PSYCHIATRIC NURSES’ EXPERIENCE OF HOSTILE BEHAVIOUR FROM PATIENTS IN FORENSIC WARD IN A LIMPOPO PSYCHIATRIC INSTITUTION

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DEDICATION

I dedicate this to God my Lord.

Father, you brought me to this Christian University, to gain knowledge and receive healing from your chosen servants.

Thank for directing my steps.

Thank you for your angelic protection.

Help me to use this information to heal fellow clients who are also on chemotherapy.

Thank you for giving me another chance to serve you.

“Three times I pleaded with You to take away this thorn from my flesh, but you said, My grace is sufficient for you, for my power is made perfect in weakness”

2 Corinthians 12: 8-9.

THANK YOU LORD
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- All my spiritual children, Lesego, Kgaugelo, Mohudi, Kagiso, Karabo, Nthabiseng and Nthubu for your prayers and caring attitude.

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SUMMARY

Hostile behaviour is becoming a way of life in South Africa. Hostility prevails at all settings, including in the health sector. In forensic ward psychiatric nurses are subjected to hostile behaviour by the patients. The objectives of the study are to:

- explore and describe the psychiatric nurses’ experiences of hostile behaviour by patients in a forensic ward; and
- describe guidelines for advanced psychiatric nurses to facilitate the promotion of mental health of psychiatric nurses in a forensic ward.

This study was undertaken within the framework of the Nursing for the Whole Person (University of Johannesburg, 2009:4). A person functions in an integrated biopsychosocial manner. To achieve his/her quest for wholeness a person interacts with his/her internal and external environments holistically.

A qualitative, explorative, descriptive and contextual research design was used. The target population of this study was psychiatric nurses, who had worked for from one to six years in a forensic ward in an institution in the Limpopo province. Purposive sampling was utilised to select participants who met the inclusion criteria. Data were collected using phenomenological interviews, observations and field notes. Data saturation was reached with a sample of nine psychiatric nurses. Permission to conduct this study was granted by the authorities at the provincial office and also by the participants. Steps were taken throughout the study process to ensure trustworthiness by using the model of Lincoln and Guba (Earl & Mouton, 2004: 277).

Data analysis was done through using the descriptive method of Tesch (Creswell, 2009:186) The services of an independent coder were utilised and consensus discussion between the independent coder and the researcher were held in which the five identified themes were confirmed.
A literature control was undertaken to validate data and to compare findings with those of other research studies.

It became apparent from the findings that psychiatric nurses in a forensic ward work in a stressful environment. Hostile behaviour in the forensic ward is consistently experienced by the psychiatric nurses as hindering therapeutic relationships. Five main themes were identified: lack of a therapeutic relationship with patients; fear related to threats of aggression from patients; disempowerment related to lack of recognition; emotional and physical distress related to interaction with patients; resulting in the use of defence and coping mechanisms in an endeavour to maintain good mental health.

Guidelines for advanced psychiatric nurses working in a forensic ward were build around the identified themes with the aim of facilitating the mental health of psychiatric nurses working in a forensic ward.

Conclusion were drawn and recommendations were made for nursing practice, nursing education and nursing research.
Maitshwaro a bonaba a fetoga mokgwa wa bopehelo ka Afrika Borwa. Bonaba bo bonala mafelong kamoka, go akaretšwa le lefapeng la maphelo. Ka wateng ya forensiki, baoki ba tša menagano ba lebane le maitshwaro a bonaba go tšwa balwetšing. Nepo ya thutwana ke go:

- utolla le go hlalosa boitemogelo bja baoki ba tša menagano bja maitshwaro a bonaba a balwetši mo wateng ya forensiki.
- hlalosa dihlahli go baoki ba tša menagano bao ba tšwetšego pele go nolofatša kaonafatšo ya maphelo a menagano ya baoki ba tša menagano mo wateng ya forensiki.


Thutwana ke ya mokgwa wa khwalitheitifi, wa tlhohlomisolo, wa tlhaloso le wa kamantšho. Go bile bohlokwa go diriša poledišano ya seriwa se se lokisweditswe ya fenomenološi, mme dikgosolele tša lefelong la nyakisho di dirišišwe bjalo ka mokgwa wa kgoboketšo ya teitha.. Sampole e bile le batšeakarolo ba senyane, bao ba šetšego ba šomile tekano ya ngwaga go iša go ye tshele ka wateng ye forensiki mo institušeneng ya profentshe ya Limpopo. Tumelelo ya go dira thutwana ye e filwe ke ba pušo kantorong ya profentshe ga mmogo le batšeakarolo. Matsapa a tšerwe mo tshepetšong ya thuto kamoka go netefatša tshepagalo ka go diriša motlolo wa Lincoln le Guba (Earl & Mouton, 2004: 277).

Phetleko ya teitha e dirilwa ka mokgwa wa tlhaloso wa Tesch (Creswell, 2009:186). Thušo ya mohlakiši wa ka ntle e nyakile mme dikwanelo tša ahlaahliwa magareng ga mohlakiši wa go ikema le monyakišiši moo go tšona

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ditabakgolo tše hlano tše di tlhaotšwego tša tiišetšwa. Taolo ya litheretša e dirilwe go kgonthišiša teitha le go bapetša dipoelo le tša dinyakišišo tša dithutio tše dingwe.

Dipoelo tša thutwana ye di laetša gore baoki ba tša managano mo wateng ya forensiki ba šoma ka tlase ga tikologo ya kgatelelo. Mokgwa wa boganka ka wateng ya forensiki o lemogwa ke baoki ba monagano o palediša tshomišano ya phekolo.

Ditabakgolo tše hlano tše tlhaotšwego ke: go palediša tshomišano ya phekholo; go boifa ga go tswalana le boganka ba balwetši; ho hloka matla a go tswalana le kgatelelo ya ponagalo; kgatelelo ya moyeng le sebopego ga go tswalana le tšhomišano le balwetši; mme ka lebaka le ba diriša mekgwa ya boiphemelo le go katana go nolofatša kaonofatšo ya maphelo a menagano ya boaki ba tša monagano ya baoki ba tša menagano.

Dihlahli tša baoki ba tša menagano bao ba tšwetšego pele ba go šoma ka wateng ya forensiki di agiwe ka go ditabakgolo tše di tlhaotšwego ka maikemišetšo a go nolofatša kaonafatšo ya maphelo a monagano a baoki ba tša monagano mo wateng ya forensiki.

Dipheletšo di thadilwe mme ditumišo tša dirwa mabapi le ditiro tša booki, thuto ya baoki le dinyakišišo tša booki.
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CHAPTER 1: OVERVIEW OF THE STUDY

1.1 BACKGROUND AND RATIONALE

According to the White Paper on Corrections 2005 (South Africa, 2005), South Africa has one of the world’s highest ratios in terms of the offender population in relation to the actual population total. Four out of every 1000 South Africans were housed in correctional services in 2005. In two thirds of the world’s countries, there are fewer than 1.5 out of every 1000 citizens in correctional centres. South African citizens use violence as an acceptable means of resolving social, political and domestic conflicts (White Paper on Corrections, 2005).

Violence is even rife in schools in South Africa. Poggenpoel (2008:1) asserts that there is a great deal of anger in South African schools, and says “We are the [most unsafe], most aggressive nation in the world”. According to the annual report (UNESCO, 2005:6) youths from different countries agreed that crime and violence are facilitated by the easy availability of guns and ammunition. Daily one reads in the newspapers about crime and hostile behaviours. In one incident, the victim was told by the police officers “the crimes are happening so often that we can’t keep up’ (Ajam & Bailey, 2009:3).

The attackers are not only armed, but they also display hostile behaviours towards the victims. Schultz and Videbeck (2005:329) state that hostile behaviour is characterised by verbal abuse, threatened aggressive behaviour, uncooperativeness, and behaviours that have been defined as undesirable or in violation of established limits (Schultz & Videbeck, 2005:329).

Most of these attackers end up in prison. Some of these offenders may show signs of mental illness in custody while awaiting trial. Should the court query the mental status of the individual, he/she will be transferred to a health establishment for observation and treatment by a court of law in terms of the Criminal Procedure Act 51 of 1977 (South Africa, 1977). While the person is undergoing investigation at the health establishment, the South African Police
Services will remain responsible for the safe custody of that person in terms of the Government Gazette 27117 of 2004 (South Africa, 2004). These people are cared for in forensic units at psychiatric hospitals by psychiatric nurses.

Offenders who are found to be unfit to stand trial, and those who may be found not responsible for offences committed due to mental disorders, are declared state patients under section 77(6)(a) and 78(6) of the Criminal Procedure Act 51 of 1977 (South Africa, 1977) respectively. These offenders who suffer from mental illnesses are transferred to a designated health establishment in terms of section 42(3) of the Mental Health Act 17, 2002 (South Africa, 2002). They are admitted as state patients in a forensic ward as stipulated in Government Gazette 27117 of 2004 (South Africa, 2004). Sadock and Sadock (2003:1330) state that the word “forensic” means belonging to courts of law.

Some of these patients often display hostile behaviour such as aggression, sexual harassment, uncooperativeness and obscene language. Schultz and Videbeck (2005:329) state that most hostility is the result of feelings that are unacceptable to the client, which the client then projects onto others, particularly staff members (Schultz & Videbeck 2005:329). Outbursts of anger are frequently displayed without any provocation. This leads the nurses to seclude the patient. The nurses end up performing dual roles, providing quality care and working as security officers by ensuring that the patient does not harm fellow patients, staff members and him or herself. It is during these times that the nurses are bitten and kicked by the patients. The nurses might be blamed for the assault, and their knowledge, skills and attitudes are questioned.

Farella, Gillmore-Hill and Steelfel (in Kelneter, Schwecke & Bostrom, 2003:551) state that workplace violence is a particular crime that is receiving increased attention, and nurses are three times more likely to be victims than other professionals. This type of crime includes verbal abuse, sexual harassment, stalking, assaults and rape (Farella, et al. in Kelneter, et al. 2003:551).
Being injured by a patient can destroy the staff member’s sense of trust in others, and the staff members will be afraid of the patient who caused the injury. The nurse may experience guilt feelings, nightmares and feelings of hopelessness (Kelneter et al., 2003:141). Other staff members may also become affected, as they work as a team. Le Roux and De Klerk (2007:19) state that feelings are contagious. One depressed person in a family or working environment can influence the others negatively. The workplace that should be the source of joy turns out to be the source of frustration, leading to burnout. The findings of the research on burnout in mental health nurses in forensic wards indicated that the type of patients the nurse works with may also have an important influence the nurse’s emotions Melchior, et al. (in Coffey & Coleman, 2001:398).

In terms of the Basic Conditions of Employment Act 75 of 2004 (South Africa, 2004) the stipulated hours of work are 40, but the emergencies that occur in a forensic ward, might force the nurses to work overtime and they end up ignoring stipulated working hours, without getting any incentives. With the serious shortage of psychiatric nurses, nurses may fail to intervene in such emergency situations as expected of them. This is viewed as negligence, and disciplinary action will be taken by the South African Nursing Council (Oulton, 2008:54).

Lenkwane (1997:2) states that nurses are neglected and do not even receive priority care at the hospitals where they are employed (Lenkwane, 1997:2). At present, nurses in the general intensive care units receive scarce skills allowance, while those who are in psychiatric intensive care units, caring for potentially dangerous patients, hardly receive danger allowances.

