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**EXPERIENCES OF NURSES CARING FOR MENTALHEALTHCARE  
USERS WITH INTELLECTUALDISABILITY IN A SELECTED HOSPITAL**

by

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**December 2023**



## DECLARATION

Student number 21795518

I Talifhani Princess Murovhi declare that the dissertation “Experiences of nurses caring for MHCUs with ID in a selected hospital” is my original work and that it has not been submitted for any degree or examination at any other institution. All sources that are fully cited both in the text and references list as sources of information.

A rectangular box containing a handwritten signature in black ink, which appears to read "Murovhi".

.....

Talifhani Princess Murovhi

November 2023



## DEDICATION

I dedicate this study to the following people who has been supporting me throughout my studies:

- My daughter Murunwaoda M for her understanding and allow me time to concentrate on my studies
- My partner Nematikanga T for being a very supportive throughout my studies and encouraged me not to give up
- My mother Murovhi AM who encouraged me to further my studies and her words of encouragement
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**LIST OF ABBREVIATIONS**

ID	ID
MHCUs	Mental health care user (s)
NGNs	Next Generation NCLEX
PD	Physical disability
PNS	Psychiatric Nursing Science
SA	South Africa
SANC	South African Nursing Council





## ABSTRACT

### EXPERIENCES OF NURSES CARING FOR MENTAL HEALTH CARE WITH INTELLECTUAL DISABILITY IN A SELECTED HOSPITAL

**Student:** Murovhi TP

**Degree:** M Nurs

**Supervisor:** Dr MAR du Plessis

**Co-supervisor:** Prof AE van der Wath

**Introduction:** The caring experiences of nurses has an effect on their attitudes towards mental health care users (MHCUs) with intellectual disability (ID). Negative experiences may result in ineffective treatment, affecting the self-esteem and treatment participation of MHCUs and their caregivers. The caring experiences of nurses working with MHCUs with ID in a selected hospital in Limpopo province were not known.

**Objectives:** The aim of the study was to explore and describe the experiences of nurses caring for MHCUs with ID at a hospital in Limpopo province. The findings informed recommendations for nurses caring for MHCUs with ID with reference to nursing practice, education and research.

**Methods:** A qualitative descriptive exploratory design was employed to conduct the study. Semi-structured interviews were conducted and the research sample consisted of eight participants guided by the principle of data saturation. In this research thematic analysis was employed as a primary method for data analysis. During the research process, information was gathered from nurses caring for MHCUs with ID. Qualitative data analysis was used to derive the findings. Trustworthiness was attained via credibility, dependability, confirmability, authenticity and transferability.

**Findings:** Following an analysis of the data, four themes were identified: caring experiences, challenging experiences, coping experiences, and measures to improve caring for MHCUs with ID. The participants stated that more staff members should be employed and they must be trained in how to care for MHCUs with ID.

**Key terms/ concepts:** Care, experiences, intellectual disability, mental health care users.



## CHAPTER 1: ORIENTATION AND BACKGROUND TO THE STUDY

### 1.1 INTRODUCTION

This chapter gives an overview to the study in accordance with the introduction and background, research problem statement, research question, research purpose and research objectives of the study. It also defines the key terms, context and setting, assumptions, delineation and significance of the study. The research design, research methods, data collection and organisation, data analysis, trustworthiness and ethical considerations will be discussed in detail in Chapter 2.

### 1.2 BACKGROUND AND RATIONALE

Nursing has come a long way since the days of Florence Nightingale but caring remains the core of nursing (Andersson, Willman, Sjostrom & Borglin, 2016:1). Loke, Lee and Noor (2016:421) describe caring as a critical value in the nursing profession, which is guided by humanistic values such as kindness, empathy, concern, and love for self and others. The authors further refer to caring as giving the patient freedom of choice about when to take on the role of the patient and when to take on the role of the person. Nurses conceive caring as acting as an intermediary and working in a team. A lack of caring by nurses affects the delivery of healthcare services, as nurses form the largest group of healthcare professionals (Maria, Mei & Stanley, 2017:1).

It is concurred by Magnusson, Allan, Horton, Johnson, Evans and Ball (2017:46) that nurses are the primary contacts in patient care, and their contributions are essential to ensure effective patient care. Registered nurses are persons that have undergone nursing training and have been declared competent and function according to the Scope of Practice of the South African Nursing Council (Regulation R425, 1985). Competent and compassionate professional nurses make sensible choices to behave in ways that are kind and caring and uphold the dignity of each person (Lyneham & Levett-Jones, 2016:89). Therefore, professional nurses are expected to practice caring with patients without compromise. According to Viljoen, Coetzee, and Heyns (2017:70), society expects competent and safe healthcare from professional nurses, which necessitates professionals to practice quality caring using current knowledge and effective skills.



The nursing profession involves a high degree of responsibility, accountability, and dedication (Chhugani & James, 2017:2). The skills required of nurses caring for MHCUs, especially those with ID are specialized skills (Jaques, Lewis, O'Reilly, Wiese & Wilson, 2018:01). ID is associated with diminished intellectual functioning (such as learning, problem solving, and judgement), adaptive functioning (activities of daily living such as communication), and independent living (conceptual, social, and practical aspects of functioning) (Parekh, 2017:1).

There is about one billion people in the world live with some form of disability and in developed countries there have been a significant increase in the number of people with ID (Appelgren, Persson, Bahtsevani & Borglin, 2021:2). The authors attributed this to them living longer and growing older, though those with ID require long-term health and social care. It is estimated that about 200 million people experience considerable difficulties with disability, such as barriers to fully and effectively participate in society on an equal basis with others. The inability to function at a full capacity can be attributed to environmental and individual factors (World Health Organization & World Bank [WHO/WB], 2011:1). Furthermore, the promotion of mental health, is emphasised in the Sustainable Development Goals (SDGs), Goal 3: Ensure healthy lives and promote well-being for all at all ages. This goal emphasizes the promotion of mental health, prevention of mental and substance use disorders, and universal health coverage as targets (Patel, Saxena, Lund, Thornicroft, Baingan, Bolton et al., 2018:1). The inclusion of mental health in the SDGs places a greater demand on mental health care nurses who are needed worldwide to provide comprehensive mental health care (assessment, care, preventive, and rehabilitative measures) to MHCUs with ID (Mills, 2018:855).

For South Africa to address ID, Stein, Sordsdahl and Lund (2018:147) emphasised that the treatment gap needs to be addressed. An integrative and convergent approach must be developed under the necessary leadership. This has been alluded to by Kinnear, Morrison, Allan, Henderson, Smiley and Cooper (2018:1) who reported that the prevalence of ID is rising, as such, this is becoming a serious health concern as these MHCUs have different health needs and health inequalities compared to the general population. The challenges MHCUs experience were also attributed to healthcare professionals, especially nurses, who appeared to lack knowledge or awareness of people with ID, resulting in poor communication and information sharing (McCormick, Marsh & Taggart, 2020:1223).

In developed countries, health and social care has increased the number of people living with ID as they live longer and grow older (Appelgren et al., 2021:1). On the other hand, problems



with the coordination of ID services contributed to premature death among the MHCUs with ID in the United Kingdom (Appelgren et al., 2021:1). This was also alluded to by Trollor, Srasuebku, Xu and Howlett (2017:2) who reported that in Australia adults with ID experience premature mortality and were over-represented among cases of avoidable death. The same authors (Trollor et al., 2017:2) indicated that people with ID are particularly vulnerable to health problems and experience difficulties in meeting their healthcare needs.

Literature on disability in Africa focused on stigma related to the characteristics of disability (Sobekwa & Arunachallam, 2017:8). Nurses' experiences in various clinical areas of practice received more attention internationally in recent years. Evidence from industrialized countries reveals some findings about nurses' experiences, views, and attitudes when caring for patients with ID (Sobekwa & Arunachallam, 2017:3). In a study conducted in Australia by Howie, Welch, Horton and Wirihana (2021:2) the authors reported that patients with ID are often inadequately treated because of the negative staff attitudes and a lack of understanding of the ID related to inadequate education and training. However, little is known about the experiences of nurses who care for MHCUs with ID in acute admission units in South Africa (SA) (Ngako, Van Rensburg & Mataboge 2019:1).

Most of the research undertaken among SA nurses focused primarily on nurses' experiences in general mental health care settings (Ngako et al., 2019:1). There has been less research that have investigated and described the experiences, perceptions, and attitudes of nurses caring for MHCUs with ID. Nurses in SA are at the vanguard of the country's health care system, particularly the mental health care system. Nurses give every day mental health care to MHCUs in the community and in inpatient mental health institutions. They work in long-term and acute inpatient mental health units that require various levels of specialized treatment (Sobekwa & Arunachallam, 2017: 9). The caring for MHCUs with ID requires nurses to have specific knowledge, training and skills (Alftberg, Johansson & Ahlstrom, 2021:193). Student nurses are the future of the nursing profession and will have to take decisions about MHCUs with disability, directly or indirectly (Polikandrioti, Govina, Vasilopoulos, Adamakidou, Plakas, Kalemikerakis, et al., 2020:485).

It is important to evaluate nurses' attitudes towards persons with disabilities include the findings in undergraduate and postgraduate nursing curricula to provide education to support nurses in their practice (Howie et al. 2021:2). Continuous education may modify already established incorrect behaviours, thus facilitating provision of high-quality care. The rationale



is that health is a fundamental right entrenched in Section 271 of the Constitution of the Republic of South Africa (1996:11).

Breau, Baumbusch, Thorne, Hislop and Kazanjian (2021:2) reported that healthcare providers frequently have pre-existing attitudes towards MHCUs with ID. Baziga (2017:001) referred to these as stigmatising attitudes. These negative attitudes may result in ineffective treatment in inpatient settings (Geçkila, Kaleci, Cingil & Hisar, 2017:82). The adverse effects on MHCUs with ID (both children and adults) can include negative consequences such as low self-esteem and limited participation in treatment interventions (Desroches, 2020:12). The theory of planned behaviour indicates how nurses' individual attitudes affect their behaviour and beliefs which contributes to their anticipated course of action during caregiving (Ajzen, 2020:315). It is essential to ensure that there are no biases or negative attitudes when caring for MHCUs.

The phenomenon of the disability stigma is not only confined to SA, but prevalent in developing countries where people with disabilities may be considered as not quite human or a source of shame, which has serious consequences for their treatment (Rohwerder, 2018:2). Furthermore, the author reported that people with ID are among those who are often more stigmatized than people with physical disabilities (Rohwerder, 2018:2). The training received should enable nurses to address the stigma attached to MHCUs with ID.

Training has been alluded to by Song and McCreary (2020:2) when they observed that in many cases, new graduate nurses' expressed unpreparedness to perform expected workplace roles and displayed deficiencies in applying their knowledge and experience to practice. They reported that this phenomenon stems from the profession's inability to adequately identify and synthesize nursing competencies and instil them in new graduates during their early years of practice (Song & McCreary, 2020:2). Hence the researcher aimed to explore and describe the experiences of the nurses caring for MHCUs with ID so that recommendations can be made to the policy makers.

The researcher is one of the six professional nurses who work in the ID unit and has a Diploma in Nursing (General, Psychiatric and Community) and Midwifery that is generally referred to as R425. It should be noted that only two trained professional nurses are on duty per shift and the other nursing categories that are not trained in mental health care nursing, work under their supervision. It was during the researcher's exposure to rendering of care and



rehabilitation to MHCUs with ID, that she observed that these patients were not adequately cared for.

Based on the problems identified from the background, the researcher intends to explore and describe nurses' experiences regarding caring for MHCUs with ID at a selected hospital in Limpopo province.

### **1.3 PROBLEM STATEMENT**

As indicated in the background, MHCUs with ID have unique needs and require dedicated and specialised nursing care. The researcher observed that in the hospital, which is under study, nurses operate in a fast-paced, high-pressure atmosphere, and they have challenges of dealing with patients who have complicated mental health and psychiatric issues. Despite the extensive hours spent by nurses caring for these MHCUs, their lived experiences, have not been well documented (Sobekwa & Arunachalam, 2017:23).

The researcher identified that nurses experience fatigue due to staff shortages and therefore take emergency leave and sick leave and this led to high workload during the shift. There is limited allocation of additional or overtime hours to nurses during these staff shortages. The latter add to increased levels of stress, burnout and even depression thus making working with patients with high physical and behavioural support needs even more difficult. This has been supported by Pelleboer-Gunnink, Van Oorsouw, Van Weeghel and Embregts (2017:1) who believed that professionals, including nurses reported stress, lack of confidence, fear and anxiety, a tendency to treat people with ID differently without supporting these MHCUs' autonomy.

The researcher thus posed the question: What were the experiences of nurses regarding caring for MHCUs with ID at a selected hospital in Limpopo Province?

### **1.4 SIGNIFICANCE OF THE STUDY**

Exploring the experience and attitudes of nurses caring for the MHCUs with ID is of importance as it may provide a way of dealing with undisclosed issues associated with caring for the MHCUs with ID. This study will be of advantage for both the MHCUs, and the nurses. The nurses' experiences will be explored and ways of dealing with experiences will be established, such as providing a conducive environment for quality of healthcare practice to be improved. The findings will inform mental health nursing education and nursing management to deal with



the challenges experienced by nurses. The study outcomes could encourage the future researchers to focus on studies on ID.

