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PSYCHIATRIC NURSES' COMMUNICATION WITH PSYCHIATRIC PATIENTS

by

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SUMMARY

The psychiatric nurse, as a member of the multiprofessional mental health team, utilises a goal directed approach to assist the psychiatric patient to mobilise resources to promote, restore and maintain his mental health as an integral part of his quest for wholeness. This goal directed approach is the nursing process which comprises assessment, planning, implementing and evaluation. All four steps of the nursing process and the nurse's interaction with the patient are dependent upon therapeutic communication between the nurse and the patient to elicit the necessary information so as to be able to formulate the nursing diagnosis, nursing actions and the patients' outcomes. Therapeutic communication remains important as the core of all nurse-patient interactions.

Lack of therapeutic communication with the patient can cause conflict in the patient's internal and external environments since he will be unable to communicate his needs and problems and this will delay the mental health promotion, restoration and maintenance phases.

Currently much attention is paid to the pharmacological treatment of the patient as more and more sophisticated psychototropic drugs are produced, and yet the other aspect of the patient's treatment which is equally important is neglected, namely his communication during hospitalisation, especially with the psychiatric nurse as she is the person in direct contact with him and should spend most of her time interacting with him.

The psychiatric nurse, however, does not engage in therapeutic communication as she interacts with the patient and therefore does not assist him to mobilise resources to promote, restore
and maintain his mental health as he strives for wholeness.

This research was aimed at exploring and describing the viewpoints of psychiatric nurses on their communication with psychiatric patients and formulating guidelines for the psychiatric nurses as a resource to assist them in enhancing their communication with psychiatric patients in the restoration and maintenance of the patients' mental health.

An exploratory, descriptive contextual research was done with the purpose of gaining insight into the viewpoints of psychiatric nurses on their communication with psychiatric patients. The sampling population obtained by means of purposive, convenient sampling method, consisted of eight psychiatric nurses who met the criteria for inclusion in the research. The criteria for inclusion included psychiatric nurses who have been in direct contact with the patients for at least a year, willing to participate and have focus group sessions taped and transcribed, from diverse cultural backgrounds and able to speak English.

An in-depth exploration was achieved through the conduction of a focus group interview in which case these psychiatric nurses had to respond to seven semi-structured questions although the main question was centred around their views on their communication with patients. The interview was recorded on tape and transcribed verbatim, while field notes were recorded immediately after the focus group session to record the researcher's subjective impressions.

A combination of Giorgi and Kerlinger's method of content analysis was used to analyse the data. After coding and analysis by the researcher, an independent coder also coded and analysed the data as a means of validation of the data.
Consensus discussions were held between the researcher and the independent coder about the results.

This research showed that generally psychiatric nurses' views on therapeutic communication indicated that they have broad information and insight on communication, as they are aware that it is vital in the nursing process, nurse-patient relationship, nurse-patient interaction which is characterised by stumbling blocks and it is also vital in the entire process of psychiatric nursing. However, the psychiatric nurses had limited views on the improvement and maintenance of a nurse-patient relationship and on therapeutic communication techniques but they had more views regarding the stumbling blocks which they experience together with the patients in communication. Summarily the psychiatric nurses' inadequacy in their communication ability could lead to poor maintenance of the nurse-patient relationship, interaction, communication during the nursing process and thus lack of application of communication in psychiatric nursing as such. The stumbling blocks which they experience in their work situation could also contribute to the lack of therapeutic communication with these patients.

The possible applications of this research are generally set out as regards practice, research and education, and also as specific guidelines for the psychiatric nurses who communicate with patients. These guidelines include the suggestions on how a psychiatric nurse can improve and maintain a relationship with her patient, how she can deal with the stumbling blocks which hamper her communication with the patient and therapeutic communication techniques and skills she can employ when interacting with the psychiatric patient. By following the guidelines set out in this research, the nurse can be assisted to enhance her communication with the patient in the restora-
(iv)

tion and maintenance of the patient's mental health.
OPSOMMING

As lid van die multi-professionele geestesgesondheids-span, handhaaf die psigiatriese verpleegkundige 'n doelgerigte benadering om die psigiatriese pasiënt te help om hulpbronne te mobiliseer ten einde sy geestesgesondheid as 'n integrale deel van sy strewe na heelheid te herstel en te handhaaf. Hierdie doelgerigte benadering is die verpleegproses wat beplanning, implementering en evaluering behels. Al vier stappe in die verpleegproses, asook die verpleegkundige se wisselwerking met die pasiënt, is afhanklik van terapeutiese kommunikasie tussen die verpleegkundige en die pasiënt ten einde die nodige inligting te verkry om die verpleegkundige se diagnose, optrede en die pasiënte se resultate te kan formuleer. Terapeutiese kommunikasie is die kern van alle wisselwerking tussen verpleegkundige en pasiënt.

Gebrek aan terapeutiese kommunikasie met die pasiënt kan konflik in die pasiënt se interne sowel as eksterne omgewing veroorsaak aangesien hy nie in staat is om sy behoeftes en probleme te kommunikeer nie; dit sal op sy beurt die bevordering, herstel en handhawing van geestesgesondheid vertraag.

Baie aandag word tans geskenk aan die farmakologiese behandelings van pasiënte namate meer en meer gesofistikeerde psigotropiese middels geproduceer word. Die ander aspek wat net so belangrik is in die behandeling van die pasiënt word egter verwaarloos, naamlik sy kommunikasie tydens hospitalisasie, veral met die psigiatriese verpleegkundige, aangesien sy die persoon is wat direk met hom kontak het en die meeste van haar tyd met hom in wisselwerking behoort deur te bring. Die psigiatriese verpleegkundige gebruik egter nie terapeutiese kommunikasie wanneer sy met die pasiënt in wisselwerking is
nie, met die gevolg dat sy hom nie help om hulpbronne te mobiliseer vir die bevordering, herstel en handhawing van sy geestesgesondheid in sy strewe na heelheid nie.

Hierdie navorsing was daarop gerig om die standpunte van psigiatriese verpleegkundiges oor hulle kommunikasie met psigiatriese pasiënte te verken en beskryf, en om riglyne vir psigiatriese verpleegkundiges te formuleer as 'n hulpbron om hulle te help om hulle kommunikasie met psigiatriese pasiënte te verbeter met die oog op die herstel en handhawing van pasiënte se geestesgesondheid.

Verkennende, beskrywende en kontekstuele navorsing is gedoen met die doel om insig te verkry in die standpunte van psigiatriese verpleegsters oor hulle kommunikasie met psigiatriese pasiënte. Die steekproefpopulasie wat deur middel van doelgerigte, gerieflike steekproefmetode verkry was, het uit agt psigiatriese verpleegkundiges bestaan wat voldoen het aan die kriteria vir insluiting in die navorsing. Die kriteria vir insluiting was dat psigiatriese verpleegkundiges vir minstens een jaar direkte kontak met die pasiënte moes gehad het, dat hulle bereid moes wees om deel te neem en fokusgroepsessies te laat opneem en transkripsies daarvan te maak; hulle kulturele agtergrond was uiteenlopend en hulle was Engels magtig.

'n Diepgaande ondersoek was gedoen met behulp van 'n fokusgroeponderhoud waartydens hierdie psigiatriese verpleegkundiges sewe half-gestruktureerde vrae moes benatwoord. Die belangrikste vraag het egter rondom hulle menings oor hulle kommunikasie met pasiënte gesentreer. Die onderhoud was op band opgeneem en getranskribeer, terwyl veldnotas onmiddellik na afloop van die fokusgroepsessie gemaak is ten einde die navorser se subjektiewe indrukke aan te teken.
'n Kombinasie van Giorgi en Kerlinger se metode van inhoud-ontleding was gebruik om data te ontleed. Na kodering en ontleeding deur die navorser het 'n onafhanklike koderder ook die data gekodeer en ontleed om die geldigheid daarvan te bewys. Konsensusbesprekings oor die resultate was tussen die navorser en die onafhanklike koderder gevoer.

Hierdie navorsing dui daarop dat psigiatriese verpleegkundiges se standpunte oor terapeutiese kommunikasie oor die algemeen toon dat hulle oor bree insig en inligting oor kommunikasie beskik aangesien hulle daarvan bewus is dat dit uiers belangrik is in die verpleegproses waar die verhouding tussen verpleegkundige en pasiënt en wisselwerking tussen verpleegkundige en pasiënt deur struikelblokke gekenmerk word; dit is ook uiers belangrik in die totale proses van psigiatriese verpleging. Die psigiatriese verpleegkundige het beperkte menings oor die verbetering en handhawing van 'n verpleegster-pasiënt verhouding en oor terapeutiese kommunikasietegnieke. Hulle het egter duidelike standpunte omtrent die struikelblokke wat hulle saam met die pasiënte ervaar met betrekking tot kommunikasie. Die psigiatriese verpleegkundige se gebrek aan kommunikasievermoë kan lei tot swak handhawing van die verpleegkundige-pasiënt verhouding, wisselwerking, kommunikasie gedurende die verpleegproses en derhalwe 'n gebrek aan die toepassing van kommunikasie in psigiatriese verpleging as sulks. Die struikelblokke wat hulle in hul werksituasie ervaar kan ook bydra tot die gebrek aan terapeutiese kommunikasie met hierdie pasiënte.

Die toepassingsmoontlikhede van hierdie navorsing word oor die algemeen uiteingesit ten opsigte van praktyk, navorsing en onderrig en ook as spesifieke riglyne vir psigiatriese verpleegkundiges wat met pasiënte kommunikeer. Hierdie riglyne sluit in voorstelle oor hoe 'n psigiatriese verpleegkundige die verhouding tussen haar en haar pasiënt kan verbeter en handhaaf,
hoe sy struikelblokke in die weg van haar kommunikasie met die pasiënt kan hanteer, en watter terapeutiese kommunikasietechnieke en -vaardighede sy kan toepas wanneer sy met die psigiatriese pasiënt in wisselwerking is. Deur die riglyne soos in hierdie navorsing uiteengesit te volg, kan die verpleegkundige haar kommunikasie met die pasiënt verbeter met die oog op die herstel en handhawing van die pasiënt se geestesgesondheid.
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CHAPTER 1

OVERVIEW OF RESEARCH

1.1 INTRODUCTION

As a member of the multiprofessional mental health team, the psychiatric nurse utilises a goal-directed approach to assist the psychiatric patient to mobilise resources to promote, restore and maintain his mental health as an integral part of his quest for wholeness. The approach of the psychiatric nurse to the patient is the nursing process which includes assessment, planning, implementation and evaluation (Poggenpoel, 1990:9).

Therapeutic communication is a prerequisite for a psychiatric nurse to be able to implement the nursing process effectively. All four steps in the nursing process are dependent upon open communication between the psychiatric nurse and the patient (Okun, 1987:23). The psychiatric nurse must be skilled in therapeutic communication in order to elicit the necessary information from a psychiatric patient to make an assessment of his or her mental health status, make an appropriate nursing diagnosis based on the assessment, formulate patient outcomes and nursing actions derived from the diagnosis and evaluate the achievement of the patient (Beck, Rawlins and Williams, 1988:65). Her whole interaction with the patient is based on therapeutic communication.

The patient is dependent upon communication with the psychiatric nurse because it brings about nurse-patient interactions that promote, restore and maintain mental health in two important ways:

- The psychiatric nurse creates helpful nurse-patient
communication that addresses the patient's difficulties with self-respect, problem-solving, autonomy and sense of purpose in life.

- The psychiatric nurse helps the patient to heal through achievement of more healthy internal communication between various dimensions of himself (Beck et al., 1988:65).

The patient has a right to partake and make his own choices and decisions in his treatment procedures (Poggenpoel, 1990:9). He needs a variety of resources during hospitalisation. His deprivation of these resources which could be of assistance to him as he strives for wholeness would affect this striving towards wholeness.

During hospitalisation he becomes exposed to an external environment of diverse values and norms. If he is not given the opportunity to communicate his needs concerning his values and norms, he may become stressed and this would interfere with his process of mental health promotion, restoration and maintenance (Haber, J. et al., 1987:225-253; Mereness and Taylor, 1978:74-89).

Possible stumbling blocks encountered in the communication between the psychiatric nurse and the patient include:

- Problems regarding the patient's inability to partake in the interview due to his mental condition.

- Unavailability of his family for collateral information.

- Patient's lack of knowledge pertaining to his previous history.
Problems regarding the psychiatric nurse, such as structured hospital routine which allows very little time to spend with the patient.

Handling of patients like objects and not allowing them to play a role in their treatment plan.

Nurses not giving much attention to the patient due to their being too busy at times.

Shortage of nurses and increased work load. (Beck et al., 1988:70).

When insufficient information is obtained during the assessment of the patient, the nursing diagnosis and nursing actions become inadequate. The patient's period of stay in the hospital is prolonged as promotion, restoration and maintenance of mental health are not achieved; this means that more money is spent by the financing body and the patient runs a greater risk of institutionalisation and chronicity (Bean et al., 1988:70).

By only treating the psychiatric symptoms and not really having any therapeutic interaction with the patient, the latter is not treated wholistically acknowledging his internal and external environments and patterns of interaction between these two environments; thus the core of the problem is not entirely eradicated.

1.2 PROBLEM STATEMENT

As a psychiatric nurse working in a psychiatric institution I have observed that most of the time, when the patient tries to approach the psychiatric nurse, he is always turned away. This could be due to the fact that the psychiatric nurse is always too
busy to attend to the patient, or she does not allow herself the opportunity to interact with the patient, or it is because she has made a habit of turning the patient away under the pretext that she is too busy. The patient is then unable to communicate his needs and problems with regard to his internal and external environments.

The psychiatric nurse also tends to concentrate much on the structured hospital routine which consists of very short periods for nurse-patient interactions. The nurse-patient ratio also poses a great problem, thus it becomes impossible for the psychiatric nurse to cope with the workload while at the same time attending to the needs of the patient. All these factors result in very little opportunity for the psychiatric nurse to conduct therapeutic communication with her patient.

The less communication there is between the patient and the psychiatric nurse, the less effective the continuous assessment and nursing actions will be. This lack of communication will have an impact on the patient's internal environment in that if the patient is not communicated with, he could develop a negative body image and his self-esteem could be lowered as he may very well think that there is something gravely wrong with him. A lot of emotional disturbance could result in feelings of frustration, anger, verbal and physical aggression, worthlessness and hopelessness, and these feelings would interfere with the mental health restoration and maintenance phases (Haber, J. et al., 1987:225-253).

