SUPPORT GROUPS FOR PSYCHIATRIC NURSES WORKING IN LOCKED-UP (CLOSED) PSYCHIATRIC WARD

by

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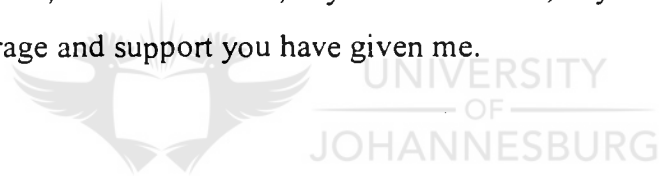
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This research is dedicated to:

My late father Mokete Ramashala, who used to inspire us, saying: "Nka thaba ge nka le bona le tsweleletse ka dithuto tsa lena ke tsweleletse Bakwena".

My husband Moeti, my children Mokete and Palesa, for understanding that I could not always be there. Also my Mother Kabela, my sisters Nanana, Jane and Edith, my brother Frank, my niece Sybil, for the courage and support you have given me.

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CONTENTS

ABSTRACT

The objectives of this research were to describe the process for implementation of support groups as a resource to facilitate the promotion, maintenance and restoration of mental health of psychiatric nurses in locked-up wards and to describe guidelines for the implementation of support groups.

The research design was qualitative, descriptive and contextual in nature. A descriptive single case study method was utilized to evaluate the process of support groups. Steps were taken throughout the study to ensure trustworthiness. The sample consisted of seven psychiatric nurses working in locked-up wards and were purposively selected. This was done after obtaining the necessary permission from the psychiatric hospital and informed consent from the research participants.

Support group sessions were conducted in three phases: relationship phase, implementation phase and termination phase. Data were gathered through multiple methods: participant observation, field notes, audiotapes of support group sessions, and naive sketches. Data were analysed according to Giorgi's and Tesch's methods, and the services of an independent coder were obtained. After data analysis, the case study as described and a literature control carried out for verification of results.

The results indicate that psychiatric nurses in locked-up wards are definitely in need of support, especially from management, and that can be facilitated through the formation of support groups in their hospital as there are currently no support groups.

Guidelines were generated based on the results of the evaluation of support group sessions within the phases of the support group: relationship phase, implementation phase and termination phase. Possibilities for the application of the results in psychiatric nursing practice, psychiatric nursing education and psychiatric nursing research are suggested.

The limitations of the study were discussed. It is concluded that psychiatric nurses in

locked-up wards need support and will utilize support groups as a resource to facilitate the promotion, maintenance and restoration of their mental health which is an integral part of health.

OPSOMMING

Die doelwitte van hierdie studie was om die proses vir die implementering van ondersteuningsgroepe as 'n bron om die bevordering, instandhouding en herstel van die geestesgesondheid van psigiatriese verpleegkundiges in geslote sale te beskryf, asook riglyne vir die implementering van ondersteuningsgroepe.

Die navorsingsontwerp was kwalitatief, beskrywend en kontekstueel van aard. 'n Beskrywende enkele gevallestudie-metode is gebruik om te evalueer hoe die ondersteuningsgroep-proses verloop. Stappe is deurgaans gevolg om vertrouenswaardigheid te verseker. Die deelnemers aan die studie het uit sewe psigiatriese verpleegkundiges bestaan wat in geslote sale werksaam is en wat doelgerig gekies is nadat die nodige toestemming van die psigiatriese hospitaal en ingeligte toestemming van die deelnemers verkry was.

Ondersteuningsgroepsessies het in drie fases plaasgevind: verhoudingsfase, implementeringsfase en terminasiefase. Data is deur middel van die volgende metodes versamel: deelnemende waarneming, veldnotas, oudiobandopnames van ondersteuningsgroepsessies, en naïewe sketse. Data is ontleed volgens die metodes van Giorgi (in Tesch, 1985) en die dienste van 'n onafhanklike kodeerder is verkry. Nadat die data ontleed is, is die gevallestudie beskryf en 'n literatuurkontrole is uitgevoer om resultate te verifieer.

Die resultate dui daarop dat psigiatriese verpleegkundiges in geslote sale beslis 'n behoefte aan ondersteuning het, veral van bestuur, en dit kan gefasiliteer word deur ondersteuningsgroepe in hulle hospitaal omdat daar tans geen ondersteuningsgroepe daar bestaan nie.

Riglyne is geformuleer op grond van die resultate van die evaluering van ondersteuningsgroepsessies binne die onderskeie fases: verhoudingsfase, implementeringsfase en eindfase. Moontlikhede vir die toepassing van die resultate in

psigiatriese verpleging, psigiatriese verpleegkundige onderwys en psigiatriese verpleegkundige navorsing word voorgestel.

Die beperkings van die studie is bespreek. Daar is tot die gevolgtrekking gekom dat psigiatriese verpleegkundiges in geslote sale 'n behoefte aan ondersteuning het en dat hulle ondersteuningsgroepe as 'n bron kan gebruik om die bevordering, handhawing en herstel van hulle geestesgesondheid as 'n integrale deel van hulle gesondheid te bevorder.

ABSTRACT

Maikemisetso a dinyakisiso tse, ke go hlalosa lenaneo la go hlangwa ga dihlopha-tlaleletso tsa thuso bjalo ka motheo wa go phethagatsa seemo, le go kaonafatsa lephelo la baoki bao ba swaraganego le balwetsi ba mafokodi a monagano le go hlalosa dintlha tseo di amanego le go phethagatswa ga dihlopha tsa thuso.

Dinyakisiso ke tsa mohuta wa tlhaloso ye e tseneletsego. Go somisitswe mohlala o tee wa tlhaloso go leka go ela lenaneo la dihlopha tsa thekgo. Nakong ya lenaneo-thutu le ka moka, go tserwe magato a tekodidido go kgonthisisa gore dipoelo e be tsa bonnete bja paale. Sampolo e hlamilwe ke baoki ba supa bao ba somanago le balwetsi ba mafokodi a monagano, ka diwadeng tseo di tswaletswego gomme ba be ba kgethilwe ka maikemisetso. Se se di rilwe morago ga go hwetswa ga tumelelo yeo e tsomegago go tswa sepetleleng sa mafokodi a monagano le bakgatha-tema ba dinyakisiso.

Mabaka a mosomo a sehlopha sa bathu si a be a arogantswe ka dikarolo tse tharo: karolo ya segwera, karolo a phethagatso, le karolo ya mafelelo. Dintlha tsa tshedimoso, di kgobokeditswe ka mekgwa ye mentsi: ditekolo tsa bakgatha-tema/batseakarolo, dinoutsi tsa lefelong la tiragalo, ditheiphi tsa modumo tsa tulo ya dihlopha tsa thuso, le dintlha ka kakaretso. dintlha di lekodisisitswe go ya ka mekgwa ya Giogio le Tesch, gomme go somisitswe "coder" yeo e ikemetsego. Morago ga tshekatsheko ya dintlha, lenaneo-thuto le hlalositswe gomme lenaneo la dingwalwa tseo di badilwego nakong tsa diteko, tsa balwa gore go kgonthisiswe dipoelo.

Dipoelo di hlatsela gore, baoki ba balwetsi ba mafokodi a monagano, bao ba somag ka diwadeng tseo di notletswego, ba tloga ba nyaka thekgo ya ba taolo, gomme seo se ka phethagatswa ka go hlongwa ga dihlopha tsa thuso dipetleleng tsa bona ka gore, ga go na dihlopha tsa thuso nakong ya bjale.

Dintlha tsa hlahlo di tsweleditswe go tswa dipoelong tsa tulo ya sehlopha sa thuso mo dikarolong tseo di fapafapanego tsa sehlopha sa thuso e lego: karolo ya segwera, karolo

ya phethagatso le karolo ya mafelelo. go tsweleditswe ditshisinyo ka ga phethagatso ya dipoelo mosomong wa booki, thuto ya booki le dinyakisiso mosomong wa booki.

Mafokodi a lenaneo-thuto le ona a ahlaahlilwe. Go tserwe sephetho sa gore, baoki boa ba somanago le balwetsi ba mafokodi a monagano, ba le ka diwadeng tseo di notletswego, ba nyaka thekgo, gomme ka tsela yeo, ba tla somisa dihlopha tsa thuso go fihlela tswetso pele, tlhokomelo le phethagatso ya pholo ya menagano ya bona, e lego karolo ye bohlokwa ya bophelo.

CHAPTER 1

OVERVIEW AND RATIONALE

1.1   RATIONALE

Psychiatric nursing is a specialised area of nursing practice that involves dealing with the psychological distress and suffering of the mentally ill on a daily basis (Sullivan, 1993:18).

The work is demanding and its essence is an intimate and often intense interaction with mentally ill patients that includes confronting difficult and challenging behaviours on a regular basis. In addition, the psychiatric nurse is faced with demands to provide a service which is efficient, effective and economic, whilst being ultimately accountable for the quality of care she provides in the locked-up ward (Sullivan, 1993:59).

Psychiatric nurses who work in locked-up wards are faced with many challenges. The work of the psychiatric nurses working in locked-up wards can be challenging, stimulating and personally rewarding. This work is demanding and stressful as well (Tommasini, 1992:40). Nurses were socialized in their training not to be in touch with their feelings and may have learned not to express them, hence years back they were not involved in strikes. Thus, they are faced with the challenge to improve the image of the nursing profession. During the last few years the media portrayed the strikes undertaken by nurses to achieve their own rights regarding issues such as salaries and working conditions (Poggenpoel & Muller, 1996:13).

Psychiatric patients were left to cope on their own during strikes; some were found wandering around the community. This contributed to the community losing faith and respect in the nursing profession. The organised nursing profession needs to address the challenge of improving the image of the nursing profession (Poggenpoel & Muller, 1996:13). Several measures need to be undertaken to ensure that patients' lives are not

endangered by the actions of psychiatric nurses. These include the facilitation of negotiation between employers and nurses involved to prevent strike actions. If strike actions cannot be avoided, the organised nursing profession should negotiate for skeleton nursing staff or volunteers to provide patient care (Poggenpoel & Muller, 1996:13). This will prevent the psychiatric patients from wandering around aimlessly.

Psychiatric nurses in locked-up wards are faced with the challenge of secluding patients. Seclusion poses dilemmas and raises questions for psychiatric nurses (Tooke *et al.*, 1992:23; Outlaw, 1992:13). Secluding a patient is a distressing event for staff and while some patients have a negative view of this, others regard it as a reward (Tooke *et al.*, 1992:23). Psychiatric nurses are always complaining of being overworked, absenting themselves from work, reporting to be sick every now and then, experiencing stress by taking care of psychotic and physically aggressive patients. There is a high rate of alcohol abuse in psychiatric institutions, psychiatric nurses using alcohol as a coping mechanism and expressing their frustration.

The health service has a reputation for putting the needs of its staff as a low priority because of overstretched budgets. Staff do not even necessarily receive priority care at the hospitals where they are employed (Thomas, 1995:36). Many new organisations are beginning to re-evaluate their outlook towards their staff as they discover what valuable assets they are and the cost of replacing a sick, burnt-out workforce (Thomas, 1995:36).

