Experiences of professional nurses in caring for psychiatric patients with dual diagnosis

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Background

• Dual diagnosis (DD) among psychiatric patients is a global concern (Phillips, McKeown & Sandford, 2009: 199).

• DD is a combination of a psychiatric disorder and substance abuse in psychiatric patients (Newell & Gournay, 2009:132).

• The most common psychiatric disorders that co-exist with substance abuse are Antisocial Personality Disorder, Bipolar Mood Disorder and Schizophrenic disorders.
Background cont.

• In America, professional nurses (PNs) caring for patients with DD experience depersonalisation, emotional exhaustion and less job satisfaction (Verhaeghe & Bracke, 2012:17)

• In Canada PNs struggle to provide care, and cite inadequate preparation and poor role support as reasons for failure to adequately care (Chu & Galang, 2013:30)

• In the United Kingdom (UK) PNs lack adequate training and they feel that they do not have the knowledge and skills (Moore, 2013:27)
Studies conducted in Australia reveal that there is lack of specialised services, poor coordination of mental health and drug treatment (Phillips et al., 2009:217).

In Great Britain, The Netherlands and Sweden PNs perceive the care for psychiatric patients with DD as challenging, stressful and difficult (Wadell & Skarsaler, 2007:138).
• In Sub-Saharan Africa and Ethiopia in particular, PNs are not satisfied with their current level of knowledge and reported that in-service training is needed to enhance it (Abera, Tesfaye, Belachew & Hanlon, 2014:10)

• In the Republic of South Africa (RSA), lack of knowledge and in-service training serve as a hurdle for PNs to render effective care (Ngako, Van Rensburg & Mataboge, 2012:1)
In view of the above experiences including in South Africa, many PNs consider caring for psychiatric patients with DD to be a difficult and unpleasant experience.
Problem statement

The researcher, being a PN observed that the mental health of PN's is negatively affected when caring for psychiatric patients with DD and some PN's end up having serious mental health problems such as depression. Due to the difficulty to treat this condition, some PNs are exposed to absenteeism from work, job dissatisfaction and loss of productivity at work (Van Boekel,Brouwers,Van Weeghel and Garretson(2014:1))
Research questions

• What are the experiences of PNs?
• What recommendations could be made to assist PNs?

Objectives

➢ To explore and describe the experiences of PNs in caring for psychiatric patients with dual diagnosis; and
➢ To make recommendations that could assist PNs to improve the care for psychiatric patients with dual diagnosis.
Research design

• Design – Qualitative, exploratory- descriptive

Qualitative design provided in-depth and detailed information. The researcher encouraged participants to expand on their responses by creating openness and they felt free to respond.

Exploratory design-The researcher investigated the full nature of the phenomenon as well as meaning and other factors related to the experiences of PNs.
Descriptive design - The purpose of descriptive design in this study was to observe, describe and document aspects of a situation as it naturally occur (Polit & Beck, 2008:274)
Research methods

- The target population consisted of PNs caring for psychiatric patients with DD in the North West Province (NWP) of SA
- Non probability Purposive sampling was used to select participants who had better knowledge of the phenomenon and who were able to articulate and explain their experiences
Research methods cont.

• PNs were selected based on selection criteria and for the purpose of sharing their knowledge and experiences. The main goal was to focus on the experiences of PNs.
• Sampling size was determined by data saturation.
• Data saturation in this study was the point at which new data no longer emerged during data collection process. Saturation was reached after twelve unstructured individual interviews were conducted.
Sampling criteria

• Registration with SANC

• Possession of a qualification in basic or Advanced Psychiatric Nursing Science

• More than three years' experience in providing care for psychiatric patients with DD

• Currently employed at a psychiatric hospital in the NWP of SA

• Ability to communicate in English; and

• Willingness to voluntarily participate after giving informed consent in writing
Data collection

- Unstructured individual interviews enabled PNs to verbalise their experiences. A broad question was asked.
- The researcher invited and encouraged participants to provide additional information to the probing questions.
- A tape recorder was used to record responses.
- Permission was given by participants for using tape recorder through signing consent.
Data analysis

• Data was analysed qualitatively using Tesch’s method of content analysis (Creswell, 2009:184)

• Tesch’s eight steps of data analysis were followed.
Trustworthiness

• Trustworthiness was ensured in accordance with the four criteria as follows:

Credibility was ensured through prolonged engagement and member checking. The researcher spent considerable time in a psychiatric hospital and prolonged the length of engagement collecting data until data saturation.

• Dependability refers to the stability of data over time; the researcher kept field notes and used tape recorder for verification.
Trustworthiness cont.

**Transferability** – refers to the ability to apply the findings of a study in other contexts or to other participants. The researcher applied transferability by selecting participants purposively, providing a thorough description of the research setting, the research design and the research process.