The stumbling blocks encountered by the patient in both his internal and external environments due to lack of communication of his needs and problems, interfere with his treatment and thus delay mental health restoration and maintenance (Wilson and Kneisl, 1988:221-230). The questions that follow from this
problem statement is: What is the psychiatric nurse's viewpoint on her therapeutic communication with the psychiatric patient? How can the psychiatric nurse be enabled to utilise therapeutic communication to assist the psychiatric patient to mobilise resources to promote, restore and maintain his mental health?

1.3 OBJECTIVES

The objectives of this research are:

- To explore and describe the viewpoints of psychiatric nurses on their communication with psychiatric patients.
- To set guidelines for psychiatric nurses as a resource to assist them to enhance communication between them and the psychiatric patients in the restoration and maintenance of the patient's mental health.

1.4 RESEARCH MODEL

Botes' (1992) model for nursing research will be used in this research. This model emphasises three levels at which nursing research is carried out. It describes the first level as nursing practice, the second level as the research methodology and the third level as paradigmatic perspective or philosophy on which the entire research is based.

1.5 PARADIGMATIC PERSPECTIVE

The Department of Nursing Science at the Rand Afrikaans University (RAU) accepts and uses Nursing for the Whole Person Theory of the Oral Roberts University: Anna Vaughn School of Nursing (1990:136-142) paradigmatic perspective because of its congruence with the philosophy of the RAU and the South African Council of
Nursing. This theory is based on a Judeo Christian philosophy, Biblical principles and values, and Oral Roberts University's approach to education for the whole person. It reflects the focus on the whole person — body, mind and spirit — as well as the parameters of nursing service and beliefs about man, health, illness and nursing (Oral Roberts University: Anna Vaughn School of Nursing, 1990:136-142; Rand Afrikaans University: Department of Nursing, 1992:5-7).

1.5.1 Metatheoretical assumptions

The Nursing for the Whole Person Theory will be used as a basis for metatheoretical assumptions (Oral Roberts University: Anna Vaughn School of Nursing, 1990:136-142; Rand Afrikaans University: Department of Nursing, 1992:5-7).

1.5.1.1 Person

A person is a spiritual being who functions in an integrated biopsychosocial manner to achieve his quest for wholeness. A person interacts with his internal and external environment wholistically. In this research 'person' refers to the patient and the nurse.

1.5.1.2 Health

Health is a state of spiritual, mental and physical wholeness. The person's pattern of interaction with his internal and external environments determines his health status. Health can be qualitatively described on a continuum for maximum health and minimum health. Illness potential exists in those who are healthy.
1.5.1.3 Illness

Illness is a dynamic state that reflects the nature of the person's interactive patterns with stressors in his internal and external environments. Illness can be qualitatively described on a continuum from severe illness to minimum illness. Health potential exists in those who are ill.

1.5.1.4 Wholeness

Health and wholeness are used synonymously. This wholeness or health refers to physical wholeness, mental wholeness and spiritual wholeness. The achievement of wholeness is a goal that is sought by all individuals. The objective of nursing care is to facilitate the wholeness of the individual, family and community.

1.5.1.5 Nursing

Nursing is a goal-directed service to assist the individual, family and/or community to promote, maintain and restore health. Central to this service is the concept of nursing for the whole person. Maintenance, promotion and restoration of health have been defined as follows:

- **Maintenance of health** refers to those nursing activities directed toward continuing and preserving the health status of the individual, family and/or community.

- **Promotion of health** refers to nursing activities which contribute to a greater degree of wholeness for the individual, family and/or community.

- **Restoration of health** refers to those nursing activities which facilitate the restoration of the previously
experienced levels of health of individuals, families and/or communities.

1.5.1.6 Environment

This concept includes an internal as well as an external environment. The nature of the internal environment is body, mind and spirit and that of the external environment is physical, social and spiritual. Patterns of interaction with the internal and external environments determines health status (Department of Nursing, RAU, 1991:3).

1.5.2 Theoretical assumptions

The theoretical assumptions of this research will be based on the Nursing for the Whole Person Theory (Oral Roberts University: Anna Vaughn School of Nursing, 1990:136-142).

1.5.2.1 Theoretical statements

The theoretical statements for the individual as given by the Nursing for the Whole Person Theory will be utilised in this research: (See next page.)
Nursing for the individual

1. The individual is a spiritual being who functions in an integrated biopsychosocial manner to achieve his quest for wholeness.

2. The individual interacts with his internal and external environments wholistically.

3. The whole person nursing approach to individuals focuses simultaneously on spiritual, mental and physical aspects of wholeness.

4. The nurse, through the health delivery system, facilitates promotion, maintenance and restoration of individual health.

5. As the nurse continues the quest for personal wholeness, he or she contributes to the wholeness of others.

Central Statement

The psychiatric nurse's viewpoint on her communication with psychiatric patients can be a stumbling block or facilitative element in assisting psychiatric patients to mobilise resources to restore and maintain their mental health.

Guidelines can facilitate the psychiatric nurse's therapeutic communication with psychiatric patients that will contribute to the restoration and maintenance of their mental health as an integral part of health.

1.5.2.2 Theories and models

The Nursing for the Whole Person Theory (Oral Roberts University: Anna Vaughn School of Nursing, 1990:136-142) will be used as a theoretical basis for this research. A literature control will be conducted after exploring and describing psychiatric nurses' viewpoints on their communication with psychiatric patients as a reliability measure.

1.5.2.3 Theoretical definitions

The theoretical definitions that will be utilised for this study will be congruent with the Nursing for the Whole Person Theory (Oral Roberts University: Anna Vaughn School of Nursing, 1990:136-142).
Psychiatric nurse

The psychiatric nurse is a professional individual who is educated to be able to interact with a patient in a goal-directed way to assist the patient in mobilising his environmental resources to facilitate his quest for mental health as an integral part of health (wholeness) (Poggenpoel, 1992:13). Psychiatric nurse will be referred to as 'she' although this is applicable also to 'he' and the patient will be referred to as 'he' for differentiation.

Therapeutic communication

In this research therapeutic communication will be seen as verbal and non-verbal psychiatric nurse-patient interaction that takes place with each psychiatric nurse-patient contact in which the psychiatric nurse utilises psychiatric nursing skills and methods as resources in the facilitation of the patient's quest for wholeness based on mental health needs and/or problems as visible in the patient's environment (Poggenpoel, 1990:9).

1.5.3 Methodological assumptions

According to Botes (1991:18) nursing is seen as a functional science. The functional approach has various implications for scientific practice in nursing. Scientific practice in nursing is not unconcerned with the nursing practice, it is actually co-responsible and actively concerned with the nursing practice.

The sense of scientific practice in nursing is based on usefulness, suitability and goal-directedness of the functional approach. The main objective or hallmark of scientific practice in nursing is looking into, understanding and declaration of
nursing practice with the goal of improving the practice (Botes, 1991:18).

In this research the functional approach will be utilised as an appropriate method for the application of knowledge in the solving of communication problems in psychiatric nursing practice.

1.6 RESEARCH DESIGN AND METHOD

Research design and method of the research will receive attention in this section.

1.6.1 Research design

The design of this research is exploratory in nature in that it is aimed at gaining insight and increasing knowledge in respect of psychiatric nurses' communication with patients. It is descriptive in that the viewpoints of psychiatric nurses with regard to facilitative communication with their patients will be described. It is also contextual in that it will be conducted in a specific psychiatric hospital in the Transvaal where psychiatric nurses and other categories of nurses are providing care to patients at night and during the day under certain conditions which will be discussed in the next chapter.

1.6.2 Research method

The method which will be utilised to conduct this research will be discussed in this section and it encompasses reliability and validity, sampling, data gathering and data analysis.
1.6.2.1 Reliability and validity

Reliability and validity as developed by Woods and Catanzaro (1988:136-143) will be adhered to in order to ascertain both in this research.

- **Reliability**

  Reliability will be ascertained in this research by counteracting threats to my status or position as a researcher, to be aware of participants' choices, the social situation and methods of procedure (Woods and Catanzaro, 1988:136).

- **Validity**

  Validity will be ensured in this research by developing control measures to counteract history and maturation, observer effects, selection, regression and mortality (Woods and Catanzaro, 1988:137).

1.6.2.2 Sampling

The sampling population and sampling method—purposive convenient method will be discussed in this section (Burns and Grove, 1987:218-219; Abdellah and Levine, 1979:333-334).

- **Sampling population**

  The sampling population will be drawn from psychiatric nurses working in the 18 different wards of a psychiatric hospital in the Transvaal. A minimum of eight nurses will form the focus group. The criteria for inclusion in the sampling population will be as follows:
• Sampling method

The type of sampling method that will be utilised in this research will be purposive in that it will involve conscious selection by the researcher of eight psychiatric nurses who meet the criteria for inclusion (see 2.5.2.1) to include in the study (Burns et al., 1987:218) and convenient in that those interested in the research will represent all psychiatric nurses working in this hospital and will confirm their appointment by giving consent for participation (Abdellah et al., 1979:333-334).

1.6.2.3 Data gathering

The focus group method shall be utilised to collect data for the research (Kingry, 1990:124-125).

• Role of the researcher

The researcher will make contact with the intermediary two weeks before the planning of the whole interview to explain the research and give consent documents to her. The researcher will do the selection of participants and will conduct focus group sessions with them.

• Environmental setting

An unused office in one of the wards, central to all the participants, will be used for focus group sessions, and it will be away from noise, interruption and any type of discomfort. Chairs will be arranged in a circle and two tape recorders will be used to record the discussion.

• Focus group method

Focus group method will be discussed under the following
headings: method, question, development, facilitating techniques and field notes.

• **Method**

Two focus group sessions consisting of eight members will be carefully planned and carefully structured, sequenced questions will be asked to elicit a discussion designed to obtain views and perceptions of psychiatric nurses on communication with their patients (Kruger, 1988: 18). The questions will be given to each participant on paper and the researcher will read them out loud to the participants.

• **Question development**

Structured and sequenced questions based on communication of psychiatric nurses with their patients will be developed by the researcher with the help of a content expert.

• **Facilitating techniques**

Group techniques, namely focusing on the 'here and now', group process, encouraging participants to interact and become involved in the discussion, will be employed to facilitate group discussions (Yalom, 1985: 135-198).

• **Field notes**

The researcher will take field notes immediately after data collection to ensure accurate recall of the structure and function of the context (Kerlinger, 1986: 480).
1.6.2.4 Data analysis

Tape recording of focus group sessions will be transcribed and data will be analysed from recordings with the help of a combination of Giorgi's (in Omery, 1983:52) and Kerlinger's (1956:477) seven steps (see 2.5.4).

Independent coder

The independent coder will analyse and code words and themes independently after being given the work protocol by the researcher and thereafter both will jointly decide on the placing of these words and themes (Giorgi in Omery, 1983:52).

1.6.2.5 Literature control

Similar studies will be investigated in order to establish the relevance and uniqueness of the research (Woods and Catanzaro, 1988:135). This will be done through literature reading on all that has already been done on communication, and this will help...
towards the evaluation of the significance of the findings.

1.6.2.6 Guidelines

Guidelines will be formulated from the results towards the mobilisation of facilitative communication from psychiatric nurses as a resource to assist psychiatric nurses to enhance communication between them and patients in the restoration and maintenance of the patient's mental health.

1.7 DIVISION OF CHAPTERS

Chapter 1: Overview of the research.
2: Research design and method.
3: Discussion of data and results.
4: Literature control.
5: Conclusions and recommendations: Guidelines for the psychiatric nurse as a resource to assist her to enhance therapeutic communication between her and the psychiatric patient in the promotion, restoration and maintenance of the patient's mental health.
CHAPTER 2

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

In the previous chapter an overview was given with regard to the problem and paradigmatic perspective of the research, as well as the research design and method that will be utilised in this study.

In this chapter a detailed description of the rationale, objectives, design and method of research will be given.

2.2 RATIONALE OF THE RESEARCH

It is frequently acknowledged that psychiatric nurses are the professional group that has most face-to-face contact with patients where they deal with the whole person and they, therefore, apply models of nursing which make the assessment of patients' needs the basis of care (Cox, 1986:218). This assessment involves a wide range of psychiatric skills but the most important one which is a prerequisite for every psychiatric nurse is therapeutic communication (Beck et al., 1988:65).

Lack of therapeutic communication with a patient can cause conflicts in the patient's internal and external environments, since he will be unable to communicate his needs and problems and this will delay the promotion, restoration and maintenance phases of mental health. Despite numerous reasons which psychiatric nurses put forward as causes of lack of therapeutic communication with their patients, namely structured hospital routine, staff shortage and heavy workload which allows very little time for nurse-patient interaction, therapeutic communication remains the
essence of all nurse-patient interactions.

The significance of this research then, is that psychiatric nurses' viewpoints on their therapeutic communication with patients will be explored and guidelines formulated for psychiatric nurses as a resource to enhance their therapeutic communication with their patients.

2.3 OBJECTIVES

The objectives of this research are:

- To explore and describe the viewpoints of psychiatric nurses on their communication with psychiatric patients.

- To set guidelines for psychiatric nurses as a resource to assist them to enhance communication between them and the psychiatric patients in the restoration and maintenance of these patients' mental health.

2.4 RESEARCH DESIGN

The design of this research is exploratory, descriptive and contextual in nature in order to gain insight into the viewpoints of psychiatric nurses on their communication with psychiatric patients (Mouton and Marais, 1988:57).

- **Exploratory**

  This research is exploratory and directed at gaining insight and increasing knowledge on psychiatric nurses' communication with psychiatric patients in the restoration and maintenance of the patients' mental health as an integral part of health.
• Descriptive

The research is descriptive in that the viewpoints of psychiatric nurses with regard to facilitative communication with their patients will be described.