Psychiatric nurses need structures and systems which support their practice and they should maintain contact with, and draw support from their colleagues. Staff support is about caring for the carers. The demands of modern nursing practice within a system of constant change, allows little time or space for psychiatric nurses to reflect on their feelings, thoughts and behaviours (Thomas, 1995:37).

Support groups seem to have a preventive developmental role which might be said to prepare people to cope more effectively when crises occur, rather than debriefing psychiatric nurses after the event. The significance of this research lies in the evaluation

of support groups as a resource in facilitating the promotion, maintenance and restoration of mental health of psychiatric nurses in locked-up wards.

1.2   PROBLEM STATEMENT

The researcher's subjective experience whilst working in a locked-up ward will be explained under the following headings: patient care, work environment and interpersonal conflict.

1.2.1   Patient care

Physically and verbally aggressive patients need to be secluded for their own safety and the safety of others. This poses a problem for nurses as psychiatric patients need to be observed half-hourly and this becomes impossible due to a shortage of psychiatric nurses. Psychiatric nurses end up charting the observations which they have never done and this is a medical-legal risk. It is difficult for psychiatric nurses to provide individualized patient care due to the ratio of psychiatric nurses to psychiatric patients, for example during the night, three psychia-tric nurses are allocated to forty psychiatric patients. Psychiatric nurses tend to be rou-tine orientated and not providing individualized patient care, which is frustrating. In most cases no valuable information is obtained, as patients speak their own language and are preoccupied by voices and visions. Incidents occur where psychotic patients assault psy-chiatric nurses and fellow patients. Sometimes other psychiatric nurses abuse psychiatric patients, taking advantage of the fact that psychiatric patients are still out of touch with reality.

1.2.2   Work environment

Psychiatric nurses are overworked and always complaining of exhaustion as long as they are on duty from 06:30 until 17:30. There is no remuneration despite nursing aggressive patients under those risky conditions. Stress allowance which used to be granted to psychiatric hospitals is now being taken away. There is no job satisfaction, hence the high

absenteeism and staff turnover rate. What is more frustrating is that there is no platform from where the psychiatric nurses can express their dissatisfaction and the stress which they are faced with. Locking and unlocking doors makes the patients more excited and this results in psychiatric nurses becoming irritable and helpless.

1.2.3 Interpersonal conflict

Relatives of patients pressurise psychiatric nurses to transfer their family members to open wards even if they are not yet ready. Families verbalise that their members are better off being in prison than in the hospital and this is frustrating. Psychiatric nurses feel helpless, useless and become demotivated. Psychiatric nurses who abuse patients become defensive and aggressive when confronted and reprimanded, whilst experiencing the stress that psychiatric nurses are faced within the closed ward. The researcher is therefore of opinion that psychiatric nurses need a lot of support and support groups may be a resource that could be mobilised to facilitate the promotion, restoration and maintenance of their mental health and that of psychiatric patients.

From the above narrative the research questions which come to mind are: In what way can support groups facilitate the promotion, restoration and maintenance of mental health of psychiatric nurses in locked-up wards? What guidelines can be described for the implementation of support groups for psychiatric nurses in locked-up wards?

1.3 RESEARCH OBJECTIVES

The objectives of this research are:

- To describe the process for implementation of support groups as a resource to facilitate the promotion, restoration and maintenance of mental health of psychiatric nurses in locked-up wards by means of a descriptive single case-study strategy.

■ To describe guidelines for the implementation of support groups for psychiatric nurses in locked-up wards based on the results of the first objective.

1.4 PARADIGMATIC PERSPECTIVE

In approaching this study, the researcher acknowledges the complexity of the research phenomenon and believes that the holistic approach is especially suitable for studying a phenomenon such as persons' support. Furthermore, the researcher believes in the equality of herself and that of the research informants.

To this end the assumptions of the Nursing for the Whole Person Theory (Oral Roberts University: Anna Vaughn School of Nursing, 1990:136-142; Rand Afrikaans University: Nursing Department, 1992:7-9) will be utilised in undertaking this study. According to this theory, the following statements are taken for granted.

1.4.1 Metatheoretical assumptions

■ *Person*

Person refers to the psychiatric nurse in a locked-up ward, the psychiatric patients and the researcher. They are all spiritual beings functioning in an integrated bio-psychosocial manner to achieve their quest for wholeness. Because they interact holistically with their internal and external environments, their support of any situation will be seen as holistic. For this reason, their support as well as that between one psychiatric nurse and another, is unique.

■ *Mental health*

Mental health and wholeness are used synonymously. In this research, mental health is the focus. Mental health is an integral part of wholeness. The latter is a state of spiritual, mental and physical wholeness. The pattern of interaction of psychiatric nurses in locked-up wards with their internal and external environment determines their mental health status. Mental health can be

described qualitatively on a continuum from maximum to minimum mental health. Establishment of support groups will assist the psychiatric nurses in promoting, restoring and maintaining their mental health.

- *Mental illness*

  Since working in a psychiatric locked-up ward is an added stressor in the external environment of the psychiatric nurses, failure to mobilise resources can affect their patterns of interaction with their internal and external environment. This can result in mental illness. However, the researcher recognises that health potential exists in those who are ill and vice versa.

- *Environment*

  This encompasses both the internal and external environment. The environment of the psychiatric nurses is multidimensional. The internal environment comprises the body, mind and spirit while the external environment comprises physical, social and spiritual dimensions.

1.4.2 Theoretical assumptions

The following are the theoretical assumptions guiding the conduct of this research.

1.4.2.1 Nursing theory

The underlying nursing theory in this research is the Nursing for the Whole Person Theory (Oral Roberts University: Anna Vaughn School of Nursing, 1990:136-142; Rand Afrikaans University: Nursing Department, 1992:7-9). This theory will, however, be suspended during the collection of data and will be used after data analysis has been completed to reflect the results of the research. The following statements which are deduced from this theory are, therefore, discussed.

1.4.2.2 Theoretical statements

- The psychiatric nurse in a locked-up ward and psychiatric patients are spiritual beings who function in an integrated bio-psychosocial manner to achieve their quest for wholeness.

- The psychiatric nurses and psychiatric patients interact holistically with their internal and external environment.

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

- The advanced psychiatric nursing practitioner utilising support groups in the health delivery system, facilitates the promotion, restoration and maintenance of the mental health of the psychiatric nurses in locked-up wards, which is an integral part of wholeness.

- Promotion, maintenance and restoration of mental health requires mobilisation of all resources in the environment of the psychiatric nurses in locked-up wards.

1.4.2.3 Central statement

The implementation and evaluation of support groups for psychiatric nurses in locked-up wards will provide the basis for generating guidelines to promote, restore and maintain the mental health of the psychiatric nurses in locked-up wards.

1.4.2.4 Theoretical definitions

- *Psychiatric nurse*
  This refers to a professional individual who is educated to interact with a patient in a goal-directed way in assisting him/her to mobilise his/her resources to

facilitate his/her quest for mental health as an integral part of wholeness (Poggenpoel, 1994:54). He/she must be registered with the South African Nursing Council.

1.4.2.5 Other definitions

- *Support groups*

  In this research, support group sessions will be seen as creative processes to improve the quality of professional work, to offer an effective way of sharing skills and knowledge, and to provide a structure for team building (Thomas, 1995:39).

- *Locked-up psychiatric ward*

  A locked-up (closed) psychiatric ward is an integral feature of most psychiatric hospitals. Mental health professionals hold a collection of rationales for the existence of such a ward, for example to prevent imminent harm to the patient or others, to prevent disruption of the treatment programme or damage to the environment, to assist in the treatment of ongoing behaviour therapy (Fishbein, Manos and Rotteveel, 1995:42).

1.4.3 Methodological assumptions

The methodological assumptions guiding this research are in line with the research model developed by Botes (1991:19). The central thesis of this model is that research should be functional. In other words, nursing research should be undertaken in order to improve nursing practice. In this research, the functional approach will be utilised as an appropriate method for the implementation and evaluation of support groups for psychiatric nurses in locked-up wards.

1.5   RESEARCH DESIGN AND METHOD

1.5.1   Research design

The researcher will utilise a qualitative, descriptive and contextual research design (Mouton & Marais, 1990:43-44; Burns & Grove, 1993:28-29).

1.5.2   Research method

This research will be conducted in two phases: the first phase will be descriptive single case-study strategy. The second phase entails the description of guidelines for implementation of support groups for psychiatric nurses in locked-up wards.

1.5.2.1 Phase I: Description of the case study

The description of this case study is based on the central themes expressed by psychiatric nurses in locked-up wards during support group sessions within the various stages of group sessions. That is, the assessment/relationship phase, working/implementation phase and evaluation/termination phase case study will be described.

(a)   Measures to ensure trustworthiness

In this research the researcher will make use of Lincoln and Guba's model (1985:329) to ensure trustworthiness. Lincoln and Guba (1985:329) refers to four criteria for establishing trustworthiness mentioned as credibility, transferability, dependability and conformability. These measures will be described in chapter two.

(b)   Ethical measures

Appropriate steps will be followed to ensure that the rights of the research informants are not violated in any way and to adhere to the ethics of research (Wilson, 1989:82; Burns

& Grove, 1993:94-108; South African Nursing Association, 1991:1-7). These measures will be discussed in chapter two.

(c)   Sampling

The sampling population will be drawn from psychiatric nurses working in six locked-up wards in a psychiatric hospital in Gauteng Province. Psychiatric nurses who are interested in participating will form the support group. The sampling method used is purposive (Burns & Grove, 1987:218; Creswell, 1994:148).

(d)   Data collection

The researcher will use multiple methods of data collection, namely participant observation, support group sessions, field notes and naïve sketches. Group sessions will be conducted until participants express their wish to terminate the sessions. The researcher will enter the research field without any preconceived ideas by using "bracketing" and "intuiting". Bracketing means the researcher lays aside what is known about the experience being studied, while intuiting means the researcher focuses all attention and energy on the subject of interest (Burns & Grove, 1987:80).

Multiple methods of data collection will be discussed in chapter two.

(e)   Data analysis

The transcribed audio recordings of support group sessions, field notes and naïve sketches are read by the researcher as well as independent coder to identify themes. The independent coder is an advanced practitioner in psychiatric nursing, who has experience in qualitative research. The independent coder will analyse and code words and themes independently after being given the work protocol by the researcher. A meeting with the independent coder will be held thereafter for consensus discussion of the themes and categories identified independently. In analysing data, the methods suggested by Tesch

(in Creswell, 1994:155) combined with those of Giorgi (1995:10-19) will be used.

(f)   Literature control

The results of the research will be discussed in the light of the relevant literature and information obtained from similar studies (Madela, 1991:10).

1.5.3   Phase II: Description of guidelines for implementation of support groups for psychiatric nurses working in locked-up wards

In the second phase of the study, data collected from research participants will be used as a basis for formulating guidelines for psychiatric nurses to be used when implementing support groups. Literature will be used as an aid in the formulation of guidelines. These guidelines will then be discussed with advanced psychiatric nurse specialists and other psychiatric nurses for the purpose of refinement.

