

Dentist	47 (52.8%)

4.4.4 What would be done for a suspected client having eating disorders?

In assessing what would be done for a client suspected of having an eating disorder; about four-fifths of the respondents 72 (80.9%) reported ‘refer to a psychiatrist’ and same reported ‘refer to a therapist/psychologist’, while the least reported were ‘treat them myself for only the issue they came to see me for’ 15 (16.9%) and ‘refer to another registered nurse’ 18 (20.2%) (Table 4.9).

Table 4.9: What would be done for a suspected client having eating disorder?

Statements	Frequency (%)
Refer to a psychiatrist	72 (80.9%)
Refer to a therapist/psychologist	72 (80.9%)
Educate them on eating disorders	69 (77.5%)
Advise them to contact a GP	50 (56.2%)
Diagnose them with an eating disorder	22 (24.7%)
Treat them myself for an eating disorder	18 (20.2%)
Refer to another RN (Registered nurse)	18 (20.2%)
Treat them myself for only the issue they came to see me for	15 (16.9%)

4.5. Summary

In this chapter, the results of the survey on professional nurses' knowledge and attitudes towards care of patients with eating disorders were presented in detail. The respondents' demographics were also presented to provide more context to the results. The results are discussed in chapter 5.



CHAPTER 5

DISCUSSION OF RESULTS

5.1 Introduction

This chapter presents a discussion of the results, according to the objectives, as presented in chapter 4. Literature is used as a control and of the contribution that this study makes to the existing body of knowledge. The aim of the study was to describe professional nurse's knowledge and attitudes towards care of patients with eating disorders. The discussion of the result is grounded on the objectives which were as follows:

- To describe professional nurse's knowledge about eating disorders.
- To describe the professional nurse's attitudes towards care of patients with eating disorders.

5.2 Demographic data of respondents

Analysis of the demographic data confirms the dominance of females in the nursing profession (Ndou & Moloko-Phiri, 2018) which also spills over into nursing education. A total of 61 (68.5%) respondents indicated that they have not taken a class on eating disorders. However, considering that the respondents work in a mental health hospital, and most would have at least a basic qualification in mental health, it is expected that eating disorders would have been part of the curriculum content. Majority of the respondent (92.1%) did not suspect having an eating disorder which was supported by none of them indicating that they were diagnosed and treated for an eating disorder. This indicates that eating disorders are not a common disorder amongst the professional

nurses at the hospital included in the study, which had potential to affect their attitude towards treating patients with eating disorders.

5.3 Objective 1: Professional nurse's knowledge about eating disorders

The study found that respondents were knowledgeable about the physical damage caused by eating disorders 7.4 (>5). This is like a study conducted by Murray (2020) this review article provided an overview of treatment related research findings published in eating disorders; the journal of treatment and prevention during 2019 in the United State of America, that found that nurses had good knowledge of eating disorders. This is corroborated by another study cited by Seah, Tham, Kamaruzaman and Yobas (2018) where 75% of the nurse professionals had knowledge about the symptoms of Anorexia Nervosa.

However, Seah et al. (2018), in their study, identified 21 articles, including 12 quantitative, 12 qualitative and 2 mixed method papers, found the contrary, that 88.9% of the reviewed papers reported that most of the respondents did not have knowledge of eating disorders and its management.

Physical complications of anorexia nervosa: The physical complications most reported by the respondents were muscle wasting/weakness 81 (91.0%) and fatigue 79 (88.8%).