• Contextual

The research is contextual in that it will be conducted in a specific psychiatric hospital in the Transvaal, which accommodates all races in each ward. It consists of eighteen wards – open and security wards in which patients who are receiving nursing care towards the restoration and maintenance of mental health are hospitalised. The bed capacity in each ward is forty. About five to six registered psychiatric nurses are allocated to each ward as well as one enrolled nurse, four nursing assistants and students ranging from two to ten in number. The staff that works during the day resumes duties at 06:30 and goes off duty at 17:30, while night staff resumes duty at 17:30 until 06:30. Since the patients in wards are of different cultures, the languages that are commonly used are English, Afrikaans, Tswana and Zulu. Different activities which the patients are expected to perform are reflected in the ward program which is usually followed as planned. These include group activities, group discussions, general sports, et cetera. The activities provide the only opportunity for the staff to interact with patients. Effective communication is only evident when the patient is interviewed by the psychiatrist with the assistance of the psychiatric nurse. Cardex report writing also provides an opportunity for effective communication because the nurse who writes the report has to briefly interview the patient.
2.5 RESEARCH METHOD

In this section the method which will be utilised to conduct the research will be discussed and this includes reliability and validity, sampling, data gathering and data analysis.

2.5.1 Reliability and validity

Reliability and validity as developed by Woods and Cantanzaro (1988:136-142) will be adhered to, to ensure both in this research.

2.5.1.1 Reliability

Reliability will be ensured in this research by counteracting threats to my status or position as a researcher, to be aware of participants' choice, the social situation and methods of procedure. The control followed for this research to ensure reliability will be discussed as follows.

1. Status as a researcher:

   The researcher may be well-known to some of the participants in this research and the researcher's gender may also influence the openness with which participants share information. Control: A matron will act as an intermediary to select participants and brief them about the role of the researcher in the research setting before the focus group session is conducted. The participants need to be informed that the researcher is present in the focus group in order to act as a moderator to develop and ask questions, observe the group process and interaction, facilitate the session, do comparisons to highlight the areas of agreement or disagreement and explore reasons underlying particular
viewpoints (Kingry, 1990:124).

2. **Participants' choice:**

Those who choose to participate may possess characteristics that differ from non-participants. Control: There will be an intermediary who will help decide on participants during purposive convenient sampling. Clear criteria for inclusion will be set (see 2.5.2.1:23 on sampling population).

3. **Social situation conditions:**

Participants may judge the appropriateness of information in relation to the context. Control: The researcher will open the focus group session with brief comments about what information exactly is to be obtained from the participant. In this introduction it will be important to make all the participants feel that their contributions are valued and to give permission to them to express themselves without fear that their ideas will be openly criticised.

Field notes will be taken immediately after data collection to ensure accurate recall of the structure and function of the context and they will be based on the non-verbal behaviour, the perceptions of the researcher, as well as her subjective impressions.

4. **Methods of procedure:**

Since this is a qualitative research which could be repeated but will not yield the same results, constant comparative analysis may result in lack of agreement on description or composition of events. This could be controlled in the following manner: Report precisely and thoroughly the stra-
tategies used to collect, analyse and report data. Transcribe taped interviews verbatim. At least two coders should perform theoretical coding. Finally, compare findings with published studies by other investigators pursuing similar work.

2.5.1.2 Validity

Control measures to ensure validity in this research will include the history and maturation, observer effects, selection and regression, and mortality. These measures, as set by Woods and Catanzaro (1988:137) will be as follows:

1. History and maturation:

When data are generated over time, particular problems such as the occurrence of additional events and biological changes in the members may arise. Control: The length of sessions could be anything from one to three hours. The interval between two focus group sessions will not be longer than two weeks and basic changes that are recurrent, progressive and cyclical should be identified for field notes. This would mean that the participants are allocated the same off-duty time, no one goes on leave and the same members take part in both focus group sessions (Burns and Grove, 1987: 234-235).

3. Selection and regression

Possible distortion of data by selection of participants who may not have the characteristics of the target population may occur. Control: Participants recruited will meet the sampling criteria (see 2.5.2.1:23 on sampling population). Questions with commonly assumed meaning will be asked in
order to clearly understand the responses of the participants (see Annexure C). Follow-up will be done with the participants by means of a second focus group based on the data gathered from the first focus group (Burns & Grove, 1987:234-235).

4. Mortality:

Ongoing information will be given to participants by conducting a second focus group and thereafter keeping them involved and informed about the research findings. The researcher will have to provide the participants with her particulars and where she can be contacted should the participants decide to leave the focus group (Burns & Grove, 1987:448).

2.5.2 Sampling

The sampling population, sampling method and purposive convenient method will receive attention in this section.

2.5.2.1 Sampling population

The sampling population will be drawn from psychiatric nurses working in the 18 different wards of a psychiatric hospital in the Transvaal. A minimum of eight nurses will form the focus group. The criteria for inclusion in the sampling population will be as follows:

- Participants will be registered psychiatric nurses.
- They will be working in a psychiatric ward with direct patient contact.
• They will have at least one year experience with psychiatric patients.

• They will be prepared to participate in the research, such participation being elicited by their written consent.

• They will agree to the group sessions being taped and transcribed.

• They will include all cultures.

• They will be available whenever required, especially for both focus group sessions.

• They will have the ability to speak in a group and shall communicate in English only.

2.5.2.2 Sampling method

The type of sampling method that will be utilised in the research will be purposive convenient sampling. Participants will represent all the psychiatric nurses working in this particular hospital. A minimum of eight psychiatric nurses who meet the criteria for inclusion will be selected (see 2.5.2.1:23). The matron, who will serve as an intermediary, will conduct the selection of participants. She will send letters requesting psychiatric nurses to participate, to all eighteen wards. In order to reduce the number to eight wards only, she will have to select one ward out of those with similar social contexts – type of patients admitted, for example, if there are three wards where acutely ill males are admitted, only one of these wards will be selected. She will then send the eight remaining wards letters containing criteria for inclusion and thereafter make a list of all the psychiatric nurses who are willing to take part in the
research. From this list she will then select those who best meet the criteria. To reduce bias of the researcher's choice, the criteria for inclusion must be strictly followed. The intermediary will inform the selected participants of the research and criteria and will give the researcher the names of those who are interested.

The sampling method will be convenient in that those interested in the research will confirm their appointment by giving consent for participation and they will also acknowledge the date of focus group sessions (Abdellah & Levine, 1979:333-334).

2.5.3 Data gathering

The focus group method shall be utilised to collect data for the research.

2.5.3.1 Role of the researcher

The researcher will make the initial contact prior to focus group sessions by meeting with the intermediary. The research will be explained to the intermediary and she will be given letters of consent to the participants. The purpose of the research, namely the formulation of guidelines for psychiatric nurses to assist them in enhancing communication between themselves and psychiatric patients, will be explained to the participants as well as the intermediary.

The researcher will also explain to the participants and the intermediary what focus group sessions involve and what will be expected of them during those sessions. The intermediary will further motivate them by explaining to them:

- that the focus group sessions will last for approximately
one to three hours;

- that the participants will have to express their views and ideas;

- that tapes will be used to record the discussion and that only the researcher and independent coder will utilise them; they will also be destroyed afterwards;

- that confidentiality and anonymity will be ensured by not using names and addresses of the participants;

- that the researcher's telephone number will be made available for contact.

Once the above-mentioned has been explained, the researcher will write down the names of those who are willing to participate in focus group sessions. The intermediary will inform the researcher of those who will take part and she will arrange the focus group sessions. Before the focus group sessions are conducted, all the participants must give consent to indicate that they are prepared to participate in the research (see Appendix B).

2.5.3.2 Environmental setting

Focus group sessions will be held in an unused office in one of the wards that are central to all the participants, away from noise and interruption, comfortable and non-threatening. In this office, arm chairs will be arranged in a circle for participants. The sessions will last from one to three hours. Two high quality tape-recorders — one battery operated and the other electrically operated — will be placed on the floor at the centre of the circle to capture the discussion clearly (Kingry, 1990:124).
2.5.3.3 Focus group method

The focus group method will be discussed as follows:

- **Method:**

  The focus group will consist of a minimum of eight participants. This group size will allow everyone to participate while eliciting a range of responses. The focus group will be carefully planned to elicit a discussion designed to obtain perceptions and viewpoints of the psychiatric nurses on facilitative communication (Krueger, 1988:18). Carefully structured and sequenced questions based on the purpose of the research will be necessary to elicit a wide range of responses. These questions will be given to each participant on paper. The researcher will read the questions aloud to the participants to lessen anxiousness (Kingry, 1990:124).

- **Question development:**

  Structured and sequenced questions based on communication of psychiatric nurses with patients will be developed by the researcher and they are essential in order to elicit a wide range of responses. These questions will be based on a review of literature and consultation with content experts who will be colleagues who are busy with their M.Cur. in Psychiatric Nursing, or who have already completed it. Several principles will be followed when the questions are developed:

  - Start with a general introductory question to allow for participation by all group members, but make the question specific enough to trigger short answers.
• Progress from general to specific questions.

• Progress from non-threatening to threatening questions.

• Discuss with nurses who are your colleagues with a view to get ideas.

• Read literature to obtain more ideas on communication (Kingry, 1990:124).

Questions are:

1. What do you think is the purpose and significance of communicating with patients in psychiatric settings?

2. What role does a psychiatric nurse play with regard to communication with patients in the restoration and maintenance phases of their mental health?

3. What do you view as positive in your communication with patients?

4. What do you view as negative in your communication with patients?

5. What is your view on therapeutic communication?

6. Of what importance is therapeutic communication in the restoration and maintenance phases of a patient's mental health?

7. How do you perceive communication as part of the nurse-patient relationship?

One focus group session will be held first, then data that
were gathered will be coded within eight weeks and the results given to the participants before the second focus group session is held with the same members. The discussion in the second focus group session will be based on the findings of the first focus group after both the researcher and the coder had had a consensus discussion.

Facilitating techniques

The researcher should be skilled in a group process. She will open the focus group session with brief comments about exactly what information is sought from the participants. In this introduction, it is important to make all the group members feel that their contributions are valued and to give permission to group members to express themselves without fear that their ideas will be openly criticised.

The researcher will encourage the expression of different opinions, help the group members to be more specific with their responses and explore reasons underlying particular viewpoints. The researcher will focus on the 'here and now' in her facilitation of the group process. She will encourage the interaction of group members by ensuring that all members are involved in the discussion and also by activating them to openly discuss their views and ideas on their communication with patients.

Communication techniques

Other means of facilitating focus group sessions will be through the use of communication techniques, namely minimal verbal response, asking open-ended questions, paraphrasing, clarifying, reflecting and summarising.
• **Minimal verbal response**

Minimal verbal responses are the verbal counterparts of occasional nodding of the head. These verbal clues are, for example, 'mm-mm', 'uh...uh' and 'yes' which indicate that the researcher is listening and following what the participant is saying (Okun, 1987:74).

• **Open-ended questions**

Open-ended questions are questions which encourage people to answer at greater length and in more detail, share more feelings, even personal feelings and thoughts (Johnson, 1990:192).

• **Paraphrasing**

This is simply making a statement that is interchangeable with the participant's statement, although the words may be synonyms of the words the participants used (Okun, 1987:76).

• **Reflecting**

Reflecting indicates that the researcher's intention is to understand the participant's thoughts and feelings. Reflecting is used when one is not sure one understands the response of the other person's thoughts and feelings. Reflecting of thoughts and feelings often gives one a clearer understanding of the participant's thoughts and feelings and the implications of these thoughts and feelings (Johnson, 1990:193).
• Clarifying

Clarifying is an attempt to focus on, or understand the basic nature of a participant's statement, for example, "I am confused about..." or "...sounds to me like you are saying..." (Okun, 1987:76).

• Summarising

This is pulling together important elements of group interaction. The researcher synthesises what has been communicated during the session and highlights the major affective and cognitive themes. This response is important at the end of the session to ensure that the information shared is agreed upon (Okun, 1986:77).

Field notes

The researcher will have to take field notes immediately after data collection to ensure accurate recall of the structure and function of the context in accordance with the non-verbal behaviour of the participants, experience and perceptions of the researcher, as well as her subjective impressions. These field notes will be taken in a thematic manner and will also include the dynamics and the process of the focus group sessions (Kerlinger, 1986:480).

2.5.3.4 Ethical aspects

The ethical aspects include the following:

• The researcher will send letters to each prospective participant which will explain the objectives, purpose and nature of the research and give them the assurance that confiden-
tiality and anonymity are guaranteed (see Appendix B).

- Participants will in turn give the researcher written consent to indicate permission that focus group sessions may be taped and transcribed. If it is their wish that the recorded discussions should be destroyed, the tapes will be destroyed and discarded.

- The researcher will send a letter to the hospital authorities in order to obtain permission to conduct the research in the particular psychiatric hospital (see Appendix A).

- The implications of the research must be understood by all participants and the hospital authorities to ensure that there will be no misunderstanding.

2.5.4 Data analysis

Tape recordings of focus group sessions will be transcribed and data analysis will be made from the recordings with the help of a combination of Giorgi's (in Omery, 1983:52) and Kerlinger's (1986:477) methods of content analysis. Kerlinger (1986:477) shows that content analysis is a method which indicates a systematic and objective way of analysing data.

Giorgi's (in Omery, 1983:52) and Kerlinger's (1986:477) methods of content analysis comprise the following steps:

- Reading through the transcription

  The researcher reads the entire transcription to get a sense of the whole. To identify individual units, the researcher reads the transcription more slowly.
Identification of the universum

The next step is to identify the universum that is to be analysed. The universum in this research is the spoken word.

Identification of units of analysis

Words and themes will be used as units of analysis in this research (Kerlinger, 1986:480). The researcher will read the transcription slowly and thoroughly and identify individual units and underline relevant words and themes (Giorgi in Omery, 1983:52). The main words and themes will then receive the attention of the researcher.

Defining and categorising categories and sub-categories

Categorising includes listing and classifying words and themes accordingly into categories. This gives the reflection of the theory or hypothesis being tested and it will be done as follows: Generate a list of key ideas, words and actual quotes that reflect the sentiments of the focus group within the Nursing for the Whole Person Theory (Oral Roberts University: Anna Vaughn School of Nursing, 1990:136-142). Formulate categories and under each place the ideas and words that fit most appropriately and best substantiate the category, and group together the categories and sub-categories and identify themes (Kingry, 1990:125). The main categories will be classified into categories and sub-categories in accordance with the internal and external environments as well as the pattern of interaction.

Identifying categories and sub-categories and defining operationally

The categories and sub-categories defined and categorised
will be listed in table form and will be given operational definitions within the Nursing for the Whole Person Theory (Oral Roberts University: Anna Vaughn School of Nursing, 1990:136-142).