1.6   CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

Conclusions and limitations will be identified and recommendations will be highlighted.

1.7   DIVISION OF CHAPTERS

CHAPTER 1 :   Overview and rationale.

CHAPTER 2 :   Research design and method.

CHAPTER 3 :   Support groups for psychiatric nurses: a descriptive case study and literature control.

CHAPTER 4 :   Guidelines for implementation of support groups, limitations, conclusions and recommendations.

CHAPTER 2

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

Qualitative research forms the basis of this research design and method. It is the method of understanding the unique, dynamic, holistic nature of human beings. The goal of this method is to give meaning to the whole (Burns & Grove, 1987:36).

Qualitative strategy is inductive in that the researcher attempts to understand a situation without imposing pre-existing expectations on the setting.

The qualitative strategy aims to gather data on numerous aspects of a situation and to construct a complete picture of the social dynamics of the particular situation or setting. Qualitative research involves fieldwork. The researcher physically visits the people, setting, site or institution to observe or record behaviour in its natural setting (Creswell, 1994:145).

2.2 RESEARCH OBJECTIVES

Based on the identified problems, the research therefore has the following objectives:

- To describe the process for the implementation of support groups as a resource to facilitate the promotion, maintenance and restoration of mental health of psychiatric nurses in a locked-up ward, by means of a descriptive single case study strategy.
- Based on the results of the first objective, another objective will be to describe the guidelines for the implementation of support groups for psychiatric nurses in a locked-up ward.

2.3 RESEARCH DESIGN

A research design is defined as a set of guidelines and instructions used by the researcher to make appropriate decisions for the research problem (Mouton, 1996:107). For this research, a qualitative, descriptive and contextual approach will be used.

2.3.1 Qualitative

Qualitative design is a method whereby the unique and dynamic nature of respondents can be understood. This gives meaning to the whole (Burns & Grove, 1993:28-29).

Qualitative research has the capacity to generate knowledge and is concerned with meaning and discovery through the use of inductive and dialectic reasoning and also through its quality to focus on the whole (Burns & Grove, 1993:28; Mouton & Marais, 1990:204).

The researcher will use a qualitative approach by respecting the uniqueness of the psychiatric nurses in locked-up wards participating in the research and by understanding their situation without imposing pre-existing expectations.

2.3.2 Descriptive

The important consideration in descriptive studies is to collect accurate information on domain phenomena (Mouton & Marais, 1990:44; Burns & Grove, 1993:29). That is why, in this research, a descriptive approach is particularly appropriate because the implementation and evaluation of support groups for psychiatric nurses in locked-up wards will be described in detail. Based on the results of the first objective, guidelines for implementation of support groups for psychiatric nurses in locked-up wards will also be described in detail.

2.3.3 Contextual

In a contextual strategy the phenomenon is studied for its intrinsic and immediate contextual significance (Mouton, 1996:133). The aim of the contextual design is to give a profound description of the particular phenomenon or event within the context of the domain phenomenon's particular word of living or meaning (Mouton & Marais, 1990:52). The research is contextual in that it will be conducted in a specific psychiatric hospital in Gauteng Province where psychiatric nurses and other categories of nurses are providing nursing care in a locked-up ward during the day and night.

2.4 RESEARCH METHOD

The research will be conducted in two phases. The first phase will be concerned with the implementation and evaluation of support groups as a resource for psychiatric nurses in locked-up wards through a descriptive single case-study method. Phase two of the research will involve the description of guidelines for the implementation of support groups for psychiatric nurses in locked-up wards.

2.4.1 Phase I: Implementation of support groups as a resource through a descriptive single case-study method

Single cases are a common design for doing case studies. There are those which use holistic designs and those which use embedded units of analysis (Yin, 1994:44). A major step in designing and conducting a single case is defining the unit of analysis or the case itself. The reason for selecting a single case design is that the researcher has access to a situation previously inaccessible to scientific observation. To this end, informants will be identified to participate in the study.

(a) Sampling

Sampling is the process of selecting groups of people with whom to conduct research

(Burns & Grove, 1993:58). According to Burns and Grove (1993:236), target population refers to the entire set of individuals who meet sampling criteria. In this research the target population will be psychiatric nurses in locked-up wards. The population will be drawn from six different locked-up wards in a psychiatric hospital in Gauteng Province.

(b)   Sampling criteria

This is the list of essential characteristics that qualify respondents for participation in the research (Burns & Grove, 1993:236). For psychiatric nurses to be selected, they must meet the following selection criteria:

- Respondents will be psychiatric nurses registered with the South African Nursing Council.
- They will be working in psychiatric locked-up wards being in direct contact with psychiatric patients day and night.
- They will have at least six months to one year or more experience working in psychiatric locked-up wards.
- They will be prepared to participate in the research, such participation being elicited by their written consent.
- They will agree to the support group sessions being audiotaped and transcribed.
- They will be available whenever required for all support group sessions.

(c)   Sampling method

Participating respondents will be selected by means of purposive sampling. By "purposive" is meant conscious selection of individuals who meet these selection criteria (Burns & Grove, 1993:246).

(d)   Data collection

Data collection is the process of selecting subjects and gathering data from these subject

(Burns & Grove, 1993:423). Data collection is a pragmatic activity that propels the planned study from an idea to an actuality. The researcher will use multiple methods of data collection, such as participant observation, field notes, audiotapes of support group sessions and naïve sketches.

Support group sessions will be conducted using three phases, namely relationship phase, implementation phase and termination phase.

- Relationship phase - rapport will be established by making an attempt to put respondents at ease from the very first contact. It is, therefore, necessary that the researcher does everything possible to create a conducive atmosphere that will encourage the psychiatric nurses to talk freely.

- Implementation phase - describing the process of implementation of support groups as a resource to facilitate the promotion, maintenance and restoration of their mental health.

- Termination phase - respondents are requested to write naïve sketches about their experiences in the group sessions. They are given paper and pencil to do this.

The researcher will participate and observe. Observing while participating is a primary method of gathering information (Jorgensen, 1989:82). Participation is a very special strategy and method for gaining access to the interior. Participant observation aims to provide practical and theoretical truths about human existence. The participant observer will keep a diary of activities in the field. Audiotapes of support group sessions will later be transcribed. Field notes are taken on the entire process. Field notes are a system required by a field researcher to remember, retrieve and analyse observations (Wilson, 1989:434). Field notes relieve the researcher of some of the burdens of remembering events and also constitute a written record of the development of observations and ideas to be used in future publications of the research findings and method (Wilson, 1989:436).

The researcher will use field notes during data collection to assist her in remembering events and they constitute a written record of the development of observations. There are

different types of field notes (Wilson, 1989:434-436).

- *Observational notes* are descriptions of events experienced through watching and listening.

- *Theoretical notes* are purposeful attempts to derive meaning from the observational notes.

- *Methodological notes* are instructions to oneself, critique of one's tactics and reminders about methodological approaches that might be fruitful.

- *Personal notes* are notes about one's own reactions, reflections and experiences.

Naïve sketches are personal experiences provided by individuals from all walks of life in situations that are easily recognizable as belonging to everyday life (Giorgi, 1985:3). The question the participants will be asked, will be:

"Please describe to me what your experiences were in support group sessions."

Role of the researcher: It is necessary that the researcher does everything possible to create a conducive atmosphere that will encourage the psychiatric nurses to talk freely. The researcher's personality is a key factor in qualitative research, and empathy and intuition are deliberately used, while skills in these areas are activated by the researcher (Burns & Grove, 1987:80). Empathy means the ability on the part of the nurse to feel with and for the patient. Intuition is the process of actually looking at the phenomenon.

Communication techniques such as probing, paraphrasing, reflecting, summarising, clarifying and the use of minimal verbal response are constantly used by the researcher (Okun, 1987:76-77). *Probing* is an open-ended attempt to obtain more information about something and is most effective when done using statements such as 'tell me more', 'let's talk about that'.

Paraphrasing is simply making a statement that is interchangeable with the participant's statement, although the words may be synonyms of the words used by participants

(Okun, 1987:76).

Example: Nurse: *"I had a lousy day today."*

Facilitator: *"things didn't go well for you today."*

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

Example: Facilitator: *"sounds as if you're really angry at your managers."*

Summarising is putting together important elements of group interaction. the researcher synthesizes what has been communicated during the session and highlights the major affective and cognitive themes. This response is important at the end of the session to ensure that the information shared is agreed upon. This summary is a type of clarification (Okun, 1987:77).

Clarifying is an attempt to focus on, or understand the basic nature of a participant's statement.

Example: *"I am confused about what you are saying; could you go over that again, please?"* or

"It sounds to me like you're saying..." (Okun, 1987:76)

Minimal verbal response means the verbal counterparts of occasional nodding of the head. These are verbal cues, such as "mmm", "yes", "I see", "uh-huh", which indicate that the researcher is listening and following what the participants are saying (Okun, 1987:74).

(e)   Data analysis

It should be pointed out at this stage that in qualitative research, data analysis begins when data are collected and initial codes developed (Minichiello, Aroni, Timewell & Alexander, 1991:295). In qualitative research, data analysis proceeds simultaneously with data collection, data interpretation and narrative reporting (Creswell, 1994:153).

The process of analysis will proceed as follows:

■   *Assembling and organising data*

The data collected by means of audiotape will be transcribed verbatim. Field notes will be organised into personal and analytical logs. A personal log includes a descriptive account of the respondents and their setting, reflective notes on the fieldwork experience and methodological issues. An analytical log includes ideas emerging as the research progresses (Minichiello *et al.*, 1991:254).

■   *Naïve sketches*

The experiences of psychiatric nurses' working in locked-up wards of being in support groups will be analysed.

■   *Methods of data analysis*

The data will first be analysed in the language in which support group sessions were conducted, using a method of data analysis adopted from Giorgi (1985:10-19) and Tesch (in Creswell, 1994:155). The method involves the following:

•   Reading carefully through all the transcripts to get a sense of the whole.
•   Selecting any transcript file and reading through it, jotting down ideas as they come to mind.

- Asking oneself what the session is all about while writing thoughts in the margin.

- Identifying the major categories represented in the universum.

- Putting the units of meaning into major categories while, at the same time, identifying subcategories within the major categories.

- Finally, identifying relationships between major and subcategories and reflecting these (Giorgi, 1985:10-19); Tesch in Creswell, 1994:155.)

The raw data will also be given to an independent coder for analysis. An independent coder is an advanced practitioner in psychiatric nursing, who has experience in qualitative research. A protocol with guidelines for data analysis is given. Thereafter, a meeting will be held with the independent coder to reach consensus on the themes and categories identified independently (Modungwa, 1995:27).

2.4.1.6 Case study record

Case study record includes all the major information that will be used when doing the case analysis and case study (Merriam, 1991:186). All the data that were collected will serve as a basis to set a framework for a case record. The purpose of a case record is to describe the data in a wide-ranging primary package. Information is sorted and adapted so that the case record will be well ordered. The case record must be complete and comprehensible and should contain all the necessary information to describe the case study (Merriam, 1991:186-187). In this research, this is done within the framework of the support group sessions: an initial phase, process description and termination phase.

