CHAPTER 3

DISCUSSION OF THE FINDINGS AND LITERATURE CONTROL

3.1 INTRODUCTION

I will start the following chapter by discussing the demographic profile of psychiatric nurses that participated in this research regarding workplace support. Next, I will discuss the findings that emerged during the data analysis, provide examples from the original data and substantiate the findings with a literature control.

3.2 DEMOGRAPHIC PROFILE OF PARTICIPANTS

All 10 of the participants in my research were female registered psychiatric nurses employed at the specific mental health care setting where I conducted my research. Participants were white, black and coloured. The average age of the participants was 45 years, ranging between 30 and 60 years old.

Both day and night duty staff were represented, with three participants from night duty, six from day duty and one participant who worked both day and night duty. Participants worked 168 hours each month. The majority of the participants were married; two participants were divorced and one was unmarried, with the total of dependants varying between zero and two.

Most of the participants except two had previous psychiatric nursing experience prior to being employed at this mental health care setting. The average time that participants were employed at this mental health care setting was six years, ranging from 18 months to 18 years.

The accessible population in this research consisted of a limited number of possible participants due to the limited number of registered psychiatric nurses in a specific mental health care setting. The sample was limited in terms of race and sex because not all possible participants whom I invited were willing or able to engage in the data collection. I do however, believe that data saturation was achieved (Polit & Beck, 2008:70-71) after the second core group inquiry due to the fact that themes were being repeated and no new

themes emerged. The discussion leaders, my supervisors and the independent co-coder confirmed data saturation.

3.3 DISCUSSION OF FINDINGS AND LITERATURE CONTROL

I conducted the data analysis using information from the different data sources. These data sources included the naïve sketches completed by participants, data from the small core group inquiries and transcriptions from the individual interviews with members of nursing management. Data from the small core group inquiries included written answers on the interview schedule from the one-on-one interviews between participants, transcribed feedback from the discussion phases, positive core maps, results from the nominal group technique, field notes and reflective interviews with the discussion leaders.

During a meeting between the independent co-coder and myself, we reached consensus regarding the use of the Theory for Health Promotion in Nursing as a map or basis for the main emerging themes, since the themes that were identified correlated with the Theory for Health Promotion in Nursing.

The Theory for Health Promotion in Nursing defines the body, mind and spirit as dimensions of the internal environment and the physical, social and spiritual as dimensions of the external environment. The mental health of the psychiatric nurse in this research is influenced by the interaction between both the internal environment and the external environment (University of Johannesburg, 2009:5).

The Theory for Health Promotion in Nursing further defines body as all the biological processes affecting the psychiatric nurse. Mind is defined as all the intellectual, emotional and decision-making processes and spirit is characterised by personal conscience and relationships. Physical is explained as the physical and chemical structures in the external environment, social refers to “human resources in the external environment” and spiritual refers to the values and religious aspects in the external environment of psychiatric nurses participating in the research (University of Johannesburg, 2009:6-7).

It is important to note that although I discussed the various themes that emerged from the different data sources separately, all the themes are interconnected. The Theory for Health Promotion in Nursing further holds that the individual is seen as a holistic being (University of Johannesburg, 2009:4). The examples that I provided from the answers of participants

under one specific theme could also relate to another theme. I attempted to provide examples of the responses of participants as completely as possible in order to clarify the themes and some examples of responses relate to more than one theme, signifying a holistic approach to workplace support. I will refer to the assumptions of Appreciative Inquiry when discussing the findings.

The next section provides a discussion of the central storyline, how a thorn tree became the symbol of the themes and categories relating to workplace support at this mental health care setting.

3.3.1 Central storyline

The very first remark from a participant who gave feedback after the discovery phase of the first small core group inquiry was about the garden at the private mental health care setting where I conducted the research. The participants all felt that the garden was very peaceful and that the entire environment was not only therapeutic for the mental health care users, but also for the employees. They specifically mentioned a thorn tree that was standing just outside the window where we were conducting the small core group inquiry. This thorn tree became a symbol for this organisation of workplace support to the participants of the mental health care setting.

During the first small core group inquiry, while participants were giving feedback, a noise could be heard outside and, on investigation, it was found that members from the garden service were busy cutting branches from a thorn tree. The participants were upset by this and questioned the possible reasons for destroying the tree. Keeping the subject of discussion in mind, namely workplace support and being aware of all the feedback referring to the garden, the participants seemingly felt a sense of loss at seeing the tree being cut.

During the termination phase of the first small core group inquiry participants noticed that the noise outside at the thorn tree had stopped. Further inspection revealed that the tree was only being cut back and not completely cut down as we initially thought. The thorn tree as symbol for this organisation was thus not being annihilated, but only pruned or transformed, thus stimulating modifications and growth.

Based on the responses of the participants to the tree being cut, I decided to use the tree as a metaphor and hence the tree became a symbol of workplace support at this mental health

care setting, and the findings was accordingly represented through the metaphor of the thorn tree, in Figure 3.1. The roots of the tree symbolised the willingness of management to provide workplace support to their employees as seen from the inclusion of various employee support themes in the in-service training programme for the year 2010. The trunk of the tree symbolised the holistic approach to workplace support. The sturdy branches of the tree symbolised the identified themes, solid due to the backing of theory in the form of the Theory for Health Promotion in Nursing.

The identified themes relating to the internal environment were supporting the body as the physical dimension of the psychiatric nurse, supporting the mind as the cognitive and emotional dimension of the psychiatric nurse and supporting the spirit as the relationship and conscience dimension of the psychiatric nurse. The identified themes that were related to the external environment were support in terms of the physical environment of the psychiatric nurse, support in terms of the social environment of the psychiatric nurse and support in terms of the spiritual environment of the psychiatric nurse.

The discovery phase leads to the appreciation of valuable and effective workplace support systems that were already implemented at this mental health care setting. The participants had sufficient experiences to share during their one-on-one interviews regarding effective workplace support, since I noted in my field notes that the allocated time of 15 minutes did not seem to be adequate for participants to complete their questions. I did, however, provide extra time to allow participants to complete their one-on-one interviews.

I represented the discovery phase categories as the beautiful green leaves of the tree due to the fact that existing workplace support is already being implemented, which promoted the mental health of psychiatric nurses. This correlates with the intent of the discovery phase of Appreciative Inquiry which is to seek out that which gives energy to the organisation or to “appreciate what is” (Whitney & Trosten-Bloom, 2003:6).

I chose to portray the wishes of the participants that emerged during the dream phases as pink buds, due to the hidden possibilities embedded in the dreams of these psychiatric nurses. This correlates with the intent of the dream phase of Appreciative Inquiry which is to develop ideas regarding the future or to “imagine what might be” (Whitney & Trosten-Bloom, 2003:6). In chapter 4, I will provide recommendations based on the wishes of the participants related to the research findings. The pruning of the thorn tree symbolised potential transformation and future growth for both this organisation and psychiatric nurses

employed here. People and organisations will grow and flourish as long as they embrace a positive future image (Cooperrider, et al. 2008:13).

Throughout the analysis of the data it seemed at first as if the identified categories from the discovery phase and the wishes from the dream phase of the two core group inquiries were contradictory. The participants would recollect a peak experience regarding workplace support during the writing of the naïve sketches or during the discovery phase and wish for additional or improved versions of precisely the same phenomenon during the dream phase. Cooperrider et al. (2008:44) explain this by defining the dream phase as an expansion of the discovery phase and a concentration on the positive core, formulating an improved future.

The following figure (Figure 3.1) is a tree representing the central storyline, the themes and categories that emerged during the data analysis of my research on workplace support at a private mental health care setting. I will start the discussion of the findings with a section named a holistic approach to workplace support, which was the central theme. Following this central theme of a holistic approach to workplace support, I will discuss the themes or branches of the tree separately. The categories are represented as green leaves or pink buds, which I will discuss under each theme. The green leaves represent the discovery phase categories while the pink buds represent the dream phase categories. The green leaves represent the discussion of the discovery phase categories and will each time be followed by the discussion of the dream phase categories or pink buds under each theme or branch in order to indicate the close link between what participants experienced and what they wished for in relation to workplace support. The texts that are indicated in italics are either verbatim responses from participants or written answers from participants that were used without adjustments.

3.3.2 Holistic approach to workplace support

According to the Theory for Health Promotion in Nursing, the nurse (psychiatric nurse in this research) is seen as in interaction with the internal and external environments in a holistic fashion (University of Johannesburg, 2009:4). The holistic approach to workplace support in this research will focus on workplace support provided by management, including nursing management, directors and medical superintendent of this mental health care setting.

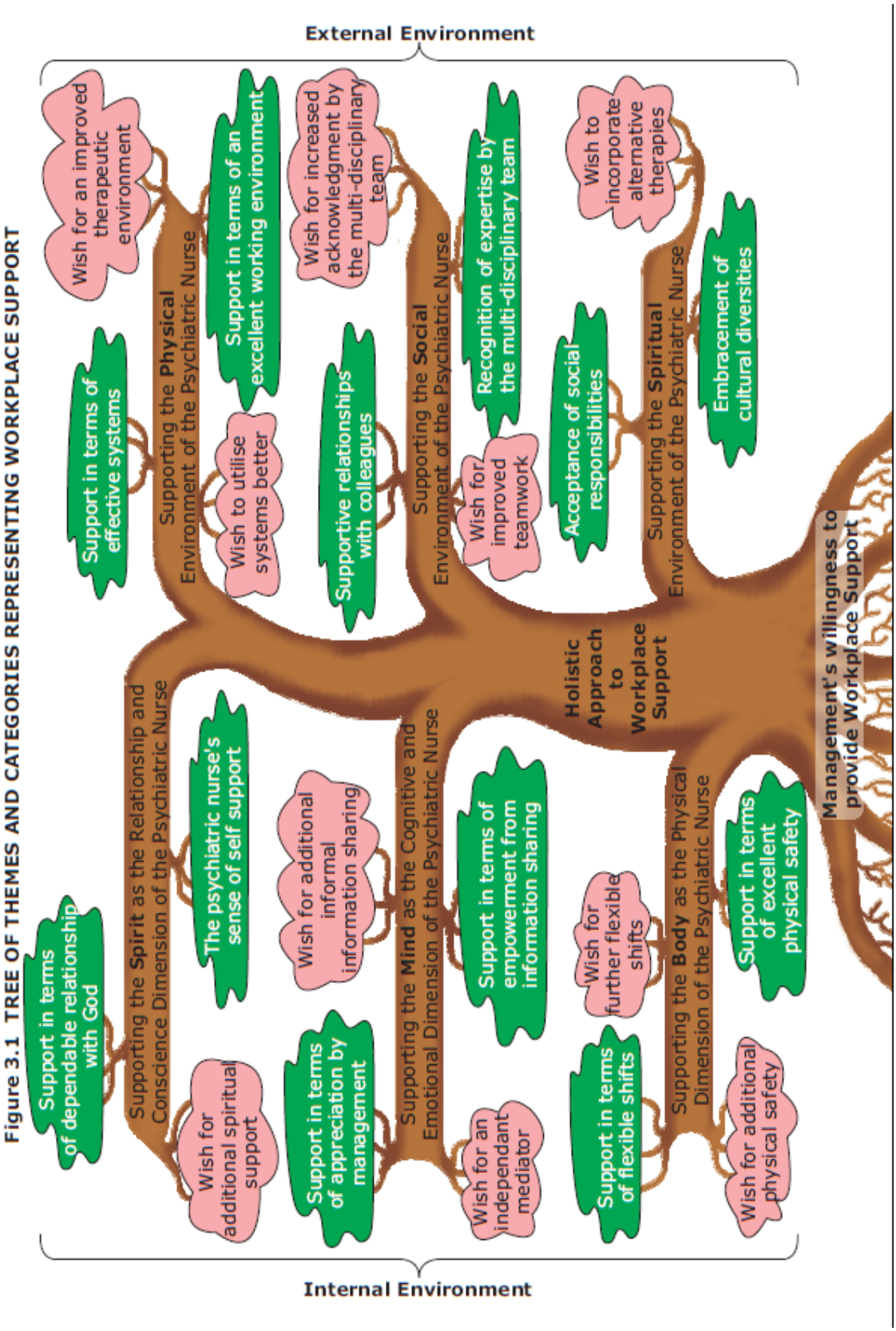

Figure 3.1 TREE OF THEMES AND CATEGORIES REPRESENTING WORKPLACE SUPPORT

Kneisl and Trigoboff (2009:827) define holistic by explaining that there is a dual meaning to holism: one is to recognise "the interrelationship of the bio-psycho-social-spiritual

dimensions" of an individual and to "recognise that the whole is greater than the sum of its parts"; the other involves the individual "as a unitary whole in mutual process with the environment". This definition of the concept holistic correlates with the holistic view of an individual in the Theory for Health Promotion in Nursing by reflecting on the interaction with the environment (internal and external).

The provision of workplace support addresses the aspects of a holistic individual, including the internal environment of body, mind and spirit and the external environment of physical, social and spiritual dimensions of the psychiatric nurse. All of the identified themes and categories can thus be summarised as being part of a holistic approach to workplace support.

This holistic approach to workplace support was evident in the field notes that I made during one of the small core group inquiries. I was surprised by the wide variety of themes that emerged during the discussion phase feedback of one of the small core group inquiries, indicating that psychiatric nurses experienced many different things as being supportive. I wrote in the field notes:

"Groot verskeidenheid temas geïdentifiseer." (Identified a large variety of themes.)

There are interventions that an organisation can employ to increase the retention of employees or to provide workplace support, which reflect the holistic nature of workplace support. Several studies have been conducted on workplace support and the diversity of discussed themes indicates that a holistic approach to workplace support is needed. Manion (2005:95) listed autonomy, relationships, recognition, competence and environment as interventions, while Coetzee (2010:249) listed compensation, supervision, training, independence and the work environment. Nielsen, Randall, Yarker and Brenner (2008:27) state that experiences of the opportunities for development and a meaningful work environment can facilitate the well-being of employers. Edwards and Burnard (2003:195-196) additionally show how peer support and fitness levels can contribute to coping strategies in their research on "stress management interventions for mental health nurses", correlating with findings in this research.

Jackson et al. (2007:2) state that resilience transpires as a result of a collection of psychological and physical factors, resulting in homeostatic mechanisms to manage workplace stresses. Being aware of the holistic nature of individuals also resonance with the

wholeness principle of Appreciative Inquiry.

I will discuss the themes and categories that stemmed from the central theme of a holistic approach to workplace support under two main headings, namely the internal environment of the psychiatric nurse and the external environment of the psychiatric nurse.

3.3.3 Internal environment of the psychiatric nurse

There are three themes describing the internal environment of the psychiatric nurse, namely supporting the body as the physical dimension of the psychiatric nurse, supporting the mind as the cognitive and emotional dimension of the psychiatric nurse and supporting the spirit as the relationship and conscience dimension of the psychiatric nurse. I will discuss each theme of the internal environment followed by the various categories, divided into the discovery phase categories and the dream phase categories. The discovery phase categories are represented by green leaves and the dream phase categories are represented by pink buds in the figure of the tree of themes and categories representing workplace support (Figure 3.1).

