4.3.4 Theme 4: Staff members experience personal challenges in dealing with substance-induced psychotic patients

Happiness, grief, fear, revulsion, fury, disapproval, interest and surprise are eight emotions, across cultures that affect facial expression in a similar way (Ekman as cited in Louw & Edwards, 1997:432). Resentment and fear could be sensed in all participants in the present study, with fear being more intense in the medical participants. The findings from this study pointed specifically to the fact that all the staff members who had to deal with substance-induced psychotic patients in the hospital were often challenged by resentment and fear, a theme that appeared throughout the study. These emotions could also be detected in their tone of voice and facial expression. Five subthemes emerged concerning personal challenges, and the reader will be guided in each subtheme by referring to "medical staff members", "non-medical staff members" or "staff members" (meaning all the participants), as indications of who is being referred to in the findings.

4.3.4 Subtheme 4.1: Medical ... ıce resentment

Medical staff members felt re... ı the patients since they viewed substance-induced psychosis ... furthermore that these patients demanded priority attention, o... e other patients also in need of critical medical intervention. ... also resented substance-induced psychotic patients' aggressive behaviour as well as their recurrent readmission.

Medical staff members resent substance-induced psychosis as they regard it **as a self-induced condition demanding priority emergency attention**. Most medical participants viewed psychosis to be due to substance abuse that is self-induced, self-harm and self-inflicted, and said that these patients should not be attended to in a general hospital emergency department. Owing to the aggressive disposition of the patients when presenting at the emergency department or when they were violent, immediate attention had to be given, which participants resented. The findings from this study revealed resentment, dislike and frustration from staff members, which were audible in their tone of voice as well. The following participants articulated their challenges in this regard as follows:

"...most of the people don't like to work with the drug-induced psychotic patients. For instance, some people, even doctors and colleagues say these are the people who are like self-harmers. They say it's self-induced, so it's a waste of time. It's like looking to a car and saying this is beyond repairs."

Another medical staff member said:

"It takes a lot of our time. We've got sick patients, who want help, laying in the ward and here comes a person that's using substances. So I'll think this is a waste of my time because there are so many other people here that actually want help but you can't say no."

Apart from resentment and regarding substance-induced psychotic patients as a waste of time, some of the participants emphasised their ambivalence with regard to the needs of a medical patient versus substance-induced psychotic patients.

"The really ill patient needs your help but you leave that patient to attend to somebody, whom I mean, he actually caused it himself."

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"You actually leave your work aside to see to these patients. They take up at least say 15, to 30 minutes of your time, where that time could be spent on quality care to another patient. You have to leave that patient to see to this patient, which is also not right."

One of the medical participants said:

"...it's frustrating, irritating, annoying, because it's time-consuming...you have patients with heart attacks, sitting on the chairs instead of being in a bed because you've got a sedated psych patient there."

Another medical staff member felt:

"…to me, they are not sick. They are different from the sick patient because sick patients you do, maybe you feed them, they are fragile. They are not fragile."

Further resentment was audible in the following comments by medical participants:

"They don't have a real medical problem…You'd rather see someone that's got something really wrong, that you know you can help, than someone that's going to keep on abusing substances. That's how I feel."

"If they are not aggressive, alert and more or less stable, not fighting with anyone, we put them in a book but because there are so many patients that are a lot sicker, we generally tend to see the other patients before them."

There are a variety of viewpoints on self-harm which are debatable, but as expressed by the participants in their responses, lean towards the literature on self-harm. Pilgrim (2009: 36) specifies that self-harm, narrowly defined in medical view and though there could also be daily fixation, inclines to mean that it is injury to self with no threat to life, and not accidental. The author's statement that perhaps a strain exists between traditional medical protectiveness and preservation, in which the patient is treated caringly as the victim of a disease, and the cultural type of reproach of the substance-induced psychotic patient, because of the resilient moral dialogue on substance use and abuse, matches participants' views (Pilgrim, 2009:41).

