A PSYCHIATRIC NURSING PERSPECTIVE ON MOTHERS’ EXPERIENCE WITH CHILDREN WHO PROGRESS POORLY AT SCHOOL

by

MOTLOU MOSHIBUDI CECILIA MOLEPO

Mini-dissertation submitted in partial fulfilment of the requirements for the degree

MASTER CURATIONS

in

PSYCHIATRIC NURSING

in the

Faculty of Education and Nursing

at the

Rand Afrikaans University

Supervisor: Prof M Poggenpoel

NOVEMBER 1996
THIS RESEARCH IS DEDICATED TO:

- My late grandmother, Putla Nogane. When I failed Form I you said, "You can be a fool, but never allow yourself to be an idiot". I listened and heard your good advice.

- My late farther, Ratlou a Kgatla. You were the first teacher in our Village. I am the first nurse in our Village. I just take being first seriously.

- The late Mashoahla. When I enrolled for BA Cur you said, "Now you are entering the academic stream. Keep flowing with the current". I hope to do so.

- My late youngest brother, Maisha. For you urged me to study sitting on the toilet seat so that I should not sleep on my books.

---oOo---
ACKNOWLEDGEMENTS

My experience with the no-pain-no-gain-school leaves me with this to say:
Thank you !!

TO:
- God, for the courage and the determination
- My mother, brothers and sisters for having the confidence in me
- My children, Refiloe and Molloa, for the inspiration and meaning of life you
give me
- Dr M S Manthata for your encouragement and support
- Participants in this research for your openness and co-operation
- Staff of the Ga-Rankuwa Hospital Psychiatric Outpatient Child and Adolescence
  Unit for all the assistance and support you gave
- My colleagues at Ga-Rankuwa Nursing College and at the Nursing Department,
  Medunsa, for helping me with the queries, especially Marita, Mamlsey and Mrs
  Loate
- Shiela Zwane for being accessible, welcoming, warm and ready to help
- Mrs M T Broodryk, for the timeless, neat clean typing. Your patience is
  unimaginable
- Mrs L de Beer for opening your arms when I was in need and completed the
typing
Prof A H MacLarty for language control

Professor M Poggenpoel. You believed in me and urged me to do more. You were tolerant and determined to see me through. I don't know where you got the strength from, but I am determined to find out; and all those who took part, who I did not mention.

God Bless you all!!
SUMMARY

Mothers have hopes, wishes and expectations about their children’s education. The hopes, wishes and expectations will be seen to being realised as long as the child progress well at school.

Children who progress poorly at school, disappoints, frustrates and stresses their mothers with consequential physical and emotional symptoms. The Psychiatric Out patient’s Child and Adolescent unit assesses diagnose and make recommendation on the children who progress poorly at school as so refered by their schools. Mothers accompany their children for the purpose of history giving and any relevant information should it be needed during the course of the assessment of the child.

Mothers reacted differently to their children’s poor progress at school, and to their children’s inability to perform or complete assessment tasks as given to them as part of the assessment procedure. Some cried, some showed frustration, by turning their backs on their children, by shouting at them and even making excuses for their poor performance. The researcher then developed an interest to undertake a research on the mothers experience with children who progress poorly at school.

A exploratory, descriptive, contextual and qualitative research was undertaken to find out the mother’s experience with
Permission was obtained from gatekeepers. A pilot phenomenological interview was conducted with a mother whose child progresses poorly at school, who meets the selection criteria and the interview guide was confirmed. Phenomenological interviews were conducted with thirteen mothers who were purposively selected. Steps were taken to ensure trustworthiness. Tesch's method of data analysis was followed to analyze the data.

The results indicated that mothers with children who progress poorly at school, are disappointed, frustrated, in denial, stressed and suffer depressive symptoms.

Guidelines for supportive action by the psychiatric nurse have been described. The possibility of applying the results of the research for use in nursing education, nursing research and nursing practice have been described, as well as the use of the research results by other medical professionals in their own disciplines.

Mothers with children who progress poorly at school need support from psychiatric nurses in order to facilitate promotion, maintenance and restoration of their mental health as an integral part of health.
(v)

OPSOMMING

Moeders het hoop, drome (en wense) en verwagtinge van hulle kinders se opvoeding. Hierdie hoop, drome en verwagtinge sal realiseer na mate kinders goeie vordering op skool toon

Kinders wie swak of stadig op skool vorder, frustreer, stres en stel hulle moeders sodanig teleur, dat fisiese en emosionele symptome dikwels daaruit voortspruit. Die psigiatriese buitepasiënte kinder- en adolesente-eenheid beraam, diagnoseer en maak aanbevelings vir die kinders wie deur skole verwys word en swak of stadig by die skool vorder. Die kinders se moeder vergesel hulle om die nodige geskiedenis en inligting te gee wat gedurende die beramingsprosesse nodig is

Moeders reageer verskillend op die kinders se swak of stadige vordering op skool, asook op hulle onvermoë om tydens die beramingsprosedures te presteer of take te voltooi. Sommige huil, ander is gefrustreerd en draai hulle rug op hulle kinders deur op hulle te skree of self verskoning te maak vir hulle kinders se swak werkverrigting. Die navorser het (tydens haar blootstelling aan hierdie insidente) ’n besondere belangstelling ontwikkel om die belewenis van moeders wie se kinders swak of stadig op skool vorder, na te vors

’n Verkennende, beskrywende, kontekstuele en kwalitatiewe navorsing is onderneem om die belewenis van moeders wie se kinders swak of stadig op skool vorder, te ondersoek

Toestemming is van die verskillende persone in beheer verkry. ’n Loots fenomenologiese onderhoud is met ’n moeder, wie se kind stadig/swak op skool gevorder en voldoen het aan die seleksie kriteria, gevoer. Riglyne om fenomenologiese onderhoude met dertien moeders, wie doelgerig gekies is te voer, is saamgestel en bevestig. Vertrouwenswaardigheid is deurlopend verseker. Die metode vir data analise van Tesch is vir data analise gebruik
Die resultate dui aan dat moeders wie se kinders swak of stadig op skool vorder, teleurgesteld, gefrustreerd en in ontkenning is, stres beleef en simptome van depressie toon

Riglyne vir ondersteuning deur die psigiatriese verpleegkundige, aan moeders wie se kinders swak of stadig op skool vorder, is beskryf. Die moontlikhede vir die toepassing van die navorsingsresultate vir die gebruik in verpleegonderwys, verpleegnavorsing en die verpleegpraktyk, asook deur ander mediese professies en dissiplines, is verder beskryf

Moeders wie se kinders swak of stadig op skool vorder benodig ondersteuning deur die psigiatriese verpleegkundige om geestesgesondheid as integrale deel van gesondheid te bevorder, instand te hou en te herstel
KAKARETSO

Bo mmago bana ba hlologela le gona go hutsa gore bana ba bona ba tšwelele pele sekolong. Gomme se se ka bonagala se ka phethagatšwa ge bana ba tšwelela pele gabotse sekolong. Ngwana yo a sa tšweleleng pele gabotse sekolong o tlisa manyami, dikgakanego le gona go fokotša mmagwe mmeleng le moyeng

Lefapha la maphelo leo le lebeletšego malwetsi a hlogo goba menagano, go bana le bao ba tšwelego mahlalagading, le okoledišwe mošomo ka ge dikolo di romela bana ba ba sa tšwelelego pele sekolong go lona gore ba lefapha baba sekesekolle, go topa mathata ao a ba sirišago go tšwelela pele sekolong. Bana ba, ba tliswa ke bo mmagwe bona gore lefapha le hwetše dikarabo godimo ga dipotsišo tšeo di lelo mabapi le bana

Gona moo bo mmago bana ba amogetše tsebo ya go se tšwelele pele go bona ba bona ka go fapana fapana. Bangwe ba ganeditše, gore bana ba bona go ba tšwelele pele, bangwe ba bontšhitše dikgakanego, bangwe ba fa bana ba bona mekokotlo, bangwe ba phagamisa mantsu ge ba bolela le bana, mola bangwe ba ile ba kgitla sello. Ke gona fao monyakisiši a ilego a topa kgahlego ya go nyakisiša gore bo mmago bana ba bule sa mafahleng a bona ka go se tšwelele pele ga bana ba bona sekolong

Tshekatsheko ye, e hlomilwe ka morago ga go hwetsa tumelelo go balaudí

Bo mmago bana ba lesometharo ba tšere karolo. Ba tsopotšwe go ya ka lenaneo la ditshwanelo tša tshekatsheko ye. Magato a go hlohla botshephegi bja tshekatsheko a hlo mphilwe, a ba a latele. Mokgwa wa go hlopolla tshekatsheko wa Tesch o ile wa latele

Dipoelo tša tshekatsheko ye ke gore, bo mmago bana ba ba sa tšwelelego pele sekolong ba nyamile, ba gakanegile, bangwe ba ganetsa mola ba na di ditlamorago tsa go fokola mmeleng le
moyeng

Go latela dipolo tše di hweditšwego, go ile gwa hlaloswa mokgwa yoo baoki ba lefapha la maphelo la malwetsi a hlogo ba ka thekgago bo mmago bana ba ba sa tšwelelego sekolong ka gona. Le gore dipolo tše, dika tšwela dithuto tša booki, le booki bja malwetsi a hlogo, e šita le mafapha a, mohola goba bona ba diršane mmogo go tša malwetsi a hlogo

Bo Mmagwe bana ba ba sa tšwelelego pele sekolong ba hloka thekgo ya baoki ba malwetsi a hlogo go tšweletša, a godişa le go bušetšwa sekeng ga mmele moya le hlogangano ke ge e le botee bja pholo
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CHAPTER 1

A PSYCHIATRIC NURSING PERSPECTIVE ON MOTHERS’ EXPERIENCE WITH CHILDREN WHO PROGRESS POORLY AT SCHOOL

1.1 Overview and rationale

Educational institutions, even pre-schools, hold graduation ceremonies yearly. As if, this is not enough, parents will, as is the common phenomenon in Black communities, hold a Graduation Celebration of differing magnitude at home with family and friends. It is in this context that community members will recognise the level of progress that the graduate has made in the process of their education.

Education in our communities has been given such a status by the Education Policy of free and compulsory education, even pre-school. (Women’s Health Project, 1995:02 20). We undeniably live in times where we nurture a breed of children whose progress and development in life is judged by their capacity to progress at school.

Every mother’s concern is to see her child educated. (Lyytinen, Puttonen, Poikkeus, Laakso & Ahonen’, 1994:98) and mothers, as parents have expectations for their children (Papallia & Olds, 1993:422) and invest hope and expectation in their children’s schooling and education (Dumas & La Frienier; 1993:1739)

Most mothers are aware, that if their children fail in education, they have limited possibilities available in life (Mc Conanie, 1991:98), hence, most
mothers want their children to do well at school (Papallia & Olds, 1993:421)

A mother remains a primary parent and child caretaker (Jacket & Hunsburger, 1981:889) and the child who progress poorly at school, who fails repeatedly, is a stressor for the mother and this results in mother's feeling incompetent, frustrated and emotionally exhausted (Lyytinen, Puttonen, Poikkeus, Laakso & Ahonen, 1994:98)

Some mothers view children as an extension of themselves and when the child progress poorly at school, this is viewed by the mother as an ambivalent situation of wanting to care for the child on the other hand, and this struggle set up intense emotional feelings in the mother that many mothers cannot resolve without help (Lea & Foster, 1990: 193)

The rural nature of our communities and the geographical distances between the educational resources, affect some children who progress poorly at school, in that, they may end up staying at home with the mother to take care of them. The child who progress poorly at school is the mother's immediate external environment and therefore, influences the mother's quality of mental health as an integral part of health, and visa versa

1.2 Problem statements

The Psychiatric Outpatient Department Child and Adolescent Clinic is seeing an increasing number of children now with poor progress at school

Whilst we applaud the act of identifying the children who progress poorly at school, and bring them for assessment, there is as yet, not enough facilities to accommodate these children in their own accessible school environment, to continue with education and be independant
The children who progress poorly at school, are brought by mothers to the clinic with the purpose of giving relevant and reliable history pertaining to the developmental milestones of their children as needed on the assessment format of the Children’s Department

These mothers come from the Gauteng Province, the neighbouring North-West Province and other provinces and hospitals that use the Child and Adolescent Clinic for referral.