In South African psychiatric institutions, little has been done to find out the psychiatric nurses’ lived experience of hostile behaviour in forensic wards and the impact these experiences have on their professional and personal lives. Through this study awareness could be created regarding psychiatric nurses’ lived experience of hostile behaviour in a forensic ward and the forms in which
hostile behaviour is manifested will be revealed. The researcher will also be able to identify the impact that this experience has on individuals’ mental health and on the quality of care they render in a stress laden environment. Thorough understanding and in-depth knowledge of the problem will lead to formulation of guidelines to provide a safe and supportive environment for nurses in a forensic ward that will facilitate the promotion of their mental health.

1.2 PROBLEM STATEMENT

Forensic patients are offenders who are mentally ill, and have been sent for observation, and those who have been declared state patients, under section 77(6) and 78(6) of the Criminal Procedure Act 51 of 1977 (South Africa, 1977). They are placed in a setting that is completely different from prison. Some of the patients have the tendency to display characteristics of the culture of prison in the ward, such as aggression, sexual harassment, uncooperativeness and obscene language. Most of the times these behaviours are directed at nurses.

The nurses in the forensic ward are never at ease, as they anticipate that emergencies such as outbursts of anger could arise at any time. Some of the patients tend to become hostile without any provocation. During this period, any attempt to set limits or apply confrontational skills may be viewed by the patient as a threat, and the patient may respond by becoming violent. The psychiatric nurses thus find themselves rendering care in an environment that is tense and stressful for both staff members and other patients.
Based on the above discussion, the researcher is anxious to know how the nurses are coping with these challenges. The researcher asks:

-What are psychiatric nurses’ lived experiences of hostile behaviour of patients in a forensic ward?
-What can be done to facilitate the mental health of psychiatric nurses who work in a forensic ward?

1.3 THE RESEARCH PURPOSE AND OBJECTIVES

The overall purpose of the study is to explore and describe the psychiatric nurses’ lived experience of hostile behaviour by patients in a forensic ward and to describe guidelines to facilitate the mental health of psychiatric nurses.

The objectives of the study are:

- to explore and describe the psychiatric nurses’ lived experience of hostile behaviour from psychiatric patients in a forensic ward; and
- to describe guidelines to provide guidelines to facilitate the mental health of psychiatric nurses in forensic ward.

1.4 PARADIGMATIC PERSPECTIVE

A paradigm is a “collection of logically connected concepts and propositions that provides a perspective or orientation that frequently guides research approaches towards a topic” (Morse & Field, 1996:119).

Maree (2007:32) states that a paradigmatic perspective refers to a way of viewing the world, and holds that a researcher, when he or she chooses a perspective or paradigm, makes certain assumptions and uses certain systems of meaning in favour of others.
1.4.1 METATHEORETICAL ASSUMPTIONS

The meta-theoretical assumptions deal with the researcher’s views on man and society. (University of Johannesburg, 2009:12). The researcher has a personal concern regarding this research and is of the opinion that psychiatric nurses working in a forensic ward are subjected to patients’ hostile behaviour on a regular basis. The Theory for Health Promotion in Nursing (University of Johannesburg, 2009:4-5) will be utilised in undertaking this study.

- Individual

The term Individual refers to the psychiatric nurse in a forensic ward, a forensic mental health care user and the researcher. They embody dimensions of body, mind and spirit and they function in an integrated, interactive manner with the environment (University of Johannesburg, 2009:5).

- Psychiatric nursing

This is an interactive process where the psychiatric nurse, as a sensitive, therapeutic professional, facilitates the promotion of mental health through mobilisation of resources. In a stressful forensic ward, failure to mobilise the resources will affect the psychiatric nurses’ interaction with their patients (University of Johannesburg, 2009:4-5).

- Mental health

Mental health is a dynamic interactive process in the forensic patient’s environment. These forms of interaction of psychiatric nurses in a forensic ward reflect the relative mental health status of the nurses. This interaction contributes to, or interferes with, the promotion their mental health. Provision of a safe and supportive environment will enhance the promotion, restoration and maintenance of the nurses’ mental health (University of Johannesburg, 2009:5).
• Environment

The environment includes an internal and external environment. The internal environment consists of the dimensions of body, mind and spirit. The external environment consists of physical, social and spiritual dimensions. It is important that the environment should be safe and supportive for the promotion of mental and physical well-being of the psychiatric nurses in a forensic ward (University of Johannesburg, 2009:4).

1.4.2 THEORETICAL ASSUMPTIONS

The researcher bases the research study on the assumptions of the Theory for Health Promotion in Nursing (University of Johannesburg, 2009:4).

• The psychiatric nurse and the forensic patients in a forensic ward are holistic beings who interact with their internal and external environment in an integrated manner.

• Psychiatric nursing is an interactive process which facilitates the promotion, maintenance and restoration of mental health.

• The external environment consists of physical, social and spiritual dimensions that are essential in maintaining a safe and supportive environment for the psychiatric nurse in a forensic ward.

• Mobilisation of all resources in the environment of a psychiatric nurse in a forensic ward is essential for the promotion, maintenance and restoration of mental health.

1.4.2.1 CONCEPT CLARIFICATION

a) Psychiatric nurse
This refers to a professional individual who is skilled in the diagnosis of individual, family group and community mental health problems and in the planning and implementation of therapeutic action and nursing care for the mental health service consumers at any point along health/illness continuum in all stages of the life cycle (including the care of the dying), and evaluation thereof. He/she must be registered with the South African Nursing Council (South Africa, 1985).

b) Experience
It means practical contact with, and observation of, facts or events (Concise Oxford English Dictionary, 2004:501).

c) Hostile behaviour
Hostile behaviour is a behaviour characterised by verbal abuse, threatening aggressive behaviour, uncooperativeness, and behaviours that have been defined as undesirable, or in violation of established limits (Schultz & Videbeck, 2005:329).

d) Forensic ward
This refers to a ward within a designated health establishment which may admit, care for, treat and provide rehabilitative services to state patients in terms of Section 41 of the Mental Health Act (South Africa, 2002).

e) Psychiatric Institution
This refers to a health establishment that provides care, treatment and rehabilitation services only for users with mental illness in terms of the Mental Health Act (South Africa, 2002).

1.4.3 METHODOLOGICAL ASSUMPTIONS

Rice and Ezzy (in Hansen, 2006:60) state that methodology is the term used to explain the justification given by the researcher for why particular methods of data collection and analysis have been selected and are appropriate. In this
study the researcher will adopt a phenomenological approach by using in-depth phenomenological interviews to explore and understand the impact of the hostile behaviour on nurses’ professional and personal lives. The method is functional in nature as it will provide guidelines to facilitate the mental health of psychiatric nurses.

1.5 RESEARCH DESIGN AND METHOD

1.5.1 RESEARCH DESIGN

A research design is a blueprint for conducting the study. It guides the researcher in planning and implementing the study in a way that is most likely to achieve the intended goal (Burns & Grove, 2005:211). In order to understand the psychiatric nurses’ lived experience of hostile behaviour from patients in a forensic ward, the researcher intends to use a qualitative design and phenomenology, as the researcher seeks to understand the meaning participants give to their experiences (De Vos, Strydom, Fouche & Delport, 2005:270).

Qualitative Research: A qualitative researcher assumes that in order to understand human actions and behaviours, one needs to understand the meaning and interpretations that people give to their own actions, to the actions of others and to situations and events. Cormack (2000:141) and Creswell (2008:46) state that in qualitative research the researcher relies on the views of the participants by asking broad and general questions in order to collect data.

Phenomenology: This is the investigation of everyday experiences from the perspective of those living the experiences, as it is considered that meaning can only be understood by those who experience it (Depoy & Giltin in Crooks & Davies, 1999:122). De Vos, et al. (2005:270) state that the approach is aimed at understanding and interpreting the meaning that the participants give to their everyday lives. In this study, participants share their own lived
experiences of hostile behaviour and the meanings they attach to these experiences.

1.5.2 RESEARCH METHOD

The research will be conducted in two phases.

1.5.2.1 Phase One: Psychiatric nurses’ lived experience of hostile behaviour by patients in a forensic ward.

a) Population and sample

The accessible population comprises all the psychiatric nurses in a hospital. The target population is psychiatric nurses in a forensic ward. The participants will be drawn from a population of psychiatric nurses who have from one to six years experience in a forensic ward, to obtain rich information. Less than one year’s experience of psychiatric nursing in a forensic ward will not enable them to describe in-depth lived experiences, and more than six years experience may have influenced their flexibility regarding their experience in a forensic ward. The searcher will use a purposive sampling method to select the participants (Creswell, 2008:214). Sampling will continue until no new themes emerge from the data collection process (Oliver, 2005:7).

b) Data collection

Qualitative data is based on a naturalistic approach that seeks to understand the phenomenon in context (or a real world setting). The researcher will carry out the research in a real-life situation (Maree, 2007:78). The researcher intends to use in-depth phenomenological interviews. Interviews will be conducted to in order to understand the meanings people give to their experiences. The interviews will be audiotaped. One question will be put to all participants: “What is your experience of hostility in this forensic ward?”
Communication techniques will be used and participants will be provided with a space to elaborate on their views and experiences related to hostile behaviour in a forensic ward (Hansen, 2006:100).

One of the advantages of the interview technique is that it permits the participant to describe detailed personal information (Creswell, 2008:226). “Bracketing” and “intuition” will be used to avoid biases. Bracketing means the researcher suspends what is known about an experience being studied (Burns & Grove, 2005:729). Intuition means the researcher focuses all awareness and energy on the subject of interest (Burns & Grove, 2005:556).

c) Data analysis

Data analysis is making sense of the data. The researcher will transcribe audiotaped recordings of the conducted interviews into text data. The researcher will use both Tesch’s method and stages of data analysis as stipulated in Creswell (2008:251). A clean set of data will be provided to an independent coder who is experienced in qualitative data analysis. The researcher and independent coder will meet for a consensus discussion on identified themes and categories (Burns & Grove, 2001:549)

d) Literature control

The Literature will be reflected after data collection during the discussion of the results, as comparisons with the major findings of the study (Creswell, 2008:90). According to Dawson (2006:20) a literature control helps the researcher to clarify emerging results.

1.5.2.2 Phase Two: Guidelines to facilitate the mental health of psychiatric nurses in a forensic ward

During the second phase of the study, data collected from research participants will be analysed and used as a basis for formulating guidelines to facilitate the mental health of psychiatric nurses in a forensic ward. A literature
control will be done to verify the results obtained from the in-depth phenomenological interviews, observations and the field notes. The guidelines will be discussed with the management, advanced psychiatric nurse specialists and other psychiatric nurses for refinement.

1.6 MEASURES TO ENSURE TRUSTWORTHINESS

To ensure the validity and reliability of the study, the researcher will use the Lincoln and Guba model of trustworthiness (Earl & Mouton, 2004: 277).

The four criteria of trustworthiness are: credibility, transferability, dependability and confirmability.

- Credibility refers to the compatibility between the constructed realities that exist in the minds of the participants and those that are attributed to them.

- Transferability refers to the extent to which the findings can be applied in other contexts or with other participants.

- Dependability is the evidence that if the study were to be repeated with the same or similar participants in the same context, its findings would be similar.

- Confirmability refers to the importance of some degree of neutrality in research, and establishes that the researcher has tried to avoid distorting the reality he/she is describing (Earl & Mouton, 2004: 277).

The criteria will be discussed in detail in Chapter 2.
1.7 ETHICAL MEASURES

Ethics defines what is or is not legitimate to do, or what a “moral” research procedure involves (Denzin & Lincoln, 2003:90). The researcher will consider ethical issues from the early stages of the research project (Oliver, 2004:15). In this study, the ethical principles listed in section 1.7.1 – 1.7.5 will be adhered to.