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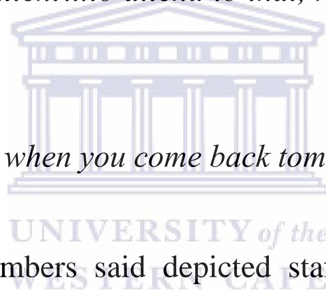
Apart from resenting substance-induced psychosis as self-harm, **medical staff members resent the aggressive behaviour of substance-induced psychotic patients**. The findings of this study showed that medical staff members were afraid of the substance-induced psychotic patients, and their aggressive behaviour was resented because staff had been verbally and physically assaulted. The resentment was also due to the unsafe environment created in the trauma unit of this hospital when a patient became aggressive, especially with other patients and staff in the area. Literature mentioned that the common challenge of violence and aggression exhibited towards emergency staff members by patients who were behaviourally disturbed (Cresswell III, *et al*., in Glick *et al*., 2008:45)

led to the resentment and fear of the aggressive behaviour that staff members had towards these patients. The following comments substantiate the challenges of medical staff members which resounded with resentment and fear of the aggressive behaviour of the patients:

> *"…they are always escorted by policemen, not sedated, shouting, screaming, and causing a racket in the unit. I don't look forward to it and I don't like getting involved with the psychs…because they come in there very psychotic usually."*

> *"…they are physically aggressive and verbally abusive…and I do not want to work with them."*

> *"… you might be busy with a medical patient, maybe busy with a MI patient, now you have to leave that patient…to attend to that, run around because that patient is violent."*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> *"So it's not nice because when you come back tomorrow they're still there."*

What these medical staff members said depicted staff members being assaulted and fearful. They verbalised their experiences as follows:

> *"...I've been attacked by psychiatric patients lots of times and I'm just always so scared of them…"*

> *"I've seen team mates getting abused on a number of occasions. My female colleagues being touched inappropriately or physically assaulted. I myself was physically assaulted a number of times."*

Parrish (2010), Hegarty & Golden (as cited in Kelly *et al.,* 2010:806), Weiner and Vourlekis (as cited in Parrish, 2010:124) explain that according to the attributions theory individuals tend to attribute changes in their own behaviour to external influences. This study found that attributions made by staff members of substance-induced psychotic

patients were audible and visible resentment, fear and stress that they experienced in managing these patients.

A medical staff member indicated that his resentment was more towards the system of having to see to this type of patient in a general hospital where staff members were untrained and in a facility that was not suitable for attending to these patients. The viewpoint shared was that they should be attended to in a facility where staff members were trained. The medical participant also explained that mistakes could happen in managing these patients within the prescribed demands, which the researcher deduced as the prescribed legislation, that the substance-induced psychotic patients be triaged and managed through the district hospital's emergency department. The resentment was not directed towards the patient. Findings of a study abroad where staff members would prefer that substance-induced psychotic patients be seen to elsewhere, were not dissimilar to these viewpoints of the medical participant. In another comparative study that was reviewed, findings reflected these patients as being more manic and behaviourally disturbed than other patients with a main psychotic disorder (MClaughlin *et al.,* 2006; Dawe *et al*., 2011). This is congruent with descriptions by staff members of the substance-induced psychotic patients.

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Studies in Africa and South Africa speak specifically of the legislative system in the Mental Health Care Act (Act No. 17 of 2002) with regulations for attending to these patients in hospitals which do not have the capacity in resources, training or infrastructure to manage mental healthcare patients. An appeal was made for legislation pertaining to the mental health care user to be reformed. Stigmatisation particularly of psychosis due to use of illicit substances, was indicated with fear experienced by staff in working with mental health patients (Myers *et al*., 2009; Ofori-Atta *et al*., 2010; Ramlall *et al*., 2010; Sorsdahl *et al*., 2012). These authors also depict stigma, resentment and a call for evaluation of systems, matching what was stated by the medical participant.

These words led to the analysis inferred:

"…my resentment is not towards them but rather the system. I think your psychotic, or mental health care user, should be taken to a facility with number one, trained staff whether it's the doctors, the nurses, the porters or security, all of them need to be trained in handling these patients…often you go home and you reflect, 'Why did I feel that way?' and it's like I said, it's almost a prediction that you have. You're unhappy with the state of affairs. You're unhappy with the system so project it onto the patients instead."

