

# Nurses' Coping Mechanisms in a Mental Health Establishment

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## Abstract

The aim of this study was to explore and to describe nurses' coping mechanisms in a mental health establishment in the North West province of South Africa so as to improve the methods of how they manage stressful situations in their care for mental healthcare users. A qualitative-explorative-descriptive and contextual design was followed to deal with the researcher's concern. The target population included all categories of nurses who are caring for mental healthcare users in a mental health establishment in the North West province. Participants were selected purposively based on a set of selection criteria. The size of the sample was determined by data saturation which was reached after interviewing 10 nurses. Information obtained was transcribed verbatim for data analysis. Trustworthiness was ensured through credibility, dependability, transferability and confirmability techniques. The findings of the study revealed four main themes, namely psychosocial support, coaching and mentoring, stakeholder support, and suggestions for improving nurses' coping mechanisms. From the findings of the study, recommendations were made for the nursing practice, education and research.

**Keywords:** coping; coping mechanism; mental healthcare user

## **Introduction and Background Information**

Nursing is globally recognised as a stressful occupation, and all nurses of all categories find constant interaction with mental healthcare users (MHCUs) to be extremely stressful and are thus unable to cope effectively (Booyens 2008, 145). Research conducted in India revealed that nurses, regardless of workplace, province or country of origin, are confronting a variety of stressors that may decrease their coping mechanisms. Therefore, these nurses cannot avoid an increase thereof (Lambert 2008, 38). Mental healthcare establishments are perceived as extremely stressful environments to work in when compared to general hospitals. For instance, nurses working in mental healthcare establishments are faced with challenges and unpredictable situations when caring for some of the MHCUs who are in need of mental healthcare, treatment and rehabilitation services (Senining and Gilchrist 2011, 1). Nurses in the North West province of South Africa in general, and in mental health establishments in particular, are not spared from the complexities and challenges arising from their mental care duties. Exposure to a challenging, unpredictable working environment on a continuous basis could leave nurses with overwhelming feelings of helplessness thus eroding their coping mechanisms in the long term (Keyter and Roos 2015, 366). Caring for MHCUs places an enormous burden on nurses and has been shown to have a significant negative impact on their levels of coping (Marimbe et al. 2016, 1).

In clinical practice nurses are often faced with difficult and emotionally charged situations (Martins, Chaves, and Campos 2014, 171). In accordance with Keyter and Roos (2015, 366), it is not clear how nurses cope with their mental healthcare duties. This also includes nurses working in the North West province of South Africa. Numerous studies in Saudi Arabia presented evidence of job strain having an effect on nurses' coping means in the healthcare setting (Wazqar et al. 2017, 1016). It has to be noted that ineffective coping mechanisms have been a proven reality in the nursing profession (Van der Colff and Rothmann 2009, 1). Popescu et al. (2015, 611) reiterated that the nature of the nursing profession requires the development of adequate coping mechanisms. Nevertheless, many mental healthcare workers in South Africa are increasingly expected to cope while caring for MHCUs (Keyter and Roos 2015, 366). Despite the above concerns, the researcher noted that this seems to be the first study to be conducted in the North West province of South Africa. It was therefore the aim of this study to explore and to describe nurses' coping mechanisms in a mental health establishment in the North West province of South Africa so as to improve the methods of how they manage stressful situations in their care for MHCUs.

## **Statement of the Research Problem**

Nurses, regardless of workplace, province or country of origin, are confronting a variety of stressors that may decrease their coping mechanisms. Therefore, these nurses cannot

avoid an increase thereof (Lambert 2008, 38). The researcher's personal experience as a professional nurse is that caring for the MHCUs is one of the most challenging aspects of nursing. These challenges include diverse cultural beliefs, poor nurse-patient relationships, the stigma associated with mental illness, the lack of resources, both human and material, and the ineffective training of nurses. The above information clearly indicates the gap and highlights that there are numerous challenges that face nurses in relation to their coping mechanisms during mental healthcare duties. As a result, the researcher deemed it necessary to conduct this study with the aim of exploring and describing nurses' coping mechanisms in a mental health establishment in the North West province of South Africa so as to improve the methods of how they manage stressful situations in their care for MHCUs.