In the researcher’s role as a community member, a psychiatric nurse and lecturer, the researcher has observed despair, denial, frustration, disappointment, anger and guilt in mothers whose children progress poorly at school. The researcher has observed the mother-child interaction whilst mothers and their children who progress poorly at school, waited for their turn for assessment of their children and during assessment.

Mothers showed lack of interest, by turning their backs on their children. Some showed irritability and aggression towards their children as they shyly cling to them during assessment. Mothers jerked their children by their elbows. Some mothers broke into tears on realising that their children are unable to complete assessment tasks given to them. Some mothers shouted at their children and ordered them to take the assessment seriously, whilst other mothers played advocacy for their children, and were explaining that their children’s poor performance on assessment tools, was because the children associated a hospital with injections, therefore, they were frightened. Some mothers complained that assessment tools are westernised and complicated for their children’s understanding.

Children are our cultural heritage. Most mothers’ concern was related to the “What if I die?” fear, which seemed to be the worry shared by most mothers.
The psychiatric team in the Child and Adolescent Unit, regard the child who progress poorly at school as their client, as so referred. The whole assessment and intervention focuses on the child and ignores the mothers, even when they were obviously tearful, irritable, denying, and in a state that warranted intervention.

It is in this area of practice, that the researcher developed the interest to undertake this research, to explore and to describe the experience of mothers with children who progress poorly at school.

The researcher regards the child who progress poorly at school, as part of their mother's immediate environment, and external environment, and that the child’s poor progress at school is a stressor and an obstacle in the mother’s quest for mental health as an integral part of health.

The patterns of interaction between external and the internal environment of mothers with children who progress poorly at school, qualitatively determines the mother’s mental health status and yet, health potentials exists in the mothers with children who progress poorly at school. The researcher therefore asks the following questions:

1. What is the mothers experience with their children who progress poorly at school?

2. What guidelines can be developed by the advanced psychiatric nurse practitioner for psychiatric nurses to assist mothers with children who progress poorly at school, to mobilise resources to facilitate promotion, maintenance and restoration of their mental health as an integral part of health.
1.3 **Purpose of the research**

The purpose of the research is two fold:

- Exploration and description of mothers’ experience with children who progress poorly at school, and

- description of guidelines for supportive action by the advanced psychiatric nurse practitioner, for use by psychiatric nurses to assist mothers with children who progress poorly at school, to mobilise resources to facilitate promotion, maintenance and restoration of mental health as an integral part of health

1.4 **Central statements**

The exploration and descriptions of mothers’ experience with children who progress poorly at school, will provide the basis for generating guidelines for supportive action to be used by psychiatric nurses to assist mothers with children who progress poorly at school, to mobilise resources to promote, maintain and restore mental health as an integral part of health

1.5 **Paradigmatic perspective**

The paradigmatic perspective consists of metatheoretical, theoretical and methodological assumptions

The Department of Nursing, Rand Afrikaanse Universiteit, accept Nursing for the Whole Person Theory (Oral Roberts University, Anna Vaughn School of Nursing, 1990: 136-142), as its paradigmatic perspective. This theory is based on Judeo Christian Philosophy, Biblical Principles and Values, as well as Oral
Roberts University Approach of Nursing for the Whole Person. Emphasis is on continuous quest for wholeness of the individual, families and communities.

The researcher acknowledges the complexity of the research phenomena and believes that the holistic approach is suitable to research a person's experience and that equality exists between the researcher and the research respondents.

Assumptions of Nursing for the Whole Person Theory, will be used in undertaking this research.

1.5.1 Meta theoretical assumptions

These include person, mental health, Psychiatric Nursing and environment.

* Person

Refers to the mothers with children who progress poorly at school, as well as the children. These persons, are all spiritual beings functioning in an integrated bio-psychosocial manner to achieve their wholeness. They interact holistically with their internal and external environment. The way the mothers, with children who progress poorly at school, experience their situation, will be seen as holistic and their experience as unique.

* Mental health

It is an area of specialisation in the practice of psychiatric nursing. It is an integral part of wholeness. The patterns of interaction of mothers with children who progress poorly at school, with their internal and external environment, determines their mental health status as an integral part of health.

In this research, the child who progress poorly at school, is a stressor in the
mother’s external environment and so patterns of interactions between the mother and the environment influences the mental health status

*Psychiatric nursing*

It is a cultural-sensitive interactional process between a psychiatric nurse and a patient which is concerned with the provision of a comprehensive mental health service (promotion maintenance and restoration) in assisting the mothers with children who progress poorly at school, in her quest for mental health as an integral part of health (Poggenpoel, 1994:52)

The psychiatric nurse approaches the mother’s whose children progress poorly at school, as a whole person. She focuses on the mothers mental processes that influence the patterns of interaction between the internal and the external environment

The mental processes include intellectual, volition and emotional process. Because a person is whole, his mind influences his body and spirit (Poggenpoel, 1994:12)

Promotion of mental health refers to those nursing activities that contribute to a greater degree of wholeness in the mothers whose children progress poorly at school

Maintenance of mental health refers to those activities that facilitate the return to the previous experienced level of mental health of mothers with children who progress poorly at school

Restoration of health refers to those nursing activities which facilitate the return to the previously experienced levels of health of the others whose children
progresses poorly at school

* Environment

The concept encompasses both internal and external environment. The internal environment comprises body, mind and spirit and the external environment comprises the physical, social and spiritual dimensions. The patterns of interaction between the internal and the external environment determines the mothers with children who progress poorly at school, mental health as an integral part of health

1.5.2 Theoretical assumptions

Theoretical Assumptions consists of nursing theories, theoretical statements and definitions

1.5.2.1 Nursing theory

The underlying Nursing Theory in this research is the Nursing for the Whole Person Theory (Oral Roberts University, Anna Vaughn School of Nursing, 1990:136-142 & Rand Afrikaanse Universiteit, Nursing Department, 1992: 79). However, the theory will be suspended during data collection and will be used after data analysis have been completed

The statements which follow are deduced from this theory and are therefore taken for granted

1.5.2.2 Theoretical assumptions

The mother with a child who progress poorly at school, is a spiritual
being who functions in an integrated, bio-psychosocial manner to achieve her quest for wholeness

The mothers with children who progress poorly at school, interact holistically with their internal and their external environment

The Whole Person Nursing approach to individuals, focuses simultaneously on spiritual, mental, physical and social aspects of wholeness

The advanced psychiatric nurse practitioner, through the health care delivery system, will provide guidelines for psychiatric nurses for supportive action that facilitate promotion, maintenance and restoration of mental health of mothers whose children progress poorly at school

1.5.2.3 Definitions

Definitions that will be utilised in this research will be concurrent with Nursing for the Whole Person Theory (Oral Roberts University, Anna Vaughn School of Nursing, 1990:136-142 and Rand Afrikaanse Universiteit, Department of Nursing, 1992:57)

* Nursing process

It is a methodology through which nursing care is provided. It includes assessment, planning, implementation and evaluation as continuous and interlocking activities. The steps of the nursing process requires critical thinking and synthesis in assisting the mothers whose children progress poorly at school to mobilise resources
* Mothers with children who progress poorly at school

In this research the term refers to the woman, a biological parent or female whose child progress poorly at school

* Child who progress poorly at school

This refers to the child under the age of eighteen years, referred from school to the Psychiatric Outpatient’s Child and Adolescent Clinic for poor progress at school

* Psychiatric nurse

The professional individual who is educated to be able to interact between a patient in a goal directed way, to assist mothers with children who progress poorly at school, to mobilise environmental resources, to facilitate their quest for mental health as an integral part of health (Poggenpoel, 1994:13). She must be registered with the South African Nursing Council as a psychiatric nurse

* Advanced psychiatric nurse

Refers to a clinical nurse specialist, who has advanced expertise in psychiatric nursing speciality, who understands a broad range of theories that apply to clinical practice and has a Masters or Doctoral degree in psychiatric nursing as a speciality, and additional experience (Hamilton, 1992: 62)

* Resources

This includes any assets or means of assisting the patient to facilitate his/her quest for wholeness resources in the mother’s internal environment including
physical, mental, spiritual resources and those in the external environment include personal resources such as significant activities, other, and objects and professional resources such as people and organisation (Poggenpoel, 1994:13)

1.5.3 **Methodological assumptions**

According to the functional approach (Botes, 1995:5) knowledge which is generated through research is to be applied to nursing practice to improve the quality of nursing care.

In this research, science is viewed as functional, in that the data collected from the phenomenological interviews of mothers with children who progress poorly at school, will provide a basis for describing guidelines for psychiatric nurse practitioners to assist mothers to mobilise their resources, so as to facilitate promotion, maintain and restoration of mental health as an integral part of health.

1.6 **Research design**

The research model utilised as a framework for the research methodology in this research is the Botes Model. According to Botes (1995:6), nursing activities takes place at three orders which are interrelated and which influence one another.

The first order is the nursing practice, which is the research domain for nursing and has certain characteristics which serve as determinants for research decision.

The second order represents the theory of nursing and research methodology. Research methodology is the research decisions which are taken within the framework of the determinants of the research decisions. The determinants of
research are the characteristics of the research domain. The assumption of the researcher, the research objectives and the research context

The third order represents the paradigmatic perspective of nursing. In nursing, more than one paradigm may be involved. In the context of this research, the Nursing for the Whole Person Theory, provide the meta theoretical and theoretical components of the paradigm

1.6.1 Characteristics of the research domain

The research domain is the specific cultural context wherein the mothers with children who progress poorly at school, attend the Child and Adolescent Clinic

Mothers with children who progress poorly at school, comes from the geographical areas where facilities for the assessment of children, who progress poorly at school, are not available

1.6.2 Assumptions of the researcher

They emanate from the paradigmatic perspectives on which the research is based and have already been discussed under 5.1

1.6.3 Research context

The research context is confined to mothers who attend the Child and Adolescent Clinic at the Psychiatric Outpatient’s Department. They are Black mothers residing in the Gauteng Province and other provinces which uses the clinic as a referral centre
1.6.4 Purpose of the research

The overall purpose of the study is to explore and to describe the experiences of mothers with children who progress poorly at school, and to describe guidelines for the psychiatric nurses to assist the mothers in mobilising their resources to facilitate the promotion, maintenance and restoration of mental health as an integral part of health.

1.6.5 Research design

Based on the determinants of the research, the following decisions were made with regard to the research design. It is qualitative, explorative, descriptive, phenomenological and contextual.