The same participant continued:

"…all my frustration stems from that I know we're not dealing with a situation that is even close to ideal in managing these patients. I can see how easily mistakes happen, where things can go wrong and at the end of the day it's not the system that get blamed, it's not the management, it's nobody else but the doctor on the ground or the nurse who didn't check or the security guard who pushed too hard."

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Apart from the resentment of substance-induced psychosis as being self-inflicted, and resentment of their aggressive behaviour as well as the resentment expressed towards the system, **medical staff members dislike the repeat admissions of the substance-induced psychotic patients**. The emergency department at the hospital is confronted with "*revolving door*" patients. Medical participants expressed resentment of the same patients who had been discharged who returned continuously, and the frustration as well as disillusionment of the same intervention. They ended up wondering if there were some other ways of dealing with the patients through other interventions. These included motivation for rehabilitation and entering into discussion with management. Findings also indicated that amidst the resentment, there was tolerance of the fact that a service had to be rendered, but not at the expense of other patients. These quotes are substantiating evidence of analyses made:

"…with the revolving door. They're discharged when the person is right and then three months even nine months, or a year down the line then you see the same

person, then again in a year. Then you see the person is still using drugs…you mostly seeing the same people going out, coming in, going out, coming in and you feel you say the same thing, sing the same song."

"They…go back out into the communities, use again and come back…Same problem."

Medical staff members emphasised the following:

"I think they need more rehab because it's substance-induced and they keep on presenting the same behaviour. They come while there are some other patients that are sick and need your help."

"…to convince them to go to a rehab because they think drugs is not a problem to them. They can stop any time they want, but they keep on using. They keep on coming."

What these medical participants said supported the finding that they were tolerant amidst their resentment:

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"I would like the management…and us to sit down and find a solution of dealing with the revolving door patients. The concern is, if it's purely drug abuse…is there no other way of dealing with this? Is there no other way or platform to insist that people go for rehab?"

"…sometimes it's very frustrating because you see them doing the same thing over and over and you wonder what are you actually doing for them but we have to do what we have to do…So you are making a difference even though it's very frustrating."

The above comments pointed to the resentment experienced by medical staff members of recurrent admissions and aggressive behaviour as well as resentment towards substance-

induced psychosis as being self-inflicted. Apart from the resentment, medical staff members experienced fear in the work place. Literature reviewed in Chapter 2, section 2.5 stated that violence was more prevalent towards staff members working in the emergency department and in particular rendering psychiatric services (Gacki-Smith *et al.,* 2009; Magnavita & Heponiemi, 2012). The authors also referred to staff members' fear of working with patients with a mental health condition. Substance abuse, the substance abuser and patients presenting with a substance-induced disorder were therefore stigmatised. Patients presenting with a psychotic disorder were often viewed as being dangerous, unpredictable and posing a risk (Myers *et al*., 2009; Chikaodiri, 2009; Sorsdahl *et al*., 2012 and Van Boekel *et al*., 2013). The following subtheme outlines the emotional challenge in terms of fear and what is feared with regard to the substance-induced psychotic patient, with substantiation and comparisons from the literature.

4.3.4 Subtheme 4.2: Medical staff members experience fear in the work place

A common reaction amongst participants was fear that could be triggered by an existent or apparent threat. Substance abusers and persons diagnosed with anti-social personality disorder are two wide-ranging diagnostic clusters with a considerable amount of violence. Persons who have an existing mental health condition and who abuse substances (dual-diagnosis) are significantly more dangerous (Pilgrim, 2009:28, 39). Findings show that staff members' encounters with substance-induced psychotic patients often contained aggression, agitation and assault, either from having been assaulted or being witness to assault on colleagues, or threatened. This has led to fear in the workplace specifically pertaining to aggressive attacks and injuries.