3.3.3.1 Supporting the body as the physical dimension of the psychiatric nurse

Supporting the body as the physical dimension of the psychiatric nurse refers to support in terms of the anatomical structures and biological processes of the individual (University of Johannesburg, 2009:6) or the psychiatric nurse in this research. The discovery phase categories that were included in this theme were support in terms of flexible shifts and support in terms of excellent physical safety. The dream phase categories that were included in this theme were a wish for further flexible shifts and a wish for additional physical safety.

Schultz, Bagraim, Potgieter, Viedge and Werner (2005:212) indicated the importance of physical wellbeing by listing personal illness and injury fourth on the shortened version of the significant life events scale that can predict future illness.

a) Discovery phase categories relating to the body of the psychiatric nurse

Two categories were identified from the results of the discovery phases of this research relating to the theme of supporting the body as the physical dimension of the psychiatric

nurse, namely support in terms of flexible shifts and support in terms of excellent physical safety.

a.i) Support in terms of flexible shifts

During the discovery phases of the small core group inquiries, participants verbalised their appreciation concerning the flexibility that nursing management of this mental health care setting maintained towards their shifts or working hours. Participants experienced that members of nursing management who were coordinating their shifts were accommodating towards their needs in terms of off-duty times. The reasons for asking for off-duty time on short notice can be found in the internal environments of psychiatric nurses, like feeling physically or emotionally tired due to the nature of psychiatric nursing, or in their external environments due to family responsibilities.

This relates to the theme of supporting the body of the psychiatric nurse in terms of providing physical rest when needed. Support in terms of flexible shifts also links with other identified themes like supporting the mind as the cognitive and emotional dimension of the psychiatric nurse by providing mental and emotional rest when needed.

Participants reflected on the support in terms of flexible shifts during the small core group inquiries as follows:

"They are very accommodating towards your working hours. If you have a problem also, they are very accommodative."

"Last week for instance, I worked, and by Friday I was absolutely exhausted and Saturday morning I phoned and said please could I have two days leave. I am not going to cope my inner being realised that I was absolutely exhausted, because of the kind of patients I had. They were absolutely accommodating me and said I could take two nights off, and I am feeling wonderful because I (had) *time to debrief."*

The following dialogue occurred during the feedback and group discussion session after the discovery phase:

Discussion leader: *"So, at some stages they* (members from nursing management) *do recognise that there is a challenge,* (regarding family responsibility) *and they react to it. So*

that spirit of accommodation?"

Participant 3: *"They usually accommodate us."*

Participant 4: *"It is something that they do. They are not this rigid."*

Participant 1: *They told me they can accommodate me, it was not like you can't go* (on leave) *now."*

Discussion leader: *"What I pick up from you is a sense of flexibility?"*

Participant 1: *"Absolutely."*

Findings in this research is confirmed by Booyens (2008:363), arguing that absenteeism among nurses can be reduced by the implementation of accommodating staffing schedules. Manion (2009:134) continues to describe how "scheduling practices" by the organisation can aid in meeting the needs of the employees by implementing flexible hours and by responding timely to the requests of employees in terms of off-duty time. These short-notice requests for off-duty times by psychiatric nurses can be due to the nature of mental health nursing and the challenges posed by the mental health care users. Support by nursing management in terms of flexible shifts thus indicates a commitment to providing workplace support to facilitate the promotion of the mental health of psychiatric nurses.

A self-scheduling process by psychiatric nurses can promote staff autonomy, increase accountability of staff, enhance negotiating and problem-solving skills and promote team communication (Yoder-Wise, 2011:286). A self-scheduling process entails that psychiatric nurses, enrolled nurses and care workers who work together in one ward take responsibility to coordinate their own working times.

a.ii) Support in terms of excellent physical safety

Support in terms of excellent physical safety refers to the views of participants on the importance of feeling safe at work. These views included the relationship between psychiatric nurses and the security staff, as well as colleagues working in the different wards. Currently security staff positioned at one central gate control the vehicles and individuals, including mental health care users, visitors and staff members who enter and

leave the premises. Support in terms of excellent physical safety also correlates with the category of supporting the physical environment of the psychiatric nurse by providing a safe working environment.

Psychiatric nurses work in challenging contexts that might have an impact on their physical safety. Mental health care users can be aggressive and unpredictable and might assault psychiatric nurses. The increase in the acuity levels of clients can contribute to the increase in violence in mental health care facilities (Kneisl & Trigoboff, 2009:913).

Support in terms of excellent physical safety also refers to the skills of psychiatric nurses regarding the management of an aggressive mental health care user. Skills can be improved by providing in-service training, which will connect this category with the category of supporting the mind as the cognitive and emotional dimension of the psychiatric nurse. The participants also verbalised that they felt secure in the knowledge that they can call security staff members or staff members from other wards if needed in a crisis situation.

A participant made the following comment relating to excellent physical safety during the discovery phase of a small core group inquiry:

"And what we can add to that list is security. They (security personnel) *know the staff really well if you enter, they uhm, know how to handle the people, who must come in and who not. It makes you feel very safe, and they will also come and help with the difficult patient if it is really necessary."*

During the feedback phase of one of the small core group inquiries, after the discussion leader asked for clarification, a participant also shared the experience of colleagues who were available in a crisis when the psychiatric nurses physical safety were endangered.

Discussion leader: *"OK, so I just want to be clear on that. So sometimes people will just come and support you. Maybe by just being present?"*

Participant: *"To keep you safe, especially when there is a patient that might be challenging your safety."* (The physical safety of the psychiatric nurse.)

Uys (2004:254) wrote, "violence forms part of mental health nursing". Due to the instability of the mental illnesses of the mental health care users who are admitted to a mental health

care setting, the occurrence of urgent situations is common, despite the use of danger avoidance strategies by psychiatric nurses (Deacon, Warne & McAndrew, 2006:754). Rao, Luty and Trathen (2007:756) show that mental health care users with a dual diagnosis of substance use disorder and severe mental illness are significantly more prone to hostile behaviour and violence. Irwin (2006:310) confirms this by suggesting that, given the scope of situations and characteristics, it is complex to identify the cause of aggression in individuals, but suggests that individuals with severe mental illness, combined with substance abuse, is significantly more likely to perform aggressive acts.

Participants expressed their appreciation for the support from the security personnel and other staff members who were available in a crisis.

Lesinskiene, Jegorova and Ranceva (2007:762) suggest that an increase in the number of male staff and training can reduce the incidence of aggression in a mental health care setting. Security in an acute mental health care setting can involve the protection of psychotic mental health care users from over stimulation, the close observation of suicidal mental health care users and the reassuring of agitated and anxious mental health care users (Schoppmann & Lüthi, 2009:611).

Lepping, Steinert, Needham, Abderhalden, Flammer and Schmid (2009:633) explain how the perceived potential to intervene in a crisis situation, or managers confidence in the resources, protocols, training and skills of their staff members, can reduce the actual number of staff members needed to deal with violence. Lepping, et al. (2009:634) suggest regular training, clear protocol regarding the management of violence and risk assessment in order to increase staff members' confidence in violent situations. Irwin (2006:315-316) identifies factors that can aid in the management of aggressive behaviour in a mental health care setting, namely to perform risk assessment of mental health care users, to review risk assessments regularly, to ensure a therapeutic milieu where the psychiatric nurses uses communication techniques and effective interaction with mental health care users and to ensure that psychiatric nurses demonstrate skills and knowledge in the management of aggression.

A risk assessment can reveal several interacting trigger factors for aggression in a mental health care user and can aid the psychiatric nurse in the formulation of a nursing care plan in order to formulate several interventions in order to reduce aggressive behaviour (Hage, Van Meijel, Fluttert & Berden, 2009:664).

Due to the direction of modern mental health services that aims to provide a less restrictive and therapeutic environment for the mental health care users, it is necessary to carefully employ protocol on banned items, restrictions and searching of mental health care users, the use of security guards, alarms and close circuit television (Cowman & Bowers, 2008:1352). This can be linked to the categories of a wish for additional information sharing and a wish to utilise systems better.

Despite this appreciation for support in terms of flexible shifts and support in terms of excellent physical safety, participants wished for further flexible shifts and additional safety during the dream phase.

b) Dream phase categories relating to the body of the psychiatric nurse

Two categories were identified as wishes resulting from the dream phase of this research relating to the theme of supporting the body as the physical dimension of the psychiatric nurse, namely a wish for further flexible shifts and a wish for additional physical safety.

b.i) Wish for further flexible shifts

During the discovery phase, participants expressed their appreciation for the concerning attitude of nursing management regarding the flexibility of shifts, usually on short notice or when they were feeling physically or emotionally tired. They viewed this as a way of experiencing workplace support. Participants however, wished for even more flexible hours during the dream phase of this research.

Psychiatric nurses working night duty at this mental health care setting worked seven nights consecutively, followed by seven nights off duty. Psychiatric nurses who were working day duty worked on a fixed schedule of two to three days on and two days off, working every second Friday and every second weekend. A participant working night duty verbalised a need to work fewer nights consecutively, while a participant from day duty verbalised a wish to incorporate more flexibility in the fixed schedule. A psychiatric nurse made the following comment during the discussion phase following a dream phase:

"There is just something else, in a dream, to work night shift, if one could, I would have liked, and I really would like to talk to matron about it, if I could work for three nights one week and four nights the other week."

Another psychiatric nurse verbalised the same wish during the discussion phase, but for a different reason.

"Yes, that is the thing about working for 12 hour for seven nights, because with teenagers and certain personalities, you get naturally irritated after a while. I really think 12 hours for seven nights is too long. Like office hours, so you have three shifts, instead of two shifts for 24 hours per day."

Accommodating working hours could be influenced by older employees who might find long hours physically demanding, or by younger employees who would prefer to cluster their hours together in order to have longer breaks for their personal life (Manion, 2009:405).

The reasons for participants verbalising the same wish for further flexible shifts put the focus on an assumption of Appreciative Inquiry, namely that "it is important to value differences" (Reed, 2007:28). These differences in experience between participants might also explain why the category of flexible shifts emerged during the discovery phase as a way for providing workplace support and during the dream phase as a wish.

b.ii) Wish for additional physical safety

One participant who was threatened and physically assaulted by a mental health care user asked the following question during the discussion phase of one of the core group inquiries, indicating her concern for her physical safety.

"I do not know if this is a dream, but what is the protocol about a patient hitting you, injuring you in such a state?"

In answering this question, one of the other participants reflected the uncertainty and illuminated the wish for training of psychiatric nurses, in terms of information and skills, concerning the management of aggressive mental health care users in order to maintain their physical safety.

"It depends, if the patient is psychotic, is he focussing, was he in reality, was he provoked, was it medication, was he hallucinating."

This answer might also indicate a need for the introduction of protocol regarding aggressive mental health care users, linking the category of a wish for additional physical safety to the category of a wish to use systems more effectively. This comment regarding training also links with the theme of supporting the mind as the cognitive and emotional dimension of the psychiatric nurse.

Uys (2004:255) define violence as any physical behaviour that can result in injury to others or self or which causes damage to property. The physical risk posed to psychiatric nurses due to the fact that some mental health care users can be aggressive and the subsequent need to feel physically safe became evident when the participants verbalised the wish for additional safety. As targets of aggression, psychiatric nurses are highly at risk and up to half psychiatric nurses were attacked in some way during their career (Chen, et al. 2005:146). Mental disorders that can be associated with aggressiveness include borderline and antisocial personality disorders, conduct disorder, delusional disorder, intermitted explosive disorder, dementia of the Alzheimer's type, substance-related disorders and schizophrenia (Kneisl & Trigoboff, 2009:916).

The verbalised need for information-sharing regarding the management of an aggressive mental health care user by participants highlighted the need for information on aggression. Information sharing in terms of knowledge regarding aggression, as well as skills to handle the aggression of a patient, is essential for nurses to manage these aggressive incidents (Chen, et al. 2005:146). Yoder-Wise (2011:59) continues to argue for “special attention” regarding violence in the workplace, which includes sufficient in-service training such as effective crisis intervention and the management of highly agitated mental health care users. Kneisl and Trigoboff (2009:894) define crisis intervention as a conceptual framework aimed at intervention for short-term assistance, focused on problem solving, in order to restore the equilibrium of an individual.

Four categories regarding the theme of supporting the body as the physical dimension of the psychiatric nurse were discussed, including support in terms of flexible shifts, support in terms of excellent safety, a wish for additional safety and a wish for even more flexible shifts. The body forms part of the internal environment of an individual, along with dimensions of mind and spirit (University of Johannesburg, 2009:5). The following theme that forms part of the internal environment, namely supporting the mind as the cognitive and emotional dimension of the psychiatric nurse, will be discussed next.

3.3.3.2 Supporting the mind as the cognitive and emotional dimension of the psychiatric nurse

The theme of supporting the mind as the cognitive and emotional dimension of the psychiatric nurse forms the second branch of the tree (Figure 3.1). The mind as the cognitive and emotional dimension of the psychiatric nurse includes decision-making processes, with the cognitive dimension referring to all the processes of thinking, analysis, association, understanding and judgement. The emotional dimension relates to the affection, feelings and desires of the individual, or the psychiatric nurse in this research (University of Johannesburg, 2009:6).

The discovery phase categories included in this theme were support in terms of empowerment by means of information sharing, referring to the cognitive dimension and support in terms of the appreciation of management, referring to the emotional dimension of the psychiatric nurse. The dream phase categories included in this theme were a wish for additional information sharing, referring to the cognitive dimension, and a wish for an independent mediator, referring to the emotional dimension of the psychiatric nurse.

a) Discovery phase categories relating to supporting the mind of the psychiatric nurse

The two categories that emerged during the discovery phase of the data collection in relation to the theme of supporting the mind as the cognitive and emotional dimension of the psychiatric nurse were support in terms of empowerment by means information sharing and support in terms of the appreciation of management.

a.i) Support in terms of empowerment from information sharing

Information sharing at this mental health care setting transpires through the use of formal and informal processes. The formal information sharing occurs as a formal, compulsory monthly meeting that takes place in off-duty time and which is aimed at in-service training. It lasts approximately four hours. Private tutors or various invited experts are afforded an opportunity to share information with the nurses (psychiatric nurses and auxiliary nurses) relating to the in-service training programme for the year. During the period of this research, the formal information-sharing programme included personal support topics on posture, diet, lifestyle choices and stress management.

Informal information sharing occurs during on-duty time and attendance depends on the acuity levels of the mental health care users at the time of training, as well as the availability of psychiatric nurses from each ward. Informal information sharing transpires by the following means: through journal clubs on each shift that meet once every second week for an hour; weekly meetings with some of the psychiatrists; the orientation of new staff or casual workers in the wards by members from senior or middle management; and informal training in the ward setting on any relevant topic when the need arises. The formal and informal information sharing links to the cognitive dimension of the psychiatric nurse, as discussed in paragraph 3.3.3.2.