1.7.1 Informed consent - Participants should be fully informed about all relevant aspects of the research before they agree to take part. Information about the purpose of the study and objectives should be clearly explained to the participants (Oliver, 2004:15; Cournoyer & Klein, 2000:27).

1.7.2 Anonymity - The participants will have their identity safeguarded. Fictional names will be used to ensure their anonymity (Oliver, 2004:79). The information reflected in the communication of the research results will be set out in such a way that it cannot be connected to a specific individual and institution (Meyer, van Niekerk & Naude, 2004:278; Neuman, 2000:99).

1.7.3 Privacy and confidentiality - Oliver (2004:83) states that confidentiality is part of the informed consent. The researcher will explain clearly the elements of the confidentiality promise. The researcher should clearly identify the people who will have access to the data, and will explain about the people who will be able to read and scrutinise data provided, and be informed about the procedures to be used to try to ensure that the identities of the participants remain undisclosed. Data collected will be stored and handled in a professional manner (Dawson, 2006:153).

1.7.4 Freedom and autonomy - Participants should feel free to withdraw at any time. As part of the induction and informed consent process, the participants should be reassured that they may withdraw from the research at
any time. They should not have to give notice about withdrawal or provide any explanation (Oliver, 2004: 47).

1.7.5 Honesty - Informed consent of the participants should be obtained. The researcher should explain to participants the reason for wishing to tape record the interview, the way in which the tapes will be stored and the procedure for the destruction of the tapes when all data has been transcribed. Data will be kept under lock and key for two years after publication and then destroyed (Oliver, 2004: 45).

1.8 DIVISION OF CHAPTERS

The structure of this dissertation is set out below

CHAPTER 1: Overview and rationale.
CHAPTER 2: Research design and method.
CHAPTER 3: Research results and discussion.
CHAPTER 4: Guidelines to facilitate the mental health of psychiatric nurses, limitations, conclusions, recommendations and summary.

1.9 SUMMARY

The aim of this chapter was to give an overview of the study. The background and rationale, the problem statement and objectives of the study, paradigmatic perspectives, the research design and method, ethical considerations and the division of chapters were all outlined in this chapter.

In Chapter 2 a more detailed description of the research method and design will follow.
CHAPTER 2

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

In Chapter 1 the rationale and overview of the research were discussed. In this chapter, the research design and method that will be used to study the psychiatric nurses’ experiences of hostile behaviour of psychiatric patients in a forensic ward will be discussed.

2.2 RESEARCH DESIGN

A qualitative, exploratory, descriptive and contextual research design will be utilised in this study.

2.2.1 Qualitative design

A research design is a strategic framework for action that serves as a bridge between research question and the execution of the research (Durrheim, 2004:29). According to Mouton and Marais (in Terre Blanche & Durrheim, 2004:33) “The aim of a research design is to plan and structure a given research project in such a manner that the eventual validity of the research findings is maximised.” Qualitative researchers study human or social problems in their natural settings and attempt to make sense of these problems in terms of the meanings people bring to them.

Brink, Van der Walt and Van Rensburg (2006:113) state that qualitative methods focus on the qualitative aspects of meaning, experience and understanding of the participants. The researcher relies on the views of participants.
According to Fink (2005:59) a research design is the way in which its participants or constituents are organised and observed. Creswell (2009:175) cites the following characteristics of qualitative design:

- Natural setting - qualitative researchers tend to collect data in the field at the site where the participants experience the problem under study.
- Researchers as key instrument - the researchers are the ones who actually gather the information.
- Multiple source of data - the researchers typically gather various forms of data, review all the data, make sense of it, and organise it into themes that cut across all of the data source.
- Inductive data analysis - they build their categories, patterns and themes from the bottom up.
- Participants’ meanings - the researcher focuses on learning the meaning that the participants attach to the issue.
- Emergent design - the plan for the research cannot be tightly prescribed.
- Interpretative - qualitative research is a form of interpretative inquiry in which researcher interprets of what he or she sees, hears, and understands.
- Holistic account - qualitative researchers try to develop a complex picture of the problem or issue under study.

2.2.2 Exploratory design

Qualitative research is exploratory. One aspect of exploration may be exploring the identity of those the researcher is seeking to research (David & Sutton, 2004:80). According to Fink (2005:136) qualitative research is orientated primarily towards exploration, discovery and induction. The research often results in individuals’ own accounts of their attitudes, motivation, and behaviour. The researcher will explore the meanings, or
describe and promote an understanding, of human experiences (Brink, et al. 2006:113).

2.2.3 Descriptive design

The description of persons, places, and events has been the cornerstone of qualitative research (Mouton, 2002:175). Denscombe (2007:80) states that effective phenomenological research involves a detailed description of the experience that is being experienced. He describes the three main features of phenomenological description as follows:

1. The emphasis is on describing authentic experiences. The researcher focuses on trying to depict the relevant experiences in a way that is as faithful to the original as possible.
2. The phenomenological description recognises and includes aspects of the experience that appear to be self-contradictory or irrational. The researcher does not attempt to present life experiences as though they are entirely coherent.
3. Researchers concentrate on how experiences are constructed and how people come to see things as they are.

In order to provide a ‘pure’ description the researcher will approach things without predispositions based on the events of the past. The researcher will temporarily suspend commonsense beliefs about the phenomenon, ‘bracketed off’ so that the researcher will describe the phenomenon through the eyes of those whose experiences are being described (Denscombe, 2007:81). Robert (2004:111) states that a qualitative researcher is interested in understanding the meanings people attach to the activities and events in their world and are open to whatever emerges.

In this research a detailed description of the psychiatric nurses’ experiences of hostile behaviour from psychiatric patients in a forensic ward will be studied. Phenomenological in-depth interviews, participation observation and field notes will all be utilised, transcribed and analysed to assist in making the
research descriptive in nature. Fink (2005: 138) asserts that the qualitative research, aims ‘to tell it like it is to provide valid information’.

2.2.4 Contextual design

Qualitative research is an effort to understand situations in their uniqueness as part of a particular context and the interactions in that context. The researcher understands the nature of the setting, what it means for the participants to be in the setting and what their lives are like. The researcher will understand what the world looks like in that particular setting. Brink, et al. (2006:113) state that qualitative methods study human experience from the viewpoint of research participants in the context in which the actions take place.

Data gathered from phenomenological, in-depth interviews and from observations will be viewed from the perspective of the participants’ context. A description of the psychiatric nurses’ context will be explored so that the data from in-depth interviews and observations can be viewed from the psychiatric nurses’ perspective. The researcher spends a substantial amount of time in the natural setting of the study, often in close contact with participants. The information will be gathered by actually talking directly to participants and seeing them behave and act within their context (Creswell, 2009:175).

2.3 RESEARCH METHOD

The research methodology focuses on the research process and the kind of tools and procedures to be used (Mouton, 2006:56). This study will be divided into two phases. In phase one of the research, in-depth semi-structured interviews will be conducted with psychiatric nurses who have worked in a forensic ward for one to six years, to investigate and explore their experiences of hostile behaviour of the psychiatric patients. The following subjects will be addressed: the role of the researcher; sampling; data collection; data analysis; literature control; trustworthiness; ethical measures; and guidelines.
2.3.1 Phase One: The psychiatric nurses' experiences of hostile behaviour from psychiatric patients in forensic ward

2.3.1.1 Role of the researcher

In qualitative research, the researcher is the instrument of data collection and will identify personal values, assumptions and biases at the outset of the study. These biases may shape the data the researcher collects and may interpret the experience. The researcher will make every effort to ensure objectivity (Creswell, 2009:196).

2.3.1.2 Population and sample

The accessible population is comprises the psychiatric nurses in a hospital. The target population is the psychiatric nurses working in a forensic ward. In qualitative research, the researcher purposefully selects individuals and sites that can provide the necessary information. The researcher identifies a small number that will provide in-depth information about the phenomenon. The key idea of qualitative research is to provide a detailed explication of the experiences of individuals and the specific contexts in which they have these experiences (Creswell & Plano Clark, 2007:112; Fink, 2005:139). Denscombe (2007:17) states that the researcher deliberately selects particular participants because they are seen as people who are likely to produce the most valuable data. The researcher will intentionally select psychiatric nurses from the forensic ward who have had experience with hostile behaviour by mentally ill patients. The participants will be drawn from a population of psychiatric nurses who have had from one to six years experience in a forensic ward, to obtain rich information.

2.3.1.3 Data collection.
Data collection in this research will be done by conducting in-depth, semi-structured interviews, participant observation and field notes. During interviews, tape recording will be used and field notes will be written both during interviews and observations (Creswell, 2009:183; Greenfield, 2002:214).

a) Phenomenological in-depth interviews

An interview is a flexible tool for data collection, enabling multi-sensory channels to be used; verbal, non-verbal, spoken and heard (Cohen, Manion & Morrison, 2007:349). Hansen (2005:97) claims that it is a tool to gain insight into the ways that people make sense of the world. An interview is a method used where smaller numbers are involved and the data required relates to individual experiences. The interviewer is expected to probe for more information by encouraging the participants to expand upon their answers (Clarke, 1999:73).

The researcher will conduct in-depth one-to-one interviews to explore how psychiatric nurses view their experiences and the meanings they attribute to hostile behaviour by psychiatric patients in a forensic ward. In this study, the researcher will use one open-ended question in the phenomenological in-depth interviews:

- What is your experience of hostile behaviour by psychiatric patients in a forensic ward?

Few probes or prompts follow-ups will be used to increase detailed exploration. The researcher will use a tape recorder to capture the information. Bell (2005:164) states that in a one-to-one interview, tape recording is useful to:

- check the wording of any statement the researcher might wish to quote;
- allow the researcher to keep eye contact with the interviewee;
- help the researcher look interested;
• make sure that what the researcher writes is accurate;
• help when doing content analysis and there is a need to be able to listen several times in order to identify categories; and
• code, summarise and to note particular comments which are of particular interest.

Successful management of the process is partly dependent upon the interviewer being able to establish rapport and being an active listener (Clarke, 1999:75). The researcher needs to fit in with the plans of the interviewees, and normal good manners are essential (Bell, 2005:167).

b) Participant observation

Participant observation is a research procedure that studies the natural and everyday set-up in a particular situation (De Vos et al., 2005:276). Neuman (in De Vos et al., 2005:277) asserts that the researcher uses all his/her senses and he/she should become an instrument that absorbs all sources of information. Brink et al., (2006:143) state that observation is a technique for collecting descriptive data on behaviour, events or situations. The researcher attempts to describe the behaviours as they occur, with no preconceived ideas of what he/she will see.

c) Field notes

The qualitative research involves fieldwork. Field notes represent the observer's efforts to record information and to synthesise and understand data. The researcher must physically go to the people, site or institution (the field) in order to observe behaviour in a natural setting (Polit & Beck, 2006:354). According to Mouton (2006:7) the researcher keeps fields notes as he/she participates in the fieldwork, often in natural field settings. The researcher will record interesting things that the interviewee might say before or after the formal interview. The notes will be used after the interview when interpreting the typed transcript of a taped record. Hansen (2006:109) states
that writing notes serves to encourage the interviewees by demonstrating the researcher’s interest in their statements

2.3.1.4 Data analysis

Wilkinson (2000:77) states that the role of analysis is to bring data together in a meaningful way and enable the researchers to interpret or make sense of it. In qualitative research, the data collection and analysis are simultaneous activities. The analysis initially consists of developing a general sense of the data, and then coding descriptions and themes related to the central phenomenon (Denzin & Lincoln, 2003:161). The researcher will analyse the data by reading it several times and conducting an analysis each time, to develop a deeper understanding of the information supplied by the participants. Audiotaped recordings will be transcribed verbatim. Transcriptions from in-depth phenomenological semi-structured interviews and field notes written during participant observation will then be coded (Creswell, 2008:244; Creswell, 2009:184).

