PERCEPTIONS OF PSYCHO-EDUCATION BY PSYCHIATRIC NURSES IN A PSYCHIATRIC REHABILITATION CENTRE

by

BARNEY RUSTLE MASUPE

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Supervisor: Prof. M Poggenpoel
Co-supervisor: Prof. C P H Myburgh

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Ke akgolela patisiso e ko go:

I dedicate this research to:

Lucrecia
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SUMMARY

The challenges that face psychiatric nurses are related to a change of focus towards managed health care and rehabilitation. The emphasis is on speedy recovery and encouragement of independency. This gives rise to a need to educate psychiatric patients therapeutically, on an equal basis as partners. Thus, the focus is on psycho-education.

The researcher observed that when psychiatric nurses conduct patient education it appears to be a one-way process. Unfortunately this paves the way for the psychiatric patients to become dependent on psychiatric nurses for the maintenance of their needs. As a result this research was initiated.

The objectives of this study were:

➢ Firstly, to explore and describe the perceptions of psycho-education by psychiatric nurses in a psychiatric rehabilitation centre; and

➢ Secondly, to describe and recommend guidelines for the implementation of psycho-education to promote the mental health of psychiatric patients.

The paradigmatic perspective for this research is guided by the Theory for Health Promotion in Nursing (Rand Afrikaans University, 2000:1-7). This theory reflects the focus on the whole person. The person is the psychiatric nurse in this study.
An explorative, descriptive, contextual and qualitative design was chosen to determine what the perceptions of psycho-education by psychiatric nurses in a psychiatric rehabilitation centre are. Psychiatric nurses were purposefully selected according to set criteria. A pilot study was conducted and resulted in rephrasing the central question.

Steps were taken throughout the process to ensure trustworthiness. Guba’s model (in Krefting, 1991:212-215) was applied. Four aspects of trustworthiness, namely truth value, applicability, consistency and neutrality were addressed.

Data was collected and analysed according to the descriptive analysis method by Tesch (in Creswell, 1994: 155). An independent coder was utilised. A consensus discussion and agreement were reached about themes identified on transcripts. The data analysis was followed up by a literature control in order to indicate similarities and differences between this research study and other relevant similar studies conducted.

The results of this research study revealed themes, categories and sub-categories. The following themes were discussed. Psychiatric nurses:

- Perceive that they have limited knowledge about psycho-education;
- Perceive psycho-education as a challenging process;
- Experience difficulties with communication and therapeutic skills; and
Perceive that they need continuous education with regard to psycho-education.

In this research conclusions were drawn and guidelines were recommended on;

- Theoretical knowledge that supports psycho-education;
- Facilitated group work on attitudes that have an effect on psycho-education; and
- Skills/techniques required in facilitating psycho-education.

These guidelines are for psychiatric nurses to implement psycho-education in order to promote mental health of psychiatric patients. Limitations encountered were discussed and recommendations described under the following headings psychiatric nursing practice, psychiatric nursing education and psychiatric nursing research. The research was concluded.
OPSOMMING

Die uitdagings wat psigiatriese verpleegkundiges in die gesig staar hou verband met 'n verandering van fokus ten opsigte van die bestuur van gesondheidsorg en rehabilitasie. Die klem is op spoedige herstel en aansporing tot onafhanklikheid. Dit laat die behoefte ontstaan om die psigiatriese pasiënt terapeuties, op 'n gelyke basis, as deelhebbers op te voed, derhalwe word daar op psigo-opvoeding gefokus.

Die navorser het waargeneem dat die opvoeding van psigiatriese pasiënte deur psigiatriese verpleegkundiges 'n eenrigtingproses is. Ongelukkig het dit daartoe gelei dat psigiatriese pasiënte afhanklik word van psigiatriese verpleegkundiges vir die versorging van hulle behoeftes. Bogenoemde observasies het tot hierdie navorsing aanleiding gegee.

Die doelstellings van hierdie navorsing is:

➢ Eerstens, om psigiatriese verpleegkundiges se persepsies van psigo-opvoeding in 'n psigiatriese rehabilitasiesentrum te eksplorereer en te beskryf; en

➢ Tweedens, om riglyne te beskryf en aan te beveel vir die implementering van psigo-opvoeding om geestesgesondheid van psigiatriese pasiënte te bevorder.

Die paradigmatisie perspektief van hierdie navorsing is deur die Teorie vir Gesondheidsbevordering in Verpleegkunde (Randse Afrikaanse Universiteit, 2000: 1-7) gerig. Hierdie teorie fokus op die heel persoon. In hierdie studie is die persoon die psigiatriese verpleegkundige.
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'n Verkennende, beskrywende, kontekstuele en kwalitatiewe ontwerp is onderneem om psigiatriese verpleegkundiges, in 'n psigiatriese rehabilitasiesentrum, se persepsies van psigo-opvoeding te bepaal. Psigiatriese verpleegkundiges is doelbewus, volgens vasgestelde kriteria, geselecteer. 'n Loodsstudie is onderneem en het daartoe gelei dat die navorsingsvraag herbewoord is.

Sekere stappe is geneem om vertrouenswaardigheid te verseker. Guba se model (in Krefting, 1991: 212-215) is gebruik. Vier aspekte van vertrouenswaardigheid, naamlik waarheidswaarde, toepaslikheid, konsekwentheid en neutraliteit is aangespreek.

Data is volgens Tesch (in Creswell, 1994: 155) se metode vir beskrywing en analise versamel en geanaliseer. 'n Onafhanklike kodeerder is gebruik en konsensusbespreking het plaasgevind. 'n Ooreenkoms oor temas wat in die transkripsie geïdentifiseer is, het plaasgevind. Nadat die analise van die data plaasgevind het, is 'n literatuurkontrole onderneem om ooreenkomste en verskille tussen hierdie navorsing en ander soortgelyke navorsing aan te dui.

Sekere temas, kategorieë en subkategorieë het in die resultate van hierdie navorsingsprojek na vore getree. Psigiatriese verpleegkundiges:

- Ervaar dat hulle oor beperkte kennis omtrent psigo-opvoeding beskik;

- Ervaar psigo-opvoeding as 'n proses wat uitdaginge bied;
Ondervind probleme met kommunikasie- en terapeutiese vaardighede; en

Eervaar dat hulle ‘n behoefté het aan voortgesette opvoeding met verwysing na psigo-opvoeding.

In hierdie navorsing is gevolgtrekkings gemaak en riglyne aanbeveel oor:

Teoretiese kennis wat psigo-opvoeding steun;

Die fasilitering van groepwerk oor houdings wat ‘n effek het op psigo-opvoeding; en

Vaardighede/tegnieke wat vereis word om psigo-opvoeding te fasiliteer.

Hierdie riglyne is daargestel vir psigiatriese verpleegkundiges om psigo-opvoeding te implementeer en om geestgesondheid van psigiatriese pasiënte te bevorder. Beperkinge van die studie is bespreek en aanbevelings is onder die hoofde psigiatriese verpleegkundige práktyk, psigiatriese verpleegkundige opvoeding en psigiatriese verpleegkundige navorsing bespreek. Gevolgtrekkings met betrekking tot die navorsing is gemaak.
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CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 BACKGROUND

Patient education has historically been in the domain of nursing (Sanford, 2000:2) and is an important independent function of the nursing profession (Spellbring, 1991:811). In the research conducted by Yonge (2002: 26) on psychiatric patients’ perceptions of constant care, one of the findings indicated that patients complained that they did not receive explanations or guidance from staff. It is clear that the most common practice was the traditional teacher-driven approach (Schofield, 1998:38).

Psychiatric mental health care began with the custodial model (Cowman, Farrelly & Gilheany, 2001:747). This model was a trend in the nineteenth century. Patients were committed to asylums that were constantly locked and would be punished for their behaviour. Frisch and Frisch (1998: 20) state that people without training and with no interest in helping others provided care. A few decades later this was no longer accepted model of care. The medical model replaced the custodial model (Talbott, 1981:16).

The medical model is the traditional model of psychiatric hospital practice that places the final clinical responsibility on the psychiatrist (Soth, 1997:30). Critchley and Maurin (1985:11-13) state that, at times, psychiatric nurses were basically dispensing medication to patients. Neither interpersonal relationships nor psychodynamic issues were addressed. Patients were observed to be having no say in their treatment.
The challenges facing the healthcare industry are diverse (Parson, 1999:17). Managed health care has brought about a shift of focus from longer patient care programs to briefer therapeutic modalities (Blair & Ramones, 1997:29). According to Aveline and Dryden (1998:13) the focus is on the study of interpersonal relationships and is towards more learner-driven approaches in a domain of adult learning (Schofield, 1998:38). This falls within international trends on rehabilitation (Pilling, 1991:15) of psychiatric patients.

The rehabilitation models of care clearly indicate that patients should no longer be mere passive recipients of care (Pilling, 1991:47) but should be encouraged and motivated to collaborate with psychiatric nurses. According to the American Nurses Association, (Standard 5B) in Rawlins, Williams and Beck (1993:158), patient education should be included as an integral treatment component. The implementation of psycho-education will provide for preventive and corrective life experiences (Perko & Kreigh 1988:11).

1.2 RATIONALE

Psychiatric mental health nursing is a specialised area of nursing practice. It employs theories of human behaviour as its science and purposefully use the self as its art (Delarney, Pitula & Perrand, 2000:35). Therapeutic use of the self is the central focus of nursing and requires that the nurse is aware of his or her own thoughts, feelings and actions (Martin, 1987:38). One of the psychiatric nursing roles (Cowman, Farrelly & Gilheany, 2001:750) is the implementation of psycho-education, in an interactive manner (Poggenpoel, 1994:52).
Norton, Jones, Quarles and Danielle (1999:39) state that psychiatric nurses are the primary team members who are able to integrate information from other team members. They are also in a better position to implement psycho-education in psychiatric rehabilitation centres, as they spend more hours with psychiatric patients (Cowman et al, 2001:747) than the rest of the team, hence they suffer from job fatigue (Poggenpoel, 1996:14).

Working in a psychiatric rehabilitation centre is both demanding and challenging. With the changes within the health care system such as shorter hospital stays, patient education has had to expand to other areas (Spellbring, 1991: 812) from hospital base to community life. On the other hand psychiatric nurses provide direct clinical nursing care and various psychiatric nursing therapies (Taylor, 1994:18), including administrative related duties.

The researcher was attached to a specific rehabilitation centre during advanced psychiatric nursing clinical practice. It was observable that there are programs in place for the rehabilitation of psychiatric patients. Like any other health facility the following prevailed:

- High staff turnover;

- A large number of patients to take care of; and

- The departure from both the custodial way of thinking and away from the medical model of practice towards the rehabilitation model.
The above issues posed a lot of challenges for the implementation of all the necessary psychiatric nursing programs.

These observations are supported by a correspondence report, following an inspection from the clinical development directorate on chronic mental health care, dated January 07, 2002. This revealed that there were limited resources available for the rehabilitation of psychiatric patients in this specific centre.

Patient education was based on the didactic approach and is limited in patient care delivery, therefore needed a review. Furthermore the Department of Health recommended that for staff to undertake patient education they (staff) themselves should undergo training or education by someone who already has experience in that area.

The following have been observed as a trend or pattern over the period of between the years 1997 to 2001. Among all psychiatric patients discharged according to set criteria, on average, within a period of twelve months, about ten psychiatric patients would present the following:

- Three of these patients will be readmitted into this facility;
- Two will be admitted to any other psychiatric institution;
- One will be reported to be roaming aimlessly in the community; and
- Lastly, the remaining four will be reported to be troublesome at home.
motivate the psychiatric nurses. Therefore, this research will explore their
among psychiatric patients. This should be done in order to empower and
and attitudes that will teach a self-reliant behaviour and independence
Psychiatric nurses should be equipped with appropriate knowledge, skills
health to facilitate community reintegration.
States that this will reduce the
school or improve. Krylowicz (1961) states that this will reduce the
families are educated on how to support themselves, their confidence and
individual’s life. Ogambil, Hepburn and Carson (2000:7) found that, when
of mental illness could greatly interfere with all aspects of a family and
rehabilitation centre. Landewill (2007:64-66) indicated that the symptoms
home is stressful. Therefore they would return the patient to the
family members have expressed that having a mentally ill person at
outside, meaning to the community.
meaning controllable. They were anxious to move to the unfamiliar
psychiatric patients expressed that their hospital environment is “nice”
project conducted by Stein and Pogénpool (1961:99) in which chronic
indicate that they are still mentally ill. This is clearly evident in a research
Other patients would refuse discharge and display behaviour that would
perceptions of psycho-education and describe guidelines for its implementation.