Participants from both small core group inquiries reflected on the importance of the formal training, as shown by the following examples:

"We have also mentioned in-service training. You do not always like to be here on an off day, it is awkward, but it, uhm, empowers you to get knowledge."

One participant described the formal training as follows:

"Yes, this month we've got another one (formal in-service training) *on a Tuesday. One of the psychologists comes to talk to us, the dietician, and an occupational therapist. There are doctors that are doing research in the hospital. There are a few doctors doing it here, and they are doing it in their own practices as well. We have also started a journal club. There are a few of us nurses that are writing stuff, not major stuff that are published, we get info, new medication or alternative uses. There is a journal club that is being formulated."*

This reference to the journal club highlighted the importance of the informal information sharing by participants. The following narrative by a participant from one of the small core group inquiries summarised the informal information sharing:

"He (psychiatrist) *also tells us more about the patient that is difficult. We do not always have access to all the information about the patient. We also get 'inligtingsbrosjures'* (information leaflets) *about the physical diseases. Sometimes we admit somebody with something that is very rare. It is interesting and every ward gets one. We enjoy that."*

The following comment by a participant explained the informal information sharing further:

"We have also said, uhm, uhm, one Thursday every month we have an open meeting with doctor (name). We talk about psychiatry, uhm, some of them will encourage you, and will listen to you. It is also as if you can debrief. If you talk to doctor (name) and you know that there is someone who is listening, it is like a group session they take a sister or a staff nurse out off the ward, and then we have a meeting for about an hour. He asks us what do you want to talk about, and if someone's got a problem, we talk about it ... you can talk about one of the patients that you've got, or the condition that the patient have. If you do not understand something about the treatment, you can ask him."

Kiley (2010:395) define in-service training as coaching that is conducted by a supervisor or a colleague that is more experienced in the work environment, and differentiate between unstructured training that is more informal and structured or planned formal training.

In the context of this research, formal training refers to a planned programme consisting of a monthly, four-hour long meeting. Attendance of this monthly training is compulsory for psychiatric nurses and auxiliary nurses and it includes themes like self-care, time management, nutrition and exercise. Apart from focussing purely on occupational topics, training ought to include development and personal issues like time and stress management as a means of improving the overall health of the employees (Coetzee, 2010:266).

Participants verbalised the benefit and the support that they experienced from both the formal and informal training during the discovery phase of this research. An educational programme can increase staff morale, increase involvement and working relationships as well as communication (Chambers, Connor & Davren, 2006:368). Chambers et al. (2006:370) added improved client care, improved information flow, increased research interest and staff development as advantages of an educational programme in mental health. Spence Laschinger, Leiter, Day and Gilin (2009:303) define access to information as knowledge of organisational goals and decisions, as well as technical expertise and knowledge, leading to a sense of purpose for employees and enhancing their abilities.

Satisfaction with the amount and quality of the in-service training can have a positive influence on the retention of psychiatric nurses (Edwards & Burnard, 2003:196). A wish for additional informal information sharing, however, emerged during the dream phase of this research, possibly due to the time requirements of the formal information sharing and the more relaxed nature of the informal information sharing. I will discuss the wish for additional informal information sharing under b.i.

Kiley (2010:371) argue that individuals are motivated towards personal growth as a means to realise self-actualisation through development, learning and training. This statement links to the poetic principle of Appreciative Inquiry that suggests that learning "describes, even creates, the world as we know it" (Whitney & Trosten-Bloom, 2003:54).

a.ii) Support in terms of appreciation by management

Participants in both core group inquiries and participants from the individual interviews verbalised a sense of feeling heard; they felt supported and appreciated because of the actions of members of nursing management and senior management. The acts of appreciation made participants feel as if they had value to add to the organisation that employed them. Support included availability to assist with challenging mental health care users as well as coaching and mentoring regarding leadership skills. Psychiatric nurses from the small core group inquiries experienced support from nursing management, while members from nursing management with whom I conducted individual interviews, experienced support from their colleagues (senior management and hospital management).

This appreciative attitude from nursing management towards psychiatric nurses is apparent in the way that one nursing manager verbalised the relationship with the senior psychiatric nurses during an individual interview.

"The senior head nurses is my ears, feet, hands, everything. I have the utmost respect and confidence in them, I know and trust that things are being done, and done correctly. It meant a lot when we took them out of the wards. They are always available for the whole hospital. When I am off duty, I know everything will be all right, I trust their knowledge and skills."

The following comment from a participant illustrates the value that is assigned to the appreciation coming from nursing management. The appreciation was about feeling valued and cherished.

"They talk about, uhm, they ask you how you are, and also interested in your personal life … it is a caring attitude."

Participants from both the small core group inquiries and members from nursing management who participated in the individual interviews verbalised a strong sense of

belonging and of being heard and appreciated. This feeling of being supported by management was made evident by the following comments:

"If you have a problem also, they are very accommodative. You feel heard, they hear what you are saying, it will also make you feel like you belong here in a sense, they (members from management) *know you."*

"Yes, often it felt just like the right time. She (a member from nursing management) *knew I was feeling not well. Yes well, if you have a difficult patient it would make all the difference. It it is not as if I find it intimidating when she comes in and help with the situation, I am not therapeutic now I'm getting angry at you or helping out, she would come in and take over the situation with a fresh approach without intimidating or insulting. If she can come in and take over, we have the teambuilding approach to the patients."*

Another participant confirmed this support from members of nursing management during another discussion phase by making the following comment:

"Yes and she (referring to a member of nursing management) *really listen when you talk to her. You feel free to talk to her, and it is always confidential. They* (members from nursing management) *will always give advice, but they will not go behind your back and gossip. I really trust her … reinforcement of good behaviour, not always the bad stuff* (referring to negative feedback)*".*

This appreciation, support, sincere listening, respect and professional conduct by nursing management and members of hospital management towards psychiatric nurses are apparent even to members of middle nursing management, as can be seen by this remark from one of the individual interviews:

"Also, when I was promoted to a senior post they mentored me up to a stage that I could go on on my own. During weekends and every afternoon when I'm alone in charge, of the hospital, they (members from nursing management) *make me feel really in charge and respect the decisions I make in their absence. If there is any correcting measures that needs to be done regarding my interventions that is done respectively and consultatively."*

Profit sharing is another aspect that the participants experienced as being supportive in terms of making them feel appreciated.

"Profit-sharing, we get it once or twice a year, it tells us something, that we are valued."

A participant made the following comment during a discussion phase following the dream phase of a small core group inquiry:

"I even want to connect the profit sharing situation with the honesty, because it is a combination. They show that they do appreciate us by giving us something and they are honest enough to acknowledge it. We are important enough to get it."

Bussin (2010:313) defines profit sharing as a form of short-term incentive that can be applied for up to a year. The purpose of profit sharing is, among others, to reward excellent performance and is an acknowledgement of "a job well done" (Bussin, 2010:314). The participants experienced this acknowledgement in the form of profit sharing as being supportive in the sense that they felt acknowledged by management. Leiter and Maslach (2009:337) also commented that organisational justice, respect and fairness could be seen in the distribution of rewards.

Respect for psychiatric nurses by nursing management and hospital management, as a form of showing appreciation, was evident in the narratives of participants. This respect was shown in the form of being physically available, demonstrating effective listening, showing interest and profit sharing. Respect means the valuing of the skills, abilities or talents of another and is based on the contributions, or potential contributions, of individuals (Manion, 2009:184).

Skilled managers, who can balance client loads, ensure a therapeutic and safe environment, provide supervision, organise staff, negotiate relations between the multi disciplinary team and liaison with senior management, are important to the psychiatric nurses' well-being (Hanrahan, et al. 2010:203). Feather (2009:381) stresses emotional intelligence in nurse leaders, arguing that nurse turnover may be decreased by emotional skills development in nurse leaders.

The findings in this research is confirmed by the findings of Hanrahan et al. (2010:204), that show a significant correlation between feelings of being valued by members of nursing management in psychiatric nurses and the absence of emotional exhaustion. Olofsson (2005:264) equally shows how psychiatric nurses verbalised the importance of confirmation of their work, stressing the supervisors' trustworthiness during feedback.

This respect can be communicated in various ways like performing facilitating actions, demonstrating a caring attitude, supporting and trying to meet employees needs, active listening, being respectful, expressing recognition and appreciation, valuing commitment, providing a vision, motivating employees, developing staff by means of educational programmes, demonstrating a positive feeling in the workplace and effective communication of goals and objectives (Coetzee, 2010:262; Manion, 2009:133; Yoder-Wise, 2011:55-56).

Respect and appreciation can also lead to loyalty towards the leadership team and can facilitate the breaking down of barriers and the mobilisation of employees towards an enhanced future (Manion, 2009:209).

b) Dream phase categories relating to supporting the mind of the psychiatric nurse

The two categories that emerged during the dream phase of the data collection relating to the theme of supporting the mind as the cognitive and emotional dimension of the psychiatric nurse were a wish for additional information sharing and a wish for an independent mediator.

b.i) Wish for additional informal information sharing

Informal information sharing at this mental health care setting transpires through journal clubs on each shift that meet once every second week for an hour, weekly meetings with some of the psychiatrists, the orientation of new staff or casual workers in the wards by members from senior or middle management and informal training in the ward setting on any relevant topic when the need arises.

It is clear from the examples of the discovery phase reflected above that participants valued the informal training they received and that they viewed it as an effective way of providing of workplace support. There were, however, participants who verbalised a need for additional informal information sharing. Participants who wished for additional informal information sharing during the dream phase felt that the formal training was time consuming and too structured. Participants also expressed the need to have more control over the information, like suggesting topics for information sharing, as opposed to a topic being allocated to the formal information sharing programme for the year.

It seems as if some participants perceived an unequal distribution of information-sharing opportunities between the day and the night staff. An additional wish for a more structured approach to informal information sharing emerged during the dream phases of the small core group inquiries. The following verbatim quotes reflect the perception of night staff that they felt there was an unequal distribution of informal information sharing between the day and night staff:

"Something that I would really appreciate is this kind of knowledge (informal information sharing) *would come through to the night staff. We really feel there is a lack of communication, and lack of information and input. I just think it is extremely important that we should feel like a whole with the day duty."*

Participants from both the core groups dreamed about a more structured orientation for new psychiatric nurses who were employed or who worked on an irregular basis. Participants reflected the wish for a more structured orientation for non-permanent employees as follows:

"… yes, but as I said we have a structure in place. The senior sister has to orientate and go through the list, and make sure that they understand what we are doing here, what the routine is. It is a low-down if you are stuck with the agency sister, who does not know anything, but in an ideal world it is supposed to work that way, but it does not always work that way."

An analysis of the training needs of employees by members of nursing management could also reveal a difference between what is provided at the moment and what the wishes of psychiatric nurses are in terms of the need for more informal information sharing as verbalised by day and night staff members. The following statement from one of the participants during one of the dream phases illustrates the training needs of participants:

"If we could have, or like a seminar, you know more often, we say for instance somebody comes in and talk to us about one or other criteria, uhm, we could have short sessions of information, we could have medicine, information from the doctor, psychologist we could have, I know it is necessary, but five hours is too much. What we can also have is in-service training in the ward."

Another suggestion regarding the training needs of the participants that emerged during a dream phase is illustrated below.

"What we can have is example (medicine name) *and you could do this and this and this with it. You can gather the people quickly up* (informal training in the wards) *and it is not this big thing we must do like formal, everybody must be here at this time, etcetera. We have the structures in place, but if we can only prop it up a bit."*

Another psychiatric nurse who made the following suggestion regarding the informal training needs of the students who are allocated to this mental health care setting from time to time added to this comment:

"Like the students, I really think that they can enhance it a bit, like the more senior people, when there (are) *students in the ward, you can really give like a lecture in the ward. Make it more a learning experience for the students."*

During the feedback phase of one of the small core group inquiries, one of the participants expressed the value of taking ownership for her learning as follows:

"I like, because I am very inquisitive, I, many times I have got it already and I will ask some information about this or this, and she will go onto the internet and look for this and this, so for me it is always my own responsibility to always be a student. That is in a way my dream that everybody would like to be a student. But I think, if I can add on the positive side, if you have a ward, or an environment that is learning orientated, ok, let me go and read or go and find out, and come and tell everybody at work, so it does not need to be a formal thing, you can go and start it on your own. If you have read something interesting, and you want to share it with somebody, it creates that environment."

Findings in this research correlates with findings from Sun, Long, Boore and Tsao (2006:90), who argue that psychiatric nurses may feel powerless due to insufficient or ineffective training. In-service training courses are usually directed towards the updating of employees regarding new treatments and diagnostic techniques, new equipment and new organisational policies (Booyens, 2008:384). Kiley (2010:389) suggest performing an analysis of the training needs of employees, which is an indication of the disparity between what is currently taking place and what ought to be facilitated in terms of training.

Verbalising the wish for additional informal information sharing can lead to the accomplishment of joint responsibilities for the implementation of evidence-based practice (Marquis & Huston, 2009:379). Evidence-based practice is defined by Polit and Beck

(2008:753) as clinical decision making in practice based "on the best available evidence", emphasising evidence from research. The implementation of evidence-based practice in this context might entail the use of the best available evidence from research when formulating working protocols, when providing information during formal and informal training and the motivation of psychiatric nurses to join and actively participate in the journal clubs.

Marquis and Huston (2009:379) suggest building consensus with the multi-disciplinary team and making research findings available, while providing educational support by helping staff with the interpretation of research reports. Schoppmann and Lüthi (2009:614) emphasise the importance for nurses to learn from each other, calling on each other's expertise and discussing theoretical concepts.

The results from a study performed by Lautizi, Laschinger and Ravazzolo (2009:450) show that providing opportunities for professional development and learning are important for mental health nurses' job satisfaction. Lautizi et al. (2009:451) however stress that management from a mental health care setting ought to create structures, systems and protocol to enable psychiatric nurses to practice according to professional standards, optimising their knowledge and skills.

Marquis and Huston (2009:389) highlight the need to celebrate the educational needs of a cultural diverse staff. The wish for additional informal information sharing thus correlates with the category of embracement of cultural diversities. The wish for additional informal information sharing also correlates with the category of a wish for increased acknowledgement by the multi-disciplinary team, the category of support in terms of appreciation by management and the category of a wish to incorporate alternative therapies.

b.ii) Wish for an independent mediator

An independent mediator in this research refers to an independent psychiatric nurse who could be made available for psychiatric nurses to consult regarding workplace-related stresses or even personal issues if needed. The wish for an independent mediator that participants could talk to was illustrated by a comment during one of the dream phases:

“Dit is net 'n droom, iets wat ek graag sal wil doen. (It is only a dream, something that I would like to do.) *It is just to have a psychiatric nurse in the clinic that does counselling to staff, that is available daily.”*

A participant substantiated this comment during feedback on the dream phase during a small core group inquiry:

"Not a psychologist, but a psychiatric nurse. That knows what is happening at work. That gives debriefing for the personnel."