The coding of the transcribed data will be done by the researcher and a qualitative data analyst as an independent coder. This will enable the research to produce more specifically qualitative findings. The researcher and independent coder will meet for a consensus discussion regarding identified themes and categories. The participation of the independent coder will end at this juncture.

In this study Tesch’s eight steps of systematically analysing textual data will be used (Creswell, 2008:251; Roberts, 2004:143-144). The steps are set out below.

1. Reading carefully of all transcriptions and writing down ideas as they come to mind.
2. Pick the most interesting and/or the shortest interview. Go through it, find the underlying meaning and write it down in the margin.
3. Conduct the procedure for several participants. Make a list of all topics that emerge and cluster together similar topics. Form these topics into columns of major topics, unique topics, and leftovers.
4. Abbreviate the topics as codes. Write down the codes next to the appropriate segment of the text. Place a bracket around them.
5. Find the most descriptive titles for the topics and turn them into categories. Reduce the total list of categories by grouping topics that relate to each other. Reduce them to get five to seven themes, to be able to write a detailed report.
6. Make a final decision on the abbreviation for each category and alphabetise these codes.
7. Group the data material belonging to each category in one place and perform a preliminary analysis.
8. Record the data if necessary.

Dawson (2006:118) states that data analysis tends to be an on-going process, taking place throughout the data collection.

2.3.1.5 Literature control

The results direct the literature control. According to Dawson (2006:20) a literature control helps the researcher to clarify emerging results.

2.3.1.6 Trustworthiness

In a naturalistic research study, “the trustworthiness” of the design becomes the standard upon which it is likely to be judged. Trustworthiness ensures internal and external validity, reliability and objectivity (Rudestrum & Newton, 2000:98).

According to O’ Leary (2005:58) validity refers to true value; that is, whether methods, approaches and techniques actually relate to what is being explored. Reliability is concerned with internal consistency. Objectivity means conclusions based on an observable phenomenon. The corresponding terms
in qualitative research are credibility, dependability, transferability and confirmability. In this study the researcher will use the criteria discussed below to ensure trustworthiness: credibility, dependability, transferability and confirmability.

a) Credibility

This is an alternative to internal validity. It is concerned with truth value (O’ Leary, 2005:58). Creswell (2009: 190) states that qualitative validity means that the researcher checks for the accuracy of the findings by employing certain procedures. According to Creswell (2009:191) validity is based on determining whether the findings are accurate from the standpoint of the researcher, the participants or the readers of an account. Creswell (2009:191) recommends the use of multiple strategies, and these should enhance the researcher’s ability to assess the accuracy of the findings as well as convince the readers of that accuracy.

The eight primary strategies are described below.

i) Triangulate different data resources of information by examining evidence from resources and using it to build a coherent justification from for themes. The researcher will use in-depth phenomenological interviews, participant observation and field notes, and a literature control to ensure credibility.

ii) Use member checking to determine the accuracy of the qualitative findings through taking the final report or specific themes back to the participants and determining whether these participants feel that they are accurate. The researcher will take back the polished themes. Follow-up interviews with the participants will be conducted in the study and they will be allowed to comment on the findings.

iii) Use rich, thick description to convey the findings. The researcher will provide a detailed description of the setting by providing many perspectives about the theme.
iv) Clarify any bias the researcher bring to the study. Reflectivity is a core characteristic of qualitative research. The researcher will comment about how the interpretation of the findings is shaped by the researcher’s exposure in the forensic ward as the clinical office is situated in the forensic ward.

v) Present negative or discrepant information that runs counter to the themes. The researcher will present the information that contradicts the general perspective of the theme.

vi) Spend prolonged time in the field. The researcher is in the forensic ward twice per week. The researcher will develop an in-depth understanding of the phenomenon under study and will convey details about the site and the people.

vii) Peer briefing is needed to enhance the accuracy of the account. The findings of the study finding will be discussed with the two supervisors of the research study. The services of a qualified independent decoder will be utilised to analyse the data.

viii) Use an external auditor. A qualified independent coder will analyse the data (Creswell, 2009:191).

b) Transferability

O’Leary (2005:58) believes that transferability refers to the extent to which the findings can be applicable outside the immediate frame of reference. The findings from a sample and setting lead to lessons learned that may be germane to a larger population, a different setting, or to another group. According to Berglund (2001:153) the first aspect of rigour that needs to be considered is the dense demographic description of the participants and systematic selection and sampling.

The researcher will purposively select psychiatric nurses who have worked in a forensic ward for one to six years, to gain insight into their experiences of hostile behaviour of the psychiatric patients in a forensic ward. A clear, complete in-depth description of the findings will be formulated. Data from in-depth semi-structured phenomenological interviews, observations and field
notes will be analysed and interpreted. A literature control will be done. O’Leary (2005:58) states that the indicator of transferability suggests that the researcher has provided a highly detailed description of the research context and methods so that determinations regarding applicability can be made by those reading the research account. The research process should be both open and accountable (O’Leary, 2005:63).

c) Dependability

This is an alternative to reliability. It is the extent to which a measure, procedure, or instrument provides the same results in repeated trials (O’Leary, 2005:59). Dependability indicates quality assurance through methodological protocols that are designed in a manner that is consistent, logical, systematic, well documented, and designed to account for research subjectivity.

According to Rudestrum and Newton (2000:98) the researcher derives consistency through coding the raw data in ways so that another person could understand the themes and arrive at a similar conclusion. In this study the supervisors will audit the study continuously. A qualified independent coder will be utilised to analyse and code the raw data. Thereafter the researcher and independent coder will meet for a consensus discussion.

d) Confirmability

It guarantees that the findings, conclusions and recommendations are supported by the data and there is internal agreement between the researcher’s interpretations and the actual evidence. The two supervisors and the qualitative independent coder will be working closely with the researcher to ensure confirmability. An audit procedure will be incorporated to accomplish this (Brink et al., 2006:119).

Creswell (in Rudestrum & Newton, 2000:99) states that the audit trail refers to keeping a meticulous record of the process of the study so that others can capture meaning and reach the same conclusions. In this research in-depth
interviews, participant observation, field notes and literature control will be used substantiate research findings. The evidence of how data were reduced, analysed and synthesised will be made available. An analytical discussion of the findings will be held with the two supervisors of the research, and the service of a qualitative independent coder will be utilised to verify the results.

2.3.1.7 Ethical measures

Hesse-Biber (2007:187) is of the opinion that all qualitative researchers are bound by the codes of ethics of their disciplines. Those conducting interviews are required to conduct the interview in ways that are sensitive to participants’ concerns and feelings, and to protect the identity of interviewees by using pseudonyms and, if necessary, changing some details when representing these interviewees in research reports.

Williamson (in Long & Johnson, 2007:9) states that using an explicitly rights-based approach can help to clarify the issues that involve the rights of participants as individuals. These are set out as follows:

- Right to be informed. Full, clear information will be given to participants regarding the study in order that they can consent to participate prior to taking part.
- Right to confidentiality and anonymity. Details about participants’ involvement should be kept in confidence. Data will be anonymised so that the participants cannot be recognised from any presentation of the study findings (Bell, 2005:49).
- Right to withdraw. Any participant has the right to withdraw from the study at any point, for whatever reason and he/she are not obliged to give a reason.
- Right not to be harmed. The participants will not be subjected to emotional distress. Chapin (2004:102) states that it is a key professional, ethical, and moral responsibility of any researcher...
working with human subjects to ensure that no physical, emotional or social harm comes to them as a consequence of the research.

2.3.2 Phase Two: Suggested guidelines to facilitate the mental health of psychiatric nurses who have experienced hostile behaviour from psychiatric patients in a forensic ward

The data collected from in-depth phenomenological interviews, observations and field notes will be analysed and interpreted. Guidelines will be provided to facilitate the mental health of psychiatric nurses who experienced hostile behaviour of psychiatric patients in a forensic ward. This phase of the research method is dependent on the results of phase one.

2.4 SUMMARY

In this chapter, the research design and method used for the study of the psychiatric nurses’ experiences of hostile behaviour of psychiatric patients in a forensic ward, were discussed in depth. Chapter 3 will focus on the results and discussion of psychiatric nurses’ experiences of hostile behaviour from psychiatric patients in a forensic ward.
CHAPTER 3

3.1 INTRODUCTION

In the previous chapter the research design and method followed in conducting the study were discussed. In this chapter the results will be presented and discussed according to identified themes, categories and sub-categories.

3.2 DESCRIPTION OF THE SAMPLE.

The sample comprised a total of nine psychiatric nurses, two males and seven females. Their ages ranged between 26 and 58 years. They have worked in the forensic ward for one to six years in an institution in Limpopo province. Interviews were conducted until the data were saturated. The therapy room was used for interviews. Participants were put at ease and the question was asked: ‘How is your experience of hostile behaviour by patients in the forensic ward?’ After completing each interview, the researcher took field notes immediately to enable her recall what happened during and after the interview and to substantiate the information from the interviews.

3.3 CENTRAL LINE

Hostile behaviour in the forensic ward is consistently experienced as hindering therapeutic relationships, coupled with threats of aggression, and disempowering behaviours, which culminate in distress, resulting in the use of defence and coping mechanisms in an endeavour to maintain good mental health.

3.4 DISCUSSION OF THE FINDINGS.
The discussion of the findings will be based on themes and categories in Table 3.1. During the discussion of the results, relevant data from the literature will be incorporated.

Table 3.1 presents an overview of themes and categories from the psychiatric nurses’ description of their experiences. Themes will be described according to how they are arranged in the table.

**TABLE 3.1 Overview of themes and categories of psychiatric nurses’ experiences of hostile behaviours from forensic patients**

<table>
<thead>
<tr>
<th>THEMES</th>
<th>CATEGORIES</th>
</tr>
</thead>
</table>
| 3.4.1 Psychiatric nurses’ experience reveal a lack of a therapeutic relationship with patients | • Ineffective communication between psychiatric nurses and patients  
• Fear related to unpredictable behaviour resulting in mistrust of the patient  
• Frustrated aspirations related to uncooperativeness from patients |
| 3.4.2 Psychiatric nurses’ experience of fear related to threats from patients | • Verbal aggression from patients  
• Physical aggression by patients |
| 3.4.3 Psychiatric nurses’ experience of disempowerment related to lack of recognition | • Lack of sufficient knowledge and skills  
• Shortage of male nurses in the forensic ward |
<table>
<thead>
<tr>
<th>3.4.4 Psychiatric nurses’ experience of emotional and physical distress related to interaction with patients</th>
<th>- De-motivation related to lack of support</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.4.5 Nurses utilised defence and coping mechanisms to maintain mental health</td>
<td>- Emotional distress as evidenced in experiences of:</td>
</tr>
<tr>
<td></td>
<td>- fear by the psychiatric nurse working in the forensic ward;</td>
</tr>
<tr>
<td></td>
<td>- anxiety by the psychiatric nurse working in the forensic ward; and</td>
</tr>
<tr>
<td></td>
<td>- anger by the psychiatric nurse working in the forensic ward.</td>
</tr>
<tr>
<td></td>
<td>- Physical distress as evidenced in experiences of:</td>
</tr>
<tr>
<td></td>
<td>- insomnia by the psychiatric nurse working in the forensic ward; and</td>
</tr>
<tr>
<td></td>
<td>- exhaustion by the psychiatric nurse working in the forensic ward.</td>
</tr>
<tr>
<td></td>
<td>- Suppression by the psychiatric nurse working in the forensic ward</td>
</tr>
<tr>
<td></td>
<td>- Intellectualisation by the psychiatric nurse working in the forensic ward</td>
</tr>
<tr>
<td></td>
<td>- Displacement by the psychiatric nurse working in the forensic ward</td>
</tr>
<tr>
<td></td>
<td>- Use of substances such as cigarettes, snuff and alcohol</td>
</tr>
</tbody>
</table>
See Figure 3.1 for the schematic impact of hostile behaviour on psychiatric nurses by patients in a forensic ward

Figure 3.1. SCHEMATIC IMPACT OF HOSTILE BEHAVIOUR ON PSYCHIATRIC NURSES BY PATIENTS IN AN FORENSIC WARD
3.4.1 THEME 1: Psychiatric nurses experience the lack of a therapeutic relationship with the patients

The therapeutic nurse-patient relationships are essential for implementation of therapeutic interventions. In this study, the researcher has observed that participants cannot attain their goals due to patients’ unexpected behaviours that lead to poor nurse-patient relationship.