1.3 PROBLEM STATEMENT

There is serious concern about the fact that psychiatric patients are and become dependent on the psychiatric nurses. This is an obstacle to health promotion. Psychiatric nurses, as professionals, are expected to demonstrate facilitative knowledge, skills, attitudes and values in the promotion of mental health of psychiatric patients.

The creation of an interactive relationship that is healthy and consistently present, between psychiatric nurses and psychiatric patients is of importance. It is more likely to empower psychiatric patients to mobilise resources in an environment that facilitates community reintegration.

There is a wide range of psychiatric nursing interventions implemented in the psychiatric rehabilitation centre. Psycho-education as one form is rarely implemented if not non-existent. In most cases when psychiatric nurses conduct patient education, patients are told what to do and how to behave. They do not have to think, they just have to comply. Eventually psychiatric patients become dependent on psychiatric nurse and rehabilitation centres for the maintenance of their health needs.

The researcher will explore the perceptions of psycho-education by psychiatric nurses in a rehabilitation centre. These perceptions will be the basis for the description and recommendation of guidelines for the implementation of psycho-education.
The following are the research questions of this study:-

➢ What are the perceptions of psycho-education by psychiatric nurses in a psychiatric rehabilitation centre?

➢ What guidelines and recommendations can be described for implementation of psycho-education to promote the mental health of psychiatric patients?

1.4 RESEARCH OBJECTIVES

In response to the research questions the objectives of this study are formulated, namely:

➢ To explore and describe the perceptions of psycho-education by psychiatric nurses in a psychiatric rehabilitation centre; and

➢ To describe and recommend guidelines for the implementation of psycho-education to promote mental health of psychiatric patients.

1.5 CENTRAL STATEMENT

The exploration and description of perceptions of psycho-education by psychiatric nurses will provide the basis for the description and recommendation of guidelines for the implementation of psycho-education by psychiatric nurse practitioners to facilitate the promotion of mental health of psychiatric patients.
1.6 PARADIGMATIC PERSPECTIVE

The Theory for Health Promotion in Nursing (Rand Afrikaans University, 2000:1-7) will be adopted and integrated as the paradigmatic perspective for this research. The researcher acknowledges and unconditionally accepts the psychiatric nurse as a whole person in interaction with the environment.

1.6.1 Meta-theoretical assumptions

In this research, beliefs about man, his environment and his perceptions are based on the Theory for Health Promotion in Nursing.

1.6.1.1 Person

The concept "person" refers to psychiatric nurses in a psychiatric rehabilitation centre. It embodies dimensions of body, mind and spirit, which is the internal environment. Furthermore, it functions in an integrated interactive manner with the external environment that embodies the physical, social and spiritual dimension.

1.6.1.2 Psychiatric nursing

Psychiatric nursing is an interactive process whereby the psychiatric nurse, a sensitive therapeutic professional, facilitates community reintegration of psychiatric patients through psycho-education as one form of mobilisation of resources.
1.6.1.3 Mental health

The concept “mental health” is the integral part of health that is described as an interpersonal process whereby psychiatric nurses utilise psycho-education in the promotion, restoration and maintenance of psychiatric patients’ mental health.

1.6.1.4 Environment

The environment refers to the internal and external dimensions of the person. The internal dimension includes body, mind and spirit. It is in constant interaction with the external dimension, which consists of the physical, social and spiritual. These dimensions influence the perceptions of psycho-education by psychiatric nurses in the facilitation and bridging of obstacles for promotion of mental health.

1.6.2 Theoretical assumptions

The theoretical model for this research is namely the Theory for Health Promotion in Nursing (Rand Afrikaans University, 2000:1-7), will be used after the data analysis has been completed.

The researcher will enter the field without any pre-set framework of reference and without preconceived ideas about the perceptions of psycho-education by psychiatric nurses. This should be done in order to avoid possible bias in the research findings.
1.6.2.1 Theoretical statements

The psychiatric nurse in a rehabilitation centre is a whole being who functions in an integrated interactive manner with the environment. Perceptions of psycho-education by psychiatric nurses will be used as a baseline to describe and recommend guidelines for the implementation of psycho-education to promote mental health of psychiatric patients.

1.6.2.2 Definitions

➢ Perceptions

The conscious recognition and interpretation of sensory stimuli, especially memory, through unconscious association serve as a basis for understanding (Mosby, 1986:859). The way one notices things and then reacts to it is based on ideas, thoughts, beliefs and feelings of what it is like (Longman, 1995:1048).

➢ Psycho-education

This is a therapeutic technique to treat the mentally ill (Blair & Ramones, 1997:30). It involves elements of education, psychological support and counselling (Rawlins, Williams & Beck, 1993:158). It also involves the sharing of knowledge as a factor that empowers all parties to engage as equals in discussions and decisions about health and health care choices (Sanford, 2000: 5).
➢ *Psychiatric nurse*

According to Poggenpoel (1994:54) this is a professional person. This person is educated to be able to interact with psychiatric patients in a goal-directed way in assisting him/her to mobilise his/her resources to facilitate the promotion of mental health.

➢ *Psychiatric rehabilitation centre*

This is a mental health institution (Pilling, 1991:13) or psychiatric hospital (Longman, 1995:740) in which psychiatric patients are assisted to acquire the necessary psychosocial skills for independency (Kay, 1995:275) through mobilisation of the internal and external resources (Rand Afrikaans University, 2000).

1.6.3 Methodological assumptions

A functional approach, as stated by Botes (1991: 18), will be followed. This is to improve the clinical psychiatric nursing practice through understanding the perceptions of psycho-education by psychiatric nurses. This will provide a basis for the description and recommendation guidelines for the implementation of psycho-education to facilitate reintegration of psychiatric patients in the community. Guba’s model (in Lincoln & Guba, 1985:290) will be utilised to ensure trustworthiness. The principles of logic and justification (Mouton, 1996: 107) will be adhered to, throughout this research.
1.7 RESEARCH DESIGN AND METHOD

1.7.1 Research design

A qualitative (Burns & Grove, 1997: 30-31; Creswell, 1994:51) approach will be followed. An explorative and descriptive (Brink, 1996:11; Mouton & Marais, 1990:43–44) design will be utilised to uncover meanings and gain understanding. This research will be contextual (Mouton, 1996:133) to psychiatric nurses in a specific psychiatric rehabilitation centre.

1.7.2 Research method

The structure of this research will be in two phases:

➢ Phase 1: Exploration and description of the perceptions of psycho-education by psychiatric nurses in psychiatric rehabilitation centre;

➢ Phase 2: Description and recommendation of guidelines for the implementation of psycho-education to promote mental health of psychiatric patients.
1.7.3 Phase 1

**Exploration and description of the perceptions of psycho-education by psychiatric nurses in a psychiatric rehabilitation centre**

1.7.3.1 Population and sampling

A purposive sampling (Burns & Grove, 1997:306; De Vos, 1998:198) method will be followed. The target population (Burns & Grove, 1997:293) will include those psychiatric nurses in a specific psychiatric rehabilitation centre, as this research will be contextual (Mouton, 1996:33). The criteria (Burns & Grove, 1997: 294–295) will be discussed in chapter two.

1.7.3.2 Data collection

A focused individual interview (Polit & Hungler, 1995:272) will be conducted. Data will be gathered through face-to-face semi-structured in-depth interviews (Kvale, 1996:43). An audio-recorder will be utilised to gather data and field notes will be taken as an additional method for data collection (De Vos, 1998:285).

The participant will be asked the following question:

"As a psychiatric nurse, what are your perceptions of psycho-education?"

A pilot study will be conducted to test the question.
1.7.3.3 Data analysis

The audio-recordings will be transcribed verbatim. Data analysis will follow (Tesch in Creswell, 1994:155). Transcribed data and field notes will be analysed (Giorgi, 1995:10–19). Both the researcher and independent coder will analyse data independently and will meet to discuss findings.

1.7.4 Phase 2

Description and recommendation of guidelines, for the implementation of psycho-education to promote mental health of psychiatric patients

Findings obtained from psychiatric nurses will be combined with information from relevant literature. This will be used to describe guidelines for the implementation of psycho-education to promote mental health of psychiatric patients. Advanced psychiatric nurse specialists and practitioners will be consulted for the refinement of guidelines.

1.7.5 Literature control

Existing knowledge of previous and current research will be investigated to establish similarities and to determine the uniqueness of this project (De Vos, 1998:179). The results of the research will be discussed in the light of relevant literature and information obtained from similar studies (Mouton, 1996:119 & De Vos, 1998:104).
1.7.6 Ethical considerations

Ethical standards by the Democratic Nurses Association of South Africa (DENOSA, 1998:1 – 7) will be followed to ensure that appropriate steps and measures of ethics in research are adhered to (Burns & Grove, 1997:200). Ethical considerations will be dealt with in chapter two.

1.7.7 Trustworthiness measures

Guba’s model (in Lincoln & Guba, 1985:290) of trustworthiness will be used and the emphasis will be on the following four criteria to establish trustworthiness:

➤ Credibility;

➤ Transferability;

➤ Dependability; and

➤ Confirmability.

An in-depth discussion on trustworthiness will take place in chapter two.

1.8 CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

Conclusions will be stated, limitations identified and recommendations highlighted with regard to the findings in this research project.
1.9 DIVISION OF CHAPTERS

The layout of chapters will be as follows:

CHAPTER 1 Overview of the study.

CHAPTER 2 Research design and method.

CHAPTER 3 Discussion of results and literature control.

CHAPTER 4 Description of guidelines, literature control, limitations and recommendations.

1.10 SUMMARY

The overview of the study is the introductory orientation to the research project and highlights the processes that will take place in the following chapters.
CHAPTER TWO

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

The focus of chapter two is on the methodology of which the researcher will embark on during the study. Research objectives, design, method and literature control, ethical considerations including measures for trustworthiness will be discussed.

2.2 RESEARCH OBJECTIVES

The objectives for this research are:

➢ To explore and describe the perceptions of psycho-education by psychiatric nurses in a psychiatric rehabilitation centre; and

➢ To describe and recommend guidelines for the implementation of psycho-education to promote the mental health of psychiatric patients.

2.3 RESEARCH DESIGN

Mouton (1996: 107) states that the research design is a set of guidelines and instructions that are followed to make appropriate decisions for the research and to execute the research problem that has been formulated (Mouton 1996: 175).
In this study a qualitative, explorative, contextual and descriptive research strategy will be utilised (Burns & Grove, 1997:30-31; Mouton & Marais, 1990: 43-44; Mouton, 1996: 133; Creswell, 1994: 146).

2.3.1 Qualitative

The focus of a qualitative study is to obtain data that will facilitate understanding (Kvale, 1996: 30-33) of the phenomenon as the participants describe it. Burns and Grove (1997: 29) state that the aim will be to discover the depths and complexity of the phenomenon. Creswell (1994: 145) states that this is an important factor in the process of qualitative research.

Appropriate communication skills will be utilised to make sense and establish meaning of psychiatric nurses’ world of perceptions and to encourage participants to respond in a manner in which they feel comfortable as they describe their perceptions.

2.3.2 Explorative

The aim of the explorative approach is to gain new insight into the phenomenon (Mouton & Marais, 1990: 49), whereby the literature reveals very little (Talbot, 1995: 90). The departure from a point of “not knowing,” to avoid being biased (Burns & Grove, 1997: 228), will be maintained. It is important to suspend previous knowledge by “bracketing” (Burns & Grove, 1997: 532).

The researcher should uncover meanings and develop understanding (De Vos 1998: 124). There is a need to be open to new ideas, knowledge and
perceptions of psycho-education by psychiatric nurses. As a result, new knowledge will be generated.

