants saying?” and “what is the impression of the overall depth of the information?” (Creswell, 2014: 197).

2.7.3. Step 3: data coding

Data coding is defined as “the process of organising data by bracketing chunks and writing a word representing a category in the margins” (Creswell, 2014: 198). In this study, the researcher developed codes only from the data provided by the participants as they emerged (see Annexure).

2.7.4. Step 4: identifying themes and descriptions

In this step, the researcher used the coding process to provide, generate themes and provide the description of the research setting and the participants.

2.7.5. Step 5: interrelating themes or descriptions

In this step, the researcher provided a detailed discussion of several themes.

2.7.6. Step 6: interpreting the findings

This final step of data analysis involves interpreting or generating the meaning of data. In this step, the researcher interpreted the data by evaluating the lessons learned during data collection. These lessons involved the researcher’s understanding derived from the researcher’s culture, history and experiences. Data were also interpreted through comparison of the research findings to the available literature in the field of study.

2.7.7. Coding of data

Data were analysed and coded by the researcher. The external coder was an experienced psychiatric nurse with a doctoral qualification and intense knowledge and experience in qualitative research. An appointment was made with the external coder to discuss the findings. A consensus was reached between the researcher and the external coder.
2.8. TRUSTWORTHINESS

Trustworthiness is the concept used to ensure quality and rigour in the study (Burns et al., 2015: 160). Lincoln and Guba (1985: 289) suggest the following criteria for developing trustworthiness in a research study: credibility, transferability, dependability, confirmability and authenticity. These terms are described in detail below.

2.8.1. Credibility

Credibility is the extent to which the researcher produces findings that best represent the views of the participants (Burns et al., 2015: 160). Credibility in this study was achieved by using the following techniques: prolonged engagement which involves staying in the field for a prolonged period and engaging with participants in order to establish rapport, and triangulation which aims to enhance the process of qualitative research by using different data gathering tools to collect data. In this study, triangulation was applied through the use of in-depth interviews, observational and field notes. Peer debriefing is a method by which the researcher seek to understand the world through the perspectives of others. In this study, peer debriefing was done through meetings with supervisors to confirm whether the researcher’s interpretations of data were accurate (Moule & Goodman, 2014:191).

2.8.2. Dependability

Dependability is the ability of the research study to maintain stability over time (Korstjen & Moser, 2018: 122). Dependability in this study was ensured by keeping an audit trail throughout the study.

2.8.3. Confirmability

Confirmability means the extent to which the research findings can be confirmed by other researchers (Korstjen & Moser, 2018: 122). Confirmability in this study was ensured by using an external coder. The external coder was an advanced psychiatric nurse with a doctoral qualification, who had knowledge and experience in qualitative research. This was done to ensure that the researcher’s judgement and imagination did not influence the study’s findings (Moule & Goodman, 2014:192).
2.8.4. Transferability

Transferability is the ability of the research findings to be applied to other contexts (Burns et al., 2015: 160). Transferability in this study was ensured through critical appraisal of other research studies that apply to this study. To ensure further transferability, the researcher provided a detailed description of the setting, the sample, as well as the research process used (Moule & Goodman, 2014:193). This was done to help the reader determine how transferable the findings are.

2.8.5 Authenticity

Authenticity means the extent to which qualitative researchers apply different realities in data collection, analysis, and interpretation of findings (Polit & Beck, 2012:585, 720). In this study, authenticity was ensured through the use of audio recording during data collection to capture all the participants’ perceptions, experiences and concerns and classifying them under themes and subthemes.

2.9. BIASES

Bias is defined as the researcher’s tendency to influence the research findings towards his or her own goal without following the necessary steps required in order to reach a conclusion (Krishna, Maithreyi & Surapaneni, 2010: 2320). Different types of biases and how they can be minimised are discussed in detail below:

2.9.1. Interviewer bias

Interviewer bias involves the interviewer’s perceived ideas and discrimination regarding the interviewee’s set of responses (Krishna, Maithreyi & Surapaneni, 2010: 2320). In this study, interviewer bias was minimised by controlling emotions, facial expressions, voice tone, body language, and by refraining from raising own opinions during interview sessions

2.9.2. Participant bias

Participant bias can be due to the levels of involvement from the participants, lack of cooperation, and giving of false and irrelevant information (Krishna, Maithreyi & Surapaneni,
To minimise this bias, the interviewer built rapport with the participants before the interview sessions in order to create an honest, trustworthy and comfortable environment for the participants.

2.9.3. Sampling bias

A sample may be biased if certain members are underrepresented or overrepresented relative to others in the population (Krishna, Maithreyi & Surapaneni, 2010: 2321). Sampling bias was reduced by ensuring that the target population was properly defined and that the sample best represented the population.

2.10. ETHICAL CONSIDERATIONS

Ethical clearance was granted from the Sefako Makgatho University Research and Ethics committee (SMUREC). Permission to conduct the study was obtained from the CEO of a psychiatric hospital in Tshwane.

2.10.1. Informed consent

Informed consent was obtained from each participant before the commencement of the interviews. Informed consent was in a printed format on an A4 size paper. An information leaflet was used to explain the study to each participant before being asked to sign an informed consent form.

2.10.2. Autonomy

Autonomy was ensured by giving participants full information about what was expected of them. Participants were allowed to stop participating at any moment when they no longer wanted to participate. Participants were also allowed to have inputs on how they wanted to be treated or what they expected during the interviews. The researcher afforded participants an opportunity to ask questions regarding the study.
2.10.3. Non-maleficence

Participants were informed if they were being recorded or not and about the extent to which the recording was to be used. Participants were also assured that the study was not going to harm them in any way.

2.10.4. Beneficence

This study aimed to benefit all psychiatric nurses and offer them the understanding of their roles with regard to their patients. The study also aimed at benefiting the nursing profession as well as the psychiatric patients as the findings are made available to anyone who is interested in the study.

2.10.5. Justice

All participants were selected in a fair manner based on their ability to best answer the research questions.

2.10.6. Confidentiality

The names of the participants were not revealed. Codes were used instead of participants’ names. The participants’ sensitive information was kept confidential and was only accessible to the researcher and the supervisors.

2.11. SUMMARY

In this chapter, a comprehensive discussion of the research design and methods were provided. The next chapter (Chapter 3) will address the research findings.
CHAPTER 3

DISCUSSION OF RESEARCH FINDINGS AND LITERATURE CONTROL

3.1. INTRODUCTION

In the previous chapter, the research design and methods were discussed. In this chapter, the research findings are discussed in detail. The study aimed to investigate the attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane. In the findings, the following objectives are addressed:

- To explore and describe the attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane.
- To explore and describe strategies to support psychiatric nurses who are managing psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane.

In this chapter, a description of demographic data is provided first, and then data findings are discussed.

3.2. DESCRIPTION OF DEMOGRAPHIC DATA

In this study, data was collected from a total of ten psychiatric nurses who worked in acute admission wards at the time of data collection. The demographic characteristics of the participants are summarised in table 3.1 on the next page.
Table 3.1. Description of demographic data

<table>
<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>24-54</td>
</tr>
<tr>
<td>Mean</td>
<td>33.9</td>
</tr>
<tr>
<td>Median</td>
<td>28</td>
</tr>
<tr>
<td>GENDER</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>07</td>
</tr>
<tr>
<td>Female</td>
<td>03</td>
</tr>
<tr>
<td>RACE</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>10</td>
</tr>
<tr>
<td>White</td>
<td>0</td>
</tr>
<tr>
<td>Coloured</td>
<td>0</td>
</tr>
<tr>
<td>WORK EXPERIENCE IN PSYCHIATRIC NURSING</td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>1-25 years</td>
</tr>
<tr>
<td>Mean</td>
<td>8.5 years</td>
</tr>
</tbody>
</table>

3.3. RESEARCH FINDINGS

In the findings, there were seven main themes identified. These themes are accompanied by twenty one sub-themes. Each sub-theme is discussed with its accompanying quote from the transcripts, which is presented in italics. The table below (Table 3.2.) describes the research
findings according to the themes and sub-themes identified. A consensus was reached by the researcher and independent coder on the identified themes and sub-themes.