Transforming from concrete language to scientific language and inferences

The researcher will reflect on the given units and transform the meaning from concrete language into the scientific language or concepts (Giorgi in Omery, 1983:52). Inferences will be done from words and themes under various categories and sub-categories. The meaning of concrete language will be written in scientific language in every category.

Independent coder

The researcher will do her own analysis and coding and will then set out a work protocol. The independent coder will then analyse and code words and themes according to the work protocol. This independent coder is a psychiatric nurse who has a Master's degree in Psychiatric Nursing.

Work protocol

The independent coder will be given a work protocol which will contain:

- a description of the steps which she must follow;
- all operational definitions;
- a clean copy of the transcription and field notes;
- a coding page.
• Consensus discussions between researcher and independent coder

In the consensus discussions between the researcher and independent coder, the focus will be on the placing of words and themes and identifying their inferences.

2.6 LITERATURE CONTROL

Similar studies will be investigated in order to establish the connection and uniqueness of my research (Woods & Catanzaro, 1988: 135). Literature control will be done since the researcher needs to be informed through literature reading about all that has already been done on communication between psychiatric nurses and patients. Literature control will help towards the evaluation of the significance of the findings of this research (Uys and Basson, 1983:28).

2.7 GUIDELINES

Guidelines will be formulated as provided by the research results for psychiatric nurses as a resource to assist them to enhance communication between them and the psychiatric patients in the restorations and maintenance of the patients' mental health.

2.8 CONCLUSION

In this chapter a detailed description was given of the research design and method and in the next chapter data and results will be discussed.
CHAPTER 3

RESULTS AND DISCUSSION OF RESULTS

3.1 INTRODUCTION

In the previous chapter a detailed description was given of the research design and method. In this chapter the results of the analysed data will be presented and discussed.

3.2 ANALYSIS OF DATA

The first focus group session consisting of eight participants from eight different wards in the same hospital was held and the discussion was audiotaped for the purpose of collecting data. Members of the focus group were all psychiatrically trained. There were three females and five males. Two of the males were only trained in psychiatric nursing. The participants were from different cultural backgrounds and the group session was conducted in English.

The participants had to respond to seven semi-structured questions (see 2.5.3.3:27) based on the psychiatric nurses' communication with their patients. The questions were set out on paper so that each participant had his or her own questionnaire. The discussion lasted for approximately one hour and twenty minutes.

Group process facilitating techniques (see 2.5.3.3:27) were used to encourage the participants to partake. Data were analysed by using a combination of Giorgi's (in Omery, 1983:52) and Kerlinger's (1986:477) method of content analysis (see 2.5.4).

The recorded group session was transcribed and the following was done to analyse the content:
The entire transcription was read through slowly to get a sense of the whole. The universum was identified and it consisted of all the verbal responses of the participants. In identifying of units of analysis, words and themes from the seven questions that were set for the focus group were underlined (Giorgi in Omery, 1983:52 and Kerlinger, 1986:480). To define and categorise categories and sub-categories, words and themes that reflected the sentiments of the focus group in response to the seven questions were listed under these seven questions. Words and themes listed under the seven questions were then sub-categorised. Due to repetition of these sub-categories under each question, main categories and sub-categories which excluded repetition had to be identified.

The new categories that emerged were operationally defined for the purposes of the work protocol (see Appendix D) for the independent coder. After analysis by the independent coder, consensus discussion was held including the field notes (see Appendix E) to confirm the findings of the analysis.

3.3 PRESENTATION AND DISCUSSION OF RESULTS

The results of the focus group will be presented in tables and each table will be discussed separately. Main categories that emerged from the analysis were:

- Communication and the nursing process in psychiatric nursing.
- Communication as a vital part of nurse-patient relationship.
- Communication in psychiatric nurse-patient interaction.
• Stumbling blocks in communication.
• Communication in the process of psychiatric nursing.

3.3.1 Communication as a factor in the application of the nursing process in psychiatric nursing

In table 3.1.38 the results of the nurses' views on communication as a factor in the nursing process in psychiatric nursing are set out:

Table 3.1 Communication and the nursing process in psychiatric nursing

<table>
<thead>
<tr>
<th>1. Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation - structured and non-structured settings</td>
</tr>
<tr>
<td>- verbal and non-verbal</td>
</tr>
<tr>
<td>- Detecting anything wrong - looking at him</td>
</tr>
<tr>
<td>- talking</td>
</tr>
<tr>
<td>- interviewing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Internal environment</th>
<th>External environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental status</td>
<td>Objective data</td>
</tr>
<tr>
<td>- Aspect limiting quest for wholeness</td>
<td></td>
</tr>
<tr>
<td>- Problems and grievances identified</td>
<td></td>
</tr>
<tr>
<td>- Nursing diagnosis</td>
<td></td>
</tr>
<tr>
<td>- Make nursing diagnosis</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work out the nursing care plan</td>
</tr>
<tr>
<td>Nursing team as team work out the treatment of the patient</td>
</tr>
<tr>
<td>Goals:</td>
</tr>
<tr>
<td>- meeting needs and problems of patient</td>
</tr>
<tr>
<td>- prepare patient to be responsible person in the community through rehabilitation and reorientation to the outside world</td>
</tr>
<tr>
<td>- discharge planning</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family involvement</td>
</tr>
<tr>
<td>Team involvement</td>
</tr>
<tr>
<td>- team involvement with the patient</td>
</tr>
<tr>
<td>- give information and report to the team</td>
</tr>
<tr>
<td>- nurse central member of team</td>
</tr>
<tr>
<td>- dependent on us for communication with the patient</td>
</tr>
<tr>
<td>- interpretation of verbal and non-verbal cues to the team</td>
</tr>
<tr>
<td>- present patient to the team</td>
</tr>
<tr>
<td>- Contribute towards treatment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detect if patient is getting on well</td>
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</tbody>
</table>
The results show that communication is an important aspect of the nursing process as can be seen in the discussion that follows.

Communication was seen by the participants as a form of conducting assessment of the patient through observation in structured and non-structured settings. As one participant stated: "Observe the patient's behaviour in structured and non-structured set-ups."

Also by observing the patients' verbal and non-verbal cues as one participant indicated: "...if you look at communication we have got like your verbal and your non-verbal communication and which if we as psychiatric people, if we look at the patient we can observe."

Detecting anything wrong with the patient during the assessment phase through communication, was evident in the conducting of interviews with the patient by looking at him and talking to him, one participant indicated: "The only way to detect anything wrong with the patient is to talk to him, interview him, look at him, see what he is doing in his behaviour and then you can know that this person really needs help or not."

Communication during assessment of the patient's internal environment according to Nursing for the Whole Person Theory was regarded necessary in order to detect psychosis and pick up emotions when looking into his mental status, as a participant stated: "It was very therapeutic, we could pick up emotions, we could detect psychosis, we could detect if people were getting on okay and were ready to go and face the community."

In the assessment of the patient's external environment according to Nursing for the Whole Person Theory, communication was seen as enabling the nurse to collect objective data: "I mean that
enhances use of communication where you will be able to pick up objective data through the non-verbal communication..."

Communication was seen as an important element in assessment phase to identify aspects that limit the patient's quest for wholeness according to Nursing for the Whole Person Theory, for example problems and grievances: "But if maybe there could have been communication from the nurses and the other team members, to talk to the patients and find out what their problems are and their grievances, then it could have quickly solved everything."

Arriving at a nursing diagnosis of the patient during the assess­ment phase was seen by the participants to be requiring the use of communication: "...if we as psychiatric people, if we look at the patient we can observe, we can see and from there we make our nursing diagnosis."

Communication was also seen by the participants as a means of planning the nursing care of the patient by working out the nursing care plan: "...and then we work out a nursing care plan."

The nursing team as a team is able to work out the treatment of the patient through communication during the planning phase: "...and we can always report to the team as a whole and then from there we can ehm... work out as a team the treatment of the patient to get the patient better."

Communication was also seen as a means of formulating the goals and the care of the patient, for example to meet the needs and problems of the patient as a participant stated: "...you get to know what his trouble, his problems are, take it over to the other part of the team and you will be able to help this patient", to rehabilitate and reorientate the patient to the out­side world so as to be a responsible person in the community:
the patient, detecting if the patient is getting on well or not: "...we could detect if people were getting on okay and ready to go and face the community."

3.3.2 Communication as the vital part of the nurse-patient relationship

In table 3.2:43 the results of the nurses' views on communication as the vital part of the nurse-patient relationship are set out.

Table 3.2 Communication as a vital part of the nurse-patient relationship

<table>
<thead>
<tr>
<th>Establishment of the nurse-patient relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Establish the therapeutic relationship.</td>
</tr>
<tr>
<td>- Initiate communication.</td>
</tr>
<tr>
<td>- Build trust relation.</td>
</tr>
<tr>
<td>- Communication ties you to the patient.</td>
</tr>
<tr>
<td>- Break the ice and come together/break walls.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Improvement of the nurse-patient relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Improvement of relationship.</td>
</tr>
<tr>
<td>- Promotion of communication with the patient.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maintenance of the nurse-patient relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Always with the patient.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Value of the nurse-patient relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Opening ways for closeness with the patient.</td>
</tr>
<tr>
<td>- Makes the nurse more approachable.</td>
</tr>
<tr>
<td>- Gives the nurse knowledge about the patient.</td>
</tr>
<tr>
<td>- Acts as a link between patient and team.</td>
</tr>
<tr>
<td>- Sharing.</td>
</tr>
<tr>
<td>- Know patient's expectations through communication.</td>
</tr>
<tr>
<td>- Not too autocratic and authoritative.</td>
</tr>
<tr>
<td>- Long term relationship \rightarrow living together.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Functions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Advocate for the patient.</td>
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<tr>
<td>- Referral role.</td>
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</tbody>
</table>
From the results it appears that communication is regarded as the vital part of a nurse-patient relationship in psychiatric nursing, as can be seen in the following discussion.

Communication was seen by the participants as a way of establishing the nurse-patient relationship, by establishing the therapeutic relationship as well as trust. Two participants stated: "You see, it is just that communication was not thoroughly explained to the nurse that this is going to be a therapeutic relationship that you are going to establish with him, whatever you are going to do."

"Communication is a trust relation. Sometimes a patient builds a trust relation with just one staff member."

"That means then communication now ties you with him or it stands you with him."

Another participant added: "But here what I like is you are involved as a parent and that is then enabling the patient to have trust and make the nurse-patient relationship more effective."

For the nurse to be able to establish a relationship, it was noted that she needs to initiate communication with the patient. As a participant stated: "...I would say maybe a psychiatric nurse plays an initiator role. She initiates communication with the patient..."

During the establishment of the nurse-patient relationship, communication assists a great deal in breaking the ice or breaking the walls and letting the nurse and patient come together: "...but you must in fact break the ice and come together. You break the walls that divide you, anything that is
between you and the patient must be broken down, then you must be with the patient body and soul."

Communication was also viewed to be playing a vital role in the improvement as well as promotion of the nurse-patient relationship. "But definitely communication with the patient is very important."

Another participant added: "Yes, in the improvement of the relationships."

"She initiates communication with the patient and promotes communication with the patient then try to maintain it there."

From the last statement it is clear that communication not only plays a part in the initiation but also in the maintenance of the nurse-patient relationship: "She initiates communication with the patient and promotes communication with the patient, then tries to maintain it there."

Through communication the value of the nurse-patient relationship emerged as opening ways for closeness with the patient: "...you know you open your ways for the patient to come closer to you, to be able to communicate with him and then observe him, to allow the patient to be open."

It is through communication that the nurse becomes more approachable and gains more knowledge of the patient: "Allowing the patient to get through to you and be approachable and apply all the skills that have been mentioned here we will be able to definitely go through our patients."

"Without communication you cannot know your clients, you cannot know your patients, you have got to communicate with them,
verbally or non-verbally, listen to what he is trying to say."

The nurse manages to act as a link between the patient and through communication she is able to share with the patient, the team and others: "So it means that psychiatric nurse is the one who is keeping communication between all the other team members, patients, psychologists and everyone, even the family outside, she does keep contact with them to enhance communication."

"Sharing a cigarette does not mean that you know... you know in a general situation it will be deemed as very unprofessional but in a psychiatric set-up you know you open ways for the patient to come closer to you, to be able to communicate with him...."

The nurse is also enabled to know the patient's expectations and not to be too autocratic and authoritative and she maintains long term relationships with him: "...then your openness will depend on how much the patient can take and cope with, how much is he asking of you, how much is he expecting out of you, then you are open with the patient as he recovers..."

"They said no in this sense that they are not too autocratic and authoritative. Sometimes they speak to patients and allow patients to call them by names..."

"I think in the psychiatric hospitals too, we live longer with our patients. There are some of us that have known our patients for twenty-five to thirty years and therefore you will have a better relationship with the patient."

Communication was also seen by the participants as the means of carrying our some functions as a nurse in the relationship with the patient, like advocating for the patient and referring him to other hospital facilities:
"So that is why I feel that a psychiatric nurse is a vital component of the nursing care of this patient. And... and she is like the advocate, she is the middle-man."

"Our referral role and communication with the health facilities in the community also play a very important role in maintenance and restoration of the patient's mental health..."

3.3.3 Communication in psychiatric nurse-patient interaction

In table 3.3:47 the results of the nurses' views on communication in interaction between the nurse and the patient are given.

Table 3.3 Communication in interaction

<table>
<thead>
<tr>
<th>Communication ideas:</th>
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<tbody>
<tr>
<td>• Spine of interaction.</td>
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<tr>
<td>• Goal-directed and purposeful interaction.</td>
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<table>
<thead>
<tr>
<th>Nurse interaction:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Know your patient.</td>
</tr>
<tr>
<td>• Share with your patient.</td>
</tr>
<tr>
<td>• Get down to the level of the patient.</td>
</tr>
<tr>
<td>• Maintain objectivity.</td>
</tr>
<tr>
<td>• Pick up emotions.</td>
</tr>
<tr>
<td>• Insight into mental condition.</td>
</tr>
<tr>
<td>• Help the patient.</td>
</tr>
<tr>
<td>• Help with recovery of the patient.</td>
</tr>
<tr>
<td>• Patient becomes independent.</td>
</tr>
<tr>
<td>• Check level of understanding of the patient.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient interaction:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Freedom of expression and choice.</td>
</tr>
<tr>
<td>• Allow to open up.</td>
</tr>
<tr>
<td>• Allow the patient to partake in his treatment.</td>
</tr>
<tr>
<td>• Patient having a say in the running of ward programme.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Nurse-patient interaction:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Interaction between nurse and patient.</td>
</tr>
<tr>
<td>• Something to do together.</td>
</tr>
<tr>
<td>• Closeness between patient and the nurse.</td>
</tr>
<tr>
<td>• Means of socialising.</td>
</tr>
<tr>
<td>• Giving feedback both ways.</td>
</tr>
</tbody>
</table>
From the results on the views of nurses about communication between the nurse and the patient, the following was found:

Communication was seen by the participants as the spine of interaction: "Well taking that ehm... communication is interaction between one or two people or so, so communication then is the spine of the interaction."