2.3.3 Descriptive

Descriptive research allows for the phenomenon to be put in words systematically (Talbot, 1995: 32) as it is perceived by a variety of people, who resemble the total population of interest to the researcher (Woods & Catanzaro, 1988: 121). For the research to be descriptive, the research should be structured and organised according to the selection of themes as units of analysis in order to be descriptive (Talbot, 1995: 609).

Meanings and understandings (Creswell, 1994: 145) of perceptions will be put into words according to the responses of the psychiatric nurses as they talk about it in an interview. The aim is to describe the findings as accurately as possible (Kvale, 1996:32). These findings will provide for the guidelines intended to support this study.

2.3.4 Contextual

In a contextual strategy the study deals with the phenomenon because of its intrinsic and immediate contextual significance (Mouton, 1996: 133). The study has to be contextual in nature to produce an extensive and dense description of the phenomenon (Mouton, 1996: 133). A purposive sample of psychiatric nurses will be included in this research and interviews will be conducted until data saturation is achieved as reflected in repeated themes.
This study focuses on the perceptions of psycho-education by psychiatric nurses. The context will be a psychiatric rehabilitation centre. Which is a unique specific environment. This forms the immediate external environment, which interacts with the internal environment (Rand Afrikaans University, 2000: 5-7) of psychiatric nurses and influences their perceptions on the implementation of psycho-education.

2.4 RESEARCH METHOD

This research will be conducted in two phases. In the first phase exploration and description of the perceptions of psycho-education by psychiatric nurses in a psychiatric rehabilitation centre will take place in the second phase guidelines for the implementation of psycho-education to promote mental health of psychiatric patients will be described and recommended.

2.4.1 PHASE 1

Exploration and description of the perceptions of psycho-education by psychiatric nurses, in a psychiatric rehabilitation centre

In phase one, the population will be identified, sampling described and target population selected according to set criteria. Focused individual interviews will be conducted as a method of data collection. Phase one will be described under the following headings: Population and sampling; Sampling criteria; Data collection; and Data analysis.
2.4.1.1 Population and sampling

The population (Burns & Grove, 1997: 293), is formed by psychiatric nurses. Only those who possess specific attributes that are of interest to this study will be selected as the target population (Polit & Hungler, 1995: 222) of whom the findings will be transferred. Sampling of the population will be purposive (Burns & Grove, 1997: 306).

2.4.1.2 Sampling criteria

Burns and Grove (1997: 293) state that sampling criteria involve the inclusion of essential characteristics that will make the population eligible to be included in the research. This would be:

- Nurses who have a qualification in psychiatric nursing.
- Psychiatric nurses who are registered with the nursing council.
- They must be employed in a psychiatric rehabilitation centre.
- Psychiatric nurses who are working with psychiatric patients.
- They must have a minimum of twelve months work experience.
- Both males and females will be included as research participants.
- Two psychiatric nurses must be from each of the four rehabilitation units/wards.
The sample size will be determined by the saturation of data (Talbot, 1995: 255), following focused individual interviews with psychiatric nurses. Data will be saturated as evidenced by repeating themes (Creswell, 1994: 148) when no more new ideas or information is elicited. Interviews will be conducted in English.

2.4.1.3 Data collection

Psychiatric nurses’ perceptions of psycho-education are the focus of this study. Data will be collected by means of a focused individual interview (Polit & Hungler, 1995: 272) from psychiatric nurses who meet the sampling criteria. Audio-recordings and field notes will be utilised as additional methods for data collection (De Vos, 1998: 285). The purpose is to understand and describe the central themes on the perceptions of psycho-education. This will lead to the description of guidelines for the implementation of psycho-education.

➤ A focused individual interview

In behavioural sciences and caring professions, interviews serve as data collection sources (De Vos, 1998: 90). This research strategy is used in qualitative studies (Mouton, 1996: 92). Polit and Hungler (1995: 272) state that in focused interviews, the researcher often wants to be sure that a given topic is covered in an interview with a research participant.

In this research, a focused individual interview will be conducted, in which psychiatric nurses are interviewed alone, in an in-depth face-to-face approach (Polit & Hungler, 1995: 188). Follow-up
focused individual interviews will be conducted, when necessary, with some of the psychiatric nurses in order to confirm findings (Polit & Hungler, 1995: 214), Woods and Catanzaro (1988: 301) mention that in order to understand the phenomenon participants should be asked about it.

The aim of a focused interview is to obtain information about beliefs and attitudes (Woods & Catanzaro, 1988: 304). In this research the psychiatric nurses will be asked to talk about their perceptions of psycho-education. Rapport should be built with research participants to encourage them to talk freely (Morse & Field, 1996: 76). The researcher should listen comprehensively (Talbot, 1995: 476) and show interest and empathy by paraphrasing, nodding, probing, clarifying and portraying a non-judgemental, unbiased attitude.

Practical aspects of the research, such as the use of field notes and an audio-recorder (Morse & Field, 1996: 91) and time that can be devoted to the interview, will be discussed with the participants (De Vos, 1998: 302). Only data that is absolutely necessary to the research objectives of the study will be collected. Interviews will be terminated only when saturation of data is reached.

The environment for interviews will be a closed room, free from distraction and noise, which is comfortable to encourage the participants to be relaxed (Creswell, 1994: 124). This will allow for audio-recordings to be audible. This kind of environment will facilitate the researcher to be focused and attentive to verbal and
non-verbal responses (Giorgi, 1985: 57) to promote the ability to rephrase questions and for clarification of responses.

The central question for this study will be:

“As a psychiatric nurse, what are your perceptions of psycho-education?”

➤ **Pilot study**

A pilot study will be conducted with psychiatric nurses who meet the criteria for this study. This is to familiarise the researcher with focused individual interviews and the utilisation of interviewing techniques. On the other hand this is done to assist the researcher to identify whether the posed question elicits appropriate responses from the participants (psychiatric nurses).

➤ **Recording and field notes**

An audio-recorder and field notes will be utilised as part of the data collection process (Talbot, 1995: 478) in order for the researcher to be able to remember the responses and observations made during focused individual interviews.

Audio-recordings will take place to record verbal responses during interviews. Field notes will be in a written form and include both empirical observations and interpretations. Interviews will be transcribed verbatim (Burns & Grove, 1997: 532-533).
2.4.1.4 Data analysis

Audio-recordings will be followed up by audio-data which will be transcribed verbatim and analysed, as described by Tesch (in Creswell, 1994: 155). Written field notes will provide for subsequent interpretation of meaning (Kvale, 1996: 27).

Tesch’s protocol (in Creswell, 1994: 155) will be used for the descriptive content analysis of collected data:

(a) Read through all the transcriptions carefully. Jot down ideas that comes to mind to get a sense of the whole.

(b) Pick the most interesting, shortest transcript and read through it. Think about the underlying meanings. Thoughts should be written in the margin.

(c) After going through all the information, a list of topics will be made. Similar topics should be clustered together and these topics, unique topics and leftover topics should be arranged.

(d) The list will be taken back to the data. Topics will be abbreviated into codes. Codes will be written next to the appropriate segments of the text.

(e) The most descriptive wording for the topics will be turned into categories. The topics that relate to each other as they arise will be grouped together.
(f) A final decision on the abbreviations for each category and alphabetised codes will be made.

(g) Data belonging to each category will be assembled in one place and a preliminary analysis will be conducted.

(h) Existing data will be recorded.

The protocol used in data analysis will be handed to an independent coder. The researcher and the independent coder will later discuss and reach consensus on the findings. The results will be reflected within the Theory for Health Promotion in Nursing (Rand Afrikaans University, 2000: 7).

2.4.2 PHASE 2

Description and recommendation of guidelines for the implementation of psycho-education to promote mental health of psychiatric patients

In this phase the central themes of perceptions of psycho-education by psychiatric nurses in a psychiatric rehabilitation centre, will be used as a framework to describe and recommend guidelines for the implementation of psycho-education to promote the mental health of psychiatric patients.

The development of guidelines will be verified by conducting literature control and through discussion with other advanced psychiatric nurse practitioners.
2.5 LITERATURE CONTROL

Woods and Catanzaro (1988: 46) state that the purpose for reviewing the literature in a specific area is to identify what is known and not known about the topic. Very little is known as indicated in the current existing scientific literature “Perceptions of psycho-education by psychiatric nurses in a psychiatric rehabilitation centre”.

Morse and Field (1996: 106), state that a literature control should be done to verify the findings of the study. On the other hand Polit and Hungler (1995: 88) argue that the review of the literature should point out both the consistencies and contradictions as well as offer possible explanations for inconsistencies.

The results of the research will be discussed in the light of relevant literature. Information obtained from similar studies will be utilised to determine similarities and differences (Burns & Grove, 1997: 132). The goal is to be able to place the results in the context of established knowledge and to clearly identify results that support the literature or those that claim new contributions.

2.6 ETHICAL CONSIDERATIONS

The Democratic Nursing Organisation of South Africa (1998: 1-7) stipulates ethical standards for nurse researchers, which are to be adhered to. These are ethical codes and regulations that provide researchers with guidelines for protecting the rights of participants (Burns & Grove, 1997: 200). Ethical considerations will be discussed under competency of the
researcher, informed consent, confidentiality, anonymity and rights of participants.

2.6.1 Competency of the researcher

The researcher has been adequately trained in research methodology and has acquired the necessary knowledge and skills in advanced psychiatry nursing science to conduct the research (De Vos, 1998: 30).

The researcher as a psychiatric nurse has five years current clinical experience working in a psychiatric rehabilitation centre. Additionally, experts in advanced psychiatric nursing science and advanced educational research will supervise the researcher. This will maintain high standards and quality in the research.

2.6.2 Informed consent

The psychiatric nurses and the psychiatric rehabilitation centre management will be informed in writing of what the research entails and also about the objectives and the design (Burns & Grove, 1997: 209-211). The psychiatric nurses will be invited to this research.

Further explanations will take place with psychiatric nurses on how they are expected to participate in the research, so that they can make informed decisions (De Vos, 1998: 302). The psychiatric nurses will be provided with a consent form to indicate whether they agree or disagree to participate.
The psychiatric rehabilitation centre management will be provided with a research proposal (Talbot, 1995: 571-572) and a letter requesting permission to gain access to the rehabilitation centre. After permission is granted, the researcher will conduct the research (Burns & Grove, 1997: 212-213).

2.6.3 Confidentiality and anonymity

Names of the psychiatric nurses and that of the psychiatric rehabilitation centre will be used for data collection purposes and will make follow-up interviews easier (Burns & Grove, 1997: 205-205). Raw data will be accessible only to the researcher, the supervisors and the independent coder.

Names and individual responses of participants will not be linked nor associated (Burns & Grove, 1997: 205). Names and identifying features will be changed. If anonymity is threatened all research records will be destroyed (Democratic Nursing Association of South Africa, 1998: 28).

2.6.4 Rights of participants

The participants will be made aware of their rights of participation in the research and the right to withdraw without penalty at any stage or remain in the study whenever they wish to.

The use of an audio-recorder and field notes in the interview may cause temporary discomfort. Participants will be informed that audio-recordings will be destroyed as soon as the final report is completed (Burns & Grove, 1997: 207).
Participants can behave, respond and think as they feel comfortable in the research and their behaviour, responses and thoughts will not be used to embarrass them in future.

The name, address and telephone number of the researcher will be made available to respondents should there be additional information or concerns about the research (Burns & Grove, 1997: 211).

2.7 TRUSTWORTHINESS MEASURES

The researcher will strive to adhere to the principle of trustworthiness and to persuade the audience that the findings of this research are worth paying attention to. Lincoln and Guba (in Krefting, 1991: 215) state that 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 and describes four criteria of trustworthiness namely truth value, applicability, consistency and neutrality.

2.7.1 Truth value

Truth value addresses the question whether the research has established confidence in the findings and deals with the question of how the findings match reality. The strategy for establishing truth value is credibility (Krefting, 1991: 212-217), which is achieved by the following techniques (Lincoln & Guba, 1985:294):
2.7.1.1 Prolonged engagement

The researcher is a psychiatric nurse and has five years current clinical experience in a psychiatric rehabilitation centre. During the interview the researcher will encourage participants to verbalise their perceptions. The researcher will continue to be aware of his own perceptions to guard against possible influence.