#### **1.4.1 Significance of the study for nursing practice**

Studying the experiences, attitudes and feelings of nurses caring for MHCUs with ID will be of importance for nursing practice because it would likely improve quality health care for MHCUs with ID as it will make recommendations to address nurse's challenges when working in the ID unit. MHCUs with ID has the right to the highest attainable standard of health as everybody else, this study will help in achieving this goal.

#### **1.4.2 Significance of the study for state, policy makers and the community**

The government and policy makers are responsible for ensuring that high quality patient care is provided and always maintained to all healthcare users. This study may help the government departments, policy makers and the community in ensuring that the MHCUs receive the care that they deserved. This is essential for the community as the MHCU with ID need to go back to the family following discharge.

#### **1.4.3 Significance of the study for nursing education**

This study is important in nursing education because nursing students should be prepared to support the MHCUs with ID and their role in addressing their health needs. The findings of this study can help to ensure the students will be aware of what is expected of them as nurses.

### **1.5 RESEARCH QUESTIONS**

The following research question is formed in response to the afore mentioned problem statement.

- What are the experiences of nurses towards caring for MHCUs with ID at a hospital in Limpopo province?

### **1.6 RESEARCH AIM AND OBJECTIVES**

#### **1.6.1 RESEARCH AIM**

The main aim of this study was to gain a thorough understanding of the experiences of the nurses caring for MHCUs with ID at a hospital in Limpopo province.

#### **1.6.2 RESEARCH OBJECTIVES**

The objectives of this study were to:



- Explore and describe the experiences of nurses caring for MHCUs with ID at a hospital in Limpopo province.
- Propose recommendations for nurses caring for MHCUs with ID with reference to nursing practice, education, and research.

## 1.7 CLARIFICATION OF CONCEPTS

The following concepts are relevant to the research:

### 1.7.1 Experiences

Experiences are acts of witnessing, encountering, or going through things in general as they happen across time (McNicholas, McCall, Werner, Wounderly, Marinchak & Jones, 2017:372). These experiences comprise attitudes (such as knowledge, emotions, motives, positive or negative feelings or way of thinking) and perceptions (apprehension by means of the senses or of the mind, cognition, and understanding). Experience is the process of acquiring, understanding, choosing, and organizing sensory information (McNicholas et al., 2017:371; Geçkila et al., 2017:83). In this study the experiences of the nurses caring for the MHCUs with ID, is be explored to find out how these affect their behaviour, their working environment and caring to recommend changes if there is a need to do so.

### 1.7.2 ID (ID)

ID is problems associated with general mental capacity that influence intellectual functioning (such as learning, problem solving, and judgement) adaptive functioning (activities of daily life such as communication) and independent living and includes conceptual, social and practical aspects of functioning (Parekh, 2017:1). In this study the researcher explored and described the experiences of nurses caring for MHCUs with ID as in the mentioned definition.

### 1.7.3 Mental health care user (MHCU)

MHCU is “a person receiving care, treatment and rehabilitation service or using a health service at a health establishment aimed at enhancing the mental health status of the user” in terms of Chapter 1, Section(xix) of the Mental Health Care Act, No. 17 of 2002. In this study, a MHCU is a patient with ID receiving care in a mental health care hospital in Limpopo province.

### 1.7.4 Nurse





In SA, a nurse is a person registered in one of the categories under the Nursing Act, No. 33 of 2005, Chapter 2, Section 30(1)(2)(3)(4). This is in order to practice nursing or midwifery in the manner and to the level prescribed in the act (Nursing Act No. 33 of 2005:25). In this study, the term nurse refers to a registered nurse, midwife, enrolled nurse and enrolled nursing assistant who work at a mental health care hospital in Limpopo province.

#### **1.7.5 Patient care**

Patient care is the service rendered to the person who is physically or mentally ill or who is undergoing treatment for physical or mental illness. In this study, patient care refers to care provided by nurses as defined by their scope of practice, R786 of 2020 (No. 43305 Government Gazette, 2020:5). In this study, caring for a patient is understood as the clinical practice nurses are performing, which includes protection and promotion of health and abilities and prevention of illness and injuries to patients with physical and mental illness.

The study was conducted at a designated 354 bedded mental health care hospital in Limpopo province. The distribution is indicated in Table 5.1, with three ID wards with  $\pm 52$  MHCUs with ID and 120 nurses. In each ward there are 40 nurses, divided to cover two 12 hour day shifts and two 12 hour night shifts.

### **1.8 PARADIGMATIC PERSPECTIVE**

Paradigm is a world view formed by an overall pattern on the complexities of the world (Polit & Beck 2017:9). This explains the philosophical positions towards reality, knowledge and world that determine the research paradigm and its traditions (Ataro, 2020:20). The researcher adopted a constructivist paradigm to explore the experiences of nurses caring for MHCUs with ID. This approach emphasises that knowledge and understanding are constructed through social interactions and personal experiences. By using this paradigm, the researcher aimed to gain a deeper insight into the subjective experiences and perspectives of the nurses. The study focused on how these nurses make sense of their roles, challenges and unique needs of their patients within the context of mental health and ID (Polit & Beck, 2017:10). In this study, the researcher considered participants' subjective views to be the essence of what is real for them in order to explore possibilities and understandings. The assumptions used in this study will be described as follows: ontological, epistemological, axiological, and methodological.



### **1.8.1 Ontological assumptions**

Ontology is an assumption made about the nature of reality (Ataro, 2020:20). Social realities can be seen as objective entities which exist independently from social actors or social constructions in themselves built up from the perceptions, actions, and interpretations of people in society (Ataro, 2020:20). In this study, the reality was seen as multiple and subjective and were constructed by the participants involved in the setting where the phenomenon was explored - experiences of nurses caring for MHCUs with ID at a hospital in Limpopo province.

### **1.8.2 Epistemological assumptions**

Epistemology is an assumption made about the kind or nature of knowledge (Ataro, 2020:20). It is concerned about the interpersonal relationship between the researcher and the participants which is important in capturing the perception of the participants (Ataro, 2020:20). In this study, the researcher and the participants worked closely together in order to accept the new knowledge that emerged from the inductive processes on experiences of nurses caring for MHCUs with ID.

### **1.8.3 Axiological assumptions**

Axiology focuses on the researcher's values in the research process and values are inevitable and some are more desirable than others (Polit & Beck, 2017:10). In this study, the researcher focused on her values and was still able to take into consideration the values of the participants, in order to obtain accurate data regarding the experiences of nurses caring for the MHCUs with ID

### **1.8.4 Methodological assumptions**

Methodology is the process of choosing a specific method to describe, evaluate and to justify the use of a particular method to provide the desired outcomes (Al-Ababneh, 2020:77). In this study, the researcher dealt with real people in real situations to understand the participants' ideas more clearly.

## **1.9 DELINEATION**

The study was conducted in a designated mental health care hospital in Limpopo province, one of the nine provinces in South Africa. The researcher wanted to explore and describe the experiences of nurses caring for MHCUs with ID. The study will not include nurses from other wards and only the nurses working in the disability units of the institution form part of the study.



## **1.10 RESEARCH DESIGN AND METHODOLOGY**

The research design and methods are discussed briefly and will be presented in detail in Chapter 2.

### **1.10.1 Research design**

An exploratory and descriptive qualitative research methodology has been adopted by the researcher. According to Polit and Beck (2018:726), qualitative research is a methodological, participatory, subjective method used to describe experience and give them meaning. The design is employed to describe and explore the experiences of nurses caring for the MHCUs with ID. Chapter 2 provides a thorough description of the design.

### **1.10.2 Research methodology**

Research methods are used to organize the study, gather and analyses data related to the research question (Botma, Greef, Mulaudzi & Wright, 2016:199). A summary is given here; however, Chapter 2 will go into detail on the methods.

### **1.10.3 Context**

The study was conducted in a hospital in Limpopo Province that offers specialised mental health care.

### **1.10.4 Population**

Brink, Van Der Walt and Van Rensburg (2018:116) stated that population refers to the entire group of people or objects that the researcher is willing to use in the study. In this study, the population consisted of all nurses caring for MHCUs with ID at a hospital in Limpopo Province.

### **1.10.5 SAMPLING METHOD AND SAMPLE SIZE**

In this study, a non-probability sampling technique was used, as it allows researchers to rely on their own judgment when selecting the participants. The sample size was guided by data saturation, that is when no new or relevant information was generated (Botma, et al., 2016:200). Data saturation was reached on participant number eight when no new information emerged (Botma et al., 2016:200). The inclusion criteria were nurses working in ID units at a hospital in Limpopo province for a period of six months or longer. The exclusion criteria were all other nurses who were not allocated in the ID unit or did not have more than six months experience in the ID unit.



### **1.10.6 Data collection**

Polit and Beck (2017:725) described data collection as the process of gathering information to address the research problems, answer relevant question and evaluate outcomes. The researcher conducted semi-structured interviews using an interview guide to gain a detailed picture of participants' experiences in caring for MHCUs with ID (see Annexure A for the interview guide). The researcher audio-recorded the interviews and took field notes to support the findings (Polit & Beck, 2017:286). The steps are described in Chapter 2.

### **1.10.7 Data organisation**

Data was organised in folders, and each file had an identification number attached to it. There is a transcription of each interview, where data from each audio recording were accurately transcribed (Polit & Beck, 2017:286).

### **1.10.8 Data analysis**

Thematic analysis was used for coding, categorizing, and interpretation of data to provide descriptions of participants' experiences. The steps are described in Chapter 2.

## **1.11 MEASURES TO ENSURE TRUSTWORTHINESS**

The researcher applied trustworthiness as a way of confirming data quality; this was achieved through five criteria namely: credibility, confirmability, transferability, credibility, dependability, and authenticity (Polit & Beck, 2017:747). See Chapter 2.

## **1.12 ETHICAL CONSIDERATIONS**

According to Boswell and Cannon (2017:257) ethics is the study of social morality, which is moral principles that govern a person's behaviour to distinguish between right and wrong. The participants of this study were protected from any kind of harm; this was achieved through the following ethical principles, namely: beneficence and non-maleficence, principles of equality and justice, confidentiality, and anonymity, right to privacy, and informed consent (Leedy & Ormrod, 2017:36). Prior to the interview, participants were given a statement of the interview's purpose, as well as a promise of anonymity and assurance that there is no right or incorrect responses and participants were informed that they have the right to withdraw or terminate participation at any time. The research proposal was approved by the research ethics committee of the Faculty of Health Sciences at the University of Pretoria (Annexure E).



### **1.12.1 Beneficence and non-maleficence**

The principle of beneficence means to prevent harm or to promote good (Boswell & Cannon, 2017:258). In this study, the researcher made sure that no harm and discomfort were experienced by the participants. During the process of interviewing the participants the researcher made sure that the participants feel free and not intimidated to avoid trauma to the participants. The principle of non-maleficence in research is intentionally refraining from action that can cause harm; it holds the obligation of not inflicting harm on the participants (Boswell & Cannon, 2017:258). To achieve the principle of non-maleficence, the researcher assessed and evaluated situations that could lead to potential harm of the participants. There were no participants who felt emotional and disturbed during interviews who needed to be referred for support during data collection of the study.

### **1.12.2 Principles of justice**

Justice entails fairness and equity and is a general guideline of what is due to individuals and suggests fair treatment to ensure rights and privacy, including confidentiality (Boswell & Cannon, 2017:259). The researcher ensured that the procedures of the research were fair and were followed as in the informed consent form. All the research participants were treated equally and fairly.

### **1.12.3 Confidentiality**

Confidentiality is the protection of the research participants so that information shared is not made public (Nieswiadomy & Bailey, 2018:49). The researcher ensured that confidentiality was maintained. The research information was not shared as no real names were revealed, instead code names were used for participants (See Chapter 3).

### **1.12.4 Informed consent**

Informed consent requires that a researcher must obtain participants' voluntary participation after discussing with them the benefits and possible risk that can be associated with the study (Polit & Beck, 2017:731). The researcher discussed with the participants all the necessary information about the study and obtained informed consent from the participants before the interview started (Annexure B).

## **1.13 CONCLUSION**

In this chapter, the background and rationale of the study, research problem statement and research question, research purpose and objectives, and definition of key concepts were



explained. Research setting, assumptions, delineation, significance of the study, research design and research methods, trustworthiness and ethical considerations were also discussed in this chapter. The methodology is discussed in Chapter 2. Chapter 3 focuses on discussion of the research findings and literature control. It presents and interprets the research findings in relation to existing literature; it also analyses and discusses the results, highlighting the key themes and Chapter 4 provides the overview of the study findings, recommendation, implications, limitations and conclusion. As it summarises the main findings of the study, it also provides the recommendations for future research, nursing practice, management and education.

## **CHAPTER 2: RESEARCH METHODOLOGY**

### **2.1 INTRODUCTION**

In Chapter 1, the background, problem statement, significance of the study, and definition of concepts were discussed. The overall purpose of this study was to explore and describe nurses' experiences regarding caring for MHCUs with ID. In this chapter the research design and methods were discussed through elaborating on the design, population, sampling and data collection and analysis methods.

### **2.2 RESEARCH DESIGN**

Research design is defined as "the overall plan for addressing a research question, including specifications for enhancing the study's integrity" (Polit & Beck, 2017:743). The research design is described as the structure of an investigation, conceptualised to address research questions or purposes (Plano, Clark & Ivankova, 2016:138). The research design of this study followed a qualitative, exploratory, descriptive, and contextual approach. The study's research design relates to the strategy or planned sequence of procedures employed by the researcher to connect the empirical data with the research questions, the findings, and the ultimate conclusions reached (Yin, 2014: 26).