Medical staff members fear aggressive attacks and injuries which are reflected in the following quotations:

> *"You're scared. Security is scared. Everybody is scared but you have to see this patient before the person hurts himself or hurts somebody else…Most of us are terrified of the psych patients. You don't know when he's going to take something and hurt you…it's terrifying when they do come in."*

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"I'm not comfortable around them. If they swear to the mother, what more can they do to you? One threatened to beat me around…you never know when they can grab you. I fear that they might touch me because they did touch the nurse…He was beaten by a psych so I don't want that to happen to me because I don't think I will be able to cope with that."

"I can't even hold the patient down myself, so I feel almost incompetent when the psychs come in. I try and avoid it. I often try to find another doctor to see to it…. They do say things in an aggressive manner because they are violent and they have a potential for violence. I can't help it I get scared."

In an introductory statement by the World Medical Association's 63rd general assembly in Bangkok, Thailand, October 2012, it was stated that violence by patients and significant others against staff in healthcare, affects the victim and the healthcare system. Violence can be verbal or physical, with threats and psychological ferociousness commonly occurring more than physical altercation. Recommendations put forward for National Medical Associations are, amongst others, that there should be strategic plans devised pertaining to dealing with violence and staff should be trained to deal with it. Where incidents of violence occur they should be documented for statistical and study purposes, to develop intervention approaches. Those staff members who have experienced violence should get an adequate supportive care package, and the cases should be investigated. Respective governments should therefore aptly provide funds to attend to violence in the healthcare setting (World Medical Association, 2012).

Apart from fearing aggressive attacks and injuries, **medical staff members fear misdiagnosing of the substance-induced psychotic patient**. As in all psychiatric emergencies, the priority is to rule out organic cause requiring a specific treatment (Gallego *et al*., 2009:122). In the medical practitioner's assessment of a psychotic and agitated patient, findings have revealed the importance of making as accurate a diagnosis as possible, since the precipitating condition could be something other than substance abuse. Findings show that medical participants fear misdiagnosing a patient as substance-

induced psychosis. In the responses of the present study, there was also acknowledgement that mistakes in diagnosis have happened before.

The following quotations bear evidence of the abovementioned literature findings:

> *"Often I have cases which turn out after a couple of hours down the line, that this patient has meningitis rather than a psychotic patient. So, you always have that fear in the back of your mind that you are mismanaging the patient and that it might be something else, rather than just a substance-induced psychosis."*

> *"Sometimes it could be something else and then you think its drugs. We have to obs [do observations on] the patient because sometimes they could have a UTI, an infection…"*

> *"Not everyone that just comes in you can say because you're intoxicated, that you've got it."*

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Doctors dealing with psychiatric patients in the emergency department often view this category of patient as being difficult, time-consuming and frustrating, seeing that there are other patients for emergency medical or surgical interventions to attend to in a space not suitable for a psychiatric emergency. It is important to do a thorough medical assessment before making decisions that a patient needs to be referred for psychiatric intervention either as an in- or out-patient, as it can happen that the dual presence of a medical condition can go undetected especially if the psychiatric emergency case is behaviourally disturbed (Cresswell III *et al.,* in Glick, *et al.*, 2008:45). This literature is congruent with the findings reviewed in Chapter 2 where it is stated that psychosis can result from the use of various substances, while medical conditions can also set off psychosis. Thus a variety of aspects should be taken into account when doing an assessment, but the basic principle is to isolate the root cause and to treat it accordingly (Baumann & Lewis, in Baumann, 2007; Freudenreich, 2008).

Findings that were divulged by **medical participants show that there is continuous self-control, fear and stress in the emergency department**. Reinhardt (in Glick *et al.*, 2008:26) concludes that the use of self in therapy is of the utmost importance in psychiatric emergency departments, in comparison to an ordinary hospital emergency department where crucial skills needed are related to somatic investigation and life care expertise. It is therefore also important that staff members in the emergency department must be able to manage themselves when dealing with the substance-psychotic patient in a general district hospital emergency department.