**Confirmability** – was achieved during data collection through in-depth interviews with PNs, by using a tape recorder and by writing down field notes.
Ethical considerations

• Approval was obtained from the Department of Nursing Science, the School of Environmental and Health Sciences, the Faculty as well as the Research Ethics Committee of the North West University (NWU) (Reference number NWU 00173-15-A9).

• Ethical Approval from the North West Provincial Department of Health (DOH), the head of the psychiatric hospital in the NWP of SA where data was collected as well as consent from professional nurses caring for psychiatric patients with dual diagnosis who participated in the study.
Ethical considerations

• The researcher ensured that the ethical principles of the Democratic Nurses Organisation of South Africa (1998:5) were considered throughout the study namely:

1. Principle of respect for persons
• Participants were told that participation is voluntary. They had the right to withdraw from the study at any time without penalty. They had the right to ask for clarification about the purpose of the study. The purpose was explained to participants before the interview.
Ethical Considerations cont.

2. Beneficence and non-maleficence

The researcher ensured that the well-being of participants was protected from physical, psychological or emotional discomfort or harm. An informed consent explaining the purpose of the study was handed over to participants before the interviews.

3. The principle of justice

The researcher ensured that participants were fairly selected based on the selection criteria. All participants were fairly treated by respect. They were informed about anonymity and confidentiality.
Category 1: Negative experiences about caring for psychiatric patients with DD

- PNs felt unsafe when caring for psychiatric patients with DD alone

This experience is confirmed by the following direct quotation from the transcript:

“So imagine being me alone and the patient in the room, it is not safe, the person is physically aggressive he can hit you with anything and they become so strong, they can hit you with a table, they can hit you with anything.”

Newell and Gournay (2009:134) concur that psychiatric patients with DD are more likely to be violent and aggressive
Results and literature control

- PNs indicated that it is difficult to care for psychiatric patients with DD. This experience is confirmed by the following direct quotation:

  “It is very difficult to care for a patient with dual diagnosis because in most cases, signs and symptoms are similar; signs for schizophrenia and substance abuse are almost the same.”

  “Imagine twelve hours working with people who insult you, they are dangerous and they can commit suicide.”

Fortinash and Holoday-Worret (2012:333) concur that people with dual diagnosis are difficult to care for.
Results and literature control cont.

• PNs lack information regarding the care and the condition of DD. This experience is confirmed by the excerpt below:

“Ya, like I have said, the problem that we are having in our care of these psychiatric patients is the lack of knowledge about their condition.”

• “I do not have an insight about what is dual diagnosis; it is going to be difficult for me as a professional nurse to care for something that I do not know.”

Woods and Kettles (2009:213) state that training and education regarding dual diagnosis has played a small role in educational programmes for professional nurses and this needs to be addressed through training for professional nurses.
Results and literature control cont.

• PNs fear for their lives when caring for psychiatric patients with DD. This experience is confirmed by the excerpt below:

“\textit{You find yourself you are in danger that patient might end up injuring you or end up hurting you or might end up hurting people around.}”

“\textit{What I am concerned about is our safety, safety of people who are nursing these psychiatric patients with dual diagnosis Mmh.}”

Fortinash and Holoday-Worret (2012:333) argue that psychiatric patients with dual diagnosis are often involved in the criminal justice system.
Category 2: Positive experiences about caring for psychiatric patients with DD

- PNs feel caring for psychiatric patients with DD is not complicated. This experience is confirmed by the following excerpt:

“The protocol is there to help you to see what to give the patient when he is aggressive.”

“Due to the treatment that we have in the institution, so it makes it little easier for us to can manage them.”

Woods and Kettles (2009:200) maintain that dual diagnosis protocols recognise that it is essential to care for symptoms in order to meet the needs of psychiatric patients.
• PNs indicated that psychiatric patients are controllable in the hospital. This experience is confirmed by the following excerpts:

“In the hospital, we are able to control them, we give them relevant information, they attend the necessary therapy with the psychologist, they are exercising and doing everything that we want them to do.”

“When psychiatric patients are taking treatment, they are controlled and they can be discharged.”

Stuart (2014:436) argues that psychiatric patients with DD who use problem-focused coping mechanism are controllable and take responsibility for their condition and either find ways to change or seek help.
Results and literature control cont.

• There is availability of ward programmes when caring for psychiatric patients with DD. This is confirmed by the following excerpts:

“There is a ward programme that we follow every day.”

“We have the programme which we call health education programme and we do it, it is a monthly programme.”

To help maintain the patient’s orientation, PNs should provide frequent, low key reminders about who the patient is, where the patient is, and the day of the week (Stuart, 2014:440).
Results and literature control cont.

- There is good treatment compliance for psychiatric patients with DD.