Physical complications of bulimia nervosa: The complications most reported by the respondents were electrolyte imbalance 74 (83.1%), gastroesophageal reflux disorder 74 (83.1%) and cavities 73 (82.0%). Eating disorders have a great impact on the health of the individual as it contributes to electrolyte and gastrointestinal consequences and eventual death of the sufferer (Hawkins-Elder,

2020). Interestingly in a study by Reas et al. (2021), that investigated health professionals' beliefs and attitudes toward anorexia nervosa, bulimia nervosa, and binge eating disorder, most respondents agreed and strongly agreed, 65% and 83% respectively, that binge eating, bulimia nervosa and anorexia nervosa are illnesses with serious psychological implication other than physical. With regards to cavities, Strumia (2013) found that saliva production and composition are impacted, and this change, is brought on by electrolyte imbalance, may reduce the power of the saliva to buffer and remineralize, leaving teeth more vulnerable to acid attack saliva from vomiting patients has a lower pH than normal, which erodes dental enamel (Strumia, 2013).

Physical complications of binge disorder: The complications most reported by the respondents were cardiovascular disease 72 (80.9%) and type II diabetes 72 (80.9%). This is like the findings of a study by Cain, Buck, Fuller- Tyszkiewicz and Krug (2017) in Australia that found reports that cardiovascular overload and Type II Diabetes are linked with binge disorders. Binge eating disorder is a severe mental disorder which grant to high levels of distress, impairs functioning of an individual and is associated with serious physical complications (Cain et al., 2017). Given that obesity and BED frequently coexist, those who have BED are more likely to experience obesity-related medical consequences, such as type II diabetes and cardiovascular diseases (Cain et al., 2017).

5.4 Objective 2: Nurse's attitude towards care of patients with eating disorders

Attitudes towards eating disorders: The study revealed that nurses had a positive attitude towards eating disorders in clinical practice 6.4 (>5). The highest rated statements were 'would be willing to treat an individual with an eating disorder 7.1 (2.59), and 'direct them to appropriate

treatment facilities/practitioners 7.1 (2.13). This is contrary to a study conducted by McNicholas, Connor, O'Hara and McNamara (2016), in Ireland that found that health professionals do not have a positive attitude toward the clients with eating disorders, unlike the way they had with other psychological or physical conditions. In a study conducted in the Nordic health professionals in Scandinavia to understand health professionals' belief and attitudes towards anorexia nervosa, bulimia nervosa and binge eating disorder, the study revealed that that close to over half of the respondents (56.3%) had positive attitudes as they showed boldness to interact with an individual with eating disorders (Reas, Isomma, Solhaug Gulliksen & Levallius, 2021).

Healthcare professional's inclusion on treatment team: Majority of the respondents 83 (93.3%) reported that therapist/psychologist, as health professionals, should be included on the eating disorder treatment team. This concurs with a study amongst nurses in the United Kingdom that revealed the importance of psychological wellness as an essential link to the process of rehabilitation of an individual with eating disorders (Murray, 2020).

In this present study, most of the respondent's rated the registered dietitian 82 (92.1%) as a health professional to be included in the team for the management of patients with eating disorders. A study by Gambaro, Prosperini, D' Andrea, Biroli, Rossi, Bergamasci, Acappatura, Fuliano, Binda, Chieppa, Gramaglia and Zeppegno (2015), found that the dietician was listed as one of the most educated about the eating disorders. The least chosen healthcare professional by the participants was the dentist. The participants may need evidence-based information regarding the importance of the dentist for the care of patients with eating disorders because oral health is significantly impacted by eating disorders. The general dentist should be aware of the subtle changes in the mouth since they could be the first signs of a serious psychological disorder (Naidoo, 2015).

Assistance for a suspected client: About four-fifths of the respondents 72 (80.9%) reported on what would be done for a suspected client having eating disorder as ‘refer to a psychiatrist’ as well as ‘refer to a therapist/psychologist’. This is similar to a study by Salzman-Erikson and Dahlen (2017), where psychiatrists were identified to be most knowledgeable compared to others when it comes to determining the needs of individuals with eating disorders. Reas et al., (2021) stated that health professionals who do not specialize and have adequate knowledge in the field of mental health/psychiatry may not be able to form a positive opinion and attitude towards the management of individuals with eating disorders. The attitude of the nurse towards the client with eating disorders is dependent on the relationship that would be created between the health care provider and the mental health care user when it comes to meeting the health need of the patient (Salzman-Erikson & Dahlen, 2017).