2.7.1.2 Reflexivity

The researcher will use an audio-recorder and field notes during the interviews. This is done in order to minimise the researcher’s perceptions that could influence the study.

2.7.1.3 Member checking

Literature control from similar studies will be conducted by using findings. A discussion will take place with participants for verification and clarification concerning their perceptions of psycho-education.

2.7.1.4 Peer examination

Research supervisors and an independent coder who is qualified in qualitative methods will be utilised to confirm the findings of the research.
2.7.1.5 *Authority of the researcher*

The researcher as a psychiatric nurse received training in research methodology and advanced psychiatric nursing science. An expert in advanced psychiatric nursing science and another expert in advanced educational research has supervised the researcher, thus he will be able to conduct research.

2.7.1.6 *Structural coherence*

This research focuses on the perceptions of psycho-education by psychiatric nurses in a psychiatric rehabilitation centre. The findings will be analysed within the Theory for Health Promotion in Nursing.

2.7.2 *Applicability*

The strategy that will be utilised in applicability is *transferability* (Lincoln & Guba, 1985: 296). Transferability is concerned with the extent to which the outcomes of a specific study can be applied to other situations. The following will be employed:

2.7.2.1 *Dense description*

A description of the research results and literature control will be fully described in a manner that allows other researchers to follow the steps and compare findings.
2.7.2.2 Nominated sample

The sampling method will be a purposive sampling strategy. Psychiatric nurses, who have a minimum of twelve months current clinical experience working in a psychiatric rehabilitation centre, will form the sample.

2.7.3 Consistency

Consistency of the data refers to whether the findings will be repeated if the research would be replicated, with the same or similar participants in the same or a similar context. The strategy of consistency that would be used is **dependability** and is achieved by:

2.7.3.1 Dependability audit

Personal files and field notes will be kept. The research supervisors will, on a continuous basis conduct audits on raw data, findings, interpretation and recommendations.

2.7.3.2 Dense description

The research methodology will be fully described.

2.7.3.3 Coding / recoding procedure

The researcher and the independent coder will analyse the interviews on the perceptions of psycho-education separately. They will discuss the findings and therefore reach a consensus on the findings.
2.7.4 Neutrality

This refers to the extent to which the findings of the research are free from bias (Lincoln & Guba, 1985:299). Neutrality is achieved by confirmability, which involves:

2.7.4.1 Audit trail

An independent coder will be utilised in the audit trail.

2.7.4.2 Reflexivity

Field notes from the interview will be utilised.

2.7.4.3 Expert evaluation

The research expert will critically evaluate and question the analysis.

2.8 CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

Conclusions of the research will be made based on findings. Limitations encountered throughout the study will be identified. Recommendations will be made in relation to nursing research, nursing education and nursing practice after the discussion of the results.
2.9 SUMMARY

Chapter two discussed the qualitative research design and method. It also includes the ethical considerations and measures to maintain trustworthiness throughout this research on perceptions of psycho-education by psychiatric nurses in a psychiatric rehabilitation centre.
CHAPTER THREE

DISCUSSION OF RESULTS AND LITERATURE CONTROL

3.1 INTRODUCTION

The previous chapter focused on the design and research methods. Chapter three will deal with the research results. The research will be discussed in the light of relevant literature of similar studies. This will form the basis for the comparison of the results of this study and to contextualise the data. The literature will provide the mechanism that exists to demonstrate the usefulness and implications of the findings.

3.2 PILOT STUDY

A pilot study was conducted with two psychiatric nurses. The researcher was comfortable throughout the interview. The first participant had problems with two concepts in the question, namely, "perceptions" and "psycho-education".

The second psychiatric nurse was requested to participate to confirm the problems encountered by the first participant. The researcher realised that a lot of time was spent in assisting the participants to define, explain and describe the concepts to their understanding before they could respond to the question.

This clearly indicated that the question was not suitable, as it posed a lot of problems and required a lot of time. The researcher in consultation
with the research supervisors reviewed the question and formulated another one, which was rephrased as:

"Tell me about your psychiatric nursing of patients"

The two psychiatric nurses who participated in the pilot study were requested to participate again to test the new question. Only then, the researcher started to notice themes that appeared, when he asked the first question subsequently to address problematic concepts that are related to this research study.

The second question was “Tell me about your psychiatric nursing of patients.” The researcher intended to elicit and explore information, specifically related to the perceptions of psycho-education by psychiatric nurses in a psychiatric rehabilitation centre. The aim is to describe and recommend certain guidelines for the implementation of psycho-education to promote the mental health of psychiatric patients.

Psychiatric nurses should be able to verbalise how they help psychiatric patients improve through various activities, including psycho-education. This means that psychiatric nurses should be able to point out and support their base of knowledge, explain how flexible they are with the implementation of rehabilitation programmes and also be able to indicate how creative they are in their psychiatric nursing of patients.
3.3 DESCRIPTION OF THE SAMPLE

The sample of this study comprised of six psychiatric nurses, all are employed in this specific psychiatric rehabilitation centre. Table 3.1 gives a description of a sample.

TABLE 3.1

A description of psychiatric nurses qualifications and experience working in a psychiatric environment.

<table>
<thead>
<tr>
<th>QUALIFICATION IN PSYCHIATRIC NURSING</th>
<th>NUMBER OF PSYCHIATRIC NURSES</th>
<th>CLINICAL YEARS OF WORKING IN A PSYCHIATRIC ENVIRONMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Obtained in this facility</td>
</tr>
<tr>
<td>Post Basic Diploma in Psychiatric Nursing</td>
<td>Two females</td>
<td>Two years and four months.</td>
</tr>
<tr>
<td>Diploma in Nursing Science. (General, Community &amp; Psychiatry) Midwifery.</td>
<td>One male And Three females</td>
<td>Three years and three months.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>One year and eleven months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Eight months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Eleven months</td>
</tr>
</tbody>
</table>

Data was saturated by the sixth participant, as evidenced by the repetition of themes, therefore the last two psychiatric nurses were excluded from the research sample.
3.4 DATA COLLECTION AND ANALYSIS

All psychiatric nurses were approached four weeks in advance to inform them of the research project and to provide them with information for voluntary participation.

Two weeks later the researcher contacted individual psychiatric nurses to sign the consent form for voluntary participation and to make appointments for research interviews. Interviews were conducted over a period of twenty-one days.

Four interviews were conducted during the day at lunch hour break, as scheduled with participants. Two interviews were conducted at night as two participants were working during the night.

Each interview was audio-recorded, an audio-typist transcribed audiocassettes verbatim. Interviews lasted from 30 – 40 minutes.

Transcribed interviews were given to respective participants to read through for verification.

3.5 DISCUSSION OF RESULTS

At the time when this research was in process, no literature in South Africa revealed research conducted on the perceptions of psycho education by psychiatric nurses in a psychiatric rehabilitation centre.
Coding took time, as the researcher had to consult and reach a consensus with an independent data coder, who is an advanced psychiatric nurse practitioner and knowledgeable about qualitative research.

The discussion of the results of this research will incorporate relevant and similar literature studies. These studies will be investigated to determine corresponding and unique factors of this study.

The results of this research will be tabulated on table 3.2 in which content analysis resulted in major themes, categories and subcategories.
TABLE 3.2

An overview of themes, categories and subcategories of psychiatric nurse’s perceptions of psycho-education for psychiatric patients

<table>
<thead>
<tr>
<th>THEMES</th>
<th>CATEGORIES</th>
<th>SUB-CATEGORIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.5.1 Psychiatric nurses perceive that they have limited knowledge about psycho-education. This is a result of:</td>
<td>3.5.1.1 Lack of necessary know-how for conducting psycho-education.</td>
<td>➢ Little or no understanding of psycho-education.</td>
</tr>
<tr>
<td></td>
<td>3.5.1.2 Feelings of incompetence in the effective utilisation of the self.</td>
<td>➢ Uncertainty in psychiatric nursing of patients.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Lack of skills in the delivery of psycho-education.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Discomfort in the nurse-patient interaction.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Failure to achieve desired outcomes in psycho-education.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Lack of self-awareness in their psychiatric nursing ability.</td>
</tr>
<tr>
<td>THEMES</td>
<td>CATEGORIES</td>
<td>SUB-CATEGORIES</td>
</tr>
<tr>
<td>--------</td>
<td>------------</td>
<td>----------------</td>
</tr>
<tr>
<td>3.5.2</td>
<td>Psychiatric nurses perceive psycho-education as a challenging process. As evidenced by:</td>
<td>3.5.2.1 Experienced difficulties in interaction with psychiatric patients.</td>
</tr>
<tr>
<td></td>
<td>3.5.2.2 Discouragement as they perceive no improvement in patient condition.</td>
<td>3.5.2.2 Discouragement as they perceive no improvement in patient condition.</td>
</tr>
<tr>
<td></td>
<td>3.5.3 Psychiatric nurses experience difficulties with communication and therapeutic skills. This is related to:</td>
<td>3.5.3.1 Rules and regulations enforcement by psychiatric nurses.</td>
</tr>
<tr>
<td></td>
<td>3.5.3.2 Controlling attitude / behaviour by psychiatric nurses towards psychiatric patients.</td>
<td>3.5.3.2 Controlling attitude / behaviour by psychiatric nurses towards psychiatric patients.</td>
</tr>
<tr>
<td>3.5.4</td>
<td>Psychiatric nurses perceive that there is a need for continuous education for them about psycho-education. This is associated with:</td>
<td>3.5.4.1 Inability to differentiate between health education and psycho-education.</td>
</tr>
<tr>
<td></td>
<td>3.5.4.2 Need for in-service education on psycho-education.</td>
<td>3.5.4.2 Need for in-service education on psycho-education.</td>
</tr>
<tr>
<td></td>
<td>➢ Difficulty to explain what psycho-education means.</td>
<td>➢ Difficulty to explain what psycho-education means.</td>
</tr>
</tbody>
</table>
3.5.1 Psychiatric nurses perceive that they have limited knowledge about psycho-education

The processes of knowing are common and fundamental in human activities (Beach, 2002: 81). Everyone, from the time of birth, begins a lifelong process of learning, of experiencing the self, other people and the environment. What people know is the outcome of these everyday experiences. Chinn and Krammer (1995: 3) state that, nursing depends on formal knowledge as basis for practice.

Psychiatric nurses who work in psychiatric rehabilitation centres are expected to bring knowledge from psychiatric nursing taught through education and clinical practice as well as lifelong experiences. In this study, psychiatric nurses had limited knowledge about psycho-education. This is a result of lack of necessary know-how for conducting psycho-education and feelings of incompetence in the effective utilisation of the self.

3.5.1.1 Lack of necessary know-how for conducting psycho-education

The findings of this research indicated that psychiatric nurses lacked necessary know-how that is associated with little or no understanding of psycho-education, uncertainty in psychiatric nursing of patients and lack of skills in the delivery of psycho-education.
Little or no understanding of psycho-education

Little or no understanding of psycho-education has been evident as all psychiatric nurses expressed that they had no idea on how to go about with psycho-education.

One participant said: “When dealing with psychiatric patients, I must know exactly how to deal with them”. Another mentioned: “If I know what I am doing, I can have job satisfaction”. Another participant indicated: “I think it is this psychiatry I am doing, I don’t know anything about”.

Eckroth–Bucher, (2001:34) states that to understand one’s intentions it is necessary to examine the whole experience namely thoughts, feelings and actions directed at others.

Lack of understanding is supported by Blair and Ramones (1997: 29). They state that to improve nurses’ understanding of and the effectiveness of education, psychiatric nurses must understand psycho-education as well as fundamental adult educational principles.

Uncertainty in psychiatric nursing of patients

Psychiatric nurses have indicated uncertainty in their psychiatric nursing of patients. This uncertainty is clearly related to lack of necessary know-how which was verbalised as:
"I am not really sure of what information I should give the patient". Another responded: "We don't have enough information to give to the patients on a specific group". Another participant said: "Maybe if someone can say ... I am doing this and this with this group maybe I can follow".