The following comments illustrate the above concept:

> *"…that's why I say, 'Take it like it comes.' You have to approach the patient in such a manner that the patient can become calm and relaxed. If the patient is swearing, I can't swear back at the patient. I've got to be humble and try and calm the patient down by talking to the patient and therefore take it like it comes. If he's rude, I can't be rude also."*

> *"…the challenge that I'm facing, me as a person, is the challenge of always being calm when you're working with these people."*

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> *"…you try and look past it and you try and deal with it in a calm and rational manner, but I think for most part we succeed, I succeed. Well, you definitely have to consciously think about keeping your cool with these patients especially the way they present."*

> *"…there are those ones who are co-operative with you but you never know about tomorrow. I count how many hours are turn around. I think some of my colleagues are not even comfortable around them."*

In the following comments the constant fear and stress as well as self-control became obvious as well as the issue of lack of insight and training.

"I'm not interested. I don't like psychs… Maybe if they can train me more about them to gain insight maybe I will stop the fear…dealing with those kinds of patients I can't trust them, to my opinion. I'm frightened of them and I don't know what they are thinking…it's nice to me if they come with the police because at least they can assist me…I will always ask them, 'Is he violent' because I am scared and not comfortable around them."

In addition, further experiences shared with the researcher were:

"I'm always scared when I see those patients. I feel fear for myself and the other patients…you just want to sort them out but it's our time because actually you must do all of that, you didn't yet see the patient. You're just trying to sedate them. It puts you behind because you must still see all the other patients. It's just, I think, a bit stressful."

"I always feel very threatened and it's not that I'm imagining it because they are actually threatening…they are always walking around the unit and you are always afraid because you feel if you can look now, they are right behind your shoulder. They can do anything. I think it impacts on my ability to work properly there."

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"So you must be alert always, extra eye for them. You've got your own workload but also to them that is our work now but we are not trained to look after them."

Subthemes 4.1 and 4.2 illustrated medical staff members' resentment and fear of substance-induced psychotic patients in an emergency department. In subtheme 4.3 the non-medical staff members' emotional challenges of fear are presented and substantiated with quotations. In addition, findings in subtheme 4.4 reveal non-medical staff members' experience of stress in controlling the substance-induced psychotic patients and their fear of the unpredictable behaviour of these patients, plus their opinion that these patients should be prioritised by the medical staff members.

4.3.4 Subtheme 4.3: Non-medical staff members' fear of the substance-induced psychotic patients

Findings show that aggressive patients arouse retaliation from non-medical staff members, and in particular security personnel. This is thought to be due to the lack of training, as mentioned by nearly all participants in their approach to substance-induced psychotic patients as well as safety procedures. The fact that the aggressive patient provokes retaliation in non-medical staff is concluded from the following comments:

> *"…we are there to look after the patients, to be protective of them, but if the patient came in there in trauma, we have to treat them like normal people but some of us don't treat the patients like that. Like to kick him and we get to be angry. We don't have to do that. If you are going to raise your voice it's going to get him upset and maybe end up hitting you and that's another problem, we don't have a right to hit the patient back."*

> *"…some of us take that patient like it's a mad patient, while he's not mad but he's been drug abuse, so now some of us hit the patient."*

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> *"…some of the securities are like that sometime. They don't care about the patient and then there's the security that's always on the ball."*

Security guards are employed at hospitals to provide security and protection to the patients, staff, and visitors. In managing agitated and aggressive patients, safety precautions are imperative since violence can erupt. The security personnel should be the first safety persons to react if a patient needs to be restrained physically (Gallego *et al*., 2009:123). Findings reveal that the reactions of some of the guards are retaliation in some and invisibility in others. However a deeper meaning is construed from their responses, which relate to lack of training and fear of the aggression displayed by the patient, with fear of injury.

In addition to fear, **anger** could be sensed from non-medical participants in the following quotations:

> *"It make…,'I don't feel for this job anymore now', because that guy is moaning, or he's nagging, or he's fighting and that make us also nervous…security cover himself too, because he don't want to get hurt."*

> *"…you know they're fighting with the patient (security) or the patient is fighting with them."*

> *"He tore my jersey and I was very, very angry that day when that happened to me."*

> *"Sometimes you getting upset, really upset. You forgetting you come to work the way they tearing you apart…"*

> *"Like the patients they are really ill, like asthma, sugars, because they are so aggressive towards people like that…they're also making us scared."*

> *"…the main thing making securities sometimes scared is the patient who wants to fight the security."*

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Non-medical staff members also **expressed fearing the unpredictable behaviour** of the substance-induced psychotic patient. An agitated patient should not be mistaken for a violent patient, but the margins between the two might be difficult to differentiate. A violent patient essentially requires security guards' intervention since it is a matter of safety and normalising the situation. As described in Theme 1, agitated behaviour is linked to unpredictability (Gallego *et al.,* 2009:121 - 123) of the substance-induced psychotic patient, and therefore it is a major challenge for non-medical participants to manage them.