5.5. Summary

This chapter discussed the main results of this research in context of existing literature. The study found that most of the respondents had good knowledge of eating disorders, although some of them did not know the physical complications of eating disorders. The respondents also had positive attitudes towards the care of patients with eating disorders, even though some of them indicated that it is time consuming to treat patients with eating disorders, and some indicated that they were unwilling to treat patients with eating disorders as it is difficult to deal with eating disorders.

CHAPTER 6

CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

6.1 Introduction

This is the final chapter of this study which provides a summary of the study which aimed to describing the professional nurse's knowledge and attitudes towards care of patients with eating disorders. Data was collected using an adapted instrument developed by Hunt and Rothman (2006). The chapter consists of an outline of the key findings of the study per study objectives, limitations of the study and recommendations.

6.2 Key findings

The aim of this study was to describe the professional nurse's knowledge and attitudes towards care of patients with eating disorders. Overall, this study found that respondents were knowledgeable about eating disorders and had positive attitudes towards the care of patients with eating disorders.

Objective 1: To describe professional nurse's knowledge about eating disorders.

More than half of the participants reported that patient has control over the development of eating disorders, three quarter indicated that among the factors influencing eating disorders, family enmeshment has the most influence on the development of eating disorders.

Most of the respondents indicated that eating disorders are likely to cause physical damage to the body; they indicated that eating disorders can be fatal and rated anorexia nervosa as the eating disorder most likely to result in fatality. This indicates that in this study professional nurses were

knowledgeable about the development of eating disorders, complications, and fatality with an overall mean 7.4 (>5).

Objective 2: To describe the professional nurse's attitudes towards care of patients with eating disorders.

Most participants indicated that they are willing to treat individuals with eating disorders and suggested that they knew the importance of referring the patients to appropriate facilities or practitioners. This indicates that they are aware of the importance of treating eating disorders and that the patient with eating disorders require appropriate care. Some of the nurses indicated that treating patients with eating disorders is time consuming, and some of them indicated that patients with eating disorder do not want treatment. Even though these nurses indicated these negative attitudes towards caring for patients with eating disorders, many of them had positive attitudes towards care of patients with eating disorders. Therefore, most of the nurses in this study had a positive attitude towards the care of patients with eating disorders.

6.3 Limitations of the study

The research results are based on respondents from one psychiatric hospital in the Western Cape and only focused on professional nurses. While the responses were positive overall, the result should be interpreted accordingly, and should not be generalized to other psychiatric institutions.

The sample size for this study was relatively small as one hospital was used, and the study only focused on professional nurses.

6.4 Recommendations

Recommendations for nursing education, clinical practice and for research are proposed as follows:

6.4.1 Recommendations for nursing education

To close the gap in knowledge, higher education institutions should ensure that their undergraduate programme and Postgraduate Diploma in Mental Health Nursing have learning outcomes that address eating disorders. This will contribute to ensuring that professional nurses acquire the required knowledge and develop positive knowledge and attitudes towards treating patients with eating disorders. Where appropriate, continuous professional development programmes should be developed and offered for professional nurses to be kept abreast of the latest evidence on the subject. Inservice training should be conducted to keep the nurses updated. Staff can also be rotated to the wards where eating disorders are managed so that they learn new knowledge and skills that may help them develop new attitudes towards the care of patients with eating disorders.