It also forms a goal-directed and purposeful interaction: "...in therapeutic communication we... we interact for a certain purpose or towards a certain goal."

Communication in the interaction between the nurse and patient was observed as enabling the nurse to get to know the patient, share with the patient, get down to the level of the patient and maintain objectivity: "Without communication you cannot know your clients, you cannot know your patients, you have got to communicate with them."

"...you get very free with patients and with other personnel to an extent that you can share maybe a cup of tea with a patient, those that smoke can share a smoke with a patient."

"So with therapeutic communication definitely it will be going down to the level of the patient and allowing the patient to get through to you..."

"...but definitely we have to go to the point of maybe treating the patient... be... be objective and maintain a balance with treating the patient as the patient in need of care and as a human being..."

The nurse also becomes able to pick up emotions, let the patient gain insight into his mental condition, help the patient, help in
the recovery, help him become independent and check on the level of understanding of the patient:

"You are able to pick up emotions in a patient through communication skills that you have."

"So if we communicate therapeutically with our patient... he will get insight into his mental condition..."

"...and then how you are able to sort out the problems and replace them with something that will help the patient."

"Therapeutic communication implies that whatever you do, be it social, structured or unstructured, it must be in such a way that it will be a potential to the recovery of the patient."

"...with our skills to actually help this person not to become dependent on us but to become independent and to solve her or his own problems..."

"And yet at the same time you can check on the level of understanding of the patient through communication."

Communication in the interaction of the patient was seen in two ways: as communication towards staff and communication from staff and the latter has been discussed above. Communication of the patient towards the staff was observed to be allowing the patient freedom of choice and expression, to be open, to partake in his treatment, share his opinion and have a say in the running of the ward programme:

"One other point is that eh... we have situations when we do not allow at times patients to choose... and we do not allow at times patients to express themselves."
"...you open your ways for patient to come closer to you, to be able to communicate with him and then observe him, to allow... the patient to open."

"...and then allowing the patient to partake in his treatment per se, to play a role as far as his treatment procedures are concerned."

"I feel that we have to have an open communication where the patients are going to be allowed to... you know, say what they feel about the situation and speak out how they feel about all the programmes that are in the ward."

"...communication that is open in the true sense of the word - open, where the patients are going to have a say in the daily running of the ward programmes."

Communication was also seen to be playing a role in nurse-patient interaction since it brings about an interaction between the nurse and the patient, makes it possible that they have something to do together, be close as a means of socialising and they give each other necessary feedback: "...because without communication there is nothing that can take place, there must be an interaction between the nurse and the patient."

"One of the significant purposes is... significance... is that you want to have something to do together with the patient before you can start anything else."

"In a psychiatric set-up you know you open your ways for patient to come closer to you, to be able to communicate."

"...it is not always that whenever you talk with the patient you have to be therapeutic, at times you will have to be social with
the patient."

"So you must actually look at your communication... your channels of communication and your feedback and to see how effective the order that you have been given has been carried out..."

3.3.4 Stumbling blocks in psychiatric nurse-patient communication

In table 3.4 the results of the nurses' views on the stumbling blocks in psychiatric nurse-patient communication are set out.

Table 3.4 Stumbling blocks in communication

<table>
<thead>
<tr>
<th>Nurse:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Poor attitudes</td>
</tr>
<tr>
<td>• Rudeness.</td>
</tr>
<tr>
<td>• Being irritable and negative.</td>
</tr>
<tr>
<td>• Autocratic, dominating, authoritative.</td>
</tr>
<tr>
<td>• Dishonest.</td>
</tr>
<tr>
<td>- Negative approaches</td>
</tr>
<tr>
<td>• Shouting.</td>
</tr>
<tr>
<td>• Poor communication.</td>
</tr>
<tr>
<td>• Use of vulgar words.</td>
</tr>
<tr>
<td>• Not communicating - no goal achievement.</td>
</tr>
<tr>
<td>• Deciding for the patient.</td>
</tr>
<tr>
<td>• Poor management support leading to poor performance.</td>
</tr>
<tr>
<td>• Habits of ignoring and chasing patient away.</td>
</tr>
<tr>
<td>- Others</td>
</tr>
<tr>
<td>• Limitations re the mental status of the patient.</td>
</tr>
<tr>
<td>• Lack of dedication.</td>
</tr>
<tr>
<td>• Stress and anxiety.</td>
</tr>
<tr>
<td>• Domination by management.</td>
</tr>
<tr>
<td>• Poor communication from management.</td>
</tr>
<tr>
<td>• Management not helping with poor coping.</td>
</tr>
<tr>
<td>• Nurse-patient ratio → shortage.</td>
</tr>
<tr>
<td>• Absenteeism.</td>
</tr>
<tr>
<td>• Job dissatisfaction.</td>
</tr>
<tr>
<td>• Staff overconscious of their rights.</td>
</tr>
<tr>
<td>• Conflict amongst staff.</td>
</tr>
</tbody>
</table>
Patient:
- Patient negative because of poor ward management (involving communication).
- Limiting freedom of choice and expression.
- Basic needs and rights disregarded.
- Lack of trust due to dishonesty.

Both the nurse and the patient:
- Language barrier.
- Age difference.
- Culture, beliefs, customs - body language misinterpreted.
- Side effects of drug therapy.
- Aggression from nurse and patient.
- Social relationship between nurse and patient.

From the results it was evident that there are various factors which include the nurse, the patient and both nurse and patient, which were viewed as stumbling blocks in communication. This can be seen in the following discussion.

The nurse was seen to be interfering with communication through her poor attitude, negative approach and other aspects. Poor attitude results from rudeness, irritability, negativism, being autocratic and authoritative and dishonest:

"Yes here I think that we see that it is a negative part of it... as we heard the examples that you have heard... the examples that you have discussed, that is if you are rude to the patient..."

"Something happened at home, now you come irritable to work, or something went wrong in the ward, now you start being irritable, then the patients are gonna feel that..."

"What we have been experiencing in psychiatric institutions is eh... you know, a photocopy of what is happening in general hospitals where there is eh... authoritarian, autocratic type of communication..."
"One other point is that eh... to be positive in your communications is to be honest."

The nurse was also seen as posing some obstacles in communication through her negative approach which was said to be shouting at the patient, poor communication, vulgar words, no communication, deciding for the patient, poor management support leading to poor performance, and the habit of ignoring the patient:

"...if you are shouting... shouting the patient, not talking nicely to the patient, then the patient will not respond to you even if he has something to say."

"Again with the negative it may be that you see in the work situation, you see that eh... you do not treat the patient accordingly the communication is very poor..."

"Do not shout at the patient, do not use some vulgar words to the patient..."

"Still one thing on this negative aspect of communication, the way I view it is that if maybe your communication with the patient is not effective enough to enhance at least that you can work together and attain a certain desired goal..."

"I would see the thing as negative in communication is that we are disregarding their basic needs and their human rights, by so doing because we are deciding for the patients."

"What I am experiencing these days is that maybe our administrators or management are not doing a lot to help the psychiatric nurses to cope with the situation..."

"Sometimes you are pushed to being very negative and rude to the
patient, not because you want it or you like it, but because of the circumstances; unfortunately it goes on to be a habit."

The other factors which come to the fore as stumbling blocks in communication as far as the nurse is concerned, are limitations concerning the mental status of the patient, interference from other team members, lack of dedication, stress and anxiety, domination and poor communication by the management, management not helping with poor coping, nurse-patient ratio and absenteeism, job dissatisfaction, staff being overconscious of their rights and conflict amongst the staff:

"I mean look at conditions like catatonic, you cannot talk to them..."

"We are busy sitting, maybe it's the termination phase — right, a very important one, bidding the group bye-bye and then the psychiatrist comes, he wants to do a ward round."

"What we need... we are no longer dedicated eh... people as nurses. When I feel like staying at home because I have got a 'gig', I am staying away — right."

"Definitely maybe most of the psychiatric nurses might end up in psychiatric institutions because of stresses from the kind of work we are doing..."

"So why are we in charge really in such institutions where we have no say?"

Another person added: "So we are being dominated and we pass over domination."

"I think all in all you know, for this... this negative part to
be removed, I think there must be a good communication practice by the management so that those in the ward – personnel in the ward can do good communication to the patient...

"...our administrators or management is not doing a lot to help the psychiatric nurses to cope with the situation..."

"...now you find that the capacity is forty, you are only two on duty."

"The rate of absenteeism in this hospital really makes... so it is very important that they... the management do something about this absenteeism."

"It is creating job dissatisfaction - job dissatisfaction with poor attitude and we project that to the patient because we are overworked, which is not fair."

"...in these days we are overconscious of our rights and not the rights of other people and then this happens in communication with our patients."

"But still if there are some conflicts amongst this very staff then the patient will not receive this quality care."

With regard to the patient, the stumbling blocks in communication that were identified by the participants were as follows: the patient becomes negative because of poor ward management involving communication, limiting of freedom of choice and expression, basic needs and right disregarded, and lack of trust due to dishonesty.

"So what you are trying to tell us is that if you have a negative attitude towards your patient you communicate negatively towards
him, that is what you are building up in the patient and he will also become negative towards you."

"...we have situations when we do not give the patients chances to choose. We do not allow at times patients to express themselves."

"I would see the thing as negative in communication is that we are disregarding their basic needs and their human rights."

"...if you are honest with your patient, then trust relationship will be there..."

Some other stumbling blocks in communication which were seen to affect both the nurse and the patient were identified as language barrier, age difference, culture and beliefs, side-effects of drug therapy, aggression from the nurse and the patient, as well as a social relationship between the nurse and the patient:

"...there are some stumbling blocks not to effect communication like you find that you have patients with different languages."

"...at times you find that there is age that you have to look at..."

"...and another one is... which is very important which I remember the public rights officer mentioned is the culture and beliefs. I mean the body language that I am going to present to you being a Venda to show you respect I may not look at you..."

"And then to that you will find that doctors respond by giving patients who are very psychotic and restless they will give them drug therapy and then in return they are going to experience side-effects of which they will not be able to talk or do
anything."

"Some people approach the patient aggressively and they expect the patient to back up. When you are aggressive with the patient it provokes aggression. He gets aggressive."

"...being social with the patient you must maintain a balance and you do not go to an extent of having relationships that will end up being sexual relationships with the patient..."

3.3.5 Communication in the process of psychiatric nursing

In table 3.5:57 the results of the nurses' views on communication in the process of psychiatric nursing are set out.

Table 3.5 Communication in the process of psychiatric nursing

<table>
<thead>
<tr>
<th>Therapeutic use of communication:</th>
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<tbody>
<tr>
<td>- Process in communication.</td>
</tr>
<tr>
<td>- Setting of limits.</td>
</tr>
<tr>
<td>- Keeps open lines of communication for patient.</td>
</tr>
<tr>
<td>- Able to use self therapeutically.</td>
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<table>
<thead>
<tr>
<th>Communication techniques in psychiatric nursing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Reflecting patient's feelings.</td>
</tr>
<tr>
<td>- Listening.</td>
</tr>
<tr>
<td>- Observing.</td>
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</table>

<table>
<thead>
<tr>
<th>Nurses' attitudes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Nurses' attitudes important.</td>
</tr>
<tr>
<td>- View patient as equal.</td>
</tr>
<tr>
<td>- Honesty - telling the patient the truth.</td>
</tr>
<tr>
<td>- Being positive towards life.</td>
</tr>
<tr>
<td>- Showing acceptance, patience and understanding.</td>
</tr>
<tr>
<td>- Respect patients as human beings with rights.</td>
</tr>
<tr>
<td>- Soft, pleasant.</td>
</tr>
<tr>
<td>- Being open.</td>
</tr>
<tr>
<td>- Sympathy.</td>
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<tr>
<td>- Concern.</td>
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<tr>
<td>- Compassion.</td>
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</tbody>
</table>
Communication and psychiatric nursing methods:

- Apply different psychiatric nursing methods:
  - One-to-one therapy.
  - Group work.
  - Educate the patient and family.
  - Create a therapeutic environment through:
    * Patient government.
    * Climate meetings.
  - Psychodrama.

- Other:
  - Communication with other services.

From the results communication is viewed as part of the process of psychiatric nursing as seen in the following discussion.

With regard to communication in the process of psychiatric nursing, the following factors came to the fore: therapeutic use of communication, communication techniques in psychiatric nursing, nurses' attitudes and communication and psychiatric nursing methods.

Therapeutic use of communication was seen by the participants to be necessary in communication as a process, setting of limits for the patient, keeping lines of communication open and being able to use self therapeutically:

"When I say effective communication you must like... if you know your process, like you must have a listener, you must know that you have got a messenger and the one that receives - a receiver..."

"It is just that ehm... with the therapeutic relationship there comes in our professionalism with our limit setting for the patient."
"You have got to keep the lines of communication open..."

"The patient is the important thing and we must come with our therapeutic use of self, with our skills to actually help this person..."

Communication techniques in psychiatric nursing that were identified by the participants in relation to communication in the process of psychiatric nursing were reflecting, listening and observing:

"And reflecting the patient's feelings - that too and then at least we can see that the patient will understand that here at least there is somebody who understands how I feel..."

"You must be able to listen to what this patient is saying and you must be able to observe, very important as well what is this patient saying non-verbally to me?"

What was also identified as part of communication in the process of psychiatric nursing was the nurse's attitude which was said to be important, as one participant stated: "That is why as I can see, everything boils back to our attitude..."

The attitude of these nurses were said to be comprising viewing the patient as your equal, honesty, being positive towards life, acceptance, patience, understanding, respect, softness, being open, empathy, concern and compassion:

"...getting down to mother earth and view the patient as equal to us."