## **Aim of the Study**

The aim of this study is to explore and to describe nurses' coping mechanisms in a mental health establishment in the North West province of South Africa so as to improve the methods of how they manage stressful situations in their care for MHCUs.

## **Definition of Concepts**

**Coping** refers to an effort to prevent or reduce occupational stress (Skinner and Zimmer-Gembeck 2007, 119). Coping in this study refers to cognitive and behavioural efforts made by nurses to minimise the impact of stress while providing mental healthcare, treatment and rehabilitation services to the MHCUs in the North West province of South Africa.

**Coping mechanism** refers to a stratagem designed to transform input forces and movement into a desired set of output forces, to achieve these forces and movement (Beh and Loo 2012, 131). In this study, this concept will serve as a strategy or means to deal with a difficult situation and to manage the impact of the nurses' own stressors in the mental health establishment of the North West province of South Africa.

**Mental healthcare user** (MHCU) refers to a person receiving care, treatment and rehabilitation services or using a health service at a health establishment aimed at enhancing the mental health status of the user (South Africa 2002). For the purpose of this study, MCHUs refer to patients admitted for mental healthcare, treatment and rehabilitation services in a designated mental health establishment of the North West province of South Africa. In this study, the term also refers to both male and female patients.

## **Research Methodology**

### **Research Design**

A qualitative-explorative-descriptive and contextual research design was utilised with the aim of exploring and describing the nurses' coping mechanisms in a mental health establishment in the North West province of South Africa. This research design was found appropriate as it assisted the researcher to collect data in the field at the site where nurses experience the issue or problem under study (Creswell 2009, 175).

### **Population**

The target population in this study were all categories of nurses such as professional, enrolled and enrolled nursing auxiliaries working in a mental health establishment in the North West province of South Africa.

### **Sampling Approach**

A non-probability sampling approach was used to select nurses who were able to provide extensive information about their coping mechanisms while caring for MHCUs in the North West province of South Africa.

### **Sampling Technique**

A purposive sampling technique was used to select all categories of nurses based on the proposed selection criteria. The study included nurses who were registered with the South African Nursing Council (SANC), caring for MHCUs in the North West, and those who were willing to participate and to be audio-taped during the study after each signed an informed voluntary consent form.

### **Sampling Size**

The sample size in this study was determined by data saturation which was achieved after 10 semi-structured individual interviews with nurses.

### **Data Collection**

Semi-structured individual interviews were used to collect data from nurses of all categories in December 2017. The researcher collected data herself by conducting the interviews in English, observing, audio taping as well as taking the fields notes. Two questions were developed in line with the main aim of the study. All participants were asked the same questions which were:

- How do you cope in a mental healthcare institution?

- What can be done to improve nurses' coping mechanisms in a mental health establishment?

### **Data Analysis**

Both the researcher and an independent co-coder analysed the data of the study by following Tech's method of qualitative data analysis (Creswell and Creswell 2017, 184). With this method of qualitative data analysis, both the researcher and the co-coder read all semi-structured individual interviews carefully. They jotted some ideas down with the purpose of making sense of what was happening during the interviews. Similar topics were clustered together to reveal four themes, namely psychosocial support, coaching and mentoring, stakeholder support, and suggestions to improve coping.

### **Ethical Considerations**

Before data collection and analysis, the researcher obtained written approval from the School of Environmental and Health Sciences, Faculty of Agriculture, Science and Technology, Research Ethics Committee of the North-West University (reference number: NWU-00674-17-A9). The researcher also obtained written approval from the North West Provincial Department of Health as well as from the Head of the health establishment where the data were collected and analysed in December 2017. A nurse manager recruited study participants for the researcher. However, the researcher explained the study to the potential participants who gave written consent for their voluntary participation in the study. This was done to prevent coercion.