6.4.2 Recommendation for clinical placement

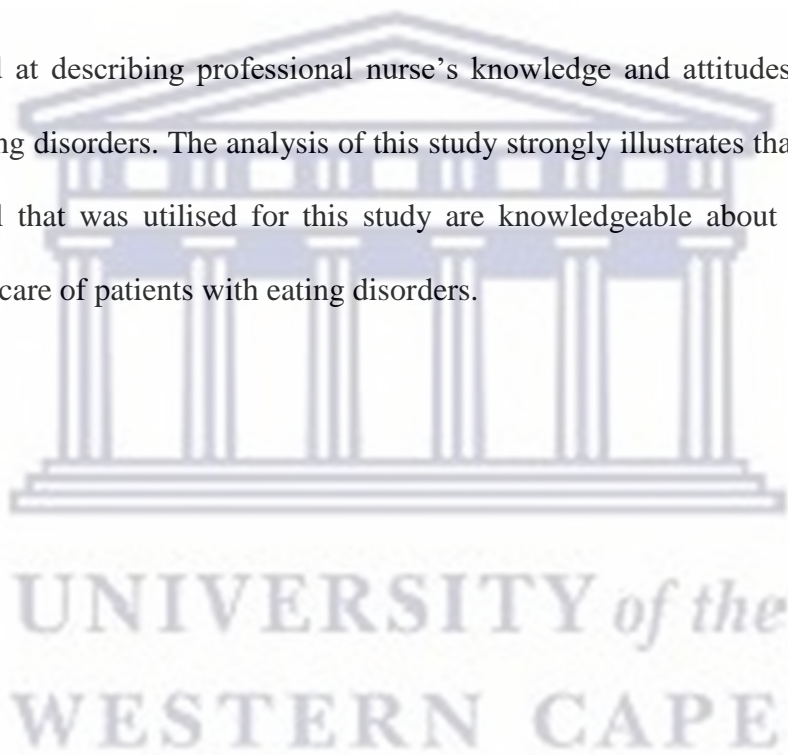
In clinical practice it is important that nurses receive in-service training, especially those working with patients with eating disorders. Nursing students rotating through clinical facilities for work integrated learning should be exposed to patients with eating disorders so that they develop appropriate knowledge, skills, and attitudes.

6.4.3 Recommendations for research

In this study it was identified that there is a shortage of studies about eating disorders in South Africa. More studies should be conducted using both quantitative and qualitative approaches and across different population groups. This will contribute to the limited body of literature in South Africa on eating disorders.

6.5 Conclusion

This study aimed at describing professional nurse's knowledge and attitudes towards care of patients with eating disorders. The analysis of this study strongly illustrates that the respondents from the hospital that was utilised for this study are knowledgeable about and have positive attitudes towards care of patients with eating disorders.



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8. APPENDICES

APPENDIX 1: Questionnaire



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SECTION I. Demographics

1. Age:

Circle the applicable answer:

2. Gender: Female / Male

3. Have you taken a course on eating disorders?

_____ Yes, I have taken a class specifically focused on eating disorders.

_____ Yes, I have taken a class that was not focused on eating disorders, but I learned a little about them in one of my classes.

_____ No, I have not taken a class on eating disorders.

4. Have you ever been diagnosed with an eating disorder? (Tick

one) Yes----- No-----

5. Have you ever been treated for an eating disorder?

Yes----- No-----

6. Do you suspect you have/have had an eating disorder?

Yes----- No-----

SECTION II. Development of Eating Disorders

We want to learn about your opinions on the development of eating disorders.

1. Do you think that you could tell whether someone you just met has an eating disorder?

(Tick one)

Yes-----No-----

2. Do you think eating disorders are treatable? (Circle one)

YES 1 2 3 4 5 6 7 8 9 **NO**

3. How much control do you think a person has over the development of an eating disorder?

None 1 2 3 4 5 6 7 8 9 **A lot**

4. How much influence do you think the following factors have on the development of an eating disorder? (Circle one)

Genetics

Very Little 1 2 3 4 5 6 7 8 9 **A lot**

Puberty

Very Little 1 2 3 4 5 6 7 8 9 **A lot**

Family enmeshment

Very Little 1 2 3 4 5 6 7 8 9 **A lot**

SECTION III: Knowledge on physical consequences of eating disorders

1. How likely are eating disorders to cause physical damage to the body? (Circle one)

Not at all Likely 1 2 3 4 5 6 7 8 9 **Very Likely**

2. How likely are the following eating disorders to be fatal? (Circle one)

Anorexia:

Not at all Likely 1 2 3 4 5 6 7 8 9 **Very Likely**

Bulimia:

Not at all Likely 1 2 3 4 5 6 7 8 9 **Very Likely**

Binge Eating Disorder:

Not at all Likely 1 2 3 4 5 6 7 8 9 **Very Likely**

3. Which of the following are possible physical complications of Anorexia Nervosa?
Please tick the best response for each.

	Item	Yes	No	Don't Know
1	Always cold			
2	Anemia			
3	Bloating			
4	Broken blood vessels in eye/face			
5	Cardiovascular disease			
6	Cavities			
7	Constipation			
8	Type II Diabetes			
9	Electrolyte imbalance			
10	Fatigue			
11	Gastroesophageal reflux disorder			
12	Hair loss			
13	Heart Arrhythmias			
14	High blood pressure			
15	Low blood pressure			
16	High cholesterol			
17	Insomnia			
18	Lanugo (fine, downy hair that covers the face and body)			
19	Menstrual irregularities/ infertility			
20	Muscle wasting/ weakness			
21	Obesity			
22	Osteoporosis			

4. Which of the following are possible physical complications of Bulimia Nervosa?
Please tick the best response for each.

	Item	Yes	No	Don't Know
1	Always cold			
2	Anemia			
3	Bloating			
4	Broken blood vessels in eye/face			
5	Cardiovascular disease			
6	Cavities			
7	Constipation			
8	Type II Diabetes			
9	Electrolyte imbalance			
10	Fatigue			
11	Gastroesophageal reflux disorder			
12	Hair loss			
13	Heart Arrhythmias			
14	High blood pressure			
15	Low blood pressure			
16	High cholesterol			
17	Insomnia			
18	Lanugo (fine, downy hair that covers the face and body)			
19	Menstrual irregularities/ infertility			
20	Muscle wasting/ weakness			
21	Obesity			
22	Osteoporosis			

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5. Which of the following are possible physical complications of Binge Eating Disorders?

Please tick the best response for each.

	Item	Yes	No	Don't Know
1	Always cold			
2	Anemia			
3	Bloating			
4	Broken blood vessels in eye/face			
5	Cardiovascular disease			
6	Cavities			
7	Constipation			
8	Type II Diabetes			
9	Electrolyte imbalance			
10	Fatigue			
11	Gastroesophageal reflux disorder			
12	Hair loss			
13	Heart Arrhythmias			
14	High blood pressure			
15	Low blood pressure			
16	High cholesterol			
17	Insomnia			
18	Lanugo (fine, downy hair that covers the face and body)			
19	Menstrual irregularities/ infertility			
20	Muscle wasting/ weakness			
21	Obesity			
22	Osteoporosis			

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SECTION IV- Attitudes towards eating disorders in clinical practice.

1. How willing/ unwilling would you be to treat an individual with an eating disorder? (Circle one)

Unwilling 1 2 3 4 5 6 7 8 9 **Willing**

If you are unwilling, please check all the reasons that apply.

____ Too difficult

____ My personal history

____ Don't feel prepared.

____ Not interested in treating this population

____ Other (Please explain)

2. If an individual with an eating disorder came to you for treatment, how prepared/ unprepared would you be to:

Recognize symptoms of an eating disorder: (Circle one)

Not at all Likely 1 2 3 4 5 6 7 8 9 **Very Likely**

Explain the treatment process for eating disorders:

Not at all Likely 1 2 3 4 5 6 7 8 9 **Very Likely**

Direct them to appropriate treatment facilities/practitioners:

Not at all Likely 1 2 3 4 5 6 7 8 9 **Very Likely**

Offer appropriate nutritional advice/support as part of a treatment team:

Not at all Likely 1 2 3 4 5 6 7 8 9 **Very Likely**

3. Please indicate how much you agree or disagree with the following:

Individuals with eating disorders are difficult to treat.