1.6.6 Research method

The research will be conducted in two phases. In the first phase, phenomenological interviews will be conducted with mothers with children who progress poorly at school, and based on the data obtained from the interviews, the second phase will be conducted, which is the description of guidelines for psychiatric nurses to assist the mothers to mobilise resources in order to promote, maintain and restore mental health as an integral part of health.

1.6.7 Measures to ensure trustworthiness

Guba’s (in Lincoln & Guba, 1985: 290 & Krefting, 1991:214) Model of Trustworthiness will be adhered to.

See complete discussion on strategies to ensure trustworthiness in Chapter 2.
1.7 Conclusions and recommendations

Conclusions and recommendations will be highlighted.

1.8 Division of Chapters

Chapter One: Overview and rationale

Chapter Two: Research design and method

Chapter Three: The results of phase one: the experience of mothers whose children progress poorly at school

Chapter Four: Results of phase two: guidelines for psychiatric nurses to assist mothers with children who progress poorly at school, to mobilise their resources to facilitate promotion, maintenance and restoration of mental health as an integral part of health

Chapter Five: Conclusions, limitations and recommendations

1.9 Summary

The overview, the problem statement, the paradigmatic perspective, the research design and method has been stated. The research method and design will be fully described in Chapter 2
CHAPTER 2

RESEARCH DESIGN AND METHOD

2.1 Introduction

In this chapter, descriptions of the research rationale, purpose, research design and method will be given.

2.2 Research rationale

A child’s poor progress at school heightens stress in mothers and impairs the quality of the relationship between the mother and the child. (Dyson, 1996: 281). Available research studies focus on children and their poor progress at school. This research will look at the experience of mothers with children who progress poorly at school, and the impact the children’s poor progress at school has on the mother’s quest for mental health as an integral part of health.

2.3 Purpose of the research

The purpose of the research is:

To explore and describe the experience of mothers whose children progress poorly at school, and based on the data from this research, to describe guidelines for psychiatric nurses to assist these mothers in mobilizing resources for the promotion, maintenance and restoration of mental health, as an integral part of health.
The research design in this research is qualitative, explorative, descriptive and contextual.

2.4.1 Qualitative

A qualitative design is an approach in research that concentrates on the qualities of the human experience. (Uys & Basson, 1991: 50). As a human experience is a complex phenomenon with a holistic meaning, a qualitative design, focuses on the complex whole of human experiences. A qualitative research approach is, in this research, consistent with the philosophy of nursing as it is an effective method of investigating experiences (Burns & Grove, 1993: 27). In this research the focus is on experience of mothers whose children progress poorly at school. An experience is a human complex phenomenon with a holistic meaning (Burns & Grové, 1993: 27). The experience of mothers with children who progress poorly at school, will be described by mothers in a qualitative research interview. The sample of mothers describe the meaning of the central theme in their life world (Kvale, 1983: 83) in a subjective manner in terms of their own meaning and using their own language (Mouton & Marais, 1990: 205). "for subjectivity is essential for the understanding of a human experience" (Burns & Grové; 1993: 28).

2.4.2 Explorative

The focus of this research is to explore the experiences of mothers with children who progress poorly at school. Qualitative researchers are explorative in nature (Wilson, 1993: 52), and in undertaking
explorative research the researcher aims to "gain insight and comprehension" (Mouton & Marais, 1990: 43), and to understand the meaning of what is being said in the interview (Kvale, 1983: 175). In this research, and with this qualitative exploratory approach, the researcher departs from a position of "not knowing and willing to investigate this relatively unknown area" (Mouton & Marais, 1990: 49) of the experience of mothers with children who progress poorly at school.

2.4.3 Descriptive

The experiences of mothers with children who progress poorly at school, will be described by mothers in a qualitative and explorative interview. The mothers will be invited to describe as precisely as possible what is "experienced and felt" (Kvale, 1983: 175). The way to understand human experience is by describing, and describing stimulates perceptions of life experiences while "emphasizing the richness and the depth of the experience" (Streubert & Carpenter, 1995: 36) again, descriptive studies are conducted when little is known about phenomena and when one wants to provide an accurate portrayal of a phenomena as a means of discovering new meaning (Burns & Grové, 1993: 29). The researcher acknowledges that describing phenomena accurately, varies with context (Mouton & Marais, 1990: 44) and this acknowledges again, that a qualitative, explorative descriptive interview, is an interpersonal situation, and that data is constituted even by the interaction between the researcher and the respondents. The researcher will be conscious of the inter-personal dynamics and will take them into account, both in the interview situation and during data analysis (Kvale, 1983: 179).
2.4.4 **Contextual**

This research is contextual in nature. Contextual research studies phenomena, because of its intrinsic and immediate contextual significance (Mouton, 1996: 133). This research is done on black mothers whose children progress poorly at school. All mothers who attend this clinic are black. Contextual research focuses on a specific event (Mouton, 1996:133). The focus of this research is on the experience of mothers with children who progress poorly at school. Contextual research aims to investigate a single case in an in-depth manner (Mouton, 1996: 133). In this research, only the experience of the mothers with children who progress poorly at school, will be investigated through an in-depth qualitative, explorative descriptive interview. The time at which this research has been done has been taken into consideration, together with the cultural, political and social factors effect affecting their experiences and the situation in which they find themselves relating to the assessment and diagnosis of their children.

2.5 **Research method**

The research will be conducted in two phases

Phase one will explore the experience of mothers with children who progress poorly at school, whilst phase two will describe the guidelines for the psychiatric nurses to assist mothers with children who progress poorly at school, to mobilise their resources to promote, maintain and restore mental health, as an integral part of health.
2.6 Ethical measures

Ethical measures will be considered throughout the research. It has been considered from the first decisions to undertake this research and will be a consideration until the research results are communicated, and will be negotiated as they confront the researcher. The following aspects will be covered:

* Competency of the researcher

The researcher has undergone training in research methodology and interpersonal skills. This research is supervised by a professional researcher who is experienced in qualitative research and will vouch for the integrity of the researcher, the morality of the practices used in this research (Minnichiello Et Al, 1991: 236-244)

* Researcher respondent relationship

The researcher undertakes to make the research as transparent as possible. The respondents will be informed about the research purpose, and any inconveniences that might arise during the course of the research will be explained and negotiated to ensure self-determination. Mothers with children who progress poorly at school will be allowed to voluntarily choose to participate or not to participate. The fact that mothers with children who progress poorly at school have the right to withdraw from the study at any time without penalty, will be explained to them. (Burns & Grové, 1993: 94 & Wilson, 1993: 252; Casley & Kumar, 1988: 11)

Permission to record the interview on tape in order to ensure accurate recall will be requested from respondents (Kvale, 1983: 174, Leiningger, 1984: 98,
Procedures to safeguard confidentiality regarding raw data, will be described. Respondents will be told about the people who are likely to have access to the raw data (Mouton & Marais, 1990:92)

The researcher will keep physical addresses of the respondents, in case there should be any necessity to validate interpretations made during data collection. The respondents will be given information on how to contact the researcher, should they wish to do so. The researcher undertakes to make the results of the study available to the respondents if they so request, and that they will be notified of any intention to publish the research

*Informed consent*

Informed consent is the process whereby the respondents have adequate knowledge regarding the research, are capable of comprehending the information and have free choice that enables them to voluntarily consent to participate (Polit & Hungler, 1995: 36) "without the intervention of any element of fraud, deceit, duress, or any form of restraint or coercion" (Burns & Grové, 1993: 105 & Wilson, 1993: 247)

The following procedure will be followed. The headings used are suggested by Burns & Grové (1993:104-106)

*Introduction of research activities*

The researcher will identify from the records mothers with children who progress poorly at school, make contact with them and explain the intention to involve them in the study. They will be informed of the expected duration of their participation in the research
* Statement of the research purpose

The respondents will be given information on the purpose of research, the short and long term benefits expected from the research, benefits to the researcher, the respondents and mothers in general

* Selection of informants

Respondents will be informed that they were selected to take part in the research because they met the selection criteria

* Explanation of procedures

Respondents will be given information on the depth interview, on the use of a tape recorder, and on particulars of the researcher. Should they want certain issues clarified during data collection, or to validate interpretations, it will be explained that they are free to ask and to add information

* Description of risks and discomforts

The risks and discomforts, though believed to be minimal in this study, will be explained. The respondents will be investing their time and their emotions by participating in this research. Respondents will be encouraged to contact the researcher, if need arises

* Description of benefits

As described under statement of the research purpose
Anonymity and confidentiality

Respondents will be assured that raw data and their identity will be kept confidential by the researcher or the supervisor.

Non-coercive disclaimer

Respondents will be informed that participation in the research is voluntary and that refusal to participate will not involve penalty, and that respondents are free to withdraw at any time they wish to.

Gaining access

An overt approach will be adopted in gaining access to the respondents. A letter of permission to gain access to the respondents will be written to gatekeepers. Gatekeepers are individuals or institutions in an organisation who have the power to withhold access to people for the purpose of research (Minichiello et al., 1991: 246; Cresswell, 1994: 148). The gatekeepers in this research are the Superintendent and the Nursing Services Manager.

2.7 Trustworthiness

Guba's (Lincoln & Guba, 1985: 290; Krefting, 1991: 214) model of trustworthiness will be utilized to ensure trustworthiness. According to this model, trustworthiness has four criteria which must be applied using research strategies. The four criteria are, truth value, the strategy of which is credibility, applicability, the strategy of which is transferability, consistency using the strategy of dependability and neutrality using the strategy of confirmability.
2.7.1 Credibility

This criteria establishes the extent to which the findings of the research are a true reflection of the experiences of mothers with children who progress poorly at school, "as lived and perceived by them" (Krefting, 1991: 214 & Morse, 1994: 105). To establish truth value, the "strategy of credibility" is employed: i.e. the researcher takes steps to be seen as highly believable and honest, and so to draw out even uncomfortable truths. Criteria to apply the strategy of credibility will be adhered to as follows:

* Prolonged engagement

The researcher has been involved in the assessment of the children who progress poorly at school and will invest time in introducing herself to the respondents, speaking the language they speak, and instituting measures that will enable respondents to feel at ease and free to verbalize their experience. The time the researcher spends in collecting data from respondents, will be utilised to familiarise with respondents. The researcher acknowledges that respondents experiences are known to them in their fullest, and therefore, the researcher will bracket her prior knowledge to ensure pure description of data. (Streubert & Carpenter, 1995: 47).