The description of the case study will be based on the case record.

(f) Literature control

The results of the research will be discussed in the light of relevant literature and information obtained from similar studies to verify results.

2.4.1.8 Phase II: Description of guidelines for the implementation of support groups for psychiatric nurses in locked-up wards

The data gathered from phase I of this research will be used as a basis to describe guidelines for the implementation of support groups for psychiatric nurses in locked-up wards. This is in order to remain faithful to the assumptions of the research methodology. The latter states that the ultimate test of the validity of a study lies in its functionality.

After analysing the results and their implications for support groups, literature will be further reviewed to the effect that it can help in the formulation of guidelines.

2.4.2 Measures to ensure trustworthiness

Throughout the two phases the researcher will strive to ensure trustworthiness. According to Guba and Lincoln (in Krefting, 1991:215), trustworthiness is a method of establishing or ensuring rigor in qualitative research without sacrificing relevance. The researcher will adopt Guba's model (in Krefting, 1991:217) which identifies the following four criteria and strategies for establishing trustworthiness.

The first criterion used to establish trustworthiness is known as "truth value". This criterion is used to assess the extent to which the findings of a study are a true representation of the world of the research participants as described and experienced by them. The strategy for establishing truth value is credibility. This is achieved through the following: prolonged and varied field experience, time sampling, reflexivity, triangulation, member checking, peer examination, interview technique, establishing authority of the researcher, structural coherence and referential adequacy (Krefting, 1991:215-217).

The second criterion used to establish trustworthiness is known as "applicability". This term refers to the degree to which the findings can be applied to other contexts or

settings, or with other groups (Krefting, 1991:216). Transferability is a strategy used to attain applicability. This is achieved by using a nominated sample comparison of sample with demographic data, time sample and dense description (Krefting, 1991:179,216).

The third criterion for assessing trustworthiness is known as "consistency". Consistency assesses the extent to which replication of the story with the same subjects or in a similar context will lead to the same findings. Dependability is a strategy used to establish consistency. this is achieved through keeping a dependability audit, dense description of research methods, stepwise replication, triangulation, peer examination and code-recode procedure (Krefting, 1991:216-219).

The fourth criterion suggested for assessing trustworthiness is "neutrality". This is the extent to which the findings of the study are free from bias. Confirmability is a strategy used to achieve neutrality. It is established by keeping a confirmability audit, triangulation and reflexivity (Krefting, 1991:217-221).

Table 2.1 (page 22) provides an overview of how the strategies of Guba (in Krefting, 1991:215-222) will be applied in this research.

Table 2.1 Strategies to ensure trustworthiness

STRATEGY	CRITERIA	APPLICABILITY
Credibility	Prolonged and varied field experience.	Involved with psychiatric nurses in locked-up wards for ± 3 months. Initially spent 2 months psychiatric nurses in locked-up wards before support group sessions to build rapport. Field notes.

STRATEGY	CRITERIA	APPLICABILITY
	Reflexivity.	Field notes taken.
	Triangulation.	Support group sessions conducted. Field notes, audiotapes of support group sessions, naïve sketches,
	Member checking.	Follow-up group sessions with participants. Literature control of support groups, its implementation and guidelines.
	Peer examination.	The services of a colleague and of an independent coder will be utilised.
	Authority of the researcher.	The researcher has undergone previous training in research methods. This study is supervised by a psychiatric nurse who has experience in research.
	Structural coherence	The focus of the research is on support group sessions and reflecting results within Nursing for the Whole Person Theory.

STRATEGY	CRITERIA	APPLICABILITY
Transferability	Nominated sample.	The sampling method will be purposive selection.
	Dense description.	Complete description of methodology including literature control, verbatim quotes from support group sessions, and naïve sketches.
Dependability	Dependability audit.	Data analysis protocol, independent coder analysing the data.
	Dense description of research method.	Research methodology fully described.
	Triangulation.	Support group sessions, field notes, audiotapes of support group sessions. Naïve sketches, literature control.
	Code-recode procedure.	Consensus discussion between researcher and an independent coder.
Confirmability	Audit trial.	Independent coder.

STRATEGY	CRITERIA	APPLICABILITY
	Triangulation.	Support group sessions, audio-tapes of support group sessions, field notes, naïve sketches.
	Reflexivity.	Field notes taken.

Adapted with permission from table used by Poggenpoel *et al.* (1994:132).

2.4.3 Ethical measures

Conducting the research ethically starts with the identification of the research topic and continues to the publication of the study (Burns & Grove, 1993:89). Ethical codes and regulations provide the researcher with guidelines for protecting the rights of human subjects, balancing benefits and risks in a study, obtaining informed consent (Burns & Grove,1993:89).

Ethical issues will be negotiated as they confront the researcher. The following aspects will nevertheless be covered:

■ *Competence of the researcher*

The researcher has undergone training in research methodology and interpersonal skills. In addition, this research is conducted under the supervision of a professional researcher who is experienced in qualitative research and will vouch for the integrity of the researcher and the morality of the practices used in this research (Minichiello *et al.*, 1990:236-244).

■ *Researcher/informant relationship*

The rationale is to maintain and promote a satisfactory relationship between the

researcher and informants, this will be accomplished by being overt rather than covert, informing informants about the study and its purpose, as well as the possible inconvenience to informants during the course of the research, such as time investment. Informants will be given the option whether or not to participate in the research and they will be allowed to withdraw at any time. Permission will be asked to record the group sessions on tape and informants will be shown how to switch off the recorder should they wish to do so during the session. Procedures to safeguard identifying information or raw data will be described and participants will be informed about people who are likely to have access to raw data. They will be given information about where and how to contact the researcher should they wish to do so. Finally, the participants will be notified of the intention to publish the research, as well as the purpose of such publication (Minichiello *et al.*, 1990:236-244).

■   *Informed consent*

This is the process whereby information is given about the research purpose, methods, objectives, potential risks, benefits and input on the part of the participants and ensuring that they agree to participate in the research without any element of force, fraud, duress or other form of constraint or coercion (Burns & Grove, 1993:104; Wilson, 1989:86). Obtaining informed consent from the participants is an important aspect of conducting ethical research. consent is the prospective participants' agreement to participate in the study (Burns & Grove, 1987:349).

■   *Assurance of anonymity and confidentiality*

The participants will be informed that whatever transpires between them and the researcher will be kept confidential. Even the supervisor and coders who will have access to raw data will be required to sign a form declaring confidentiality. The reason for supervision and for an independent coder will be given. The audiotaped material will be erased after transcription to ensure anonymity and confidentiality.

■   *Statement of the research purpose*

The respondents will be given information about the purpose of the research, the short-and long-term benefits expected from the research, and benefits to the researcher and the respondents.

■   *Gaining access*

An overt approach will be adopted in gaining access to the respondents. A letter of permission to gain access to the respondents will be written to gatekeepers. Gatekeepers are individuals or institutions in an organisation who have the power to withhold access to people for the purpose of research (Minichiello *et al.*, 1991:246). The gatekeepers in this research are the director and the nursing service managers.

2.4   CONCLUSIONS AND RECOMMENDATIONS

Conclusions and recommendations will be made on the strength of the research findings and these will be applied to nursing practice, nursing education and nursing research.

2.5   SUMMARY

In this chapter, research design and research method have been described.

CHAPTER 3

A DESCRIPTIVE CASE STUDY: SUPPORT GROUPS AS A RESOURCE TO FACILITATE THE PROMOTION, MAINTENANCE AND RESTORATION OF MENTAL HEALTH OF PSYCHIATRIC NURSES WORKING IN LOCKED-UP WARDS

3.1 INTRODUCTION

In this chapter, the case study on a support group as a resource to facilitate the promotion, maintenance and restoration of the mental health of psychiatric nurses working in locked-up wards will be described. The results of support group sessions will also be presented.

3.2 RESULTS AND DISCUSSION

In discussing results, relevant data from the literature will be incorporated. The support group sessions were conducted in three phases, namely the relationship phase, implementation phase and termination phase. Communication strategies were utilised throughout the three phases by an advanced practitioner in psychiatric nursing to facilitate the group process. Seven psychiatric nurses who work in locked-up wards participated in the support group sessions.

3.3 RELATIONSHIP PHASE

It is during the introductory phase of group interaction that group members become acquainted, behaving cautiously and politely. It allows time for discussion of who members are, and reasons for being in the group. During this phase contracts are established; there are rules, rights and responsibilities of group members and the facilitator. The facilitator built support by creating a warm and supportive environment, by listening actively and encouraging group members to participate. The facilitator encouraged rapport by saying:

"I will invite each and every one of you just shortly to tell

your name and something about yourselves. "

Initially, there was a sense of insecurity when they were given the chance to introduce themselves to each other. One said:

"I think it is not necessary as we all know each other very well. "

The facilitator explored this feeling by using a circular question:

"I wonder who else in the group feels like psychiatric nurse 2?"

All the group members agreed that they knew each other very well. Facilitation of this phase was accomplished by questioning, explaining the purpose and process of the support group, as well as validating utterances and observations made. This resulted in the psychiatric nurses making open statements about the stress they are faced with. A definite need for support was voiced as a method to relieve stress. They were able to talk about stress, that in reality they are faced with a lot of stress in locked-up wards; they never even go for lunch, most of the time patients are with them. Throughout the day they encounter a lot of stress as they are nursing difficult patients. They all said:

"We definitely need support groups. "

A frequently used strategy in dealing with the stress of nursing practice is the nurses' support groups (Tommasini, 1992:40). Staff support is about caring for the carers (Thomas, 1995:36). Members felt that there is nobody to support them.

"Unless we form a group, our own group, the nurses' group that

will help us to ventilate about our problems, then we will one day

break down from stress. "

Nurses endure tremendous stress in their work that can affect their wellbeing, reduce the quality of care and increase turnover. If added to the work environment, support groups can help nurses to cope with stress (Brook, Wilkinson & Popkels-Vawler, 1994:305). Four members indicated that they need support to relieve the pressure which they all experience. Nurses working in open wards are always arguing with them, adding to the pressure by not wanting to take patients from closed wards, claiming that they are not fit to be in an open ward and that creates many problems.

> *"If we don't support each other you'll find the poor patient suffering*
> *the consequence."*

Nurses' care is less effective when the organisational climate and environment surrounding patients are unhealthy. Nurses being part of that environment are instrumental in promoting patients' health and adaptation (Brook *et al.*, 1994:305).

Support groups were initially defined within the group as a healing process where frustration, experience and ideas can be shared. All the members felt that support groups can help them to improve the quality of their professional work and offer an effective way of sharing skills and knowledge, as well as providing a structure for team building.

> *"Support groups will increase interaction and interpersonal relationship*
> *because we will be in the group and we will know each other better."*

The facilitator continued using minimal verbal response, like "mmh...mmh", "yes", indicating that she was listening and following what the group members were saying. Members indicated that support groups would serve as a platform from where they can talk about relevant issues that they are experiencing in locked-up wards.