Okun and Kantrowitz (2008:323) define critical incident-stress debriefing as debriefing that limits or prevents the development of posttraumatic stress in individuals who were "exposed to a critical incident", where a critical incident is an event that caused an intense stress reaction. Sharrock, Grigg, Happell, Keeble-Devlin and Jennings (2006:40) describe how an organisation could use the expertise of a "psychiatric consultation-liaison nurse" to manage matters relating to the mental health of employees by focussing on debriefing after stressful incidents or addressing other aspects of employee mental health. Manion (2009:336) refers to an "employee assistance programme" to provide counselling, coaching or debriefing for employees as a means of providing support.

This need to debrief and the verbalisation of a wish for an independent mediator by participants highlighted the importance of counselling for psychiatric nurses working at this mental health care setting in order to facilitate the promotion of their mental health. An advanced psychiatric nurse practitioner is a registered nurse who is "educationally prepared as a clinical nurse specialist or a nurse practitioner at the master's or doctorate level in the speciality of psychiatric-mental health nursing" and who may conduct psychotherapy and consultation (Kneisl & Trigoboff, 2009:21-22). Seed et al. (2010:168) recommend using a clinical nurse specialist to coordinate the care of mental health care users, thus improving satisfaction and retention rates of psychiatric nurses.

The category of a wish for an independent mediator can also link with the category of a wish for additional spiritual support, in the sense that participants verbalised a need to debrief or to verbalise their experiences at work with an independent individual.

Four categories were discussed regarding the theme of supporting the mind as the cognitive and emotional dimension of the psychiatric nurse, including support in terms of empowerment from information sharing, support in terms of appreciation shown by management, a wish for additional informal information sharing and a wish for an independent mediator.

The mind forms part of the internal environment of an individual, along with dimensions of body and spirit (University of Johannesburg, 2009:5). The following theme that forms part of the internal environment, namely supporting the spirit as the relationship and conscience dimension of the psychiatric nurse, will be discussed next.

3.3.3.3 Supporting the spirit as the relationship and conscience dimension of the psychiatric nurse

According to the Theory for Health Promotion in Nursing, the spirit consists of two dimensions, namely relationships and conscience, which are integrated and interrelated (University of Johannesburg, 2009:6). The Theory for Health Promotion in Nursing further defines conscience as that part of the individual that determines what is right and what is wrong relating to relationships or interactions between the individual and God, self or others.

The theme of supporting the spirit as the relationship and conscience dimension of the psychiatric nurse links with the category of supportive relationships with colleagues and the category of embracement of cultural differences. Supportive relationships with colleagues address the relationship dimension, and embracement of cultural differences addresses the conscience dimension. Categories that were identified during the discovery phases of this research were workplace support in terms of a dependable relationship with God and the sense of self-support of the psychiatric nurse as indicated by green leaves in the picture of the tree (Figure 3.1). The category that was identified in terms of a wish of participants during the dream phase was the wish for additional spiritual support from a pastoral counsellor, as indicated by a pink bud in the picture of the tree (Figure 3.1).

a) Discovery phase categories relating to the spirit of the psychiatric nurse

Two categories were identified as a result of the discovery phase of this research that relate to the theme of supporting the spirit as the relationship and conscience dimension of the psychiatric nurse, namely support in terms of a dependable relationship with God and the sense of self-support of the psychiatric nurse.

a.i) Support in terms of a dependable relationship with God

It was clear that some of the participants felt a strong sense of support from their relationship with God. A dependable relationship can be described as a reliable and constant

relationship. Participants viewed their faith as supportive or as a coping strategy, linking this category with the next category of the sense of self-support of the psychiatric nurse. An individual interview with a manager revealed the following belief:

"Yes, I am a strong believer in our Creator, so I pray everyday that my dreams and wishes come true and only He knows what the future holds for us."

This belief was shared by yet another manager with whom I conducted an individual interview.

"I do not think that anybody can do this job without being a believer. God is my strongest support, He is everything. Even, uhm, in any nursing, I do not think you can do it if you do not believe."

Mohr (2006:177) however cautions that individuals, who are religiously preoccupied, might be isolated from other individuals who do not experience the same beliefs. Psychiatric nurses in this setting however, shared their religious faith and felt supported by, as well as a sense of belonging with, the other believers. This understanding of psychiatric nurses was evident when a participant commented as follows on spiritual involvement during a discovery phase feedback:

"It is not overly there, we are just all off Christian orientation and we all believe in a greater Being. It is not over extended. That person would have a professional ethic to work … the professional work ethic and also those respect for the individual."

Mohr (2006:175) writes that spirituality can be explained as the belief of an individual in or experience of a relationship of a power separate from the existence of the individual. Spirituality can also mean the "search for meaning" of an individual (Brown & Williams cited in Mohr, 2006:175). Spirituality thus consists of activities and beliefs in order for an individual to relate to God (Mohr, 2006:175).

Mohr (2006:176) examined the connection between mental health and religion, concluding that religion improved mental health and the better managing of stressful situations. Yoder-Wise (2011:560) suggests seeking "solace in prayer" or using meditation as a spiritual means to manage stress.

A category that links strongly with support in terms of a dependable relationship with God under the theme of supporting the spirit as the relationship, including the relationship with one self, and conscience dimension of the psychiatric nurse, is the sense of self-support of the psychiatric nurse.

a.ii) The psychiatric nurse' sense of self support

Participants experienced a sense of self-support, including knowing when to ask for assistance in terms of off-duty or support in their wards. The following dialogue transpired during the feedback phase of a small core group inquiry:

Discussion leader: *"There is a sense of self-awareness, you know yourself."*

Participant: *"Very much."*

Discussion leader: *"What I am also pick up from you, is a sense of self support. You realised that you were really tired, and you needed time out, so internally it also sounded as if you support yourself by being self-aware and feeling safe enough to voice and they* (members from nursing management) *were flexible."*

Participant: *"You do not need to say you are superwoman. You do not need to pretend. You can just be human."*

Participants used humour as a way of providing self-support, as reflected during the core group inquiries and illustrated by this participant:

"And the nice thing is if a situation like that (stressful situation in the ward) *occurred, that pop up, we had an informal way, and afterwards we will do the joke thing. The jokes absolutely releases tension, we have the same sense of humour."*

The sense of self-support of psychiatric nurses can be linked to workplace support in the sense that they are aware when they need support, when to ask for time off or when to ask for help. Psychiatric nurses working at this mental health care setting were also aware of the strengths and limitations of each other and they were available to augment each other.

Manion (2009:142) describes a workplace filled with fun, humour and different committees

that have responsibilities to organise fun events or socials for their colleagues, which connects to the theme of supporting the social environment of the psychiatric nurse, which I will discuss in paragraph 3.3.4.2.

Jackson et al. (2007:6) suggested several self-development actions to facilitate the resilience of individuals in the workplace. This includes the building of positive professional interactions, being positive, experiencing emotional insight, achieving balance and becoming reflective. This enthusiasm reflects the sense of self-support of the psychiatric nurse under the theme of supporting the spirit of the psychiatric nurse.

This can also be summarised by the positive principle of Appreciative Inquiry which states that change requires social bonding and positive affect (Whitney & Trosten-Bloom, 2003:54), which again correlates with the identified categories of supportive relationships with colleagues. Psychiatric nurses experienced support from colleagues, which enhanced the professional bond they shared. An additional assumption of Appreciative Inquiry states that "what we focus on becomes our reality" (Reed, 2007:27), meaning that having a sense of self-support can lead to resilience or enthusiasm in the psychiatric nurse.

b) Dream phase categories relating to supporting the spirit of the psychiatric nurse

One theme were identified as a result of the dream phase of this research that relates to the theme of supporting the spirit as the relationship and conscience dimension of the psychiatric nurse, namely a wish for additional spiritual support.

b.i) Wish for additional spiritual support

The wish for additional spiritual support as part of workplace support was verbalised as follows by a participant during the dream phase of a core group inquiry:

"I said maybe something like a, uhm, pastoral counsellor, that is also here on a daily basis ... for the staff as well."

Although only one participant verbalised a wish for additional spiritual support during one of the small core group inquiries, the nominal group technique produced two "votes" for this category, indicating that another participant also felt a need for additional spiritual support.

Sadock and Sadock (2007:6) show how religious beliefs and prayer might have a positive influence on the physical and mental health of an individual and suggests using a theologian when addressing spiritual themes. This correlates with the findings in this research. This category can also link with the category of a wish for an independent mediator, in the sense that participants felt the need to debrief or to verbalise their needs to an independent individual like a counsellor or a mediator.

The conclusion of a study performed by Ray and McGee (2006:336) is that "spirituality is important to" psychiatric nurses and "intervention strategies which offer spiritual support should be initiated at times of known stress", increasing the "quality of the work environment". Sun et al. (2006:91) state that spirituality is "something ideal, in that in one sense it is part of ourselves, part of our human inheritance … and in another sense it is not ourselves", producing energy and healing.

Three themes that relate to the internal environment were discussed, namely supporting the body, supporting the mind and supporting the spirit of psychiatric nurses relating to workplace support.

The following section contains a discussion of the external environment of the psychiatric nurse relating to workplace support and will include supporting the spiritual environment, supporting the social environment and supporting the physical environment of the psychiatric nurse. (See Figure 3.1, where the themes are represented by branches, the discovery phase categories by green leaves and the dream phase categories by pink buds.)

3.3.4 External environment of the psychiatric nurse

There are three themes that describe the external environment of the psychiatric nurse, namely supporting the physical, social and spiritual environment of the psychiatric nurse.
I will discuss each theme of the external environment followed by the various categories, divided into discovery and dream phase categories. The discovery phase categories are represented by green leaves and the dream phase categories are represented by pink buds in the figure (Figure 3.1).

3.3.4.1 Supporting the physical environment of the psychiatric nurse

The physical environment refers to physical or chemical structures and agents in the

external environment (University of Johannesburg, 2009:6). Support in terms of the physical environment of the psychiatric nurse includes categories of support in terms of an excellent working environment and effective systems from the discovery phases.

The dream phase led to the identification of two categories, namely a wish for an improved therapeutic environment and a wish to use systems more effectively.

a) Discovery phase categories relating to supporting the physical environment of the psychiatric nurse

Two categories were identified that result from the discovery phase of this research and which relate to supporting the physical environment of the psychiatric nurse, namely support in terms of an excellent working environment and support in terms of effective systems.

a.i) Support in terms of an excellent working environment

The field notes reflected that the garden and the therapeutic environment were a constant theme that emerged throughout the small core group inquiries and the individual interviews with members of nursing management. Participants expressed their appreciation concerning the effort and care that senior management invested in the physical environment, and especially the garden, experiencing their physical working environment as relaxed, peaceful, therapeutic and beautiful. The very first remark of a participant during the first core group inquiry illustrates the importance of support in terms of the physical working environment:

"My first impression was the garden, arriving here, seeing doctor (name) *busy planting flowers, it immediately gives me a feeling of welcome. The peacefulness on seeing all those beautiful plants, shrubs and trees, gives a feeling of calmness which also leads to the fact of feeling secure a peaceful."*

Participants also verbalised the positive effect that the environment has in relation to working at night, which can also be linked to the theme of the physical environment and the category of excellent working environment. The following comment was made during a small core group inquiry:

"Relaxation thing I find it at night time when you sit outside in summertime sit outside and look at the stars and whatever, instead of in that little room stuck in that little room, it is really cold and frustrating in there, and if we can use the garden for its properties. We just need a little bit of privacy away from the patients."

During the second core group inquiry, a participant elaborated as follows on the environment during feedback:

"Look, we all said about the environment, it is always clean, uhm, it is comfortable. In your teatime, or breakfast time, you can go and sit outside, without being, sitting with the patients. You can isolate yourself. It is quiet outside. It is a friendly, warm environment. So, and then, you and your colleagues can go and sit there and you can debrief. It also helps a lot."

Manion (2009:112) stresses the importance of the physical surroundings of the work environment in experiencing positive emotions. Pleasant working conditions in the form of a "pleasant physical environment" can lead to increased retention of personnel (Manion, 2009:148). Edwards and Burnard (2003:196) also stress the importance of the physical environment for the well-being of psychiatric nurses. Positive emotions and well-being can facilitate the promotion of the mental health of psychiatric nurses.

The narratives of participants regarding the garden and the category of support in terms of an excellent working environment led to the creation of the tree, symbolising the experiences and wishes regarding workplace support by psychiatric nurses. This symbol of workplace support in the form of a tree is significant for the future of this mental health care setting regarding the provision of workplace support to psychiatric nurses. Participants inspired me to craft this tree by their narratives that expressed their experiences and wishes regarding workplace support, where the experiences of participants are symbolised by green leaves, indicating the positive from the past, and their wishes by pink buds, indicating their wishes for the future.

The importance of the experiences of participants from the past and their wishes for the future can be linked to two assumptions of Appreciative Inquiry. Reed (2007:28) defines these two assumptions of Appreciative Inquiry as follows: "People have more confidence to journey to the future (the unknown) when they carry forward parts of the past (the known)" and "If we carry parts of the past forward, they should be what is best about the past".

a.ii) Support in terms of effective systems

Systems are all the mechanisms that are implemented at this mental health care setting to function effectively with the different services or processes that are employed in order to provide care for the mental health care users, such as admission procedures, administering of medication, record-keeping methods, protocols, communication lines in the hierarchy, grievance procedures, functioning and communication between support staff like occupational therapy, the kitchen, housekeeping, maintenance and security.

An individual interview with a member of nursing management revealed the confidence in the effectiveness of the systems employed at this mental health care setting.

"The fact that I trust the senior staff and that our documents and systems are in order also makes me feel more at ease."

Information gained during another individual interview revealed the same confidence in the effectiveness of the systems employed.

"The (senior management)*, I will go to them with problems, but not to the others. We have good protocols that work, and also the hospital rules. Also, uhm, the OT* (occupational therapy)*, we have good relations with them. I know everything at OT is correct and functioning and in good hands, uhm, the fact that we feel like a family and that we have been through terrible experiences together. My colleague (name) is always very supportive, and always listens."*

Narratives from participants participating in the small core group inquiries revealed the same appreciation of the effectiveness of the systems at this mental health care setting.

"I think we also just mentioned that the senior (nursing) *staff do come in and do support us in the water* (in the ward situation)*. When there is a difficult situation, they will come in and help you out. Sometimes they do find accommodation for you. They will come in and see this is a really stressful ward and you really had your share of it. They will give you somebody that is supportive or they will give you agency staff. I found myself, on working nights that you really get frustrated. The time we have, working for two days and then you have a break is that at nights it's really is there it I think there night matrons and senior staff might pick up and give you support."*

"The other thing is, uhm, the chief professional nurse, they took her out off the ward. And so, uhm, if you've got a crisis in your ward or a patient is difficult, or you've got a situation that you do not know how to handle, you can always phone her, and she will come to the ward, and help the sister with the situation, the crisis. It takes a lot of workload and conflict management off the sister in the ward, if she does not know how to handle it. The chief professional nurse will always come and help you with whatever. So it is supported on all levels. Yes, she has her cell phone with her and you can reach her anytime."