- **Ineffective communication between psychiatric nurses and patients**

Human communication is a process in which people generate meaning through the exchange of verbal and non-verbal communication (Alberts, Makayama & Martin, 2007:10; Verderber & Verderber, 2002:6). From the interviews, the researcher has realised that communication is ineffective. In this study, the researcher has observed that participants are not listened to when they communicate with patients. The following statements confirm this:

“*I called him, he just stared at me. I was hurt.*”

“*I was conducting group therapy, participants were just quiet. I felt like screaming.*”

“*As I was talking to him, he turned his back and laughed at me.*”

“*They said it is useless to discuss issues in the climate meeting because the government does not have money.*”

- **Fear related to unpredictable behaviour from patients resulting in mistrust**
Trust, that forms the core of the nurse-patient relationship seem to be lacking. Participants are often caught off guard by the sudden change in the patients’ behaviour. The nurse patient trusting relationship is betrayed by the volatile behaviour of the patients. Sometimes these behaviours are intense, making the participants uncomfortable and hypervigilant. This is evidenced in the following statements:

“One day the patient was with us in the climate meeting…suddenly he happened to fight other patients for no apparent reason. I was scared.”

“He suddenly picked a brick and smashed the windows without being provoked, so we are always watchful.”

“He became violent during the consultation with the psychiatrist, so during the consultation we ask stabilised male patients to be nearby.”

“He was calm during group discussion, but immediately after that he changed this behaviour and turned towards us, so we are very careful.”

Fortinash and Holoday (2007:7) state that the first step in any interpersonal experience is building trust and security. This is lacking in this study. Green (2004:126) affirms that nothing is more terrifying than the sudden and the unpredictable.

- Frustrated aspirations related to uncooperativeness of the patients

The interviews revealed that some of the patients tend to be defiant and express doubts about participants’ training and competence. This became clear from the statements below:

“They teased me, and said I am too young to tell them what to do.”
“I felt like crying because they didn’t want to participate in group discussion.”

“He questioned my training and refused to take his medication.”

“He said that I know nothing, and he left in the middle of the activity.”

Stuart and Laraia (2005:43) affirm that if the patient’s hostility is externalised, the patient may become critical, defiant and irritable and may express doubts about the nurse’s training, experience or competence. The statement supports the experiences of participants who expressed concern about patients’ uncooperativeness.

In a study conducted by Weizmann-Henelius and Suutala (2000:272) it was found that most of the violence in the hospital occurred during day time between 07h00 and 16h00, which is the time when patients are expected to take part in various activities.

3.4.2. THEME 2: Psychiatric nurses’ experiences of fear related to threats of aggression from patients

Aggression is a behaviour intended to physically or psychologically harm another person (Brown, 2006:475). The participants in the study experienced their workplace as stressful because of the threats from the patients. The threats are made without any trigger. Workplace violence is a recognised hazard for psychiatric nurses (Stuart & Laraia, 2005:648).

- Verbal aggression by patients

Verbal abuse, coupled with sexual suggestions from the patients, was found to damage the personal worth and dignity of the participants. The following statements confirm this:

“The patient came to nurses’ station and screamed at me. I felt small”
“The patient shouted at me in front of other patients, he did not want to listen to what I was saying.”

“They propose love to us, and it is scary.”

“These male patients say they are young, and they love young women.”

The above is confirmed by Daffern et al., (2003:67-84) who found in their study that female staff were exclusively the victims of sexual aggression. In a study conducted by Jonker, Goossens, Steenhuis and Oud (2008:492-499) patient aggression is viewed by the nurses as being offensive and destructive behaviour of the patient.

- Physical aggression by patients

In this study, participants related how they are often bullied by the patients, with female nurses being victims in most cases. This occurs mostly when male nurses are few, or not in the ward. Comments such as these below revealed this fact:

“While I was writing during the interview, he slapped me on the cheek.”

“He was aware that there were no male nurses, so he threw the plate at me saying the food is not nice.”

“He threw the tablets at me, clenched his fist... he was secluded.”

“He was beating the table, saying he is not afraid of anybody.”

This is supported by the research study done by Hinsby and Baker (2004: 343) and Daffern, et al. (2003:68) who observed that psychiatric nurses in security units experienced physical assault by the patients. The above is also confirmed by Green, Mcintosh and Barr (2008:20) who found in their study of
violent incidents, that out of 130 incidents, 86 were patient-to-staff (66%). Similarly, Weizmann-Henelius and Suutala (2000: 271) observed that the target of violent behaviour was mostly the staff.

3.4.3 THEME 3: EXPERIENCE OF DISEMPOWERMENT RELATED TO LACK OF RECOGNITION

Participants in the study experienced that on the one hand patients often challenged them and on the other the management marginalised these nurses as the former are not concerned about their quality of work life.

- Lack of sufficient knowledge and skills

In this study, participants were of the opinion that they are not knowledgeable and skilful enough to render quality care to forensic patients. This became clear from the statements below.

“I am not equipped with special skills so, it was difficult to calm down the patient.”

“My intervention was not effective, the patient continued to threaten everybody. I must have advanced skills.”

“We cannot render quality care, we lack advanced knowledge and skills. It is difficult to care for these patients.”

“The managers attend many workshops, they equip themselves and nothing is done for us, meanwhile we are the ones who render care to the patients.”

Uys and Middleton (2008:598) affirm that in forensic psychiatry, the judicial system and the health system overlap, with a resultant grey area, and confusion in roles and philosophies.
In the study by Morrison and Burnard (in Rask & Levander, 2001:323) they observed that nurses regarded themselves as having fair catalytic, catharsis and confronting skills.

Meyer, Naude and van Niekerk (2004:213) state that quality of work life, for a personnel member at a higher level of functioning, is that he/she may expect to be developed. The psychiatric nurses in the forensic ward are of the opinion that they are not developed, hence they are not knowledgeable and skilful enough to offer significant help to forensic patients

- **Shortage of male nurses in the forensic ward**

The shortage of male nurses in the forensic ward intensifies the frustration, especially when an emergency such as violent behaviour is displayed. Evidence of this is contained in these statements:

“He was aware that we had one male nurse in the ward, so he was rebellious.”

“As a female nurse, I was afraid to assist in the teamwork. The patient was actually fighting. Some patients assisted in the teamwork.

‘As male nurses, we struggle to handle the patient when he is violent because we are few… we feel physically and emotionally drained.”

“We were scared to be in the ward alone as female nurses... male nurses are few and we are overworked, it is difficult really.”

Ryan and Poster 1989 (in Daffern, et al. 2006:95) state that it is possible that male staff may feel protective of female staff and take a primary role in restraining patients. In emergencies, male nurses are overworked and at the end of the intervention they are physically and emotionally drained.
This is supported by the study by Weizmann-Henelius and Suutala (2000: 272) who found that the risk of violence puts great strain on staff. Further Daffern et al., 2003; Paterson et al., 1999 (in Daffern et al., 2006:95) observed that the degree of risk to staff members is higher when staff has to deal with aggression.

- De-motivation related to lack of support

The interviews revealed de-motivation among the participants that is attributed to lack of support from the management in terms of emotional support. This impacts negatively on the quality of their working lives. This fact emerged from the following comments:

“I was angry because I was hurt during teamwork. Many things do happen to us, we report them to management, but little is done.”

“...instead of reassuring us, the management blamed us for patients’ hostile behaviour.”

“I was scared, I reported the patient in the multidisciplinary team meeting, and the management said I must be very careful as these patients are like that.”

“I phoned the acting manager to come and witness what we complained about, he never came.”

“When I said these patients are difficult, they said I must use my skills.”

Ingram, et al. (2001) (in Baron & Byrne, 2003:548) state that unhelpful support efforts include trying to minimise the problem or suggesting that the difficulty is the stressed person’s fault. Richman, Mercer and Mason (1999:301) observed that little critical attention has been paid to the everyday reality faced by staff caring for offender patients.
3.4.4. THEME 4: Psychiatric nurses experience emotional and physical distress related to interaction with patients

Nursing is a stressful occupation. Hospitals are seen as extremely stressful environments to work in (Booysens 2004:145). Working in a forensic ward is often stressful. The grounds on which the patients are admitted into a forensic unit evoked negative emotions in the participants. Wolfgang (Brain 2002: 157) compared physicians, pharmacists and nurses and found more stress among nurses.

Appelbaum, et al. (in Peternelj-Taylor 2005:8) state that all levels of staff in secure environments experience stressors unique to their work. These issues include personal safety, personal and professional ethical dilemmas, understaffing, and competing and conflicting expectations of health and correctional authorities.

Schafer, Cooper and Payne; Auerbach and Grambling (in Bergh & Theron, 2005:424) state that work stress may influence work outcomes in many ways and have many consequences for the individual, including physical diseases, emotional reactions and psycho-physiological symptoms, as discussed below. Participants expressed emotions of fear, anxiety, and anger.

3.4.4.1 Emotional distress as evidenced by various experiences

Participants expressed emotions of fear, anxiety, and anger.

Emotions are lived as an integral part of people’s experience of their daily situation (Louw & Edwards, 2004:454).

a) fear in the psychiatric nurse working in the forensic ward
Of the three main types of emotions, fear stood out as the most prominent feeling experienced by nurses when caring for forensic patients.

They supported their opinions with the following statements:

“He said to us he was going to do something we will never forget. I was scared.”

“...after that scene I was shivering, I even used the wrong drug book to enter drugs given to the patient.”

“When that talkative patient approached me, I was paralysed with fear, not knowing what to do.”

“After we secluded him, he said that he knew where I stayed, I was terrified. I even forgot to order meals.”

As a cognitive process, Townsend (2003:541) states that it may lead one to make mistakes.

b) anxiety by the psychiatric nurse working in the forensic ward

In this study, anxiety is experienced by participants as a feeling of uneasiness and tension related to unpredictable behaviours of the patients. Patients frequently have unrealistic personal expectations, often this lead to anxiety. The following statements confirm this:

“...but after the patient confronted me suddenly, I was not at ease.”

“On my way home I kept on looking backward, I was not free.”