Table 3.2. Themes and sub-themes

<table>
<thead>
<tr>
<th>THEMES</th>
<th>SUB-THEMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3.1. Psychiatric nurses' attitudes towards psychiatric patients who are re-admitted.</td>
<td>3.3.1.1. Psychiatric nurses need to accept and support patients who are re-admitted.</td>
</tr>
<tr>
<td></td>
<td>3.3.1.2. Psychiatric nurses need to maintain effective nurse-patient relationships.</td>
</tr>
<tr>
<td></td>
<td>3.3.1.3. Psychiatric nurses need to render equal therapeutic interventions to all patients.</td>
</tr>
<tr>
<td>3.3.2. Psychiatric nurses' challenges experienced when patients are re-admitted.</td>
<td>3.3.2.1. Psychiatric nurses' emotional experiences.</td>
</tr>
<tr>
<td></td>
<td>3.3.2.2. Re-admitted patients' acquaintance with the institution contributes to manipulative behaviour.</td>
</tr>
<tr>
<td></td>
<td>3.3.2.3. Re-admitted patients tend to resist institutional boundaries/control/structures.</td>
</tr>
<tr>
<td>3.3.3. Psychiatric nurses' perceptions of family factors associated with re-admission.</td>
<td>3.3.3.1. Lack of family's commitment or ability to support patient.</td>
</tr>
<tr>
<td>3.3.4. Psychiatric nurses' perceptions of patient factors associated with re-admission.</td>
<td>3.3.4.1. Patients' dependency on institutional support.</td>
</tr>
<tr>
<td></td>
<td>3.3.4.2. Patients' lack of insight in or denial of mental illness (associated with non-compliance).</td>
</tr>
<tr>
<td></td>
<td>3.3.4.3. Patients' socially unacceptable...</td>
</tr>
<tr>
<td>Section</td>
<td>Details</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3.3.4.4. Patients' substance abuse (role of peer pressure)</td>
<td></td>
</tr>
</tbody>
</table>
| 3.3.5. Psychiatric nurses' perceptions of professional factors associated with re-admission | 3.3.5.1. Ineffective therapeutic interventions (related to different reasons).  
3.3.5.2. Insufficient structures to ensure patients' readiness for discharge. |
| 3.3.6. Psychiatric nurses' perceptions of social factors associated with re-admission | 3.3.6.1. Stigmatisation/knowledge deficiency/traditional beliefs in society.                                                            |
| 3.3.7. Strategies to support psychiatric nurses managing patients who are re-admitted | 3.3.7.1. Competency development for psychiatric nurses.  
3.3.7.2. Emotional support for psychiatric nurses.  
3.3.7.3. Family involvement during treatment and rehabilitation.  
3.3.7.4. Information dissemination regarding mental health and mental illness.  
3.3.7.5. Multidisciplinary team support and interventions.  
3.3.7.6. Sufficient staffing.  
3.3.7.7. Therapeutic interventions (include mental health education). |
3.3.1. Psychiatric nurses' attitudes towards patients who are re-admitted

Table 3.3 below presents the first theme, namely, psychiatric nurses' attitudes towards patients who are re-admitted. Each sub-theme in this theme is discussed and presented with a direct quorate from the participants’ responses in the transcripts.

Table 3.3. First theme.

<table>
<thead>
<tr>
<th>THEMES</th>
<th>SUB-THEMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3.1. Psychiatric nurses' attitudes towards psychiatric patients who are re-admitted.</td>
<td>3.3.1.1. Psychiatric nurses need to accept and support patients who are re-admitted.</td>
</tr>
<tr>
<td></td>
<td>3.3.1.2. Psychiatric nurses need to maintain effective nurse-patient relationships.</td>
</tr>
</tbody>
</table>

3.3.1.1. Psychiatric nurses need to accept and support patients who are re-admitted

All participants verbalised that psychiatric nurses have a responsibility to support psychiatric patients who are re-admitted as it is part and parcel of their duty. Some of the participants remarked as below:

“It is very important to understand that you’re dealing with a psychiatric patient. You have to understand that this person lacks insight, this person acts like he understands, but he does not see the implication of what he is doing. So, it is very important for a psychiatric practitioner to deal with this person and understand that this person… explain to this person and help this person.”

“Well, I wouldn’t say that the effort is the same. I think the second time around there will be more effort put to the re-admitted patients to correct the previous treatment that was given to them. This will include providing more knowledge and therapies to them.”

The above findings corroborate those by Warhl and Aroesty-Cohen (2010: 49) who ascertain that most psychiatric nurses treated all acutely re-admitted patients with good positive attitudes
although there were only a minority of psychiatric nurses who displayed a negative attitude towards re-admitted patients. Slemon, Jenkins and Bungav (2017: 4) maintain that psychiatric nurses consider ethical principles when treating re-admitted patients which prompts them to accept and support the patients regardless of their admission status.

3.3.1.2. Psychiatric nurses need to maintain effective nurse-patient relationships

Participants mentioned that it is important for psychiatric nurses to maintain a good professional and therapeutic relationship with all the patients regardless of their admission status as this helps to improve the patients’ condition and reduce re-admission rates. Some of the participants’ remarks are quoted below:

“I relate to them the same way besides the fact that the re-admitted patient already knows who I am. The re-admitted patient understands the system and as well knows you quite well. They still remember your name very vividly. Basically, you can relate better to anybody who addresses you by name than just anybody who don’t know your name.”

“I think one of the manners which psychiatric nurses can influence re-admission is that you find out that between a nurse and a patient there are no limits or boundaries. You find that the patient ends up building a close relationship with a staff member, seeing that staff member as a best friend, as a potential lover. We should put in mind that we should always remember that these patients are mentally ill, they can be delusional.”

“With the re-admitted patients, the relationship is already built, and you have already gained their trust.”

The findings support those of Stuart (2014: 13) who affirms that it is imperative for psychiatric nurses to build a good professional and therapeutic relationship with the psychiatric patients that is based on mutual respect, trust, acceptance, and socio-cultural differences. A good nurse-patient therapeutic relationship is the essence of improving the psychiatric patient’s condition (Moreno-Poyato, Delgado-Hito, Suarez-Perez, Leyva-Moral, Acena-Dominguez, Carreras-Salvador, Roldan-Merino, Lluch-Canut & Monteso-Curto, 2017: 6).
3.3.1.3. Psychiatric nurses need to render equal therapeutic interventions

Participants stated that they should treat both re-admitted and newly admitted psychiatric patients the same regardless of their admission status. Some of the participants are quoted below:

“Actually, the treatment should be equal. No preferential treatment should be granted. Just because the other patient is a re-admission it does not mean that he or she should be of less importance as compared to the newly admitted patient. Based on my experience I’ve seen the treatment being the same depending on the situation and as well on the time.”

“I have to say I feel obligated to treat them as I’m supposed to be treating them. I have no negative emotions when treating them as compared to treating the newly admitted patients. I think the treatment is equal. The feelings which I project to them are similar to the feelings which I project to the newly admitted patients. At the end of the day I need to understand that they are patients, they need to be served, they need to be helped, and they need to be supported. I need to own up to my obligations as a mental healthcare provider.”

Poreddi, Ramachandra and Math (2013: 117) contrast that unequal treatment of psychiatric patients in psychiatric institutions by health care professionals is a significant problem worldwide. Poreddi (2013: 117) further state that in most psychiatric institutions re-admitted psychiatric patients are not treated the same as newly admitted patients. Sharac, McCrone, Sabes-Figuera, Csipke, Wood and Wykes (2010: 13) also contrast the findings by stipulating that psychiatric nurses spend less time interacting with re-admitted patients than with newly admitted psychiatric patients.

3.3.2. Psychiatric nurses' challenges experienced when patients are re-admitted

Table 3.4 below presents the second theme, namely, psychiatric nurses' challenges experienced when patients are re-admitted.
TABLE 3.4. Second theme

<table>
<thead>
<tr>
<th>THEMES</th>
<th>SUB-THEMES</th>
</tr>
</thead>
</table>
| 3.3.2. Psychiatric nurses' challenges experienced when patients are re-admitted. | 3.3.2.1. Psychiatric nurses' emotional experiences.  
3.3.2.2. re-admitted patients' acquaintance with the institution contributes to manipulative behaviour.  
3.3.2.3. re-admitted patients tend to resist institutional boundaries/control/structure. |

3.3.2.1. Psychiatric nurses' emotional experiences

Most psychiatric nurses reported experiencing unpleasant feelings. They reported feelings of disappointment and sadness when managing re-admitted psychiatric patients. Some of the participants are quoted as follows:

“I feel this way because it is very disappointing to have a patient re-admitted especially in the same ward that the patient was previously in. This means that we’re lacking somewhere within our job description and within our therapy and nursing programmes.”

