

EXPERIENCES OF PROFESSIONAL NURSES IN CARING FOR PSYCHIATRIC PATIENTS WITH DUAL DIAGNOSIS

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ABSTRACT

The care of psychiatric patients with dual diagnosis is a serious global concern including a psychiatric hospital in the North West Province of South Africa. The aim of the study was to explore and describe the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in the North West Province. A qualitative, exploratory, descriptive and contextual design was followed to address the researchers' concerns. The target population consisted of professional nurses caring for psychiatric patients with dual diagnosis. A non-probability sampling approach was used and participants were selected purposively based on the set



selection criteria. The sample size was determined by data saturation. Unstructured interviews were conducted with twelve professional nurses caring for patients with dual diagnosis in a psychiatric hospital. A tape recorder was used to record the interviews and were later transcribed verbatim. Data was analysed qualitatively using Tesch's method of content analysis. Trustworthiness was ensured through credibility, dependability, transferability and confirmability. The findings of this study revealed that professional nurses have negative and positive experiences in caring for psychiatric patients with dual diagnosis. Professional nurses made suggestions that can be used to improve the care of patients with dual diagnosis. The recommendations of this study may improve the care of patients with dual diagnosis in the North West Province.

Keywords: caring, dual diagnosis, professional nurses, psychiatric patients

INTRODUCTION AND BACKGROUND INFORMATION

Dual diagnosis among psychiatric patients is a global concern (Phillips, McKeown & Sandford, 2010:199). The concept of 'dual diagnosis' was first introduced in the United States in the 1980s and it is believed that the number of psychiatric patients with dual diagnosis is high and increasing (Phillips *et al.*, 2010:199). It is estimated that up to 51 per cent of those with lifetime mental illness suffer from lifetime substance use disorders (Phillips *et al.*, 2010:199). Newell and Gournay (2009:132) define dual diagnosis as a combination of problems among psychiatric patients. This combination of problems, referred to as dual diagnosis, is used to describe the concurrent existence of mental illness and substance abuse. These disorders occur at the same time, or one follows the other and eventually, it is difficult to tell which occurred first (Fortinash & Worret, 2012:332). Keltner, Schwecke and Bostrom (2007:536) point out that one issue that professional nurses conventionally deal with is the issue of which occurred first, whether it is the mental illness or the problem of substance abuse. Due to this dilemma, care for psychiatric patients diagnosed with dual diagnosis has been affected. One disorder can precede and cause the other, such as when the person with alcoholism becomes severely depressed or when the person with depression uses alcohol to treat a depression (Stuart, 2009:432).

In the United States, professional nurses experience depersonalisation, more emotional exhaustion and less job satisfaction when caring for psychiatric patients with dual diagnosis (Verhaeghe & Bracke, 2012:17). Also, policy directions for psychiatric patients with dual diagnosis are focused on increasing the number of professional nurses educated to implement appropriate dual diagnosis prevention, care and integrated treatments. It is important that professional nurses have the required support and resources to provide continuing care for psychiatric patients with dual diagnosis (Edward & Munro, 2009:77).

In Canada, professional nurses caring for psychiatric patients with dual diagnosis are faced with complex clinical and personal situations that require a high level of clinical competence, expertise and skills (Chu & Galang, 2013:30). Professional nurses struggle to provide care for psychiatric patients with dual diagnosis, and cite inadequate educational preparation and poor role support as some of the reasons for their inability to provide support. A non-judgemental attitude from professional nurses is encouraged as the best approach when caring for psychiatric patients with dual diagnosis (Bartlett, Brown, Shattell, Wright & Lewallen, 2013:350).

In sub-Saharan Africa, in Ethiopia in particular, professional nurses are not satisfied with their current level of knowledge about care for psychiatric patients with dual diagnosis and reported that in-service training would be needed for them to improve their knowledge sufficiently in order to be able to deliver mental health care competently (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 professional nurses to render effective care for psychiatric patients with dual diagnosis. Professional nurses caring for these patients experience occupational stress, emotional exhaustion, burnout, fear, anger, frustration, demotivation and helplessness. They also experience risks of absenteeism from work, low self-esteem and job dissatisfaction (Ngako, Van Rensburg & Mataboge, 2012:1). Professional nurses caring for psychiatric patients absent themselves from work as a sign of protest and to show their dissatisfaction. These negative experiences cause emotional stress on professional nurses and consequently alcohol abuse (Bimenyimana, Poggenpoel, Myburgh & Van Niekerk, 2009:9). From the documented literature, it seems that there are no studies conducted so far on experiences of professional nurses in caring for psychiatric patients with dual diagnosis in a psychiatric hospital in the North West Province (NWP) of South Africa (SA), thus justifying the need for the current study.