### **Trustworthiness**

Trustworthiness was applied in accordance with the four criteria of credibility, dependability, transferability and confirmability as explained by Polit and Beck (2008, 768). The researcher ensured credibility through prolonged engagement with nurses caring for MHCUs. Data were collected from 10 nurses, which was a point of data saturation. To ensure dependability, two qualified experienced supervisors were involved throughout the research process. In ensuring confirmability in this study, both the researcher and an independent co-coder analysed the findings of this study separately and met to reach consensus on the themes and sub-themes that emerged from the findings. Data collected were also compared with the available literature. The researcher applied transferability by selecting all categories of nurses purposively, meaning those who were providing mental healthcare, treatment and rehabilitation services in the North West province of South Africa.

## Discussion of Results

The study yielded four main themes: (1) psychosocial support, (2) coaching and mentoring, (3) stakeholder support, and (4) suggestions to improve coping. These main themes together with their sub-themes are discussed below (see Table 1).

**Table 1:** Themes and sub-themes

<i>Themes</i>	<i>Sub-themes</i>
Psychosocial support	Provision of Employee Assistance Programme (EAP) Staff appreciation and reward Employee engagement
Coaching and mentoring	Reflective meetings Career and personal development Staff motivation
Stakeholder support	Support from community and family members Support from management Support from government Spiritual support
Suggestions to improve coping	Employment of more nursing personnel Increase of financial benefits Provision of comprehensive training by institutions of higher learning Employment of more mental health nurse specialists

### Theme 1: Psychosocial Support

Psychosocial support was the first theme that emerged from the findings of this study. Sub-themes for psychosocial support include the provision of an Employee Assistance Programme (EAP), staff appreciation and reward as well as employee engagement.

#### Provision of Employee Assistance Programme (EAP)

Nurses working in a mental health establishment where this study was conducted reported that they are able to cope with their work-related stresses owing to the availability of the EAP in their work environment. These nurses indicated that the EAP assists them to relieve stress. This result is confirmed by the following quotation from the transcribed interview:

So, we also have structures like EAP which is the Employee Assistance Programme. That programme is there to help some of us who are stressed sometimes. It is really helpful.

The EAP has been in existence for many decades as an employee support programme specifically designed with the aim of assisting employees who experience work and personal problems. Grobler and Joubert (2012, 150) concur with the findings of this study and indicate that the management of private and public organisations has the responsibility to provide employees with internal and external services such as the EAP which are aimed at enhancing the health and wellness of employees. Programmes such as the EAP play an important role in improving production at work, raising employees' morale, and fostering value-based work ethics (Govender 2011, 1). Some of the benefits of EAPs include increased attendance, which in other words is reduced absenteeism, improved workers' performance, reduced healthcare costs as well as the reduction in the number of accidents (Dawad and Hoque 2016, 19).

### **Staff Appreciation and Reward**

The participants of this study indicated that they need management to appreciate what they are doing on a daily basis and to reward them where necessary. These participants indicated that without appreciation and reward from the hospital management, it will be very difficult for them to cope at a mental healthcare institution. To confirm his finding, one of the participants said:

Management should first of all start by complimenting and appreciating what we are doing because happy employees give happy results. Sometimes just to say thank you for doing this helps a lot, at least we will feel appreciated.

Concerning staff appreciation and reward, Rothmann and Welsh (2013, 17) concur with the finding of this study and add that praise from the supervisor or manager, public recognition, a reward or any token of appreciation, job security, pay rise, promotion, respect from co-workers as well as more freedom and opportunities are needed for the employees to like their job. As a result, employees such as nurses will be more likely to engage and cope with their work if they receive more rewards and appreciation for their efforts. Pregolato, Bussin and Schlechter (2017, 1) add that employers or managers need to have a clear understanding of how various appreciation and reward factors influence talented employees or workers' choice to stay at or to leave an organisation. According to Van Staden (2017, 54), each organisation should conduct research in order to know how to keep workers feeling accomplished, appreciated and rewarded appropriately.