“Well, it turns to be a bit sad. One would now not be confident with the way the patient was nursed in their previous admission. It is also disappointing.”

These findings concur with those of Delport (2018: 1) who solidifies that psychiatric nurses experience a variety of emotions when managing re-admitted psychiatric patients. These emotions are negative and range from feelings of anger, disappointment and sadness. Such emotions have a negative impact on psychiatric nurses’ self-esteem, social status and happiness (Korkeila, Koivisto, Paavilainen & Kylma, 2016: 10).
3.3.2.2. re-admitted patients' acquaintance with institution contributes to manipulative behaviour

Participants verbalised that the longer the re-admitted patients stay in a psychiatric institution, the more likely they are to display manipulative behaviour towards healthcare professionals. Some of the participants are quoted as follows:

“I would compare the re-admitted patient to the people who have been working for a particular institution for a very long time; they turn to get used to the system, so they think they know much better, so they can manipulate everything. For example, you can say no refusal of medication, but this person will want to refuse medication, telling you that they have the right to refuse medication, so you tell this person that they don’t have to refuse their medication because it helps them. He knows the medication helps him but because he knows that you can’t do anything, so they end up refusing it. Sometimes they would even blackmail you to do something for them to take their medication. The newly admitted patients take their medication without any problems.”

“They can manipulate you by demanding something from you indirectly so. They would tell you that for them to comply with medication, you would need to give them cigarettes. After all, taking medication is part and parcel of their patients’ rights, but if ever the patient would want you to buy them cigarettes before they can comply with medication, it inconveniences you.”

The findings concur with those of Donisi, Tedeschi, Haaramo and Amaddeo (2016: 12) who report that the longer the psychiatric patients stays in a psychiatric institution, the more likely they are to engage in manipulative and unwanted behaviour. This unwanted behaviour includes physical and verbal aggression towards psychiatric nurses, impulsivity, and demanding behaviour (Aflalo, Soucy, Xue, Colacone, Jourdenais, & Boivin, 2015: 184).

3.3.2.3. re-admitted patients tend to resist institutional boundaries/control/structure

All the participants mentioned that re-admitted patients tend to refrain from following the psychiatric institution’s structure and routine as some of the participants are quoted below:
“...but some of them feel like they already understand the whole system of psychiatry, therefore other things they can do at their own given time. They no longer follow the routine; they no longer follow some of the instructions or the rules of the unit.”

“Well my experiences of working with psychiatric patients vary, you find that some re-admitted patients are well orientated to the surroundings of the hospital to such an extent that they don’t want to be told or guided on some other procedures which needs to be performed for the sake of their rehabilitation.”

Kalseth, Lassemo, Wahlbeck, Haaramo and Magnussen (2016: 376) reported similar findings that the more psychiatric patients become familiar with the psychiatric institution the more they develop a negative association with the institution which ultimately lead to resistance of institutional boundaries. Loch, (2014: 138) further affirms that re-admission of psychiatric patients has an undesirable impact to the institution as these patients tend to lack compliance with the institutional structures.

3.3.3. Psychiatric nurses’ perceptions of family factors associated with re-admission

Table 3.5 below shows the next theme namely, psychiatric nurses' perceptions of family factors associated with re-admission. This theme comes with one subtheme that will be discussed in detail below.

**Table 3.5. Third theme**

<table>
<thead>
<tr>
<th>THEMES</th>
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<tbody>
<tr>
<td>3.3.3. Psychiatric nurses' perceptions of family factors associated with re-admission</td>
<td>3.3.2.1. Lack of family's commitment or ability to support patient</td>
</tr>
</tbody>
</table>

3.3.3.1. Lack of family's commitment or ability to support patient

Participants mentioned that families fail to commit to supporting the treatment of psychiatric patients at home when they are discharged, which lead to re-admission. Some of the participants’ remarks are quoted below:
“The family shifts the responsibility from themselves to the mental healthcare providers, especially after finding out that the patient is intellectually disabled and they are not able to assist this type of patient with basic needs such as eating, bathing, and having to follow some basic instructions.”

“Other families are not even willing to engage in family therapy. They either don’t come or don’t honour our appointments.”

Du Plessis (2015: 1) sanctions that families play a vital role in integrating a psychiatric patient into society as low-income family care can lead to relapse of the patient. Furthermore, the researcher state that families face significant challenges in caring for psychiatric patients; these challenges include psychological strain, physical strain, as well as a financial strain which ultimately leads to lack of support for the patients at home. Eassom, Giacco, Dirik and Priebe (2014: 2) also affirm that family involvement in the treatment of the patients can help to significantly decrease re-admission rates in psychiatric institutions.

3.3.4. Psychiatric nurses' perceptions of patient factors associated with re-admission

The next table (Table 3.6) presents another theme namely, psychiatric nurses' perceptions of patient factors associated with re-admission. This theme comes with four categories that are explained in detail below:

**Table 3.6. Fourth theme**

<table>
<thead>
<tr>
<th>THEMES</th>
<th>SUB-THEMES</th>
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<tbody>
<tr>
<td>3.3.4. Psychiatric nurses' perceptions of patient factors associated with re-admission.</td>
<td>3.3.2.2. Patients' dependency on institutional support.</td>
</tr>
<tr>
<td></td>
<td>3.3.2.3. Patients' lack of insight in or denial of mental illness (associated with non-compliance).</td>
</tr>
<tr>
<td></td>
<td>3.3.2.4. Patients' socially unacceptable behaviour.</td>
</tr>
</tbody>
</table>
3.3.2.5. Patients' substance abuse (role of peer pressure).

3.3.4.1. Patients' dependency on institutional support

Participants mentioned that the psychiatric institution becomes the main source of support for the psychiatric patient’s condition, which lead to psychiatric patients becoming dependent on institutionalisation for managing their mental conditions. Some participants remarked as follows:

“The whole multidisciplinary team becomes a support system for that particular patient. That’s very positive, if ever the person is not feeling well or feels like he’s at the edge of relapsing or defaulting treatment; they come back to the support centre which is the hospital.”

“Some of the patients would rather bring themselves back to the hospital where it’s an environment of people who understand their thinking process, their mental condition, and the situation they’re in.”

Barekatain et al. (2013: 1) avow that psychiatric patients who have low psychosocial support and low socioeconomic status tend to seek hospitalisation in a psychiatric institution. Chow and Priebe, (2013: 9) Further avow that some psychiatric patients adapt better in psychiatric institutions which prompts them to seek treatment in these institutions. These patients are usually unable to cope at home as they are stigmatised by the society and sometimes their own families. (Iseselo, Kajula, & Yahya-Malima, 2016: 2). The study further state that the families have difficulty to cope with the psychotic behaviours of these patients at home. These behaviours include physical and verbal aggression towards family members, disruptive and/or distractive behaviour, and intrusive behaviour (Dixon, Holoshitz, & Nossel, 2016: 13).
3.3.4.2. Patients' lack of insight in or denial of mental illness (associated with non-compliance)

All the participants stated that patients are re-admitted because they stop taking their psychiatric medication at home due to lack of insight to their condition. Some of the participants’ comments are quoted below:

“Some stop taking their medication as they think they are healed if they feel better. They think if they are no longer hearing voices they are fine and they can leave the medication, so they end up relapsing and going back to the hospital.”

“Well, the reason for not taking their medication could be that they still do not acknowledge their mental condition as they might still do not have understanding of their mental illness, they might still be in denial of their mental illness.”

A study conducted in Iran affirms that a psychiatric patients’ lack of insight into his or her condition mostly lead to non-compliance to psychiatric medication (Omranifard, Yazdani, Yaghoubi & Namdari, 2008: 37). Reddy (2016: 169) maintain that having insight to one’s psychiatric condition is of utmost importance in the commitment of a patient to his or her treatment.

3.3.4.3. Patients’ socially unacceptable behaviour

Participants stated that psychiatric patients are re-admitted to a psychiatric hospital as they display disorderly behaviours at home. Some of the participants’ remarks are quoted below:

“Another word we can use for unpleasant behaviour is misconduct. You find that the behaviour which that particular patient displays at home is not acceptable to the society. You find that at home they insult their family members; they steal belongings from their family members to rush to go and buy substances. Some of them you find that they fight as well with their family members without any specific or particular reason.”

“You find that for the patient to be re-admitted it’s because he has relapsed, or you find that the patient has displayed a very unpleasant behaviour to the family, and then they
decide to bring him back to the hospital. For that matter you see the police driving them back to the hospital because of misconduct.”