#### **2.2.1 Qualitative research design**

Qualitative research is a systemic subjective approach used to describe life experiences and give them meaning (Gray et al., 2017:305). The main aim of qualitative research is to explore people's experiences and reflect these through words and concepts. It is a systematic and subjective approach to describing, understanding, and providing meaning to life experiences



(Grove et al., 2017:306). In qualitative studies, the main purpose is to generate knowledge by interpreting the prevalence of a phenomenon from the perspectives of those most likely affected by such prevalence (Polit & Beck, 2017:741). Qualitative designs are used when very little is known about the research topic and the aim of the project is to explore, understand and interpret phenomena (Creswell & Creswell, 2017: n.p.).

A qualitative design was chosen in this study to explore and describe the experiences of nurses caring for MHCUs with ID at a hospital in Limpopo Province. The approach helped to understand the meaning nurses ascribed to the problem. The study was qualitative as a means of exploring the depth, richness, and complexity inherent in the meaning of the experiences of nurses caring for MHCUs with ID. The study was conducted so that the researcher explored and described the nurse's beliefs, experiences, attitudes, behaviour, and interaction when caring for the MHCUs with ID at a hospital in Limpopo Province.

### **2.2.2 Exploratory research design**

According to Gray et al. (2017:73) an exploratory design is used to probe reality. Exploratory studies are designed to increase the knowledge of a field of study and are not intended for generalization to a large population (Gray et al., 2017:374). Rendle et al. (2019:3) mentioned that the researcher, as part of the study, collects new data to add to what is known about the phenomenon under investigation.

In this study, the research design was explorative in nature because the dimension of the meaning of the experiences of nurses caring for MHCUs with ID at a hospital were explored. The findings helped the researcher to explore the knowledge of the nurses to add new knowledge on the caregiver experiences.

### **2.2.3 Descriptive research design**

Nassaji (2015:129) describes a 'descriptive design' as a method which presents the characteristics of participants' real life, involving their experiences and events. A study is descriptive in nature as it provides an accurate portrayal or account of the characteristics of a particular individual, event, or group in real life situation for the purpose of discovering new meaning (Gray et al., 2017:381).

The in-depth descriptive nature of data collected on the experiences of nurses caring for MHCUs with ID at a hospital in Limpopo Province were deductively analysed. The descriptive



design helped to gain more information about the characteristics of caregiving in the field of mental health studies. The descriptive design was used to determine what nurses were experiencing in the specific hospital in the specialised field of ID.

#### **2.2.4 Contextual research**

The contextual significance of this study was to discover and highlight the role of the nurses caring for MHCUs with ID at a hospital in Limpopo Province and it clarified their responsibilities in the specific context.

### **2.3 RESEARCH METHODS**

Research methods are plans for conducting the specific steps of a study (Nassaji, 2015:132). Research methods are defined according to Polit & Beck (2017:743) as: “The techniques used to structure a study to gather and analyse information in a systematic fashion”. The research setting, sampling, data collection and analysis are discussed.

#### **2.3.1 Research setting**

The research site or research setting refers to the place (physical location), the timing (historical, political, or socio-economic period), and the people, or institutions involved in the study (Polit & Beck, 2017:747). In qualitative research, there is purposeful selection of a site that will best help the researcher understand the problem and research question (Creswell & Poth, 2016:189).

The study was conducted at a designated 354 bedded mental health care hospital in Limpopo province, with total of nine wards which include three ID units with  $\pm$ 52 MHCUs with ID and other long term rehabilitation units. In each ward there are 40 nurses, divided to cover two 12 hours day shifts and two 12 hours night shifts.

Data was collected in the seminar room of the ID unit. Categories of nurses who participated in this study were employed at the hospital in Limpopo and had worked in ID unit for more than six months and above. The nurses were from South African origin and spoke different languages depending on the different villages where they came from. English was the main language of communication during data collection. Assistant managers of the ID unit were used as gatekeepers to access the study participants. Gatekeepers are individuals at research





sites who provide access to the site and allow or permit a qualitative research study to be undertaken (Polit & Beck, 2017:260).

### **2.3.2 Population**

The population is the entire group of persons or objects of interest to the researcher who meets the criteria to be included in the study (Polit & Beck, 2019:249). Population is defined as all possible participants who comply with the sampling criteria for inclusion in the research study (Gray & Groove, 2021:229). In this study, the target population were all categories of nurses working in ID units. The population was 12 professional nurses, 6 enrolled nurses and  $\pm 20$  enrolled nursing assistants. The accessible population were all categories of nurses working in ID units allocated for more than six months or longer and met the inclusion criteria.

### **2.3.3 Sampling method**

In qualitative research, there is purposeful selection of a site that will best help the researcher understand the problem and research question (Creswell & Poth, 2016:89). Sampling involves selecting a group of people, events, behaviours other elements with which to conduct a study (Rahi, 2017:2). Purposive sampling is defined by Polit and Beck (2017:56) as a method where a researcher selects participants using personal judgement on those who were most informative in the study.

A purposive sampling method was used to select eight nurses who met the criteria of being selected to participate in the study. They were chosen based on their in-depth knowledge and experiences of caring for MHCUs with ID in an ID unit.

#### **Inclusion criteria**

- The study included only nurses working in ID units at hospital in Limpopo Province and placed in an ID unit for a period of six months or longer.
- The nurses should have indicated the willingness to participate.

#### **Exclusion criteria**

- The nurses who were not working at a hospital in Limpopo Province and were not allocated in ID unit for more than six months in ID unit.



### **2.3.4 Data collection**

Data collection is a precise, systematized method of gathering information relevant to the research purpose of addressing research objectives and research questions or hypothesis (Gray et al., 2017:628). Data collection refers to the systematic gathering of relevant information from primary sources and secondary sources (Polit & Beck, 2017:725). In this study, the researcher conducted semi-structured interviews with each participant for collecting data. These interviews were most appropriate as specific information was required. The advantage of adapting the semi-structured method is that it provided the researcher and the participant much more flexibility as it allowed the researcher to follow-up on interesting topics that emerged during the interviewing process. Moreover, the participants can give a clear picture on the topic as there is pre-determined interview guide (De Vos, Strydom, Fouche & Delpont, 2011:351).

#### **2.3.4.1 Preparatory phase**

To use the selected hospital as a research setting the researcher asked permission from the department of health of Limpopo province (Annexures C and F).

#### **2.3.4.2 Recruitment and access the participants**

The process of discovering, classifying, and approaching potential study participants is known as recruitment (Polit & Beck, 2017:168). To get access to the research location the researcher was given permission by the head of the Institution. The researcher explained the research process and the research purpose to the potential participants at a ward meeting so that they feel motivated to into participating in the study. Each participant who contacted the researcher to participate, was given an appointment on the date and time that suited them (Polit & Beck, 2017:168). On the day of the interview the participants were given informed consent form to sign that explained the purpose of the study and the justification for data collection (Polit & Beck, 2017:510).

#### **2.3.4.3 Research venue and time frame**

The study was conducted at a hospital in Limpopo province, were the willing participants took part in the study. During the interview all COVID-19 protocols were observed to prevent the spread of the infection. The researcher found a seminar room with privacy, free from distractions inside the hospital, set appointments with the participants on the time convenient



to the participants and no service delivery in the ID units were interrupted. Interviews lasted between 30 and 45 minutes and continued until no new information was generated from the participants' information.

#### **2.3.4.4 Pilot interview**

A pilot study is referred to as a trial that is taken before the major study (Polit & Beck, 2017:510). In order to improve interviewing techniques, the researcher tested the interview questions using one pilot interview so that she can identify potential issues. The main study included the pilot interview findings as the researcher managed to gather enough data, and the research questions proved to be sufficient.

#### **2.3.4.5 Individual interviews and field notes**

Interviews are the best way for gathering a wide range of inclusive and unique experiences (Roulston & Choi, 2018:1). The researcher sought to get detailed information from the participants thus semi-structured interviews were employed to gather data. Semi-structured interview has been proved to be both versatile and flexible. The main advantage is that the semi-structured interview method has been found to be successful in enabling reciprocity between interviewer and the participant (Kallio, Pietila, Johnson & Kangasniemi, 2016: 2).

The researcher explained the details of the study. Participants were informed about their rights to volunteer in participation of the study, the informed consent form (Annexure B) was signed before starting with the interviews. All the interviews were conducted in English. Once the participants were comfortable the researcher greeted the participant and started interviews by asking a pre-determined set of questions. The semi-structured interviews with each individual participant were conducted using the interview guide, in order to gain a detailed picture of the participants' experiences in caring for MHCUs with ID (see Annexure A for the interview guide). The researcher asked open-ended questions based on the topic and let the interview flow. The main question was: *What are your experiences as a nurse caring for MHCUs with ID in this hospital?* The researcher used probing questions for clarity on certain points to help understand what the participant was saying if the participant's information was not clear to the researcher. The interviews were recorded using an audio recorder with consent from the participants. Interview skills were applied, which includes paraphrasing where an interviewer will summarise participant's responses without adding new information (Polit & Beck,



2017:510). The participants easily expressed their feelings as the study about the issues they encountered everyday while at work (Polit & Beck, 2017:168).

According to Botma et al. (2016:217) field notes provide a description of the researcher's observations, feelings, thoughts, and experiences during data collection. In this study, field notes were taken during the interviews to describe underlying themes, and record nonverbal behaviour observed.

#### **2.3.4.6 Establishment of rapport and trust**

As this is qualitative study the researcher created a therapeutic environment where the participants are most comfortable during the interview, enabling them to express their experience to the fullest (Polit & Beck, 2017:508). The researcher started by finding a quiet private space, introduced herself and allow the participants to present themselves without any disturbances.

#### **2.3.4.7 Communication techniques**

During the interview process there was some additional skills used by the researcher in order to get the clarifications from the participants' answers (Polit & Beck, 2017:509). Active listening, probing and clarification are the communication skills used throughout the interviews (Kurts, Draper & Silverman, 2017:np).

##### **(i) Active listening**

To engage in active listening the researcher paid close attention to the participants, comprehended what they were saying and responded to ensure active participation from both the participants and the researcher (Friston, Sajid, Quiroga-Martinez, Parr, Price & Holmes, 2021:np).

##### **(ii) Probing**

The purpose of probing is to persuade the participants to offer appropriate information regarding the study (Broisy, Bangerter & Ribeiro, 2020:2). Participants were asked to motivate



their responses to probing questions to share more of their experiences in caring for MHCUs with ID.

### **(iii) Clarification**

Clarification is an explanation, or an additional information needed to make something clear (Zhu & Carless, 2018:6). The researcher used clarification by asking the participants to elaborate to get a full meaning of what the participants meant regarding their experiences in caring for MHCUs with ID.

### **2.3.5 Data analysis**

Qualitative data analysis presents meaning to a data set, together with wide range of materials such as interviews, images, conversational data and more. However, qualitative data analysis means various things, as it is often aligned with a particular methodology, theoretical perspective, research tradition, and/or field (Lester, Cho & Lochmiller, 2020:96). Thematic analysis was used for coding, categorizing, and interpreting data. Botman et al (2016:224) describe the following steps for data analysis, which this study followed:

- Step 1: Organize and prepare data for analysis: in this study data was transcribed from the interviews and typing the field notes.
- Step 2: Develop a general sense of the data: in this study the researcher read through all the data to generate information and reflect on its overall meaning.
- Step 3: The researcher and the independent coder code the data, organising the chunk of text information before bringing meaning to the information.
- Step 4: Describing the setting, people, and themes for analysis. Categories and subcategories identified during analysis process and setting was described. Themes were generated.
- Step 5: The researcher represented the findings and narrate the themes to translate the descriptive information of the findings (see Chapter 3). Descriptive information was in a tabular form.
- Step 6: The data was interpreted according to research findings.

The researcher produced the findings in the form of a report as the final step in Chapter 3. This included selecting vivid, captivating extract examples, connecting the analysis to the research topic and literature, and writing a scholarly report on the findings.

## **2.4 MEASURES TO ENSURE TRUSTWORTHINESS**



Trustworthiness is the degree of confidence the researcher has in the collected data, its analyses and interpretation (Connelly, 2016:435). Trustworthiness in qualitative research refers to the systematic rigor of the research design, the credibility of the researcher, the believability of the findings, and applicability of the research methods (Ponce & Pagán-Maldonado, 2015:112). In this study, trustworthiness was ensured by the criteria of credibility, transferability, dependability, authenticity and confirmability (Polit & Beck, 2017:58).

#### **2.4.1 Credibility**

Lincoln and Guba (1985) describe credibility as the assurance in the truth of data and interpretations thereof (as cited in Polit & Beck, 2017:559). Credibility is the replacement for internal validity and is rooted in the truth value, which asks whether the researcher has developed and articulated a certain level of confidence in the findings based on the phenomenon under investigation (Lincon & Guba,1985:301).

Credibility was ensured by interviewing the population of interest until data was saturated. Different categories of nurses caring for MHCUs with ID during different shifts, were used.

#### **2.4.2 Dependability**

Dependability refers to the reliability of data over a period and circumstances, which gives an indication of whether the findings of the study will be the same if it were to be repeated with the same or similar participants and in the same or similar context (Polit & Beck, 2017:559). Dependability is concerned with the stability of study data over time and conditions (Cronin, Coughlan & Smith, 2015:124).