* Reflexivity

Reflexivity will be promoted by the use of audio-tape recorder and by the researcher keeping field notes. The researcher acknowledges because of the reflexivity involved that she will "be part of the research and cannot be separated from it" (Armond in Krefting, 1991: 218)
* Member checking

Respondents will be contacted for follow-up interviews or for clarification or verification of data interpretations as the researcher has their personal particulars

* Peer examination

The research supervisor will be utilised to ensure peer examination of the researcher and the external coder as well

* Authority of the researcher

The researcher has experience in psychiatric nursing practice and is a qualified psychiatric nurse, who has done course work in advanced psychiatric nursing science and research methodology and has undergone an interpersonal skill course

* Structural coherence

The focus of the research is on the "Experience of Mothers" and the researcher will keep focus on the "Experience" and then put results within Nursing for the Whole Person Theory

2.7.2 Transferability

Whether findings in this research can be transferred to another similar context or situation and still preserve the meaning, interpretations and inferences from the completed research will be considered (Morse, 1994: 106). The contextual nature of the research has already been described in 2.3.4. The
researcher will make it her responsibility to provide a data base from this research which will make transferability judgement possible on the part of potential appliers (Lincoln & Guba, 1985: 316 & Morse, 1994: 107)

* **Nominated sample**

The sample in this research is purposive in nature

* **Dense description**

In this research, background information about the respondents have already been given in 2.6.1. The context of the research has already been described in 2.3.4. It can be therefore said that a dense background of information about respondents and the resource context is provided. This will allow others to assess how transferable the findings are (Krefting, 1991: 220)

2.7.3 **Dependability**

Dependability relates to the consistency of the findings (Krefting, 1991: 221). It is concerned with the research design and method, which has been described in 2.3 and 2.4. It requires dense description and peer examinations, and also the following:

* **Audit trail**

The concept "audit trail" refers to the situation in which another researcher can clearly follow the decision trial used by the original investigator (Krefting, 1991: 221). For this research, the researcher will keep the tape, the tape transcriptions, notes and field notes related
to this research so that the trail of events can be followed

* **Code - recode procedures**

The researcher and the coder discuss and reach consensus on the data. In this research the coder will be an experienced, qualitative researcher and an advanced psychiatric nurse specialist.

2.7.4 **Confirmability**

Confirmability refers to that the data reflects the respondents experience and do not contain researcher bias (Morse, 1994: 105). To ensure confirmability the researcher will do the following:
- confirmability audit, as discussed in 2.6.2
- reflexivity, as discussed in 2.6.1

2.8 **PHASE ONE**

**EXPERIENCES OF MOTHERS WHOSE CHILDREN PROGRESS POORLY AT SCHOOL**

To undertake this phase of the research, the following sampling procedures are followed.

2.8.1 **Sampling**

Sampling involves selecting a group of people events, behaviors or other elements with which to conduct research (Burns & Grové, 1993: 235). Purposive sampling will be used for this research.
**Population**

A population is the total possible membership of the group being studied (Wilson, 1993: 172). A population can be a target population or an accessible population. The target population in this research is mothers with children who progress poorly at school. The accessible population is the portion of the target population to which the researcher has reasonable access (Burns & Grové, 1993: 236). It is the population that is feasible (Wilson, 1993: 172). The accessible target population will be mothers whose children progress poorly at school. The target population mentioned, will constitute the sample.

**Sampling method**

The respondents who will participate in this study will be purposively selected. Purposive sampling is the selection by the researcher of individuals who meet the selection criteria (Burns & Grové, 1993: 246 & Wilson, 1993: 178).

**Sampling criteria**

Sampling criteria are listed characteristics in individuals that will make them eligible to be selected for the research (Burns & Grové, 1993: 236). The characteristics of the mothers in this research will be as follows:

They must be black, able to speak and to understand either Setswana, Northern and Southern Sotho, Zulu or English, (as the researcher is conversant with these languages), mothers of children who progress poorly at school.
Sample size

To complete the study, we need to interview respondents until data is saturated as reflected in repeating themes (Morse, 1994: 107)

The Role of the researcher

Qualitative research is interpretative research. The researcher will utilize peer examiners to ensure that the researchers' biases, values and Judgement "do not shape the interpretation of the research report" (Cresswell, 1994: 147)

Further more, the researcher has written letters of permission to gatekeepers (Wilson, 1993: 218). Ethical measures as discussed in 2.5 will be followed (Cresswell, 1994: 148 & Burns & Grové, 1993: 104-106). The researcher vouches to communicate clearly with respondents and to make them feel comfortable, expressing their experience (Streubert & Carpenter, 1995: 42)

2.8.2 Data gathering

A phenomenological interview will be conducted with each mother with a child who progresses poorly at school. The aim of phenomenology is to describe experience as "it is lived" (Leiniger, 1984: 82), for it is the lived experiences that present to mothers with children who progress poorly at school "as what is true or real in their life" (Streubert & Carpenter, 1995: 30)

Interviews are used in this research because interviews seek to describe and understand the meaning of the central themes in the life world of the interviewee and its main task is to understand meaning of what is said (Kvale,
Interviews offer the researcher the latitude to move from content to content and to follow up clues suggested by respondents and one can spend time interviewing one respondent (Wilson, 1993: 223). Interviews are used in this research to provide an in-depth understanding of experience, perspectives, attitude and behaviour of the respondents which will not be fully captured by other modes of data gathering (Casley & Kumar, 1988: 10).

Phenomenological indepth interview will be conducted to collect data.

Mothers whose children progress poorly at school will be asked to describe their experiences with children who progress poorly at school. Sufficient time will be allowed to provide for complete description (Burns & Grové, 1993: 5-8). The researcher will guide the interview to focus on or around the question. Communication techniques will be used to elicit information and make clarifications on responses. The researcher will respond minimally to encourage respondents to continue talking whilst the conversation is audio-taped (Stuart & Sundeen, 1995: 42).

A pilot study will be carried out with one of the individuals who meet the sampling criteria. From the pilot study, the necessity to rephrase the questions, or to wording in the research question will be identified (Oppenheim, 1992: 49). Follow-up interviews will be done on information that demands verification of recorded experiences.

In interviewing the respondents the researcher will use intuition and insight to facilitate openness. Through intuition and increased insight, the researcher lays aside what is known about the phenomenon being researched (Burns & Grové, 1993: 578 & 762), as the process requires concentration and complete absorption with what is being researched (Burns & Grové, 1993: 578).
Intuiting is the process of actually looking at the phenomenon. The researcher focuses all awareness and energy on the subject of research to allow an increase in insight. Absolute concentration and complete absorption with the experience being studied, is needed (Burns & Grové, 1993: 578)

The Central Question will be:

"Tell me what is your experience with a child who progresses poorly at school"

The interviews will be transcribed word for word and will not be changed when transcribed so as not to loose information

The researcher is required to be directly involved in experiences as she, during the respondent’s experiences, simultaneously observes verbal and non-verbal behaviour, the environment and her own behaviour (Burns & Grové, 1993: 578). Therefore, the researcher will keep field notes as a "system of remembering, observation, retrieving and analysing" (Wilson, 1993: 434) and to help the researcher to be conscious of the interpersonal dynamics of the interview situation (Kvale, 1983: 177). For this research, the researcher will use observational, methodological and personal field notes (Wilson, 1993: 434). Ethical measures as described in 2.5 will apply to field notes

Observational field notes are descriptions of events experienced through watching and listening (Wilson, 1993: 222). Methodological field notes are instructions to oneself, critiques of one’s tactics and reminders about the methodological approaches that might be fruitful (Wilson, 1993: 222)

Personal field notes are about one’s reactions and reflections and experiences (Wilson, 1993: 223). It needs the researcher to be introspective. All field notes will be written immediately before and after the interview in a notebook
and put under personal lock, but later reflections may be added to this script

2.8.3 Data analysis

Data analysis in qualitative research is conducted simultaneously with data collection, interpretation and narrative reporting (Cresswell, 1994: 153)

Raw data transcribed audiotaped interviews & fieldnotes and the protocol for data analysis will be sent to the independent coder who is an experienced researcher in qualitative research, and is a psychiatric nurse specialist, to do open coding

Open coding is the part of data analysis that pertains to the naming and categorising of phenomena through close examination of data (Straus & Corbin, 1990: 61). During this process, data is broken down into discrete parts, closely examined and compared for similarities and differences. It is during open coding that one's own assumptions about phenomena is questioned or explored, leading to new meaning (Straus & Corbin, 1990: 62)

The Tesch's method reference (Cresswell, 1994: 155) of open coding will be used. The following eight steps are to be considered:

- Get a sense of the whole, by reading through all of the transcriptions carefully. As you are reading, jot down ideas as they come to mind

- Pick the shortest, most interesting interview and go through it whilst asking what is the interview about, and at the same time, underlining the meaning

- The same is done with other respondents. The researcher will make a
list of all topics, cluster similar topics together and arrange the topics into major, unique and left over topics

- Take a list, go back to data, abbreviate topics as codes and write codes next to the appropriate segment of the text

- Find the most descriptive wording for the topic and turn them into categories. Group topics that relate to each other, together. You may draw lines in between categories to show relationships

- Make decisions on abbreviations of categories and then put them in codes, alphabetically

- Data material belonging to each category is assembled in one place

- Existing data is recorded

The researcher and the independent coder meet to have a consensus discussion on analysed data. The result will then be translated into English and will be reflected within nursing for the whole person theory (Oral Roberts University, Anna Vaughn School of Nursing, 1990: 130-142; Rand Afrikaanse Universiteit, Department of Nursing, 1992: 7-9)

2.8.4 Literature control

The results from this research will be discussed in the light of literature and information obtained from similar studies as a basis for comparing and for contrasting findings (Cresswell, 1994: 23), so that research findings can be placed within the context of what is already known about the topic (Streubert & Carpenter, 1995: 46)
2.9 **PHASE TWO**

DESCRIPTION OF GUIDELINES FOR PSYCHIATRIC NURSES TO ASSIST MOTHERS TO MOBILISE THEIR RESOURCES TO FACILITATE THE PROMOTION MAINTENANCE AND RESTORATION OF MENTAL HEALTH AS AN INTEGRAL PART OF HEALTH

2.9.1 **Data collection**

Data gathered from the research will be used as a basis to describe guidelines for psychiatric nurses to assist mothers with children who progress poorly at school to mobilise resources to promote, maintain and restore mental health.

2.9.2 **Data analysis**

The described guidelines will be followed by a literature review (Cresswell, 1994: 168) and will be discussed with mothers with children who progresses poorly at school and with psychiatric nurses for verification.

2.10 **Conclusions limitations and recommendations**

Conclusions, limitations and recommendations on this research, will be made, based on the research findings, recommendations will be made for psychiatric nursing education, nursing practice and nursing research.

2.11 **Summary**

In this chapter, research design and method has been described.
CHAPTER 3

RESULTS AND DISCUSSION OF RESULTS

3.1 Introduction

The previous chapter discussed the methodology followed in this research. In this chapter, results will be presented and discussed according to the identified patterns of interaction between the internal and the external environment of mothers with children who progress poorly at school.

3.2 Description of the sample

The sample comprised thirteen mothers, with children who progress poorly at school for different reasons. They are all biological mothers of these children. Only one child did not stay fulltime with the mother. She had her child stay with relatives for 1996. The mothers’ ages ranged between twenty eight and forty years. Seven of these mothers were unemployed, looking for work; five were employed; one was a housewife. Eleven reside in the Gauteng Province; one in the Northern Province and one was from Welkom in the Free State.

Eleven mothers spoke both Setswana and Northern Sotho. One mother spoke Zulu, and one mother was interviewed in English. The interviews were conducted until data was saturated with repeating themes.