These findings are substantiated by Loch (2014: 138) who emphasises that thirty eight percent of psychiatric patients are re-admitted due to displaying disorderly behaviour. These disorganised behaviours includes violent behaviour, antisocial behaviour, self-harming behaviour, and psychotic behaviour (Krüger & Rosema, 2010: 370).

3.3.4.4. Patients' substance abuse (role of peer pressure)

Participants mentioned that psychiatric patients usually go back to using substances after discharge, which leads to relapse, and ultimately re-admission. This is due to peer pressure at home. Some of the participants are quoted below:

“Some patients who are using substances usually go back to using substances after being rehabilitated in the hospital, then this type of case if different and will evoke different type of thought or perspective. In that case, you would ask yourself how come this patient goes back to using substances after utilising all the resources we had in place for them. I think of them as having personality challenges.”

“Some of them relapse because they go back to substances due to peer pressure. You find that they find their friends at home who are using substances and they join them because of peer pressure, and they end up relapsing and ultimately being re-admitted again.”

Takalo (2012: 35) reported similar findings that abuse of substances such as Marijuana leads to relapse of psychiatric patients and ultimately re-admission. Marijuana has a substance called cannabinoids that affects the brain and causes a person to feel high (Donisi, Tedeschi, Haaramo, Amaddeo, 2016: 8). The researcher further states that substance abuse increases the likelihood of re-admission of psychiatric patients.

3.3.5. Psychiatric nurses' perceptions of professional factors associated with re-admission.

The table below (3.7.) presents the next theme namely, psychiatric nurses' perceptions of professional factors associated with re-admission, this theme comes with two sub-themes which are explained in detail below:
3.3.5. Psychiatric nurses' perceptions of professional factors associated with re-admission.

### 3.3.5.1. Ineffective therapeutic interventions (related to different reasons)

Participants stated that a lack of adequate discharge planning interventions lead to re-admission of psychiatric patients. Discharge planning interventions include providing mental health education to psychiatric patients and their families. Furthermore, inadequate discharge planning can be related to inadequate staff on duty and lack of adequate training of psychiatric nurses. Some of the participants’ comments are quoted below:

“*If a psychiatric nurse didn’t give adequate mental health education to the patient before discharge then the patient is more likely to be re-admitted. Some patients relapse because they didn’t have information about their condition and what is expected of them after discharge.*”

“Yes, we do have a high workload, especially on Fridays you find that there’s a lot of patient movement as some patients are going for weekend leaves and some are being discharged only to find out that there are few nursing staff on duty.”

Steffen, Kosters, Becker and Puschner (2009: 9) affirm that adequate discharge planning interventions are essential in preventing re-admissions. Pincus (2015: 5) further avows that proper discharge planning interventions should include a continuous integration between a psychiatric hospital, the community, and the family in order to prevent re-admissions.
3.3.5.2. Insufficient structures to ensure patients' readiness for discharge

Participants stated that the current structures that are in place are insufficient to avoid re-admission of psychiatric patients. Some of the participants remarked as follows:

“The problem is that when we discharge the patient, we don’t even assess the condition of the environment where we are discharging the patient to.”

“But now since there is one social worker handling more than 60 patients that won’t be possible. Most of the information we acquire verbally from the patients and their family members is not true, so it would be better if a social worker was to visit the patient’s homes and assess the situation.”

Kalseth, Lassemo, Wahlbeck, Haaramo and Magnussen (2016: 2) assert that adequate treatment of psychiatric patients during their stay in a psychiatric hospital can help reduce the re-admission rates. Vitale, Mannix-McNamara and Cullinan (2015: 188) also supports the findings by showing that there are currently inadequate structures that aim at integrating the psychiatric hospitals with community services in South Africa.

3.3.6. Psychiatric nurses' perceptions of social factors associated with re-admission

The next table (Table 3.8.) presents the next theme, which is “psychiatric nurses’ perceptions of social factors associated with re-admission”; this theme comes with one category that is discussed in detail below.

Table 3.8. Sixth theme

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<tr>
<th>THEMES</th>
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<tbody>
<tr>
<td>3.3.6. Psychiatric nurses' perceptions of social factors associated with re-admission.</td>
<td>3.3.6.1. Stigmatisation/knowledge deficiency/traditional beliefs in society.</td>
</tr>
</tbody>
</table>
3.3.6.1. Stigmatisation/knowledge deficiency/traditional beliefs in society

Participants stated that there is a variety of social factors that lead to the re-admission of psychiatric patients. These factors include stigmatisation in the society, inadequate knowledge about psychiatric conditions in the society, and traditional beliefs of the society about psychiatric conditions. Some of the participants’ comments are quoted below:

“The other thing is that the reason why there’s still a stigma is that the society lacks knowledge about what is mental health and the conditions which concurrently come along with the mental illness. I’m talking about conditions such as schizophrenia, psychosis, bipolar. Substance induced psychosis, depression, and different types of traumas. Whenever the community sees somebody derailing, hallucinating, or having delusions, they say this person is crazy without understanding the main reason for that person to act out like that.”

“I think it is lack of campaigns. When it comes to mental healthcare there are less campaigns, there is less education directed towards the society in different communities about what is mental health.”

Kalseth et al. (2016: 2) agree with the findings, and they strongly affirm that the social environment plays a significant role in influencing re-admission of a psychiatric patient. Furthermore, the researcher stipulates that availability of psychiatric services in the community is also crucial in reducing re-admission rates of psychiatric patients. Borecki, Gozdzik-Zelazny, and Pokorski (2010: 10) maintains that there is a lot of stereotype and stigma towards mentally ill people in the society. Furthermore, this stereotypical and stigmatising attitude result in violent and hostile behaviour against mentally ill people which ultimately leads to multiple admissions in a psychiatric hospital.

3.3.7. Strategies to support psychiatric nurses managing patients who are re-admitted

Table 3.9 presents the final theme which is “Strategies to support psychiatric nurses managing patients who are re-admitted”; this theme has seven sub-themes which will be discussed in detail after the table (table 3.9).
Table 3.9. Seventh theme

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<thead>
<tr>
<th>THEMES</th>
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<tr>
<td>3.3.7. Strategies to support psychiatric nurses managing patients who are re-admitted.</td>
<td>3.3.7.1. Competency development for psychiatric nurses.</td>
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<td></td>
<td>3.3.7.2. Emotional support for psychiatric nurses.</td>
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<td></td>
<td>3.3.7.3. Family involvement during treatment and rehabilitation.</td>
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<td></td>
<td>3.3.7.4. Information dissemination regarding mental health and mental illness.</td>
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<td>3.3.7.5. Multidisciplinary team support and interventions.</td>
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<td></td>
<td>3.3.7.6. Sufficient staffing.</td>
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<td></td>
<td>3.3.7.7. Therapeutic interventions (include mental health education).</td>
</tr>
</tbody>
</table>

3.3.7.1. Competency development for psychiatric nurses.

Participants stated that empowerment and development of psychiatric nurses are vital in supporting them in the management of psychiatric patients who are re-admitted. Some of the participants are quoted below:

“I think the first strategy is to empower the healthcare providers about having to understand what a psychiatric patient is and the variety of symptoms which come with mental conditions. The healthcare providers should be empowered so that they can be able to accommodate all types of patients irrespective of circumstances which they come with.”
“We need to go back to reading and researching about how to better take care of the mentally ill people. I would also attend in-service training and find out other new methods of dealing with mentally ill people.”

Rong, Shiau and Su (2014: 1) strongly affirm that the psychiatric sector is continuously becoming more complex and more challenging for psychiatric nurses both mentally and physically. Therefore, it is crucial for psychiatric nurses to continuously develop themselves in this sector. Another study conducted by Cleary, Horsfall, O’Hara-Aarons, Jackson, and Hunt (2011: 3561) revealed that a majority of psychiatric nurses emphasised the importance of professional and competency development in the field of psychiatric nursing. The study further state that this is beneficial to both patients and psychiatric nurses.

### 3.3.7.2. Emotional support for psychiatric nurses.

Participants verbalised that all psychiatric nurses who are managing re-admitted patients need to have a structure in place for their emotional support. Some of the participants’ comments are quoted below:

> “I also think there should be debriefing for all the mental healthcare providers who work with re-admitted patients. A satisfaction survey should be made as well for staff members in order to check if the staff members are still satisfied about working in the environment which they are working at.”