Disagree 1 2 3 4 5 6 7 8 9 **Agree**

Individuals with eating disorders do not want treatment.

Disagree 1 2 3 4 5 6 7 8 9 **Agree**

Individuals with eating disorders are time consuming to treat.

Disagree 1 2 3 4 5 6 7 8 9 **Agree**

I would feel uncomfortable treating individuals with eating disorders.

Disagree 1 2 3 4 5 6 7 8 9 **Agree**

I would feel a sense of personal satisfaction if I treated individuals with eating disorders.

Disagree 1 2 3 4 5 6 7 8 9 **Agree**

A registered dietitian should be able to diagnose an eating disorder by him/herself.

Disagree 1 2 3 4 5 6 7 8 9 **Agree**

4. Please list healthcare professionals who should be included in an eating disorder treatment team.

Please tick all that apply.

General Practitioner----- Therapist/Psychologist-----

Psychiatrist----- Dentist-----

Registered Dietitian----- Family Therapist-----

5. If you strongly suspect a client has an eating disorder, what would you do?

Please tick all that apply.

_____ Refer to a psychiatrist.

- _____ Advise them to contact a GP.
- _____ Treat them myself for an eating disorder.
- _____ Refer to another RN.
- _____ Refer to a therapist/psychologist.
- _____ Treat them myself for only the issue they came to see me for
- _____ Educate them on eating disorders.
- _____ Diagnose them with an eating disorder



APPENDIX 2: Information sheet



UNIVERSITY OF THE WESTERN CAPE FAULTY OF COMMUNITY AND HEALTH SCIENCES

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21 9593900 Fax: 27 21 9593115

E-mail: 3376508@myuwc.ac.za

Project Title: Professional nurses at a Psychiatric Hospital in the Western Cape's knowledge and attitudes towards care of patients with eating disorders.

What is this study about?

This is a research project being conducted by Zusive Mhambi at the University of the Western Cape under the supervision of Professor F. Daniels. We are inviting you to participate in this research project because you are a Professional Nurse working at a psychiatric hospital and because the hospital has rotating shifts, you might be placed in a ward where there are patients with eating disorders. Your knowledge and attitudes towards this disorder is very important for the care of the patients and in the preparation of nurses in future. The aim of this research is to describe professional nurse's knowledge and attitudes towards care of patients with eating disorders.

What will I be asked to do if I agree to participate?

You will be asked to read the information sheet regarding the study, the researcher will explain the study further and answer all the questions that you might have regarding the study at large then you will be asked to give written consent if you agree to participate in this study. You will then be asked to complete the questionnaire during your lunch time so that it does not interfere with service provision. The questionnaire will take you approximately 15 to 20 minutes to complete.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. Participants' right to privacy and the extent to which their private information will be shared will be respected by the researcher. Confidentiality and anonymity will be maintained throughout the study and codes instead of names and surnames will be reflected on the questionnaires to maintain anonymity and no other personal information will be asked that may identify you.

To ensure your confidentiality the collected data will be locked in a cupboard to which only the researcher and supervisor will have access. Data on computers will be stored using password protected computer files to which only the researcher and supervisor will have access. Data will be destroyed after five years. No personal data will be asked or used such as name, surname and cell numbers in order to maintain confidentiality.

If we write a report or article about this research project, your identity will be protected.

What are the risks of this research?

There may be some risks from participating in this research study, some of the question may stir up some emotions. All human interactions and talking about self or others carry some number of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral using the intuitional support processes will be arranged. A referral source such as ICAS, used by the institution, will be used where necessary.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about the professional nurse's knowledge about and attitudes towards care of patients with eating disorders. We hope that, in the future, student nurses might benefit from this study through developing learning outcomes in programmes such as mental health nursing to improve the preparedness of nurses to care for patients with eating disorders.