"One other point is that eh... to be positive in your communication is to be honest."
"...your attitude to the patient, how positive you are towards life."

"...a patient will not verbalise whatever to you because you are too bully and aggressive and you are unapproachable and when another person comes in patiently, maybe with an understanding and acceptance that too... then the patient will be able to burst out and tell whatever has been troubling him."

"...which means that we are respecting them as human beings with their rights as well because sometimes a person can tend to think that they are imbeciles."

"They have got guns and everything but they cannot control the psychiatric patient, but you as a psychiatric nurse by merely being soft, pleasant to the patient, the attitude and all that - so it is part of a positive attitude."

"I feel that we have to have an open communication where the patients are going to be allowed to... you know say what they feel..."

"You look at things like as I said your personality, how you are empathic with the patient, how do you feel, it is to think basically you are not the important person... that the patient out there is important and you must be concerned, you must be compassionate..."

The nurse was said to have to be enabled to apply different psychiatric nursing methods through communication in the process of psychiatric nursing. These psychiatric nursing methods are one-to-one therapy, group work, education, creating a therapeutic environment and psychodrama:
"The psychiatric nurses are trained to run one-to-one therapy and group therapy, it is not only group activities..."

"...you are able to educate the patient and you are able to educate the family..."

"Other hospitals have gone to an extent of having patients' governments where patients sit around the table and somebody eh... talks to the patients and involves them, and explores how they would like to have rules in the ward and makes a... that creates a therapeutic environment."

Also: "It will depend on the individual, for instance how you conduct a climate meeting. That is one platform if you really know the value of climate meeting, where they must participate on their own..." 

"...and again I think in our institution they must sort of introduce psychodrama again which was quite very therapeutic you know, people could project and take out their feelings..."

The other aspect in which communication was seen to be involved in the process of psychiatric nursing was communicating with other services, as a participant indicated: "She coordinates for the patient with other services, say social services, psychological services and occupational therapist."

3.4 VERIFICATION OF RESULTS WITH FOLLOW-UP FOCUS GROUP

The second focus group session was held eight weeks after the first focus group session. Six participants managed to show up since the other two participants were allocated to night duty and were unable to attend.
A tape-recorder was used to record the discussion which took approximately forty minutes. Each participant was given copies of the five tables (Chapter 3:36-58) which were compiled after coding. The researcher then read through the tables together with the participants and they were asked to voice their opinions concerning the results and state whether they agree or disagree with them as the process of verification.

All the participants agreed with the results as shown in the tables except for one part. They felt that 'checking on the level of understanding of the patient' sub-category should be placed under all the phases of the nursing process in Table 3.1 since it fitted in all of them. This was the only change that was identified but the researcher did not alter anything because this sub-category was seen to be involved in the whole process of psychiatric nursing in this research.

My impressions were that the participants were very pleased and proud of their contributions to the research. They seemed to understand the whole discussion better in the form of tables and some even stated that it made a lot of sense to them and they were looking forward to sharing it with their colleagues and students.

3.5 CONCLUSION

In this chapter the data were analysed and results discussed. In the next chapter a literature review will be given and the results will be compared to relevant literature.
CHAPTER 4

DISCUSSION OF RESULTS OF HOW PSYCHIATRIC NURSES VIEW THEIR COMMUNICATION WITH THEIR PATIENTS IN COMPARISON WITH RELEVANT LITERATURE

4.1 INTRODUCTION

In the previous chapter the results obtained from data that were collected were analysed and discussed. In this chapter the data will be compared with relevant literature. The results of this research will also be compared with those of similar studies, after which the unique aspects of the results of this research will be highlighted.

4.2 LITERATURE CONTROL

The results in comparison with literature control will be discussed as follows:

4.2.1 Communication and the nursing process in psychiatric nursing

Regarding communication as a means of conducting the nursing process, Shives (1990:62-63) and Taylor (1990:11) define the nursing process as a problem-solving approach or technique consisting of, or involving the phases of assessing the patient, making a statement of the nursing diagnosis, formulating a plan of nursing care, nursing actions or intervention and evaluating the patient's response. These two authors both point out that this whole process results in, or requires interactions and involves a great deal of communication. They also point out that assessment, which is the first phase of the nursing process, involves the collection of data - objective data as well as subjective data - and this is achieved through observation,
examination and interviewing. Objective data include information obtained verbally from the patient, as well as the results of the examination, while subjective data are obtained as the patient or family members provide information spontaneously during direct questioning.

Activity, cognition, ecological, emotional, interpersonal, perceptual, physiological and valuation are the processes which a nurse assesses in a patient (Taylor, 1990:113).

In the results of this research it was found that assessment, in fact, occurs through observation of the patient in structured and non-structured setting which can be verbal or non-verbal, detecting what is wrong with the patient by looking at him, talking to him and interviewing him, and also assessing his mental status, emotions and in so doing collecting objective data. Subjective data were not included in what is to be assessed during the assessment phase.

Shives (1990:63) states that the formulation of a nursing diagnosis is the result of assessment, problem identification, determination of the cause of a problem, labelling the problem and classifying the problem. Taylor (1990:112) states that the client must be assessed comprehensively, considering all client responses, in order to obtain accurate information for planning nursing care.

The research results show that the problems and grievances that are identified during the assessment phase are the aspects limiting the quest for wholeness of the patient and the identification of these problems and grievances is followed by a nursing diagnosis. This is in agreement with the above-mentioned literature.
McFarland and Thomas (1990:117) mention the ability of psychiatric mental health nurses to articulate their roles and negotiate with other team members in collecting a comprehensive data base that will be useful in developing the treatment plan. They also state that after an overall assessment has been conducted, a focused assessment will be useful in formulating more specific nursing diagnosis, and incorporate this into the overall treatment plan. When planning for nursing interventions, the nurse should set goals or objectives of the care, how these goals or objectives will be achieved (nursing actions) and the expected results (outcome criteria) (Shives, 1990:69; Taylor, 1990:118). Shives (1990:69) goes on to say that for the needs and problems of the patient to be met, considering their urgency, there should be priority setting and short term as well as long term goals should be set in order to evaluate the patient's progress.

In this research results it was found that, as confirmed by literature, the psychiatric nurses consider the planning phase as the stage for working out the nursing care plan, and nurses work as a team working out the treatment of the patient and formulating goals which will be aimed at meeting the needs and overcoming the problems of the patient. Preparing the patient to be responsible in the community through rehabilitation and reorientation to the outside world and planning his discharge, were actually not cited by these authors although this is always taken for granted in the goal setting and outcome criteria by most authors.

Implementation of care, which is the fourth phase of the nursing process, is regarded by Shives (1990:71) as nursing actions or interventions that occur as the nurse or member of the health team performs assigned nursing interventions and this includes verbal and non-verbal communication. Taylor (1990:96) and
McFarland and Thomas (1990:121) believe that the nurse should work in collaboration with other members of the mental health team in the situation and she should also assign team members to appropriate concerns of the patient. Taylor (1990:87) also mentions that the nurse must play a role in involving the family in the treatment plan of the patient.

In this research the results indicate that implementation of care requires family involvement, team involvement in which case the nurse should give information, interpret verbal and non-verbal cues and present the patient to the team. Because she is the central member of the team on which the patient depends for communication, she contributes towards his treatment and these results have been confirmed by the literature above.

As far as the last phase of the nursing process is concerned, namely evaluation, Taylor (1990:121) sees it as frequently serving the purpose of identifying those aspects of nursing care that are indeed helpful to the client and therefore should be continued.

The results of this research confirm this literature since the psychiatric nurses stated that detecting whether the patient is getting on well is part of the evaluation.

4.2.2 Communication as a vital part of nurse-patient relationship

McFarland and Thomas (1990:116), Reid and Long (1993:1371) and various other authors believe that the initial contact with a psychiatric patient, which is usually through communication, is important in developing trust and establishing a therapeutic relationship which is regarded as an important component of treatment. Shives (1990:48-49) describes the three phases
involved in therapeutic relationships and she calls the first one an initiating phase consisting of building trust and rapport, establishing a therapeutic environment, establishing a mode of communication acceptable to both the patient and the nurse, initiating contact and assessing the patient's strengths and weaknesses. She further states that a comment such as "sometimes it is hard to talk to a stranger" is a good way to begin a discussion when initiating a relationship and becoming acquainted with the patient. Communication styles of the nurse and the patient are explored to facilitate rapport and open communication as the patient begins to share his innermost feelings and conflicts.

The results of the research are in line with this literature since it was found that psychiatric nurses perceive communication as vital in the establishment of a therapeutic relationship where the nurse has to initiate communication, build a relationship of trust, break the ice and walls in order to get together with the patient and establish ties with him.

According to Ramos (1992:496-506), in her research on the nurse-patient relationship, theme and variations with further contact and further verbal interaction, the nurse-patient relationship will deepen and change as the nurse will be functioning cognitively rather than emotionally towards helping the patient and this would mark the improvement of the relationship.

The results of the research are in agreement with this literature as they show that the improvement of the nurse-patient relationship occurs through promotion of communication with the patient.

Ramos (1992:500) also points out that the nurses, in maintaining control of the relationships, decide how much and what kind of information should be shared with patients and families, and the
amount of time they must spend with their patients in order to ensure the maintenance of their relationship.

The research results indicate that the nurse-patient relationship is maintained by the nurse through her being with the patient always and the above literature confirms this.

Reynolds and Cormack (1990:5) place the nurses in the role of mediators between patients and doctors, while Ramos (1992:496) describes the nurse as the 'bridge' between the physician and the patient, while he considers the nurse to serve as a vehicle for giving care. Shives (1990:38-54) speaks of the initiating phase of the relationship as the phase during which the nurse becomes acquainted with the patient and as he communicates with the nurse, the patient experiences a closeness that enables him to develop trust, enhance self-esteem and demonstrate healthy behaviour. He also gets the opportunity to spell out his expectations to the nurse. Reynolds and Cormack (1990:39-54) state that it is more useful when nurses are open, clear, simple, forthright and direct with patients without being directive, autocratic and controlling. Candlin (1992:445-451) describes the role and functions of the nurse as advocating, educating, counselling and referring the patient to other appropriate health services.

The results of this research were confirmed by this literature as they also indicated that the value of the nurse-patient relationship is that it opens the way for closeness with the patient, making the nurse more approachable, giving the nurse knowledge of the patient, the nurse acting as a link between the patient and the team, sharing with the patient, knowing the patient's expectations, not being too autocratic and living together with the patient. The functions of a nurse as revealed by the research results are also cited in the literature above, namely advocate for the patient and performing a referral role. As Jewel (1993:1295) points out in his conclusion of his research, the
smooth transfer of patients from one setting to another is related to establish information giving structures and the equality of communication between hospital staff and community. Only then can continuity of care be promoted.

4.2.3 Communication in interaction

With regard to communication in interaction, Reynolds and Cormack (1990:11) indicate that: "Most psychiatric illness is reflected in the language of the client; if it is thought disorder, the only way that this can be corrected or helped is by the language of the nurse interacting with the language of the client." Reynolds and Cormack (1990:4-11), Shives (1990:49) and Taylor (1990:77-97 all agree that therapeutic communication, relationship, intervention, environment and milieu are all terms that refer to nurse-patient interaction and they are goal directed and purposeful. Communication and interaction enable the nurse to establish a therapeutic relationship (Shives, 1990:38-50). She goes on to say that a nurse becomes acquainted with the patient in their first contact, then open communication assists in making the patient open up and share his innermost feelings and conflicts; he becomes able to decide on goals with the nurse as he is able to participate in mutual discussion and eventually independence is promoted. Taylor (1990:77-97) suggests that the nurse can often be most helpful to the client when relating therapeutically to him; this begins with the nurse knowing a client's name and developing over time to her knowing the client's needs. This relationship focuses on the personal and emotional needs of the client. The nurse also assesses the patient's behaviour, attitude and also physiologically before, during and after his treatment while maintaining her objectivity with her goal of enabling the patient to function at the highest possible level.
In the research the results agree with and confirm the above literature and it was revealed that communication is the spine of interaction and it yields goal-directed and purposeful interaction. When the nurse engages in interaction with the patient, she gets to know the patient, shares with him, gets to his level, maintains objectivity, picks up emotions, obtains insight into the patient's mental condition, helps the patient to recover and become independent while continually checking his level of understanding as he progresses.

Ashworth et al. (1992:1430-1483) states that the idea that patients should participate in their own care has found wide acceptance amongst nurses since participation is a mode of social interaction. It may well involve a great deal of straight talking, and its essential feature is that the patient sees himself as having the right to speak and to be listened to. Lutzen and Nordin (1993:1106) speak of decision making in psychiatric settings, usually by nurses, because patients are seen to be in a vulnerable position on account of their capacity of self-choice often being impaired by mental illness. On the other hand, Shives (1990:45) believes that giving advice rather than encouraging person to make decisions may facilitate dependency and cause the patient to feel inadequate because he is not given the opportunity to make choices pertaining to his personal care. It may impair therapeutic communication if the patient receives no positive feedback during nurse-patient interaction. Ramos (1992:496-506) discovered that a task-oriented pattern in which there was 'a job to be done' was a certain level of interaction. Taylor (1990:89) states that in the role of socialising agent, the nurse can provide opportunities for clients to achieve greater success in social situations by helping them to develop feelings of security when with other people. Lutzen and Nordin (1993:1106) state that being 'close to' and 'sharing' appear to express the nurse's motivation to care for the patient on a more
compassionate basis and not so much according to the rule of obligation.

In the research results it has been found that events regarding communication in interaction are similar to what is provided in literature. Communication was considered to be the vehicle which allows the patient freedom of expression and choice, allows him to open up, partake in his treatment, voice his feeling and thus have a say in his own affairs whilst the interaction between the nurse and the patient was seen as having to do something together, getting close to each other, socialising and giving each other feedback on matters pertaining to care.