3.3 Results

The mothers’ experiences with children who progress poorly at school were categorised. It was found that they reflect patterns of interaction between the
mother’s internal and external environment using the framework of Nursing for the Whole Person Theory. (Oral Roberts University, Anna Vaughn School of Nursing, 1990: 136-142 & Rand Afrikaanse Universiteit, Department of Nursing, 1992: 7-9)

3.4 Discussion of findings

The discussion of findings will be based on the identified patterns of interaction. Relevant quotations from the interviews will be given. Where possible, literature will be cited. However, it should be noted that in the literature control, the researcher could not find studies that specifically focused on the topic of this research. The studies that have been done, focused on the children. The researcher raised this concern in Chapter one

Many idiomatic expressions were used. The researcher observed that the use of, and the perception of the word, "experience", was poor, and this necessitated clarification from the researcher as to what the concept "experience" in this research entails

A unique feature of the sample was that all the children who progressed poorly at school were either the only boy, or the only girl, and this had an impact on the mother’s experience

Findings will now be discussed, based on Table 3.1
TABLE 3.1  MOTHERS' EXPERIENCE WITH CHILDREN WHO PROGRESS POORLY AT SCHOOL

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<table>
<thead>
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<tbody>
<tr>
<td>1.</td>
<td>Disappointments related to expectations, hopes and wishes.</td>
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<tr>
<td>2.</td>
<td>Denial related to the invisible nature of the disability.</td>
</tr>
<tr>
<td>3.</td>
<td>Frustration related to poor knowledge</td>
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<tr>
<td>4.</td>
<td>worry related to the unchangeable reality</td>
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<tr>
<td>5.</td>
<td>stress related to coping with the poor progress at school</td>
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<tr>
<td>6.</td>
<td>depression related to poor coping with stress</td>
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</table>

3.4.1 **Disappointments related to expectations, hopes and wishes**

The mothers' initial responses to the central research question was disappointment. Disappointment was mostly used interchangeable with sadness.

The mothers' disappointment was evident in the vocal cues, in the tone of their voice, in the way they lowered eye contact when responding, in the way they fidgeted with their clothing during interviews, which indicated the level of anxiety that the research question demanded from them, in the way they sighed during interviews and pulled their responses from what seemed to the researcher to be a narrow outlet of their experience.

Mothers kept shaking their heads, shrugging their shoulders, putting an open hand on an open mouth during interviews.

The interviews were characterised by the use of verbal cues, such as: eich; joo; oh; ag; nxa; aaih; and were simultaneously used with the shaking of their heads as already mentioned.

One mother said, "I was disappointed. I felt sad. Look at the name we gave him. We Tswana people believe the birth of a boy means that the name of the family will flourish."
Whilst another mother said, "And I wished, oh, I wished he will make me proud. I thought I will swank about him, but, eieh", she sobbed.

The single sexed nature of the children involved in the research, the cultural expectations that goes with the sex of the children, the cultural heritage, importance and self-concept that the mothers receive by giving birth to these children, affected the mother’s level of disappointment.

One mother said, "I was very hopeful of him, and he is the only boy, the youngest". Whilst another mother whose child is a girl, said, "I hope she finishes matric before I die, then I know at least that her life will be better".

Lea & Foster, 1990: 192; Steenkamp & Steenkamp, 1992: 11 & Siegel & Silverstein, 1994: 51, all support the mother’s disappointment as a reaction to the child’s poor progress at school. Mothers expressed their disappointment with the schools as well as with the medical professionals. The main area of disappointment with the schools, was that of identification of the problem. Mothers perceived the identification process as being poorly done, or done late, and these perceptions bred blame in mothers, directed at the schools.

One mother said, "They (the teachers) wasted his time. He failed and failed. They said that he would be alright".

(Tiedmann & Faber, 1992: 347, Lea & Foster, 1990: 192, Dyson, 1996: 283) supports the mothers’ disappointment relating to the identification of the disability that early identification will lead to interventive measures being instituted. Bateman’s research in a similar population, identified gaps, many inadequately trained teachers, and therefore many gaps in schools’ basic understanding of poor progress at school (Bateman, 1992: 26), and sometimes the teachers do not accept that the children have a problem and do not make
efforts to understand it. (Waggoner & Wilgosh, 1990:98)

The mothers’ disappointment with the medical professionals relate to the withholding of relating to the children poor progress at school information. Medical professionals include doctors, nurses, psychologists, occupational therapists and other professionals that the mothers come in contact with during the process of their children’s assessment for poor progress at school. During interviews, mothers asked rhetoric questions, such as: "What type of a child is this? What is wrong with my child? Why is he not passing" and had expectations that the medical professional would have the answers to their questions.

Another mother said, "I wish they could tell me what is wrong. If it can be removed, let them remove it. If it can be made better, let them make it better, or just tell me what to do, like, you could do this when he does this or does that this way, just to help my child".

Mothers’ disappointment regarding the medical professional is documented in other research. Mothers receive no satisfactory information from medical professionals and sometimes, to the point of lack of interest (Nursey, Rohde & Farmer, 1990: 143). (Nursey, Rohde & Farmers, 1990: 144), It seems that doctors’ expectations of parents’ roles are mistaken.

Doctors should take time to give mothers information, in a language they understand, and take into consideration the type of background which they come from, (Lea & Foster, 1990: 193). The mothers interviewed made it clear that some medical practitioners do not give information to mothers, whilst others just do not want to tell, and others pass vague remarks. (Steenkamp & Steenkamp, 1992: 11). Mothers wish to be given all the information fully and clearly, as they feel primarily responsible for the child, and feel that the
medical professionals' job is to provide additional expertise necessary. (Nursey, Rohde & Farmer, 1991:54). They perceive that sometimes the doctors are reluctant to give information to the mothers (Nursey, Rohde & Farmer, 1990: 143-144)

Mothers' disappointments were also related to the delay in diagnosis of the children. Assessment procedures take a long time and send mothers from pillar to post. A mother said, "They sent me to the psychologist, then to the occupational therapist. When I thought that they would tell me what is wrong, they said they were waiting for the machine results (EEG), until I stopped asking"

Sometimes it is not the delay in the diagnosis, but the conflicting recommendations that the professionals made, which made mothers move from pillar to post

One mother said, "They sent me to a social worker. She said: 'no, you need a psychologist'. The psychologist wrote a report and sent it back to the school, but the school refused to give me any information and sent me back to the doctor. The doctor said he would be alright, he must go back to school, but the school gave me forms which I had to take back to the doctor"

Morvitz & Motta, 1992: 78, support the mother's disappointment with the delay in the identification and diagnosis of the children's poor progress at school, and emphasise that the early identification would help with interventive measures

Although early diagnosis is important and beneficial (Lea & Foster, 1990: 191), delay in the diagnosis is common. Some medical professionals are unable to recognise these problems or to perceive their nature. (Nursey,

When medical professionals make wrong diagnoses about the children who progress poorly at school, and send them back to normal school, they raise the mothers' hopes unnecessarily, and when the school sends them back, it alienates mothers in a period of unsupported suffering. (Nursey, Rohde & Farmer, 1991:51 & Dyson, 1996: 280)

3.4.2 **Denial related to the invisible nature of the disability**

When mothers became aware of the children's poor progress at school, and after they attended assessments, some mothers still did not want to believe that their children were progressing poorly at school. Denial breeds blame. They blamed it on the school, on inheritance, on themselves, on nutrition, on witchcraft and marital relationships.

A mother said, "he in naturally bright. He can see right from wrong. I do not understand why they say he fails".

Another mother said, "Tell him your name now. Come back anytime, he will tell you who you are. I can hold a conversation with him, you wont tell I am talking with a child. But at school, he fails. I cannot tell you why. I think they don't have patience".

Most mothers who denied their children's progress at school used phrases like, "I don't understand", "I cannot tell you", or I wont tell you why he is not progressing".

Mothers who blamed witchcraft for their children's poor progress at school
used the following phrases:

"He lost a book, they stole it, bewitched him with the help of the book, so he should not understand whatever he is being taught and that whatever we do with him, should not succeed", a mother said

"They spoiled his brains" another mother said

Another mother, who blamed her child’s poor progress at school on nutrition, said "Maybe it is because of poor nutrition. He can tell you now, that some days we sleep without food. He will not be embarrassing me, it is a fact"

On inheritance, one mother said, "She must have inherited it from some of her relatives". While another mother said, "It may be our poor family relationship. You will never know."

"Maybe he was hurt during birth", a mother said, who was directing blame on herself

Bateman (1992:33) supports the mothers’ denial indicating that there are many people who still do not believe that learning disabilities, or in this research, poor progress at school, exist. Thus most mothers re-act to poor progress at school with denial. (Dyson, 1996: 280). Mothers’ denial may be due to lack of support and knowledge (Siegel & Silverstein, 1994: 51) and, continuous denial leads to mothers having unrealistic expectations for the children’s academic performance. (Dyson, 1996: 280). It is common for the mothers to try and convince themselves, their friends, even medical professionals, that there is nothing wrong with their children. As shown above they may quote a single trait as proof of their child’s intelligence. (Steenkamp & Steenkamp, 1992: 12)
Where there is no, or less denial some mothers may blame themselves or others, or possible causes during pregnancy, or inherited family histories. (Steenkamp & Steenkamp, 1992: 12)

3.4.3 **Frustration related to poor knowledge**

Some mothers expressed their frustration because they were aware that they did not understand what was going wrong with their children who progressed poorly at school.

Frustration was evident in their use of non-verbal communication, such as shrugging their shoulders or heads, or in verbal cues and in signs. Once again mother asked neurotic questions which did not need answers.

*Truly, this thing is embarrassing me. I get fed-up I scold her, I hit her, but actually, (she shakes her head), "I do not know what to do", a mother said. "I once threatened him with Stout School, thinking he will put a lot of effort to his school work and be serious, but the reaction which I got from him, I felt bad"*

Literature, in supporting the mothers' frustrations, agreed that some mothers will act on their projected feelings of frustration (Siegel & Silverstein, 1994: 100), and react with hostility towards their children and even punish them (Dossentor, Nicol, Stretch & Rajkhova, 1994: 487), because, they know their children can do many things but have difficulty in book learning. (Lyytinen, Puttonen, Poikkeus, Laakso & Ahonen, 1994: 98)

The mothers’ frustration, due to lack of knowledge, was exaggerated by the fact that there is poor communication between doctors and mothers, and the fact that the doctors find themselves in their traditional ways and attitudes in
dealing with this disability, and do not have interest in giving mothers knowledge regarding their children’s problem. (Nursey, Rohde & Farmer, 1990: 150)

"I am not educated. I cannot help her. I asked her brother to teach her at home, but she just stares at him with big eyes, aaih, she is a cheeky sister", a girl’s mother said

The mothers’ frustration was not only with poor knowledge because of lack of information, but once again with the children, as they were perceived as frustrating and different. A mother said, "Why is he different from my other children?"

A boy’s mother said, "It was as though he fears me. I then tried to bring him closer to me, but sister, eich", she sobbed.

Mothers’ poor knowledge and frustration is supported by literature. Had they had the necessary knowledge, they would not be frustrated by their childrens’ cheekiness or stubbornness. Mothers do not realise that the children who progress poorly at school have been subjected to repeated school failures and this has had an effect on their childrens’ low self-esteem. (Morvitz & Motta, 1992: 72). Because these children are aware of failure, they respond with social withdrawal and shyness, (Stone & La Greca, 1990: 32), and feel embarrassed about their own disability (Waggoner & Wilgosch, 1990:98).

Mothers expressed frustration with the fact that their children who progress poorly at school, do not confide in them, so as to tell them what the problem is, and always keep a distance. Literature in support of the mothers’ frustration, states that it is because the mothers are not aware that their children who progress poorly at school are the type of children who internalise their
problem, and find it difficult to open up to somebody else. ((Stone & La Greca, 1990: 36)

3.4.4. Worry related to the unchangeable reality

Mothers, on realising their children's poor progress at school, were disappointed, some did not believe, but as the unchangeable reality which was facing them became clear, their frustrations grew to worry. They expressed worry about their children's futures, independence and fears of "What-if-I-die-first", which seemed to be shared by most mothers.

