

General Registered Nurses Concerns with the Management of Acute Psychiatric Patients in a General Hospital: A Qualitative Study

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Abstract: Since 2002, all health establishments in South Africa including district hospitals are compelled by the Mental Health Care Act No. 17 of 2002 to admit acute psychiatric patients for 72 hours without consent for assessment and observation. The admission of psychiatric patients and those with medical conditions in the same units came with new challenges for the healthcare team. With the shortage of psychiatric trained nurses in most settings, non-psychiatric nurses are expected to work with psychiatric patients. The purpose of the study was to explore and describe the concerns of non-trained psychiatric nurses who work with acute psychiatric patients. In-depth interviews with 15 general nurses were carried out between January and March 2013 in a Government Hospital in South Africa. Data collection and analysis were carried out simultaneously and a modified Tesch method of data analysis was used. Two themes emerged from the analysis (safety related concerns and psychiatric nursing related concerns) and demonstrated the contextual nature and the interrelationships in the participants' descriptions of their concerns with regard to nursing psychiatric patients while not trained to do so. The study concluded that violence from psychiatric patients poses tremendous risks and challenges for general nurses, other patients and their families.

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1. Introduction

Since the implementation of the South African Nursing Council Regulation 425 of 1985, all pre-registration nursing programmes prepare registered nurses to practice as independent professionals in the areas of general nursing, psychiatric nursing, community health and midwifery. This four year basic programme was introduced to respond to the need of primary health care. Prior to the implementation of the R425, psychiatric nursing, community health and midwifery were parts of post-basic nursing training. This means that there are registered nurses who are not equipped to independently provide psychiatric nursing care in the country. With the implementation of the Mental Health Care Act No. 17 of 2002, all health establishments including district hospitals are compelled to admit acute psychiatric patients for 72 hours without consent for assessment and observation. Traditionally, psychiatric care was not part of the general district hospital healthcare delivery package. The admission of acute psychiatric patients and those with medical conditions in the same units came with new challenges for the healthcare team.

One of the major challenges in ensuring the observation and assessment of psychiatric patients in these units is the shortage of registered psychiatric nurses. In the study hospital, the acute psychiatric

patients are admitted either in male or female medical wards. Out of 18 registered nurses working in both female and male medical wards, only 3 are psychiatric trained registered nurses. Of those three, one is an operational manager and two are providing community outreach psychiatric services. Psychiatric nursing care during the 72 hours assessment and observation period is mainly provided by registered nurses with no psychiatric nursing training. They are expected to deal with (i) psychiatric emergencies such as aggression, disruptive behavior and suicide; (ii) persons who are experiencing complications associated with substance abuse; and (iii) persons who have been exposed to trauma and violence. It is acknowledged that this category of registered nurses is not empowered with knowledge and skills to meet those expectations (Rutledge, Wickman, Caciata, Winokur, Loucks, & Drake, 2013).

Previous studies (Lethoba, Netserwa, & Rankhumise, 2006; Reed & Fitzgerald, 2005) have looked at various aspects of the experiences of registered nurses in general hospital toward psychiatric patients. This study looked at the concerns of non-psychiatric trained registered nurses in managing acute psychiatric patients in a district general hospital during the 72 hours of assessment and observation period prescribed by the government.

2. Material and Methods

The study used a qualitative, descriptive and contextual research strategy. Data was collected by means of audio-taped in-depth interviews and were conducted in English. Only Registered Nurses without psychiatric training were considered for the study. A total of 15 participants were interviewed. The interviews took place between January and March 2013.

Participants were asked a grand tour question which was "Tell me about your concerns in managing acute psychiatric patients in your units". Each interview lasted between 45 to 60 minutes. The interviews were transcribed verbatim. A modified **Tesch's** method of data analysis as described by Creswell (2013) was used for the study. Scientific rigour was established through credibility, dependability, and transferability.

The study received ethical clearance from the Ethics Committees of the University and the Ministry of Health. Participants were informed about the study, their rights to free participation, confidentiality, privacy, and to withdraw from the study at any time. Informed consent was obtained from the participant before the interviews. All procedures including the use of the tape recorders were explained to the participants.