> “I think the psychiatric nurse’s needs to be seen by a psychologist on regular bases like every three months because it is very stressing dealing with a psychiatric patient every day. There should be a therapy that is organised strictly for psychiatric nurses to get some sort of counselling.”

A study conducted by Sobekwa (2015: 8) strongly affirms that psychiatric nurses experience a variety of emotions when managing re-admitted psychiatric patients and therefore need a support structure that will allow them to ventilate their feelings. Ngako, Van Rensburg and Mataboge (2012: 4) revealed in their study that psychiatric nurses needed strong emotional support from the management in order for them to function at their optimal best. The study further state that emotional support include acknowledgement from the management, debriefing, and counselling.
3.3.7.3. Family involvement during treatment and rehabilitation.

Participants verbalised that in order for effective treatment and rehabilitation, families of psychiatric patients need to be involved more in the treatment and rehabilitation plans of the psychiatric patients. Some of the participants’ comments are quoted below:

“Families should be included as they are the biggest support structure to the patients. Before the patients can go to the clinics or hospitals to seek for help, the families are the first point of reach out for the patient. If they have a positive attitude and knowledge about mental illness that could lead to the patients having to understand their mental illness better.”

“When we discharge the patients, we try our best to give the patients as well as their family psychosocial education. The patient’s family members need to be actively involved in assisting the patients to cope with their mental illness. We cannot hold the patients alone liable for not taking their treatment as they are mentally unstable. The more the patients get support from their families, the more they become stable. If they don’t have enough support system, they are more likely to relapse.”

Eassom, Giacco, Dirik and Priebe (2014: 02) affirm that family involvement in the treatment programme of psychiatric patients can help to reduce re-admission rates, shorten the length of stay in the hospital, improve the quality of life of a psychiatric patient, and reduce stigma in the family. A study conducted by Cohen, Drapalski, Glynn, Medoff, and Dixon (2013: 257) revealed that family involvement in the treatment of a patient’s mental illness significantly reduced re-admissions. The study further revealed that a majority of psychiatric patients preferred their families to be involved.

3.3.7.4. Information dissemination regarding mental health and mental illness.

Psychiatric nurses stated that there is a need for more mental health awareness programmes in the communities that will educate the society about mental health in order to prevent stigmatisation and re-admission of psychiatric patients. Some of the participants’ comments are quoted below:
“I think what can be done is to encourage more campaigns to the community regarding mental health in general.”

“They should increase the budget in the hospital to allow psychiatric nurses to have outreach programmes to the community.”

Hinshaw (2007: 176) agrees with the findings and strongly affirms that educating the society about mental illness can help to reduce stigmatisation of psychiatric patients. Thoits (2011: 06) further affirms that stigma in the society can lead to a lack of self-confidence in psychiatric patients, lack of employment, and lack of help-seeking behaviour.

3.3.7.5. Multidisciplinary team support and interventions.

Participants stated that the multidisciplinary team needs to collaboratively work together with psychiatric nurses when treating and managing psychiatric patients in order to achieve the best possible results. Some of the participants remarked as follows:

“I think we have to work hand in hand as health professionals. We have to work hand in hand with the social workers. The social workers have to assess the environment where patients are discharged to and find out about the history of this family. This will be helpful to us as psychiatric nurses and the patient himself.”

“I would also suggest the multidisciplinary team to be involved in finding better ways to treat psychiatric patients that would prevent re-admissions.”

A study done by Jones (2012: 1) affirm that the multidisciplinary team plays a significant role in determining the progress of psychiatric patients during their stay in the hospital and after discharge. Kutash, Acri, Pollock, Armusewicz, Olin and Hoagwood (2014: 55) further avow that a multidisciplinary team is a core of psychiatric treatment as it brings expertise from a variety of mental health specialists which are essential for holistic treatment of psychiatric patients.
3.3.7.6. Sufficient staffing.

Psychiatric nurses stated that enough staffing of healthcare professionals would reduce the workload and improve the quality of care rendered to psychiatric patients. Some of the participants commented as follows:

“I feel if we had enough psychiatric nurses, we were going to work better with these patients.”

“If there can be enough social workers there will be a proper assessment of the environment where we are discharging the patients. I think this problem of improper assessment of the environment can be resolved if there can be enough social workers.”

A study conducted by Sobekwa (2015: 8) affirm that insufficient psychiatric nursing staff can lead to poor service delivery due to the enormous workload. Kelly, Fenwick, Brekke and Novaco (2016: 703) maintains that sufficient staffing in a psychiatric hospital is essential for the wellbeing of the mental healthcare practitioners as they are more susceptible to violence and psychological abuse by the patients.

3.3.7.7. Therapeutic interventions (include mental health education)

Participants mentioned that therapeutic interventions are essential in the treatment plan of re-admitted psychiatric patients as they have a significant impact on the re-admission rate of the patients if they are not done correctly. Some of the participants are quoted below:

“Well based on my experience I would say that you need to understand the patient that you are treating at the first place. Some of the patients know why they came back to the hospital, so I think what one needs to do is to stress much on educating them and focusing on what makes them to relapse because they understand their condition and they know why they came back.”

“I think a continuous psycho-education of not only the patient but also the patient’s family so that the patient can have a proper understanding of their diagnosis as well as the family. This will ensure that the patient has support from both the nurses as well as
the family which will bring a positive attitude towards the illness and will lead to one understanding their mental condition.

Gaynes and Brown (2015: 6) sustains that proper therapeutic interventions play a significant role in reducing or preventing re-admissions. These interventions include comprehensive discharge planning which entails psycho-education of both psychiatric patients and their families, follow ups of the patient in a mental health clinics, family involvement in home treatment of the patient, and frequent follow ups by a community psychiatric nurse on the patient at home (Alghazawi, 2012: 6).

3.4. SUMMARY

In this chapter, the research findings were discussed. Seven main themes emerged and were accompanied by twenty-one sub-themes. The next chapter discusses the conclusion, recommendations, and limitations of the study.
CHAPTER 4

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY

4.1. INTRODUCTION

In this chapter, recommendations are presented according to the research findings. The recommendations are addressed concerning nursing practice, nursing education, nursing research as well as policy development and implementation. The limitations of the study are also discussed, and the conclusion is drawn. The researcher also reflects on the journey during the study.

4.2. CONCLUSION

This study aimed to investigate the attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane. The objectives of the study were:

- To explore and describe the attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane.
- To explore and describe strategies to support psychiatric nurses who are managing psychiatric patients who are re-admitted.

These objectives were reached through the use of qualitative, descriptive, exploratory, and contextual research design. Data were collected from ten psychiatric nurses who have been working in a psychiatric institution in Tshwane for a period of more than a year before data collection. Semi-structured interviews were used to collect data. The sample was selected using a purposive sampling method. Data were analysed simultaneously with data collection using Tesch’s method of data analysis (Creswell, 2014: 16). The study involved ten psychiatric nurses.
who had a one-year experience working in the acute psychiatric wards. The conclusion of the research findings can be drawn with regard to the following objectives:

**Objective 1:** To explore and describe the attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane.

The overall findings of this study revealed that psychiatric nurses generally have a positive attitude towards re-admitted psychiatric patients. The findings show that psychiatric nurses understand their responsibility to build and maintain effective nurse-patient relationships with the re-admitted psychiatric patients and to render equal therapeutic interventions to all acutely admitted patients regardless of their admission status. However, the psychiatric nurses encounter challenges in the nursing care of re-admitted psychiatric patients, which causes negative emotional feelings to the nurses. These challenges fall within individual factors of the re-admitted patients, the competence of the psychiatric nurses, the family, as well as institutional and societal factors. Individual factors of re-admitted patients include manipulative behaviour, institutionalisation, lack of insight into their mental conditions, socially unacceptable behaviour and substance abuse. Factors relating to psychiatric nurses are unpleasant emotions and incompetence. Those factors that relate to the re-admitted psychiatric patients’ families are lack of commitment and support to the re-admitted psychiatric patient. Institutional factors include insufficient programmes to prepare the re-admitted psychiatric patient for discharge, shortage of staff and lack of support for the psychiatric nurse. Societal factors relate to the stigmatisation of the mentally ill, knowledge deficiency and traditional beliefs about mental illness.

**Objective 2:** To explore and describe strategies to support psychiatric nurses who are managing psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane.