Mothers had these persistent fears about their children's future. Mothers of girls worried with fear that their children might fall pregnant, whilst mothers of boys feared that they would soon, as the boy grew older, lose control over them, and they would be thieves or thugs, or abuse substances. One mother had fears that her child would ultimately run psychotic.

"I worry a lot about him, especially when I am alone" a mother said, whilst another mother said, "My heart lacks sleep"

In an idiomatic expression a mother said in Tswana, "Ga ke je di welang" which has a meaning of apprehension, loss of pleasure, lack of appetite and worrying.

"I worry about him all the time. Is he going to be like this for the rest of his life? What if I die first? Will he change? Where will he work?" a boy's mother asked.

"Maybe I can die now and leave her not being able to do anything for herself"
on her own. I am afraid that my daughter is going to live a terrible life" a girl’s mother said

Other mothers were quoted, saying, "A girl you cannot guarantee from falling pregnant. I am fighting this"

"His future worries me mostly. I do not want to lose control of him. He will soon get bored of school and play dice"

It is common for mothers to express concern about the future of their children. Mothers with children who progress poorly at school, are aware that if their children fail in school they have limited possibilities available to them and have in general, negative future outcomes. (Goodman, Simonhoff & Stevenson, 1995: 410). Their children face an uncertain future in the career world and in life in general, and the odds are in many ways against them. (Lyytinen, Puttonen, Poikkeus, Laakso & Ahonen, 1994: 98 & Waggoner & Wilgosh, 1990: 98).

Most mothers were aware, and even admitted, that their persistent worrying about their child’s poor progress at school, resulted in physical, emotional and spiritual distress

3.4.5 Stress related to coping with the poor progress at school

Mothers were mainly the ones in the home who have to do the ups-and-downs of assessment, of honouring appointments with medical professionals and with the schools, with regard to their children’s poor progress at school

Some mothers expressed that they were not coping. "I am carrying a cross, a heavy cross and I cannot cope". one mother said
"I am coping, sister. What can I say?" another mother said

Most mothers with stress expressed their inability to cope. Some mothers reported financial stress and compromises relating to transport and hospital fees. The financial stress and compromises involve the leave days they arrange from their employee, to honour school and medical professional appointments

"Now I lose money, to come with her here, being two is a lot of money. Sometimes we are left with the last R20-00. We take it and honour the appointment, nxa" she shakes her head

Social relationships were strained. The fact that they had to explain to significant people about their child, the fact that they have to save themselves embarrassment for their children who progress poorly at school, did put stress on their relationships with people. "What gave me a set-back, is the fact that I don't have friends. Neighbours and I just greet each other. Well, what could I say? - 'I cannot visit you and you cannot visit me. You wont cope. We take turns to go to church" a boy’s mother said

To indicate the stress, the mothers with children who progress poorly at school, had one mother say, "At one time I thought, isn't there a person who would like to adopt a child, so that we could go 50-50, just to relieve each other"

Stress in relation to children’s slow progress, under-achieving children at school and children with a disability in general, even learning disability, is well supported by literature

Children with poor academic performance, heighten stress in mothers. (Dyson, 1996: 281 & Shulman, Margalit, Gadish & Stutchiner, 1990: 341 & Davis & Rushton, 1991: 93). It is usually the mother who is involved with professional
interventive programmes for their children. (Mc Conachie, 1991: 59). Sometimes the medical professionals, (and schools) causes stress in mothers, by creating time consuming and difficult schedules, that are culturally and socially demanding and put demands on the resources of the families, (Brinker, Seifer & Simonoff, 1994: 464) and this leads to extra financial hardships, as well. (Dyson, 1996: 283)

Some mothers expressed physical reaction to stress. "This poor progress of his, causes me nerves"

Poor progress at school is an added burden to normal daily pressures, as it creates stress in mothers, (Waggoner & Wilgosh, 1990: 97) and cultivates negative functioning in mothers, (Dyson, 1996: 280) resulting in emotional strain, exhaustion, conflicts and anxiety, (Nursey, Rohde & Farmer, 1990: 150) which will be discussed under "Depression"

3.4.6 Depression related to poor coping with stress

The majority of mothers went through interviews, crying, some sobbing bitterly. The interpersonal nature of psychiatric problems saw the researcher feeling uncomfortable with mothers who sobbed bitterly. During the interviews, some mothers gave symptoms characteristic of depression, while others had obvious sad looks. They reported physical and emotional problems and acknowledged that they experienced physical, emotional and spiritual distress symptoms, after the reality of their children’s poor progress at school became clear, whilst other mothers expressed exacerbation of existing physical problems
3.4.6.1 Physical distress symptoms

Table 3.2 will be used as a basis to discuss physical distress symptoms.

TABLE 3.2 AN OVERVIEW OF PHYSICAL DISTRESS SYMPTOMS EXPERIENCED BY MOTHERS WITH CHILDREN WHO PROGRESS POORLY AT SCHOOL - N = 13

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>NO. OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. General body pains</td>
<td>7</td>
</tr>
<tr>
<td>2. Loss of appetite</td>
<td>7</td>
</tr>
<tr>
<td>3. Loss of pleasure</td>
<td>7</td>
</tr>
<tr>
<td>4. Headache</td>
<td>7</td>
</tr>
<tr>
<td>5. Dizziness</td>
<td>7</td>
</tr>
<tr>
<td>6. Forgetfulness</td>
<td>5</td>
</tr>
<tr>
<td>7. Apprehension</td>
<td>4</td>
</tr>
<tr>
<td>8. Numbness</td>
<td>4</td>
</tr>
<tr>
<td>9. Bradycardia</td>
<td>2</td>
</tr>
<tr>
<td>10. Exacerbation of existing</td>
<td>2</td>
</tr>
<tr>
<td>symptoms</td>
<td></td>
</tr>
</tbody>
</table>

* General body pains

Mothers reported vague body pains and some reported consulting doctors for the vague body pains. One mother said, "I sit and worry about the poor progress of my child, and my whole body aches", whilst another mother was reported saying. "one mother to a boy, Lord. He gives me ill-health"
* **Loss of appetite**

The manner in which the loss of appetite was expressed it interesting, in that it was not expressed as 'Lack of appetite' but as 'Appetite loss'. "He took my lust for food away" a mother reported, whilst another mother said, "If nobody asks me to eat, I don't feel hungry". The way in which the loss of appetite was expressed, with emphasis on the loss, has an element of blame in it

* **Lack of body weight**

Mothers reported lack of body weight as a subsequent result of their children's poor progress at school, and the loss of appetite. Weight was not expressed as lost, but as lacking. As this mother puts it, "I worry a lot, my heart lacks sleep, I lack my body muscles"

* **Loss of pleasure**

"Even when I am around people, and everything is nice and pleasurable, the thought of my child, his poor progress at school, it strips me of pleasure" one mother said. The manner in which the loss of pleasure is expressed in the interview, indicate the suddenness in the act in which the pleasure is lost. It is ripped and consequently accompanied by emotional pain and bear an element of blame in it

* **Apprehension**

Some mothers were apprehensive. They expressed feelings of uneasiness,
feelings which make them feel that all is not well. Such expression as "It does not hold well with me" were used by mothers to express apprehension. "I feel I am sick but it is something you cannot understand."

* Headache

Mothers expressed suffering from headaches because of persistent worry about their children's poor progress at school

"Each time I think about my son's poor progress, a certain kind of headache strikes me. It is difficult to understand, even now, as I am talking to you about him, I can feel it coming" a mother said, pressing her temples with her thumbs

* Dizziness

Mothers, especially those suffering from headaches due to the children's poor progress at school, experienced dizziness

"Sometimes I get dizzy, it is so funny. I don't understand it" another mother said

* Palpitations

Following other symptoms characteristic of depression, some mothers expressed suffering from palpitations. Mostly it is the palpitations that move mothers to consult the doctor for relief of these symptoms

* Bradycardia

Characteristic of depression, some mothers experienced their heart beating very
Characteristic of depression, some mothers experienced their heart beating very slowly. Bradycardia, has the same symptoms as depression, and these symptoms made the mothers seek help from their doctors.

* Numbness

As this mother described it, "I sat and thought about her, where she is now, where she was supposed to be, I mean the standard, I felt my arm go numb, numb sister, just because of the child"

* Acceleration of existing symptoms

Mothers expressed experiencing acceleration of their existing physical problems, such as Asthma and Hypertension. Mothers reported that the doctors validated the fear that their physical problems were worse.

"My Asthma and high blood pressure is worse, with my child’s poor progress I became worse. I went to the doctor. He said that if I worry too much, it could cause a stroke", a mother said, whilst another mother explaining the acceleration of her physical symptoms, saying, "This child will kill me"
3.4.6.2 Emotional distress symptoms

Table 3.3 will be used to discuss emotional distress symptoms

**TABLE 3.3**  
**AN OVERVIEW OF EMOTIONAL DISTRESS SYMPTOMS EXPERIENCED BY MOTHERS WITH CHILDREN WHO PROGRESS POORLY AT SCHOOL - N = 13**

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>NO. OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Depressed mood</td>
<td>13</td>
</tr>
<tr>
<td>2. Irritability</td>
<td>10</td>
</tr>
<tr>
<td>3. Insomnia</td>
<td>8</td>
</tr>
<tr>
<td>4. Grief</td>
<td>8</td>
</tr>
<tr>
<td>5. Despair</td>
<td>8</td>
</tr>
<tr>
<td>6. Sympathy</td>
<td>5</td>
</tr>
<tr>
<td>7. Empathy</td>
<td>3</td>
</tr>
</tbody>
</table>

Emotional and physical symptoms are experienced interchangeably

* Depressed mood

Mothers responded to the central research questions with disappointment and sadness. Each mother that went through the interviews, was either crying or sobbing. The way in which they expressed their loss of pleasure, was indicative of their depressed mood.

In differentiating sadness from depression, mothers used phrases such as, "My heart is very painful". "My heart is very full". "My mood is down". "I look at her and cry"
A mother expressed it as follows, "I cry when I think about her. I cry because I don’t know what to do. I cry and call her name."

* Emotional pain

The vocal cues used by the mothers, were for example, "ach, ijoo". This indicated emotional pain. Emotional pain was expressed as in physical pain, hurt and in burning. "My heart feels the pain", "It is very painful", "I am experiencing pain, because I did not intend to give birth to such a child", It hurts. He is the only boy, the eldest. When they tease him, it hurts", I burn inside. I am looking up to him. He doesn’t have a father. Now, if he had a father, it would have been better. It burns me". Or they would say something like, "I asked him when he failed at school, what is it that he likes? I felt the pain, I wished I could open my heart so that he could see"

* Irritability

Some mothers report being irritable with their children because of the slowness to grasp something, saying something like, "I get irritable. Lots of things irritate me, even at work, I do not experience pleasure any more"

* Insomnia

Coupled with other depression symptoms and persistent worrying, some mother reported insomnia. Insomnia was expressed in not being able to sleep, or a lack of sleep

* Grief

As already discussed, the children involved in this study are either the only boy
or girl in the family. Mothers expressed their grief over the sex related to the children, especially the children who were boys. Grief was used interchangeable with disappointment. Expressions used by mothers who experienced grief were, "Look at the name we gave him" or "I am really afraid"

* Despair

Despair was evident in the way in which mothers asked question that did not need answers, for example, "I don't know what I will do", "Eich, I don't know what to say", or, "What will his future be?". These are questions asked by mothers in despair

* Sympathy

Some mothers had sympathy for their children who progress poorly at school

"I sympathise and feel for him. Here (at the unit), they say that he should attend normal school, and I know he cannot. I feel for him" a mother uttered. 
"Say, for example, I send him to the bedroom to fetch something. He will go as far as the bedroom, come back, and ask what is that he must fetch. He comes back two or three times. I feel for him"

* Empathy

Some of the children who progress poorly at school are perceived by their mothers, as being determined to learn and to progress, but still fail, and their struggle to try and prove themselves, leads to their mothers to empathise with them. Or when they lack assertiveness, they are teased and beaten up by the
other children

One mother was heard saying, "I do not like a child to fail because I become sick for them. Another said, "They try and teach him. He tries, but he cannot. His sisters get irritable with him and tease him. I look at him and I burn".