“The patient said I must let him escape, I reported him, so from that time I was never comfortable in the ward.”
“just out of the blue he demanded his money. We explained that we didn't have access to the safe. I was anxious the whole day.”

Kelneter, et al. (2003:17) defines anxiety as a diffuse apprehension that is vague in nature and is associated with a feeling of uncertainty and helplessness.

The above is supported by Gelder, Mayou and Cowen (2001:273) who affirm that in feeling worthless, the person thinks that he/she is failing in everything that he/she does and that other people see him/her as a failure.

c) anger by the psychiatric nurse working in the forensic ward

When the participants described how they experienced hostile behaviour from the patients, the researcher observed from their body language and tone of their voices that they were angry. In describing this, participants said the following:

“He said I am paid for him to be in the hospital, which made me very angry.”

“...he told me that he can sleep at any time. He made me angry.”

“He refused to bath, and pointed a finger at me. I became very angry.”

“...I was angry, and he continued to make fun of me.”

According to Barker (2003:274), anger is an emotion aroused in response to a real or perceived threat to self, others or property.

3.4.4.2 Physical distress as evidenced in experience of:

Exhaustion and insomnia

In the interviews, the researcher observed that emotional distress leads to
physical distress, characterised by exhaustion and insomnia.

a) exhaustion experienced by the psychiatric nurse working in the forensic ward

In the interviews it was revealed that the emergencies are dealt with by few male nurses and after teamwork, and they end up being physically and emotionally drained, which is revealed in the following descriptions:

“After team work, I was tired, when I reached home I just lay in bed.”

“I argued with that patient for a long time, and I was exhausted.”

“…they behaved like they had relapsed. I was exhausted.”

“There was no water… I was very tired after calming down the patients.”

McShane and von Glinow (in Bagrain, Potgieter, Viedge & Werner, 2005:208) state that if people are unable to withdraw from a stressful situation in order to face it with renewed vigour later, the body becomes exhausted and depleted.

The researcher in this study observed that the common sleep disorders experienced by most of the participants were insomnia and nightmares.

b) insomnia experienced by the psychiatric nurse working in the forensic ward

Participants who experienced insomnia explained that they stayed alert for most part of the night. Most of them who were directly subjected to traumatic situations described with tears welling in their eyes, how painful it was to experience the flashbacks of the traumatic events. In describing this, participants said the following:
“I was scared, I couldn’t even sleep at night for a long time.”

“I stayed alert in bed for some night, just thinking what could have happened to me if male nurses were not on duty.”

“At night I didn’t sleep well. I saw that huge patient coming to me.”

Kaplan and Saddock (in Townsend, 2003:565) define insomnia as difficulty with initiating or maintaining sleep (Bernstein, Penne, Clark-Stewart & Roy, 2006:333).

Townsend (2003:567) defines nightmares as frightening dreams that lead to awakenings from sleep.

3.4.5 THEME 5: Psychiatric nurses utilised defence and coping mechanisms to maintain their mental health

It is easy for a person’s ego to take offence when people rub others the wrong way. The participants in the study expressed how they struggled to deal with hurtful emotions. The researcher realised that they were using defence and coping mechanisms to maintain their mental health. Woods (2000:154) states that defence mechanisms help prevent the ego from being overwhelmed. The defence mechanisms that were commonly used were suppression, intellectualisation and displacement as illustrated below.

- Suppression by the psychiatric nurse working in the forensic ward

The researcher realised that the participants lacked the opportunity to express their hurt emotions, hence, suppression stood out as the most prominent defence mechanism as is shown by the following statements:

“Sometimes I feel like bursting. I absorb my feelings most of the time.”
“… you don’t know where to ventilate, so we just absorb the pain.”

“The manager blamed me for nothing. I was bottled up and kept quite.”

- Intellectualisation by the psychiatric nurses working in the forensic ward

In this study participants hid their frustrations and fear by explaining that the only thing they should do is to love their patients. Evidence of this appears in the following statements:

” …he grabbed my juice and ran off, I was helpless. I forgave him.”

“He shouted at me, I accepted the behaviour. I knew he was frustrated.”

“He bullied me. I ignored him because the family never visit him.”

“…He nearly punched me, but it was because he was sick.”

Townsend (2003:20) states that intellectualisation is an attempt to avoid expressing the actual emotions associated with stressful situations.

- Displacement by the psychiatric nurse working in the forensic ward

In this study the researcher observed that the participants utilised the above mentioned defence mechanisms, and they poured out their hurt emotions onto their family. This is evidenced by the following statements:

“I nearly cried in front of the patients, but I couldn’t, instead when I arrived home I was just screaming at my husband for nothing.”
“I just suppress the hurt feelings and take them home where you find that I just shout at my kids.”

“…at home I became very irritable and I banged the doors.”

“…that patient made me angry. When I arrived home I slapped my little girl for seeking my attention. I felt guilty.”

According to Dollard et al., (in Baron & Byrne, 2003:443) displaced aggression is aggression against someone other that the source of strong, initial provocation. The use of defence mechanisms to cope with feelings such as anxiety, guilt, and shame is considered normal (Nevid, Rathus & Greene, 2008:46); (Newman & Newman, 2006:125)

3.4.5.4 Use of substances such as cigarettes, snuff and alcohol

From the interviews, the researcher observed that the participants used substances to relief negative emotions. They confirmed this by describing the following situations:

“To relief my distress, I sit quietly and take my snuff.”

“I find myself going to an isolated area which is cool. I find myself smoking, of which I don’t like…but I find smoking soothing for me.”

“Most of us smoke and take alcohol to deal with the stress, sometimes I just smoke continuously”.

“I cannot go through the whole day at work without taking snuff.”

Stuart and Laraia (2005:473) confirm that people continue to use substances for relief of negative emotional states, such as depression, fear, anxiety, relief from fatigue, or boredom. This is supported by the study by Coffey and Coleman (2001:397-407) who observed that participants in their study who
experienced high levels of stress, adopted palliative behaviours such as the use of alcohol.

3.5 FIELD NOTES

Field notes were made during and after the interviews. The field notes were divided into the following categories: observational notes, theoretical notes, methodological notes and personal notes.

- **Observational notes**

  The interviews were done with psychiatric nurses in the therapy room at the hospital. At the initial stage of the interviews the participants were seemingly cheerful. However, during the interviews, most of the participants appeared sad, and tears welled up their eyes as they described the poor communication, uncooperativeness and aggression from the patients. Some expressed anger as they raised their voices when expressing the feeling of not being recognised. They appeared to be relieved at the end of the interviews, as they had had an opportunity to verbalise their challenges to someone.

- **Theoretical notes**

  Psychiatric nurses in a forensic ward work in a stressful environment due to the hostile behaviour from the patients. In the results of the study, the psychiatric nurses in the forensic ward experienced poor therapeutic relationships and threats from the patients. On the other hand they felt disempowered by the management. This caused distress as evidenced by the tears in their eyes and the anger in their voices. Participants were given emotional support and reassurance after the interviews.

- **Methodological notes**
The writing of the notes after the interviews went on smoothly. The problem the researcher encountered was that some participants came late and the researcher had to readjust the interview times.

- Personal notes

In the interviews participants revealed their experience of hostile behaviour from the patients in a sad manner. Some participants were angry as they described how the management neglected them. These recollections aroused unpleasant feelings in the researcher as she had experienced that, but the researcher managed to control her emotions. The researcher felt guilty as she could not offer emotional support during the interview, as this would have biased the data of the research.

3.5 SUMMARY

In this research, psychiatric nurses’ experiences of hostile behaviour from psychiatric patients in a forensic ward were described. A literature control was done during the analysis to support the findings.

In Chapter 3, the results of individual interviews were discussed. In chapter four, guidelines will be provided for addressing psychiatric nurses’ experiences of hostile behaviour from patients in a forensic ward. The conclusions, limitations of the research and also recommendations for further research will be discussed in chapter 4.
CHAPTER 4

GUIDELINES, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

In chapter 3, the results of this study were discussed and compared with the relevant literature. In this chapter, guidelines will be described for advanced psychiatric nurses to assist psychiatric nurses working in the forensic unit to mobilise their resources to promote their mental health as an integral part of health.

4.2 GUIDELINES FOR ADVANCED PSYCHIATRIC NURSES TO FACILITATE THE MENTAL HEALTH OF PSYCHIATRIC NURSES WORKING IN THE FORENSIC WARD

These guidelines are based on the themes emerging from phenomenological interviews and researcher observations of psychiatric nurses’ experience of hostile behaviour by the patients in a forensic ward (see table 4.1).

The therapeutic nurse patient relationship, that is essential for rendering quality care, is lacking. This is evidenced in ineffective communication, fear related to uncertainty, and frustrated aspirations because of uncooperativeness. Disempowerment related to lack of recognition is evidenced in demotivation related to lack of knowledge and skills, lack of support from managers, and the shortage of male nurses. In addition, the fear related to threats evidenced in physical, verbal aggression and sexual suggestions, culminates in emotional distress as evidenced in the experience of fear, anxiety, and anger, as well as physical distress, as evidenced in the experience of exhaustion and insomnia.
The impact these experiences have on the psychiatric nurses in forensic ward, forces them to utilise defence and unhealthy coping mechanisms as evidenced in the suppression of emotions, intellectualisation, displacement and the use of cigarettes, snuff and alcohol, in an endeavour to maintain good mental health.

Table 4.1 Guidelines for psychiatric nurses’ experience of hostile behaviour by patients in a forensic ward.

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<thead>
<tr>
<th>Themes and categories</th>
<th>Guidelines</th>
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<tbody>
<tr>
<td><strong>Theme 1: Experience lack of therapeutic relationships with patients as evidenced by ineffective communication, fear related to uncertainty, and frustrated aspirations because of uncooperativeness</strong></td>
<td>Guideline 1: Facilitation of therapeutic relationship with patients</td>
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<td></td>
<td>• Therapeutic use of self</td>
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<td>• Facilitation of assertiveness skills</td>
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<td><strong>Theme 2: Experience fear related to threats evidenced by verbal and physical aggression</strong></td>
<td>Guideline 2: Facilitation of the use of safety measures and self-control in coping with threats</td>
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<td></td>
<td>• Debriefing session with psychiatric nurses in the forensic ward after crisis</td>
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<td>• Environmental modification</td>
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<td>• Reinforcement of security personnel</td>
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<td><strong>Theme 3: Experience lack of recognition as evidenced by poor self image and worth related to lack of support from government and managers, shortage of male nurses,</strong></td>
<td>Guideline 3: Facilitation of the empowerment of psychiatric nurses to feel recognised and esteemed</td>
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<td></td>
<td>• Facilitation of staff</td>
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<tr>
<td>Lack of sufficient knowledge and skills development</td>
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<tr>
<td>• Negotiate with management and human resource management to motivate for more posts for advanced psychiatric nurses</td>
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<td>• Encourage support visits by the management</td>
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<th>Theme 4: Experience of emotional and physical distress</th>
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<tr>
<td>Guideline 4: Facilitation of self-management to maintain personal excellence</td>
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<tr>
<td>• Facilitation of maintenance of emotional well-being</td>
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<td>• Facilitation of maintenance of physical well-being</td>
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<th>Theme 5: Defense and coping mechanisms utilised by the psychiatric nurse to maintain mental health</th>
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<td>Guideline 5: Facilitation of adaptive coping strategies to strengthen the nurses' ability to meet challenging situations</td>
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<td>• Facilitation of adaptive coping strategies</td>
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<td>• Facilitation of healthy habits</td>
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Thus, guidelines will be formulated and described in order for the advanced psychiatric nurse to be able to facilitate the promotion of mental health of
those psychiatric nurses working in the forensic ward. The relevant literature will be utilised to validate and verify these guidelines.