This experience is confirmed by the following excerpts:

“When the patient is in our institution, the patient will be complying with treatment, complying with everything that we are asking him/her.”

“People are able to function normally when they are on treatment, when they get treatment as required and at said times.”

Keltner et al. (2007:539) maintain that compliance with prescribed medication is supported by the PNs
Results and literature control cont.

Category 3: Suggestions to consider in caring for psychiatric patients with DD

- In-service training and workshops should be conducted. This suggestion is confirmed by the following excerpts:

“So it is better if we have an insight, workshops, in-serviced about this condition so that we can at least empower ourselves.”

“The in-service training is very important so that we understand how to care for psychiatric patients with dual diagnosis.”

Woods and Kettles (2009:212) concur with participants in this study that focus should be on training PNs to care for psychiatric patients presenting symptoms of DD
Results and literature control cont.

- There should be the provision of half-way houses. This information is supported by the following excerpt:

  “If it was possible, there should be a centre, they should be sent to the centre from the hospital to a something like half way house, where they go from the hospital.”

  “Psychiatric patients with dual diagnosis are discharged prematurely; maybe if there was enough space and the half way houses, the centres that I was talking about maybe it could help, those who are better can be taken to half way houses.”

According to Woods and Kettles (2009:227), half-way houses or residential rehabilitation fits into the models of care for psychiatric patients with DD.
Results and literature control cont.

- PNs should get management support and motivation. This suggestion is confirmed by the following excerpt:

  “Management must give us 100% support; they shouldn’t come when there is something that is why I said they should motivate us.”
  “Management should not just come when there is a problem, they should show their support.”

PNs should be supported by management when caring for psychiatric patients with DD (Smith, 2013:35)
Results and literature control cont.

• There should be the provision of a safe environment for PNs. This suggestion is confirmed by excerpt:

“We need to ensure a safe environment for professional nurses because sometimes psychiatric patients are dangerous to us and other psychiatric patients.”

“Sometimes the seclusion is prescribed and we seclude them, so that they can be manageable.”

According to Woods and Kettles (2009:176), provision of a safe environment includes removing dangerous objects, regularly observing psychiatric patients for suicidal behaviour and providing counselling opportunities for the patient.
Results and literature control cont.

- PNs suggested that there should be collaboration among multidisciplinary team. Confirmed by:

  “We need also to include MDT like the psychologist for counselling, the social worker and the occupational therapist”.

- “The doctor refers the patient to the social worker or the psychologist and also refers them for rehabilitation to occupational therapy; "to intensify the working relationship between the multidisciplinary team.”

According to Varcarolis and Halter (2012:352), care for psychiatric patients with dual diagnosis is improved when there is collaboration among the multidisciplinary team
Conclusions

Negative experiences

- PNs have negative experiences in caring for psychiatric patients with DD in the psychiatric hospital in the NWP of SA. They feel insecure and need assistance from other PNs when caring for psychiatric patients with DD. They maintained that psychiatric patients with DD are uncooperative and physically aggressive. PNs experience difficulties when caring for psychiatric patients with DD.

Positive experiences

- PNs feel that caring for psychiatric patients with DD is not complicated, there is close observation in the ward and protocols are used in managing aggressive psychiatric patients.
Conclusions cont.

Conclusions regarding suggestions

• PNs suggested the need for the provision of in-service training. Psychiatric patients with DD should be referred to half-way houses or rehabilitation centres before being discharged from hospital. They need support and motivation from management. The environment should be safe because PNs are sometimes exposed to dangerous situations.
Recommendations

Based on the findings of the study, recommendations are made for

• **Nursing practice** – In order to provide quality evidence-based care, it is advisable to provide in-service training, halfway houses, MDT should work effectively and professionally ensure that hospital environment is safe and free from dangerous objects.

• **Nursing education** - In order to improve care for psychiatric patients with DD, there is a need to evaluate curriculum of nurses, nursing educators and preceptors work in collaboration with nursing managers, educators should be updated on the latest developments of DD in nursing practice.
Recommendations cont.

- Nursing research- There is a need to conduct further research on the topic. If other studies could be conducted in other facilities, it will provide more insight and knowledge. It is recommended that a quantitative study be conducted because in a qualitative study, researchers are guided by data saturation.

Chu, C. & Galang, A. 2013, "Hospital nurses' attitudes toward patients with a history of illicit drug use", *The Canadian nurse*, vol. 109, no. 6, pp. 29-33.

Moore, J. 2013, "Dual diagnosis: training needs and attitudes of nursing staff: Jayne Moore explores nursing staff’s training needs and their attitudes towards patients who misuse substances in a large forensic mental health service", *Mental Health Practice*, vol. 16, no. 6, pp. 27-31.


Thank you