3.4.6.3 Spiritual distress symptoms

Table 3.4 will be used to discuss spiritual distress symptoms

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>NO. OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Punishment</td>
<td>8</td>
</tr>
<tr>
<td>2. Devalue</td>
<td>5</td>
</tr>
</tbody>
</table>

Some mothers associated their children’s poor progress at school with their relation to God. The way in which they related with the children who progress poorly at school led to them to having a different view of value for life in their children. Some mothers felt that they are responsible for what their children are

* Punishment

One mother said, "I sometimes cry. No, God maybe wanted to punish me,"
make me feel the pain. Or what is it that He wanted to do. Maybe I am wrong, I don't know. He probably said, "I want to whip her with this child'" whilst another mother said, " I sit and ask myself what big offence had I done for God to treat me this way"

"He knows that I do not accept what He gives, and I cannot accept what He gave me. I fail to accept and give in, as a Christian should" another mother said.

Some of the mothers turn to God and look at their children’s poor progress as divine punishment (Steenkamp & Steenkamp, 1992). whilst some mothers turn to God for their unchangeable reality, to look for meaning and explanations (Siegel & Silverstein, 1994: 83), and some mothers turn to God to derive hope and strength (Lea & Foster, 1990: 218)

* Devalue

Mothers saw their children not managing to do the expected basic tasks, such as self-care and ordinary household chores, and devalue them, calling them ‘Niks’ and referring to them as ‘Objects’

The following statements which denotes devaluing were expressed:

"To tell you, this child, ke ngwane just. He is not impressive at all", and shakes her head. "E no ba motho fela". " There is nothing she is able to do". "Can’t wash or dress himself. He is like a household utensil which you just put there, change, and put back again". "She is disgusting"

For society, anybody with a handicap is looked at as a devalued human being (Werner-Beland, 1980:121)
3.5 **Field notes**

Field notes will be discussed relating to appointment, interviews, and transcription of tapes

**Appointment**

Mothers did not prefer to be interviewed at home. They expressed that it will cause suspicion if they sent the other children away, in order to maintain privacy and confidentiality. The children will thereafter come and ask them what it is all about. They preferred being interviewed whilst at the clinic, as their child would be involved with other children who attend the Clinic in the play room.

Because the mothers cried a lot during interviews, they did not want their children to feel responsible for their tears. The Psychiatric Outpatient had a problem with noise and is busy, therefore, some noise and disruptions could not be avoided.

**Interviews**

Respondents were keen to "open their chest", as one mother described it. The researcher learned a lot about what was ignored in mothers and felt partly responsible for what she was part of at the time when she was working at the clinic. A number of mothers were initially anxious about the tape, but concentrated and complied, after clarification was given.

A mother from Welkom, had to put her child with her younger sister, because at her place, proper resources for assessment and Special Schools were not available and the idea that if things are done in
Gauteng, they should be best

The discomfort which mothers experienced, was that they cried, and sobbed during interviews

One should not ignore the one sexed nature of the children involved in the research. This is important even in the researcher's cultural context, therefore, the researcher identified with mothers whose children progressed poorly at school

Transcription of tapes

Interviews were conducted in the Out patient's Clinic. During transcription of tapes, there was noise from the movement of people from outside the room that effected the sound on audiotapes

3.6 Conclusion

The researcher observed the uncertainty which the mothers had about their children who progress poorly at school, as their stumbling block to their mental health was unchangeable. The patterns of interactions between the internal and external environments were ignored by the health team in the psychiatric team and effected the quality of the mother's mental health as an integral part of health
CHAPTER 4

GUIDELINES, PRACTICAL PROBLEMS ENCOUNTERED, CONCLUSIONS AND RECOMMENDATIONS

4.1 Introduction

In Chapter three, the results of the research were discussed and compared with literature. In this chapter, guidelines for supportive action by the psychiatric nurses are formulated. Practical problems encountered during the research are described. Thereafter, conclusions and recommendations will be presented.

4.2 Guidelines for supportive action by psychiatric nurses

In the health care delivery system, the majority of health manpower are nurses. Psychiatric nurses are obviously in the majority in the psychiatric health care delivery system.

When mothers with children who progress poorly at school have their children referred and bring them to the Outpatient Department, the first health care professionals they come into contact with are psychiatric nurses. Therefore, as first impressions last, the psychiatric nurses need guidelines for supportive action, to receive these mothers in a milieu that facilitates promotion, maintenance and restoration of the mothers' mental health as an integral part of health. It is important that the psychiatric nurses should view mothers with children who progress poorly at school, as spiritual beings functioning in an integrated bio-psychosocial manner to achieve their quest for wholeness. They should acknowledge the interaction between the mother's internal and external environment, in this regard, the child who progresses poorly at school, as
determining the quality of the mother’s mental health, as an integral part of health
Guidelines will be related in a tabulated form for easy reference

4.3 Description of guidelines

Table 4.1 will be used to describe supportive action by psychiatric nurses
Description of guidelines will be presented in a tabulated form
Table 4.1 Guidelines for supportive action by psychiatric nurses
<table>
<thead>
<tr>
<th>CATEGORY OF EXPERIENCE</th>
<th>SUPPORTIVE ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Disappointment relating to expectations, hopes and wishes</td>
<td>1.1 Provide an environment where mothers will feel free to ask questions as this will encourage expression of feelings</td>
</tr>
<tr>
<td></td>
<td>* Portray a warm, friendly, sensitive, accessible and confident attitude, as this will enable mothers to reach the nurse. First presentation of the nurse influences effectiveness of subsequent interaction</td>
</tr>
<tr>
<td></td>
<td>* Acknowledge disappointment and communicate to mothers that disappointment is understandable and acceptable, as this will help mothers to open up and tell their life stories</td>
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<tr>
<td></td>
<td>* Actively listen. This will convey desire to listen, and be interpreted as care and concern</td>
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<td></td>
<td>* Use touch to convey warmth, empathy, understanding and to reassure if contextually appropriate</td>
</tr>
<tr>
<td>CATEGORY OF EXPERIENCE</td>
<td>SUPPORTIVE ACTION</td>
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<td>------------------------</td>
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</tbody>
</table>
| 2. Denial related to the invisible nature of reality | 2.1 Promote awareness and acceptance in mothers by availing the results of their children's assessment to the mothers  
- Present the results in a language the mothers understand  
- Give explanations in a manner and a load that mothers can understand to guide against confusion  
- As results are made available, give objective feedback and support, to convey caring and to maintain respect  
- Involve mothers in subsequent tests to rule out denial  
- Hold group sessions and involve the mother in sharing their lives |
<table>
<thead>
<tr>
<th>CATEGORY OF EXPERIENCE</th>
<th>SUPPORTIVE ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.</strong> Frustration related to poor knowledge</td>
<td><strong>3.1</strong> Actively listen and demonstrate the desire to learn</td>
</tr>
<tr>
<td></td>
<td>* Convey respect</td>
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<td></td>
<td>* Restate the clients questions in an effort to enable self-understanding in mothers</td>
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<tr>
<td></td>
<td>* Offer statements calmly and give mothers adequate time to respond, for this will give mothers hope</td>
</tr>
<tr>
<td></td>
<td>* Use silence. Most mothers have many unanswered questions. This will provide a moment for reflections</td>
</tr>
<tr>
<td><strong>4.</strong> Worry related to the unchangeable nature of reality</td>
<td><strong>4.1</strong> Give calm reassurance and acknowledge their worry</td>
</tr>
<tr>
<td></td>
<td>* Give information on consequences of worry, to empower mothers</td>
</tr>
<tr>
<td></td>
<td>* Get involved with them. Re-direct their attention from excessive rumination about their children’s uncertain future</td>
</tr>
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<td></td>
<td>* Give guidance. Focus attention on new ways of responding to their children, as this will give them the opportunity to see their other potential and to know alternative methods of doing things</td>
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<td></td>
<td>* Encourage positive thinking, especially of good thoughts</td>
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<tr>
<td>CATEGORY OF EXPERIENCE</td>
<td>SUPPORTIVE ACTION</td>
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<td>-------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>5. Stress, related to coping with poor</td>
<td>5.1 Convey respect as to maintain the dignity of the mother</td>
</tr>
<tr>
<td>progress at school</td>
<td>* Be there when the mothers arrive. This will help to ensure that they do not feel</td>
</tr>
<tr>
<td></td>
<td>ignored. Communicate their sense of worth to them</td>
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<tr>
<td></td>
<td>* Play an advocacy role for the mothers, so that the medical professionals do not</td>
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<td></td>
<td>let them wait</td>
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<tr>
<td></td>
<td>* Provide an effective referral system to other medical professionals, and including</td>
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<td></td>
<td>the Social Worker, to help the mothers with financial burdens</td>
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<td></td>
<td>* Give information on stressors and the effect of stress on individuals, so as to</td>
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<td></td>
<td>increase self-awareness in mothers</td>
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<td></td>
<td>* Do group-work with mothers and teach relaxation exercises</td>
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<td>6. Depression, related to poor coping</td>
<td>6.1 Do one-to-one relationships with mothers depending on the situation</td>
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<td>with stress</td>
<td>* Listen actively and encourage expression of feelings</td>
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<td></td>
<td>* Allow enough time for crying, for this helps relieve the stress which the mothers</td>
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<td>are experiencing</td>
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<td>CATEGORY OF EXPERIENCE</td>
<td>SUPPORTIVE ACTION</td>
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<tr>
<td>* Encourage them to verbalise their feelings and to identify them as they come, and assume responsibility for feelings</td>
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<tr>
<td>* Reinforce mother's expressions of positive feelings</td>
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<tr>
<td>* Group-work with a group of mothers whose children are progressing poorly at school</td>
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<tr>
<td>* Group-work will serve to identify with others, to share ideas and feelings. Give information on characteristics of depression, to increase the mothers' self-awareness</td>
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<tr>
<td>* Allow enough time for the response from the mother. Help the mother to recognise depressive thought patterns, and to replace them with tasks and differentiate between thoughts and feelings</td>
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<tr>
<td>* Help mothers to recognise their own feelings</td>
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<tr>
<td>CATEGORY OF EXPERIENCE</td>
<td>SUPPORTIVE ACTION</td>
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<tr>
<td>------------------------</td>
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<tr>
<td>* Play advocacy for mothers, so that the medical professionals give them the necessary knowledge, relating to their children's assessment</td>
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<tr>
<td>* Ensure an effective referral system, so that the mothers can use the available network for support, including the school, social networks and medical professionals</td>
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<tr>
<td>* Empower the family and siblings with knowledge, so as to use them as support for the mother</td>
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<tr>
<td>* Empower knowledge of self-help skills for the unemployed mothers and advocacy: the psychiatric nurses and the mothers can make representation on community forums for the Reconstruction and Development Projects in their respective residential areas for assistance</td>
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<tr>
<td>* Promote awareness of the existence of children's poor progress at school, so that mothers and the community at large can know it is a reality</td>
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**CATEGORY OF EXPERIENCE** | **SUPPORTIVE ACTION**
---|---
* Nurse’s professional groups or societies, and mother’s support groups, can use platforms such as Community Mental Health forums, Mental Health Awareness days, Media, Television and radio, to increase awareness.
* Put emphasis on the influence a child’s poor progress at school has on the quality of mental health of the mothers and of families in general.
* Such actions might influence the provision of mental health teams in the Primary health care delivery system.