The researcher ensured that the findings of the study reflected the nurses' beliefs, experiences, attitudes, behaviour, and interaction when caring for the MHCUs. An independent coder was used to analyse the data independently and consensus was reached on the themes and categories.

#### **2.4.3 Confirmability**

Confirmability also refers to objectivity, that is, the potential for congruence between two or more independent people about the data's accuracy, relevance, or meaning (Lincoln & Guba,1985:320). Confirmability ensures to the objectivity of the phenomenon under investigation and addresses whether the interpretations and findings are from the participants' lived experiences and do not include the researcher's biases (Polit & Beck, 2017:598).



The participants' voices were recorded throughout the interviews to verify their responses during data analysis. The researcher also ensured that an independent coder with expertise in qualitative research analysed the data.

#### **2.3.4 Transferability**

Transferability is the measure of the extent to which the study can be transferred to other settings or groups (Polit & Beck, 2017:563). The aim of transferability is to establish if findings are transferable. Comprehensive descriptive data is needed to allow readers to evaluate its applicability of the findings to other contexts (Polit & Beck, 2017:564).

In this study the research environment, setting and sample were thoroughly described.

#### **2.4.5 Authenticity**

Authenticity refers to the extent to which researchers fairly and faithfully shows a range of realities (Polit & Beck, 2017:983). Authenticity emerges in a report when it conveys the feeling tone of participants' lives as they are lived (Polit & Beck, 2017:984).

In this study by using direct quotations from the participants, the researcher made sure that participants thoughts and feelings were reflected in the findings.

### **2.5 CONCLUSION**

Research design and research methods are discussed in this chapter. The research population, sampling and how the participants were recruited, data collection and analysis and measures of trustworthiness were presented.



## CHAPTER 3

### DESCRIPTION OF FINDINGS AND LITERATURE CONTROL

#### 3.1 INTRODUCTION

In this chapter, the findings of the study of experiences of nurses caring for MHCUs with ID are presented according to the themes and categories that emerged during data analysis. Demographic data of the participants is providing an overview of the study sample. Findings are supported by direct quotations from the participants.

#### 3.2 DATA COLLECTION AND ANALYSIS

The target population of the study was the nurses caring for the MHCUs with ID. Nurses who met the inclusion criteria were invited to participate. Interviews were conducted until data saturation was reached on participant number eight. All the interviews were conducted in English. The data analysis was guided by thematic analysis to generate categories and themes.

#### 3.3 DESCRIPTION OF THE DEMOGRAPHIC PROFILE OF THE SAMPLE

The participants consisted of seven females and one male. All participants resided in Limpopo province and have been working in the ID unit for more than six months or longer. The participants' ages ranged from 31 to 50. Participants' marital status ranged from three married, four single and one widow. All the participants were black South Africans. The participants were all registered with the South African Nursing Council. See Table 3.1 for demographic profile.

**Table 3.1 Demographic profile of the participants**

Participant number	Gender	Age in years	Designation	Years of experience
1	Female	33	Professional nurse	9
2	Female	47	Professional nurse	12
3	Female	48	Enrolled nursing assistant	17
4	Female	50	Enrolled nurse	17
5	Female	31	Professional nurse	8
6	Female	36	Professional nurse	16
7	Male	34	Professional nurse	10
8	Female	47	Professional nurse	15





Table 3.2 shows the themes and categories. A discussion of each theme and category is provided with verbatim quotations to serve as supporting evidence for the categories. Four themes emerged during the data analysis, namely:

- Caring experience towards MHCUs with ID
- Challenging experiences of nurses caring for MHCUs with ID
- Coping experiences of nurses caring for MHCUs with ID
- Measures to improve caring for MHCUs with ID

**Table 3.2 Themes and categories regarding the experiences of nurses caring for MHCUs with ID**

THEMES	CATEGORIES
○ 1. Caring experiences towards MHCUs with ID	○ 1.1 Caring as a calling
	○ 1.2 Caring as a commitment
	○ 1.3 Caring as fulfilment
	○ 1.4 Caring as love
	○ 1.5 Caring for the desolate and helpless
	○ 1.6 Fulfilling the holistic needs of MHCUs
	○ 1.7 Responding to the special needs of the MHCUs
○ 2. Challenging experiences of nurses caring for MHCUs with ID	○ 2.1 MHCUs related challenges
	○ 2.2 Nurse related challenges
	○ 2.3 Work related demands
	○ 2.4 Human resource related challenges
	○ 2.5 Family related issues
○ 3. Coping experiences of nurses caring for MHCUs with ID	○ 3.1 Managerial and peer support
○ 4. Measures to improve caring for MHCUs with ID	○ 4.1 Inter-professional and holistic care
	○ 4.2 Sufficient human resources
	○ 4.4 Competent human resources
	○ 4.5 Sufficient resources

### 3.4 DISCUSSION OF THE FINDINGS

The quotations will be presented in italics and will be followed by a number to indicate the participant number. The researcher’s discussion of findings will be in normal font, integrated with relevant literature discussions.

#### 3.4.1 THEME 1: Caring experiences towards MHCUS with ID

Rendering care to MHCUs demands a specialized and comprehensive approach. Nurses and caregivers must receive appropriate training, adopt a person-centred perspective, employ effective communication skills, and commit to advocacy and ethical care to deliver high-quality



healthcare services to this vulnerable population (Maestri-Banks, 2020:1). The first theme identified is caring experiences towards MHCUs with ID. This theme will be discussed with the following categories, caring as a calling, caring as a commitment, caring as a fulfillment, caring as love, caring for the desolate and helpless, fulfilling the holistic need of MHCUs, and responding to the special needs of the MHCUs.

#### **3.4.1.1 Caring as a calling**

A caring nurse has attributes of a caring attitude, relieve patients' pain, and shows compassion and dignity (Jaastad, Ueland & Koskinen, 2022:1181). Nursing has always been known as a caring profession where nurses are vessels to serve other persons (Kallio, Kangasniemi & Hult, 2022:1474). The same authors also stated calling deals with one's inner sense of morals, and duty that is influenced by a desire to do good and fulfill God's will. It is a personal interest when one finds meaning and fulfilment in doing their work. Many nurses get into the profession with a calling, and it has been proven that such nurses function at their best (Uzunbacak, Yastioglu, Dick, Erhan & Akcakanat 2023:711).

Under this category some participants expressed caring as a calling, and this enabled them to cope. An act of goodwill is what has encouraged most nurses to pursue a career in nursing because of the love they have for humankind and the desire to do good. Nurses have expressed the love they have for their patients and how they view the nursing profession as a calling. In addition, nurses expressed the love they have for working with people and this has enabled them to cope with stress. One participant hoped to receive the same care from others when needed. The following quotes tabulated below support the category:

*I think good attitude because I do it from my heart, because to me nursing is like a calling, that keeps me going...But still coping because of that calling inside me. I find it easy pushing every day because of the love I have for my patients (P 3).*

*So there is this day that I was at the clinic I think I was number 98 in the line in the morning, I could see that there is a shortage of staff and we were just too many patients and they could not take care of us at that moment...in that line I think there was an ID guy and they keep on skipping him in the line as they said he is not a priority, and it got into me...that is how I have decided to become a nurse, I love caring and want to help these people (P 5).*

*I decided that I want to be a nurse because I love working with people, so I have passion towards people that is why I have decided to be a nurse (P 6).*



*I was attracted by the feeling of wanting to help those who are in need, I am so passionate about helping people it makes me feel alright, especially spiritual and psychological and I also think that maybe one day I will be assisted, or my child one day, if I can come across a problem, the nursing staff will do the same to me (P 7).*

Participants described the essence of caring, and due to caring being a calling they managed to cope. Rendering care to MHCUs is a difficult task and needs skills such as empathy (Hobyane, Ntshingila, & Poggenpoel, 2022:1). Joubert and Bhagwan (2018:54) confirmed the mental health care nurses may find themselves in stressful and harsh conditions based on MHCUs behaviour that is unpredictable. Caring can be draining emotionally however, nurses indicated that when they have been equipped with the right skills and training, it increased their competency and ability to render care in totality (Joubert & Bhagwan, 2018:54).

#### **3.4.1.2 Caring as a commitment**

Commitment is an individualized goal that one holds in doing something (Yaghoubr, Seresht, Agha-Ahmadi & Taghi-Pourian, 2022:34). Commitment is also an act of direction that influence an individual to function in a specific way (Theodora, Van Rosenberg, Klein, Asplund, Bentein, Breitsohl, Cohen, Cross, Rodrigues, Dufлот, Kilroy, Ali, Rapti, Ruhle, Solinger, Swart & Yalabik, 2018:155). Nurses should have specific characteristics which include empathy, commitment, and sincerity (Fitriani, Yetti & Kuntarti, 2019:635). Nurses with high levels of commitment to their work tend to work hard and meet the objective set for them by an organization (Fitriani et al., 2019:635).

Under this category the researcher discussed the nurses' commitment to caring. Participants expressed how committed they are in assisting and advocating for MHCUs, the love they have for patients and that they are functioning with the aim of bettering patients' lives. Nurses also expressed the fulfilment they have after doing tasks for the MHCUs, as in the following quotes.

*It is good as we have to help them as we are nurses, we must do all we can to help them as we said we will do...Because I love nursing and I love patients, I do not want to see people suffering, I want to help them (P 1).*

*Because now we have to advocate to our patient because they cannot speak or do anything for themselves (P 3).*



*It is actually good, I love taking care of ID patient, I mean joining nursing I wanted to be just useful, helpful and make people lives better because the MHCUs need help, they need me (P 5).*

*I can say I have good and bad experience, a good part is that I have got a big experience working with the ID patient, it is different than working with ordinary people because I get to teach a lot of things, honestly it makes me feel like I am doing a real nursing. I am helping those who are helpless, like true definition of nursing...I feel good about myself it is not easy, but it is good at the end of the day (P 5).*

*The love of caring and I believe that I have got that love of caring and then I believe that these patients needs care from the nurse (P 8).*

According to Chukwuere (2023:2) good care is usually identified in the presence of practice which reflected in the “I want to be here” statement of a nurse. This act occurs when one is fully available for a patient. When nurses are committed to rendering care to MHCUs, it brings about connectedness and facilitates an effective healing process (Chukwuere, 2023:4). Nurses face a lot of challenges when caring for MHCUs and are at risk of demotivation based on what they are exposed to. However, with the right support and motivation nurses remain committed to render quality nursing care (Ramalisa, du Plessis & Koen, 2018:4).

The availability of organizational support plays a big role in ensuring that nurses are equipped both physically and emotionally to take care of MHCUs (Rasheed & Johnson, 2017:37). In addition to that, when nurses are more experienced, they function with competency and a high level of commitment because of the exposure they have in terms of caring for MHCUs (Rasheed & Johnson, 2017:41).

#### **3.4.1.3 Caring as a fulfilment**

Fulfillment is a feeling whereby one is content and satisfied with something (Gadolin, Anderson, Erik & Hellstrom, 2020:129). The same authors mentioned the importance of nurse’s fulfillment as it plays a role in ensuring that nurses are more engaged and can render high quality care (Gadolin, et al., 2020:129). Nurses expressed their fulfillment when they practice patient-centered care with a holistic approach (Nayak, 2021:1).

Nurses get fulfillment from the services they rendered to MHCUs and how the patients reacted to them with happiness. The participants expressed fulfillment through helping MHCUs and they treasured the time they spend with them. Nurses experienced fulfillment when patients are happy to see them. These views are supported by participants’ quotations below:



*I can say it is good because when I arrive at home I know that I have worked, and I have helped them (P 1).*

*In this ward I like these patients because when they see me, they become very happy, even when I went on leave, when I come back, they are happy to see me, I do not know maybe I am working hard for them or they just love me because sometimes we sing, dance and they laugh (P 4).*

*Let's take I am off, I remember them because some are doing things that you remember while at home and you remember at work and laugh (P 4).*

*Interviewer: Yes, then you laugh alone?*

*Yes, and people at home will ask why are you laughing alone? What is going on? And I will say I remember at work (P 4).*

*It is a good day at the end of the day the work is done we did everything we can (P 5).*

*My day at work is very good because I am doing a normal routine every day and I know what I am going to do from the morning until I knock off the daily routine is the same working with these MHCUs with ID... (P 8)*

Nurses feel fulfilled when they know they have done their best in rendering care to MHCUs. Some aspects can contribute to nurses' inability to function to their fullest and can compromise the main goal of nursing care. Overcrowding of patients causes nurses to be frustrated and hinders their ability to give quality care because the main objective to them is to ensure that patients had been attended to, ensuring total nursing care (Zwane, Shongwe & Shabalala, 2022:4). Dealing with MHCUs has challenges and nurses are sometimes exposed to physical harm due to the aggressive conduct of MHCUs. This can reduce nurses' fulfillment, and cause them to encounter emotional distress and leaving the profession (Zwane, et al., 2022:5).

#### **3.4.1.4 Caring as love**

Love is an emotional state that occurs amongst persons, and it develops relations. In a nursing context care is associated with love and respect (Adib-Hajbaghery & BolandianBafghi, 2020:113). The same authors identified love as an act of goodwill that has attachment to persons without expecting to gain anything but wish them well (Adib-Hajbaghery & BolandianBafghi, 2020:115). According to Modise and Mokgaola (2021:4) MHCUs are individuals that should be treated like any other human being with love and respect. This contributes to their healing process and improve their interactions with nurses.