4.2.4 Stumbling blocks in communication

Shives (1990:39-40) states that communication is a learned process which is influenced by attitudes, socio-cultural or ethnic background, past experiences, knowledge of subject matter, ability to relate to others, and interpersonal perceptions. McFarland and Thomas (1990:164-165) add to Shives' list developmental stage, physical condition, stress and communication style and skills which they call related factors. Shives (1990:44-45) considers the following to be contributing to ineffective communication:

- ineffective (communication) skills;
- failure to listen (task oriented nursing);
- conflicting verbal and non-verbal messages;
- a judgmental attitude;
- misunderstanding due to language;
- false reassurance;
- giving advice and thus deciding for the patient;
- disagreeing with or criticizing a person;
- inability to receive information due to mental impairment and/
or side effects as a result of treatment;
- changing the subject of the discussion;
- distrust.

McFarland et al. (1990:165) consider the following as contributing to impaired communication:

- physical or psychological state;
- development or age related factors;
- severe stress and anxiety;
- extreme anger;
- severe depression;
- significant impairment of perception;
- inadequate self-concept;
- cultural differences;
- faulty communication style or skills.

Reynolds et al. (1990:454-457) consider the following as contributing to job stress which then interfere with the nurse's performance:

- administrative issues;
- poor resources;
- staff conflicts;
- scheduling issues;
- negative patient characteristics;
- staff performance;
- emotional and physical distancing (not communicating);
- feelings of inadequacy, anger and frustration;
- burnout (lack of dedication);
- less support from administrators;
- drug dependence;
- violence from patients;
- short term absence of staff;
- being autocratic and controlling.

Dolan et al. (1992:1455-1459) discovered in their research on lack of professional latitude and role problems as correlating to propensity to quit amongst nursing staff, that the following job stressors contributed:

- increased workload - staff shortage;
- role conflict;
- role ambiguities;
- under-utilisation of skills;
- lack of participation in decision making;
- restricted autonomy;
- lack of recognition due to high supervision by immediate supervisors and medical faculty.

Porter (1993:1559-1560) points out that in the case of psychiatric nurses, avoidance of therapeutic actions appears to be closely related to their desire to maintain institutional order.

In the results of the research, the factors contributing to impaired or ineffective communication as cited in the literature have all been mentioned, although they were considered to be stumbling blocks in communication. The literature therefore confirms the results found regarding stumbling blocks in communication.

4.2.5 Communication in the process of psychiatric nursing

Reynolds et al. (1990:4-20) state that psychiatric nursing practices are mainly or primarily verbal. They mainly consist of talking with patients informally or in scheduled individual, group or family interviewing sessions. They also mention that the essential component of psychiatric nursing is the nurse-patient
relationship which is therapeutic in nature, and of which the
process of psychiatric nursing consists; the need for clear
recognition and understanding of the essential elements of a
relationship; appropriate thinking and problem solving ability
incorporating facts, principles and concepts; a theoretical
framework to guide interventions; and the skills to use self
therapeutically.

The research results are in agreement with the above statement
since it indicates that therapeutic use of communication encom-
passes the process of communication and the ability to use self
therapeutically.

Taylor (1990:102) believes that some clients want and need re-
assurance that the staff will establish rules of conduct within
which all clients will function in a therapeutic environment
which is referred to as limit setting. Candlin (1992:448) speaks
of opening up channels of communication and giving the patient
the opportunity to discuss his problem.

The research results also show that therapeutic use of communi-
cation in the process of psychiatric nursing is also through
limit setting and keeping open lines of communication for the
patient.

Several authors like Shives (1990:51) and McFarland et al.
(1990:64-65) discuss therapeutic communication skills or commu-
nication techniques at length. These communication techniques
include questioning, conveying information, reflecting feelings,
clarification, focusing, suggesting, feedback, silence, listen-
ing, exploring, restating, voicing doubt, accepting, giving
recognition, making observations, confrontation, presenting
reality and evaluating.
In the results of the research only three communication techniques have been reflected as they were the only ones mentioned by the psychiatric nurses. They are: reflecting patient's feelings, listening and observing.

Taylor (1990:78-8), Shives (1990:47-48) and McFarland et al. (1990:155-162) regard the following as the foundation of all therapeutic interactions: empathy, respect, sincerity, warmness, acceptance, being non-judgmental, consistency, hope, self-disclosure, concreteness, self-exploration, honesty, confrontation, concern and compassion.

The results of the research are also in line with the cited literature and thus confirm that the nurse's attitude plays an important role in the process of communication, because it was found that her attitudes such as honesty, being positive, showing acceptance, patience, understanding, respect, softness, being open, empathic, concerned and compassionate, and viewing the patient as her equal are necessary and basic to the development of a therapeutic relationship.

Taylor (1990:96-97) speaks of nurses with advanced education who often assume the role of nurse therapist and conduct psychotherapy, while other authors like Reynolds et al. (1990:4-20) believe that a mere psychiatric nurse is capable of conducting individual therapy, group therapy and family therapy. Shives (1990:39-55) and Taylor (1990:91) also mention that the nurse has a role of educating the patient in helping him to participate in socially acceptable living activities. Reynolds (1990:5-20) points out that the role of a psychiatric nurse includes several treatment modalities such as individual, group psychotherapy, psychodrama and family therapy in order to create a therapeutic environment. Shives (1990:39-55) and Porter (1993:1559-1566) both point out that involving the patients in meetings and allowing
them to make decisions regarding their care is another role of a psychiatric nurse.

4.3 IMPORTANT ASPECTS IN THE LITERATURE THAT WERE NOT DISCUSSED IN THE RESEARCH RESULTS

Regarding the techniques of communication, considerable information came to the fore as pointed out by various authors, including Shives (1990), McFarland et al. (1990), Reynolds et al. (1990), Dolan et al. (1992) and Porter (1993) which does not appear in the research results. The research results reflect only three communication techniques, namely reflection, listening and observing.

4.4 CONCLUSION

In this chapter the results in comparison with relevant literature were discussed. In the next chapter conclusions and recommendations will be made with specific reference to compiling guidelines for psychiatric nurses as a resource to assist them to enhance communication between them and the psychiatric patients in the promotion, restoration and maintenance of the mental health of patients.
CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS WITH SPECIFIC REFERENCE TO COMPILING GUIDELINES FOR PSYCHIATRIC NURSES AS A RESOURCE TO ASSIST THEM TO ENHANCE THEIR COMMUNICATION WITH THE PSYCHIATRIC PATIENTS

5.1 INTRODUCTION

In the previous chapter the results of this research were compared with relevant literature and the unique aspects of the results were highlighted.

In this chapter conclusions and limitations of the research will be identified and recommendations made. Thereafter guidelines will be compiled for psychiatric nurses as a resource to assist them to enhance their communication with the psychiatric patients in the restoration and maintenance of the patients' mental health.

5.2 CONCLUSIONS

From the results of this research it was noted that psychiatric nurses could identify both the facilitative as well as hampering aspects of their communication with psychiatric patients. It was also noted that they do have broad information and insight into what could be of importance in their communication with psychiatric patients and what communication entails.

The psychiatric nurses' views on their communication with patients indicate that they are aware of the purpose and significance of communication pertaining to the nursing process. They incorporated communication into the four phases
of the nursing process, namely assessment, planning, implementation and evaluation, quite well.

Concerning communication as the vital part of the nurse-patient relationship, it was noted that the psychiatric nurses do have an understanding that communication is necessary for the establishment, improvement and maintenance of the nurse-patient relationship. They, however, put more emphasis on the establishment of the nurse-patient relationship and had very limited views regarding the improvement and maintenance of the nurse-patient relationship.

The results of the psychiatric nurses' views on communication in the interaction of the nurse and the patient depicted that the psychiatric nurses are well knowledgeable on this aspect. They incorporated communication into the nurse-patient interaction quite well and indicated its necessity in the nurse interaction, patient interaction as well as nurse-patient interaction.

Regarding the stumbling blocks in the psychiatric nurse-patient communication, several views came to the fore. The psychiatric nurses revealed that nurses' poor attitude, negative approach, work-related problems, patient-related problems and problems affecting both the nurse and the patient are all seen as the stumbling blocks in their communication with patients. They were particularly aware of this aspect.

Broad knowledge is possessed by the psychiatric nurses concerning communication in the process of psychiatric nursing, for example the therapeutic use of communication, the attitude of the nurses when communicating with patients and the psychiatric nursing methods applied through communication. A problem area identified in their views was that only three
communication techniques were mentioned (see Table 3.5). This could cause a lack of communication ability, leading to poor maintenance of the nurse-patient relationship, interaction, communication during the nursing process and thus the application of communication in psychiatric nursing as such. This could probably be a result of the presence of several stumbling blocks in their communication with psychiatric patients.

5.3 SHORTCOMINGS OF THE RESEARCH

The following were identified as the shortcomings of this research.

5.3.1 Sampling method

The psychiatric nurses who were included in the sample which was selected through purposive convenient sampling were doing the same shift which was day duty, so as to be able to meet on a specific selected day for the focus group session. This means that the psychiatric nurses doing night duty were automatically excluded from the sample and yet some were willing to participate and they met the criteria for inclusion.

5.3.2 Data gathering

After the first focus group session, the second session had to be held so as to give the participants feedback on the results of the research and confirm the findings with them. The second focus group session was only held after a period of eight weeks, which was quite a long interval. This was due to the fact that the data collected had to be coded by the researcher and the independent coder involving some time. This resulted in two members of the group not being present at the second session because they were allocated to night duty and could
not attend the follow-up group meeting.

5.4 RECOMMENDATIONS

Recommendations will be made based on the findings of this research by first referring to the applicability of the research in terms of nursing education, nursing research and nursing practice, and secondly more specifically by compiling guidelines for the psychiatric nurses as a resource to assist them to enhance their communication with psychiatric patients in the restoration and maintenance of the patients' mental health.

5.4.1 Possible applications

The more general possible applications of this research follow.

5.4.1.1 Education

These research findings could be included in the curriculum for psychiatric nursing at college and university level as the students are in the process of being prepared for future contact and interaction with psychiatric patients and they need to have extensive communication skills. These research findings could also be applied in in-service training which is conducted in psychiatric hospitals and in psychiatric community services for qualified psychiatric nurses since this will assist in confirming and improving their knowledge as far as communication is concerned. The registrars and intern psychologists who are still in the process of undergoing psychiatric training and who are always communicating with the patients, can also benefit from the research findings and the guidelines when dealing with patients in psychiatric wards.
5.4.1.2 Research

Further research can probably explain the behaviour of nurses in their practice regarding their interaction and communication with patients, as it has been observed that they possess broad knowledge in these areas but do not apply it. Information and understanding relating to why they are not so keen to interact and communicate as they should with their patients can be brought about. Further research can also be conducted on how the nurses' views on communication with their patients actually figure in the way in which they do communicate with patients.

5.4.1.3 Practice

In practice, the research findings and guidelines will assist psychiatric nurses in the hospitals and in community services to obtain knowledge and understanding of communication and thus put more emphasis on the improvement and maintenance of nurse-patient relationships, have the ability to deal with the stumbling blocks that interfere with communication, and improve on the communication techniques which are necessary for therapeutic communication.

5.4.2 Specific guidelines emanating from the results of the research and literature control

In this section specific guidelines will be set out for psychiatric nurses as a resource to assist them to enhance communication between them and the psychiatric patients in the restoration and maintenance of the patients' mental health as communication forms a core element in psychiatric nursing.
1. Improvement and maintenance of nurse-patient relationship

For a psychiatric nurse to be able to improve and maintain the relationship already established between herself and the patient, she has to ensure that she is always available to the patient. She should ensure that there is adequate time set aside for nurse-patient interactions such as individual therapy and group therapy which are essential for the restoration and maintenance of the patient's mental health. In this way she will be able to see the patient on a regular basis or whenever the patient feels the need of seeing her. This individual and group therapy will contribute to the restoration and maintenance of the patient's mental health since the problems and needs of the patient will be addressed.

2. Dealing with the stumbling blocks in communication

The psychiatric nurse needs to be helped to improve her problem solving abilities as this will, in turn, help her to successfully deal with her work-related problems, patient-related problems and problems affecting her and the patient equally. This will be achieved through lectures on problem solving techniques given by a knowledgeable person during in-service training.

The psychiatric nurse also needs to be helped to improve on her attitude and her approach towards the patient. This will be achieved through lectures or group discussions on self-awareness during in-service training. This will help the nurse to become more aware of her own attitudes, reactions, emotions, attributes and abilities as she explains her feelings, perceptions and experiences in words as she compares herself with others and as she
gets feedback from others as to how they see her and how they react to her behaviour, which is also applicable to the patient.

When the nurse is able to deal with the stumbling blocks in communication, she will then contribute positively to the restoration and maintenance of the patient's mental health because there will be fewer obstacles interfering with her communication with the patient.

3. Therapeutic communication techniques and skills

The psychiatric nurse should be given lectures on therapeutic communication techniques in in-service training by a knowledgeable person in order to equip her with these techniques and ensure that she will be able to utilise them in the restoration and maintenance of patients' mental health. All therapeutic communication techniques should be included and emphasized. It is, therefore, important to take note of all the following communication techniques:

- Exploring
- Clarifying
- Reflecting
- Using silence
- Evaluating
- Summarising
- Listening
- Observing
- Validating
- Minimal verbal response
- Informing
Whenever the psychiatric nurse interacts with the patient she has to utilise the whole spectrum of therapeutic communication techniques rather than fall back on her social communication skills. This could contribute to the restoration and maintenance of the patient's mental health. Therapeutic communication with the patient should always be goal directed and purposeful. Both the nurse and the patient should set goals for their relationship which will be directed towards the restoration and maintenance of the patient's mental health.

The psychiatric nurse has to ensure that the other health team members who are also involved in the treatment of the patient utilise therapeutic communication techniques whenever they interact with the patient.

5.5 CONCLUSION

The central statement for this research was that the psychiatric nurse's viewpoint on her communication with the psychiatric patient can be a stumbling block or a facilitative element in assisting a psychiatric patient to restore and maintain his mental health.

The views of the psychiatric nurse as reflected in the results indicate that she can be a stumbling block in assisting a patient to restore and maintain his mental health if she is unable to improve and maintain her relationship with the patient, unable to minimise the obstacles in her communication with the patient and if she is unable to communicate therapeutically with the patient through the use of therapeutic communication techniques and skills if these are limited. On the other hand, the views of the psychiatric nurse proved that she can be a facilitative element in assisting a psychiatric
patient to restore and maintain his mental health in that she is able to incorporate communication into all four phases of the nursing process, establish a nurse-patient relationship by means of communication, incorporate communication into her interaction with the patient and also into the entire process of psychiatric nursing.