### **Employee Engagement**

Most of the participants interviewed in this study verbalised that the management is not engaging them in anything. Management is just imposing things on them. This result is confirmed by the following direct quotation from the interview:

Management is not engaging us on anything; they just tell us what to do every time. That's the problem. They should engage us, nothing about us without us.

According to Pregnolato, Bussin and Schlechter (2017, 1), employee engagement is overwhelmingly cited by the chief executive officers as the number one priority on the human resource or human capital agenda. The results of this study are supported by Rothmann and Welsh (2013, 14) who pointed out that employee engagement is important not only because of its effects on organisational outcomes, but also because it has a positive impact on the psychological well-being of employees. These authors add that when you engage employees at work, they will be able to cope with work demands including different positive organisational outcomes such as high customer loyalty and production as well as lower rates of staff turnover. Van Staden (2017, 54) adds that a good employer should be sensitive, engage with employees and identify when they are unhappy, and deal with the problem immediately.

## **Theme 2: Coaching and Mentoring**

Coaching and mentoring was the second theme that emerged from the findings of this study. Sub-themes for coaching and mentoring include reflective meetings, career and personal development as well as staff motivation. Maritz and Roets (2013, 82) add that coaching and mentoring initiatives are gaining prominence in nursing practice as a strategy for improving health outcomes.

### **Reflective Meetings**

The participants of the study indicated that they need meetings with the hospital management to be able to cope at the mental healthcare institution. These participants mentioned that without reflective meetings, they would not know what is happening at the mental health establishment. To confirm this finding, one of the participants said:

If these managers can at least have regular meetings with us, and update us about what is happening in an establishment or ward or unit. That's something to me.

Molefe and Sehularo (2015, 478) concur with the finding of this study that there is a perception that managers' failure to call meetings leads to the nurses' job dissatisfaction as well as difficulty in coping with work-related stressors in a public psychiatric hospital in the North West province. Maritz and Roets (2013, 89) also concur with the findings of this study that reflective meetings are needed for nurses to be able to cope with their work. These authors suggest that at least face-to-face meetings are needed to establish relationships. Some of the aims of these reflective meetings will be to familiarise nurses with the mentor or coach. Another aim of these reflective meetings will be to sustain the work through the inevitable rough patches. Van Staden (2017, 55) adds that managers should arrange and motivate their employees to attend debriefing sessions after difficult and very stressful situations or busy times.



## **Career and Personal Development**

Participants interviewed in this study indicated that they need career and personal development to be able to cope at a mental healthcare institution. These participants mentioned that they need to be up to date and on a par with other mental healthcare practitioners in other mental healthcare institutions in order to cope in their healthcare facilities. To confirm this finding, one of the participants said:

Management must send us to workshops, seminars or short courses, so that we can be up to date with what is happening in mental institutions, we need workshops, you know, we want to be developed personally and professionally, they must train us.

From these words it is clear that coaching and mentoring focus on issues such as career and personal growth and offer psychological and career support or encouragement (Maritz and Roets 2013, 81). Sing and Govender (2008, 319) concur with the findings of this study. These authors conducted a study on the understanding of the mentoring and coaching imperative for the senior management level of the South African public service. Findings of their study show that it is the task of coaches and mentors to create and sustain a work environment that enables this continuous career and personal development of employees. When employees are given the opportunity to grow personally and professionally they are able to cope with work stresses. Pregolato, Bussin and Schlechter (2017, 2) add that career and personal development comprises learning experiences designed to enhance the workers' skills and competencies and also assists workers to pursue their career goals.

## **Staff Motivation**

The participants interviewed in this qualitative study indicated that they want management to motivate them in order for them to love their jobs and perform exceptionally well in their work when they provide mental healthcare, treatment and rehabilitation services. One of the participants said:

They [management] should motivate us; they should make us to love our job, so that we can always smile at work, that's all that we want.