Describe the anticipated benefits to science or society expected from the research, if any.

Do I have to be in this research, and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Zusive Mhambi at the University of the Western Cape under the supervision of Prof Daniels. If you have any questions about the research study itself, please contact Zusive Mhambi at: 5997 Mtamvuna Street, Mfuleni 7100 Tel 0719634351 Email Address 3376508@myuwc.ac.za. Or Prof Daniel @ fdaniels@uwc.ac.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Prof. J. Chipps

Head of Department: School of Nursing
University of the Western Cape
Private Bag X17
Bellville 7535
jchipps@uwc.ac.za

Prof Anthea Rhoda

Dean of the Faculty of Community and Health Sciences
University of the Western Cape
Private Bag X17
Bellville 7535
chs-deansoffice@uwc.ac.za

BMREC/HSSREC
Research Development Office,
Tel: 021 959 4111
email: research-ethics@uwc.ac.za

This research has been approved by the University of the Western Cape's **Biomedical Research Ethics Committee**
(REFERENCE NUMBER: 202008)



APPENDIX 3: Consent Form



**UNIVERSITY OF THE WESTERN CAPE
FAULTY OF COMMUNITY AND HEALTH
SCIENCES**

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21 9593900 Fax: 27 219593115

E-mail: 3376508@myuwc.ac.za

Title of Research Project: Professional nurses at a Psychiatric Hospital in the Western Cape's knowledge and attitudes towards Care of patients with eating disorders

The study has been described to me so that I understand what I must do, and I agree to participate in the above research study. I am happy that any questions I asked have been answered. I understand that my name will not be used on any form and that I may stop participating in the study anytime I choose without giving a reason and that I will not be punished in any way for stopping.

I agree to participate in this study completing the questionnaire provided.

I do not agree to be participate in this study.

Participant's name.....

Participant's signature.....

Date.....

Biomedical Research Ethics Committee
University of the Western Cape
Private Bag X17
Bellville
7535
Tel: 021 959 4111
email: research-ethics@uwc.ac.za

APPENDIX 4: Ethics certificate



UNIVERSITY of the
WESTERN CAPE

Department of Institutional Advancement
University of the Western Cape
Robert Sobukwe Road
Bellville 7535
Republic of South Africa



03 May 2021

Ms Z Mhambi
School of Nursing
Faculty of Community and Health Sciences

Ethics Reference Number: BM20/10/26

Project Title: Professional nurses at a Psychiatric Hospital in the Western Cape's knowledge and attitudes towards care of patients with eating disorders

Approval Period: 29 April 2021 – 29 April 2024

I hereby certify that the Biomedical Science Research Ethics Committee of the University of the Western Cape approved the scientific methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report annually by 30 November for the duration of the project.

Permission to conduct the study must be submitted to BMREC for record-keeping.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer

<http://etd.uwc.ac.za/>

Director: Research Development

APPENDIX 5: Western Cape DOH letter of permission



STRATEGY & HEALTH SUPPORT

Health.Research@westerncape.gov.za
tel: +27 21 483 0866: fax: +27 21 483 6058
5th Floor, Norton Rose House, 8 Riebeeck Street, Cape Town, 8001
www.capecapegateway.gov.za

REFERENCE: WC_202110_017
ENQUIRER: Dr Sabela Petros

Private Bag X 17
Bellville
7535
Republic of South Africa

For attention: Ms Zusive Mhambi

Re: Professional nurses at a Psychiatric Hospital in the Western Cape's knowledge and attitudes towards care of patients with dementia.