"We also have the extra care worker during the day, we call her the runner. She, uhm, she goes to each ward and collect the prescription from and take it to the pharmacy that also helps the sister. Especially when you are busy in the ward, you do not always have the time to go to the pharmacy, to fetch your medicine and continue with treatment. Now you can give it to the runner, she can take it and you can handle the crisis in the ward. It is so, it is like, and it makes it easier for us. It spares you that extra time to go out of the ward."

Participants expressed their appreciation for the functioning and communication between psychiatric nurses and the support staff as follows:

"We have actually talked about the rest of the staff, the people who do the maintenance, the cleaners, housekeeper; they are all supportive, very positive. Uhm, if you call them they will come immediately, it is not as if the work stays and you wait for a few days."

"Well, I think it makes, say the cupboard is broken, if you call someone, like maintenance it gets done, it is a positive attitude again towards the patients. Otherwise the patient gets agitated they feel like things get done and that gets reflected to you, you got it done, so it contributes to the whole positive attitude."

Participants also experience support in terms of the nursing management and administration, as is evident in the following narratives:

"Okay, we started with the matrons. They do regular daily rounds. There are weekly rounds also, but that is once a week on Wednesdays. The (senior management) and *one of the psychiatrists do weekly rounds in the wards. It is the same, they are caring, they are very caring, and they will ask how are you, and so, and also if there are problems, uhm, it's very supportive because I did not say that now, now, but if you've got a problem, it is not that you just say that they will do something about it. And it will be like the next day, because I*

wanted a board, net 'n bord (just a board)*, in the ward, and the next day they attended to it, so you feel like that they hear what you are saying."*

Psychiatric nurses reported confidence in the administrative personnel during the discovery phases of the core group inquiries.

"The admin. We have talked about the admin staff, they are also very capable, and the way they handled the patient. It is always kind of awkward for the patient to come, it is a new experience, and they (admin personnel) *handle them* (mental health care users) *well right from the beginning. They* (mental health care users) *are also less stressed when they come in the ward, which helps you and makes your work easier."*

Psychiatric nurses also experienced the system that was employed to order medication from the pharmacy as being effective and supportive.

"Yes, uhm, it is like for instance if a doctor prescribed medication, like we've got a crisis now with (meds name)*, it is not in stock. The pharmacist will phone the doctor, the psychiatrist, and say it is not available at the moment is there any other medication that we can give to the patient in the place off the* (meds name)*. So it is not necessary for us in the wards to phone the psychiatrist's, and says well, the pharmacist said it is not in stock, what can we give the patient? And, we also talked about when a person is got a problem; it is not always work-related."*

Systemic understanding of employees refer to their understanding of the purpose, functioning, parts, location and responsible individual of each service, as well as their understanding of the manner in which to function together or how to navigate in these systems (Bowles & Jones, 2005:285-286). It was clear that participants experienced understanding of the functioning of the existing systems and verbalised that they viewed the effectiveness of systems as being supportive.

Bowles and Jones (2005:288) state that collective decision-making and shared assessment are essential elements in reducing workplace anxiety. Whitney and Trosten- Bloom (2003:55) affirm this with the free-choice principle from Appreciative Inquiry that reveals how individual performance can be improved by letting individuals choose what and how to contribute. This can also be linked to the assumption in the Theory for Health Promotion in Nursing that stresses the mutual involvement between the patient and the nurse (University

of Johannesburg, 2009:4), or between the management of this mental health care setting and psychiatric nurses. Anxiety may influence coping and adjustment that link to mental health. When workplace anxiety is reduced, the mental health of psychiatric nurses may be promoted.

The category of support in terms of effective systems can also be linked to the categories of supportive relationships with colleagues, recognition of expertise by the multi-disciplinary team, embracement of cultural diversities and support in terms of empowerment by means of information sharing.

Effective systems respond to uncertainty and transformation in order to maintain homeostasis; in other words, all the processes are in place (Bowles & Jones, 2005:283, 288). Despite the positive experience of support in terms of effective systems that was shared during the discovery phase of this research, participants verbalised a wish to use systems even more effectively during the dream phase of this research. This might indicate a need to transform certain systems at this mental health care setting. The category of a wish to use systems more effectively will be discussed under b.ii.

b) Dream phase categories relating to supporting the physical environment of the psychiatric nurse

Two categories were identified as a result of the dream phase of this research relating to the theme of supporting the physical environment of the psychiatric nurse, namely a wish for an improved therapeutic environment and a wish to use systems more effectively.

b.i) Wish for an improved therapeutic environment

Despite all the positive elements regarding the environment that surfaced during the discovery phases, participants verbalised their wish for an improved and more therapeutic environment for psychiatric nurses.

The following comment was made after a dream phase during one of the small core group inquiries:

"Yes, and a therapeutic environment for the staff as well. We have a very nice environment, we have a tearoom so we can't complain but if we can make it a little bit more warm and

inviting and a place where you can talk. The tearoom is really freezing, so nobody wants to be there. And what we have is the splitting, some of the staff will sit there, and others will sit in the sun, and you have the splitting. The clicks if you can call it that. That team versus that team. The garden is a positive thing if we can split it off from, a little bit of the garden for ourselves."

There is an increased chance of employee retention if the work environment is positive, "creating a homey atmosphere means doing away with features like … standard institutional decorating schemes" and an ability to access the outdoors (Manion, 2009:365-366). Creating a relaxed atmosphere in which psychiatric nurses can sit in the garden may increase their sense of belonging and commitment to the mental health care setting. The quality of a health care environment can influence the services and provide positive outcomes like job satisfaction (Lavoie-Tremblay, Paquet, Duchesne, Santo, Gavrancic, Courcy & Gagnon, 2010:415). Dickens, Sugarman and Rogers (2005:300) also indicated the importance of the physical working environment and physical comfort for health care provision and for the nurses' perspective of work stress.

b.ii) Wish to utilise systems more effectively

The wish for improved and more effective systems was evident during the dream phases of the core group inquiries where participants reflected on their wishes.

"If the systems are in place, it would support you tremendously … I also think the environment is it is important that everybody can get more involved in the environment and even the planning that we can get more involved in the planning parties that plans for the hospital in terms of the future, what is the hospitals plans in terms of the future, new wards, (renovations and additional buildings were in the planning phase) *solar electricity or further plans in terms of the electricity."*

Participants verbalised their need to be more involved in planning, while they simultaneously verbalised a need for nursing management to be more involved in the wards, interacting with the mental health care users to identify and solve possible problems or complaints.

"The higher ranked personnel can come in and they can go from patient to patient and ask how you are today, do you have any complaints? Are you happy are you okay in other words being helpful and supportive, help to identify problems, not taking your job away."

Adding to the wish for nursing management to be more involved in the wards with regard to the mental health care users, the need for improved communication with the multi-disciplinary team was verbalised by participants during the dream phase.

"Because there are not any doctor rounds like in big hospitals we do not do that. You miss out on that a bit, you do your work you get through the routine. Then the matrons will pop in once or twice just to see how you're doing your work, and it stops there that is that. They don't really talk to the patients the way we do. Then the other thing is I think that sometimes we get stuck with the non-nursing jobs. Uhm, we have the nursing things in the job description, and then we get stuck with complaints about of fixing toilets and stuff, and I think in the ward the systems is in place, there are maintenance, there is the kitchen staff, there is the laundry staff, the cleaning ladies, bla, bla. That's so if something would go wrong in the ward, you would get stuck."

The following narratives from the dream phase illustrate the wish of participants to streamline communication and interaction with the support staff.

"Or if there were easier access for the patients so that they can get to it, for example if they had a problem with the kitchen with a menu or the food, they can go and speak to the kitchen, identify the person. Or maintenance, the toilet is broken, or if I see that guy in the overall over there, I can go and speak to him, here is the book, I can just write in it, and the sister will go and give it to him. The maintenance comes regularly, and they will just read in the book. It releases us from dealing with the simple stuff. There are things that need to get fixed, we can't find the TV channel."

"Because the kitchen is not functioning, or is closed or has a lack of staff, it all boils down to the sister again because she is the closest to the patients. So it is the sister who will need to send food back many times and say look this is not a diabetic diet."

"And on night duty they should definitely be somebody uhm, on night duty that uhm, for this kind of thing (maintenance and kitchen) *that can be called."*

"It is different companies (catering company) *is not even part of* (hospital)*, and the same with the cleaning ladies, it is a different company. But, because we are the sister, we are the easiest to access. The patient goes like you have to sort out your staff, and it is not my staff. You can't go like, it is not my work, you can't say that. It is amazing how these small things*

can irritate the patients."

Another issue that was raised regarding systems was the wish for a separate teenager ward. At the time of my research, the mental health care setting was allowed to admit only a limited number of adolescences, who were treated in the other wards among the adults.

"Uhm, my biggest dream for this place is to have a separate ward for teenagers, and it must be in such a way that uhm, say for instance that that house that they have bought now, that they will develop that place, which is separate from the hospital."

"It would be best if you could separate teens, geriatrics and psychotics. Because that is mainly you're three problems in a, uhm, and this hospital everything is all mixed."

The topic of the adolescences led the participants in the discussion phase to suggest the evaluation of patients before admission, as well as a separate admission ward or just a room, from which to effectively place the mental health care user in a specific ward. Participants felt that this would lead to better service delivery as well as being supportive towards psychiatric nurses.

"Uhm, I could add to the different structures. It will also be very supportive if patients are placed in wards, if they are evaluated by skilled people. Even if it is the senior sister or the matron. We have talked about having an admission room."

"A person admitting those patients or a few people doing that during the day, admitting the patients. Every patient should be placed to do it correctly. To get more efficient information, because it sometimes happened that we do her staff nurses who will admit the patients, or at night. At at 11 o'clock that morning I realised that this patient is a diabetic, and psychotic. Because then I get time for this admission."

"To add on from that, maybe you can start and do acuity levels, you can do, because one or two psychotic patients and an elderly patient, will push your acuity level up, and you are going to need more trained staff, and we do not get it. We get two staff members and a care worker and that is that, if you are lucky it is somebody that is trained. And I'm not saying put everybody in the same ward, if you see that your acuity levels are normal. Make turns and rotate people … Put more people, with persons that are not so skilled, if you can access them in the front, as I say temporarily admission place, ward, what ever. And then after that

assessment you put them in the wards, and you can go on ... I can understand that the person in charge, who is looking at the placed holistically, cannot dump you with all the difficult ones, and somebody else will have a breeze of the day, you have to be realistic."

"You cannot make one ward just for the psychotic ones, or overload a specific team with all those ones. It is a difficult balance, we each come from stuff at home, our, maybe something happened like a death in the family, bla, bla, all of us have that. It is sometimes difficult to leave all of that at the door and then you come into the ward and there is a psychotic one, a demanding one, a paranoid one, and this and that. We try as the seniors and even the matrons to just dilute them. We try to give everybody a patient that is difficult, and not to dump all the difficult ones on one."

Improvement of the administration, and especially the cardex system, according to which psychiatric nurses have to describe the care given to the mental health care users, in writing, was also expressed during the dream phases of the core groups.

"We've also said the admin paper, we've got a lot of admin. Like make a system, we can only tick off that the patient had his medication, his meals, and we have extra space where we can write the emotional stuff. How is the patient emotionally, was he manic? Because in your cardex writing, your write things three times during the day. It also takes a lot of time to write the cardex."

"Everybody writes the cardex in a different way, but most of the time it is the same over and over and over. The only thing that that differs is the patient was anxious, or crying, that is the only difference. And if there was a crisis with the patient, otherwise it is the same."

"We have to write, or that is how I was learnt, the patient had their medication, you have two write that they eat, that they did not eat, three times a day. That they have seen the doctor and that the doctor changed the prescription or not. That is the only thing you had to write. All the other things you can put together, but there is no time. That is what worries me, if you write for 26 patients, you have to write all that stuff. There is no time to write about the emotional stuff of the patients, how is the patient emotionally. Okay, and there is rounds. There are two rounds during the day. You have to write where the patient was, is he okay. I think it gets sloppy actually."

Bowles and Jones (2005:283) argue that one cannot assume that individuals with different priorities and from different teams would prioritise the development of whole systems, when all the parts are in place, in order to work in balance. It seems, however, from the dreams of psychiatric nurses in this research that this is indeed what they envision in order to feel more supported. They wished for all the different teams or services to be more synchronised and effective than it already is, as can be seen from the discovery phase remarks regarding effective systems in the workplace. This includes the efficient working together with senior personnel, with the multi-disciplinary team, with housekeeping or the kitchen, with maintenance and security.

The collaboration of teams performing different services is essential to ensure that the logistical functioning of a mental health care setting is connected (Schoppmann & Lüthi, 2009:613), correlating with the findings in this research. Bowles and Jones (2005:284) explored the working of whole systems in acute psychiatry and explain how failure within the system, like an inappropriate admission process or lack in communication between members of the multi-disciplinary team regarding client discharge, can have an effect on the psychiatric nurses working in the wards. Bowles and Jones (2005:288) suggest collective decision-making, responsiveness and increased flexibility within all parts of the system in order to decrease anxiety.

The category of a wish to use systems more effectively can be linked to the categories of a wish for further flexible shifts, a wish for improved teamwork, a wish for increased acknowledgement by the multi-disciplinary team and a wish to incorporate alternative therapies.

Four categories were discussed regarding the theme of supporting the physical environment of the psychiatric nurse, namely support in terms of an excellent working environment, support in terms of effective systems, a wish for an improved therapeutic environment and a wish to use systems more effectively.

The physical environment forms part of the external environment of an individual, along with the social and spiritual dimensions (University of Johannesburg, 2009:5). The following theme that forms part of the external environment, namely supporting the social environment of the psychiatric nurse, will be discussed next.

3.3.4.2 Supporting the social environment of the psychiatric nurse

The social environment of the psychiatric nurse refers to the "human resources in the external environment of the individual" (University of Johannesburg, 2009:7). I discussed workplace support in terms of the social environment of the psychiatric nurse under the categories supportive relationships with colleagues and the recognition of expertise by the multi-disciplinary team for the discovery phases and a wish for improved teamwork and a wish for increased acknowledgement by the multi-disciplinary team for the dream phases.

a) Discovery phase categories relating to supporting the social environment of the psychiatric nurse

Two categories were identified as a result of the discovery phase of this research on the theme of supporting the social environment of the psychiatric nurse, namely supportive relationships with colleagues and recognition of expertise by the multi-disciplinary team, as symbolised by green leaves on the tree. (See Figure 3.1.)

a.i) Supportive relationships with colleagues

The wholeness principle in Appreciative Inquiry was very dominant for me while exploring the experiences of the participants in this setting, due to the fact that the participants experienced teamwork and support and verbalised that they feel like a family. According to the wholeness principle, "wholeness brings out the best in people and organizations" (Whitney & Trosten-Bloom, 2003:55). I will provide some examples of what the participants shared with me during the core group inquiries and during the individual interviews that reflect their appreciation for the supportive relationships they experienced with their colleagues.

