TITLE: THE EXPERIENCES OF STUDENT NURSES CARING FOR MENTAL HEALTH CARE USERS WITH PROFOUND INTELLECTUAL DISABILITIES.

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Lecturer: SG Lourens Nursing College

STTI PRESENTATION

23 JULY 2016
Objectives:
- To describe the experiences of 4th year nursing students in caring for mental health care users with profound intellectual disabilities.
- To explore the meaning attached to caring for mental health care users with profound intellectual disabilities.
- To recommend best practices in order to improve quality care.

Conflict of interest:
I declare that this work is my own work and it has not been submitted or presented before for any other degree.

Sponsorship:
- S.G. Lourens Nursing College for conference attendance.

Employer:
- S.G. Lourens Nursing College
INTRODUCTION

- An estimated one third of the general population suffer from intellectual disability (ID).
- Individuals with an ID remain one of the most marginalized groups and they have poorer health care needs than the rest of the population (British Department of Health, 2001 cited in Read & Cartlidge, 2012:23).
- According to the policy guidelines for children and adolescent mental health, children with intellectual disability are in difficult circumstances and is a lifelong problem for the individual, family and the society. (Department of Health, 2003:03)
BACKGROUND & RATIONALE

- Intellectual disability is characterised by substantial limitations in intellectual functioning and in adaptive behaviour. (Gecz, Shoubridge and Corbett, 2009:308)

- Previous research indicated that research examining care, burden, coping strategies and experiences of carers and parents of children living with disabilities is still limited in the African context (Gona et al 2011 as cited in McNally & Mannan 2013:01)
During Psychiatric clinical placement, the R425 students are placed at the centre to make provision for care, treatment and rehabilitation which is in line with the Mental Health Care Act of South Africa No 17 of 2002 as amended. (Mental Health Care Act, 2002: Chapter III)

After completion of the four-year training course, the R425 students are given choices where they would like to be placed in order to do their community service for a period of a year.

College statistic indicated that few students have chosen to work at the centre as illustrated in the next table.
## Number of students placed at the centre

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TOTAL NO. OF STUDENTS</th>
<th>GENDER</th>
<th>TOTAL NUMBER OF STUDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FEMALE MALE</td>
<td>MALE</td>
</tr>
<tr>
<td>2011</td>
<td>85</td>
<td>04</td>
<td>01</td>
</tr>
<tr>
<td>2012</td>
<td>155</td>
<td>04</td>
<td>01</td>
</tr>
<tr>
<td>2013</td>
<td>181</td>
<td>01</td>
<td>01</td>
</tr>
<tr>
<td>2014</td>
<td>147</td>
<td>05</td>
<td>03</td>
</tr>
<tr>
<td>TOTAL</td>
<td>568</td>
<td>14</td>
<td>06</td>
</tr>
</tbody>
</table>
PROBLEM STATEMENT

- Very few students trained from this specific nursing college have chosen to work at the care and rehabilitation centre. This was an area of interest and of practical concern. Sources of support/information was obtained from the college statistic, centre and previous research.

- Previous research indicated that individuals with intellectual disabilities, regardless of whether they have physical disabilities, are often stigmatized encountering attitudinal and physical barriers in daily life (Gaede & Surujlal 2011:344).
RESEARCH AIM

- To explore the experiences of the student nurses in caring for mental health care users with profound intellectual disabilities incorporating the Common Sense Model (CSM).
- According to Ward, Clark and Heldrich (2009:04) the Common Sense Model postulates that individuals use common sense beliefs, ideas, attitudes formed by experience, cultural traditions, formal education, and friends to construct lay theories.
RESEARCH OBJECTIVES

• To describe the experiences of 4th year nursing students in caring for mental health care users with profound intellectual disabilities.

• To explore the meaning attached to caring for mental health care users with profound intellectual disabilities.