3. Results

Of the 15 participants who were interviewed, 13 were females and two were males. The work experience of the participants as registered nurses ranged from six to 17 years. All of them were involved in the care of the psychiatric patients during the 72 hours of the observation and assessment period.

Two categories of concerns emerged from the analysis of data and classified as: safety related concerns, and psychiatric nursing skills related concerns.

Theme 1: Safety Related Concerns

Three subthemes were identified from the participants' descriptions: concerns for personal safety; and concerns for the safety of other patients. These two subthemes derived mainly from their understanding of mental illnesses and the behavior displayed by some psychiatric patients as exemplified by the supporting quotes from the interviews.

Concerns for Personal Safety

All 15 participants were concerned about psychiatric patients being admitted in the same wards with the non-psychiatric patients. They viewed psychiatric patients as a danger to their personal safety. For the participants, the admission of the psychiatric patients in their units created serious safety issues for them, other patients and the visitors.

These concerns were best espoused by the quote from a participant with six years' experiences.

Psychiatric patients are dangerous and I am worried about my safety as I cannot see the warning signs that the patient is going to be dangerous in order to take precaution.

Some participants questioned the admission policy as exemplified with the following statement from a participant with 17 years' experience:

I don't understand why psychiatric patients must be admitted in a general hospital. The general hospital must admit medical patients, not psychiatric patients.

Some have adjusted their behaviors to protect themselves as illustrated in this quote from a participant with 10 years' experience:

I don't leave dangerous things like glasses and matches next to psychiatric patients. Some patients act cool as if everything is fine but when you turn around they assault you.

Female nurses were more concerned for their safety than their male counterparts and felt more insecure even to administer medication in the absence of a male colleague. A female participant of eight years' experience stated:

We get psychiatric patients who are aggressive and they threaten to beat us, especially male patients.

Another female participant with 10 years' experience said:

It is difficult to give medication if you are a female nurse. We are afraid of male patients and we have to ask for help and call security if there is no male colleague.

Personal safety concerns were reinforced with the perceived lack of support. Participants felt that the hospital management did not provide them the support when needed. It was well captured with the following quote from a participant with 13 years' experience.

It is difficult to nurse psychiatric patients because they are aggressive, they destroy property and we are scared for our safety. When we phone the matrons they would say 'phone the doctor on call' and the doctor would just say 'continue to give the prescribed medication.'

Concerns with the Safety of Other Patients

Some of the participants were concerned about psychiatric patients being admitted in the same wards with the non-psychiatric patients. They viewed psychiatric patients as a threat to the safety of other patients.

A participant with seven years' experience said: *Psychiatric patients are aggressive and dangerous. You have to get them out of the way of other patients in order to prevent injury to other patients and staff.*

These concerns were associated with the feelings of fear and rejection from medical patients and their relatives as illustrated with the following quotes from two participants with 15 and 17 years' experience:

Medical patients do not want psychiatric patients in the ward. They are scared for their safety...they might hurt them.

Relatives of medical patients complain and ask why medical patients are nursed in the same wards as psychiatric patient.

Theme 2: Psychiatric Nursing Skills Related Concerns

All 15 participants were concerned about their lack of the skills necessary in dealing with psychiatric patients. Three areas were identified from the data: basic assessment skills, communication skills, and management of violent behavior. Participants felt that the lack of basic psychiatric nursing skills such as psychiatric assessment and effective communication makes it difficult for them to provide the expected care to these categories of patients.

A participant with nine years' experience stated:

Nursing a psychiatric patient is difficult because you don't know how to assist them. You won't see warning signs before the patient becomes aggressive; it is really difficult. I cannot see the warning signs that the patient is going to be dangerous because I do not have the skills.

A participant with two years' experience said:

The way we communicate with these patients may be provoking some anger in them, we need to be trained so that we know how to talk to them and calm them down.

The lack of skills to deal with aggressive behavior was well captured by this participant with 10 years' experience:

I do not have the experience to deal with violent psychiatric patients. Not all patients are aggressive it is just that you cannot trust a psychiatric patient if you are not skilled.