In view of the above experiences from different countries, including RSA, many professional nurses consider caring for psychiatric patients with dual diagnosis to be a difficult and an unpleasant experience. This, coupled with deficits in knowledge, may result in failure to identify and care for psychiatric patients with dual diagnosis. Providing professional nurses with knowledge, skills and research as well as improved nursing policies, guidelines and clinical expertise will increase the likelihood that the nurse might be better prepared to deliver quality evidence-based care to psychiatric patients with dual diagnosis (Heslop, Ross, Osmond & Wynaden, 2013:595).

PROBLEM STATEMENT

From the above introduction and background information, it is clear that the care for psychiatric patients with dual diagnosis is a serious concern for professional nurses in a psychiatric hospital in the NWP of SA and globally. The researchers observed that the mental health of professional nurses is negatively affected when caring for psychiatric

patients with dual diagnosis, and some professional nurses develop serious mental health problems such as depression. Due to this difficult-to-treat condition, some professional nurses are also exposed to risks of absenteeism from work, job dissatisfaction and loss of productivity at work (Van Boekel *et al.*, 2013:1). Despite the above concerns, no research on the experiences of professional nurses in caring for psychiatric patients with dual diagnosis could be found in the NWP of SA. Furthermore, the researchers' personal experience confirms the fact that professional nurses lack the knowledge on how to care for psychiatric patients with dual diagnosis. Therefore, there is a need for this present study in order to make suggestions and recommendations to improve the care for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA.

AIM OF THE STUDY

The aim of this study was to explore and describe the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in a public psychiatric hospital in the NWP of SA.

DEFINITION OF CONCEPTS

Caring in this study refers to the kindness, helpfulness and care that the professional nurses show about psychiatric patients with dual diagnosis.

Dual diagnosis in this study refers to the presence of any psychiatric disorder and any substance abuse or dependency problem in a psychiatric patient.

Professional nurse in this study refers to a nurse who has registered with the South African Nursing Council, is in possession of the appropriate qualification(s) in Basic or Advanced Psychiatric Nursing Science, and who cares for psychiatric patients with dual diagnosis in a public psychiatric hospital in the NWP of SA.

Psychiatric patient in this study refers to a person admitted at a psychiatric hospital in the NWP of SA and diagnosed with a mental illness and substance abuse simultaneously, referred to as dual diagnosis.

RESEARCH METHODOLOGY

Study design

A qualitative, exploratory, descriptive and contextual design was followed with the aim of exploring and describing the experiences of professional nurses in providing care for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP

of SA. Through this design, the researchers were able to understand the phenomenon thoroughly, and to establish findings that were not determined in advance.

Population

Professional nurses caring for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA constituted the target population for the study.

Sampling approach

A non-probability sampling approach was used in the study in order to select participants who had a better knowledge of the phenomenon under discussion and who were able to articulate and explain their experiences in providing care for psychiatric patients with dual diagnosis in the NWP of SA.

Sampling technique

A purposive sampling technique was used in this study to select professional nurses based on the set selection criteria. This sampling technique was used to select participants who could provide the information needed for the study.

Sampling criteria

Participants selected for inclusion in the study were chosen based on the sampling criteria of being registered with the South African Nursing Council (SANC) during data collection, being in possession of a qualification in Basic or Advanced Psychiatric Nursing Science, being in possession of more than three years' experience in providing care for psychiatric patients with DD, currently employed at a psychiatric hospital in the NWP of SA, being able to communicate in English, and willing to voluntarily participate in the study after giving their informed consent in writing.

Data collection

Unstructured in-depth individual interviews were conducted with participants in September 2015 in order to obtain information. Unstructured individual interviews enabled professional nurses to freely verbalise their experiences while focusing on the research topic. A broad question was asked to start the interview as follows, "What are your experiences in providing care to psychiatric patients with dual diagnoses in this psychiatric hospital in the NWP of SA?" The researcher invited and encouraged participants to provide additional information to the question asked. A tape recorder was used to record responses provided by professional nurses.