> *"There is a need for sort of coming together once a month or, depending*
> *on the need, just to boost one another's morale."*

The facilitator moved on to negotiating a contract with the group members by encouraging group participation in setting rules, times, venue, number and duration of sessions. Psychiatric nurse 1:

"How often are we going to meet?"

Psychiatric nurse 3:

"How about meeting once a week where we will be all on duty?"

Psychiatric nurse 4:

"Tuesday for me won't work as I am attending lectures. How about Wednesdays at 14h00, seeing that is our common day?"

Psychiatric nurse 1, 2, 5 and 6:

"We think we can make arrangements to be on duty every Wednesday because there won't be any shortage of staff as it is our common day."

The facilitator further encouraged group participation.

"Any other rules? Are you all agreeing?"

Psychiatric nurse 7:

"Even for a cup of tea 10-15 minutes will make a difference not being in a locked-up ward all day long."

To ensure that the group moved along together in the process, the facilitator summarised and interpreted responses. This allowed the process to take shape. Psychiatric nurse 6:

"I think we must talk about the support."

This was followed by the facilitator:

"What exactly about the support?"

Psychiatric nurse 1:

"What type of support do we really want and how can we support each other?"

The facilitator summarised the phase and transitioned to the next phase by creating continuity in the process.

"Next Wednesday we will talk about what type of support you really want and how you can support each other."

3.4   IMPLEMENTATION PHASE

During the implementation phase of the support group it is necessary to maintain and strengthen the rapport that was established during the relationship phase. The implementation of the support group took place from the third to the sixth session. Group participation was facilitated by the support group facilitator, who systematically guided the process to flow with self-disclosure to members assuming responsibility for maintaining group norms. The facilitator encouraged linking with the previous phase by asking group members to remind each other of the purpose of this session. Active listening was demonstrated by the facilitator by using minimal verbal response, such as "mmm", "Ja!", "Yes". The facilitator used circular questions, thus helping the silent members to participate and be part of the process.

"How does nurse 1 influence you when she is so quiet?"

Themes identified in the early stages of this phase were:

- Externalisation and defocusing of conversation.
- The role management and other team members play in providing support.
- Awareness of circular process.
- Support groups enable members to mobilise internal resources.
- Empowerment.

Externalisation and defocusing of conversation

This refers to work-related issues associated with lack of trust and inability in respect of self-disclosure. Group members still felt insecure. One of them verbalised that she could not cross boundaries and talk about personal problems. They wanted to talk only about work-related issues and not about themselves. The facilitator reflected their feelings by saying:

"I understand it is difficult to talk about yourself in front of other

group members."

They were not ready to disclose themselves. They all emphasized building trust first, so trust needs to form the basis of support groups. The facilitator emphasized this by summarising in a warm, comforting tone of voice:

"So when I listen to all of you - you are all stating that you first

need to build trust to be able to self-disclose..."

Then, testing for group consensus, one member felt that it was good to talk about personal issues in the group, but at a later stage. Relationships require a certain amount of trust between people with whom one interacts (Beck, Rawlings & Williams, 1993:109). One member said:

things that cause job dissatisfaction, absenteeism being the main problem. There are other people who absent themselves from work and *"We are being requested to go and relieve, people that are willing to do part time are not being utilised, instead they will tell you about the budget."*

The health service has a reputation for putting the needs of its staff as a low priority because of overstretched budgets. Staff do not even necessarily receive priority care from the hospitals where they are employed. Many of the new organizations are beginning to re-evaluate their outlook towards their staff as they discover what valuable assets they are and the cost of replacing a sick, burnt-out workforce (Thomas, 1995:36).

The role of management and other team members in providing support

All the members stated:

"Management should also understand what is going on in locked-up wards."

One member felt that:

"...they do, but they ignore it, for example even if they know about something they always bring it back to you even if they see you are stressed up they will say what are your suggestions?"

"I think they need to be involved throughout and learn to listen to our problems."

"Management should be able to recognise us and give us the support we want."

The facilitator clarified:

> *"It seems to me like you are saying management is not giving you*
> *the support that you need and you also want management to listen*
> *to your problems and be involved; is that what you are saying?"*

> *"Yes, that is why these support groups are needed if they could*
> *support us we will be happy and in turn we will support them."*

How often do we praise good work and how often are we praised for our successes? Valuing staff by genuine recognition of a job well done, is a powerful means of showing support (Harvey, 1992:259). Members are crying out for recognition.

> *"Management is not always able to give us answers if you complain*
> *about locked-up wards being stressful, they always say, 'go nurse'.*
> *You know that ward better, you have worked there for a long time,*
> *forgetting that, that ward is stressful, patients are stressful, every-*
> *thing is stressful. They don't empathise with you."*

The facilitator encouraged members to openly express feelings.

> *"I can hear your frustration, who else in the group feels like her?"*

Two members wanted to know how management is perceiving the support groups because others are reluctant to allow them to utilise only one hour per week to come to support groups. The facilitator:

> *"That is why I had to ask for permission to be allowed to utilise*
> *Wednesdays. I thought everybody knew about it. Tell me, are you*
> *encountering problems about that?"*

Psychiatric nurse 3:

> *"Not really, but there is that reluctancy, that is why I feel they need*
> *to be involved, maybe they will understand the importance of this*
> *support groups."*

> *"Some of them have not worked for a long time in closed wards, they*
> *don't have a picture of what we are experiencing, but once they are*
> *involved they will understand and be able to give the support where*
> *necessary."*

They expressed their anger and frustration towards management. They felt that management resists change because they do not want to utilise people who are willing to do part time from the same ward. They bring people from other wards who do not know the ward and that creates many problems as they are new in the ward, the patients are new to them, everything is new. All the members stated:

> *"If management can have an ear and listen to us, maybe absenteeism*
> *rate can be minimised."*

They felt that other multidisciplinary team members should also be involved in the support groups because they, too, are working under stressful situations and support groups will help them to know and understand each other better, while patient care will improve because there will be less blame and less accusations.

> *"That is why I say it will not be only for nurses, even other members*
> *of the team they need support. We can end up being a big group*
> *giving each other the support throughout."*

> *"We need to connect with others in open wards."*

Mutual support groups of colleagues are a viable and valuable way of assisting each other in coping with the stigma and stressors inherent in working in the mental health field (Fishbein *et al.*, 1995:41).

The facilitator summarised and clarified as follows:

> *"So when I listened to all of you - you want everybody in the hospital*
> *to be involved in the support group - am I right?"*

The facilitator was aware of the circular process. She used a considerable number of circular questions. One member indicated that, as group members, they needed to assist each other before even involving their seniors and that has worked smoothly, for example:

> *"When your ward is short-staffed I can give you one member to come*
> *and assist because I think when you are affected I will also be affected*
> *in turn."*

Awareness of circular process

One member in one of the sessions was not feeling well. She was sick and less active in the group, but she felt she wanted to be part of the group since group members are giving her support. Group members easily identified that one member was not well. The facilitator asked:

> *"I wonder who feels the same as her and how is she affecting you?"*

They were happy to see that they could identify that one member was not feeling well. That showed that they were getting to know and understand each other better.

> *"We could see that something is wrong today, she looks different."*

Support groups enable members to mobilise internal resources

Members were becoming more assertive and active listening was once again demonstrated by the facilitator through using minimal verbal response (mmh..). Psychiatric nurse 7 mentioned that there were certain doctors who were shunning their responsibilities onto them, so:

"You must learn to say no. They must also feel the stress we are faced
with. We should not allow them to dump their problems on us."

She advised them to be assertive and not aggressive because other people misinterpret assertiveness and aggressiveness; they felt that they had to talk a lot about problem-solving methods in the group because, if they did that, one member who was once involved in the same situation would be able to share with them her experiences and how she solved that same problem.

"Again, sharing experiences in the group will help us a lot because
we will be able to give each other tips."

They all said they thought that support groups would enable them to improve their listening skills; learning about methods to relieve stress was discussed. Two members felt that sitting in one place created boredom and stress, so it was advisable to take one's lunch hour, go out, take a walk and that would relieve stress. The process was facilitated by encouraging group interaction:

"What else..."

Also, during lunch-time, one could play games, listen to music or read the newspaper.

"You should learn to take your lunch hour and not sacrifice your life
by overworking yourselves."

Psychiatric nurses stated that they are faced with a lot of stress; they advise each other to take their lunch hour and go out of the locked-up ward that will help to relieve the stress. Psychiatric nurses experiencing multiple stressors exhibit decreased effectiveness in their work. Relationship with patients, staff and nurses' families is negatively affected when nurses feel that their own needs are not met (Efinger, 1995:21).

Three members stated that they thought that for one to be able to improve, organisational ability, delegation and job descriptions should be clearly written. Subordinates should be delegated duties.

> *"I think we should learn to share the burden with our subordinates*
> *as they are also expected to provide patient care."*

There should also be clear job descriptions because nurses end up doing everything - jobs that are not supposed to be done by them, for example washing patients' clothes. The laundry is there for such things and people are employed for that purpose.

Empowerment

The group felt that they were empowered to take charge of support groups on their own without a facilitator or by acting as co-facilitators. Their experiences in the group were then evaluated.

> *"What was your experience of today's session?"*

Self-disclosure and trust were evident amongst the group members as demonstrated by the following remarks. Psychiatric nurse 1 and 2:

> *"Our experiences in this group were that we have learned to know*
> *others more, have gained trust, that is why we were free to talk*
> *about our problems, sharing with you in the group."*

Psychiatric nurse 3:

> *"I have learned to relax in this group knowing that I can phone*
> *somebody and share my experiences with, really boosted my*
> *self-esteem."*

They all felt that support groups could also help to educate all categories, especially since they were working with cleaners who were not knowledgeable about how to deal with difficult patients.

> *"I think support groups will help us to educate them and give them*
> *the support they want."*

This was facilitated throughout the process by using communication that enhanced inter-member interaction, encouraging direct communication between members. This phase was summarised by obtaining commitment and a target date for closure from the group members.

3.5   TERMINATION PHASE

Termination is more than the end of group sessions. It is an integral part of the process. Therapy may be an important force in the instigation of change (Yalom, 1985:368). This was a continuous process from the onset of the support groups to ensure that objectives were adhered to and achieved according to stipulated target dates.

> *"Management wants us to sacrifice for them always and when it is*
> *their turn to do so they don't; it is terrible and makes one feel angry*
> *and frustrated."*

The facilitator:

"You sound angry. How does this affect others?"

Psychiatric nurse 4:

"What you give you must just know that, that is what you will get in return. Why should you sacrifice if they don't recognise you and not sacrifice for you? that affects me a lot and makes me demotivated."

The facilitator:

"What do you think support has done for you?"

Members responded as follows:

"To tell you the honest fact, I feel empowered, thank you."

"At least this group has been building me."

"I feel strengthened and I think I can take problems as they come."

Another member stated before the group started that she used to be irritable working in a locked-up ward, but now

"...my attitude has changed, I am now calmer."

"I think it is through the support that I have been getting from this group."

Definite internal changes were also voiced. All the members said that they had gained

trust, that is why, at the end, they were able to open up and felt free to be in the group knowing that there was someone who cared, that one could talk to. It meant a lot. Another member indicated:

"I think this group has changed me; it has boosted me in a way in so much I have changed my attitude towards the environment I am in."