It will be important for the advanced psychiatric nurse to involve the psychiatric nurses in the assessment of needs, the formulation of expected outcomes, the implementation of the plan and in the evaluation.

In the implementation of the nursing process, the advanced psychiatric nurse will use a theory that considers an individual in totality, that is, body, mind and spirit, as well as the external environments and patterns of interaction between the internal and external environment. The advanced psychiatric nurse will use the Theory for Health Promotion in Nursing (University of Johannesburg, 2009:4). Such an approach will sensitise the advanced psychiatric nurse and the psychiatric nurse to factors that play a role in health or ill-health, and together they can implement the necessary actions.

4.2.1 Guideline 1: Facilitation of therapeutic nurse patient relationship.

Therapeutic use of self

The lack of therapeutic nurse-patient relationships makes it difficult for the psychiatric nurses to render quality care to patients in a forensic unit, as evidenced by ineffective communication. The key therapeutic tool of the psychiatric nurse is the use of oneself (Stuart & Laraia, 2005:16). The advanced psychiatric nurse will reinforce the importance of maintaining therapeutic relationships, regardless of the challenges that usually prevail in the forensic unit. It is through this interaction that the patient will learn how to interact with the self, others and the environment in an effective manner. Townsend (2003:110) states that this is the relationship in which mutual learning occurs.

Trust between the nurse and the patient is essential for ensuring that the therapeutic interventions are effective and result in positive change. The use of the self in a therapeutic manner will enhance behavioural change and
emotional growth in the patient. Townsend (2003:114) affirms that the nurse working in psychiatry must perfect the skills that foster the development of trust. Through a trusting relationship, patients will appreciate the knowledge, skills and attitudes of nurses, and will work cooperatively towards reaching therapeutic goals.

**Facilitation of assertiveness skills**

The advanced psychiatric nurse will encourage the psychiatric nurses in the forensic ward to apply assertive communication skills in their management of patients. By role modelling the skill, the patients will master the assertive behaviour from the nurses, and psychiatric nurses in the forensic ward will be able to express their frustrations and angry emotions in an effective manner (Stuart & Laraia, 2005:640).

Kreigh and Perko (1983:80) state that the benefits of assertive behaviour are, among others, maintenance of more meaningful relationships with others, an increase in overall effective functioning and productivity, postponed impulsive action, and respect of the rights of others. Based on these benefits, the psychiatric nurses’ experiences of hostile behaviour from patients in a forensic ward will be reduced.

The advanced psychiatric nurse will encourage the psychiatric nurses to apply limit setting technique, to modify the unacceptable behaviours of the patients in the forensic ward.

**4.2.2 Guideline 2: Facilitation of the use of self-control and safety measures in coping with challenges**

**Debriefing session with psychiatric nurses in the forensic ward after crisis**

Crises cause the psychiatric nurse to be paralysed with fear or become angry to the point that resigning from work becomes the first solution. The advanced
psychiatric nurse should ensure that debriefing sessions are conducted to promote the mental health of the psychiatric nurses in the forensic ward. In view of the above, Stuart and Laraia (2005:644) state that, when the crisis is over, the team should discuss any concerns they may have had during the crisis, because this type of intervention can be stressful for both staff and patients. They further assert that the patient’s behaviour may have evoked feelings of guilt, anger and aggression in the staff. Expression of the negative feelings will enhance the promotion of mental health of the psychiatric nurse working in the forensic ward.

Environmental modification

The structure of the ward allows the patients to move freely to the nurses’ station, especially when male nurses are not in the ward. Modifying some of the structures to reinforce security measures will instil a sense of safety in the psychiatric nurses and patients. Management will be advised to install an alarm system to summon assistance in emergencies. Gelder, et al. (2001:924) states that psychiatric services need the resources to minimise difficulties and to identify and manage serious threats of violence. The installation of a panic button in the forensic ward to call for help from other wards will reduce violence in the ward (Stuart & Laraia, 2005:650).

Reinforcement of psycho-social environment is essential, to instil a sense of safety and security in the psychiatric nurses in the forensic ward. There is only one security officer in the forensic ward. One wonders how he copes in emergencies. At least two security officers per shift should be allocated to the forensic ward, to ensure the safety of patients and staff as well. According to Bergh and Theron (2005:172) working conditions that are conducive to doing one’s job well, include safety and comfort.

4.2.3 Guideline 3: Facilitation of empowerment of psychiatric nurses

Facilitation of staff development
Nurses in a forensic ward are frustrated by the lack of up to date information regarding the management of forensic patients. They need to keep abreast of new developments in terms of the knowledge, skills and attitudes necessary to manage hostile behaviour from the forensic patients.

Managers and human resource staff should conduct needs assessments, and stay alert to kinds of training that are needed (Bohlander & Snell, 2004:234; Beardwell, Holden & Claydon, 2004:317). Performance appraisal should be used also to identify individual training needs (Rothwell & Kazanas, 2003:106).

The gap could be bridged through development strategies such as seminars, workshops and conferences. Active participation in psychiatric discussion groups will also decrease professional isolation, as the nurses will interact and share information with psychiatric nurses from other institutions.

Top management needs to be committed to training and development, to provide sufficient time and money for training, to curb the shortage of male psychiatric nurses in the forensic unit (Newstrom & Keith, 1997:137). More males should be offered study leave as they are mainly the ones who intervene in emergencies that occur in the forensic ward.

Gelder, et al. (2001:921) state that management of such patients requires specialist training for staff and support by forensic psychotherapies.

Experienced nurses must mentor newly appointed nurses. Performance monitoring and feedback heightens their awareness of the role play in contributing to organisational effectiveness. Management should also transfer learning to the work setting (Yorks, 2005:163).

**Negotiate with management and human resource management to motivate for more posts for advanced psychiatric nurses**

The lack of male psychiatric nurses in the forensic ward is a cause for concern. Nurses in the forensic ward are of the opinion that they need male
psychiatric nurses who are equipped with advanced knowledge and skills to manage the hostile behaviour among the forensic patients. The advanced psychiatric nurse will negotiate with management and human resource personnel for the motivation of more posts for advanced psychiatric nurses. Advanced psychiatric nurses, with their expertise, will conduct individual and group therapies that will have a positive impact on the patients’ behaviours.

Psychiatric nurses in the forensic ward experience neglect by the top management. The advanced psychiatric nurse will encourage the top management to offer support to psychiatric nurses in the forensic ward. When psychiatric nurses know that they are supported by top management, they will feel appreciated and motivated. Bergh and Theron (2005:172) state that working with co-workers and managers who are friendly and supportive will decrease stress, thus increasing performance.

4.2.4 Guideline 4. Facilitation of the promotion of self-management to maintain personal excellence

Maintaining emotional wellness

The advanced psychiatric nurse will instil in psychiatric nurses the understanding that the emotional body is the source of feelings and thoughts. It strongly influences and interacts continuously with the mental body. Steenkamp and Van Schoor (2005:150, 161) say that strategies to maintain emotional wellness include accepting positive and negative emotions, taking responsibility for feelings and not blaming others or the environment for the way one feels, and transforming negative emotions into constructive actions. Psychiatric nurses in a forensic ward will be encouraged to strive to maintain a state of inner harmony and peace within, irrespective of unpleasant events and situations they experience (Steenkamp & Van Schoor, 2005:150;161). Schlebusch (1998:58) states that a positive psychological climate in the workplace and at home is necessary to keep stress to a minimum.
Maintaining physical wellness

The advanced psychiatric nurse will explore with the psychiatric nurse in the forensic ward the negative consequences of physical distress. It is important to encourage the psychiatric nurse to draw up a programme that will facilitate the maintenance of physical well-being by integrating diet, exercise, relaxation and sleep (Barker, 2002:324).

Suzan Smith Jones (in Reece & Brandt, 1996:478) urges: “Take time for nurturing your wellness, if you don’t take time for wellness, you are going to have to make time for sickness.” Encourage nurses to utilise the physiotherapy facility for gymnastics and aerobics for physical wellness, to release tension and promote social interaction.

Erasmus-Kritzinger; Swart; Hairbottle; Louw and van der Merwe (2002:20) say “Your body is the only one you have. Make the most of it, and enjoy it.”

4.2.5 Guideline 5: Facilitation of adaptive coping strategies to strengthen the nurses’ ability to meet challenging situations

Facilitation of peer support group

Psychiatric nurses in the forensic ward use defence and coping mechanisms to adjust to the stressful environment in which they are working. The advanced psychiatric nurse will suggest that the psychiatric nurses initiate and attend peer support group where they will freely express negative emotions to release suppressed emotions. Stuart and Laraia (2005:679) state that peer support groups are an effective way for professionals to share the stresses and problems related to their work.

The advanced psychiatric nurse will suggest that psychiatric nurses participate actively in a psychiatric discussion group, in which they will be able to share their experiences with colleagues from other institutions, learn strategies to deal with their challenges, and socialise with peers. It can be suggested to them to utilise the resources at their disposal, like the expertise of the psychologist or pastor for spiritual fulfilment. It is essential to instil
insight regarding acceptance of things they cannot change. Osteen (2004:160) insists “forgive to be free”

Facilitation of healthy habits

Psychiatric nurses in the forensic ward stated that they were not comfortable with their use of substances. The advanced psychiatric nurse will urge the psychiatric nurses to participate in a health promotion programme to help them to build lifestyles that will enable them to achieve their full potential. By creating awareness in psychiatric nurses regarding risk factors, they will be motivated to maintain their new healthier lifestyle through self-monitoring and evaluation. Cascio (2003:603) believes “No one take better care of you than you do”

4.3 LIMITATIONS

In this study, some nurses consented to participate in the study but when the interview was to be conducted as scheduled, they withdrew, saying that they were not ready. The researcher had to look for psychiatric nurses who were willing to participate in the study and as a result, the time frame for interviews was longer than anticipated.

Most of the male nurses were not willing to participate in the study, so out of nine participants, only three were male nurses. Not much has been done to study the psychiatric nurses’ experience of hostile behaviour from patients in a forensic ward. As a result there was little literature with which to compare the results.

4.4 RECOMMENDATIONS

The recommendations from the study will be made with specific reference to nursing practice, nursing education and further nursing research.
4.4.1 Psychiatric nursing practice

It is evidenced from the results that the impact of hostile behaviour among patients in a forensic ward on psychiatric nurses’ internal and external environment could be profound. In order to promote the mental health of psychiatric nurses working in a forensic unit, it is essential to regard them as human beings with a body, mind and spirit and as people who interact with their environment physically, socially, spiritually and psychologically. This means that a comprehensive approach should be used to address all aspects of psychiatric nurses’ internal and external environments at all levels of interactions. The themes provided in Table 4 necessitate the use of multidisciplinary team members, the nursing service, human resource management and the mobilisation of community resources.

4.4.2 Psychiatric nursing education

Nursing curricula should include topics on challenges faced by nurses in forensic units and the effects on their personal and professional lives. The curricula should be reviewed annually to accommodate their changing needs. Psychiatric nurses should empower themselves by taking the lead in issues related to forensic psychiatric nursing.

4.4.3 Psychiatric nursing research

The research study is a unique contribution to nursing and to other social sciences. There is therefore an important need to continue nursing research on whether the guidelines provided in this study were effective in improving the mental health of the psychiatric nurses in a forensic unit. Research should also be conducted on the experience of the family members of hostile behaviour by the patient at home.