• To recommend best practices in order to improve quality care.
RESEARCH QUESTION

- Tell me about your experiences in caring for mental health care users with profound intellectual disabilities.
## RESEARCH METHODOLOGY

<table>
<thead>
<tr>
<th>Research design</th>
<th>Descriptive, exploratory and contextual qualitative study</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sampling method</strong></td>
<td>A non probability purposive sampling method</td>
</tr>
<tr>
<td><strong>Population</strong></td>
<td>4&lt;sup&gt;th&lt;/sup&gt; years R425 students</td>
</tr>
<tr>
<td><strong>Sample size</strong></td>
<td>15 participants until data saturation was reached</td>
</tr>
<tr>
<td><strong>Data collection method</strong></td>
<td>Semi-structured interview &amp; reflective diaries</td>
</tr>
</tbody>
</table>
ETHICAL CONSIDERATIONS

- The following ethical principles were upheld to minimise the risk to participants:
- Permissions, non maleficence, beneficence, informed consent, the right to self determination, confidentiality and justice.
DATA ANALYSIS

- An Interpretive analysis as proposed by Terre Blanche, Durrheim & Kelly (2006) was used to summarise, interpret and report data.
- In this study five categories linked to themes and subthemes emerged.
RESULTS/INTERPRETATION AND DISCUSSION

Demographics:

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Characteristics</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
<td>10</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>02</td>
<td>17</td>
</tr>
<tr>
<td>Ages</td>
<td>21-30</td>
<td>06</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>31-40</td>
<td>04</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>41-50</td>
<td>02</td>
<td>17</td>
</tr>
<tr>
<td>Level of training</td>
<td>4\textsuperscript{th} year</td>
<td>12</td>
<td>100</td>
</tr>
<tr>
<td>Marital status</td>
<td>Single</td>
<td>07</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>03</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Divorced</td>
<td>01</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Widower</td>
<td>01</td>
<td>8</td>
</tr>
<tr>
<td>Personal encounter</td>
<td>Any contact/experience prior to clinical placement</td>
<td>02</td>
<td>17</td>
</tr>
<tr>
<td>with individuals suffering from intellectual disability in the community</td>
<td>No contact prior to clinical placement</td>
<td>10</td>
<td>83</td>
</tr>
</tbody>
</table>
# CATEGORIES, THEMES & SUBTHEMES

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>THEMES</th>
<th>SUB-THEMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Experiences of student nurses</td>
<td>Emotionally challenging</td>
<td>Scary: “I am even scared to fall pregnant, what if I give birth to a child with intellectual disability”. Depression: “You end up crying and feeling pity by just looking at them. It was very depressing”</td>
</tr>
</tbody>
</table>
DISCUSSION

• Participants reported that it was for the first time in their entire four years of training seeing this type of users.

• Previous study indicated that individuals with disabilities, regardless of whether physically or intellectual disabled, are often stigmatized, encountering attitudinal and physical barriers in daily life (Murphy & Carborne 2008 cited in Gaede & Surujlal 2011:344)

• Participants further reported that there was no time and break to work out through the negative emotions.
### FINDINGS

**Categories, themes and sub-themes**

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>THEMES</th>
<th>SUB-THEMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Caring for mental health care users with profound intellectual disabilities</td>
<td>Communication difficulties</td>
<td>Impaired communication “Some users are unable to communicate and express themselves”. “They are lost, live in their own world and can’t hear properly”.</td>
</tr>
</tbody>
</table>
DISCUSSION

• The challenges emerged due to the fact that most users had multiple disabilities such as communication, hearing and visual impairment besides the profound intellectual disability.
• Stimulation took a lot of efforts, repetitions and patience, it was never easy at all.
• Martin, Connor-Fenelon and Lyons (2012:69) believed that if you know the person, communication can be successful.
FINDINGS

Categories, themes and sub-themes

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>THEMES</th>
<th>SUB-THEMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Profound Intellectual disability</td>
<td>The complex nature of intellectual disability</td>
<td>Difficulties carrying out activities of daily living: PID: “It is both a health threat and illness because they have an IQ Below 20. “It is a health threat for the mere fact that they cannot think properly.” they are prone to injuries and infections. “It is a generalized disorder characterized by an IQ below 20 with significant cognitive impairment, congenital abnormalities, maladaptive functioning, self-care deficits and they behave like small children.</td>
</tr>
</tbody>
</table>

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DISCUSSION

- Previous study conducted in South Africa (Bloemfontein), explaining the term intellectual disability is complex in nature (Calitz 2011:66).
- According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5™), profound intellectual disability is defined as one of the four subtypes reflecting the degree of intellectual disability. Characterised by an IQ below 20 or 25 with limited motor and speech development, may develop very limited self-help skills, admission to care facilities often necessary and they require total care for life. (Uys & Middleton, 2014:53)
## FINDINGS