The rest of the central statement was that guidelines can facilitate the psychiatric nurse's therapeutic communication with psychiatric patients that will contribute to the restoration and maintenance of their mental health as an integral part of health. The guidelines that have been compiled for the psychiatric nurse to assist her to enhance communication with the patient will facilitate the psychiatric nurse's therapeutic communication with the patient and thus contribute to the restoration and maintenance of his mental health.
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APPENDIX A: LETTER TO OBTAIN CONSENT FROM HOSPITAL AUTHORITY

Rand Afrikaans University
P.O. Box 524
Auckland Park
2006
27.05.1993

Request for consent to conduct research

I, C.R. Sibeko, a M.Cur. student at the Rand Afrikaans University in Johannesburg, am at present engaged in a research project entitled Psychiatric nurses' communication with psychiatric patients under the supervision of Dr. M. Greeff of the Department of Nursing Science at RAU.

The objectives of this research are to explore and describe the viewpoints of psychiatric nurses on their communication with psychiatric patients and to set guidelines for psychiatric nurses as a resource to assist them to enhance communication between them and the psychiatric patients in the restoration and maintenance of the patients' mental health. The findings will be used to set these guidelines.

Data will be collected by means of two focus group sessions with an interval of two weeks in between, where the researcher will give feedback on the results to the participants at the second session. Each focus group session will take approximately one to three hours and will be audiotaped for verification of findings by coding through an independent coder.

The benefits will be that the research findings will be used to set guidelines for the psychiatric nurses to assist them to enhance communication with psychiatric patients. A summary of the research results will be made available for perusal by the hospital authorities and other interested parties.

Signed at ______________________ this _____ day of ______________ 1993.

Hospital authority:

Catherine Sibeko R.N. B.Cur.
M.Cur. (Psychiatric Nursing) candidate.
Researcher.

Minrie Greeff R.N. D.Cur.
Senior lecturer: Nursing.
Study leader.
APPENDIX B: LETTER TO OBTAIN CONSENT FROM PARTICIPANT

Rand Afrikaans University
P.O. Box 524
Auckland Park
2006

27-05-1993

Request for consent from a participant in research

I, C.R. Sibeko, a M.Cur. student at the Rand Afrikaans University in Johannesburg, is at present engaged in a research project entitled Psychiatric nurses' communication with psychiatric patients under the supervision of Dr. M. Greeff of the Department of Nursing Science at RAU.

The objectives of this research are to explore and describe the viewpoints of psychiatric nurses on their communication with psychiatric patients and to set guidelines for psychiatric nurses as a resource to assist them to enhance communication between them and the psychiatric patients in the restoration and maintenance of the patients' mental health. The findings will be used to set these guidelines.

Data will be collected by means of two focus group sessions with an interval of two weeks in between, where the researcher will give feedback on the results to the participants at the second session. Each focus group session will take approximately one to three hours and will be audiotaped for verification of findings by coding through an independent coder.

In this matter I undertake to guard your anonymity by omitting the use of names and places. Confidentiality will be assured by erasure of taped material on completion of transcription thereof by myself. The transcription of the taped material will only be shared by myself and an independent coder. You will give your informed consent of these proceedings and reserve the right to cancel same at any stage of the proceedings. It is understood that you are under no obligation to participate in this project.

The direct benefits to you in this research are that you will have the opportunity to verbalise your opinions and perceptions on your communication with psychiatric patients and you will have my undivided attention for the period of the session. Long term benefits will be that the research findings will be used to set guidelines for psychiatric nurses as a resource to assist them in enhancing their communication with their psychiatric patients.

Matron Geyer shall act as an intermediary if you should need further information on this research. A summary of the research results will be made available for perusal by yourself and other interested parties.
Signed at ________________ this ___ day of ____________
1993.

Participants: ________________________________
______________________________

Hospital authority:
Catherine Sibeko R.N. B.Cur.
M.Cur. (Psychiatric Nursing) candidate.
Researcher.

Minnie Greeff R.N. D.Cur.
Senior lecturer: Nursing
Study leader.
APPENDIX C

All the responses falling under the underlined words were listed as follows:

- **Purpose and significance**
  - interaction between the nurse and the patient
  - making nursing diagnosis
  - work out a nursing care plan
  - work out as a team the treatment of the patient
  - check on the level of understanding of the patient
  - build a trust relationship
  - improvement of the relationship – therapeutic relationship
  - giving a patient freedom of expression and choice
  - detect psychosis
  - you open ways for patient to come closer to you and open up
  - pick up objective data
  - run one-to-one and group therapy
  - the only way to detect anything wrong with the patient is to talk to him, interview and observe him
  - pick up emotions
  - you want to have something to do together
  - communication ties you with him
  - break the ice and come together
  - break down the walls
  - establishment of a relationship
  - find out what their problems and grievances are
  - initiate communication and assess the patient
  - know your patient
  - know what his troubles and problems are and take it to other team members and help the patient
  - he will get insight into his mental condition
  - how much the patient is asking and expecting from you
• Role of a psychiatric nurse

• make nursing and medical diagnosis
• work out as a team the treatment of the patient
• keep the lines of communication open for the patient
• observe the patient's behaviour in structured and non-structured set-ups
• act as a link between the patient and the rest of the team
• involve all the members of the health team in communication
• use of therapeutic communication - therapeutic use of self
• prepare the patient to be a responsible person in the community
• give information and report to the team
• educate the patient and family
• establish therapeutic relationships and create therapeutic environment
• reflecting the patient's feelings
• allowing the patient to get through to you and be approachable
• allow patient freedom of choice and freedom of expression
• sharing: you open ways for the patient to come closer to you
• honesty: tell the truth when talking to patient
• central member of the team (middel-man)
• always with the patient
• speaking to him
• taking subjective and objective data
• draw out verbal and non-verbal cues and interpret them to the team in trying to effect a better treatment plan
• identifying problems
- group therapy, group activity and run one-to-one therapy
- present patients
- advocate for the patient
- main coordinator with other services
- initiate communication with the patient and promote it
- assess the patient
- know the patient
- referral role
- rehabilitation and reorientation to the outside world
- limit setting for the patient
- aiming at meeting the patient's needs and problems

**Positive aspects of communication**

- your attitude
- how positive you are towards life
- how professional you are
- not too autocratic and authoritative
- allow patients to call them by names
- accept patients, know your patients
- allowing patient to approach you and speak to you
- you get very free with the patient and share with him
- you open ways for the patient to come closer to you
- able to communicate, keep the lines of communication open
- observe, assess
- allow the patient to open up
- live longer with our patients → have a better relationship
- be honest: you must tell the truth
- respect patients as human beings with their rights
- trust relationship: build up nurse–patient relationship
family involvement
enable the patient to have trust and make the nurse-patient relationship more effective
able to educate the patient and family
be soft, pleasant to the patient, have sweet manner
always with the patient
observe in structured and unstructured set-ups
speak to him, initiate communication
take the subjective data, pick up objective data
the whole team depends on us communicating effectively
work out the treatment plan
being able to draw out verbal and non-verbal cues and interpret them
effect a better treatment plan
identifying problems
open communication channels for the patient
central team member
provide group and individual therapy
collect data
report giving and report writing
make nursing and medical diagnosis
advocate
coordinate (main coordinator)
keep communication between all other team members, patients, family
professionalism/limit setting
allow a patient freedom of expression and choice
allow patient to partake in his treatment
interact for a certain purpose towards a certain goal
getting down to level of the patient

Negative aspects of communication

rude to the patient
shouting at the patient, not talking nicely –> manner of approach
very poor communication
cannot manage the word –> patients negative to everything
use of vulgar words
communication not effective enough to enhance at least your working together and attaining certain desired goals
different languages, language barrier
age difference or gap
culture, beliefs, customs
body language misinterpreted
attitude – irritable and negative
patients not given freedom to choose
patients not allowed to express themselves
domination, autocratic and authoritative
disregard of patients' basic needs and their rights
deciding for the patients

contributing factors:
- nurse-patient shortage
- stress and anxiety
- poor performance
- habit
- lack of professionalism
- rate of absenteeism high
- lack of dedication in nurses
- job dissatisfaction – unhappiness
- conflict amongst staff
- staff overconscious of their rights
- management not helping those who cannot cope
- no say – domination by management
- poor communication with management
marital status of the patient
• drug therapy causing side effects
• limitations
• dishonesty and lack of trust
• aggression — forcing the patient to talk
• psychiatrist's interference
• social communication and sexual relationships

**Therapeutic communication**

• communication that is open
• patients having a say in the daily running of the ward
programs, even running of the hospital
• say what they feel, voice how they feel
• giving patients freedom of expression and choice
• allowing the patient to partake in his treatment
• climate meeting
• psychodrama — take out their feelings and emotions
• give feedback of whatever they complained about
• objective and subjective data/verbal and non-verbal
• detect whatever is wrong
• interact for a purpose or goal
• involving all the multi-health team members
• therapeutic use of self — empathy, concern, compassion
• skills — listen, observe, reflect feelings, sweet
manner, view the patient as equal to us, soft, pleasant
• allowing the patient to get through to you — be
approachable
• exercise patience, acceptance and understanding
• positive attitude
• professionalism
• not too autocratic and authoritative
• all patients to call you by name — get free with the
patient
• sharing – which opens ways for patient to come closer to you
• honesty
• family involvement
• identifying problems and needs
• open communication channels for the patient
• build up a trust relationship
• help the patient
• it's a potential to the recovery of the patient

**Importance of therapeutic communication**

• to help the patient to become independent
• he will get insight into his mental illness
• understand the person and manage your patients better
• pick up the problems, assess
• help the patient – meet his needs and problems
• establish a relationship and improve it
• contribute towards his treatment
• refer him, rehabilitate him
• proper discharge planning
• goal directed and purposeful interaction
• reorientate the patient to the outside world
• be open with the patient – open channels of communication
• a potential to the recovery of the patient
• maintain your objectivity
• make nursing diagnosis
• work out a nursing care plan
• work out as a team the treatment of the patient
• allow the patient freedom of expression and choice
• involve all health teammembers in communication
• go down to the level of the patient
• treat the patient as a human being, respect him
• professionalism
• educate
• family involvement

**Perceptions**

• communication as a vital part of the nurse-patient relationship
• an interaction between the nurse and the patient
• backbone of interaction
• the important thing
• means of socialising
• consist of verbal and non-verbal communication
• means of observing and making nursing diagnosis
• work out a nursing care plan
• work out as a team the treatment of the patient
• should be effective communication
• must have a process
• check on the level of understanding of the patient
• build a trust relationship and ties you to the patient
• therapeutic relationship - not a social relationship
• to avoid misinterpretation
• to have a say: patients' governments
• giving a patient freedom of expression
• allowing the patient to partake in his treatment
• goal directed and purposeful
• involving the multi-health team
• therapeutic use of self and the skills
• being at the level of the patient
• enhance the opportunity that you can do something together and attain a certain desired goal
• prevented by language barrier, culture, beliefs and customs
age gap
depends on condition of the patient and his readiness
needs good communication practice by management
should involve the family to enable the patient to have trust and make the nurse-patient relationship more effective
APPENDIX D

RAND AFRIKAANS UNIVERSITY
DEPARTMENT OF NURSING

WORK PROTOCOL: CONTENT ANALYSIS OF DATA OBTAINED IN RESEARCH

Dear Colleague,

Please follow the steps below to analyse the data of the transcribed focus group interview.

1. Read through the definitions of the identified main categories.

1.1 Communication and the nursing process in psychiatric nursing.

1.2 Communication as a vital part of nurse-patient relationship.

1.3 Communication in psychiatric nurse-patient interaction.

1.4 Stumbling blocks in communication.

1.5 Communication in the process of psychiatric nursing.

Therapeutic communication

It is verbal and non-verbal psychiatric nurse-patient interaction that takes place with each psychiatric nurse-patient contact in which the psychiatric nurse utilizes psychiatric nursing skills and methods as resources in the facilitation of the patient's quest for wholeness based on mental health need and/or problems as visible in the patient's environment (Poggenpoel, 1990:9).
2. Read through all the transcriptions and underline words and themes.

3. Classify the words and themes into main categories.

4. Cluster these words and themes into sub-categories.

Thank you,

Catherine Sibeko
M.Cur. (Psychiatric Nursing) Student
APPENDIX E: FIELD NOTES

All the focus group members were present and in time for one session. When getting into the room some members were surprised to see two tape recorders and started to ask me about them. After a brief explanation they understood and took their seats. There was nothing to note about how they took their seats; it just depended on which seat was still available for the member who was standing.

I distributed the questionnaires to all the members and they all became fascinated by them. Some remarked that the questions were difficult; the person who seemed sincerely worried about the questions was one gentleman who only has one year's experience with psychiatric patients. Surprisingly, they preferred to start with the very last question after I had given them a brief explanation of our interview which I presume eased some of the tension in other members who appeared to be slightly tense. Each member was making a point of giving an elaborate explanation to his/her response, with very little facilitation from me. I did not have to point at them in order to get a response to questions because they were actually all eager to talk and participate in the discussion except for three members who were quiet most of the time and had to be reminded to participate. The gentleman who only has one year experience in a psychiatric institution was one of the three members who were not that eager to participate in the discussion.

Although few members tended to direct their answers to me, the rest of the members were actually facing the others when responding to questions as if they were challenging them to either support them or disagree. I would say five members were actively involved in the discussion and open with their ideas and views; they gave lengthy responses which included practical examples. There was also considerable interaction between the members of the group as some were disagreeing with others and
some agreeing with what others were saying and adding additional information.

The other three members who were not actively involved in the discussion seemed to lack confidence in what they were about to say and had very little to say despite the questions that were posed to them and their interaction with others was poor. All in all the focus group session, however, went so well that it took close to two hours and the members would not stop talking and seemed to enjoy it enormously.

What I also observed was that in response to questions posed to the members, most of them became very defensive; they started to blame the management and doctors for their poor communication with patients. More emphasis was put on stress experienced by psychiatric nurses due to various stumbling blocks which they encountered when rendering care to the patients and including their own social problems which are overlooked by management most of the time. This made it apparent that they were not completely taking responsibility for the poor communication with patients, but were passing the buck to management and the doctors who are said to interfere with their communication with patients.

They expressed their ideas and views very freely and openly and there was no fear that the information may leak out to other parties concerned.