Redman (1980:15) found in one of the themes identified on the process of patient teaching in nursing, that confusion about nurses' role in health teaching was associated with uncertainty. Much confusion about the teaching role of nurses seems to stem from either lack of clarity or poor performance of that role.

➤ Lack of skills in the delivery of psycho-education

Psychiatric nurses have mentioned lack of skills in their delivery of psycho-education which clearly indicates lack of the necessary know-how.

One verbalised: "We must be well skilled with knowledge, and then we will know the reasons for doing things". Another participant stressed: "Sometimes you just do it, not having objectives why you are doing it". Another psychiatric nurse mentioned: "I have overhead that someone has commented that we should practice psychiatric nursing".

In support of psychiatric nurses' responses Cowman et al (2001:747) state that it is evident that there is some confusion about the role and skills of psychiatric nurses. This may be because of the fact that
many nurses find it difficult to articulate the skills they use or identify the skills they need.

Contrary to this statement, Poggenpoel (1994:54) indicates that psychiatric nurses have a broad base of knowledge that includes knowledge of human behaviour, mental health, mental illness and different approaches to help patients with mental health needs and / or problems. Different psychiatric nursing methods can be utilised as a resource in the psychiatric nurse-patient relationship.

### 3.5.1.2 Feelings of incompetence in the effective utilisation of the self

Lack of knowledge about psycho-education has rendered psychiatric nurses to experience discomfort in their nurse-patient interaction. They perceived failure when desired outcomes are not achieved in psycho-education and verbalised lack of self-awareness in their psychiatric nursing abilities. This is associated with feelings of incompetence.

➤ *Discomfort in the nurse-patient interaction*

Psychiatric nurses verbalised emotional feelings of discomfort in their interaction with psychiatric patients. This is associated with feelings of incompetence in the effective utilisation of the self.

In response one psychiatric nurse said: *"When my aim is not reached I feel guilty, I feel guilty because I am not doing my work"*. Another participant said: *"It means I am not doing my work. Uhm... there is no care which I am giving to patients, that's what I am feeling."* Another participant verbalised: *"I
sometimes get uncomfortable and I get impatient...to say the same thing everyday as if I am also mentally ill”.

Poggenpoel (1996:13) supports these feelings of incompetence. She states that nurses do not seem to be happy with their role performance at work and they think they could be better and do better. Lack of self-understanding can pose serious problems in the nurse-client relationship. Eckroth-Bucher (2001:35) mentions that understanding one’s personal characteristics can impact the interaction in positive ways. Working with patients may become so stressful to nurses that they may suffer from burnout and even leave nursing (Schultz & Videbeck, 1998: 26).

> Failure to achieve desired outcomes in psycho-education

Failure to achieve desired outcomes has been voiced out and carried the same weight as feelings of incompetence.

One psychiatric nurse said: “I have tried to teach the patients but they are not responding to it”. Another one said: “I am failing ...I refer the patient to the doctor for treatment”. One commented: “The group gives me a serious problem; I am failing to identify the problems of the patients”.

Poggenpoel (1996:13) states that psychiatric nurses have describe that they feel anxious about their interaction with the patients. This makes the nurse vulnerable to feelings of failure. Rawlins, Williams and Beck (1993:130) mention that nurses sometimes attempt to solve all the clients’ problems without allowing the client to make choices or mistakes. This discourages the client from taking personal responsibility. Schultz and
Videbeck (1998:26) state that it is important for the staff member to withdraw from the client if these feelings are interfering with the care of the client. It would be best to ask another staff member to deal with the client.

➢ **Lack of self-awareness in their psychiatric nursing ability**

The psychiatric nurse should be aware of his/her knowledge, attitudes and skills to assist the psychiatric patient. Apparently psychiatric nurses who participated in this study were not aware of their actions and their behaviours in their interaction with patients.

Two psychiatric nurses, with regard to their delivery of psycho-education, said: *"You (the researcher) are making me aware of certain points which I was not aware of"*. Another said: *"I was not aware of the reasons for doing things"*.

In support Eckroth-Bucher (2001:35) states that self-awareness of psychiatric nurses based involves discovering of motivational forces that have an impact on one’s thoughts, feelings and behaviour. In order to effectively use the self as a tool, nurses must possess knowledge of their personal response patterns, strengths and limitations.

In addition Delaney, Pitula and Perrand (2000:8) state that psychiatric nurses did a poor job in writing about what they do for their patients. They further state that nurses must learn to think in an exact manner about their actions.
3.5.2 Psychiatric nurses perceive psycho-education as a challenging process

In this research findings indicate that psychiatric nurses are doing their best to activate psychiatric patients to participate in activities. As a result psychiatric nurses perceive psycho-education as a challenging process. This is evidenced by experienced difficulties in the interaction with psychiatric patients. Psychiatric nurses also feel discouraged as they perceived no improvement in the patient’s condition.

3.5.2.1 Experienced difficulties in interaction with psychiatric patients

Psychiatric nurses have mentioned that they experienced difficulties in dealing with psychiatric patients’ behaviour. This makes their job impossible, as psychiatric patients are reluctant to participate in nursing activities.

➢ Patients’ reluctance to participate in psychiatric nursing activities

The difficulties experienced by psychiatric nurses have been mentioned as related to psychiatric patients being reluctant to participate in psychiatric nursing activities, specifically with regard to psycho-education. The following difficulties are mentioned:

“The problem is that patients don’t want to join the group, or to participate at all”. One participant commented: “Patients don’t
"want to take their medication". Another psychiatric nurse perceived difficulties as follows: "You find other patients don’t want to come and not being co-operative". Furthermore another nurse mentioned: "The difficulty is whereby the patient is doing well and no one is willing to take her/him out. ...When the patient is ready to go out and relapses, you start again". Another participant indicated: "I can say we are still experiencing difficulty with psycho-education". Finally another mentioned: "I have problems with the group".

In research conducted by Yonge (2002:27) on psychiatric patients’ perceptions of constant care it became clear that patients recognised that their illness was difficult for nurses. Rawlins et al (1993:131) support this view by saying that most psychiatric problems can be categorised as difficulties in interpersonal relationships. It is therefore not surprising that these difficulties would surface in the nurse-client relationship.

### 3.5.2.2 Discouragement as they perceive no improvement in a patient’s condition

Psychiatric nurses in this research verbalised their discouragement, as they perceived no immediate improvement in a patient’s condition despite the fact that there could be a minute progress in the patient’s condition.

➢ **No evident progress of psychiatric patients observed**

Psychiatric nurses have verbalised that, they experience discouragement when patient progress is observable in large dimensions or when expected outcomes are not fully reached.
One participant said: “These patients have been here all the time from 1982 but I don’t see any change”. Another participant mentioned: “These patients have been here for ten years, they must have some knowledge about their medications”. Another participant indicated: “I am sure they (patients) must have got some psycho-education throughout the years but nothing has changed”.

Poggenpoel (1996:13) mentions that it seems as though nurses measure their success on the basis of patient progress. If the patient does not progress they feel that they have failed in their work. Narrow (1979:43) states that one of the difficult tasks of teaching is to assess how much the patient already knows and to determine the minimal knowledge that is necessary for adequate understanding. In support Rawlins et al (1993:255) add that nurses who work harder than clients find themselves becoming discouraged and worn out.

3.5.3 Psychiatric nurses experience difficulties with communication and therapeutic skills

Communication is a frequently used term in today’s society. Everybody is “communicating” but just what is he or she doing? What exactly is communication? Unfortunately, some people define communication simply as the transfer of information or meaning from one human being to another (Perko & Kreigh, 1988: 242). However, meanings cannot be transferred from one human being to another but must be mutually negotiated (Rawlins et al, 1993: 91).
Communication is the means used to relate and share thoughts, feelings, attitudes, needs, desires and pains with others (Perko & Kreigh, 1988: 242). However, in this research, psychiatric nurses sounded to be the only ones telling the story in an unquestionable manner. This is related to enforcement of rules and regulations by psychiatric nurses and controlling attitudes / behaviour by psychiatric nurses towards psychiatric patients.

3.5.3.1 Rules and regulations enforcement by psychiatric nurses

As it has been observed in this research, psychiatric nurses have little or no understanding of psycho-education and are not aware of their own attitudes and behaviour that impact on the therapeutic interaction. This produces ineffective communication skills when they interact with psychiatric patients.

➢ Ineffective communication skills in nurse-patient interaction

The findings indicated that psychiatric nurses are telling psychiatric patients what they should do and should not do. They do not allow psychiatric patients to make decisions about their everyday living.

One participant expressed:” You will tell the patients about the disadvantages and advantages of taking medication”. Another participant indicated: “I sit down with patients and tell them about their illness and the do’s and don’ts”. These participants were supported by one who said: “I will explain the pros and cons of the group and that they must take their medication, if they don’t
they will relapse”. Another psychiatric nurse said: “You call the patient and tell her that what she is doing is not right”.

Rindner (2000:38) states that in psycho-education psychiatric nurses need to be authorities on the subject matter. They should not be authority figures who provoke a power play between themselves and the psychiatric patients.

In support, Schultz and Videbeck (1998:13) state that labelling separates clients from “normal” people. Nurses may expect illness behaviour rather than to continue to see the clients as a unique and multifaceted person who possesses strengths and who deals with stress in daily life.

3.5.3.2 Controlling attitude / behaviour by psychiatric nurses towards psychiatric patients

In this research psychiatric nurses have expressed feelings of inadequacy. This resulted in controlling attitudes/behaviour. These controlling attitudes/behaviour are associated with lack of trust in the ability and decision making of psychiatric patients and bring about control of power towards psychiatric patients.

➢ Lack of trust in the ability and decision making of psychiatric patients

In this research psychiatric nurses portrayed lack of trust in the ability and decision making of the psychiatric patient.
One of the psychiatric nurses said: "I don’t think they will be able to do it without me. The fact that they are mentally ill does not matter, they must look like normal people". Another participant said: "They can’t stop taking medications even if they feel uncomfortable, they must continue with taking medications so that they behave normal". Another said: "I will try to explain, they must listen to me".

Controlling behaviour by psychiatric nurses generates negative behaviour in patients. Yonge (2002:25) indicates that patients mentioned that certain nurses acted in a manner that angered them. Delaney et al (2000:8) mention that nurses focus their efforts to get patients into a group or help them with their activities of daily living. In addition, Schultz and Videbeck (1998:26) mention that staff members may become angry with a client.

➢ Psychiatric nurses’ power control over psychiatric patients

Psychiatric nurses indicated that, by their professional position, they assume control and power over psychiatric patients through the role of a helper. This places the psychiatric patient in a position of vulnerability.

One psychiatric nurse said: "If they don’t want to take medications, I will sit until they take the medications”. Another participant said: "When I say you reprimand the patient I mean you give him a special treatment for the behaviour”. Another psychiatric nurse said: "Psychiatric patients must be controlled, we put them in groups and they must participate in activities".
Taylor (2002:27) states that when psychiatric nurses make decisions for a patient, rather than with a patient, patients are robbed the power inherent in the professional relationship. This is seen as destructive, detrimental and damaging for the patient.

Furthermore Yonge (2002:28) indicates that when nurses behave in such manner, they are psychologically and emotionally abusive to patients. Perko and Kreigh (1988:255) mention that control is often an issue in communication and is the result of feelings of inadequacy.

3.5.4 Psychiatric nurses perceive that they need continuous education with regard to psycho-education

Psycho-education may be seen as a deliberate process of helping psychiatric patients to learn, unlearn or relearn certain aspects through planned sequences of education, counselling and supportive therapeutic activity (Megenity & Megenity, 1982: 175).

Psychiatric nurses need specific techniques and skills for therapeutic nurse-patient interaction and the development of learning experiences. They need this techniques and skills to help psychiatric patients to achieve greater self-awareness and higher regard for themselves (Yonge, 2002: 258).