In this study nurses expressed the importance of showing MHCUs love and kindness. Nurses must stay calm and not show aggression and irritation towards MHCUs because they are disadvantaged and cannot comprehend some instructions given by nurses. Love includes being helpful and to not discriminate against MHCUs because of their status or diagnosis. The following quotes support this category:

*...it is good to work with them, because according to me they are blessing from God, and they are the children of God, so we need to love them and we are able to express certain things from them, which we do not have because they are intellectual disabled (P 1).*

*You are not supposed to be aggressive with them because everything that we do as nurses, we said our first pledge is to help the patients, so you must work with a good heart and love, just like that...My perception is to have love firstly, because if you do not have love to them how can you communicate with them (P 4).*

*It needs you to have a strong heart, it needs you to be kind you must be filled with love and be dedicated to your work, you must know why you wanted to be a nurse otherwise you might end up not liking it at all because it needs you to really use that loving heart because you are going to be a mother to these people, they need motherly love (P 5).*

*I just need to calm down myself and love them because at the end of the day they are patients like other normal patients (P 6).*

*I think caring for these patients with ID is good it just need a person with passion and it help us to show those patients that they are also loved even when their relatives do not visit them regularly, we show them that they are important (P 7).*

*My attitude for caring for them is good because I love them and show them love and then I know that if I do not show them love I will not be able to take care of them because their attitude is irritating sometimes, but if you love them I do not think the irritation will be that severe to you...they are also people even when they are different with us, we must show them love so we must avoid discriminating them, because when we discriminate them think I will not have that love for nursing them (P 8).*

Iseselo and Ambikile (2020: 2) identified that most healthcare users have a preference of keeping to themselves and not engage in social interactions with those around them. This aspect can be a limiting factor to nurses on how they can show love to patients. As indicated



previously, different scenarios come to play when caring for MHCUs. Nurses experience different challenges and a study indicated that even though they like to show love to their patients the challenges can be too much, but they function through prayer in God's grace (Molehabangwe, Sehularo & Pienaar, 2018:11). The aim is always to do good, no matter the challenges to ensure that MHCUs always feel loved.

#### **3.4.1.5 Caring for the desolate and helpless**

Desolate is a sense of loneliness where one is always with their own company, a feeling that is mostly associated with insomnia and depression (Banerjee & Rai, 2020:526). Loneliness can contribute to suicidal ideation. Due to their condition MHCUs may be disregarded by family members and become lonely. MHCUs experience episodes of isolation and might prefer to be alone. However, much more can be done to reduce loneliness with different therapeutic methodologies (Chakrabati, 2021:2782).

Nurses expressed how they enjoyed helping the helpless and the MHCUs who are rejected by their families. They care for patients who are demanding and discriminated against because they are different. One nurse indicated that she chose the unit as most nurses do not like working with MHCUs. Caring for desolate and helpless has given nurses the opportunity to live out their passion and show their love to MHCUs. The following quotes support this category:

*I have to take care of them as a nurse as there is no one who can take care of them. I have to be good to them in order for them to feel that they are important...What made me to be a nurse is taking care of people who cannot help themselves and take care of sick people (P 2).*

*I actually choose to work in this ward, I wanted this ward, the one that people do not want, I love it here...We have to take care of all their needs as they cannot do anything for themselves (P 5).*

*My experiences as a nurse is that it is stimulating to care for those patients with ID because I get a chance to show my passion in nursing and sometimes it need a lot of effort to care for them because you find that they have got difficulties in taking of instructions, so sometimes is difficult to deal with them that to deal with a normal person (P 7).*

*Because most of them their relatives have neglected them, they do not want them, they do not want to see them next to them because some feel embarrassed when they are seen with them, so that is why I like to take care of them to nurse them in the institution where they are staying (P 8).*



For MHCUs to be able to step out of loneliness, they should accept their condition and create meaningful relationships with others through interaction and engaging in group activities (Banerjee & Rai, 2020:526). Desolation and helplessness can be due to moving MHCUs to facilities which can be a contributing factor to loneliness as they are away from their families. Unfamiliar environments also contribute to desolation and helplessness (Sambrook, Balmer, Roks, Tait, Asheley-Mudle, McIntyre, Shetty, Nathan & Saini, 2022:7). More can be done by continually communicating and engaging with MHCUs and making them aware of their environment, their daily routines and create an area of inclusion (Sambrook et.al, 2022:11).

#### **3.4.1.6 Fulfilling the holistic needs of MHCUs**

A holistic nursing approach is whereby a nurse attends to all the needs of a patient and it goes beyond their mental health needs (Wong, Mavondo, Horvat, McKinlay & Fisher, 2022:2). A nurse should be able to provide for a patient's needs individually as indicated by the condition of the patient and must align themselves into adopting different methods of addressing a patient's needs. When nurses adopt a holistic approach, they understand patients' needs with a planned care where MHCUs can take ownership and accept their condition (Jasemi, Valizadeli, Zamanzadeh & Keogh, 2017:75).

In this study participants expressed that MHCUs depend on them for everything which include daily grooming and basic needs. They also indicated that they must engage in a strict routine of care as MHCUs cannot do self-care and nurses need to provide for all their needs such as hygiene, elimination, and nutrition. Nurses also wanted to do psychological care such as group therapy but do not always get time for this. The following quotes support this category:

*... they depend on nurses to do everything, so we need to help them, we feed them and bath them and you find that you are working being only two and they are many, that's the challenge (P 1).*

*They are dependent; they cannot account for themselves; they need nurses that are dedicated and love working with these MHCUs (P 3).*

*Like when its time you have to change their nappies, feed them and everything because they cannot do everything...Yes, in everything, they need assistance they cannot do anything at their own (P 4).*

*...it is a good routine because mostly it accommodates the MHCUs basic needs but the problem is that this routine doesn't include part where we do activities with the MHCUs, we cannot even spend with*





*them, talk to them maybe group therapy still we are coming back to the shortage, we have to stick to this routine, but the routine is good as basic needs of the MHCU's are accommodated (P 5).*

*To take care of ID patients is not easy because I have to do everything for them, they cannot think on their own, I have to think for them if they are hungry or they want to sleep or they need anything, I have to think for them, so it is a bit tiring (P 6).*

*The day to day working routine is good because we sometimes engage those patients in daily routine so that we monitor that the rehabilitation programs are working for them, so the day is good because we engage with patients in every activity...I think quality nursing care can be maintained as from taking personal hygiene of a patient and attending into their nutrition and concerns in the hospital... (P 7).*

Jasemi et al. (2107:75) identified that holistic care enables nurses to attain professional development and afford nurses fulfilment in the caring. However, the same authors pointed out that holistic care can be seen as a “waste of time” meaning nurses take a lot of time attending to nursing care roles other than the illness and the recovery process in the form of medication. The researcher argues that a holistic approach should be adopted even though it can be exhausting due to different scenarios nurses come across. To be able to render comprehensive care nurses need to have effective interpersonal skills and have good relationships with other multidisciplinary team members (Maharaj, 2020:16).

#### **3.4.1.7 Responding to special needs of the MHCUs**

Special needs MHCUs are MHCUs that are physically weakened and unable to do some personal chores by themselves (Hobyane et al., 2022:2). Basic care consists of feeding, grooming, bathing, and other medical care activities (Hobyane et al., 2022: 3). Caring for such people has its own challenges which include communication and maintaining patients' rights and dignity. Nurses must always adhere to the nurses' pledge and align themselves with the patients' rights to ensure that they are not violated (Patients' Rights Charter, Constitution of the Republic of South Africa, Act no 108 of 1996).

Most participants expressed the love they have for caring for MHCUs with special needs and express the importance of engaging them in activities for stimulation purposes. One participant expressed the importance of communicating with MHCUs as some can hear but cannot talk, by so doing they will be enabling the MHCU and practicing respect and dignity for the helpless. Different techniques are used to communicate with MHCUs with special needs such as music and sign language. The following quotes support this category:



*...let's say I want to bath them I am not allowed to push a patient like this [participant demonstrate on how to push a MHCU], you must tell him now I want to bath you, because it is time to bath and put them in a comfortable position. After that I have to close the cot bed to prevent falling, because at the end of the day I will be in trouble...Yes, some they can hear you and they are unable to talk (P 4).*

*They cannot talk, but some can understand sign language and can understand what you are saying, so it means a lot to have patient like that. If you are not doing right things to them, it means you are punishing them at the end of the patient is going to suffer (P 4).*

*The trick is to spend more time with your patients and get to communicate with them, know them find how you can assist each one of them in that way you will be able to maintain your attitude towards them, if you know what you are doing then you will be good at what you are doing...I enjoy helping them, most of the ID, sometimes I sit down with them and show them how they should do things (P 5).*

*...I involve them on daily or occupational activities and I also play games with them so that we know each other well and to relieve fear of them towards the nursing staff...We sometimes play music for them and sometimes we play games with them, and I even tell them stories (P 7).*

*For now, because I am very used to these patients with ID I will choose this ward because I know them and what they want and what they need, I am able to identify their problems (P 8).*

Nurses need skills to render care for special needs MHCUs however, literature suggests that there is a gap regarding resources, equipment, and guiding documents for practice to better enable nurses (Khanlou, Khan, Landy, Srivastava, McMillan, VanDeVelde-Coke & Vazquez, 2022:405). There is a need to continually enable nurses through having well-structured facilities that are well designed for patients with special needs to reduce injuries and falls (Shirozhan, Aرسالani, Maddah & Mohammadi-Shahboulaghi, 2022:6).

Shirozhan, et al. (2022:12) indicated the importance of communicating and building relationships with MHCUs with special needs to ensure that trust is developed. The relationship develops trust so that nurses can understand what the patient is saying and identify the patient's needs (Appelgren, Bahtsevani, Persson & Borglin, 2018:12). Communication competency can have an impact on the care of a patient and nurses should employ different communication skills to improve care for MHCUs with special needs.

### **3.4.2 THEME 2: Challenging experiences of nurses caring for MHCUs with ID**



MHCUs with ID may have reduced ability to communicate, ability to move, ability to attend to personal care and practice social interaction (Lidman & Antonsson, 2022:1). One of the most important aspects when caring for MHCUs with ID is effective communication between MHCUs and nurses. Poor communication leads to frustration and challenging behaviors in persons with ID (Truong, Alverbratt, Ekstrom-Bergstrom & Antonsson, 2021:2).

This theme will address the challenges identified by nurses while caring for MHCUs with ID. The following categories will be discussed, MHCUs' related challenges, nurse related challenges, work related demands, human resource related challenges and family related issues.

#### **3.4.2.1 MHCUs' related challenges**

Caring for MHCUs presents its own stressors and healthcare workers are at risk of depression, stress, and anxiety due to their work experiences (Chen, Fallon, Mulryan, McCallion, McCarron & Sheerin, 2022:2). The same authors also indicated a rise in burnout in nurses that render care to MHCUs (Chen et al., 2022:11). Nurses working with MHCUs are susceptible to violence and aggressive behaviors. This contributes negatively as it affects their well-being, and they can fail to render quality mental health care when they themselves are not mentally well (Zwane et al., 2022:2).

In this study participants expressed frustration and feeling of anger when dealing with MHCUs because they are sometimes unpredictable. They are often impulsive and restless, and some are unable to understand or remember instructions. MHCUs function on different levels and it is difficult for nurses to manage them effectively in one ward. Participants further expressed the need for self-control to prevent negative emotions and anger towards MHCUs as it can worsen the situation. The following quotes support this category:

*I have to deal with them when they are angry (P 2).*

*Most of my days after work I am tired, I have to shout sometimes and run around because they will be running around... Sometimes it is not that good because they can make you angry, they can touch you when you do not want to be touched, their behavior pushes you to be negative on how they handle themselves, because some of them are just roaming around, it makes me to have bad attitude towards them because they are a lot of work (P 6).*



*...we are working with the patients that are specialised because they are not the same as other patients...this condition is so unique...you can't predict them...it is difficult to nurse them...level of understanding is not good you can talk with them and they do not respond, for example when you give them health education you are just talking alone, you can talk every day one day and still they will not do what you are saying about that thing and they forget so you can teach one thing every day and still they will not hear you. Even daily routine you must keep on reminding them every day (P 8).*

*By self-control I just control myself because, if I cannot control myself I will also be like them, because when they become negative, and I become negative I will also be like that. I think that the nursing care will not be good, I will not take care of them the way that I am supposed to. If they become negative I must become positive so that I must not become so aggressive because if I become aggressive the patient will not control herself so we will fight (P 8).*

*...MHCUs do not have the activities that cater for them all because their ID disorder differs in level 3, as some are mild, moderate to severe, so the activities that are doing in the ward, they are doing one activity every day, so some of them they get bored while some of them are doing things that they do not understand. So those with mild ID are doing same thing every day so those with severe ID do not understand anything at all, they just doing and cannot remember what they were doing (P 8).*

If nurses' training and attitude are well aligned with caring for MHCUs then there shouldn't be a problem or challenges experienced as nurses would know how to apply themselves in any given scenario and become critical thinkers (Jacob & Mkhize, 2021:1). Nurses' well-being is ignored, and more attention is given to the well-being of the patient, this is also a limiting factor for nurses, and it affects their functioning (Tripathi & Prasai, 2021:7). When the emotional well-being of nurses is provided for, they will be able to remove negative thoughts and replace them with positive thoughts. This will give them power to face any scenario or challenge and be effective in their functioning. A study indicates a need for organizations to provide for physical and mental wellbeing of nurses to improve workplace satisfaction (Aldhafeeri, 2022:263).