Data analysis

Data was analysed qualitatively by the researchers and an independent co-coder using Tesch's method of content analysis (in Creswell, 2009:184). The researchers read all the transcripts carefully and jotted down some ideas in order to make sense of the whole interview; thought of its underlying meaning; and clustered similar topics together, grouped the topics into columns. The most descriptive wording for the topics were found and turned into categories and topics related to each other grouped together.

Ethical considerations

Written approval was obtained by the researchers from the Research Ethics Committee of the North West University (NWU-00173-15-A9), and ethical approval from the North West Provincial Department of Health, and the head of the psychiatric hospital in the NWP of SA. The purpose of the study was explained to participants in order to obtain their informed and written consent. Participants were informed that participation in the study was voluntary. Written informed consent was also obtained from potential participants providing care for psychiatric patients with dual diagnosis in the NWP of SA.

Trustworthiness

Trustworthiness was ensured in accordance with the four criteria of credibility, dependability, transferability and confirmability as described by Lincoln and Guba (in Polit & Beck, 2008:539). Credibility was ensured by prolonged engagement with professional nurses collecting data until the point of data saturation. Prolonged engagement enabled the researcher to have a thorough understanding of the experiences of professional nurses. The researchers applied transferability by selecting participants purposively, providing a thorough description of the research setting, the research design and research process and by collecting data on the experiences of professional nurses in caring for psychiatric patients until data saturation. To ensure dependability, the researchers kept field notes and used a tape recorder for verification. The context of this study was described in detail. Confirmability was achieved during data collection through in-depth interviews with professional nurses by using a tape recorder and an audit trail including observation during interviews as well as by writing down field notes.

DISCUSSION OF RESULTS

The following three main categories were identified: (1) Negative experiences, (2) Positive experiences, and (3) Suggestions to consider in caring for psychiatric patients with dual diagnosis in the NWP of SA.

Negative experiences

Professional nurses feel unsafe when caring for psychiatric with dual diagnosis alone

Professional nurses indicated that it is unsafe to care for psychiatric patients with dual diagnosis alone because they are physically aggressive, uncooperative and have the tendency of committing suicide. This experience is confirmed by the 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 dual diagnosis are more likely to be violent and aggressive. They are also more likely to misinterpret other people, and as a result, they attack innocent people. Weich and Pienaar (2009:39) maintain that psychiatric patients with dual diagnosis are likely to exhibit behavioural problems such as aggression that may lead to violence and injure people around them.

Professional nurses experiences difficulties when caring for psychiatric patients with dual diagnosis

Professional nurses reported that although they are providing dually diagnosed patients with treatment, health education, and trying their best by all means, it remains difficult to care for psychiatric patients with dual diagnosis. This experience is confirmed by the direct quotation:

Psychiatric patients with dual diagnosis sometimes it is difficult to care or nurse them, it is difficult in such a way that they will come to the ward being disorientated, very aggressive and violent, very very violent.

Fortinash and Holoday-Worret (2012:333) concur that people with dual diagnosis are difficult to take care of. This is because most of them have lost their support systems and suffer from repeated relapses and hospitalisation. Keltner *et al.* (2007:37) maintain that the existence of dual diagnosis complicates the care and treatment, increases the incidence of relapse and is associated with violence.

Professional nurses lack information about the condition of dual diagnosis

Professional nurses indicated that they do not have the knowledge about the condition of dual diagnosis and also on how to care for psychiatric patients with dual diagnosis. Although they indicated that they were taught at the university or the colleges, they maintained that dual diagnosis was not dealt with in greater detail. Professional nurses said:

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.

Keltner *et al.* (2007:538) confirm that medical staff such as professional nurses need to be aware of and be prepared to deal with issues and conflicts inherent in dual diagnosis psychiatric patients. Moreover, education in dual diagnosis among professional nurses is required. Woods and Kettles (2009:213) state that training and education regarding dual diagnosis have played a small role in educational programmes for professional nurses and need to be addressed through training for professional nurses.