Certain psychiatric nursing methods can be utilised as a resources in the psychiatric nurse-patient relationship. These methods include enrichment methods such as psycho-education with regard to the development of interpersonal skills, stress (Kopelowicz, 1998: 1314-1315) and conflict management, self-maintenance, short/long term counselling on the
individual, family and group (Pollio, North & Foster, 1998: 818). Psychiatric nurses should be aware of their knowledge, attitudes and skills to assist psychiatric patients (Eckroth-Bucher, 2001: 32).

Psychiatric nurses in this research expressed a lack of confidence in their psycho-education skills, as they perceived that they need continuous education with regard to psycho-education. This is associated with their inability to differentiate between health education and psycho-education.

3.5.4.1 Inability to differentiate between health education and psycho-education

The role of psychiatric nurses in psycho-education does not seem to be clearly defined, as psychiatric nurses were unable to differentiate between health education and psycho-education, particularly with regard to how they should go about it. This could be supported by the fact that the medical model often neglects the psychosocial context in which patients make decisions (Blair & Ramones, 1997:30).

➢ Confusion between health education and psycho-education

Participants were individually asked to differentiate between psycho-education and health education. It became clear that psychiatric nurses could not differentiate and that they are confused. The following responses came to the fore:

One participant said: “Health education I think is concerning the health of the patients”. Still on health education one said: “Mostly we advise them and educate them that they must be clean”. The
following response was elicited: "Health education is just education given to patients". Another said: "In psycho-education we teach patients". Another participant said: "Through psycho-education we tell patients about groups about medication they are taking". One psychiatric nurse said: "They must know what smoking can do to their health". In addition another participant said: "I do psycho-education but usually it is not formal".

In a research project conducted on hospital nurses in a large metropolitan area, Redman (1980:15) identified teaching as a weak area among nurses as confusion seems to stem from lack of clarity about the teaching role. Blair and Ramones (1997:12) argue that many professionals may consider that the psycho-educational components of psychiatric treatment are primarily designed to teach patients about their disorders and the management of those disorders rather than to actually address therapeutic processes. According to Schultz and Videbeck (1998:23) mental health nursing and client teaching can take many forms and address many content areas.

Difficultly to explain what psycho-education means

Psychiatric nurses identified quite a number of activities that could be included as part of psycho-education, but could not elaborate on how to conduct or associate these activities with psycho-education.

One participant said: "Psycho-education can be in many forms for instance, on medication and on behaviour". One said: "They must be taught about their mental illness". Another said: "In psycho-education we give them community skills". One participant said:
“They must be taught to socialise to fit into society”. Another psychiatric nurse said: “They must be taught independency so that they can find a job”.

Beach (2002:82) states that, knowledge does not translate easily into competence. This is very hard to assess in practice. This has resulted in a general problem of qualified nurses lacking the full range of practical skills to enable them to be efficient. Delaney et al (2000:8) agree with this everyday work of nurses but unfortunately it depicts nursing as a series of tasks not connected to purpose.

3.5.4.2 Need for in-service education on psycho-education

Cowman et al (2001:747) state that an understanding of psychiatric nursing presents a particular challenge on how psychiatric nurses view their role as the major part of psychiatric nursing appears to relate to managing patients as well as their physical aspects. In addition, Spellbrin (1991:812) states that psychiatric nurses will need to develop new skills in enabling and empowering people for self-care, self-help and improvement of the environment. Psychiatric nurses verbalised a need for supportive training and education for themselves and a need for information on psycho-education through in-service education.
Supportive training and education for psychiatric nurses

Psychiatric nurses further demonstrated their lack of knowledge on psycho-education as they verbalised their need for enrichment through education as confirmed by the following comments:

One psychiatric nurse said: "I think we must have a workshop, after a workshop, I think we will be able to follow". Another participant supported this and said: "If someone should show me how to do it I will do my job properly". In addition another participant mentioned: "I need education, some demonstration with groups".

Rindner (2000:36) states that psycho-education instruction requires more skill on the leader’s part. In research conducted by Redman (1980:14) on nurses’ perception of teaching, he identified amongst others that lack of knowledge and inadequate teaching skills were major reasons why nurses did not teach.

Redman (1980:14) further suggests that formal coursework on patient teaching through in-service education could overcome deficiencies.

Information on psycho-education through in-service education

Psychiatric nurses clearly indicated that they have limited knowledge of the implementation of psycho-education. Therefore they require information on psycho-education through in-service training.

"I think we need some more in-service especially in psycho-education". This was supported by another participant who said: "We
don't have enough information". Lack of enough information made one participant say: "You need to educate yourself each and everyday". Another participant added: "We need more information on the implementation of psycho-education...we are still lacking...we must be well-skilled".

In support of these statements Blair and Ramones (1997:32) indicate that very few entry-level or graduate level nursing programs include adult education curricula. No educational design or technique is presented as in-service or continued education to nurses. This may lead to questions concerning the competencies of those who actually conduct patient education on a day-to-day basis.

Narrow (1979:91) added that one can help oneself in a variety of ways by additional study to increase knowledge so that one can be able to function with increased effectiveness. A Beach (2002:81) stress that nurses should have a substantial knowledge base to be able to perform the practical side of nursing.

3.6 SUMMARY

In this chapter, six psychiatric nurses voluntarily participated in focused individualised interviews that were audio-recorded. Interviews were transcribed verbatim. Data was analysed and presented under major themes, categories and subcategories that were discussed in the light of relevant literature.

In summary, the findings of the study indicated that psychiatric nurses perceive themselves as having limited knowledge about psycho-education
and perceive psycho-education as a challenging process. In addition psychiatric nurses perceived difficulties with communication skills. Finally, psychiatric nurses perceived that they need in-service education with regard to psycho-education.

The recommendations and guidelines for psychiatric nurses to implement psycho-education as a strategy for mental health promotion of psychiatric patients will be discussed in chapter four.
CHAPTER FOUR

GUIDELINES, LITERATURE CONTROL, LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The previous chapter provided the findings of the research that were discussed in the light of relevant literature. Chapter four will focus on the description of guidelines for psychiatric nurses to implement psycho-education and to promote mental health of psychiatric patients. Limitations encountered will be discussed and recommendations described.

4.2 GUIDELINES TO SUPPORT PSYCHIATRIC NURSES WITH THE IMPLEMENTATION OF PSYCHO-EDUCATION

Table 3.2 sets the framework for themes and categories which resulted from focused individual interviews with psychiatric nurses from a specific rehabilitation centre. The guidelines recommended are based on the results of this study and will be presented in the light of relevant literature.

The psychiatric nurse in this study is a whole person. He/she embodies dimensions of the body, mind and spirit (internal environment) and functions in an integrated manner with regard to the spiritual, physical and social dimensions (external environment) (Rand Afrikaans University, 2000:4). Furthermore, Poggenpoel (1994:54) mentions that
this is a professional person, educated to be able to interact with psychiatric patients in a goal-directed manner.

The following research studies have shown that, relatives/families and patients who participate in psycho-education are not only better informed about the illness and its treatment, but can also cope better with the patient’s illness:

- Teaching patients to re-enter the community (Kopelowicz et al, 1998: 1313-1318);
- Psycho-education for families of people with severe mental illness (Pollio et al, 1998: 816-821);
- Psycho-education for clients and families (Ryglewicz, 1991: 79-81); and
- A programme for caregivers to reduce the burden (Ostwald et al, 2000: 1-3).

Psycho-education can take many forms and address many content areas. It is important to consider the learning needs of psychiatric patients. Psychiatric nursing methods can be utilised as resources in the psychiatric nurse-patient relationship.

These methods include psycho-education on the development of interpersonal skills, stress and conflict management, self-maintenance and short/long term counselling of the individual, family and group.

The following suggestions are recommended as guidelines from the findings of this study. Psychiatric nurses should be supported and developed through in-service training and continued education on:
4.2.1 Theoretical knowledge that supports psycho-education

Lack of knowledge is incapacitating. Psychiatric nurses can do a better job (psycho-education) when they believe in themselves and their abilities. They will be committed to achieve the therapeutic aims of psycho-education. This will lead psychiatric nurses to experience personal satisfaction that brings about confidence to be innovative in conducting psycho-education.

Professional knowledge within nursing can be thought of as knowledge that nurses are taught and possess in order to carry out their jobs effectively (Beach, 2002: 81). In this research it was found out that psychiatric nurses do not have knowledge to conduct psycho-education. Reilly and Lambrecht (2001:34) recommend that there is a need for concentrated continued education efforts to prepare nurses to provide patient care more effectively. The following guidelines are recommended: interpersonal therapy, cognitive-behaviour therapy and group therapy.

➤ Interpersonal therapy

According to Aveline and Dryden (1998:45) interpersonal therapy focuses on what happens between people and the action, reactions and patterns of interaction. In an interpersonal therapeutic
relationship, the psychiatric nurse maximises his/her communication skills, understanding of human behaviour and personal strengths in order to facilitate growth in psychiatric patients. The focus of psycho-education should be on the psychiatric patient’s ideas, experiences and feelings.

Effective communication is the key factor in interpersonal therapy (Varcarolis, 1994:125). It aims at initiating, building and maintaining trusting relationships with other people. In facilitating relationships that have a therapeutic goal, the client should be encouraged to tell his/her story. The psychiatric nurse then has a base for psycho-education.

➢ Cognitive–behavioural therapy


Corsini and Wedding (1995:208) emphasise corrective learning experiences in which the client acquire new coping skills, improve communication and learn to break maladaptive habits. When psychiatric nurses have an understanding of cognitive behavioural therapy they can help psychiatric patients by means of psycho-education.

➢ Group therapy

According to Forsyth (1990:23) a group includes interdependent individuals. A group consists of more than two people who influence one
another through therapeutic social interaction. Kaplan and Sadock (1998:897) support this view. Wright (1989:53) is of the opinion that therapeutic techniques should be applied. Psychiatric nurses can employ psycho-education in a group context to facilitate psychiatric patients to interact with each other and experience psychological and emotional growth.

4.2.2 Facilitated group work on attitudes / behaviour that have an effect on psycho-education

Attitudes and behaviour are the resultant of one’s perceptions. Perceptions of other human beings are of particular importance since human communication is inevitably affected by participants’ perceptions of one another. Psychiatric nurses need to know themselves and should know how the self affects the perceptions of others. This will enable them to see psychiatric patients as they are.

The results of this research indicated that psychiatric nurses either did not acquire or never developed their psychosocial therapeutic skills. These skills are imperative for psychiatric nurses to interact with psychiatric patients through psycho-education to promote the mental health of these patients.

It is recommended that psychiatric nurses should work together to identify attitudes and behaviour that have an impact on the therapeutic relationship. They should maximise the therapeutic use of the self through self-awareness to bring about therapeutic behaviour and attitudes for conducting psycho-education.
➤ **Attitudes and behaviour that have an effect on therapeutic relationship**

Interpersonal, situational and behavioural factors have an effect on the therapeutic relationship (Palank, 1991:825). Rawlins et al (1993:824) mention that the nurse and the patient bring the following into the relationship: personal beliefs, certain types of behaviour, attitudes, intelligence, experiences and values. Factors that emanated clearly from this research are psychiatric nurses’ attitudes and behaviour, which are an obstacle to the promotion of mental health (Poggenpoel, 1996:14)

➤ **Attitudinal and behavioural changes for psychiatric nurses**

Psychiatric nurses have to be assisted and supported to acquire new skills (psycho-education). In order to achieve this aim psychiatric nurses should be assisted to understand themselves through role-plays, group activities and by exploring individual behaviour and attitudes.

Kopelowicz, Wallace and Zarate (1998: 13) recommend group work training by encouraging psychiatric nurses to address their problematic areas. This will enable psychiatric nurses to understand, how their relationship with patients is affected. They will then be able to conduct psycho-education effectively.

➤ **Therapeutic use of the self through self-awareness**

If psychiatric nurses understand, the impact of their behaviour and their attitudes, the messages that they communicate to psychiatric patients will
be clear. Psychiatric nurses will then acknowledge their own feelings, even if these feelings are negative.

This implies that psychiatric nurses should develop skills of self-awareness. They should be trained and they should have experiential interaction in self-awareness techniques (Cook, 1999: 1293). In support Poggenpoel (1996: 15) states that lack of self-awareness could be addressed by supportive workshops.