The lack of psychiatric nursing skills led to heavy reliance on medication and restraint to control aggressive behavior. They felt that they would not resort to restraint if they have been trained. One of the registered nurses said it looked "barbaric" to call security to come and restrain patients. Quotes listed below explain the frustrations that non-psychiatric trained registered nurses feel because of a lack of skills in dealing with violent behavior; and why they resort to using physical restraint.

A participant with 17 years' experience said:

We rely on doctors' prescription. It is difficult to nurse them if one is not trained. It's better to have

trained psychiatric nurses because they come with new ideas and restrains.

Another participant with 12 years' experience said:

We don't know how to manage violent behavior of the psychiatric patients as we are not trained. Sometimes they fight and destroy property and we don't know how to handle them. We resort to physical restrain in most of the time...it is hectic to nurse these patients.

4. Discussion

The findings of this study confirm the widespread idea that the mentally ill patients are not only different from the rest of the patients, but that they are also dangerous (Heilbrun & Heilbrun, 2006; Walker & Reinter, 2007). Participants in this study equated mental illnesses with violent and aggressive behaviors, and this perception resulted into concerns for their safety, the safety of other patients and the visitors. The incidences which occurred while they were on duty, such as psychiatric patients burning down cubicles and destroying property, proved to them that they indeed are dangerous. However, violent behavior among patients can be caused by a variety of medical and psychiatric conditions. Participants argue that psychiatric patients should be isolated from the general wards as they are a threat to nurses, patients, and visitors. These negative experiences can influence the participants' behavior around psychiatric patients. Furthermore, mental illness and violence are often seen as inextricably linked and most psychiatric patients are admitted because they display aggressive behavior and pose danger to themselves, other people and property (Bimenyimana, 2009; Rueve & Welton, 2008).

The safety concerns expressed by the participants are supported in the literature. Previous study (Lethoba, Netserwa, & Rankhumise, 2006) indicates that there's a common belief among non-psychiatric trained nurses that psychiatric patients are potentially dangerous to others (nurses, patients and visitors) and unsuitable for admission in a general hospital. Reed and Fitzgerald (2005: 255) also found in their study that participants were concerned and perceived psychiatric patients as dangerous and unpredictable. Some participants were more cautious by removing things such as glasses and matchboxes away from patients. This concurred with the study conducted by Ashmore, Jones and Jackson (2006), which stated that negative experiences influence the nurse' perception on psychiatric patients and the care they deserve. It also affects their view of their competency in providing patient care.

All participants expressed a lack of knowledge and skills regarding caring for psychiatric patients.

They verbalized a lack of knowledge and skills necessary for nursing psychiatric patients. Participants said that they did not know how to manage psychiatric patients because they were not trained in psychiatric nursing. A certain participant said that she could not read the warning signs of a patient who is about to get dangerous. These findings concurred with those of previous studies. A study by Sharrock (2005) revealed that general nurses perceive themselves as lacking knowledge in assessment and management of psychiatric patients, and that it is difficult for them to render care that will meet the patients' needs. The findings are also supported by a study conducted by Aromaa (2011). It was stated that general nurses lack knowledge and skills needed for psychiatric patients, there was also a lack of assistance, which led to a need for ongoing education to enable them to render effective patient care. In her study, Lethoba et al. (2006) said that most nurses in general wards were not psychiatric trained, which made the situation even worse. General Nurses considered themselves inadequately trained to manage psychiatric patients; hence they failed to identify warning signs and symptoms of violence.

5. Conclusion

The management of acute psychiatric patients in general hospital poses challenges for general registered nurses. The safety and psychiatric nursing competence concerns expressed by general registered nurses' should be addressed. It is evident that general registered nurses lack the education preparation to deal with acute psychiatric patients. Continuing professional development education should include content related to psychiatric nursing care, especially the management of violent behavior associated with mental illnesses. Hospital management should establish defined physical spaces in the general hospitals for acute psychiatric patients in order to decrease extraneous stimulation and afford a degree of privacy. Other measures addressing issues such as the number of male staff, staffing, negative attitude of staff, stigma, lack of support and guidelines in dealing with aggressive behavior should also be considered.

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