4.5 CONCLUSION
The objectives of the study were twofold: firstly to explore and describe the psychiatric nurses’ lived experience of hostile behaviour on the part of patients in a forensic ward and secondly, to facilitate guidelines to promote the mental health of the psychiatric nurses in a forensic ward.

The findings of the study indicated that psychiatric nurses in a forensic ward are subjected to hostile behaviour from patients. Hostile behaviour in the forensic ward is consistently experienced as hindering a therapeutic nurse-patient relationship. In addition, threats and disempowering behaviours, impact negatively on the total well-being of the nurses, resulting in emotional and physical distress, which eventually force the psychiatric nurse to use defence and unhealthy coping mechanisms in an endeavour to maintain good mental health.

With the suggested psychiatric nursing guidelines, it is hoped that psychiatric nurses in the forensic unit will benefit from mobilising available resources to promote their mental health.
BIBLIOGRAPHY


THE SOUTH AFRICAN NURSING COUNCIL 1985: Regulations relating to approval of and the minimum requirements for the education and training of a nurse (General, psychiatric and community) and midwife leading to registration. Regulation 425; 22 February 1985 as amended. Pretoria: Government Printer.


APPENDIX 1

ETHICAL CLEARANCE

FACULTY OF HEALTH SCIENCES
ACADEMIC ETHICS COMMITTEE

ETHICAL CLEARANCE NO: AEC32/09

29 May 2009

TITLE OF RESEARCH PROPOSAL: Psychiatric nurses' experience of hostile behaviour in a forensic ward in a Limpopo psychiatric institution

DEPARTMENT OR PROGRAMME: NURSING

RESEARCHER: TEMA, TR

STUDENT NO. 200936667

SUPERVISOR: Prof M Poggenpoel

CO-SUPERVISOR: Prof CPH Myburgh

The Faculty Academic Ethics Committee has scrutinised your research proposal and confirm that it complies with the approved ethical standards of the University of Johannesburg.

The attached recommendations were made by the committee which will improve the quality of your proposal.

Please make these changes and corrections to the satisfaction of the supervisor/s. The changed proposal should be handed in at the Research Office after corrections have been effected.

The AEC would like to extend their good wishes to you in your endeavour of your research project.

Yours sincerely,

Prof. Karien Jooste
Chair: Faculty of Health Sciences: AEC
APPENDIX 2

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

24 February 2009

The Chief Executive Officer

REQUEST FOR CONDUCTING A RESEARCH STUDY

My name is Tebogo Tema. I am currently registered with the University of Johannesburg for Masters Degree in advanced Psychiatric Nursing Science. In order to fulfill all the requirements for this degree I am involved in a mini-dissertation, supervised by Prof M Poggenpoel and co-supervised by Prof CPH Myburgh.

The title of the research study is “PSYCHIATRIC NURSES EXPERIENCE OF HOSTILE BEHAVIOUR IN FORENSIC WARD”.

I hereby request authorization to conduct this research within the jurisdiction of your hospital. I will also request permission from those professional nurses who will be willing to participate in the research study.

The process consists of an in-depth audio-taped interview with individual participants, lasting about one hour. After the collection of data, the audiotapes will be transcribed and will be analysed by an independent coder and researcher supervisor’s analysis as required by academic standards.

The research proposal was submitted to the ethical committee of the University of Johannesburg and ethical clearance has been granted. The period of interviews is scheduled to be three months starting from the first interview, which of course will follow your permission.

I undertake to adhere to ethical standards and academic requirements of research projects.

The following principles will be respected:

- Participants will freely sign an informed consent before the beginning of interviews
- No name will be mentioned during or after, during transcription and decoding.
- All information received will be treated professionally with respect to confidentiality and privacy.
- In this research study no harm is foreseen, however, should the reliving of the experience of hostile behaviour provoke a crisis, referral to professional help is planned.
• Audiotapes will be stored in a locked cupboard and the key to the cupboard will be kept personally so that unauthorized people may not have access to them.
• After the transcription, independent coding and examination, the audiotapes will be destroyed two years after publication.
• Participants may decide to withdraw from the study at any time without fear of persecution or punishment.
• The results of the study will be available to the nursing management of your institution.

Please indicate your response in writing as this constitutes a legal proof that permission has been granted to conduct research study in your institution.

Thank you in advance for your cooperation and assistance.

Yours truly,

TEBOGO TEMA
RESEARCHER

PROFESSOR MARIE POGGENPOEL
SUPERVISOR

PROFESSOR CPH MYBURGH
CO-SUPERVISOR
APPENDIX 3

PERMISSION FROM THE HEAD OF THE DEPARTMENT OF HEALTH TO CONDUCT RESEARCH

3 August, 2009
Miss TR Tema
P.O. BOX 283
GROOTHOEK
0928
South Africa

Dear Miss TR Tema

"Psychiatric nurses experience of hostile behaviour in a forensic ward in Limpopo psychiatric institution"

Permission is hereby granted to Miss TR Tema to conduct a study as mentioned above in Limpopo Province, South Africa.

- The Department of Health and Social Development will expect a copy of the completed research for its own resource centre after completion of the study.
- The researcher is expected to avoid disrupting services in the course of his study.
- The Researchers should be prepared to assist in interpretation and implementation of the recommendations where possible.
- The Institution management where the study is being conducted should be made aware of this;
- A copy of the permission letter can be forwarded to Management of the Institutions concerned.

[Signature]

HEAD OF DEPARTMENT
HEALTH AND SOCIAL DEVELOPMENT
LIMPOPO PROVINCE
APPENDIX 4

PERMISSION FROM THE CEO OF THE HOSPITAL TO CONDUCT RESEARCH

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

REF: STUDY LEAVE
ENQ: CHOKOE ME
DATE: 05 AUGUST 2009

TO WHOM IT MAY CONCERN

This is to confirm that Ms Tema TR has been given the permission to conduct her Research in Psychiatry for Masters Degree at this Hospital.

This arrangement will hold for as long as she is still pursuing her Masters Degree.

Thank you.

[Signature]

CHIEF EXECUTIVE OFFICER
M.E. CHOKOE (CEO)

DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT
INVITATION TO PARTICIPATE IN THE RESEARCH

My name is Tebogo Rebecca Tema. I am a professional nurse like, you and currently I am registered with the University of Johannesburg for the Master’s Degree in advanced Psychiatric Nursing. In order to fulfill all the requirements for a master’s degree, I am doing a research project to which I would like to invite you to participate in.

Your contribution, as participants, will be highly appreciated and will make a difference in the lives of many other professionals who may learn from your own experiences. The title of the research project is “PSYCHIATRIC NURSES’ EXPERIENCES OF HOSTILE BEHAVIOUR IN FORENSIC WARD IN PSYCHIATRIC INSTITUTION IN LIMPOPO” My study supervisor is Professor M. Poggenpoel and Professor C.P.H. Myburgh is the co-supervisor, they are both lecturers at the University of Johannesburg.

The rationale behind the choice of this topic and the conducting of this research project is twofold. Firstly, it is frightening to work in a forensic ward, caring for patients who had committed criminal offences due to mental challenges. Some of them have the tendency of displaying the hostile behaviours that made them to be imprisoned. The most common behaviours displayed are outburst of anger, refusal of medication and sexual harassment

In most cases such incidents are underreported by the nurses as they fear to be held responsible for such assaults. The extend to which this hostile behaviour affects the psychiatric nurses in forensic wards and the impact it has on their professional and personal lives is not known. The study undertaken would therefore shed some light on to what exactly happens regarding display of hostile behaviour in forensic ward.

Secondly, by exploring the problems encountered by the professional nurses and how they cope to render quality care in a stress laden environment, the researcher would be able to devise, based on the findings, guidelines to facilitate mental health of psychiatric nurses forensic ward.

The advantage of participating in this research is that the participants will make their voices heard. The findings, as said above, will increase their knowledge on how to
deal with hostile behaviour in a safe and supportive environment, specifically in the
case of the hospital in which the participants work.

Ethical standards (ethical clearance no: AEC32/09) will be adhered to, as listed below.

The following ethical standards will be adhered to:

- Participants will freely sign an informed consent before the beginning of
  interviews.
- No name will be mentioned during interview or after, during transcription and
  coding.
- All information received will be treated professionally with respect to
  confidentiality and privacy.
- In this research project no harm is foreseen, however, should the reliving the
  experience of hostile behaviour provoke crisis, referral to professional help is
  planned.
- Audiotapes will be stored in a locked cupboard and the key to the cupboard
  will be kept personally so that only I and my supervisors will have access to
  them.
- The audiotapes will be destroyed two years after the publication of this
  research.
- Participants may decide to withdraw from the study at any time without fear of
  persecution or punishment.
- The results of the study will be made known to the participants and a copy will
  be made available to the nursing management of the institution where
  participants can obtain a Photostat.

Should you have any questions to ask or should you need more clarifications,
contact me on the following addresses:

Post: Tebogo Tema
      PO Box 293
      Groothoek
      0628

Or phone
Cell: 08272353435 (from 19hrs to 21hrs.)

Alternatively, email to: tebogo.tema@yahoo.com

I am looking forward to journey with you in this discovery

Yours in service

TEBOGO TEMA
RESEARCHER
APPENDIX 6

PARTICIPANTS CONSENT FORM

RESEARCH PROJECT

PSYCHIATRIC NURSES’ EXPERIENCE OF HOSTILE BEHAVIOUR FROM PATIENTS IN A FORENSIC WARD IN A LIMPOPO PSYCHIATRIC INSTITUTION

PARTICIPANT CONSENT FORM

I have read the information sheet and understand the content.

I agree with the following:

1. Participation in the interview.

Participant signature:

2. The interview with me being audio-taped

Participant signature:
APPENDIX 7

BIOGRAPHICAL INFORMATION OF THE PARTICIPANT

GENDER: ____________________________

AGE: ______________________________

YEARS AT THE INSTITUTION: ________________

QUESTION: How is hostile behaviour for you in this hospital?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
APPENDIX 8

PROOFREADING AND LANGUAGE EDITING DOCUMENT

BERNICE BRADE EDITING

Freelance Writer, Proof Reader and Editor
Web Researcher and Research Strategist
English Specialist

Tel. and Fax +27 11 465 4038
Cell 072 287 9859
Email edit@iafrica.com
28th July 2010

To whom it may concern

This letter serves to confirm that in July 2010 I did the proofreading and the language editing for the Dissertation of

TTEBOGO TEMA

Entitled PSYCHIATRIC NURSES’ EXPERIENCE OF HOSTILE BEHAVIOUR FROM PATIENTS IN A FORENSIC WARD IN A LIMPOPO PSYCHIATRIC INSTITUTION

This document is being submitted in partial fulfilment of the requirements for the degree

MAGISTER CURATIONIS in PSYCHIATRIC NURSING

In the FACULTY OF HEALTH SCIENCES

At the UNIVERSITY OF JOHANNESBURG

I have proofread and edited the work from the introductory pages to the list of references but not the appendices. This editing principally involves proofreading, language, style and grammar editing; and also checking the text for clarity of meaning, sequence of thought and expression and tenses. I have also noted any inconsistencies in thought, style or logic, and any ambiguities or repetitions of words and phrases, and have corrected those errors which creep into all writing. I have written the corrections on the hard copy and have returned the document to the author, who is responsible for inserting these. Please note that this confirmation refers only to editing of work done up to the date of this letter and does not include any changes which the author or the supervisor may make later.

July 2010

Bernice McNeil