The above words relate to those of Thersby (2007) who indicated that managers should be very careful of demotivated workers because they can destroy morale and affect the performance of all other employees, which will ultimately have an impact on a company's bottom line. Machara and Jain (2016, 115) also concur with the findings of this study that staff motivation is vital to employees' coping, performance as well as service delivery. According to Machara and Jain (2016, 115), good motivation of staff by the management will lead to high staff morale and improved customer service and productivity. This indicates that when the nursing staff members are highly motivated they will be able to cope with challenges they experience when caring for MHCUs.

Van Staden (2017, 54) adds that managers should motivate and encourage employees to make suggestions and should listen to their opinions.

### **Theme 3: Stakeholder Support**

Stakeholder support was the third theme that emerged from the findings of this study. Sub-themes for stakeholder support include support from community and family members, management, government, and also include spiritual support.

#### **Support from Community and Family Members**

Nurses working in the mental healthcare establishment mentioned that they need the involvement of the community as well as family members to enable them to cope during mental healthcare duties. This is confirmed by the following direct quotation from the interview:

The only thing that may be done to make us cope it is support from community or relatives. If they can come to the hospital to show the patients that they are – they support them on the conditions that they find themselves in.

The lack of support networks has long been established as the cause of ineffective coping in caring for MHCUs (Conradie et al. 2017, 2). Nursing is a kind of occupation delivering services to individuals, families and societies of all countries (Golbasi, Kelleci, and Dogan 2008, 1807). Thus, there is a demand for increased support from community and family members to nurses in the mental healthcare establishment (Laal 2013, 438). In order to be a good mental healthcare provider you need to have increased support from community and family members of the patients (Popescu et al. 2015, 612).

#### **Support from Management**

Some of the nurses that were interviewed in this qualitative study indicated that they need support from their management in order to cope when providing care, treatment and rehabilitation services. This is confirmed by the following direct quotation from one of the interviewees:

I think the things that can make us cope are when our supervisors or managers support us. Even in the ward they must visit from time to time to see what is happening in the ward.

The above words clearly point to the need and importance of management's being present in the work environment as a means of supporting the nurses. Beh and Loo (2012, 132) concur that the lack of a supportive relationship or a poor relationship with superiors is a potential source of ineffective coping leading to low trust and a low interest in problem-solving. Stephens, Smith and Cherry (2017, 276) support the idea

that difficulties in retaining nurses may be attributed to the lack of support from managers. From this finding it is therefore imperative that the healthcare managers diligently work to eliminate environments that undermine nurses' coping mechanisms. Van Staden (2017, 55) adds that support from management might provide a successful way of coping with job stressors.

### **Support from Government**

The research also found out that there is a feeling among care givers that government is not doing enough by way of support despite providing resources like knitting materials for patients. This is confirmed by that fact that some of the nurses that were interviewed in this study mentioned that they need support from the government in order for them to cope well when caring for MHCUs. The need is confirmed by the direct quotation from the following transcript:

The government also support us by providing us with the equipments for an example, things that maybe can occupy the patients for instance those who knit, knitting materials, those who can read, to read and things like that. They must send us to workshops – you know – capacitation, induction programmes.

Support from government is necessary in nursing practice (Ndawula 2012, 28). This may assist nurses in coping, and in feeling important and valuable in contributing to the care, treatment, management and rehabilitation services of the users. The support from government may also assist in increasing the nurses' morale with better coping mechanisms. From the literature review, it seems that there is a dearth of literature on the support that the government is providing to the employees. This is probably because government in most cases is represented by the employer or manager. However, more studies should be done to investigate the role that government is playing to supports its employees.

### **Spiritual Support**

A number of the nurses that were interviewed in this study indicated that as human beings, sometimes they rely on prayers, love of people and God's grace to cope with the challenges of dealing with MHCUs. This need for spiritual support is confirmed by the following direct quotation from one the interviewees:

I think we are just coping by the grace of God. It is just by the grace of God that we are able to cope. It is just for the love of the people – because you want to love your neighbour or other person as yourself.