"(Members from middle and senior management) *are very supportive. They always listen and it is uhm, always confidential. You can tell them anything. I must say that between all the staff in the different wards there is always that unity if I feel that I can not deal with it, there is always this somebody that comes in and is somebody is knowledgeable."*

"If you are burnt out, you have to go on. That is important about psychiatric nurses, is that you could go to somebody and say I am fed up now. Can you take over my shift, or I am working on Sunday. I want the day off, would you be interested?"

"What I appreciate is the empathy of my colleagues. We like to help one another debriefing, especially when we have difficult patients. We have so much trust in each other and and we can talk to one another, and even phone one another, and debriefed about things."

The following extract from a completed naïve sketch indicates the emotional support experienced at work as well as the feeling of being like a family.

"I experienced a personal disappointment which I did not want to discuss at work. All my colleagues noticed that something was wrong, I told them everything, and everybody was very supportive. We feel like a family and we always support each other. I realised just how much we care for each other."

"It is still a small hospital. It is something special I do not think anyone will ever loose the significance; it can get a little bit too close for comfort. We have a great support system. It it is not like we work, anybody can pick up if you are having a bad day, or you are having some sort of stress. You do not have to know what (the problem is), *it is that just me being there and helping out in this situation."*

"Another thing that also gives support is that people will work with you that is an important factor for us, because like she's said, if you are in a situation that you can give over to us teenagers or whatever. You do not have to go in, that person has all the knowledge to deal with, with whatever. When people work with people there is not always the necessary training."

"Absolutely, but because we have this feeling of supporting one another, it gives you the kind off space to say like I am exhausted it is. And nobody is going to victimise you because you are saying I am exhausted."

"Uhm, but we usually do, especially on Sunday, uhm, we, everybody brings some money and we buy some cake. Like in the tearoom, everybody sit down and we debrief. Like at home, something happening in the ward. It can be personal; it can be work-related. We all just sit there and debrief. And it helps a lot."

"Yes, you are not just a number, you are a person. It is not like the big hospitals, like it is the sister that is working in the maternity ward. Here we knew that it is (name) *that this working in ward A, it is* (name) *working in ward E. We call each other by name, it is not always sister*

(name) *or sister* (name). *We feel comfortable to address each other on the name, and we feel comfortable with that. And we always greet each other, it does not matter if it is a doctor, or uhm, the superintendent, or the manager, we feel comfortable. And if we see each other, we greet each other, how are you. It is not like you walk past each other and you don't know who that is."*

Collaboration or teamwork means that individuals work together in order to realise a common objective, including enthusiasm to combine forces and the accepting of assistance from others (Bégat, et al. 2005:228). Teamwork implies unselfishness and kindness; thus sharing can enable individuals to identify their own limits as well as their own possibilities, as well as to appreciate the complete goal rather than only parts thereof (Bégat, et al. 2005:228). Manion (2009:175) shows that the central elements of a healthy work relationship are communication, trust and respect. Participants valued the relationships that they had with their colleagues, experiencing support in the workplace, as evidenced by the narratives of the participants.

Torp (2008:264) noted that social support received from managers and colleagues is clearly associated with a positive health and safety philosophy in a organisation, while absenteeism was associated with low social support at work (Griep, Rotenberg, Chor, Toivanen & Landsbergis, 2010:186).

Social support from colleagues has been shown to have a positive influence on work satisfaction among nurses (Craft Morgan & Lynn, 2009:407). Spence Laschinger *et al.* (2009:308) demonstrated the positive effect of working with colleagues where mutual respect is evident in their daily work. Newton, Kelly, Kremser, Jolly and Billett (2009:393) suggest that interaction with colleagues can produce more enjoyment and interest, which can increase work motivation. This correlates with the findings in this research.

The category of a supportive relationship with colleagues links with the next category of recognition of expertise by the multi-disciplinary team.

a.ii) Recognition of expertise by the multi-disciplinary team

During the individual interview, one of the middle nursing managers reported on her appreciation of the fact that she felt recognised by members of the multi-disciplinary team.

"I feel trusted by them and very professional. They address me respectful and I feel that I can have a different opinion and they will respect me, and value my input. Yes, when I maybe suggest that a patient receives ECT, it worked and the doctor told me my expertise is good and it boosted my self-confidence. If you are in the wrong, they will show you the right way. Yes, I feel part of a team."

This feeling of being appreciated for one's expertise and skills by members of the multi-disciplinary team was not only limited to members of middle nursing management, but psychiatric nurses verbalised the same opinion during the core group inquiries, relating to psychiatrists and psychologists.

"Also with the medicine I found, I had the opportunity, I had the freedom of speech I felt I could tell the doctor, and this medication does not work with the patient. And he did not see it that I was barging into on his territory, which I appreciate that. He prescribes it, but we all want to see that it works because we are seven days 12 hour with this patient."

The appreciation of unique expertise and skills was also verbalised regarding the occupational therapists.

"Yes they will come and listen if the patient is in the ward and they are available if you want to speak to them about a certain patient if a certain patient needs more intensive care or what ever. So the occupational therapist and they've got a positive attitude all of them."

Meetings between multi disciplinary team members serve several functions, namely, to exchange information, to coordinate duties, to reflect on diagnosis and therapies and to make suggestions (Schoppmann, 2009:610). Searl (2007:172-173) discusses this relationship between a physician and the nurse, explaining that the relationship is "a collegial one between two practitioners who are both responsible for the patient".

Seed, Torkelson and Alnatour (2010:168) show how psychiatric nurses "rated high satisfaction" when they participated in communication with the multi-disciplinary health team. This communication and "supportive relationship" (Seed *et al.,* 2010:168) between psychiatric nurses and other members of the multi-disciplinary team indicate reciprocal recognition of expertise, correlating with the findings in this research.

Hanrahan et al. (2010:204) stress the importance of strong multi disciplinary relations when

working with complex and integrated psychological and physical conditions in clients in a mental health care setting. Sun et al. (2006:90) stress the importance of all members of the multi disciplinary team voicing their professional thoughts in order to provide optimal care for the mental health care users, entailing mutual respect and trust in each professional's unique skills, knowledge and qualities.

b) Dream phase categories relating to supporting the social environment of the psychiatric nurse

Two categories were identified as a result of the dream phase of this research relating to the theme of supporting the social environment of the psychiatric nurse, namely a wish for improved teamwork and a wish for increased acknowledgement by the multi-disciplinary team, as symbolised by pink buds on the tree. (See Figure 3.1.)

b.i) Wish for improved teamwork

Teamwork in this context can be described as shared responsibility for decision-making, sincerity and flexibility among psychiatric nurses working together, as well as with the other nursing staff, the multi-disciplinary team and support staff. In an interview with one of the managers, the following was said relating to a wish for improved teamwork:

"Human relations are very important to me, and I would like to incorporate that more. I would like to focus more on people, on staff, and not only on work. I would arrange more socials and interactions on my shift do more nice things."

A participant who worked night duty verbalised the wish for improved teamwork, referring to communication between the day staff and the night staff, during a small core group inquiry as follows:

"That is the difference between day and night, we felt that we are the stepchildren at night."

A wish for improved teamwork transpired during the following dialogue between the researcher and a member from nursing management, referring to feeling involved in decisions and clear communication between team members.

Researcher: *"So, you would like to feel more involved in decisions and you would also like a clear explanation of what is expected of you?"*

Participant: *"Yes."*

Bowles and Jones (2005:288) report that the stress experienced by employees can be managed by collective teamwork, shared decision-making, flexibility and openness. Effective teamwork involves a sense of community and increases the emotional bond between employees and between employees and leaders, thus enhancing commitment (Manion, 2009:193). The category of a wish for improved teamwork can be linked to the category of a wish for increased acknowledgement by the multi-disciplinary team.

b.ii) Wish for increased acknowledgement by the multi disciplinary team

There is a wish for more multi-disciplinary interaction and acknowledgement, as can be seen by the following comments from a discussion after the dream phase from the core group inquiry:

"They are not always here, the sister can phone me and tell me, but the time is not there to do that, it is the ideal. We would like to get all the guys (multi-disciplinary team members) *together and discuss the patients."*

"We said that uhm, to get something, those that they have at the state hospitals, like the multi disciplinary team panels, just to get every body involved, the doctors don't see the patients like we see them, they see them for that 20, 25 minutes, and everything is rosy and fine they do not see their odd behaviour or funny things that we see. The same goes with the occupational therapy."

Uys (2004:37) describe how the role of the psychiatric nurse overlaps with that of other members from the multi-disciplinary team, meaning that similar knowledge and skills are used, but emphasises the role of the psychiatric nurse as more encompassing than that of other professions. This is also evident in the Theory for Health Promotion in Nursing, which defines the role of the nurse as a therapeutic, sensitive professional who demonstrates skills, values and knowledge in the facilitation of health promotion (University of Johannesburg, 2009:4).

Four categories were discussed regarding the theme of supporting the social environment of the psychiatric nurse, namely supportive relationships with colleagues, recognition of expertise by the multi-disciplinary team, a wish for improved teamwork and a wish for increased acknowledgement by the multi-disciplinary team. The social environment forms part of the external environment of an individual, along with the physical and spiritual dimensions (University of Johannesburg, 2009:5). The following theme that forms part of the external environment, namely supporting the spiritual environment of the psychiatric nurse, will be discussed next.

3.3.4.3 Supporting the spiritual environment of the psychiatric nurse

The spiritual environment refers to the religious aspects and the values in the external environment of the individual (University of Johannesburg, 2009:7). The categories embracement of cultural diversities and the acceptance of social responsibilities, stemming from the values in the external environment, emerged during the discovery phases of the small core group inquiries. A wish to incorporate alternative therapies was a category that emerged during the dream phase of the small core group inquiries.

a) Discovery phase categories relating to supporting the spiritual environment of the psychiatric nurse

Two categories were identified resulting from the discovery phase of this research relating to the theme of supporting the spiritual environment of the psychiatric nurse, namely embracement of cultural diversities and acceptance of social responsibilities.

a.i) Embracement of cultural diversities

Havens et al. (2006:468) explain how the concepts of cultural awareness, involvement, collaboration and communication are interrelated and dynamic and suggest using Appreciative Inquiry to examine these concepts. An embracement of cultural diversities is a reflection of values, relating to the spiritual dimension of an individual.

The cultural awareness and embracement of cultural diversities by psychiatric nurses are evident from remarks made during the core group inquiries.

"Although we have different cultures in staff centre, we try to accommodate one another as much as possible."

"Yes, cultural wise there is differences we are getting to support each other's culture we are getting more and more comfortable with each other's cultures."

"Yes, we mentioned about the staff nurses that is very positive we talked a little bit about the culture, because most of them is black. They have a positive attitude towards us, and they are well trained. They are capable, they can take over a ward, and the care workers also, the staff nurses and the care workers."

Diversity of race, gender, religion and culture is a characteristic of the South African work environment and managing systems can only be effective if these differences and values are respected (Schreuder & Coetzee, 2010:11). Schreuder and Coetzee (2010:12) continue to argue that although differences can lead to conflict, it can also build sensitivity towards different individuals and groups, leading to a collective cross-fertilisation of richness and variety. This correlates with the findings in this research.

Yoder-Wise (2011:166) discusses three principles relating to the embracement of cultural diversities, which include multi-culturalism as maintaining different cultures, cross-culturalism as mediating between cultures and trans-culturalism as bridging differences in cultural practices. Managers should build a new knowledge base with regard to cultural differences by motivating employees to attend cultural educational sessions (Yoder-Wise, 2011:169). Different cultures were maintained in the mental health care setting and psychiatric nurses practised trans-culturalism by accepting and acknowledging the different cultures in the workplace.

Mohr (2006:178) implores nurses to be aware of and to examine their own values in order to discover what is important to other individuals; thus self-awareness and value clarification are combined. Self-awareness permits nurses to continue from their own cultural or spiritual perspectives without imposing on others (Mohr, 2006:178). Participants verbalised examples of accommodating behaviour, being committed to learning about other cultures and of being comfortable with cultural diversities.

In research on work environments and attitudes in mental health care settings, Lesinskiene et al. (2007:761) propose that in-service training and information sharing be presented in

native languages. Cultural awareness involves education and the gathering of information in order to examine biases, to be sensitive and understanding and to understand different perspectives (Ndiwane, Miller, Bonner, Imperio, Matzo, McNeal, Amertil & Feldman, 2004:119).

Two assumption of Appreciative Inquiry can be linked to the category of embracement of cultural differences, namely "it is important to value differences" and "there are multiple realities" (Reed, 2007:28).

The category of embracement of cultural diversities can be linked to the categories of supportive relationships with colleagues and acceptance of social responsibilities, as well as with a wish to incorporate alternative therapies, which will be discussed under b.i.

a.ii) Acceptance of social responsibilities

During one of the individual interviews, a member of the nursing management verbalised how management at this mental health care setting accepted their social responsibilities by the implementation of programmes aimed at disadvantaged communities.

"The government expects my company, uhm, my hospital to be involved in programmes, uhm, like reach out programmes, to uplift disadvantaged neighbouring communities and I identified a home in (name) *which is approximately twenty five kilometres from us. My supervisors welcomed the idea, and up to this stage, I am the coordinator thereof. The name of the home is* (name) *home base care which is catering for poor families, orphans and HIV positive people making use of volunteers."*

Searle (2007:38) emphasises the importance for nurses to accept their social responsibilities. The acknowledgement of their social responsibilities by members of management of this mental health care setting emphasises their commitment to providing support, not only to their employees, but to the community as well.

The acceptance of social responsibilities is also a reflection of the values, as part of the spiritual dimension of the external environment, of the management (hospital management and nursing management) at this mental health care setting.

I could not locate relevant articles pertaining to the category of acceptance of social responsibilities in an acute mental health care setting, by using social responsibilities, social support or community involvement as keywords on the CINAHL or OVID databases.

This could be attributed to the fact that all relevant information pertaining to the social responsibilities of psychiatric nurses is relevant to community psychiatric nurses and could not be generalised to an acute mental health care setting.

b) Dream phase category relating to supporting the spiritual environment of the psychiatric nurse

One category was identified as a result of the dream phase of this research relating to the theme of supporting the spiritual environment of the psychiatric nurse, namely a wish to incorporate alternative therapies.

b.i) Wish to incorporate alternative therapies

Participants used the phrase alternative therapies to describe complementary and alternative medicine, which can be linked to the spiritual dimension in the external environment of the individual. Complementary medicines that are already used in conjunction with the conventional treatment at this mental health care setting include homeopathic medicine, naturopathic medicine, hypnosis, art therapy, music therapy, visual imagery, relaxation, special diets and dietary supplements. Complementary medicines that are not yet available at this mental health care setting include yoga, biofeedback, chiropractic manipulation, massage, healing touch, reiki, bio-electromagnetic-based therapies, colour therapies and light therapies (Kneisl & Trigoboff, 2009:873).