With regard to this objective, psychiatric nurses mentioned a variety of strategies that can be implemented to support the psychiatric nurses who are managing re-admitted psychiatric patients. These strategies involve competence development through adequate in-service training programmes, emotional support through debriefing and counselling as well as adequate family involvement during the treatment and rehabilitation of the re-admitted patients. The suggested strategies also include awareness campaigns on mental health and illness. Other strategies include community outreach programmes, adequate support from the multidisciplinary team,
sufficient staffing of mental health providers, and the implementation of effective therapeutic interventions for the re-admitted patient

4.3. RECOMMENDATIONS

According to Copland (2016: 1), recommendations are defined as a suggestion for a course of action to address a specific gap identified by the research study. The recommendations of this study aim to assist psychiatric nurses who are managing psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane. This is to organise resources for the promotion of their mental health and to ensure delivery of quality mental health services to acutely admitted psychiatric patients. Recommendations are made with regard to the nursing practice, policy development and implementation, as well as nursing research. These recommendations are based on the research findings.

4.3.1. Recommendations for nursing practice

As it is stipulated in the findings that psychiatric nurses experience different types of negative emotions while managing re-admitted patients, the researcher recommends that there should be available psychological consultation services for all psychiatric nurses who are working in psychiatric institutions. It is essential that psychiatric hospitals cater for the emotional needs of their staff.

Participants mentioned that there are insufficient in-service training programmes at the psychiatric institution in Tshwane. Therefore psychiatric institutions should offer regular in-service training programmes to educate psychiatric nurses about the management of re-admitted psychiatric patients. In-service education is the most essential part of psychiatric nursing practice as it helps to improve the quality of service delivery and patient care.

Psychiatric institutions ought to also develop community outreach programmes to educate the public about mental health and mental illness. More community outreach programmes may assist to reduce stigma in society about mental illness as well as to reduce the re-admission rates.
4.3.2. Recommendations for the nursing education

Nursing education institutions should heighten the teaching of therapeutic interventions to nursing students for re-admitted psychiatric patients. Short courses should be offered to psychiatric nurses on therapeutic interventions to improve their competence.

4.3.3. Recommendations for the hospital management

Psychiatric nurses pointed out that there is a shortage of psychiatric nurses in the psychiatric institution. Therefore, the hospital management should ensure that the staffing policy is followed correctly. Shortage of staff results in high workload, which causes strain and stress to psychiatric nurses as they are unable to meet the needs of psychiatric patients. The demand for mental health services is increasing every year all over the world. More budgets should be allocated to hiring additional psychiatric nurses.

4.3.4. Recommendations for clinical nursing practice

It was also mentioned by the participants that the current therapeutic interventions and the available structures to ensure patient’s readiness for discharge are ineffective. Therefore new tools and structures ought to be developed to warrant proper nursing interventions. The most effective interventions are the ones that are specially tailored for the individual psychiatric patient. These interventions should involve keeping communication between psychiatric patients, their families and mental health practitioners after discharge.

4.3.5. Recommendations for further research

The focus of this study was the psychiatric nurses. Other members of the multidisciplinary team were not included in the study. The other members of the multidisciplinary team form an integral part in the management of re-admitted psychiatric patients. Therefore, the researcher recommends further studies on the management of re-admitted patients by the other members of the multidisciplinary team.
4.4. LIMITATIONS OF THE STUDY

This study only sampled a small number of psychiatric nurses that was only ten from one psychiatric hospital. There is a total of 23 psychiatric hospitals in South Africa with 7.45 psychiatric nurses per 100,000 population (World Health Organisation, 2007: 5). Therefore, these findings cannot be generalised. However, generalisation was not the primary objective of this study. The objective of this study was to provide a precise contextual description of the studied phenomenon, which was achieved. In South Africa, there are insufficient studies that report on attitudes and perceptions of psychiatric nurses towards re-admitted psychiatric patients; hence this study offers valuable information on this aspect (Atieno, 2009: 13).

4.5. RESEARCHER’S SELF REFLECTION

As a novice researcher, the research journey has been a wonderful but challenging experience. This journey has taught me a lot about academic research and has developed me as an individual in many aspects. It has taught me patience, hard work, and perseverance. Conducting this study was challenging as I was doing it part-time while working 40 hours a week at the same time. Conducting qualitative research is tedious and time-consuming. As a novice researcher, you have to get accustomed to the unfamiliar research language, and as a result, your research has to be returned for corrections by your supervisor plenty of times. Many of my colleagues that I started with ended up quitting along the way. That is why I am thankful that I managed to complete this project. There were times when I felt demotivated, and my supervisor encouraged and pushed me forward.

I enjoyed interacting with my participants and interviewing them. As a researcher working with acute admission patients in a psychiatric hospital in Tshwane, I decided to conduct a study with this topic as I have been exposed to re-admitted psychiatric patients and experienced the studied phenomenon. As a researcher who collected data, it was challenging to get the participants to speak openly without any fear or bias as I have worked with some of the participants in the same ward. Eventually, I managed to develop a rapport with the participants and made them feel at ease and comfortable with the interview.
LIST OF REFERENCES


Annexure A: SMU Ethical Clearance

Sefako Makgatho Health Sciences University
Research & Postgraduate Studies Directorate
Sefako Makgatho University Research Ethics Committee
(SMUREC)

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Tel: (012) 521 5617/3698 | fax: (012) 521 3749
Email: lorato.phiri@smu.ac.za
P.O. Box 163 Medunsa 0204

APPROVAL NOTICE - NEW APPLICATION

06 April 2017

Mr NC Ntlanzi
Department of Nursing Science
P.O Box 142
Medunsa, 0204

MEETING:

SMUREC Ethics Reference Number: 03/2017

SMUREC/H/72/2017: PG

The New Application received on 29 January 2017, was reviewed by members of Sefako Makgatho University Research Ethics Committee 02 February 2017 and was approved on 06 April 2017.

Title: Attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted in a psychiatric hospital in Tshwane

Researcher: Mr NC Ntlanzi
Supervisor: Ms FM Mkhonto
Co-supervisor: Dr Y Uys
Department: Nursing Science
School: Health Care Sciences
Degree: MCur (Advanced psychiatric nursing)

Please note the following information about your approved research protocol:

Protocol Approval Period: 06 April 2017 – 06 April 2018

Please remember to use your protocol number (SMUREC/H/72/2017: PG) on any documents or correspondence with the REC concerning your research protocol.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modification, or monitor the conduct of your research and the consent process.

After Ethical Review: Please note a template of the progress report is obtainable in the Research Office and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit. Translation of the consent document in the language applicable to the study participants should be submitted.

International Organisation (IORG0008691), Institutional Review Board (IRB000010386) Expiry date: 09 December 2018,
Federal Wide Assurance (FWA000023943) Expiry date: 31 August 2017 and NHREC No: REC 210406-003

Sincerely

PROF C BAKER
DEPUTY CHAIRPERSON SMUREC

Date: 06/04/2017

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Annexure B: Permission letter from CEO

Weskoppies Hospital facility Research approval

The approval is subject to approval by the Ethics Committee of the Sefako Makgato University

APPROVAL BY HOSPITAL CHIEF EXECUTIVE OFFICER

Mrs. M.A. Mabena Chief Executive Officer / Superintendent of Weskoppies Hospital, hereby agree that this research/evaluation be conducted in Weskoppies Hospital.

The officer conducting the trial will be: Ntokozo Ntimazi

Research title: ATTITUDES AND PERCEPTIONS OF PSYCHIATRIC NURSES TOWARDS PSYCHIATRIC PATIENTS WHO ARE READMITTED IN A PSYCHIATRIC HOSPITAL IN GAUTENG

Institution: Weskoppies Hospital

Supervisor: Mkhonto FM / Dr Uys Y

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Annexure C: Coding Certificate

RESEARCH DATA ANALYSIS REPORT
FOR: Ntianzi N.C 201607219
DATE: 18 December 2018

STUDY: ATTITUDES AND PERCEPTIONS OF PSYCHIATRIC NURSES TOWARDS PSYCHIATRIC PATIENTS WHO ARE READMITTED IN A PSYCHIATRIC HOSPITAL IN GAUTENG

INDEPENDENT CODER: Annatjie van der Wath

Method: The analysis steps were followed as set out below (Creswell, 2009: 185): \

Step 1: Organizing and preparing data for analysis
Step 2: Reading through the data
In this step, the coder tried to make sense out of the provided information and try to acquire its meaning. The coder tried to understand the meaning of the information by asking questions like: “what general ideas are participants saying?” “What is the impression of the overall depth of the information?” (Creswell, 2009: 185)

Step 3: coding
In this step, the coder organized the collected data into categories of written text and label them (Creswell, 2009: 185). This process is known as data coding.

