

The experience of nurses working in an acute mental health care unit in a Johannesburg hospital

Authors:

Romi Blumenau¹

Laetitia Petersen¹

Introduction

There is a dearth of information on how nurses working in mental health wards cope with their jobs. This study was conducted in the acute mental health care unit at Helen Joseph Hospital, Johannesburg, a tertiary, training facility linked to the University of the Witwatersrand. The aim was to explore and describe situations that nurses encountered on the job, the impact thereof on these nurses, and the support available to them. The hospital is designated as an acute 72-hour psychiatric assessment, care and treatment unit. The unit has 40 beds, with 10 nurses per shift.

Ten nurses were interviewed, all of whom had been working in the acute care unit for more than a year. The nurses had from three to 30 years of nursing experience, and both male and female nurses were represented in the study. Major themes were identified using thematic analysis, and all ethical and research protocols were complied with.

Key findings

A recurring theme highlighted by all 10 participants was that they had been in life-threatening situations during the course of their work. Participants recalled incidents in which patients were aggressive or assaulted them, leaving them feeling as though their lives had been in danger. At times, these experiences resulted in a physical injury that had to be treated medically.

Management's response was perceived as unsupportive. Participants felt 'blamed' for these incidents, especially in instances where management suggested that the nurses might have provoked the patients.

Participants felt that priority was given only to physical injuries, while emotional and psychological effects were not considered. Debriefing was only offered in the case of severe incidents.

Only two participants felt that they had adequate training to assist them in daily challenges, such as care of aggressive patients and restraining of these patients. Eight participants felt that they were not equipped or sufficiently prepared to work in an acute care unit given their training, with some suggesting that they had been allocated to the unit 'accidentally' due to rotation within the hospital. Requests for transfers had been mostly unsuccessful, which resulted in participants feeling like captives in the unit.

Two participants suggested that they were stigmatised by other hospital staff as having mental health problems of their own because they worked in a mental health care ward.

Participants said that patient deaths were traumatic for them, especially in the case of suicide. They recounted several instances in which they were exposed to patient suicide in the unit (hanging, drowning and jumping through a window). Participants felt that patients did not intend to commit suicide but wanted to escape the unit and be in a 'free environment'. They also reported feeling blamed by management after suicides had occurred. No debriefing or ongoing counselling service was offered in these cases.

Support systems

On the whole, the nurses felt more comfortable discussing their support systems than their coping mechanisms, possibly out of fear of being judged for adopting questionable or unhealthy coping strategies.

All participants said that they received limited support from management. They said that the only support was to be sent for a physical examination after a severe attack requiring medical attention, and then possibly debriefing, depending on the severity of the incident. All participants felt that the level of support and intervention from management was inadequate.

In terms of collegial support, participants noted a positive sense of togetherness and strong support. They felt that their colleagues were able to empathise genuinely with their experiences and connect with their concerns on a personal level.

The participants spoke highly of their families in providing support. All participants stated that their families (mostly immediate families) gave them emotional comfort and assistance. They also mentioned that family members would call and check up on them and give them encouragement.

Coping mechanisms

Participants cited 'talking about their feelings' as a way of coping. This assisted them in alleviating some of the negativity they were feeling, and was in their opinion a healthy method of coping.

Debriefing occurred in group settings; the nurses said that debriefing occurred rarely, but that they made use of it when it was offered. Participants stated that they would like to be offered more debriefing, or any form of psychological assistance, on a regular basis and not only after a critical incident.

The hospital does provide an Employee Assistance Programme (EAP). The EAP is designed to assist hospital employees with a range of wellness aspects that address social, psychological and emotional needs; however, no therapeutic or debriefing services are included. Participants indicated that they seldom made use of this service, ostensibly because of its perceived ineffectiveness.

Participants reported taking sick leave as a way of coping with their challenges, and recuperating after difficult shifts or critical incidents.

Recommendations

There is a need for more ongoing support from management, i.e. involvement with and follow up of nurses, and not just medical support after a critical incident occurs. It is recommended that management have monthly meetings with the nurses, or have a one-off meeting to address the concerns and issues raised by the participants.

The need for therapeutic services is evident. Such services could form part of the EAP, with formal debriefing sessions organised with appointed therapists. This would allow nurses to process their feelings and experiences, which may foster positive coping strategies.

Ongoing in-service training specific to nurses is recommended. In-service training may be in the form of workshops that focus specifically on mental health issues, including how to deal with challenging patients, and knowledge of treatment modalities and their efficacy. The content of these workshops should be determined via a needs assessment conducted among staff of the unit. Liaisons with staff from Sterkfontein Hospital may also assist with training workshops, as experiences and advice could be shared. These

workshops could also update nurses of new methods of practice that may develop.

Visible security within the unit is recommended, as one security guard at the entrance of the unit is insufficient. An additional security guard should be placed at the nurses' station to intervene with aggressive patients, and panic buttons should be installed to trigger an alarm in threatening situations so that security may respond timeously.

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