Participants verbalised the desire to incorporate alternative therapies as a wish during one of the dream phases of the core group inquiries.

"Another thing that I think would be good is alternative therapies, more than the existing ones here like anything you would like to bring in there are lots of new methods, of treatment, new therapies."

"There are new things that develop like light therapy, colour therapy, there are a lot of new things in the world but it would be a leading hospital if we could take things like that."

Kneisl and Trigoboff (2009:872) define complementary therapy as therapy that is used together with conventional medical therapy and alternative therapy as therapy that is used instead of conventional medical therapy. Nursing that is aimed at providing holistic care (University of Johannesburg, 2009:4) is especially suited to provide integrative therapy (Kneisl & Trigoboff, 2009:872).

The experiences and wishes of psychiatric nurses regarding workplace support at this mental health care setting were discussed by referring to the internal environment and the external environment. The internal environment consisted of three themes, symbolised by branches, namely supporting the body, supporting the mind and supporting the spirit of the psychiatric nurse. The external environment consisted of three themes, symbolised by branches, namely supporting the physical environment, supporting the social environment and supporting the spiritual environment of the psychiatric nurse. The discovery phase categories (green leaves) were discussed under each theme, along with the dream phase categories (pink buds). (See Figure 3.1.)

3.4 CONCLUSION

In this chapter, I identified the central storyline, the themes and categories that emerged from the naïve sketches during my data analysis, the core group inquiries and the individual interviews with members of management. These identified themes correlated with the Theory for Health Promotion in Nursing and were linked to the assumptions of Appreciative Inquiry.

The experiences of participants regarding the Appreciative Inquiry process were noted in the field notes, as feedback from them, after the conclusion of the two small core group inquiries.

"I became aware of strengths and weaknesses, realising that I can come up with solutions. I also realised that I can influence people positively."

"It was a good experience. I learned to be positive. I appreciated the structuring and the reflecting on the dream"

"I can return to my environment and make positive contributions"

As discussed in section 3.3.1, central storyline, pruning the tree symbolised transformation and a potential for growth with regard to workplace support for psychiatric nurses working at this mental health care setting. Participants kept referring to the willingness of management to provide workplace support during the discovery phase of this research, thus forming the roots of the tree that represented workplace support.

The central theme that emerged, the trunk of the tree, and from which all the other themes developed, is a holistic approach to workplace support, connected to the holistic view in the Theory for Health Promotion in Nursing (University of Johannesburg, 2009:4).

The themes that emerged from the central theme of a holistic approach to workplace support can be divided into the internal environment and the external environment of the psychiatric nurse. Themes, or branches, that were included in the internal environment comprise supporting the body as the physical dimension, supporting the mind as the cognitive and emotional dimension and supporting the spirit as the relationship and conscience dimension of the psychiatric nurse. Themes, or branches, that were included in the external environment comprise supporting the physical environment, supporting the social environment and supporting the spiritual environment of the psychiatric nurse.

The discovery phases of the data collection process produced descriptions from psychiatric nurses regarding peak past experiences of workplace support, symbolised by green leaves. The dream phase of the data collection process produced wishes from psychiatric nurses regarding the facilitation of holistic workplace support, symbolised by pink buds. Recommendations made to the management of this mental health care setting (discussed in chapter 4) might lead to the facilitation of processes to provide psychiatric nurses with holistic workplace support in order to facilitate the promotion of their mental health.

In chapter 3 each theme and category that were identified regarding workplace support were discussed individually, together with a literature control in order to substantiate the findings. I also provided verbatim examples from the original transcribed data to verify the findings.

CHAPTER 4

JUSTIFICATION, LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

In the final chapter, I will discuss the justification and the limitations with regard to the research design and the research methods of this research. I will discuss the conclusions and finally I will propose recommendations that emerged from the findings by referring to psychiatric nursing research, psychiatric nursing education, psychiatric nursing management and psychiatric nursing practice.

4.2 JUSTIFICATION OF THIS RESEARCH

In the background and rationale of this research in chapter 1, I discussed the changing environment of health care and the need for the provision of workplace support to nurses. I discussed the unique challenges that face psychiatric nurses in a private mental health care setting, along with organisational and occupational stresses that can lead to burnout. The observation of signs of burnout in psychiatric nurses working at a private mental health care setting led me to the formulation of the research questions, namely what are the experiences of psychiatric nurses of workplace support in a private mental health care setting and what wishes could psychiatric nurses have regarding workplace support in a private mental health care setting?

This research questions were followed by the purpose of this research, namely to conduct an Appreciative Inquiry in order to generate an in-depth understanding of the experiences and wishes of psychiatric nurses regarding workplace support in order to propose recommendations that may contribute to the facilitation of the promotion of the mental health of psychiatric nurses in a private mental health care setting.

I identified three objectives for this research, namely to explore and describe the experience of psychiatric nurses of workplace support in a private mental health care setting, to explore and describe the wishes of psychiatric nurses regarding workplace support in a private mental health care setting and to propose recommendations regarding workplace support

with reference to psychiatric nursing research, psychiatric nursing education, psychiatric nursing management and psychiatric nursing practice, in order to facilitate more effective means to provide workplace support and to facilitate the promotion of the mental health of psychiatric nurses.

The meta-theoretical perspective that guided this research was the Theory for Health Promotion in Nursing, and the theoretical perspective that guided this research was Appreciative Inquiry. The research questions directed the research design (University of Johannesburg, 2009:10), namely a qualitative, exploratory, descriptive and contextual design that was used in order to generate the data about the experiences and wishes of psychiatric nurses regarding workplace support in a private mental health care setting. In chapter 3, a description was provided of the experiences and wishes of psychiatric nurses regarding workplace support in a private mental health care setting.

The question concerning the experiences and wishes of psychiatric nurses regarding workplace support in a private mental health care setting was relevant, as discussed in the background and rationale section in chapter 1. Participants demonstrated, during the discovery phase of Appreciative Inquiry, how a context experienced as providing workplace support could have a positive impact on the mental health of the psychiatric nurse.

I am proposing recommendations relating to psychiatric nursing research, psychiatric nursing education, psychiatric nursing management and psychiatric nursing practice in this chapter (see paragraph 4.5, recommendations). The aim of these recommendations is to facilitate more effective means of providing workplace support, in order to facilitate the promotion of the mental health of psychiatric nurses working at this mental health care setting. This research was thus justified, since the purpose and objectives, as stated in chapter 1, were achieved.

The use of the Theory for Health Promotion in Nursing and Appreciative Inquiry as meta-theoretical and theoretical perspectives can be justified with regard to the findings, which show a holistic approach to workplace support as the central theme, giving rise to themes regarding the internal environment and the external environment of the psychiatric nurse. Categories that emerged from these themes included experiences of support that were identified during the discovery phase and wishes that were identified during the dream phase.

Reed (2007:107) justifies the significance of an Appreciate Inquiry research by referring to the transformational nature of a discussion concerning peak past experiences. Reed (2007:107) also indicates how participants can be empowered by their engagement in the Appreciative Inquiry process. I experienced this potential for transformation and a feeling of empowerment from participants by being allowed to verbalise their experiences and wishes regarding workplace support during the small core group inquiries and the individual interviews with members of nursing management, as evidenced by the reflections of the participants regarding their positive experiences.

4.3 LIMITATIONS OF THIS RESEARCH

I will discuss the limitations of my research in terms of the research design and the research methods used.

4.3.1 Limitations of the research design

A qualitative design was used in this research, which was exploratory, descriptive and contextual, with an Appreciative Inquiry approach. A possible limitation of this research might be related to the contextual design that was used. I described the experiences and wishes regarding workplace support in a specific context, namely a private mental health care setting in Gauteng, and did not intend to make generalisations to other settings. The research findings can be limited in terms of the facilitation of workplace support in other private mental health care settings, as well as generalisations to mental health care settings in the public sector.

Participants might have felt that the process of Appreciative Inquiry was incomplete, due to the fact that I only implemented the first two stages of the 4-D cycle of Appreciative Inquiry, namely the discovery phase and the dream phase. The implementation of all these phases in the 4-D cycle might have left participants with a greater sense of completion, and I will strongly recommend the implementation of all four phases of the Appreciative Inquiry 4-D cycle later in this chapter under the recommendations. Reed (2007:124), however, provides examples of research that was done by using only the first two stages of the 4-D cycle of Appreciative Inquiry, namely the discovery phase and the dream phase. I was confident that the implementation of only the first two stages was sufficient to reach the objectives of this research and I discussed this in paragraph 1.5.2.1, Appreciative Inquiry.

4.3.2 Limitations of research methods

I will discuss the limitations of the research methods in terms of the sampling method, the data collection method and the data analysis method used.

4.3.2.1 Sampling method

Although I was confident that data saturation was achieved due to no new themes emerging, the research was conducted with a limited number of participants (10) due to the organisational size. I extended invitations to participate in this research to all possible participants and on an ongoing basis during the selection-of-participants phase, as discussed in paragraph 2.4.2.2.

Although there were 50 prospective participants, several prospective participants were not willing or unable to participate in the data collection phase of this research. Ten psychiatric nurses participated in this research, which might have limited the richness of the information obtained. Additionally I felt that the demographics of the participants were limited with regard to gender and race, as discussed in paragraph 2.6.6, justice, and that the participants who were willing and able to participate in the research were not a complete representation of the target population. The participants who were willing to participate in this research might have had different perspectives or might have been more positive than those participants who chose not to participate in this research.

Participation was voluntary, and some individuals with a rich source of information were not willing to participate in the research, although I gave information beforehand concerning the research and Appreciative Inquiry in order to motivate participation. This unwillingness to participate might stem from a lack of knowledge regarding research in general and Appreciative Inquiry in this context, or from negative previous experiences regarding research. A more extensive information session regarding research and Appreciative Inquiry, conducted before the inviting of participants, might have produced more willing participants.

4.3.2.2 Data collection method

My association with the participants might have influenced their openness during data collection. Although the participants seemingly felt comfortable with me as the researcher,

some themes might still not have been expressed. De Vos, Schulze and Patel (2005:6) speak of an "emphatic understanding" in the human sciences, but also emphasise that an important detachment of the researcher from the participants and information is necessary in order to keep away from emphasising her own partiality or dislikes (Strydom, 2005:248). I was very aware of my personal identification and possible subjectivity towards psychiatric nurses and the data obtained at this specific mental health care setting and reflected a lot on my impartiality in the field notes and during the recording of the positive core maps (addendum J) and the data analysis phase.

I also used an independent discussion leader to ensure richness of information. The discussion leader conducted a bracketing interview or reflective interview (addendum N) with me by after the first small core group inquiry. My supervisor, who acted as the discussion leader of the second small core group inquiry, again conducted such an interview with me after the second small core group inquiry. The purpose of these interviews was to create awareness of my own experiences regarding workplace support in this setting.

Confidentiality was difficult in a group setting, and the participants might have been hesitant to volunteer information. Participants were aware of the data collection methods before signing informed consent to participate in this research. I invited participants to contact me after the core group inquiries if they had anything else to add, but no participant contacted me, which indicated that participants shared their experiences and wishes during the group phase of the data collection.

I gave participants the opportunity to divide themselves into groups to make them feel more at ease during the one-on-one interviews between participants. The participants were all registered psychiatric nurses, competent in interview and communication skills, and interview schedules were provided containing the discovery and dream phase questions. I was present at all times to observe the one-on-one interviews between participants, to make field notes and to answer the questions of participants regarding the data collection process.

I only requested that participants in this research complete the naïve sketches. Participants who were willing to participate in this research might have had different or more positive views than those psychiatric nurses who did not participate in the research. I could have requested that all psychiatric nurses who were employed at this mental health care setting complete a naïve sketch, whether they participated in the small core group inquiries or not.

4.3.2.3 Data analysis method

This research involved several different data sources, namely written naïve sketches, completed interview schedules from participants, transcribed feedback from the feedback and discussion phase of the small core group inquiries, positive core maps and the results from the nominal group technique, field notes, transcriptions from the reflective interviews with the discussion leaders and transcriptions from the individual interviews with members of nursing management. The amount of different data sources was at times overwhelming, but the advantages of using several different data sources included achieving triangulation, confirmation of data saturation, ensuring reliability, ensuring validity and obtaining a thick description of the experiences and wishes of psychiatric nurses regarding workplace support at this mental health care setting.

There is a limitation regarding rich evidence in the form of the limited amount of quotes from participants provided in the final report. This can be attributed to the limited number of participants who participated in this research, as described earlier in paragraph 4.3.2.1, sampling method. I am, however, confident that data saturation was achieved, as no new themes emerged and themes were being repeated. The limited number of quotes provided can also be attributed to the number of themes and categories that were identified during the data analysis process, the nominal group technique and open coding.

There were one central theme, six themes and twenty-two categories identified and discussed in this research representing workplace support. A holistic approach to workplace support, which was the central theme, led to all the other themes and categories. The quotes that were provided in the final report under one category could also be descriptive of one or two other categories, thus emphasising the holistic approach to workplace support. I did indicate the relationship between themes and categories in chapter 3 where relevant.

Some of the categories that I have discussed in chapter 3 might lack rich evidence in the form of the quantity of literature references in order to re-contextualise the findings. I have used all the themes, categories, workplace support for psychiatric nurses and workplace support in a mental health care setting as key words on the CINAHL and OVID databases.

4.4 CONCLUSIONS

The research questions that were discussed in chapter 1 are stated below.

- What are the experiences of psychiatric nurses regarding workplace support in a private mental health care setting?

- What wishes could psychiatric nurses have regarding workplace support in a private mental health care setting?

The conclusion of this research is based on the findings discussed in chapter 3. I will discuss the conclusions referring to the research questions.

The first research question regarding the experiences of workplace support was addressed by using the naïve sketches, the discovery phase questions, the discovery phase feedback of the small core group inquiries and by using the discovery phase questions during the individual interviews conducted with members of nursing management. The discovery phase question gave rise to the description of a peak experience regarding workplace support and the acknowledgement of existing actions from colleagues or supervisors that participants experienced as being supportive, as symbolised by the green leaves of the tree. (See Figure 3.1.)

This experiences verbalised by psychiatric nurses were diverse (see chapter 3) and correlated with the Theory for Health Promotion in Nursing, indicating that participants experienced workplace support in their internal environment as supporting the body, mind and spirit of the psychiatric nurse and the external environment as supporting the physical, social and spiritual environment of the psychiatric nurse.