Step 4: identifying themes and descriptions
In this step, the coder used the coding process to provide a description and/or themes about people and settings for analysis (Creswell, 2009: 185).

Step 5: interrelating themes or descriptions
In this step, the coder provided the detailed discussion of several themes or a discussion with interconnecting themes (Creswell, 2009: 185).

Step 6: interpreting the meaning of themes
This final step involves interpreting or generating the meaning of data. In this step, the researcher asked a question like: “what were the lessons learned”? (Creswell, 2009: 185).

Saturation of data was achieved related to the major themes – The researcher conducted 10 interviews
Qualitative Data Analysis

This serves to confirm that Annatjie van der Wath has co-coded the following qualitative data: 10 interviews for the study:

ATTITUDES AND PERCEPTIONS OF PSYCHIATRIC NURSES TOWARDS PSYCHIATRIC PATIENTS WHO ARE READMITTED IN A PSYCHIATRIC HOSPITAL IN GAUTENG

I declare that the candidate and I have reached consensus on the major themes and sub/ categories as reflected in the findings during a consensus discussion.

Annatjie van der Wath (M Cur, Ph D) annavdw@mweb.co.za
Annexure D: Editing Declaration

3 January 2019

DECLARATION OF PROFESSIONAL EDIT

I declare that I have edited and proofread the Master’s Dissertation entitled: ATTITUDES AND PERCEPTIONS OF PSYCHIATRIC NURSES TOWARDS PSYCHIATRIC PATIENTS WHO ARE RE-ADMITTED AT A PSYCHIATRIC HOSPITAL IN TSHWANE by Mr. Ntokozo Ntlanzi.

My involvement was restricted to language editing: contextual spelling, grammar, punctuation, unclear antecedent, wordiness, vocabulary enhancement, sentence structure and style, proofreading, sentence completeness, sentence rewriting, consistency, referencing style, editing of headings and captions. I did not do structural re-writing of the content. Kindly note that the manuscript was formatted as per agreement with the client.

No responsibility is taken for any occurrences of plagiarism, which may not be obvious to the editor. The client is responsible for ensuring that all sources are listed in the reference list/bibliography. The editor is not accountable for any changes made to this document by the author or any other party subsequent to my edit. The client is responsible for the quality and accuracy of the final submission/publication.

Sincerely,

[Signature]

Pholile Zengele
Associate Member
Membership number: ZEN001
Membership year: March 2018 to February 2019

076 103 4817
info@zenedit.co.za
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www.editors.org.za
Annexure E: Consent Form

SEFAKO MAKGATHO HEALTH SCIENCE UNIVERSITY

ATTITUDES AND PERCEPTIONS OF PSYCHIATRIC NURSES TOWARDS PSYCHIATRIC PATIENTS WHO ARE RE-ADMITTED IN A PSYCHIATRIC HOSPITAL IN TSHWANE.

I have read the information on the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressurized to participate in any way.

I know that notes and sound recordings will be taken of me. I am aware that this material may be used in scientific publications which will be electronically available throughout the world. I consent to this provided that my name will not be reveal.

I understand that participation in this study is completely voluntary and that I may withdraw from it at any time and without providing reasons.

I know that this study has been approved by the Sefako Makgatho University Research and Ethics Committee (SMUREC), Sefako Makgatho Health Sciences University and Weskoppies hospital (CEO). I am fully aware that the results of this study will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this study.

Signature.................................. Date....................................

Place...........................................

Witness.................................
Annexure F: Information Leaflet

INFORMATION LEAFLET

Thank you for agreeing to participate in this research study. This study is done in order to attain a masters’ degree with the Sefako Makgatho Health Sciences University (SMU). The topic of this study is **ATTITUDES AND PERCEPTIONS OF PSYCHIATRIC NURSES TOWARDS PSYCHIATRIC PATIENTS WHO ARE RE-ADMITTED IN A PSYCHIATRIC HOSPITAL IN TSHWANE.** The study aims to investigate the attitudes and perceptions of psychiatric nurses towards psychiatric patients who are re-admitted in the hospital.

The researcher included in the study all the professional nurses who have worked in an acute admission ward for more than a year. Data will be collected in a form of in-depth semi-structured interviews. All participants must sign an informed consent before the interview commences.

The interview will last approximately 15-20 minutes and it will be conducted in the conference room. As a participant you are requested to answer all questions honestly without any fear. The participant’s personal identity will not be revealed in any manner. The information provided will only be discussed in a conference with the supervisor and the research committee at (SMU). I hope you will have a wonderful experience in participating in the study. Good luck.
Annexure G: Interview Schedule

Interview schedule

1. What do you think about psychiatric patients who are re-admitted?
   - What are your beliefs about psychiatric patients who are re-admitted?
   - What are the causes of re-admission?
   - What are your experiences of working with re-admitted patients?
   - How does a re-admitted psychiatric patient compare to a newly admitted patient?
   - What value do you think is there in giving nursing care to psychiatric patients who are re-admitted?
   - Is the effort you put towards treatment of re-admitted patients and newly admitted patients the same?
   - Is the relationship towards re-admitted and newly admitted patients the same or different?
   - Is your attitude towards re-admitted patients the same with newly admitted patients?

2. What are your feelings towards psychiatric patients who are re-admitted?
   - How do you feel when readmitting psychiatric patients?
   - What do you think is the reason you feel this way?
   - What emotions are stimulated by a psychiatric patient who is re-admitted?

3. What strategies can be used to support psychiatric nurses who are managing psychiatric patients who are re-admitted?
   - What type of support do you need in managing patients who are re-admitted?
   - What do you think you can do as a psychiatric nurse to address your views and attitudes when caring for re-admitted psychiatric patient?

4. Do psychiatric nurses influence re-admission in any manner?
R: Hello.
P: Hello, how are you?
R: I am well thanks
R: My name is Ntokozo Ntlanzi and I am a masters’ student at Sefako Makgatho University. Kindly introduce yourself as well.
P: Yes, my name is Mr. T. I am a psychiatric nurse and I have been working at an acute admission ward for about two years.
R: Alright, I am pleased to meet you.
P: I’m pleased to meet you too.
R: How’s your day going so far?
P: My day is going well, can’t complain.
R: That’s great. How did you spend your weekend?
P: I spent my weekend watching soccer and relaxing with my family.
R: Alright, which soccer team do you support?
P: I support Manchester United. What about you Mr. Ntokozo?
R: I support Liverpool
P: Alright, I see they are doing pretty well this season.
R: Yeah I think they are going to win the league.
P: Yeah it’s possible as long as they can stay focused.
R: That’s true, anyway let’s get down to business.
P: Alright no problem.
R: Firstly, I would like to thank you for agreeing to participate in this study. Please feel free to communicate your feelings and thoughts openly.
P: Alright, I will try my best.
R: Thank you.
P: You’re welcome.
Alright let’s start with the first question;

What are your thoughts about psychiatric patients who are re-admitted in a psychiatric hospital?

I actually have positive thoughts and negative thoughts about the re-admitted patients. The negative thoughts are that firstly I feel like we as mental healthcare professionals didn’t meet our discharge plan objectives. We didn’t prepare that particular patient for the outside environment. You find that for the patient to be re-admitted is because he has relapsed or you find that the patient has displayed a very unpleasant behavior to the family, then they decide to bring him back to the hospital. For that matter you see the police driving them back to the hospital because of misconduct.

The positive thoughts which I have are that some of them bring themselves back to the hospital. Since we have different classification of patients according to the mental health act, we have those patients who are assisted to be re-admitted and we have those who can see that they have a problem and seek for help on their own. These patients know their Centre of support is within the hospital. When they are in the hospital they know they get access to a psychologist, nurses, psychiatrists and social workers.

The whole multidisciplinary team becomes a support system for that particular patient. That’s very positive, if ever the person is not feeling well or feels like he’s at the edge of relapsing or defaulting treatment they come back to the support Centre which is the hospital.

So if I heard you clearly, you said that some patients are re-admitted because at home they were observed to be displaying unpleasant behavior; what is this unpleasant behavior you were talking about?

Another word we can use for unpleasant behavior is misconduct. You find that the behavior which that particular patient displays at home is not acceptable to the society. You find that at home they insult their family members; they steal belongings from their family members to rush and go buy substances. Some of them you find that they fight as well with their family members without any specific or particular reason.