#### **3.4.2.2 Nurse related challenges**

Nurses' shortage is a critical aspect in the nursing profession. Stakeholders must really invest in producing more nurses to boost the health system (Turale & Nantsupawat, 2021:13). Nurses ability to work can be disabled due to lack of support, counseling and resources; stakeholders need to listen to nurses and what they need (Turale & Nantsupawat, 2021:13). Many nurses do not like to work in ID units and this creates shortages and can cause emotional burnout (Rahmani, Mohammadi & Fallahi-Khoshknab, 2021:2).



A high rate of sick leave due to work overload was indicated in this study and this leads to nurses experiencing health problems, exhaustion and mental health problems like depression. Participants expressed a need for staff to be increased, however nurses from other units sometimes refused to work in the MHCUs' department and those that agree or are placed in the unit do not work at their fullest and some end up mistreating patients. This problem needs to be addressed to reduce negative occurrences. The following quotes support this category:

*People take sick leave because of the shortage...Yes, they are tired because we have a shortage...but sometimes I can complain about tiredness. It is good and bad at the same time, it is good because I did my job, it is bad because I am always tired because of the shortage of staff (P 1).*

*Sometimes under pressure due to shortage of staff, some on sick leave complaining of backaches, fatigue...just working under pressure is our challenge with that long hours causing fatigue...Some of our staff members take sick leave in order to rest because of backaches and some are stressed, depression as they are working under pressure (P 3).*

*...but at the end of the day and agreeing to work, it becomes a problem because they end up maltreating our patients, they do not do most of the work you have to finish up what they are doing...I mentioned that some people don't really like working here, they refuse to be allocated here so once they are allocated, I make sure that they enjoy their experience here, I treat them equally and if there is a problem, we solve it together (P 5).*

*We are working we need hands there is a lot of work, we are having problem because a lot of nurses are not keen to work in unit like this, they are refusing to be allocated here because of the work, too much work I must say (P 5).*

Recruitment and retention of nurses is a global issue in mental health care institutions (Frawley & Culhane, 2023:1-2). The problem can be addressed through producing educated, skilled, mental health nurses and the recognition of mental health care nursing as a specialty to enable nurses to be more positive towards mental health (Frawley & Culhane, 2023:1-2). When staff is adequate sick leave will be reduced and nurses will take different roles and give each other a chance to be relieved from high responsibility roles. Hobyane et al. (2022:7) indicated that nurses feel tired when working in demanding nursing situations where they are exposed to violence that also takes a toll on their mental well-being. Nurses become frustrated due to patients' unexpected behaviors. Much more could be done, for example, affording nurses regular workshops that will keep them updated on mental health needs and treatment.



### 3.4.2.3 Work related demands

According to Niinihuhta, Terkamo-Moisio, Kvist and Haggman-Laitila (2022:461) nurse leaders play a pivotal role in making sure that the well-being of nurses is maintained. This can be achieved through involving nurses in decision making and making sure they are equipped with adequate resources, equipment, and staff. Work related demands cause a lot of stress that can cause burnout due to low staffing levels which hinders nurses' ability to meet MHCUs' needs (Thapa, Subedi, Ekstrom-Bergstron, Josefsson & Krettek, 2022:2).

The workload for caring for MHCUs with ID is high, and this study indicated that the staff to patient ratio is not acceptable. Nurses must maintain the routine and take responsibility for all self-care activities of MHCUs. Nurses need to multi-task as they have many responsibilities to attend to such as ordering of stock, escorting MHCUs to other hospitals and administering treatment. This leaves nurses always tired due to the multiple roles they engage in. The following quotes support this category:

*...they need more staff... You find out that we are three, they are twenty and sometimes we are two, so it need a lot of staff, the permanent ones. In the morning we bath them, we feed them, we change the napkins, so it is a lot of work, we also have another work to do, like ordering, giving them treatment, we have a lot of work (P 1).*

*...it requires a lot of work; it is not the unit that I will work for permanent...because the workload is too much and sometimes there is a shortage of staff (P 2).*

*The working hours are good but because we are few, we end up getting tired easily as there is an overload of work, nurse-patient ratio is a bit bad, I cannot be the only professional nurse with 19 patients that is like 19 is to 1 or is 1 is to 19 nurse-patient ratio. The hours are good only if we have enough staff (P 5).*

*...sometimes we work being two in the ward and we manage about 30 patients, as far as the human resources is concern we have got the shortage of staff so we get tired, especially when we have got a lot of sick MHCUs it so tiring because sometimes we need to manage ward routine and make sure that the patient is accompanied to the referral hospital, we must balance the personnel in the ward and also the personnel who is escorting the patient...you attend to the sick patient first...and the supervisor in the ward will be attending those remaining patients in the ward (P 7).*



In other settings participants also expressed that they have to care for a high number of MHCUs with insufficient staff. This causes disadvantages for MHCUs as they have to wait to get help (Baker & Naidu, 2021:7). Nurse leaders should ensure that they provide psychiatric training to nurses to ensure competency and rendering of quality nursing care (Baker & Naidu, 2021:11). A study indicated a shortage of skilled advanced psychiatric nurses in KwaZulu Natal that leaves general nurses being overworked so that most of them are considering international employment opportunities and working environments (Hlongwa & Sibiya, 2019:2). Employee wellness programs can help nurses to deal with stressors and challenges that they face (Mulaudzi, Mashau, Akinsola & Murwira, 2020:7).

#### **3.4.2.4 Human resource related challenges**

For a well-equipped and functional organization, the human resource strategy should be functional. Retention of staff strategies should be adopted to enable those working with MHCUs to deliver high standard services (Sharma, 2021:161). Human resource adequacy can be achieved through training and team collaboration to encourage nurses to practice teamwork and when teamwork is achieved there is efficiency and less strain for workers. Nurses adopt different roles, and they fail to render quality nursing care to MHCUs due to multiple objectives they have to meet within a short period of time (Derblom, Molin, Gabrielsson & Lindgren, 2022:1150).

Participants in this study expressed being overworked due to a lack of human resources and this limits nurses to attend to other activities that include spending time and getting to know MHCUs for better care planning purposes. Sometimes nurses are absent for various reasons such as sick leave and family responsibilities. The shortage of staff has many consequences like nurses getting exhausted and it also leads to nurses exposed to potential risk when they cannot attend to MHCUs in need. The following quotes support this category:

*When I talk about the bad one sometimes is hectic as I said we have a challenge of a shortage of staff, we are tired (P 1).*

*...that ward need teamwork as that MHCUs need a lot of work. You cannot leave the patient alone, so if there is a shortage of staff you cannot work...It depends when there is a lot of staff my day will be fine, but when there is a shortage, I will be tired (P 2).*

*...over worked because some of our staff members have resigned, some are going to pension...our challenge is shortage of staff, working under pressure and working for long hours (P 3).*



*I think they must have many staff, because we cannot help 40 patients while we are 4 or 6 and in that 4 or 6 some do not come to work because they are sick, or they have got challenge...Some is annual leave; some is just sick, and some will say the child is not well. Anything can happen during the night, we can work together now and tomorrow, maybe I can find that I cannot come to work, so that one is a trouble, shortage of staff is troubling us (P 4).*

*This time I am the only professional nurse, 1 enrolled nurse and 1 nursing assistant, which is a big problem when we are nursing 19 patients who cannot do anything for themselves, that is why I am saying that there is a shortage, and we need a lot of hands...most of the time we spend it doing ward routine, we do not get enough time to get to know the patients...We do have the activities but most of the time we are short staffed...I still have to perform my duties as a professional nurse...I do not think they can be able to feed 19 patients on their own while I also need to attend the administration work, there is no time... (P 5).*

Derblom et al. (2022: 1150) indicated that nurses do engage in collegial support by way of brainstorming to be able to get support and better insight in dealing with MHCUs. However, a high workload is a limiting factor that does not develop nurses' decision-making skills because they will make decisions on their own. Human resource departments can enable nurses by giving them time off to attend workshops and brainstorming sessions that can be conducted in the facilities. As the mental health nursing profession evolves nurses are required to engage in different roles which include self-care activities for MHCUs, counselling, and other mental health stimulating activities (Alzahrani, 2023:45).

#### **3.4.2.5 Family related issues**

Family involvement in MHCUs' treatment plays a huge role in the healing process and reduces relapse and length of hospital stay (Mabunda, Mangena-Netshikweta, Lebeso & Olaniyi, 2022:1). In the absence of family members' involvement in the lives of MHCUs their condition might worsen with increased hospital stay. Leave of absence from the mental facilities benefits MHCUs and their families, as this gives them time to bond and show one another love (Mabunda et al., 2022:1). A limiting factor for MHCUs' families could be their own concerns, or to escape what they see as the burden in the caring for the patient (Ong, Fernandez & Lim, 2021:214). Mabunda et al. (2022:1) indicated that family involvement gives MHCUs hope and reduces absconding from hospital.





In this study participants indicated low involvement of family members. Nurses feel demoralized and witness the MHCUs' emotional pain when families do not visit them. MHCUs' families are not visiting and this leaves MHCUs detached from their families. Another intervention that nurses adopted is involving social workers to ensure MHCUs go on leave of absence and be with their families to ensure that families are involved and receive mental health education. The following quotes support this category:

*There are times where their relatives are not coming, so I have to contact the social worker, so that she comes and see these MHCUs (P 2).*

*...and also the experience of witnessing these patients of ours going through heart break because of the families. Families are not visiting them; they are not checking up on them...Even families need to come more often and be educated about this condition, so that they understand it...They used to go for leave of absence, I don't know what really happen, but right now families are avoiding to come here and fetch them, community education about mental disorders is really needed (P 5).*

*Some of them do not have families, even the social workers try to trace the families, but they did not succeed...majority of them visit them regular like once a month...we do have who go for leave of absence...during festive seasons...we must ensure they must communicate with their relatives regularly as their relatives are not visiting them, we must call their relatives and even contact the social worker in case their relatives are not coming (P 7).*

*Yes, some of them do, especially on holidays but they do not stay for many days, some are forced to take them because most of the patients will be going for leave of absence (P 8).*

The unavailability of family in the care of MHCUs has a negative impact on the MHCUs' health. In this regard the family might be aware of the illness but due to lack of informed knowledge they withdraw from the patient (Dehbozorgi, Fereidooni-Moghadam, Shahriari & Moghimi-Sarani, 2022:4). The other aspect is that the family might not be involved due to a lot of responsibilities that comes with taking care of the MHCUs. Stigmatization also contributes to how MHCUs are treated by the family who may stay away or reject a MHCU due to the stigma (Dehbozorgi, 2022:2). In another study, participants expressed their satisfaction with the inclusion of families (Aass, Moen, Skundberg-Kletthagen, Lundqvist & Schroeder, 2022:936). If care is well planned and the family is included, much more could be achieved and patients do not experience rejection.



### 3.4.3 THEME 3: Coping experience of nurses caring for MHCUs with ID

This theme will be discussed under one category, managerial and peer support.

#### 3.4.3.1 Managerial and peer support

Managerial support is an aid that a leader offers to subordinates to motivate and enable them. (Yaghi & Bates, 2020:91). Generally, in an organization teamwork is a golden rule and objectives are met when there is managerial and peer support (Yaghi & Bates, 2020:91). Peer support is a workplace system where support is shared amongst colleagues as a matter of receiving and giving assistance to those needing it. It is done by sharing responsibilities through collaborative agreements and respect (Agarwal, Brooks & Greenberg, 2020:57). When a peer support program is adopted, it lessens workplace stresses and encourages teamwork. Workplace support can be achieved by management`s involvement and engaging more with subordinates to better understand individuals and adopt new styles of functioning as a team (Shanno, 2018:35).

In this study participants indicated availability of peer support however there is little or no management support. Managers are not involved in the caring of MHCUs, and most participants expressed a need for managers to consider their needs caused by staff shortages and listen to their concerns and provide support for nurses. The following quotes support this category:

*We just talk as staff about this issue and encourage each other to work because it is our job even though it is not easy, we do not encourage the bad ones (P 1).*

*If there is a lot of work, I contact my supervisor to ask another ward for assistance so that we can work well with MHCUS, because if there is shortage I cannot have a positive attitude on them, we need to at least be enough in the ward (P 2).*

*First thing first, managers need to know that these MHCUs are people, whatever is done in a general hospital it needs to be done even here, even this shortage of staff, is just a matter of they are just working with ID patient so they do not need to be many, they have to realise that it is a lot of work this side, we need more nurses and realise us as people (P 5).*

*...and even if the supervisors can come close to us so that they can hear our concerns with regard to caring for those patients, emotional support from the supervisors...As long as we get supervision or the support from our managers (P 7).*



Most participants indicated that they do receive collegial support, however most of them also wished for managers to be involved in the caring for MHCUs and take note of the nurses' concerns and experiences. Managers must engage more with nurses to be able to make beneficial decisions and design new ways that can be implemented to reduce or prevent nursing challenges. A study indicated a need for nurse leaders to be involved in the functioning of nurses and come up with new strategies to enable them with coping skills. Nurses must be listened to and be involved in clinical decisions or discussions (Skogberg, Jarl & Materne, 2022:2).

#### **3.4.4 THEME 4: Measures to improve caring for MHCUS with ID**

Caring for MHCUs involves different aspects to ensure service is of high quality. The following categories will be discussed: Inter-professional and holistic care, sufficient human resources, competent human resources, and sufficient resources.