"I really feel supported because I was given a platform to ventilate my feelings and this group gave me a hearing, gave me a sense of belonging."

Psychiatric nurses stated that they have learned to support each other and really felt supported by group members. Psychiatric nurses cannot support other people effectively unless they allow them to care for themselves. This is not a recipe for selfishness, but rather a plea to people to be able to say that they are at least as important as their staff and patients. After all, if sacrifice is made to its limit, who will care for the carers? (Harvey, 1992:158)

Towards the end, the members also spoke about growth:

"I really benefitted a lot from the support group. It has taught me a lot of things that I did not know. I did not know that I can support somebody, but now I can."

Psychiatric nurse 6:

"I for one have grown, I can now cope with every stressor, I can manipulate my way, I feel confident."

The ability to take charge of the group was noticed and expressed. Psychiatric nurse 5:

*"I think even if it is the last session I would suggest that we should
still continue coming together during our lunch hours."*

Psychiatric nurse 1:

"Let the group not die."

Psychiatric nurse 2:

*"I support you, let it not die. Let's continue supporting each other
and be united."*

Group members also became more reflexive in the conversation. One member said:

*"I think this support groups because management is not getting any-
thing from it, that is why there is resistance; we definitely need sup-
port groups also to support them."*

Psychiatric nurse 2:

*"Another thing we need to be backed up by management, but that
does not mean we should solely depend on them and let them dictate
to us, we should stand up for ourselves."*

Separation anxiety as evaluated and the group members expressed mixed feelings about
closure. Psychiatric nurse 6:

*"I think we should continue meeting during our lunch time because
today is our last session, just to say hello and that."*

Psychiatric nurse 4 expressed her anxiety about separating:

"I think I have got that separation anxiety because I was sort of
clinging on you and felt you were part of me. "

The nurse was reassured regarding future applicability. the facilitator availed herself to the group and provided them with her contact details. She also thanked them for participating in the study.and being committed to the group.

3.6   CONCLUSION

It was clear from the data collected during the support group sessions that psychiatric nurses in closed wards had a definite need for continuous support, especially from management. They all expressed the need for support groups. This is supported by the following quotation:

"We definitely need support groups. We all need some sort of personal
support in our work. "

It seems very important to psychiatric nurses in locked-up wards to be heard and listened to, so that their needs and problems can be taken into consideration. What is needed is a joint effort by the organisation and those who work within it. The organisation has the responsibility to ensure that the working environment is not made more stressful than is necessary. Those of us working within it have an equal responsibility towards our colleagues to act in mutually supportive ways. There is a definite need for support groups.

CHAPTER 4

GUIDELINES, LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

In chapter three, the results of the study were discussed and compared with relevant literature. In this chapter, guidelines for the implementation of support groups will be formulated. Guidelines will be formulated following three phases, namely the relationship phase, implementation phase and termination phase. Thereafter limitations, conclusions and recommendations will be presented.

4.2 GUIDELINES FOR THE IMPLEMENTATION OF SUPPORT GROUPS

4.2.1 Relationship phase

During the relationship phase there was initially a sense of insecurity when members were given a chance to introduce themselves to each other.

An atmosphere of warmth and acceptance should be created by allowing members to introduce themselves to each other. Group members should be welcomed and identified. They should all be greeted and called by their names. They should be Introduced to the setting and to the facilitator. The group members should be invited to sit where they wish.

Group members should be made comfortable by engaging in informal conversation, which will assist them a lot in getting along with the other members.

*"It would help me if I first get some information from you."*

Contact with each member should be increased by requesting demographic information

from each one, such as age, work, activity, *et cetera* (Weber *et al.*, 1990:360). Something interesting should be obtained from every member, for example, "tell us the story about the activity which you like most"..

The atmosphere should be friendly and generally less intimidating to the members, for example by following up on members' interests. This will help members to build trust and make them feel secure. Group members should be joined by accommodating their style and creating an environment in which they will feel supported (Weber *et al.*, 1990:358).

A special effort should be made to engage those in the group who are distant and silent, especially if they failed to make initial contact.

> *"I wonder how you feel when nurse 2 is so quiet? Wouldn't you like*
> *to hear what she wants to say to us?"*
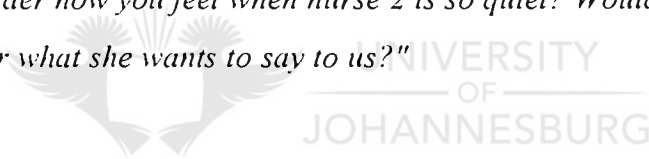
Each member should be allowed to tell his/her story. This will facilitate deeper understanding of self and others.

Rewriting life stories will help members to share their experiences and enhance their relationship by learning more about each other (Cowley & Springen, 1995:44). They should be encouraged to talk amongst themselves. This will encourage the silent ones to participate (Bird, 1994:44). A lot of circular questions should be used and this will facilitate the group process (Tomm, 1988:1-15), for example:

> *"Who else in the group agrees with what nurse 1 has said?"*
> *"How does that affect you?"*
> *"What happens to nurse 2 when nurse 3 says she agrees with nurse 1?"*

(Penn, 1982:271.)

Group members should be allowed to negotiate a contract by affording them the opportunity to establish the norms of the group. They should be encouraged to identify their problems by expressing freely what they feel.

There should be group consensus on formulated objectives. It should be demonstrated that group members' feelings and emotions as expressed are understood.

Tone of voice should be consistent and congruent with the group members' frustration and anger, for example,

"sounds as if you're really angry with management."

It is necessary to label the process of working with the here and now, that is identifying and drawing attention to the process rather than getting involved in the content, for example,

"The more nurse 4 talks, the less nurse 1 listens, and the more nurse 1 doesn't listen, the more nurse 4 talks."

(Yalom, 1985:137.)

The process should be summarised by allowing group members to express their individual experiences of the process and the relevance the sessions had to each one of them (Okun, 1987:76-77).

4.2.2 Implementation phase

During this phase, group members focus a lot on work-related issues and how they feel. The group members in this study felt that management should play a role in supporting them.

4.2.2.1 Guidelines

- Continue giving the group members the opportunity to tell their stories (Cowley, *et al.*, 1995:44; Parry, 1991:37-54).

- Listen actively by making use of minimal verbal resposne and let them reflect their feelings as they express their experiences.

- Make use of a reflecting team consisting of the facilitator and observers. This involves having a team observe the support group (usually from behind the mirror) and then providing an opportunity for the team to gossip in the presence of the group and the facilitator. If the one-way mirror is not used, the reflecting team will be in the same room with support group members (Anderson, 1987:415).

4.2.2.2 Guidelines for reflecting team

- Listen from a "not knowing" curious stance. Listen with the intention of learning rather than providing answers.

- Be more eager to hear the next line of the story than to try to figure it out.

- When reflecting, converse with other team members in a wondering way instead of making statements or forming conclusions. Wonder about what you have heard, for example,

  "I wonder who else in the group disagrees with nurse 4?"

- Be constructive in your observations rather than judgemental. Converse with the other team members and not the support group members.

- The reflecting team will assist the group members in telling more stories because

the stories will be told in more than one voice (Doan, *et al.*, 1994:35).

- Encourage inter-member communication and involve the silent members to become part of the group by giving them a chance to talk.

- Maintain eye contact with the group members and use effective body language, for example, nodding.

- Use all possible communication techniques such as clarifying, verifying, validating, using minimal verbal response, reflecting *et cetera*, for example, clarifying:

"I'm having trouble understanding what you are saying. Is it that...?"

Reflecting:

"Sounds as if you're really stressed up."

These communication techniques will help to facilitate the process.

- Continue labelling the process. Create a safe place where work-related issues can be expressed in a positive way through the creative use of a caring and supportive group environment. Group members can be given an opportunity to tape their conversation and listen to what they have been saying and reflect on that. They can also make use of role play and continue to reflect on what was happening.

- A multidisciplinary team should try to be involved at all times and not only during a crisis; debriefing will be necessary.

- Management should act as a link between the organization and the psychiatric nurses.

- An opportunity should be established to ventilate and for alternative solutions, behaviour and decision making.

- Managers should be encouraged to avoid being critical and to give positive feedback. They should be encouraged to treat psychiatric nurses with respect and to show appreciation and *vice versa*.

- Support can be informal, for example when going out together for tea or for lunch.

- Staff meetings can be a source of emotional support for psychiatric nurses.

- Management should be encouraged to give psychiatric nurses an opportunity to participate in hospital decision making.

- Other team members should be encouraged to communicate with psychiatric nurses and to give them support when necessary.

- Trust should be maintained at all times. Relationships require a certain amount of trust between the people one interacts with (Beck *et al.*, 1993:109).

- Managers should be allowed time to challenge the psychiatric nurses' skills by motivating them to develop new routines and processes with a view to bring about growth in the organization.

- Encourage exchange of ideas and support the group members by helping them to understand their relationship by focusing on the present process.

- Allow an opportunity to meet and share concerns and problems with others.

- Assess ongoing educational and developmental needs of the group and offer

programmes to assist in meeting these needs, for example by giving in-service training, organising workshops where the following can be discussed: stress and conflict management, assertiveness training, debriefing, self-awareness, interpersonal relationships and communication.

- Get the nursing coordinator to become more visible as a support and resource person.

- Assist the group members in evaluating their decisions and progress by using encouraging statement, such as:

"I can see that all the group members are comfortable with each other."

- Allow the members to participate in social activities outside the ward to improve social support. This will encourage them not to stay in locked-up wards all day. Support can be given in small groups in the form of encounter groups.

- The facilitator should motivate the psychiatric nurses to acknowledge their achievements. Motivate the psychiatric nurses, showing recognition by giving merits and higher salaries if possible.

- Allow group members to evaluate the entire process by giving each member a chance to evaluate any of the previous sessions and to express her own experience of the particular session.

- Summarise by obtaining commitment and a target date for closure of the support group sessions. Move on to the next phase only after obtaining group consensus (Okun, 1987:77).

4.2.3   Termination phase

During this phase, the psychiatric nurses were able to express feelings within the group. Psychiatric nurses also stated that support groups facilitated self-empowerment. Definite internal changes were also voiced.

4.2.3.1 Guidelines for the termination phase

* Instill hope by re-emphasizing positive elements of the group members' progress.

* Focus on observed support, sharing, trusting and allowing selves to be trusted.

* Allow psychiatric nurses the opportunity to talk about the internal changes they have observed.

* Reflect feelings that psychiatric nurses were able to talk about within the group.

* Ensure group consensus on what support group sessions yielded for all members and ensure that the ultlimate objectives are achieved by individual members and the group.

* Allow psychiatric nurses the opportunity to discuss their feelings about how to terminate the support group.

* Both the facilitator and group members should discuss their feelings about the separation, thus encouraging the group members to explore ambivalent feelings honestly (Beck *et al.*, 1993:129).

* Explore separation anxiety and deal with silence by involving the inactive group members.