So when I say unpleasant behavior that’s what I mean. The unpleasant behavior might be due to their mental condition. Some family members and some members of the community might not have the full understanding of that person’s thought process or mental condition for that matter.

What could be the reason for the family and the community not to have knowledge about the patient’s mental condition?

I think it is lack of campaigns. When it comes to mental healthcare there are less campaigns, there is less education directed towards the society in different communities about what is mental health. The other thing is that the reason why there’s still a stigma is
that the society lacks knowledge about what is mental health and also the conditions which concurrently come along with the mental health. I’m talking about conditions such as schizophrenia, psychosis, bipolar. Substance induced psychosis, depression, and different types of traumas. Whenever the community sees somebody derailing, hallucinating, or having delusions, they say this person is crazy without understanding the main reason for that person to act out like that.

R: What do you think can be done to address this issue?

P: I think what can be done is to encourage more campaigns to the community regarding mental health in general and as well engage the community when rehabilitating the patients in the hospital. They should become part and parcel of the rehabilitation program because at the end of the day they are the ones who stay with them at home. They are the ones who have to accommodate their different behaviors. So if ever we include these people in the rehabilitation plan of our patients, it’s one of the ways which can be fruitful to both us as mental healthcare providers and as well to the community.

R: So who’s responsible for providing these campaigns that you’re talking about?

P: I think any person who is working in the mental healthcare institution as a mental health provider irrespective of their rank.

R: Besides the unpleasant behavior that you talked about; what could be the other causes of re-admission?

P: The other causes of re-admission might be lack of support from the family, you fight that the patient does not have the necessary sense of belonging from the immediate support system which is the family. You find that the patient feels like in the hospital he’s treated much better than at home.

Some of the patients would rather bring themselves back to the hospital where it’s an environment of people who understands their thinking process, their mental condition, and the situation they’re in. The second reason is that you find that the family shifts the responsibility from themselves to the mental healthcare providers, especially after finding out that the patient is intellectually disabled they are not able to assist this type of patient with basic needs such as eating, bathing, and having to follow some basic instructions.

So some families shift that responsibility to mental healthcare workers by bringing that particular patient to the hospital. They give us wrong information by telling us that this particular patient has done this and that whereas they know very well that that’s not true.

R: So are you saying that the patients are brought to the hospital without having relapsed but because of the poor relationship with their families?

P: Yes that’s correct.

R: What are your experiences of working with re-admitted patients?
P: Well my experiences of working with psychiatric patients varies, You find that some re-admitted patients are well orientated to the surroundings of the hospital to such an extent that they don’t want to be told or guided on some other procedures which needs to be performed for the sake of their rehabilitation.

They no longer become compliant, they no longer follow instructions. You find that whenever you tell that particular patient that now it’s time to drink this particular medication, the patient will tell you that they know. You find that some re-admitted patients over step their boundaries or limits because of the lifespan they have had within this institution and as well their orientation around the environment, especially after finding out that you’re still newly employed as a mental healthcare provider. They can as well be manipulative.

R: In what way can they be manipulative?

P: They can manipulate you by demanding something from you indirectly so. They would tell you that for them to comply with medication, you would need to give them cigarettes. After all, taking medication is a part and parcel of their patients’ rights but if ever the patient would want you to buy them cigarettes before they can comply to medication it inconvenience you. You as well need to have a professional relationship with the patient. You cannot jump your limits as well as a professional somebody.

R: How do re-admitted patients differ from newly admitted patients?

P: There’s a huge difference. You find that because the environment is new to first time admitted patients then they would like to be taught about the routines in the ward, about some of the procedures which needs to be made. They are compliant. You find that the re-admitted patients are compliant at times but some of them feel like they already understand the whole system of psychiatry, therefore other things they can do at their own given time. They no longer follow the routine; they no longer follow some of the instructions or the rules of the unit.

R: What value do you think there is in giving psychiatric care to a patient who is re-admitted?

P: There is value because most of the mental health conditions cannot be cured but they can be controlled through medication and behavior modification. When a patient comes for re-admission it’s like the patient is coming for a follow up so that the patient’s behavior can be modified and his condition can be controlled. At the end we need to control these patients, we need to give them awareness that they are also responsible and accountable for their own mental health depending on their mental status.

R: Is the effort that you put towards treatment of re-admitted patients the same as newly admitted patients?

P: Actually the treatment should be equal. No preferential treatment should be granted. Just because the other patient is a re-admission it does not mean that he or she should be of a
less importance as compared to newly admitted patient. Based on my experience I’ve seen the treatment being more or less the same depending on the situation and as well on the time.

R: Is your relationship with the re-admitted patient and the newly admitted patient the same or different in any way?

P: I relate to them the same way besides the fact that the re-admitted patient already knows who I am. The re-admitted patient understands the system and as well knows you quite well. They still remember your name very vividly. Basically you can relate better to anybody who addresses you by name than just anybody who don’t know your name. The newly admitted patients are still in the learning stage, they’re still adapting to the new environment.

R: What are your feelings towards psychiatric patients who are re-admitted?

P: I have to say I feel obligated to treat them as I’m supposed to be treating them. I have no negative emotions when treating them as compared to treating the newly admitted patients. I think the treatment is equal. The feelings which I project to them are similar to the feelings which I project to the newly admitted patients. At the end of the day I need to understand that they are patients, they need to be served, they need to be helped, and they need to be supported. I need to own up to my obligations as a mental healthcare provider.

R: What emotions are evoked by psychiatric patients who are re-admitted?

P: It depends on the reason for re-admission. Some re-admissions you find that the reason for re-admission is very solid and you can see the necessity of that re-admission. For example you find that the patient was being raped twice and you find that the patient has to go through the same trauma twice. In that case you would understand and start empathizing with the patient.

Some patients who are using substances usually go back to using substances after being rehabilitated in the hospital, then this type of case if different and will evoke different type of thought or perspective. In that case you would ask yourself how come this patient goes back to using substances after utilizing all the resources we had in place for them. I think of them as having personality challenges.

The background which they come from can also be very influential. I wish some of them were not staying in their current location because of such circumstances of them having to be re-admitted. Some of them it’s more of family dynamics. You look at the family structure and you see that the family structure on its own is not formally structured or it’s not well organized. Sometimes they evoke emotions of wishing that that particular patient was staying with me. It just depends on the circumstances and the reasons for re-admission.

R: What strategies can be used to support psychiatric nurses who are managing psychiatric patients who are re-admitted?
P: I think the first strategy is to empower the healthcare providers about having to understand what a psychiatric patient is and the variety of symptoms which comes with mental conditions. The healthcare providers should be empowered so that they can be able to accommodate all types of patients irrespective of circumstances which they come with.

I also think there should be debriefing for all the mental healthcare providers who work with re-admitted patients. A satisfaction survey should made as well for staff members in order to check if the staff members are still satisfied about working in the environment which they are working at.

The other thing which can be done is to engage more with the patients in therapeutic activities like the group therapy, individual therapy, and the mental health education. That on its own builds a good rapport with the patient. Some of the activities such as playing soccer with the patients help the patient to prepare for the outside environment.

R: What do you think you can do as a psychiatric nurse to address your views and attitudes when caring for psychiatric patients?

P: I think education is the key here, having to empower each other as healthcare professionals giving each other recent knowledge which is based on research.

R: Do you think psychiatric nurses influence re-admission in any manner?

P: Yes. I think one of the manners which psychiatric nurses can influence re-admission is that you find out that between a nurse and a patient there are no limits or boundaries. You find that the patient ends up building a close relationship with a staff member, seeing that staff member as a best friend, as a potential lover. We should put in mind that we should always remember that these patients are mentally ill, they can be delusional.

If ever as a psychiatric nurse you also support those types of delusions, you’re encouraging those delusions to become fixed. When the patient gets discharged he will cry out loud at home saying that he wants his wife and that they should take him back to his wife because there was no boundaries set between the nurse and the patient. That’s how psychiatric nurses might influence re-admission.

R: Alright we’ve now come to the end of our interview. Thank you for your participation in the study. If you would like to know about the findings of this research, feel free to contact me and I will let you know as soon as the findings are available.

P: Okay thank you.
Annexure I: Demographic Data

DEMOGRAPHIC DATA

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Annexure J: Table of Abbreviations

CEO: Chief Executive Officer
SMUREC: Sefako Makgatho University’s Research and Ethics Committee