The second research question regarding the wishes of psychiatric nurses concerning workplace support was addressed during the dream phase questions, the dream phase feedback of the small core group inquiries and during the dream phase questions of the individual interviews conducted with members of nursing management. The dream phase question gave rise to the description of the wishes of participants in order to experience the best possible support at work, as symbolised by the pink buds of the tree. (See Figure 3.1.)

The wishes that were verbalised by psychiatric nurses were diverse (see chapter 3) and correlated with the Theory for Health Promotion in Nursing, indicating that participants wished for workplace support in their internal environment as supporting the body, mind and spirit of the psychiatric nurse and the external environment as supporting the physical, social and spiritual environment of the psychiatric nurse.

The use of the Appreciative Inquiry approach in this research, using the first two stages of the 4-D cycle, produced a thick description of the experiences and wishes of psychiatric nurses regarding workplace support, thus addressing the research questions. The research questions led to the formulation of the purpose and objectives of this research, as discussed in chapter 1.

The purpose of this research was to conduct an Appreciative Inquiry in order to generate an in-depth understanding of the experiences and wishes of psychiatric nurses regarding workplace support in a private mental health care setting.

The objectives of the research were to

- explore and describe the experiences of psychiatric nurses regarding workplace support in a private mental health care setting;

- explore and describe the wishes of psychiatric nurses regarding workplace support in a private mental health care setting; and

- propose recommendations regarding workplace support with reference to psychiatric nursing research, psychiatric nursing education, psychiatric nursing management and psychiatric nursing practice, in order to facilitate more effective means to provide workplace support and to facilitate the promotion of the mental health of psychiatric nurses.

Participants shared their narratives regarding their experiences of workplace support in the past and it had significant meaning to psychiatric nurses who participated. Participants verbalised that they “feel close” (to their colleagues) or “like a family”. Participants also verbalised the importance of the environment to them and a tree became the symbol of workplace support at this mental health care setting. The roots of the tree symbolised the willingness from members of management to provide workplace support to psychiatric nurses.

The trunk of the tree symbolised a holistic approach to workplace support. This holistic approach regarding workplace support has six branches correlating with the Theory for Health Promotion in Nursing. This branches or themes could be divided into the internal environment and the external environment of the psychiatric nurse regarding workplace

support. Themes representing the internal environment were supporting the body as the physical dimension, supporting the mind as the cognitive and emotional dimension and supporting the spirit as the relationship and conscience dimension of the psychiatric nurse. Themes representing the external environment were supporting the physical environment, supporting the social environment and supporting the spiritual environment of the psychiatric nurse regarding workplace support.

The experiences of psychiatric nurses regarding workplace support did not only focus on one or two aspects of workplace support, but were holistic, referring to their internal and external environments. The wishes of psychiatric nurses regarding workplace support did not focus on one or two aspects of workplace support either, but were also holistic, referring to their internal and external environments.

The assumptions of Appreciative Inquiry, stemming from the principles (discussed in paragraph 1.6.2.2) were also illustrated in this research. The constructionist principle, which can be linked to the contextual design used in this research, indicates how participants in this research constructed their own reality regarding workplace support through the stories that they conveyed. Regarding the simultaneity principle, participants already started to create change in this organisation and personally by reflecting on the subject of workplace support and by verbalising their wishes regarding workplace support. The poetic principle transpired through the production of a thick description regarding the experiences and wishes of psychiatric nurses regarding workplace support.

The anticipatory and positive principle emerged when participants imagined a positive future regarding workplace support in the dream phases of the data collection process. The wholeness principle was illustrated by the central theme of a holistic approach to workplace support.

The conclusion of workplace support as being holistic led me to formulate the recommendations stated in paragraph 4.5 for this research.

4.5 RECOMMENDATIONS

I will discuss the recommendations that emerged during my research on workplace support in terms of recommendations relating to psychiatric nursing research, psychiatric nursing education, psychiatric nursing management and psychiatric nursing practice.

The final objective of this research, namely to propose recommendations regarding workplace support with reference to psychiatric nursing research, psychiatric nursing education, psychiatric nursing management and psychiatric nursing practice in order to facilitate more effective means to provide workplace support and to facilitate the promotion of the mental health of psychiatric nurses, guided me to choose Appreciative Inquiry as research approach, specifically aimed at "process improvement" (Whitney & Trosten-Bloom, 2003:26).

4.5.1 Psychiatric nursing research

I recommend the application of an Appreciative Inquiry research approach in other mental health care settings that include public and private mental health care facilities to explore and describe workplace support in these contexts. The use of the 4-D cycle of Appreciative Inquiry is suited to support related research, due to the affirmative nature of Appreciative Inquiry. During the discovery phase participants "appreciate" (Whitney & Trosten-Bloom, 2003:6) existing facilitating factors, the dream phase provides an opportunity for participants to envision and verbalise their specific individual needs, the design phase can aid participants to distinguish between facilitating and restraining factors and the delivery phase can aid participants in the "mobilisation of resources" (University of Johannesburg, 2009:4), linking the Theory for Health Promotion in Nursing with Appreciative Inquiry. The combination of the Theory for Health Promotion in Nursing and Appreciative Inquiry as theoretical perspectives was shown to be complementary in this research.

Research can be done to explore the link between workplace support and the productivity of the psychiatric nurse. Another research might explore the connection between workplace support and job satisfaction of psychiatric nurses.

4.5.2 Psychiatric nursing education

After the implementation of Appreciative Inquiry as a research approach, I propose that research curricula include Appreciative Inquiry as a qualitative research approach. I further propose that advanced psychiatric nursing students be trained in the facilitation of an Appreciative Inquiry process due to the transformational nature of Appreciative Inquiry and the possible wide application of this theoretical perspective, as discussed in paragraph 4.5.1, psychiatric nursing research. "Individuals, families, groups and communities" (University of Johannesburg, 2009:5) can be transformed by using an Appreciative Inquiry approach, as

discussed in paragraph 4.5.1, psychiatric nursing research.

The importance of establishing a journal club in order to facilitate continuous education was evident from the participants in this research. I propose that psychiatric nursing education stresses the importance of the establishing of a journal club for the psychiatric nursing students, regardless of the environments in which they work, including education regarding the finding, evaluation, interpretation and communication of journal articles.

4.5.3 Psychiatric nursing management

Since I only used the first two phases of the 4-D cycle of Appreciative Inquiry, namely the discovery phase and the dream phase, I strongly recommend the facilitation of the entire 4-D cycle of Appreciative Inquiry (discovery phase, dream phase, design phase and destiny phase) regarding workplace support at this mental health care setting in future research. I also suggest to involve other nursing staff (enrolled nurses), members from the multi-disciplinary team and support staff to participate in future research to explore their views regarding workplace support in this specific context. The facilitation of the entire Appreciative Inquiry cycle might leave participants with a fuller experience of the Appreciative Inquiry process and aid management at this mental health care setting in the design and implementation of actions regarding workplace support, which could facilitate the promotion of the mental health of psychiatric nurses.

I will recommend the future implementation of the design and destiny phases, for future research, to management of this mental health care setting in order to clarify and implement methods to facilitate more effective means of providing holistic workplace support and to provide psychiatric nurses with a further opportunity to feel heard regarding the theme of workplace support. I made the following comment during one of the reflective interviews with one of the discussion leaders after one of the small core group inquiries:

"The feeling of the participants was very positive after the discovery phase discussion. It is as if uhm, they said we have this and this and this to feel positive about. After the dream phase, it was as if they, uhm, felt less positive. I would really like to go on with the process (implement the complete 4-D cycle). *I wonder what the emotions* (participants' emotions) *would be if we could implement the whole process.* (design and delivery phase). *I really feel there is a need to go further, they* (psychiatric nurses) *need to feel heard* (regarding workplace support).

I recommend the implementation of the Appreciative Inquiry approach in other areas of interest, other than workplace support, for all the employees at this mental health care setting, by an independent individual experienced in the facilitation of an Appreciative Inquiry process. Examples of proposed Appreciative Inquiry interventions might include areas like communication at work, continuous learning and leadership (Cooperrider, et al. 2008:38).

I will describe the recommendations generated during the dream phase questions of the core groups and the individual interviews to members of nursing management from this mental health care setting in a report and will communicated it to the nursing management myself. I will also provide members of nursing management from this mental health care setting with a report indicating the experiences and wishes of psychiatric nurses regarding workplace support, as generated during the discovery phases of the data collection. I will suggest that members of management from this mental health care setting consider the wishes verbalised by psychiatric nurses in order to take action on the various wishes that participants expressed to facilitate the promotion of the mental health of psychiatric nurses.

Recommendations related to the theme of supporting the body as the physical dimension of the psychiatric nurse included the wish for more flexible shifts and a wish for additional physical safety for psychiatric nurses in the mental health care environment in which they work.

Participants who worked night duty verbalised a need to work two or three nights instead of seven. I also recommend the implementation of flexible shifts by allowing nurses to partake in a self-scheduling system, where nurses are responsible for arranging their own off-duty times in collaboration with a member from middle management.

I recommend continuous education regarding crisis intervention skills and the management of an aggressive mental health care user in order to promote the physical safety of psychiatric nurses. I also recommend the evaluation of mental health care users during the assessment phase of the admission process for possible aggression in order to alert psychiatric nurses. The topic of management of an aggressive mental health care user can also be included in the in-service training programme. I also suggest the availability of additional security personnel, doing continuous rounds in the mental health care setting.

Recommendations related to the theme of supporting the mind as the cognitive and emotional dimension of the psychiatric nurse included a wish for more informal information

sharing and a wish for an independent mediator. This included members of senior nursing management who provided informal information-sharing sessions in the wards during working hours and the orientation of new and agency staff by senior nursing management members. Psychiatric nurses also verbalised a wish to interact more with the multi-disciplinary team regarding the sharing of information concerning the treatment plan of mental health care users. I propose weekly meetings between psychiatric nurses and members of the multi-disciplinary team, like occupational therapists, psychologists and psychiatrists, in order to share information and to optimise the formulation and execution of the nursing care plans for the mental health care users.

Participants working night duty also verbalised a need for informal information sharing during the night. I suggest the forming of a journal club at night in order to provide night staff with information, as well as communication between day and night staff pertaining to information sharing.

Participants in this research verbalised a need to involve the nursing students who are allocated to this mental health care setting from time to time in the information sharing. Psychiatric nursing students can be invited to join the journal clubs and the in-service training sessions.

A dream verbalised by the participants was a wish for an independent mediator. The purpose of such an independent mediator would be to consult or council psychiatric nurses regarding situations at work or in their personal life or providing psychiatric nurses with an opportunity to debrief. I suggest the appointment of an advanced psychiatric nurse practitioner, a registered nurse who is “educationally prepared as a clinical nurse specialist or a nurse practitioner at the master's or doctorate level in the speciality of psychiatric-mental health nursing” and who may conduct psychotherapy and consultation (Kneisl & Trigoboff, 2009:21-22). An advanced psychiatric nurse practitioner can also be consulted regarding the in-service training programme, research, systems and protocols of this mental health care setting and nursing care plans for the mental health care users.

Recommendations related to the theme of supporting the spirit as the relationship and conscience dimension of the psychiatric nurse included the wish for additional spiritual support to psychiatric nurses in the form of the availability of a spiritual counsellor. I suggest that a spiritual counsellor be available to the mental health care users as well as psychiatric nurses.

The theme of supporting the physical environment of the psychiatric nurse consisted of two categories, namely a wish for an improved therapeutic environment and a wish to use systems more effectively. Based on the wish verbalised by the participants, I recommend a private and quiet environment outside for psychiatric nurses to relax in during their breaks.

Participants also verbalised the wish to use the existing systems more effectively. I suggest that members from senior hospital management involve psychiatric nurses when planning procedures like the admission procedure of a mental health care user, the record-keeping procedures and the process of ordering medication from the pharmacy, in order to obtain their input.

I suggest the implementation of an Appreciative Inquiry process in order to facilitate more effective teamwork, involving nurses (psychiatric nurses, enrolled nurses and care workers), members from the multi-disciplinary team and support staff (cleaning services, maintenance, kitchen and security). Participants wished for all the various teams and services to work together more effectively. An advanced psychiatric nurse practitioner can aid in the implementation of an Appreciative Inquiry process.

The theme of support in terms of the social environment of the psychiatric nurse led to recommendations with regard to increasing the acknowledgement of the knowledge and skills of psychiatric nurses by members of the multi-disciplinary team. This recommendation can also be implemented by means of the facilitation of an Appreciative Inquiry workshop regarding relationships between the multi-disciplinary team.

The final theme of support in terms of the spiritual environment of the psychiatric nurse led to the recommendation for the incorporation of alternative therapies in the treatment programme for the mental health care users, like light therapy or colour therapy. Complementary medicines that are not yet available at this mental health care setting, which I can recommend, include yoga, biofeedback, chiropractic manipulation, massage, healing touch, colour therapies and light therapies (Kneisl & Trigoboff, 2009:873).

4.5.4 Psychiatric nursing practice

Recommendations regarding psychiatric nursing practice that emerged from this research on workplace support at a mental health care setting can be summarised by saying that psychiatric nurses ought to take responsibility for receiving and giving holistic support in the

work environment. The facilitation of the Appreciative Inquiry process was the first step in generating this awareness.

Psychiatric nurses ought to take personal responsibility for informal information sharing by continuing the journal clubs, for example. Psychiatric nurses can also take personal responsibility for the effective functioning of existing systems and the relationships with members of the multi-disciplinary team. Appreciative Inquiry can be used in this regard as discussed under recommendations earlier. Appreciative Inquiry can also be used in the daily practices of psychiatric nurses as an intervention method when providing services to the mental health care users as discussed in paragraph 4.5.1, psychiatric nursing research.

4.6 SUMMARY

In chapter 4, I described the justification for my research on workplace support, as well as describing the limitations of this research in terms of the research design and the research methods. I discussed the conclusions, based on the findings, of this research in terms of a holistic approach to workplace support under the various identified themes. Finally, I discussed the recommendations resulting from the conclusions with reference to psychiatric nursing research, psychiatric nursing education, psychiatric nursing management and psychiatric nursing practice.

I conclude my research by evaluating whether my objectives were reached. The overall purpose for performing this research was to conduct an Appreciative Inquiry in order to generate an in-depth understanding of the experiences and wishes of psychiatric nurses regarding workplace support in a private mental health care setting. I generated an in-depth understanding, reflected by my findings in chapter 3.

The objectives for the research were to explore and describe the experiences regarding workplace support of psychiatric nurses in a private mental health care setting, to explore and describe the wishes of psychiatric nurses regarding workplace support in a private mental health care setting and to propose recommendations regarding workplace support in order to facilitate the promotion of the mental health of psychiatric nurses working in a private mental health care setting with reference to psychiatric nursing research, psychiatric nursing education, psychiatric nursing management and psychiatric nursing practice. Chapter 4 consolidated my recommendations on workplace support in terms of psychiatric nursing research, psychiatric nursing education, psychiatric nursing management and

psychiatric nursing practice. The mental health of psychiatric nurses may be promoted as workplace support is provided in this setting.

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