* Listen actively to verbal messages and observe non-verbal messages. Reflect to

ensure that separation anxiety is dealt with effectively. Offer congratulations for being so brave to discuss their personal problems within the group. Announce your availability to the group members in case of need, by providing them with information and following up evaluation as it suits all those involved. If necessary, arrange follow-up sessions over a period of time (Okun, 1987:76-77; Beck *et al.*, 1993:129).

4.3   LIMITATIONS OF THIS STUDY

One psychiatric nurse was taken out of the group session and never returned. One wonders what the reason could have been. Was it because she did not receive management's support, or was there another reason? Only female psychiatric nurses in locked-up wards participated. The inclusion of male psychiatric nurses in locked-up wards could have had a different influence or made a different contribution to the group process and results.

4.4   CONCLUSIONS

The objectives for this study were:

- To describe the process for implementation of support groups as a resource to facilitate the promotion, restoration and maintenance of mental health of psychiatric nurses in locked-up wards, by means of a descriptive single case-study strategy..

- To describe guidelines for the implementation of support groups for psychiatric nurses in locked-up wards.

Support group sessions were conducted in three phases where the psychiatric nurses indicated their need for the support groups to be implemented in their hospital. The process of implementing support groups was described and support groups were

recommended as a resource to facilitate the promotion, maintenance and restoration of mental health of psychiatric nurses in locked-up wards.

Based on these results, guidelines were developed for the implementation of support groups for psychiatric nurses to be able to support each other. Participants stated that they definitely needed support groups and should continue giving each other support. It appeared very important to psychiatric nurses in locked-up wards to be heard and listened to, so that their needs and problems can be taken into consideration and that they can be supported where necessary.

4.5 RECOMMENDATIONS

Recommendations will be made on findings of this study. The findings can be applied in the following areas: psychiatric nursing practice, psychiatric nursing education and psychiatric nursing research.

4.5.1 Psychiatric nursing practice

The results of this study point at a definite need for support groups. It is clear from this study that if support groups can be implemented in the hospital, psychiatric nurses in locked-up wards will mobilise peer support groups within their own geographical areas where they can meet on a regular basis to provide support for each other and reflect on their needs and problems.

4.5.2 Psychiatric nursing education

The guidelines generated from the three phases of support groups can also be considered in designing in-service training programmes for psychiatric nurses at under- and post-graduate level.

4.5.3   Psychiatric nursing research

Multiple case study design may also be undertaken to examine differences and similarities in results. Further research can be conducted on how influential support groups are providing support to psychiatric nurses in locked-up wards.

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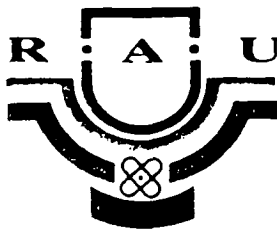WILSON, HS 1989: *Research in Nursing*. California: Addison-Wesley.

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ANNEXURE 1
REQUEST FOR CONSENT TO CONDUCT
RESEARCH

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Tel. (011) 489-2911
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R A U

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DEPARTMENT OF NURSING SCIENCE
Telephone : (011) 489-2860   1997-03-24

FOR ATTENTION: Ms. P. SKEA

The Superintendent
Sterkfontein Hospital
KRUGERSDORP
1740

Dear Ms. Skea

REQUEST FOR CONSENT TO CONDUCT RESEARCH

I request permission to conduct research with psychiatric nurses who work in locked up wards in Sterkfontein Hospital.

I am a M. Cur. (Psychiatric Nursing) student at the Rand Afrikaans University in Johannesburg. Presently I am engaged in a research project entitled "Support groups for psychiatric nurses working in locked up (closed) psychiatric ward)" under the supervision of professor Marie Poggenpoel of the Department of Nursing Science, RAU.

The objectives of this research are:

1.   To describe the process for implementation of support groups as a resource to facilitate the promotion, maintenance and restoration of mental health of psychiatric nurses working in locked up wards.

2.   To describe guidelines for implementation of support groups for psychiatric nurses working in locked up wards based on the results of the first objective.

To complete this research I need to conduct support group sessions with psychiatric nurses in locked up wards. These support group sessions will be audiotaped for verification of findings by an independent psychiatric nurse specialist and my supervisor. The psychiatric nurses will be asked to voluntarily consent to participate in this research project.

I intend to maintain anonymity of the respondents by omitting the use of names and places. The erasure of the audiotaped material on completion of transcription by the researcher will ensure confidentiality.

The benefit will be that the research findings will be used to implement support groups as a resource for psychiatric nurses working in locked up wards. A summary of the research results will be made available for perusal by the hospital authorities and other interested parties.

SOPHIE LEKWANE R.N. B. Cur.
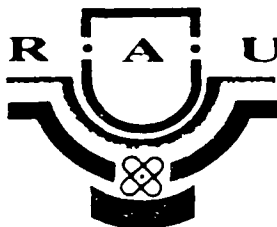M. CUR. (PSYCHIATRIC NURSING) CANDIDATE
RESEARCHER

MARIE POGGENPOEL, R.N. Ph.D.
PROFESSOR : NURSING SCIENCE
STUDY LEADER

ANNEXURE 2

REQUEST FOR CONSENT TO CONDUCT

RESEARCH

R A U

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DEPARTMENT OF NURSING SCIENCE
Telephone : (011) 489-2860   1997-04-09

REQUEST FOR CONSENT TO CONDUCT RESEARCH

I am a M. Cur. (Psychiatric Nursing Science) student at the Rand Afrikaans University in Johannesburg. Presently I am engaged in a research project entitled "Support groups for psychiatric nurses working in locked up (closed) psychiatric ward" under the supervision of professor Marie Poggenpoel of the Department of Nursing Science, RAU.

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2. To describe guidelines for implementation of support groups for psychiatric nurses working in locked up wards based on the results of the first objective.

To complete this research I need to conduct support group sessions with psychiatric nurses in locked up wards. These support group sessions will be audiotaped for verification of findings by an independent psychiatric nurse specialist and my supervisor.

In order to protect your name and dignity I undertake the following:

* To omit or disguise your name when discussing information pertaining to the study.
* To keep all raw data under lock and key when not in use.
* To ensure that no one except my supervisor and the psychiatric nurse specialist who will be involved in coding, comes into contact with the raw data.
* To erase the audiotape as soon as it is conveniently possible.
* To leave you with my contact address in case you need to see me in connection with any matter arising from the study.
* To provide you with a summary of the research findings should you need this.
* To terminate the session at any stage if you require this.

Your participation in this research has the potential of benefitting other psychiatric nurses who find themselves working in locked up wards. Long term benefits will be that the research findings will be used to implement support groups as a resource for psychiatric nurses working in locked up wards. Remember that if you do not want to participate in this research you are free to say so.

SOPHIE LENKWANE R.N. B. CUR.
M. CUR (Psychiatric Nursing Science) candidate
RESEARCHER

MARIE POGGENPOEL R.N. Ph.D
PROFESSOR : NURSING SCIENCE
STUDY LEADER

Rand Afrikaans University: Department of Nursing Science

Protocol for co-coder

Dear Colleague

Please follow the steps below to analyse the data of the transcribed support group sessions.

1.   Read through all the transcriptions carefully to get a sense of the whole.

2.   Identify major patterns of interaction as you read the transcripts, field notes and naïve sketches.

3.   Underline patterns of interaction as reflected by themes.

4.   Read through the identified major categories to isolate the phases of the support group sessions, namely relationship phase, implementation phase and termination phase.

5.   classify the words and themes into the major categories of the support group process, namely the relationship phase, implementation phase and termination phase.

6.   cluster these words and themes into the sub-categories of the support group process.

7.   Make a comparison of all transcriptions indicating their experience before and after the support group sessions

Thank you.

Sophie Lekwane

M.Cur Student (Psychiatric Nursing)

ANNEXURE 4

TRANSCRIBED SESSION OF SUPPORT GROUP

ANNEXURE 2: AN EXAMPLE OF A TRANSCRIBED SESSION OF SUPPORT GROUP

SESSION 2

The objectives of the study were read to group members.

1.   To describe the process for implementation of support groups as a resource to facilitate the promotion, maintenance and restoration of mental health of psychiatric nurses working in locked-up wards.

2.   To describe guidelines for implementation of support groups for psychiatric nurses working in locked-up wards based on the results of the first objective.

Key: R: Researcher

PN: Professional Nurse

R: Is there anything that needs to be clarified? Do we all follow what is written as objectives?

PN: Everything is understood.

PN2:   Everything is clear.

R: Before we start, can we introduce ourselves again.

PN3:   I think it is not necessary as we all know each other very well.

All members agreed that they knew each other very well.

R: What are our expectations from this group?

PN1:   Some ways or approaches or give each other some tips how is it like to work in locked-up wards.

PN2:   In reality, we are faced with lot of stress in locked-up ward, we never even go for lunch most of the time - 10 hours - patients are with us. Throughout the day we encounter lot of stress as we are nursing behaviour-seeking patients, mental retarded, we definitely need support groups.

PN3:   We need to be consistent, have good relationship between doctors, nurses, patients, relatives etc. If we are not consistent we won't achieve anything. For example, if I say no to visitors going into the ward and the next person allows them in, there is no consistency and that creates lot of problems.

PN1:   Management also should understand what is going on in locked-up wards.

PN3:   They do, but ignore it.

PN2:   They need to be involved throughout.

PN1:   They need to be involved and participate.

PN3:   For example, even if they know about something neh!! a problem they, bring it back to you, saying what did you do, what are your suggestions, what do you think should be done?

PN1:   So in other words you have got nobody to support you outside that department.

PN4:   Unless we form a group, our own group, the nurses group, and talk about most of this things, we take the pressure we received. Most of the pressure we take, it ventilate it at home.

PN5:   Perhaps there might be a need also for nurses working in locked-up wards, maybe

to come together now and then, just to give each other sort of moral support, not to be in an isolated place. There is a need for sort of coming together once a month or depending on the need, just to boost one another's morale.

All: It is true.

PN2:   Just to add on that even for a cup of tea. 10-15 minutes it will make a difference not being in locked-up ward all day long.

PN1:   We definitely need that one.

R: What do we really want from this support group? Do you think we really need support groups?

PN5:   Again, another advantage of coming together whether it will be once a month or depending on the need, it will also be a way, when we are together we will remind one another, let's say, if ward is having a problem, though it is not the same set-up, we will be able to share ideas. Coming together will be a way of supporting each other by sharing experiences.

PN3:   I think we might end up recruiting other members, not only nurses, but psychologists, social workers, etc. I mean we are all under pressure, not only nurses are under pressure.

PN6:   Especially our doctors in closed-up wards, they are pressed up, that is how they work, they are so irritable whenever you call him he is already irritable because of pressure.

R: Allow me to share with you my experience this morning. I called the doctor, he was irritable and while seeing the patient, he was called in admission unit and sister told him, there was a new patient who must be seen. He answered that he was still busy with the patient who had a fit and will see the patient later. He

looks irritable so I thought he was harsh towards that sister who phoned, surely he needed him.

PN2: Sure there was a need to call him.

PN3: That is pressure.

PN2: We are all under pressure.

R: Mmm...

PN3: That is why I say it will not be only for nurses, we can call other members, ending up in a big group as well as supporting each other.