The above words highlight the importance of spirituality in matters relating to the management of stressors in healthcare facilities. It is thus clear that stress affects the intellectual, psychological, social and spiritual aspects of the workers (Agbonluae, Omi-

Ujuanbi, and Akpede 2017, 300). This indicates that employers should work hard to attend to the intellectual, psychological, social as well as spiritual aspects of workers. Bester and Muller (2017, 1) add that spiritual support at work is needed for achieving and maintaining employee wellness. Nurses, like any other human beings, have personal beliefs which need to be considered. Their prayers and belief in a benevolent God combined, provide emotional and spiritual support as an effective coping mechanism. Omolayo et al. (2013, 93), who perceive spirituality as a positive emotion focused mechanism, indicated that some nurses use religious and spiritual support as a means of coping when caring for mentally ill users. Most nurses find it difficult to cope with the caring for users who are sometimes aggressive and violent. In these situations they resort to religion and believe that God's grace and prayers remain the only coping mechanisms they can rely on in order to manage effectively and thus, survive the situation.

#### **Theme 4: Suggestions to Improve Coping**

Suggestions to improve coping was the fourth theme that emerged from the findings of this study. Sub-themes for suggestions to improve nurses coping mechanisms include employment of more nursing personnel, increasing financial benefits, provision of comprehensive training by institutions of higher learning, and employment of more mental healthcare specialists.

##### **Employment of More Nursing Personnel**

A number of the nurses who participated in this study suggested that there is a need for employment of more nursing personnel. This experience is confirmed by one of the nurses in the direct quotation from the following transcript:

Yes, I think what they can do is to increase staff members because we are short-staffed at this moment. Consideration is made on, eh, hiring more staff so that we can be able to perform to or deliver better services. I think it will be wise if this thing of staff-patient ratio can be considered.

Nurses constitute the majority of the healthcare personnel (Deklava, Cirlenis, and Millere 2014, 261). However, more nurses are still needed globally. Ndawula (2012, 29) indicated that the nurse-patient ratio should be favourable as nurses faced greater responsibilities and this will be achieved only if more nursing personnel are employed. This literature indicates that most of the health departments in the whole world should work hard to recruit and retain more nurses as it is a well-known fact that most of the nurses leave South Africa for greener pastures in other countries such as the United Kingdom and Saudi Arabia.

## **Increase of Financial Benefits**

Some nurses interviewed in this study mentioned that they need an increase in financial benefits in order to cope better when caring for MHCUs. This finding is confirmed by the direct quotation as follows:

I need to have some form of rewards. These rewards should be in the form of PMDS or some form of bonuses like. If they can pay us maybe danger allowance to show us that we are working in a dangerous situation at least we will cope, because yes, nurses must work.

A study by Molefe and Sehularo (2015, 479) concurs with the findings of this study that financial factors such as occupation specific dispensation (OSD), a performance management development system (PMDS), as well as an annual increase contribute to nurses' dissatisfaction in addition to poor coping mechanisms at a public psychiatric hospital in the North West province. South African nurses are lured by more affluent countries that have more to offer in terms of competitive financial benefits and further, prefer to resign or quit to pursue other nursing jobs which offer more financial benefits (Mokoka, Oosthuizen, and Ehlers 2010, 1). Conradie et al. (2017, 1) emphasised that the need for increased financial benefits at mental health establishments requires urgent attention.

## **Provision of Comprehensive Training by Institutions of Higher Learning**

The nurses who participated in this study emphasised that they are not well equipped with the psychiatric skills that can enable them to manage MHCUs, hence they suggested that there is a need for the provision of comprehensive training by institutions of higher learning. These nurses indicated that some participants do not even possess basic psychiatric nursing skills. The direct quotations from the following transcript confirm the above finding:

Eh, no, I will further say, eh, our institutions of higher learning must provide a comprehensive training on nurses but, what I have noticed is that a professional nurse does not know more or have interest in people with psychiatric problems. So, if we can have more development, more career development especially on psychiatry, more specialists and more people will be specialising on psychiatry and that will curb the problem.