Thank you for submitting your proposal to undertake the above study. We are pleased to inform you that the department has granted you approval for your research. Please contact the following people to assist you with any further enquiries at the following sites:

Lentegeur Hospital	Mary Jacobs	021 370 1314
	Nadine Jacobs	021 370 1105

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal enquiries at facilities are not interrupted. The constraints caused by the epidemic above are respected and adhered to.
2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final feedback (Annexure 9) within six months of completion of research. This can be submitted to the provincial Research Director (Health.Research@westerncape.gov.za)
3. In the event where the research project goes uncompleted, the researchers are expected to complete and submit a progress report (Annexure 8) to the provincial Research Director (Health.Research@westerncape.gov.za)
4. The reference number above should be quoted in all future correspondence.

Yours sincerely

Handwritten signature of DRM Moodley.
DRM MOODLEY

<http://etd.uwc.ac.za/>

APPENDIX 6: Authors Permission



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959-3900 Fax: 27 21-959 3115
E-mail: 3376508@myuwc.ac.za

Dear Author,

I am a master's student at the University of the Western Cape completing a mini thesis in Advanced Psychiatry. I am writing to ask written permission to use the questionnaire that was used by Author A.J Hunt and Author A.J Rothmans on a study that was conducted in 2006 on college students' mental models for recognising anorexia and bulimia nervosa. In my research I will use a quantitative descriptive survey design, as the study aims at describing professional nurse's knowledge and attitudes towards the care of patients with eating disorders. My research is being supervised by Professor F. Daniels.

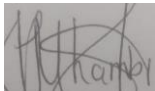
I am requesting your permission to use the questionnaire and to modify it for use in my context. I would also appreciate receiving copies of the test questionnaire, the standard instructions for administering the test, scoring procedures and the reliability score or Cronbach Alpha for this tool. In addition to using the instrument, I also ask your permission to reproduce it in my mini thesis appendix. I will use the questionnaire only for my research study and will not sell or use it for any other purposes.

If you are giving me permission to use your questionnaire, please indicate so by replying to me through:

e-mail at 3376508@myuwc.ac.za.

Yours Sincerely,
Zusive Mhambi

student number 336508, University of the Western Cape, Cape Town



APPENDIX 7: Turnitin report

The screenshot displays a Turnitin submission interface. The top navigation bar includes 'In progress', 'Submitted', 're-submitted', and 'returned'. The main content area is divided into sections: 'Title' (Thesis submission for Turnitin checks), 'Due' (Dec 29, 2023 12:00 AM), 'Number of resubmissions allowed' (Unlimited), 'Accept Resubmission Until' (Dec 29, 2023 12:00 AM), 'Status' (Re-submitted), 'Grade Scale' (No Grade), 'Modified by instructor' (Feb 15, 2023 2:29 PM), 'Turnitin Report' (19% - zusive mhambi 3376508 Turnitin submission.docx), and 'History'. The history section lists several drafts and submissions with timestamps and the user's name (SAST ZUSIVE MHAMBI (3376508)). A watermark of the University of the Western Cape is visible in the background. The Windows taskbar at the bottom shows the search bar, system tray, and various application icons.

Section	Value
Title	Thesis submission for Turnitin checks
Due	Dec 29, 2023 12:00 AM
Number of resubmissions allowed	Unlimited
Accept Resubmission Until	Dec 29, 2023 12:00 AM
Status	Re-submitted
Grade Scale	No Grade
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Turnitin Report	19% - zusive mhambi 3376508 Turnitin submission.docx
History	<ul style="list-style-type: none">Nov 16, 2023 1:07 PM SAST ZUSIVE MHAMBI (3376508) saved draftNov 16, 2023 1:07 PM SAST ZUSIVE MHAMBI (3376508) submittedNov 16, 2023 7:53 PM SAST ZUSIVE MHAMBI (3376508) saved draftNov 17, 2023 11:49 AM SAST ZUSIVE MHAMBI (3376508) saved draftNov 17, 2023 11:49 AM SAST ZUSIVE MHAMBI (3376508) submitted

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