##### **3.4.4.1 Inter-professional and holistic care**

Interpersonal skill is one of the major attributes a nurse should hold to foster relations with both the MHCUs and their families to ensure quality nursing care (Nyelisani, Makhado & Luhlima, 2023:6). When good relationships are achieved, nurses are enabled to function to their full capacity and achieve holistic care that is inclusive of the physical, emotional, psychological, and spiritual care (Rajabpour, Rayyani & Shahrabaki, 2019:2). The same authors also mentioned that for nurses to be able to render a full circle of holistic care, nurses should be trained to be able to apply themselves (Rajabpour et al., 2019:2).

Nurses in the study expressed a need for total nursing care and indicated required resources to achieve that. Participants indicated how they would function better to attend to all the needs of MHCUs if they work with other professional team members. They need to attend to all needs that include grooming and monitoring vital signs. Other multidisciplinary team members should respond timeously when requested to offer emergency interventions. Occupational therapy and psychological interventions should be offered to MHCUs. The following quotes support this category:

*I think I must provide quality nursing care for them, and cutting their hair and nails to be clean, writing and recording their files, assessing, and observing them, even to check the vital signs so that we find abnormalities that we are not aware and report (P 4).*



*...and then we need doctors to respond in time because when you report to a doctor, they take time to respond (P 5).*

*I think the best thing is to involve other multi-disciplinary team for an example, the occupational therapy, social workers, because some of them are having other problems despite of their ID, so I think to involve other multidisciplinary can help maintain the total nursing care of the intellectual (P 6).*

*...and even the maximisation of a teamwork in the ward, I think it will be easy for us to maintain quality nursing care and collaboration with other staff members, and even other members of the multi-disciplinary team (P 7).*

*I think the important thing in the institution we must have the specialised professionals like psychiatrist, psychologist, the qualified occupational therapists that are working hand in hand, they must work together so that we can improve the experience in nursing these patients. We must have different activities that we are dealing with them every day so it must not be the nursing care every day, patients facing the nurse every day (P 8).*

Rajabpour, Rayyani and Shahrbabaki (2019:4) adopted a holist approach program for nursing care and assessment and patients were satisfied with the quality of care they received. Patients further indicated that apart from scientifically correct nursing, they also needed nurses that know them and listen to them. When nurses apply holistic care that is conducted in collaboration with patients, nurses tend to render nursing that is not disease orientated but incorporate the psychological aspects into the nursing care implementation (Kim, 2022:2). A study indicated the importance of teamwork and work collaboration with other multiple disciplinary teams to achieve quality care for MHCUs. In addition to that, there is a need for a conducive working environment for nurses to be effective (Stavropoulou, Rovithis, Kelesi, Vasilopoulos, Sigala, Papageorgiou, Moudatsou & Koukouli, 2022:474-475).

#### **3.4.4.2 Sufficient human resources**

Insufficient human resources in nursing contributes to problems such as psychological stressors (Yildirim & Bulut, 2021:125). With the stress of staff shortages, there is increased absenteeism and an increased number of nurses taking sick leave. Nurse take on different roles and if there are shortages, they cannot function to their full capacity (Joubert & Bhagwan, 2018:49).



Most participants indicated that the mental health institution should employ adequate nursing staff to ensure quality nursing care. Shortage of staff has a huge impact on staff absenteeism and nurses' mental health due to work overload and strain from multiple responsibilities. Sufficient staffing and human resources will help to combat stress. The following quotes support this category:

*I think the head of the hospital must have enough staff, to avoid absenteeism in the hospital, although it is not easy and good working environment (P 2).*

*...hiring more staff because there is a shortage each and every day...it takes long for a government to hire staff; it is not easy (P 3).*

*Shortage of staff is a trouble; it is a challenge but if we can have many staff, I think we can do well; it will limit a lot of sick leave...I hope the government can make a way to add more nurses (P 4).*

*I think we need more nurse in this hospital we need to hire more staff and I feel like most hospitals are having shortage. I will say we need more nurses... we are only 3 at night, I believe we could do better if we are 2 professional nurses, 2 enrolled nurses and 3 enrolled nursing assistance as there is physical work and admin and there are other things that we do if it is like that it will be easy for us to allocate on different job descriptions to maintain the whole ward (P 5).*

*...I will have less stress, I think we will have more people to work with. I think it will reduce stress because most of the time if we are short, we become little bit stressed about the situation that we find ourselves in (P 6).*

*I think my recommendation is that they can increase the number of the staff members in the ward...we are insufficient because these people are difficult, they need more staff like allocate 3 patients per nurses if we are insufficient, we find that patients are 28 and you are only 4 nurses in the ward and you are not caring for patients only there are other things that you are doing that will help them, it is a lot that need to be done (P 8).*

Shortages of mental health care nurses is a global problem, and organisations must design new ways of recruiting and retaining nurses to cater for the ever-growing number of MHCUs (Koly, Baskin, Khanam, Rao, Rasheed, Law, Sarker & Gnani, 2021:2). It is the responsibility of nurse managers to ensure sufficient human resources and engage in continuous communication with staff for better understanding of work dynamics (Machailo et al., 2023:8).



In addition, leaders should contribute to the physical and emotional stability of nurses by designing plans and scheduling of nurses to ensure all shifts are covered.

#### 3.4.4.3 Competent human resources

Aspects that limit nurses are staff shortages, lack of specialists training, resources and medication that might lead to relapse of MHCUs. This leaves nurses unfulfilled because MHCUs' conditions can get worse (Mpheng, Scrooby & du Plessis, 2022:4).

Continuous development and training are aspects most participants expressed a need for. To care for MHCUs with ID, in-service training is required by participants to function better and with insight. Lower category nurses need to be taken for further learning and development to enable them to be competent and function with understanding. Participants recommended workshops and study leave for nurses to improve the situation. The following quotes support this category:

*Also have workshops and open schools so that we can further our studies and understand more (P 1).*

*...take us to school to improve our knowledge, attending workshops...to continue caring for our patients, I think we need a lot of knowledge, even workshops...I know that we have shortage, but it will be a good idea for them to take us to school to improve ourselves (P 3).*

*Managers can create time and come to talk to us every day, like in-service training, even once a week it will be fine, coming with topics on how to take care of our patients (P 3).*

*I think most people see these MHCUs with ID differently because they lack information about how to care for such patients, so I think personally we need in-service trainings based on taking care of ID patients. They must be trained in specialized...like we must be showed how to take care for them... (P 5).*

*I think in-service training can help, training us on how to handle them so that we have knowledge on what to do and not what to not do, because if we are not being trained for example, we are having 2 enrolled nursing assistance they need to be trained on how to care for these MHCUs (P 6).*

*I think if you can be sent to a workshop and sent to study leave to study for courses which are related to ID (P 7).*

Albuquerque-Sendin, Ferrari, Rodrigues-de-Souza, Paras-Bravo, Velarde-Garcia and Palacios-Cena (2018:294) indicate that caring for persons with MHCUs needs extensive



training and Africa is lacking behind in training of mental health care professionals (Albuquerque-Sendin et al., 2018:294). Education and training improve the standards for caring for MHCUs that could be obtained through consistent attempts to provide opportunities for continuous nursing education and research (Khanlou et al., 2022:405).

#### **3.4.4.4 Sufficient resources**

Mental health care institutions must be designed to accommodate the diversity of MHCUs to accommodate their needs. If there is lack of resources, lack of staff and a poor infrastructure, this has a negative impact on the functioning of nurses (Hobyane et al., 2022:4). This lack of resources is a contributing factor to other problems nurses may encounter. Lin, Yen, Hou, Liao and Lin (2022: 2) expressed the impact nurses have in ensuring that MHCUs adhere to mental health interventions and need organizational support to achieve this.

In this study participants expressed that other aspects that make their work objectives not to be met are shortage of resources. Lack of equipment, medication, linen, clothes for MHCUs, shortage of staff and poor infrastructure limit nurses from rendering quality nursing care. The hospital needs renovations to ensure sufficient space for group activities. The following quotes support this category:

*The laundry must bring enough clothes and clean one, because you cannot work well when the linen or clothes is smelling (P 2).*

*I think they must add more staff and more equipment's to assess the patients like vital signs machines, so that we do not go to other wards to borrow the machines to take blood pressure (P 4).*

*We also need enough equipment plus more treatment as sometimes we run out of treatment as we have more epileptic patients...give us enough medication and resources as we have many epileptic patients in this ward, seizures are becoming uncontrollable and with the shortage of staff I am unable to ensure that there is prevention of injuries in all these patients, they can fit at the same time and it is just a chaos, we just need more medication (P 5).*

*...and even the structures that the institution is in can be improved so that the patients can have more space like to have other activities like to interact with others in activities as the space is not enough for caring for them, there is no open space to interact because sometimes you will find them lingering around in the corridors where the staff walk, they must have their own open space where they can have some of their activities (P 8).*



Health professionals are always looking for new ways to better care for MHCUs which include ensuring adherence to medication (Lin, Yen, Hou, Liao, & Lin, 2022: 2). However, with limited resources and medication it becomes impossible to achieve quality nursing care. Most of the times nurses are forced to compromise and work with the available resources and equipment provided by the institutions. This practice does not enable nurses to function to the fullest.

### **3.5 CONCLUSION**

In conclusion the research findings are explored in relation to the following four themes: Caring experience towards MHCUs with ID, challenging experiences of nurses caring for MHCUs with ID, coping experiences of nurses caring for MHCUs with ID and measures to improve caring for MHCUs with ID. Chapter 4 discusses the conclusions drawn from the data, suggestions, and research limitations.

## **CHAPTER 4: OVERVIEW OF THE STUDY FINDINGS, RECOMMENDATIONS, IMPLICATATIONS, LIMITATION AND CONCLUSION**

### **4.1 INTRODUCTION**

The previous chapter dealt with the discussion of research findings and literature control. This chapter focus on the recommendations, implications, limitations and conclusion of the study. Findings from the literature were included to the results. The purpose of this study was to explore the experiences of the nurses caring for MHCUs with ID. This chapter provides a summary of the findings of the study. The limitation of the study is acknowledged along with recommendations.

### **4.2 SUMMARY OF THE STUDY**

#### **4.2.1 Research objectives**

The following objectives served as a study base:

- Explore and describe the experiences of nurses caring for MHCUs with ID at a hospital in Limpopo province.





- Propose recommendations for nurses caring for MHCUs with ID with reference to nursing practice, education and research.

#### **4.2.2 Research question**

The following research question was proposed to help to accomplish the research aim:

What are the experiences of nurses towards caring for MHCUs with ID at a hospital in Limpopo Province?

#### **4.2.3 Research methodology**

A qualitative, explorative and descriptive research design was used to attain the research objectives.

### **4.3 SUMMARY OF RESEARCH FINDINGS**

The following four themes were identified in the study: Caring experiences towards MHCUs with ID, challenging experiences of nurses caring for MHCUs with ID, coping experiences of nurses caring for MHCUs with ID and measures to improve caring for MHCUs with ID.

#### **4.3.1 THEME 1: Caring experiences towards MHCUs with ID.**

Caring for MHCUs is a very challenging task that nurses have experienced in their rendering of nursing care. Most participants expressed what caring for MHCUs means to them and indicated passion and love as they want to ensure less suffering. Other participants expressed that they find fulfillment when they can assist MHCUs with ID that are often helpless. Some participants expressed the importance of showing MHCUs love even while they present with challenging experiences or behaviors. Participants also indicated that they need to do good as they pledged themselves to do so.

The study also revealed that with nurse shortages, and multiple roles nurses were engaging in, MHCUs were not always receiving holistic care. Some participants expressed that they encountered limitations in their functioning, as they had to adapt to a routine to meet MHCUs' physical needs, leaving less time for emotional engagement. Some activities that are designed to assist MHCUs were neglected due to low staffing and time constraints. Most participants expressed the impact of staff shortage, causing work overload and affecting the quality of care.

#### **4.3.2 THEME 2: Challenging experiences of nurses caring for MHCUs with ID.**



Participants faced MHCUs' behavior related issues while rendering nursing care. The participants experienced challenges with unpredictable behavior of MHCUs towards others and nurses and how it was tiring and frustrating for them. Participants also indicated the inability for MHCUs to comprehend the mental health education provided by nurses.

Participants experienced staff shortages which was worsened by nurses taking sick leave and indicating fatigue and backache as a problem. Another problem participants identified as the cause of staff shortages was nurses who do not want to work in the ID wards. Work overload contributes to stress as nurses have to take responsibility for different roles such as administrative and clinical roles. Most participants also mentioned the need for interprofessional team work to be able to achieve quality care and attend to all the needs of MHCUs.

Participants expressed the unavailability and minimal engagement of MHCUs' families in their care. Some MHCUs do not have families while others have left the MHCUs in the care of nurses and do not reach out to assist with the treatment program. Participants need to communicate with social workers to be able to have families coming to visit the MHCUs. Participants indicated that MHCUs cannot take leave of absence from the hospital as families may have abandoned them in the care of the institution and nurses.

#### **4.3.3 THEME 3: Coping experiences of nurses caring for MHCUs with ID.**

Most participants indicated staff shortage as common problem and have designed an approach to discuss amongst themselves on what strategies they can adopt to improve their work and to encourage one another. Some participants emphasized the importance of managers to be involved and assist when there are staff shortages and a need for supervision and support. Participants also recommended a need for nurse managers to be more involved with nurses, to listen to their concerns, encourage them, and offer emotional support.