PN5: Support groups will increase interaction, interpersonal relationship, because when we are in the group, we will know one another better, rather than just working as a group in the ward, but if we are coming together, sharing our experiences, we will increase knowledge about one another.

PN3: It make me think about nurses working in open wards, especially female sections. There's always an argument between the nurses because those in closed wards are always under pressure, having lot of patients, some are better, ready to be transferred to open ward. Open ward don't want to take them because of a, b, c, d. So I think if we meet, we will be able to understand each other as everyone will explain what her problems are and they come up with something that will help them in solving problems.

PN1: I also think the people, nurses in open wards can also be included in this support group, because we are moving in a circle, when in open wards you'll understand what pressure are those in closed ward getting and patient will not be rejected.

PN3: Because really, it is a problem if we don't support each other, you'll find a poor

patient suffering the consequences now... pause. So I think it is better, it is a good idea if you're in a group we will be able to come up with something.

PN4:   Hence Sophie thought of including we nurses that are working in closed-up ward because we are more pressurized compared to those in open wards. supporting each other will benefit us all in the hospital.

R: Mmm...

PN3:   It is not only pressure from other nurses, it is also from management, doctors, psychologists, social workers and patients, is worse being in locked-up ward.

PN2:   All around.

PN1:   You can hardly go to the loo at times in that ward. Worse if it is ward round.

PN6:   Even if it is not a ward round, and sometimes you are alone on duty being professional nurse, in ward 2 is worse.

PN1:   You want to go to the loo you just imagine so and so is going to do this and I am there to answer and all that.

PN3:   And you book your one hour lunch they say where do you get that one hour lunch from.

PN2:   You work alone for the whole day, alone, supervising everybody, giving medication and everything and that becomes stressful.

PN6:   And at the end there's no recognition at all. That is why this support group will help us. Definitely we need one.

R: And maybe for some time we were neglecting our own self. We were looking at

the patient's because what we normally say, support, support, support for the patients, and yet we never thought of supporting ourselves.

PN3: We were always there for patients.

PN2: Ja! Even when we started in nursing we were told your patient is your priority, forgetting that you also need to be healthy, mentally and physically, to be able to nurture them. Today life is stressful, we really need to look into ourselves, look after ourselves, before we look or take care of the next person.

PN1: We end up by not being productive.

PN2: Yes, how can we be productive when we are not being supported.

PN1: Is worse in closed ward. Every time you think of coming in, by the time you are supposed to wake up and come on duty you don't feel like. You feel burn-out.

PN2: For the mere fact that also our management does not support us.

PN3: Mmm...

PN2: And if you are working in closed ward, they say you can manage. You'll always be there. You see other people when allocated there they go and complain that they have got this 2, 3, 4. They put their cards down then they are been taken out. But if you complain, they won't take you out, they normally say you're managing.

PN1: And what management will say, is that you must go Mirriam, because you know that ward, you have worked in that ward for a long time, forgetting that, that ward is stressful, patients are stressful, everything is stressful.

PN6: Family members are stressful.

silence

R: What do you do when you're stressed up?

PN3:   It is terrible - is terrible.

R: What I am hearing here is frustration, is that how you feel? Do you need support
        groups?

PN3:   We do, instead of taking the problems home. Big sigh!

PN1:   Laugh it out dear.

PN2:   Ja! We are also having some problems waiting for you, why should you take
        home-work?

PN3:   Because we don't have support groups. I need some support from home, that is
        the last place. I mean there is no support from management, from nurses, from
        whoever. The best thing is to take problems home and you don't sleep that night
        thinking about the problem over and over again.

PN6:   You end up channelling that frustration to your husband.

R: Have you thought of what influence that might have on your family?

PN3:   Yes, also the children are being affected.

R: Oh! poor kids.

PN6:   That can lead to family disorganization and one start to wonder why that.

PN3:   Family disorganization is true.

R: How do you think you can avoid that?

PN6: I think we need to share our frustration in the group because also one en dup being irritable.

PN3: Ja! Let's share our problems girls, that will be nice to share and we will feel relieved.

PN3: You really don't have to talk about it at home no!

PN5: And at least we will have a sort of reference group, so if we are experiencing problems, at least we will have a platform where to discuss not only in the ward. Maybe in the ward you won't get that back-up, but at least if we have a sort of reference group, that is support group, we will have a platform to talk about relevant issues that one is experiencing in locked-up ward.

PN1: Probably playing games during lunch-time heh! will relieve you stress.

PN2: Good suggestion.

PN1: Stop sitting in one place in closed ward if there is a chance for you to go out, do go out, and meet other people and play games, even if you can take a walk, you'll be able to take your stress out by the time you go back to closed ward, you are better than half an hour ago, where you could not even listen to one patient talking to you, or somebody coming in innocently asking you about something, management or who ever, it will be much better.

PN2: How often are we going to meet?

R: I don't know. I am supposed to conduct eight session, I was thinking that may be we can meet once a week, and thereafter we can plan.

PN1: Probably what discourages you going out of the ward is, the wards are so distanced from each other, you don't even think of going out, even when patients are screaming at you, you are used to that noise, you become lazy to walk up to ward 18, just to go and have a break with other people.

PN3: I mean that walk will be therapeutic.

PN1: Ja! that walk is good.

PN5: Is an exercise.

All: Ja!...

PN3: I mean walking from ward 1 to 18, coming back, sure I will feel good after that.

PN1: Because other people don't even have time to take lunch hour, at times we are really in a fix we feel guilty of leaving the ward and go out and that is your right, because is your lunch time, is not a privilege. This time, is your right that you must take that lunch time and do whatever you want to do.

AN EXAMPLE OF A TRANSCRIBED SESSION OF SUPPORT GROUP WHERE GROUP MEMBERS VOICED THE ADVANTAGES OF SUPPORT GROUPS.

SESSION 8

R: We mentioned last week that today is our last session. Others I see they have got separation anxiety. what have you got to say?

PN5:   I think even if it is the last session I would suggest that we should still continue coming together during our lunch hours. At least we have started with step number one to start supporting each other depending on how management is going to interpret the report that you are going to give them.

R: I think we will hear from them.

PN1:   Let the group not die.
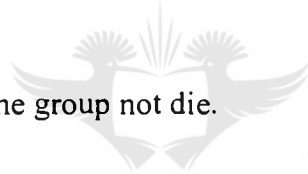
PN2:   I support you. Let it not die. Let's continue supporting each other and be united.

PN4:   I think I have got that separation anxiety because I was sort of clinging on you and I felt you were part of me.

PN6:   I think because we have started we should continue coming together supporting each other involving each other.

PN2:   Another thing, we need to be backed up by management, but that does not mean we should solely depend on them and let them dictate to us. We should stand up for ourselves.

PN6:   I think we should continue meeting during our lunch time until time will be scheduled for that just to say hello and chat.

R: What would support change?

PN5: At least this group has been building me. I feel strengthened and I think I can face problems as they come.

PN6: I feel relieved and I can face stressful situations without any fear as I will be able to use my coping mechanisms effectively.

PN5: When we started with this group I used to be irritable working in locked-up ward. Now my attitude has changed compared to before. I think through the support from this group I am more calmer. I approach patients as individuals and my tone of voice is more acceptable by others.

PN2: That is why it is important to rotate in locked-up wards. You must not be allocated for years there. I think six months rotation will be better because you have time to breathe for the time that you are not in locked-up ward, and that will prevent us from burnout.

PN1: I think this group has worked a lot for me in ward 2 is so stressful, but I think I am more cool, calm and I have a way of treating and approaching patients I recognize their rights fully now, of each before I used to dictate to them.

PN6: Moreover ward 2 is worse especially during the night.

PN2: I think this group really boosted me in a way in so much I have changed my attitude towards the environment I am in. I was given the platform to talk about what was stressing me in the ward and you really listened to me and gave me the support I needed.

PN6: I have grown up even with my two seniors in the ward. if I see that the day is bad I usually tell them to go out and take a break and you find that the situation becomes better. Right now I have been changed to another ward and they are

having separation anxiety. They don't want me to go because they even said what I get from this group I really practice it. So this group have really taught me lot of this. I am a changed person altogether, especially towards patients.

PN4:   At least you have planted something. You are leaving them with something.

PN7:   The attitude, support you gave them you showed them that you have really grown and you benefitted from the group, so maybe they will be interested in future if support groups are going to be implemented.

PM5:   People are really motivated from what they get and hear from us.

PN1:   I am happy to hear that.

R: I am also happy to hear that people are having positive attitudes and are motivated. what I am hearing is you really want support groups to be implemented in our hospital.

PN2:   We definitely need support groups to continue growing and be mentally, physically, socially and spiritually healthy.

PN1:   I hope we should get the same response from management.

R: You seem to be motivated and looking forward to the support group to work and in this group what were your experiences?

PN2:   I for one I really benefitted a lot from it, it has taught me lot of things that I didn't know. I did not know that I can really support somebody but now I can.

PN5:   I have learnt to relax in this group. I have grown up because I can now cope with every stressor that come my way. I can manipulate my way. I feel confident.

PN6: My experience in this group was I have learned to know you more and where you come from, which was very important to me. I have gained trust that is why I was free to talk about my problems sharing with you. As I have been problems at home and at work coming up to this group it has really helped me a lot. I can even cope with stressors at home. I say at home because my home situation was so tensed. Thank you for giving me the support that I needed. I now feel strong.

PN7: My experience from the support group is I have learned a lot, at least it has helped me to realize that the problems I have, especially at work, I'm not the only one who experience them, but there are other people whom I can share with. it has also helped me to open up with my problems knowing that I can phone somebody and share my experiences made a difference.

PN4: Again in this support group there is that sense of belonging to a certain group even if you are not there, you can feel that people are together and doing something together and you feel as if you could also be there and share with them. You start trusting them if there is anything I just phone that lady there and ask how do you feel today and you feel happy to hear that particular voice that you are used to in the support group.

PN: To know that there is somebody who cares boost your morale and self-esteem.

PN1: Thank you ladies for supporting me. I was really stressed up last week. In fact I was angry. The only thing I was not totally at the boiling point because when I am angry I can hardly not utter a word. I can't talk, I just keep quiet.

PN4: And physically how do you eel, because with me when I am angry I can't talk, I feel like holding somebody and cry. I won't say a word.

PN1: But if I take a walk it becomes better to me; if I can manage to talk about it, I feel much better.

PN4: But this group really it has helped when you're cross with somebody or something disturbing you just pay a deaf ear to it, by the time you come to this corner you're okay, you start afresh again as if nothing has happened.

PN2: Although our support group was only based on work situation I felt free to discuss about my personal problems though not much. I think we need to talk about them as everybody is having them so that we can support where necessary.

R: On my side the experience was I felt part of you, you did not isolate me as the researcher. It helped me to know you much better than on face value. Thanks very much for being so committed, especially Pmula who had it tough. I really appreciate had it not been through you all I would not have managed to conduct all these 8 sessions. Feel free to contact me whenever you need me. My contact number you have got is written in the request letter that you have got. BYE. ENJOY YOUR WORK.