Guidelines for supportive action by the psychiatric nurses were prepared and integrated from:


Guidelines were discussed with mothers with children who progress poorly at school and the psychiatric nurses and were found to be practical and appropriate.
4.4 Conclusion

The purpose of the research was two-fold. To explore and describe the mothers’ experience with children who progress poorly at school, and to describe guidelines for psychiatric nurses to assist these mothers to mobilise resources to facilitate the promotion, maintenance and restoration of their mental health, as an integral part of health.

All mothers involved in the research responded to the central question: Tell me what is your experience with a child who progress poorly at school?

A qualitative, explorative, descriptive and contextual research was undertaken. Phenomenological in-depth interviews were conducted with mothers with children who progress poorly at school.

The results of the phenomenological interviews, and the field notes which were written, were analyzed and compared with literature.

Based on these results, guidelines were developed for psychiatric nurses to assist the mothers to mobilise resources for the promotion, maintenance and restoration of their mental health, as an integral part of health.

Therefore, in conclusion, the research question has been answered, the objectives of the research have been achieved and the central statement has been supported.

4.5 Practical problems/limitations encountered

The interviews were conducted in Tswana, Northern Sotho, Zulu and English. The tapes were translated verbatim. Idiomatic expressions and metaphors used,
might have, during translation into English, resulted in loss of original meaning and distorted the originality of the mother's everyday life world with children who progress poorly at school. Therefore, in the discussion of results, the researcher used the exact words of mothers and gave explanations of their meaning.

The central question was, "Tell me what is your experience with a child who progresses poorly at school". But, it became clear that the translation into Zulu, Northern Sotho and Tswana, meant different things, and these "experiences" were poorly comprehended. This necessitated explanation and the research to keep re-channelling the descriptions of mothers to focus on the English meaning(s) of "experience".

4.6 Recommendations

The following recommendations are based on the findings of the research.

4.6.1 Psychiatric nursing practice

The health care delivery system has a considerable number of registered psychiatric nurses. The psychiatric nurses in primary health care services, school health services and child welfare clinics, should make mothers aware of the existence of poor progress at school and the developmental progress that will be indicative of potential poor progress at school. Primary health care delivery systems, have brochures relating to different health problems. There, information brochures can be developed, relating to poor progress at school.

Nursing in-service education or competency building should be instituted for the practising nurse, to develop more knowledge and confidence to enable them to deal with such problems, through workshops. Nursing administrators should
allocate nurses with interests in the field, so as to institute care with love and concern

4.6.2 Psychiatric nursing education

Based on the results of the research, the teaching of psychiatric nursing should be defined in the use of a holistic approach to problems of mother and child and, visa-versa, even on a graduate level.

4.6.3 Nursing research

Further Nursing research can be conducted based on the identified patterns of interactions between the external and internal environment of mothers with children who progress poorly at school, as well as attitudes of the medical professionals who are involved with these children, the cultural importance, and the impact on the mother's quality on mental health.

4.6.4 Other health professionals

Mothers with children who progress poorly at school go through a lot of medical professionals, in the process of their children's assessment and diagnosis. Such medical professionals, such as doctors, psychologists, social workers, occupational and speech therapists, technicians (EEG & Scan) and other therapists in the community and institutional setting, such as schools professionals can utilise the research findings to conduct research in the specific field, or to improve conditions in their fields.

4.7 Summary

The research focused on the mothers' experience with children who progresses
poorly at school. The children who progress poorly at school were found to be a stumbling block towards their mothers quest for mental health as an integral part of health.

The psychiatric nurse’s busy attitude is interpreted as uncaring, by mothers, and does not alienate mothers, who in turn internalise their problems.

It is hoped that the guidelines and recommendations made from this research, will be utilized to empower psychiatric nurses and the medical professionals, who work with these mothers and children with knowledge.

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ANNEXURE 2

RAND AFRIKAANS UNIVERSITY
DEPARTMENT OF NURSING SCIENCE

PROTOCOL FOR CO-CODER

Dear Colleague

Please follow the steps below to analyse the data of the transcribed interviews.

1. Read through all of the transcriptions carefully, while "bracketing" and "intuiting" to get a sense of the whole. Bracketing means placing preconceived ideas within brackets and intuiting means focusing on the experiences of mothers with children who progress poorly at school.

2. do the same with field notes

3. Identify major patterns of interactions as you read the transcripts and field notes.

4. Underline patterns of interactions as reflected by themes.

5. Identify subcategories within the patterns of interaction.

6. Make a comparison of all transcripts and indicate in each category how many respondents used the same words and themes.

7. Identify interrelationships between major patterns of interaction.

Thank you

MC MOLEPO
M Cur (Psychiatric Nursing Student)
TRANSCRIPTION OF INTERVIEW NO. 2 (Translated from Northern Sotho to demonstrate the method followed in analysing the patterns of interactions between the internal and the external environment of mother with a child who progresses poorly at school)

Child = Boy

The underlined parts of the interview are patterns of interactions.

Key: Researcher = Res
Mother = Mmago Boy

Res: Tell me how you experience with your child who is progressing poorly at school?

Mmago Boy: I lack sleep. I lack body muscle. I worry a lot about him. I look at him all the time, progressing poorly at school and it pains my heart.

Res: Hm

Mmago Boy: Maybe it is due to lack of proper feeding. There are no jobs you see. I get food once a month from the Social Workers. Sometimes they turn me back and say there are no food, and I must struggle. I think it is due to lack of proper food that he is progressing this poorly. I am carrying a cross. A heavy cross. My heart is painful.
Your heart is painful? Please clarify

Mmago Boy: My heart is painful. My bones aches. My heart beat fast sometimes I find I am dizzy. It is very difficult. I have not even payed school fees

You lack sleep? You lack body muscle? Please clarify

Mmago Boy: It is painful. Why is he not like my other children, the girls. He is a boy. He does not do the correct things. He does not understand at school when he is being taught. He get (0) naught, right through ……. (Shakes head) (Pause). You see, he want to pass. His heart is painful. Sometimes you find him on the verge of crying and this makes me feel bad. Why is he different from my other children?

You said he is a boy. How does that make a difference?

I cannot tell you what type of a child he is. (Shakes head) My heart is painful (Cried) (Pause) I think (another pause) I think he is confused by his father's death or is it improper feeding? (Shrugs shoulders). Sometimes my heart beats so stadig (pause) Sometimes, some days we stay without food, he can tell you that some days we sleep without food. He will not be talking me down. It is a fact

Silence

I do not think he will progress at school. He will be useless. He makes me worried. My heart is painful, and he is the only boy. He is supposed to be the one who has all the brains. I wash him.
He cannot put on his shoes. He ends up stepping on the shoe heals. What type of a child is he? I gave birth to him. But he still amazes me. He worries me with a lot of things.

Res: A lot of things? Let us hear them.

Mmago Boy: He cannot wash himself properly. He cannot dress himself properly. He is like a household utensil, you can wash it, put it there, and change it to there and then at another place.

Res: Hm

Mmago Boy: Sometimes we try to help with his school work. He refuses with his books.

Res: And do you experience that?

Mmago Boy: Oh. Painful. Painful. When a child get naught or fail I become sick a patient for him. on his behalf. Silence

Res: Is that all you can tell me about your experience with your child who progresses poorly at school?

Mmago Boy: That is all Sister. All

Res: Thank you Mma
PART OF TRANSCRIPTION OF INTERVIEW NO. 7 (TRANSLATED FROM TSWANA INTO ENGLISH)

Key : Researcher : Interviewer : Res
Respondent : Mother : Mmago Girl
Child = Girl

Res:  
Mmago Girl, please tell me how you experience with your child who progresses poorly at school

Mmago Girl:  I feel sad. She fails. She fails standards. Now I feel so depressed. I have Asthma. I have High blood. Now she fails and I have to increase my tablet

Res:  Hm

Mmago Girl:  I might sleep and die in my sleep. She will suffer. Nobody will look after her, because I, as a mother moves from pillar to post to help her. I am the one who feels the pain. For I am the one who sees worse things coming. She will suffer. I didn't school, so I wish God could hear me. I wish my children could be educated, so that they can have a future

Res:  Hm

Mmago Girl:  This days you need an education to work and if you are not educated, you will suffer. Whether you look for a cleaners job or any other job
Res: You said you have increased your tablet. Is it related to her poor progress at school?

Mmago Girl: My illness are worse, worse even here (pointing at her head) is worse, the fact that she is not progressing at school, my illness is worse, worse. Now lately I feel dizzy in a way I can’t even understand.

Res: Hm

Mmago Girl: I came here (Psychiatric Outpatient) they saw her, and gave me a date to come back. I went numb (Pointing at the whole arm). I felt numb. Numb sister just because of this child. Net this child

Res: You pointed here (pointing at the head). Please explain

Mmago Girl: Eich, now lately I forget, I get confused. My appointment was for the 12th today is the 6th and I am here. Would you say that is normal, this child will kill me (Shakes head) If she passes at school, I wouldn’t worry. I will know she will soon be in Std. 10. I can drink as many tablets as I can, or get paralysed I would know she has secured a future. And she is the only girl amongst five (5) boys. This is what depresses me. If I die first, she is going to suffer

Res: You said you went numb and you do feel dizzy

Mmago Girl: (interrupting) Eeh. I take treatment for Asthma and High blood. I went to see the doctor. He said you worry too much, beware of Stroke. It is coming. All because of her poor progress at school.
Without education you don’t have future. But she is cheeky

Eich, I did not school, I asked the brother to teach him using question papers, she just stares at him with big eyes. She is girl. You can’t say she won’t get pregnant you know, and I am fighting the battle that she should not get pregnant, she can’t get it. I can’t think of anything except her and her poor progress at school. My pleasures are short lived. Eich (Shakes her head) This thing, this poor, poor progress of hers had ripped me off pleasure, has actually ripped all off me. I can’t concentrate. I can’t cope. When I think of what standard she should have been now (Shrugged shoulders) This child (Shakes head) worries me. She need to take a good look at herself. For now I loose money to come here to honour appointments for her poor progress at school, for I sacrifices

Res: Hm

Mmago Girl: Now I lose money. To come with her here being two is a lot of money

Sometimes we are left with the last R20-00. We must take it and honour the appointment nxa. (Shakes head)
Silence
That is all I had to say

Res: Is that all?

Mmago Girl: (Nods head)
Res: Re ya lebogo Mma