➤ *Therapeutic attitudes and behaviour for conducting psycho-education*

Yalom (1995:1-6) identifies various therapeutic factors in the therapeutic process and indicates that these aspects are interwoven. Aveline and Dryden (1998:299) mention that not all therapeutic factors will be helpful to patients. In psycho-education three of this factors can be helpful:

- Installation of hope. Psychiatric nurses can do whatever possible to increase patients’ beliefs and confidence;
- Imparting information. It can be used to transfer information, to alter sabotaging patterns of thought to explain the process of illness; and
- Interpersonal learning. Patients can learn to gain a more objective perceptive, on how they are seen by others and gains understanding into their behaviour.

4.2.3 **Skills and techniques required to facilitate psycho-education**

The theories, concepts, appropriate specific skills and techniques are inherent in psychiatric nursing. This constitutes a scientific base. Psycho-
education as a technique and skill is a therapeutic art. This research revealed that psychiatric nurses are not able to justify their psychiatric nursing of patients with reference to psycho-education. It is recommended that psycho-education should be conducted within the framework of the nursing process.

The nursing process has been developed into a framework for nursing and can be used by any nurse regardless of specialty, (Spellbring, 1991:808). In order psycho-education to be accepted as a therapeutic nursing technique it must be incorporated into the nursing process (Schultz & Videbeck, 1998:18).

The focus should be on the promotion of mental health (Rand Afrikaans University, 2000:7) of psychiatric patients. Narrow (1979:9) supports the view that patient teaching is a nursing intervention and that, like in any other nursing action, assessment, diagnosis, planning, implementation and evaluation, as activities of the nursing process, should take place.

➢ **Assessment skills for conducting psycho-education**

Assessment should focus on the basis of psychiatric patients’ readiness to learn and psychiatric nurses’ readiness to provide psycho-education. Assessment should be made on attitudes towards the subject or topic (Narrow, 1979:90) and on the interactive manner between the psychiatric nurse and the psychiatric patient (Rand Afrikaans University, 2000:8).
Diagnostic skills for identifying the need for psycho-education

“Diagnosis” is expressed as the relative status of the patient’s health needs, (Rand Afrikaans University, 2000:8). It is a statement of actual or potential problems, based on the psychiatric nurse’s judgement. Schultz and Videbeck (1998:20) state that diagnosis should be based on the psychiatric problem or how that problem affects the psychiatric patient’s daily functioning. This statement will guide the psychiatric nurse to formulate goals and objectives for psycho-education.

Planning as a skill to determine the purpose for psycho-education

The psychiatric nurse and the psychiatric patient mutually identify the need for psycho-education. The Rand Afrikaans University (2000:8) states that the purpose of nursing is the promotion of health. The psychiatric nurse and the psychiatric patient should formulate objectives (Narrow, 1979:54) for psycho-education that are S.M.A.R.T. meaning: Simple, Measurable, Achievable, Realistic and Time bound. The overall objective of psycho-education is to facilitate empowerment and independency of the psychiatric patient.

Implementation as a skill for directing psycho-education into action

Narrow (1979:55) states that all nursing orders, prescriptions, actions and approaches should be clearly stated. In support Schultz and Videbeck (1998:21) state that implementation should be a mutual involvement. In addition the Rand Afrikaans University (2000:7) mentions that this is a
mutual purposeful activity in bridging obstacles for the promotion of health.

The implementation of psycho-education should involve a partnership to address problematic issues such as illness, treatment and survival skills. Interactive teamwork, in finding meanings in feelings and in behaviour experienced includes the mobilisation of resources such as abilities and support from significant others.

➢ Evaluation as a skill to detect the end results of psycho-education

The criteria for evaluating psycho-education should focus on the promotion of mental health (Rand Afrikaans University, 2000:8) and should be evidence based. Psychiatric nurses should have a detectable proof to check on the progress of desired goals (Schultz & Videbeck, 1998:25).

Detectable proof or evidence of psycho-education should include a written psycho-education program, written nursing care on patient records monthly reports presented to team members, patient interview checklist and statistics on patients who attended.

Having provided evidence psychiatric nurses and psychiatric patients can determine the effectiveness (Narrow, 1979:55) of psycho-education in terms of objectives set.
4.3 CONCLUSIONS OF THE STUDY

The objectives of this study were: to explore and describe the perceptions of psycho-education by psychiatric nurses in a psychiatric rehabilitation centre, and to describe and recommend guidelines for the implementation of psycho-education to promote mental health of psychiatric patients.

A qualitative approach was followed. Both explorative and descriptive designs were utilised to uncover meanings and to gain understanding. This research was conducted in two phases. In phase one the exploration and description of the perceptions of psycho-education by psychiatric nurses in a psychiatric rehabilitation centre took place. In phase two guidelines for the implementation of psycho-education to promote mental health of psychiatric patients were described and recommended.

In summary, the findings of the study indicated that psychiatric nurses perceive themselves as having limited knowledge about psycho-education, as a result of lack of the necessary know-how. This is evidenced by their little or no understanding, uncertainty and lack of skills.

The limited knowledge is also accompanied by feelings of incompetence that were verbalised as feelings of discomfort, failure and lack of self-awareness. Psychiatric nurses perceive psycho-education as a challenging process. This is evidenced by experienced difficulties related to patient reluctance to participate in nursing activities. These difficulties bring about discouragement, as psychiatric nurses perceive that there is no visible progress in a patient’s condition.
In addition psychiatric nurses perceive difficulties with communication skills. This is related to rules and enforcement of regulations that lead to ineffective communication. They also mentioned controlling attitudes and behaviour towards the patients that was seen as lack of trust and power control.

Finally, psychiatric nurses in this study perceived that they need in-service education with reference to psycho-education. This is associated with confusion about the difference between health education and psycho-education. This confusion gives rise to the difficulty in explaining the differences. Psychiatric nurses expressed the need for in-service education through supportive training. They also need the necessary information on psycho-education.

Psychiatric nurses need to function effectively and efficiently with their internal environment (their knowledge, skills and attitudes) and external environment (their implementation of psycho-education with psychiatric patients). In the described guidelines it is recommended that psychiatric nurses need regular support and development to enhance their psychiatric nursing skills and to be competent in their delivery of psycho-education.

4.4 LIMITATIONS

The initial research central question was, “What are your perceptions of psycho-education as a psychiatric nurse”. This question posed a lot of problems and was rephrased as, “Tell me about your psychiatric nursing of patients”.

Participants responded in general terms to the newly formulated question and in-depth probing demanded a lot of concentration. A lot of time was spent in identifying themes related to perceptions of psycho-education.

The time scheduled by the research participants for interviews was limited. Those working during the day had to have their lunch first and those working during the night had to complete their routines before the interviews could be conducted.

Interviews were conducted in the nurses' duty room. There were a lot of interruptions which ranged from patient shouting, crying, banging the door to patients walking into the duty room despite the fact that there was a “do not enter - interview in process” sign.

Initially the researcher asked psychiatric nurses about their working experience of this specific psychiatric rehabilitation centre. Pursuant to the critic from specialists in psychiatric nursing, the researcher had to ask participants about their working experienced accrued elsewhere that was specific to psychiatric nursing.

4.5 RECOMMENDATIONS

The findings of this research are followed by recommendations with specific reference to psychiatric nursing practice, psychiatric nursing education and psychiatric nursing research.
4.5.1 Psychiatric nursing practice

It is evident that psychiatric nurses need a lot of support and training to enhance their clinical competency. It is recommended that nursing management should:

➢ Create a platform, in which psychiatric nurses can freely and openly verbalise their experienced difficulties and problems;

➢ Create opportunities and encourage psychiatric nurses to attend courses and workshops on psychiatric nursing skills;

➢ Appoint a psychiatric nurse clinical specialist with a Masters Degree or a higher qualification to facilitate in-service training on clinical practice; and

➢ Subscribe to scientific nursing journal of which psychiatric nurses will have access to and update their knowledge on new developments in the clinical areas.

4.5.2 Psychiatric nursing education

Psychiatric nursing is grounded on therapeutic interpersonal-interaction. Therefore, it is recommended that:

➢ Academic institutions of higher learning, with a nursing department, should include psycho-education as a course in the psychiatric nursing curriculum;
Lecturers and tutors from academic nursing institutions should make time and avail themselves to psychiatric institutions on a consultative basis; and

Psychiatric nurses should take correspondence courses in clinical practice, attend workshops or in-service education/training and participate in nursing journal review clubs.

4.5.3 Psychiatric nursing research

There is a need for further research on perceptions of psycho-education to be conducted. There is a need to:

Conduct research with a larger population of psychiatric nurses;

Conduct research on different psychiatric settings to validate these research findings; and

Test the effectiveness of the guidelines provided in this study.

4.6 CONCLUSION

Psychiatric nurses reported that they perceive themselves as having limited knowledge about psycho-education. They perceive psycho-education as a challenging process although they experience difficulties with the skills needed for psycho-education. Therefore advanced psychiatric nurses should facilitate knowledge enrichment through in-service training, sound support and guidance through workshops.
BIBLIOGRAPHY


ANNEXURE A

APPROVAL OF FIELD

OF STUDY
Dear Mr Masupe

APPROVAL OF FIELD OF STUDY

I wish to inform you that the field of study for your mini-dissertation has been approved as follows:

"Perceptions of psycho-education by Psychiatric Nurses in a Psychiatric Rehabilitation Centre."

Supervisor : Prof M Poggenpoel

At this stage I would like to draw your attention to the relevant University Regulations, a copy of which is included. Please study it very carefully.

Yours sincerely

JA VERMEULEN
HEAD: FACULTY ADMINISTRATION
ANNEXURE B

APPROVAL FROM FACULTY RESEARCH ETHICS COMMITTEE
DEPARTMENT OF NURSING SCIENCE
Telephone : (011) 489-2649
Fax : (011) 489-2257

TO WHOM IT MAY CONCERN

TITLE OF RESEARCH PROJECT: “Perceptions of Psycho-Education by Psychiatric Nurses in a Psychiatric Rehabilitation Centre.”

RESEARCHER: Barney R. Masupe
SUPERVISORS: Prof. M. Poggenpoel and Prof. C. Myburgh

The Research Ethics Committee of the Faculty of Education and Nursing of the Rand Afrikaans University evaluated the research proposal and consent letters of the above research project and confirms that it complies with the approved Research Ethical Standards of the Rand Afrikaans University.

The study supervisor and researcher demonstrated their intent to comply with the approved Ethical Research Standards during conduct of the research project.

Yours sincerely

ANNATJIE BOTÉS (PROF)
CHAIRPERSON: FACULTY RESEARCH ETHICS COMMITTEE
ANNEXURE C

REQUEST FOR

PARTICIPANTS IN THE

RESEARCH
The Psychiatric Nurse
Psychiatric Rehabilitation Centre

Dear Participant

RE: REQUEST FOR YOUR PARTICIPATION IN RESEARCH

I am studying towards a Masters Degree in Advanced Psychiatric Nursing Science, at the Rand Afrikaans University. I hereby, request your participation in this research during the year 2002.

I will be engaged in the following research: “PERCEPTIONS OF PSYCHO-EDUCATION BY PSYCHIATRIC NURSES IN A PSYCHIATRIC REHABILITATION CENTRE”, as a requirement for my studies, supervised by professors M Poggenpoel and C Myburgh.

Audio-recorded interviews will take forty-five to sixty minutes. A follow-up interview may be done where necessary. Data will be transcribed for verification with the independent coder and supervisors.

During the research process, I, the researcher undertake to observe the following:

> Obtain informed consent and voluntary participation;
> Protect names of participants and that of the rehabilitation centre;
> Maintain confidentiality and limit access to raw data;
> Erase audiocassettes and destroy field notes as soon as convenient; and
> Provide my phone numbers for contact on matters related to this research.

Findings from this research will assist in the description of guidelines for the implementation of psycho-education by psychiatric nurses in a psychiatric rehabilitation centre.

Please receive and respond to the attached copy of consent to participate or not to participate.