In South Africa, psychiatric nursing is seen as a part of the basic education of nurses to equip them to work as generalist nurses in the comprehensive health services of the country (Uys and Middleton 2010, 15). Training and education regarding mental healthcare have played a small role in educational programmes and need to be dealt with through comprehensive training for all categories of nurses (Dikobe, Manyedi, and Sehularo 2016, 190). Machailo (2013, 1) reiterated that previously psychiatry was not

included in the basic training of nurses, therefore some of the nurses are not equipped with the appropriate skills and knowledge to cope effectively when dealing with mental healthcare.

### **Employment of More Mental Health Nurse Specialists**

During the data collection for this study, the participants suggested that there is a need for employment of more psychiatric nurse specialists who are equipped with advanced knowledge on how to manage the MHCUs. This suggestion is confirmed by the direct quotation from the following transcript:

We need more psychiatric nurse specialists in our hospital. Three nurse specialists are not enough for the whole hospital. Imagine, there is only one specialist with a Master's degree and the other two have child psychiatric nursing from University of Free State. To me they are not enough, we need more.

In order to support the great demands for health services, an adequate number of psychiatric nurse specialists are required for the delivery of mental healthcare, treatment and rehabilitation services (Beh and Loo 2012, 131). Ndawula (2012, 17) posits that speciality knowledge and clinical skills are required to cope when solely undertaking the role of the mental healthcare.

### **Recommendations**

For nursing practice, nurse managers should ensure that there is an EAP in a mental health establishment. If it is in place, the nurse managers should ensure that it is effective. Staff should be appreciated and rewarded appropriately. Nurse managers should also ensure that they engage employees appropriately because the employees mentioned that there is nothing about them without their involvement – “nothing about us without us.” The nurse managers should work closely with human resource departments particularly with the training and development officer to ensure the provision of an EAP as well as staff appreciation and rewards.

For teaching and learning purposes, nurse managers should ensure that there are reflective meetings, that nursing personnel are developed personally and professionally, and that they are also motivated appropriately. To ensure effective teaching and learning of nurses at mental health establishments, nurse managers should work closely with the human resource manager. Nurse managers should furthermore ensure that education programmes related to the coping of nurses in mental health establishments be developed as a matter of urgency.

For community engagement, nurse managers should work hard to ensure that all stakeholders such as family, community members and the government support the nurses who are working at a mental health establishment. The nurse managers should

also ensure that nurses are supported spiritually. This can be achieved by ensuring that morning prayers continue for all nurses and MHCUs. Different church denominations and faiths can also be invited to offer prayers on Sundays or days that are appropriate to the religious beliefs.

For policies and guidelines, the nurse managers should work collaboratively with the labour relations officer to ensure that there are effective policies on recruitment, appointment and retention of more nurses using personnel, particularly mental health nurse specialists. The nurse managers should also work collaboratively with the human resources manager to develop effective guidelines that will ensure proper distribution of financial benefits to all nurses.

For research, there is a need for a similar study to be conducted with a larger sample size following a quantitative or mixed-methods research approach, among others, that can be identified. Non-nursing personnel should also be involved in such studies.

## **Limitations**

The focus of this qualitative study was on nurses' coping mechanisms for working in a mental health establishment in the North West province of South Africa. The limitation of this study is its small sample size, hence the results cannot be generalised to all nurse populations or other mental health establishments in the North West province of South Africa and, worse still, the rest of the Republic of South Africa.

## **Conclusion**

The findings from this study revealed four main themes of the nurses' coping mechanisms in a mental health establishment. These themes are psychosocial support, coaching and mentoring, stakeholder support, and suggestions to improve coping. The findings and recommendations of this study indicate that the management has a lot to do to assist nurses to cope when they provide mental healthcare, treatment and rehabilitation services. Despite these findings, the researcher urge that more research on a wider scale be carried out since this research was localised in that it focused on only one mental healthcare institution in the North West province of South Africa.

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