Professional nurses fear for their lives when caring for psychiatric patients with dual diagnosis

Professional nurses maintained that they usually are scared of being injured by psychiatric patients with dual diagnosis; these nurses indicated that they sometimes find themselves in danger. One professional nurse said: '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.' Newell and Gournay (2009:134) state that people with dual diagnosis are more likely to be violent and aggressive, and more likely to engage in self-harm behaviours including suicide. Furthermore, they are more likely to misinterpret other people's behaviour, and act on impulses to attack.

Poor collaboration among professional nurses

Professional nurses maintained that they do not collaborate with one another and as a result, they are unable to deliver quality care to psychiatric patients with dual diagnosis. The excerpt below confirms this feeling expressed by nurses.

Currently, according to my experience, we are working in isolation, we are not working much together; we only work together during MDT.

Zerwekh and Claborn (2009:256) define the word 'co-labor' as the core of the word-meaning 'working together towards some meaningful end'. Teams are a formal way of actualising collaboration, which is at the heart of successful decision-making. They further state that collaboration among professional nurses leverages skills, time, and resources for the benefit of professional nurses in the hospital.

Positive experiences

Care is not complicated when directed towards psychiatric patients with dual diagnosis

Some professional nurses feel that in caring for psychiatric patients with dual diagnosis is not a complicated process because there is close monitoring and close supervision of these patients in the hospital. Professional nurses also indicated that protocols of managing aggressive psychiatric patients are also used when caring for psychiatric patients with dual diagnosis. This experience is confirmed by the following excerpts from participants:

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. The rule of thumb should be that whichever service feels it can meet the needs of dual diagnosis psychiatric patients should lead the process by coordinating and ensuring that both drug and mental health teams are involved.

Unavailability of substances

Some of professional nurses indicated that in the hospital, there is close supervision and monitoring of dual diagnosis psychiatric patients. Professional nurses also maintained that in the hospital, there is no problem with substances because there is no one who can give psychiatric patients substances, there is no way that patients can have access to substances. One professional nurse said:

We don't have any problem with substances here in the ward and there is also a tight security in the ward.

According to Newell and Gournay (2009:163), psychiatric inpatient units generally, and quiet rightly, operate a 'no drug' policy. The patient with dual diagnosis will agree to remain without using drugs for one week, with the agreement to be renewed weekly, the patient will make a daily commitment to abstain (Stuart, 2009:438).

Psychiatric patients with dual diagnosis are controllable

Professional nurses indicated that psychiatric patients with dual diagnosis become controllable once they stop using substances. This experience is confirmed by the following excerpt:

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.

Stuart (2009:436) argues that psychiatric patients with dual diagnosis who use problem-focused coping mechanism are controllable and take responsibility for their condition and either find ways to change or seek help. Professional nurses are simply reminding psychiatric patients with dual diagnosis that they must not bring drugs into the ward or that these substances are bad for their mental health (Newell & Gournay, 2009:163).

Availability of ward programmes

All professional nurses maintained that they have ward programmes that inform or guide them on what to do when caring for psychiatric patients with dual diagnosis. They all indicated that the health education that they provide to psychiatric patients with dual diagnosis in accordance with the ward programme is very effective and psychiatric patients seem to understand, cooperate and participate during ward programmes. This is confirmed by the following excerpt:

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.

Keltner *et al.* (2007:539) concur that the professional nurses are involved in the sensitisation of psychiatric patients regarding the effects of alcohol and drugs on the mind and body, and psychiatric patients need education about their condition and health in recognising the signs of relapse regarding their specific mental illness and substance abuse problem.

Increased/improved treatment compliance

Professional nurses indicated that in the hospital, patients with dual diagnosis comply with treatment and take their treatment regularly as prescribed. Treatment for psychiatric patients with dual diagnosis also includes treatment rendered by multidisciplinary teams such as psychotherapy. This experience is confirmed by the following excerpt from participants:

He will be complying with treatment because he will be getting it regularly, every day at the right time with the right doses and the patient will recover from the symptoms he presented with.

Compliance with treatment increases when professional nurses are empathic and hopeful (Varcarolis & Halter, 2009:352). According to Stuart (2009:439), compliance with treatment is needed in order to provide care to psychiatric patients with dual diagnosis patient.