Yours sincerely

B. R. MASUPE  BCur (Ed et Admin); RN.
MCur. Candidate: RESEARCHER
ANNEXURE D

CONSENT TO

PARTICIPATE IN THE

RESEARCH
CONSENT FORM

TO PARTICIPATE IN THE RESEARCH

I (names in full) ................................................................. (Anonymity will be maintained) have read and fully understand the request letter to participate in the research "PERCEPTIONS OF PSYCHO-EDUCATION BY PSYCHIATRIC NURSES IN A PSYCHIATRIC REHABILITATION CENTRE". I am aware that audio recordings will be conducted during interviews therefore: - (choose 1 or 2)

1. I accept and give my consent to participate

(Signature. ............................ Date ............................)

Please provide your contact phone number, should I need to clarify or confirm some issues with you.

Phone no. .............................................(Confidentiality will be maintained)

Please complete the following statements:

The name of your psychiatric nursing qualification→ .................................................................

Your number of years working in this psychiatric rehabilitation centre→ ........................................

OR

2. I do not give my consent to participate

(Signature. ............................ Date ............................)

Please state your reasons why do not want to participate:

................................................................................................................................................

................................................................................................................................................

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THIS FORM WILL BE DESTROYED ON COMPLETION OF THE RESEARCH PROJECT.

Thank you, for responding.

Yours sincerely

Barney Rustle MASURE:
BCur (Ed et Admin), RN
MCur. Candidate: Researcher
ANNEXURE E

TRANSCRIPTION OF AN AUDIO – RECORDED INTERVIEW
B: Thank you for coming to participate in this research. Uhm I’ll ask you this question, it’s written out here for you. Tell me about your psychiatric nursing of patients.

R: My psychiatric nursing of patient’s?

B: Yes.

R: How I’m nursing psychiatric patients?

B: Yes.

R: Okay, I can give an example with us here. The patients are chronic and we are dealing mostly with rehabilitation.

B: Okay.

R: The most important thing in psychiatry is giving of health education and giving psycho-education whereby patients are denying that they are mentally ill. Some will say: “I am here because I don’t have a place to stay” and which is not true. So we have to make them aware that since this is a psychiatric institution there is no way that they should be put here because they don’t have accommodation, they should be somewhere else.
B: Okay.

R: We make them aware that they are mentally ill. They must accept their illness and they must take their treatment.

B: Uhm... you mentioned the issue of health education and psycho-education. May you explain those two for me?

R: On health education, the most important thing with psychiatric patients, most of them don’t want to take care of themselves. We must stress that they must look after themselves. They must be neat and tidy and then another thing on health education we must educate them on the dangers of smoking. They must know what smoking can do on their health.

B: When you talk about health education, on personal hygiene and issues like smoking, what meaning does it have for the patient?

R: Uhm… the meaning is that they must be clean, they must be worth seeing and they must be presentable. The fact that they are mentally ill it doesn’t matter they must look like normal person.

B: For a psychiatric patient, if he is to look like a normal person what meaning will it have for him?

R: It will have a meaning that, yes he is well, people must not discriminate and say “Okay now there is a difference between this one and that one is untidy, what is wrong with him?”
B: And for you as a psychiatric nurse, when a patient appears like other normal people what meaning does it have for you?

R: It means he is controllable, he is very nice, he is controllable and functions well.

B: Okay and the other issue on psycho-education?

R: Uhm... on psycho-education, the fact is uhm as I mentioned, that most of the patients deny that they are mentally ill. Others say they came here because the family does not want him or her and they don’t have a place to stay...

*Interruptions: someone crying in the background.*

R: What was I saying?

B: You were responding to psycho-education issue.

R: Uhm... as I mentioned patients deny that they are mentally ill. That’s why they are here. So the main fact is we have to make them aware that no that is not the reason if you don’t have a place to stay there are many places outside, like Salvation Army, like Half-way House, they should be in there, not here in the psychiatric institution. So they must understand that there is no accommodation here they must understand that why are they here and that they must go out one of the good days.

B: And if they don’t understand why they are here?
R: We have to stress it everyday. We have to tell them everyday until they understand.

B: Okay then, how do you go about implementing psycho-education as a psychiatric nurse?

R: Uhm... I don’t get your question?

B: Okay how do you do the psycho-education?

R: Okay psycho-education firstly...

*Interruption: someone is demanding to use the phone.*

B: You were talking about the way you do psycho-education.

R: Uhm... first of all you have to group patients. There are those who are lacking insight and those who don’t understand why they are here and are those who are maybe lacking personal hygiene. So you have to group patients, those with the same problem and address the problem, you don’t just mix.

B: Okay, take the problem of lack of insight, how will you handle that, in psycho-education?

R: The one’s who...

B: The one who is lacking insight?
R: Uhm for the one’s who is lacking insight I’ll group them first, then I sit down with the patient and talk to her and make her understand what’s going on.

B: Are you saying lack of insight in their mental condition?

R: Yes it is lack of insight.

B: And for that patient who is denying mental illness due to the lack of insight how do you handle it?

R: I also talk to him, I explain to him until she understands that no she is mentally ill, she can’t be in psychiatric institution just for any other reason, if she is not mentally ill.

B: And this particular patient continuously denies and even refuses to accept that they are mentally ill.

R: The reason is I must not get tired. I must emphasise everyday.

B: Why do you emphasise on a daily basis?

R: For him to regain the insight maybe someday he’lI understand.

B: Okay, how do you differentiate this two, the health education and the psycho-education in psychiatric nursing?

R: The health education I think is concerning the health of the patient mostly physical and psycho-education is mentally.
B: May I ask you to elaborate, when you say health education is physical and psycho-education is mentally?

R: On health education, we are concerned with the physical health of the patient for instance like personal hygiene. I think it is how the patient looks, how she dresses, how she baths, something like that and psycho-education we are testing on the mental insight of the patients. We are dealing specifically with that.

B: In relation to your delivering of nursing, how are you experiencing psycho-education?

R: I can say we are still experiencing difficulty in psycho-education, because most of the patients they are still denying all the day and everyday...

*Interruption: someone shouting in the background.*

R: I was saying it is a problem because you have to tell one thing everyday you had to say the thing you said the previous day, everyday, so sometimes it gets boring, but we are trying.

B: When you tell patients the same thing repeatedly, does it make you to feel bored?

R: No, the patients, they get bored and will say, "You are telling me same thing you said yesterday and I told you I’m not mentally ill. Even today you are coming to tell me the same story".
B: You, the person who is giving the psycho-education, how do you feel about it?

R: Sometimes I’m also not comfortable. I get inpatient (*laugh in voice*).

B: What actually makes you to get inpatient?

R: To say the same thing everyday, as if I’m also mentally ill (*laugh*).

B: So saying the same thing everyday, makes you feel that you are also mentally ill (*laugh in voice*)?

R: At times (*laugh*).

B: And when you feel like being mentally ill, do you handle that?

R: I just uhm, make my mind that no by the way I’m a psychiatric nurse I must not feel that way I have to help this patient until he understands.

B: Are there other ways of handling that issue when you feel like that?

R: I think there is.

B: What other ways would you handle that?

R: I have to change my strategies. Change the topic if a patient gets bored. I’ll just let her relax for two days and then the next day you’ll come again.

B: When you do psycho-education…
Interruptions: someone knocking loudly.

B: When you do psycho-education and this patient makes you feel impatient or feel like being mentally ill, what role does he play in the psycho-education?

R: I don’t know what to answer.

B: I mean when you do, your delivery of nursing to patients what do you expect from the patients?

R: Okay, I expect patients to participate.

B: Yes.

R: To give me her views, her experiences what she thinks and why does she think like that way. I expect him to talk with me I don’t expect her to listen to me and of course. I don’t have to talk because he is the one who is supposed to talk.

B: Earlier on you mentioned the issue of rehabilitation of patients, how do you reach that in psycho-education?

R: Uhm firstly, I should give the same psycho-education depending on the problem of the patients, maybe everyday until the patient insight on her illness and then maybe she can go out, maybe we can arrange with the social worker. You let her go inside the shop to supervise if she is doing correctly.
B: You have been providing your psychiatric nursing of patients here, how do you experiencing that?

R: Come again!

B: For the past two years you have been working with psychiatric patients here, how do you experience it?

R: It is difficult because most of the patients are unknowns, they don't have the families. Even if he is doing well, he must be discharged. The problem is where is he going? Because some don't have the family, some don't accept them anymore, they are afraid that they are mentally ill and they will harm them.

B: Where is the difficulty?

R: The difficulty is whereby if the patient is doing well she is okay she is ready to go out, there is no one willing to take her out and then the patient relapse again you start again.

B: How do you feel about your psychiatric nursing of patients?

R: Well uhm its okay, but I think we still need more in-service, especially on the psycho-education. I think we are lacking, I think we need help. We are trying but I'm not sure if it is correct, I still need more in service education especially psycho-education.

B: You sound unsure, why are you unsure?
R: Like on the group, we are sometimes I’m not really sure what information I should give the patients on that group, how to handle that group maybe I don’t have enough information to give this patients on that specific groups.

B: So you are indicating that, the way to obtain sufficient information on psycho-education will be through in-service education?

R: I think so.

B: Okay any other information you would like to contribute?

R: Uh what I like to say is psychiatric nursing is very interesting, but you must be well skilled with knowledge, you need to educate yourself each and everyday.

B: Related to this question, “Tell me about your psychiatric nursing of patients”. How did you experience the interview?

R: The interview was fine and it is related to what we are doing. I think it is interesting.

B: Okay, any problems you encountered through this question?

R: The problem is specifically on the psycho-education, where we need more information on implementing the psycho-education.

B: Thank you for your input. I’ll come back to you with the findings.
FIELD NOTES

OBSERVATIONAL

The interview was scheduled for Thursday afternoon. On my arrival the participant was presenting patients to the visiting psychiatrist. It appeared hectic with crowded patients and a pile of patient’s files on the table the interview was rescheduled for Saturday.

I arrived at thirteen hours on Saturday. The participant had to go to the staff dining room for lunch. She picked her meal and I accompanied her to the duty room. The interview was conducted from thirteen hours fifteen minutes and lasted thirty-five minutes.

The duty room was well spacious, with a large window that brought adequate light into the room. There was a large desk and a few filing cabinets. The room could accommodate six more people in a sitting position.

I had requested the psychiatric nurse to put a note on the door that was written in large words. The note could be read at about ten meters distance, which said: “DO NOT ENTER ... INTERVIEWS IN PROCESS”. This note appeared to be nonexistent.

Patients would walk in, shouting, some crying, others complaining and demanding the attention of the participant. When the door was
locked, patients would bang the door angrily, demanding that the door should be opened.

Lack of a quiet room posed a lot of destruction for both the researcher as well as the participant. Questions and responses had to be repeated and sometimes we lost focus on the issue at hand.

**METHODODOLOGICAL**

Getting to the crux of the perceptions of psycho-education by psychiatric nurses from their psychiatric nursing of patients was a problematic issue for the researcher, as the participant had difficulties with psycho-education.

The researcher had tried not to ask leading questions, which could create an impression that specific responses or perceptions were wanted.

At times the researcher had to paraphrase and ask for clarification from the participant in an attempt to understand the perceptions of psycho-education and how psychiatric nurses conduct psycho-education in their psychiatric nursing of patients.

In the initial focused individual interviews, psychiatric nurses were asked about their period of clinical experience in psychiatric nursing, that was specific to this psychiatric rehabilitation center. Subsequent to the critical analysis, on the inclusion criteria, of the
minimum twelve months working experience by specialists and advanced psychiatric nurse practitioners. This actual meant that two participants did not meet the criteria.

The researcher had to conduct a follow up interview to determine any other clinical psychiatric nursing experience, of which psychiatric nurses could have accrued elsewhere, with the hope to justify that all participants meet the inclusion criteria.

**PERSONAL**

I had experienced that at times the participant was aware that I have detached myself from her feelings of experiencing difficulties with psycho-education. It appeared as that the participant was expecting some sympathetic support.

Although by creating a physical distance was uncomfortable. Being a psychiatric nurse therapist I had to keep reminding myself, that I am here in the capacity of a researcher not to conduct an interview not therapy.
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