#### **4.3.4 THEME 4: Measures to improve caring for MHCUs with ID.**

Most participants expressed a need to provide holistic care and identify abnormalities to be reported timeously. Some participants indicated a need for team work to be instilled in the unit caring for MHCUs. They recommended collaboration with the multi-disciplinary team members and advocated for management to appoint more skilled staff that will enable them to function at their highest capacity. The majority of participants identified a need for in-service training, and workshops to enable nurses rendering more effective care to MHCUs with ID.



Inadequate resources is one of the limiting aspects participants identified such as shortage of linen, staff, equipment and medication. These shortages have an effect on MHCUs' health care. All the mentioned shortages put MHCUs at risk since nurses need to borrow equipment from other departments, leaving patients unattended. Participants also recommended that institutions could do more to improve the infrastructure for MHCUs to allow open access and spaces where they can move around without constrictions.

#### **4.4 RECOMMENDATIONS**

On the basis of the research findings, the researcher provided recommendations, the recommendations were made in respect to nursing management, nursing research, nursing education and nursing practice.

##### **4.4.1 Nursing management**

This study will help the nursing management to be aware of the nurses' experiences when they are caring for MHCUs with ID. As some of the participants mentioned that the opportunities and courses to further their studies are limited, the nursing management can play a role in motivating the need for training and programs to empower nurses to study and get promoted to the next rank or position. More nursing staff must be hired due to a shortage of nurses caring for the MHCUs with ID, as there is critical shortage of nurses leading to overworked nurses in the hospital in Limpopo Province and in South Africa as a whole. Nursing management needs to support nurses with sufficient human and other resources and make opportunities available to training and teambuilding to encourage and motivate nurses.

##### **4.4.2 Nursing research**

In future more qualitative and quantitative research studies need to be conducted focusing on the experiences on nurses caring for MHCUs with ID in Limpopo and in other provinces in South Africa. More nurses must be encouraged to take part in nursing research in either conducting research or participating in a research study. Quantitative studies can yield more results to be generalized so that evidence-based decisions can be taken to improve the care of MHCUs.

##### **4.4.3 Nursing education**

All nursing students should receive some form of training on the causes and management of ID so that they can diagnose and refer and assist families with a treatment plan and



interventions to optimize functioning. All nurses caring for the MHCUs with ID should receive ongoing in-service education regarding MHCUs' special needs, treatment of different disorders and ways of communicating with and engaging MHCUs and their families. Nurses with positive experiences can help to encourage and motivate their colleagues by explaining the skills they use to find pleasure and meaning in their work.

#### **4.4.4 Nursing practice**

Nurses caring for MHCUs with ID need help and support to effectively care for these MHCUs. In-service training must be conducted at regular intervals for nurses working in the ID unit to help them to advance their skills and knowledge. Nurses can be assisted to divide MHCUs in groups according to their functioning so that suitable activities can be presented. Nurses can assist each other through teamwork and effective delegation of duties. Positive attitudes such as commitment to care should be acknowledged and recognized to motivate and encourage nurses.

#### **4.5 IMPLICATIONS OF THE STUDY**

This study will help in creating awareness of the challenges and experiences of the nurses caring for MHCUs with ID. The recommendations may help nursing management and nurses in practice to develop strategic plans to improve the care for MHCUs with ID.

#### **4.6 LIMITATION OF THE STUDY**

The research findings of this study were derived from eight participants in a hospital in Limpopo province who volunteered to participate in semi-structured interviews. There were only one male and seven females' participants. More participants and more male nurses might have provided different experiences to enrich the study findings.

#### **4.7 FINAL CONCLUSION**

The purpose of the study was to explore and describe the experiences of nurses caring for MHCUs with ID at a hospital in Limpopo province. The study objectives were met through the research findings. According to the findings the nurses caring for the MHCUs with ID need to find support and motivation through management. Recommendations were made by the researcher according to the participants' experiences.



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## ANNEXURE A: INTERVIEW GUIDE

### PART A

- Demographical information of participants
- Age: -----
- Gender: -----
- Years of experience: as a nurse-----
- In the selected hospital: -----
- In the present ward: -----
- Qualifications: -----

### PART B

#### INTERVIEW GUIDE

Central questions to nurses caring for MHCUs with ID at a hospital in Limpopo province.

What are your experiences as a nurse caring for mental healthcare user with ID in this hospital?

#### PROBING QUESTIONS

- What are your perceptions towards caring for mental healthcare user with ID?
- What measures do you think can be taken to improve your experiences as a nurse caring for mental healthcare users with ID?
- What are your attitudes towards caring for mental healthcare user with ID?
- How do you maintain control of your attitude towards the MHCUs with ID?
- What made you decide that you want to be a nurse and keep on going to be a nurse caring for MHCUs with ID?
- How do you judge your day to day working routine caring for the MHCUs?
- In what way do you think quality nursing care for MHCUs with ID can be maintained?



## ANNEXURE B: PARTICIPANT'S INFORMATION LEAFLET AND INFORMED CONSENT FORM

**STUDY TITLE:** Experiences of nurses caring for mental healthcare users with ID in a selected hospital.

Principal Investigator(s): Murovhi Talifhani Princess

Institution: University of Pretoria

**TELEPHONE NUMBER(S):**

Cellular number: 0766609432

**DATE AND TIME OF FIRST INFORMED CONSENT DISCUSSION:**

Date	Month	Year
01	NOVEMBER	2022

Time:
13

Dear prospective Participant

### 1) INTRODUCTION

You are invited to volunteer for a research study. This information leaflet is to help you to decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully explained in this leaflet, do not hesitate to ask the investigator. You should not agree to take part unless you are completely happy about all the procedures involved.

### 2) THE NATURE AND PURPOSE OF THIS STUDY

The purpose of the study is to explore and describe the perceptions and experiences of the nurses caring for mental healthcare users with ID at a hospital in Limpopo province. You will be interviewed by a researcher in a private comfortable place.

### 3) EXPLANATION OF PROCEDURES TO BE FOLLOWED

If you agree to participate, you will be asked to take part in an individual interview which will take about an hour. The interview will be between the participant and the researcher. I will ask you probing questions where clarity is needed based on your responses on the research topic. It will involve answering questions such as what is your experiences of towards caring for MHCUs with ID at a hospital in Limpopo Province. With your permission the interview will be recorded using a recording device to ensure that no information is missed and that participant's names will not be mentioned in the recordings.



**4) RISK AND DISCOMFORT INVOLVED**

Taking part in this study will not cause any physical or emotional harm or risk. The only possible risk involved is the time the interview will take, though it will be reasonable. During the interview you may find that some questions are sensitive, i.e.: about the experiences of nurses working with MHCUs, with ID if you feel that some question make you uncomfortable, you do not have to answer them. No risks involved. It will take 30 - 60 minutes of your time. If you need counselling during or after the interview, I will be able to refer you to a social worker.

Miss Khanyisa Mthombeni: Contact number: 083 506 8867

**5) POSSIBLE BENEFITS OF THIS STUDY**

You will not benefit directly by being part of this study, but your participation is important for us to better understand perceptions, attitudes and experiences of nurses caring for MHCUs with ID in a selected hospital in Limpopo province. The information you provide may help the researcher to be aware of the perceptions, attitudes and experiences of nurses caring for MHCUs with ID in a selected hospital in Limpopo province.

**6) HAS THE STUDY RECEIVED ETHICAL APPROVAL?**

This Protocol (494/2022) was submitted to the Faculty of Health Sciences Research Ethics Committee, University of Pretoria, telephone numbers 012 354 1393 and written approval has been granted by that committee. The study has been structured in accordance with the Declaration of Helsinki (last update: October 2008), which deals with the recommendations guiding doctors in biomedical research involving human/subjects. A copy of the declaration may be obtained from the investigator should you wish to review it.

**7) INFORMATION**

If I have any questions concerning this study, I should contact:

Murovhi Talifhani Princess

Tel: 0158121138 or Cell: 0766609432

**8) CONFIDENTIALITY**

We will not record your name anywhere and no one will be able to connect you to the answers you give. All records obtained whilst in this study will be regarded as confidential. Results will be published or presented in such a manner that patients remain unidentifiable.



**9) CONSENT TO PARTICIPATE IN THIS STUDY**

I have read or had read to me in a language that I understand the above information before signing this consent form. The content and meaning of this information have been explained to me. I have been given the opportunity to ask questions and am satisfied that they have been answered satisfactorily. I understand that if I do not participate it will not alter my management in any way. I hereby volunteer to take part in this study.

I have received a signed copy of this informed consent agreement.

.....	.....
Nurse's name	Date
.....	.....
Nurse's signature	Date
.....	.....
Investigator's name	Date
.....	.....
Investigator's signature	Date
.....	.....
Witness name and signature	Date





**ANNEXURE C: APPLICATION LETTER TO THE CEO FOR APPROVAL**

P.O. Box 1606  
Nzhelele 0993

The Chief Executive Officer  
Evuxakeni Hospital  
Private Bag X9661  
Giyani 0826

Dear Sir/Madam

**RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE HOSPITAL AS PART OF THE MCUR STUDY AT UNIVERSITY OF PRETORIA**

I am currently employed by the Department of Health working as professional nurse. I am registered with the University of Pretoria (UP) for a Master's degree. The title of the intended study is "Experiences of nurses caring for mental healthcare users with ID in a hospital at Limpopo Province". I am expected to conduct research as part of the fulfilment of requirement for the degree.

The purpose of the study is to explore and describe the perceptions, attitudes and experiences of the nurses caring for mental healthcare users with ID at a hospital in Limpopo province.

I am seeking permission to undertake research. The sample will be drawn from the nurses in the ID unit who will consent to participate in the study. Please find attached copies of proposal and questionnaire for your perusal. The interviews will not affect any routine or normal flow of nurse's duties in the hospital.

Your consideration will be much appreciated.

Yours sincerely  
TP Murovhi



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

## ANNEXURE D: LETTER OF APPROVAL FROM DEPARTMENTAL IN-HOUSE COMMITTEE



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences  
Department of Nursing Science

Enquiries: Prof AE van der Wath  
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15 April 2022  
The Chair: Post Graduate Committee

Dear Prof,

Letter of approval from Departmental In-house committee

The proposal of student: Talifhani Princess Murovhi, Student number: u21795518, served before the Inhouse committee of the Department of Nursing Science and was approved for submission to the Post Graduate School Committee. The title: EXPERIENCES OF NURSES CARING FOR MHCUS WITH ID IN A SELECTED HOSPITAL IN LIMPOPO PROVINCE

Internal reviewers: Prof van der Wath and Dr Nesengane

Yours sincerely

Prof AE van der Wath  
Associate professor  
Department of Nursing Science  
University of Pretoria  
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## ANNEXURE E: ETHICAL APPROVAL



Faculty of Health Sciences

**Institution:** The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.

- FWA 00002567, Approved dd 18 March 2022 and Expires 18 March 2027.
- IORG #: IORG0001762 OMB No. 0990-0278 Approved for use through August 31, 2023.

Faculty of Health Sciences **Research Ethics Committee**

Approval Certificate  
New Application

16 January 2023

Dear Miss TP Murovhi

**Ethics Reference No.: 494/2022**

**Title: Experiences of nurses caring for mental health care users with intellectual disability in a selected hospital**

The **New Application** as supported by documents received between 2022-08-23 and 2022-11-23 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2022-11-23 as resolved by its quorate meeting.

Please note the following about your ethics approval:

- Ethics Approval is valid for 1 year and needs to be renewed annually by 2024-01-16.
- Please remember to use your protocol number (494/2022) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, monitor the conduct of your research, or suspend or withdraw ethics approval.

**Ethics approval is subject to the following:**

- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

On behalf of the FHS REC, Dr R Sommers

MBChB, MMed (Int), MPharmMed, PhD

Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

*The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health)*

Research Ethics Committee  
Room 4-80, Level 4, Tshepo Building  
University of Pretoria, Private Bag x323  
Gezina 0031, South Africa  
Tel +27 (0)12 358 3084  
Email: deepika.behari@up.ac.za  
www.up.ac.za

Fakulteit Gesondheidswetenskappe  
Lefapha la Disaense tsa Maphelo

**ANNEXURE F: LIMPOPO PROVINCE DEPARTMENT OF HEALTH APPROVAL**



LIMPOPO  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF  
HEALTH

Ref : LP\_2023-01-010  
Enquires : Ms PF Mahlokwane  
Tel : 015-293 6028  
Email : [Phoebe.Mahlokwane@dhsd.limpopo.gov.za](mailto:Phoebe.Mahlokwane@dhsd.limpopo.gov.za)

Talifhani Princess Murovhi

PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

**Experiences of nurses caring for mental health care users with intellectual developmental disorder in a selected hospital in Limpopo Province**

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
  - a. Present this letter of permission to the Office District Executive Manager a week before the study is conducted.
  - b. This permission is **ONLY for Evuxakeni Hospital.**
  - c. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
  - d. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
  - e. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
  - f. **The approval is only valid for a 1-year period.**
  - g. If the proposal has been amended, a new approval should be sought from the Department of Health
  - h. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated

Head of Department

13/01/2023

Date

pp

Private Bag X9302, Polokwane  
Fidel Castro Ruz House, 18 College Street, Polokwane 0700. Tel: 015-293 6000/12. Fax: 015 293 6211.  
Website: <http://www.limpopo.gov.za>

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