Suggestions to consider in caring for psychiatric patients with dual diagnosis

Provision of in-service training and workshops

All professional nurses suggested that there is a need for continuous in-service training and workshops on the condition of dual diagnosis. They indicated that they need to be skilled in caring for psychiatric patients with dual diagnosis. If professional nurses have the skill, they will know how to care for psychiatric patients with dual diagnosis. One of the professional nurses said:

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

Woods and Kettles (2009:212) concur with participants in this study that the focus should be on training professional nurses to care for psychiatric patients presenting symptoms of dual diagnosis. The in-patient guidelines for dual diagnosis set down the criteria for training of professional nurses.

Provision of half-way houses

Some professional nurses suggested that these patients should be referred to half-way houses or rehabilitation centres before being sent home. Professional nurses indicated that if psychiatric patients are allowed to go straight home, they will be tempted, but if empowered, they will know how to deal with their condition at home. One participant said:

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.

According to Woods and Kettles (2009:227), half-way houses or residential rehabilitation fit into the models of care for psychiatric patients with dual diagnosis.

Support and motivation from management

Professional nurses suggested that it would be good if they were supported and motivated by management. Professional nurses indicated that they need support and motivation from management. 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.

According to Zerwekh and Claborn (2009:199), motivational theory focuses on the manager being able to determine what best motivates professional nurses to make choices that will lead to the most effective methods to complete the work that needs to be done. This theory is directed towards ways of ensuring that professional nurses are as productive as possible in order to meet the organisational goals or targets. Professional nurses should be supported by management when caring for psychiatric patients with dual diagnosis (Smith, 2013:35).

Collaboration among multidisciplinary team members (MDT)

Some professional nurses indicated that the multidisciplinary team needs to be strengthened and must work in collaboration with other stakeholders. One of the professional nurses said:

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

According to Varcarolis and Halter (2009:352), care for psychiatric patients with dual diagnosis is improved when there is collaboration among the multidisciplinary team. Woods and Kettles (2009:213) concur by stating that the focus is on dual diagnosis, which demonstrates the need to collaborate to care for psychiatric patients with dual diagnosis

Provision of a safe environment

Professional nurses suggested that the environment should be safe and conducive because they sometimes find themselves in danger. They maintained that they sometimes sustain injuries from psychiatric patients with dual diagnosis because the environment is not safe and conducive. A professional nurse maintained:

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

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. Part of ensuring psychiatric patients safety is by including psychiatric patients with dual diagnosis in decisions about their care and restricting their behaviour only when necessary.

Employment of more mental health care practitioners

Professional nurses suggested that if enough mental health care practitioners can be employed, including professional nurses, it will be easier for them to care for psychiatric patients with dual diagnosis. Professional nurses maintained that they are less staffed to care for psychiatric patients with dual diagnosis. One of the professional nurses said:

If we can have enough staff, if we can have enough psychologists, enough social workers, if we can have enough professional nurses.

Zerwekh and Claborn (2009:327) maintain that the employment of professional nurses must be addressed, particularly in hospitals, which require 24-hour coverage. They further state that the higher level of employment of mental health care practitioners could have a positive impact on both quality of care and the satisfaction of professional nurses.

RECOMMENDATIONS

It is advisable to provide in-service training for professional nurses on the condition of dual diagnosis and care for psychiatric patients with dual diagnosis. Professional nurses should be able to assess factors that may predispose them to danger by ensuring that the hospital environment is safe and free from dangerous objects. The nursing practice should employ more mental health care practitioners to make the job of professional nurses caring for psychiatric patients with dual diagnosis easier. Management should support and motivate professional nurses for them to be motivated to deliver quality care to psychiatric patients with dual diagnosis. There is a need for university and college lecturers, preceptors and nursing managers to be involved in designing programmes for student nurses. It is also recommended that a quantitative study be conducted because in a qualitative study, researchers are guided by data saturation, while in a quantitative study, the sample size could be increased.

LIMITATIONS

The study focused solely on professional nurses caring for psychiatric patients with dual diagnosis in one psychiatric hospital in the NWP of SA. The findings can therefore not be generalised to other psychiatric hospitals in the NWP of SA.

CONCLUSION

The findings of this study revealed that professional nurses have different experiences in caring for psychiatric patients with dual diagnosis. Some professional nurses have negative experiences and other professional nurses have positive experiences in caring for psychiatric patients with dual diagnosis. All participants interviewed in this study

made suggestions that could assist professional nurses in improving their care for psychiatric patients with dual diagnosis in a psychiatric hospital in the NWP of SA.

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