### Categories, themes and sub-themes

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>THEMES</th>
<th>SUB-THEMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Care and Rehabilitation centre setting</td>
<td>Burden of care</td>
<td>Poor job satisfaction “It is quite a lifetime challenge to care for users who cannot talk and walk”. “Strain to the nurses to bath users being few”.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stressful work environment “It is rural far from everything. It is just another world with poor mobile networks”. “There is shortage of resources” “Users depended on nurses 24 hours, its like parenting and mothering”.</td>
</tr>
</tbody>
</table>
DISCUSSION

- According to Ryan, McEvoy, Guerin and Dodd (2010:566) people with intellectual disabilities are among the most excluded and vulnerable groups.
- Siska (2010:501) concludes that people with intellectual disabilities face typical and special risks of discrimination in all areas of life.
- Aldersey (2012:02) states that caring for people with intellectual disabilities combine ideas of both the ‘burden’ and stress.
## FINDINGS

### Categories, themes and sub-themes

<table>
<thead>
<tr>
<th>Categories</th>
<th>Themes</th>
<th>Sub-themes</th>
</tr>
</thead>
</table>
| 5. Career options of working with users with PID                           | Mixed feelings       | Avoidance  
“If it happens that I work there, I would need counselling on a daily basis”.  
Acceptance  
“After stimulating users, seeing the smiles on their faces, it felt like I have won a trophy. Two weeks is not enough.”  
“I wouldn’t mind volunteering even if not placed. It was interesting and eye opening for me” |
**DISCUSSION**

- Out of twelve (12) participants, four (33%) showed interest about working at the centre, eight (67%) showed no interest about working at the centre.
- Vijayalakshmi (2013:66) states that world wide mental illness receive negative publicity and stigmatization.
SIGNIFICANCE OF THE STUDY

What this study adds towards this topic

- In integrating CSM, PID is identified as a representation of health threat and an illness depending on the cause.
- They are at risk of injuries due to limitations in self protection skills and the disorder is coupled with other illnesses and associated observed health problems like dysphagia, respiratory problems, osteoporosis, contractures that may either require care or treatment.
- Caring is compared to mothering and parenting.
CONTRIBUTIONS

The study filled a significant knowledge gap by illuminating the reasons as to what makes students ill-prepared to work at the centres that deals with profound intellectual disabilities.
RECOMMENDATIONS

• Centres to be made more attractive as a means to stimulate interest and joviality among nurses, users and alike.
• Open days to be celebrated.
• Availability of fulltime mentors for support.
• Introduction of educational tour for third year students before the real placements.
• A longer placement of four weeks
RECOMMENDATIONS

• Providing ongoing counselling.
• The availability of human and material resources.
• The introduction of health care workers to ease the burden.
• Compliment and rewards to be awarded.
• Implementation of wellness programme
• Collaboration with the psychologists to offer emotional support and ongoing counselling.
• Employment of speech and language therapists.
• Recruit more matured nurses and even retired nurses.
• Rotation of staff in different wards on a three year basis
RECOMMENDATIONS

- The centre to be placed within the community.
- The centre to be integrated with other bigger institutions and not be treated in isolation.
- More in-service training on sign language and stimulation programme.
- Caring for users with PID to be regarded as a specialty.
- More support programmes and awareness campaign.
- Furtherance of research in order to effect changes in caring for users with PID and so that they too could achieve that great sense of general well-being and happiness.
LIMITATIONS

- The study was only limited to R425 students who were registered for the Diploma in Nursing (General, Psychiatric and Community) and Midwifery at a specific nursing education institution in Gauteng Province.
- Therefore, its generalisability will be limited, even though conditions of rigour were upheld.
CONCLUSION

• Evidence from this study revealed that completing nurses find working with PID to be emotionally challenging.

• Negative experiences outweigh positive experiences.

• The study suggested how places that care for persons with PID can be made more attractive to nurses so that positive experiences outweigh negative experiences.
CLOSURE

- Count it all joy when you have an IQ above 70 (Unknown)
THANK YOU

- QUESTIONS
LIST OF REFERENCES


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• South African Nursing Council. 1985b. Regulations relating to the approval of and the minimum requirements for the education and training of a nurse (General, Psychiatric and Community) and Midwife leading to registration. Regulation R425, in terms of the Nursing Act 1978 (Act No. 50 of 1978, as amended). Pretoria: SANC


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- Vice-Principal: Ms. MLC Digangoane: S.G. Lourens Nursing College
- Family, friends and colleagues