The following comments bear evidence of non-medical staff members' challenges with regard to substance-induced psychotic behaviour:

"You must always be careful of the patient who comes in at trauma… specially the drug patient, he doesn't want to be admitted and then people or the police bring them in. It happened many times with the security that they got hurt. The security must be careful, he must be wake up. He can't just stand there and then the patient come and give him a smack."

"…or they spit at you… catch you off guard…Sometimes he'll bite on you."

"Always be aware, where they going. Be careful, because they can do lots of things running out and here and there…. and it's quite dangerous they walk around and do not know what they think. Your eyes cannot be on them 24 hours because you've got to work here and there and there."

"You must be alert. I'm very alert when such patients came in, that people who use drugs."

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Non-medical staff members do not only fear the unpredictable behaviour of the substance-induced psychotic patients but also find controlling of these patients very stressful. Chikaodiri, (2009); Magnavita & Heponiemi, (2012); Sorsdahl *et al*., (2012) agree that substance-induced psychotic patients are stigmatised as being unpredictable and dangerous, often become violent and therefore evoke fear and stress among staff members who render psychiatric services in the emergency department.

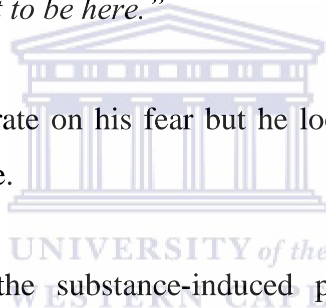
4.3.4 Subtheme 4.4: Non-medical staff members find it stressful to control substance-induced psychotic patients

Stress in the non-medical participants is caused by self-control in trying to defuse an aggressive encounter and to maintain control over their emotions in the wake of being injured and dishevelled. Stress is caused by the number of substance-induced patients coming to the hospital and they have to manage the patient since it is part of their job requirement. Stress is the feeling that is experienced when things get too much. It is an emotional response to circumstances and events that threaten us and challenge our coping

abilities (Sdorow & Rickabaugh, as cited in Grieve, van Deventer & Mojapelo-Batka, 2005:334).

One of the non-medical staff members described his sentiments with regard to stress deduction:

> *"…if the person is aggressive I mustn't panic. I must just be calm. Then he'll also be calm with me. If I become aggressive… everything will go uncontrollable… you have to be patient with them and experience the pressure…he doesn't give you any breathing moments, so you must be calm. Although he's tearing you apart, your clothes, losing your buttons of the shirts or watches, spectacles, things like that. You must try to be calm. That is some of the difficulties we're getting with this people in the hospital and some of us, getting punched at but you must be there. Sometimes we don't want to be here."*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This participant did not elaborate on his fear but he looked anxious and stressed, and it was audible in his tone of voice.

Other stress in controlling the substance-induced psychotic patients is caused by resentment and a perception that the patient's condition is self-inflicted. At the same time the self-search of how to counter the abuse of drugs can cause stress; it emanated from the following participant's response:

> *"I don't know how, but I wish I can help them to stop using that. They make themselves psychs by taking drugs that make them mentally ill while they are not a psych patient. They do not learn from school and the posters that are everywhere about the danger of using drugs but they keep on doing it. So they end up here and we call them psychs patients, while they are not psychs."*

In addition to finding it stressful to control the substance-induced psychotic patients, the **opinion of non-medical staff members is that these patients do not receive priority by medical staff members**. The majority of non-medical participants expressed that medical

staff should attend to the substance-induced psychotic patients immediately but it became obvious that they feared potential uncontrollable situations.

> *"…the doctors see them but the doctors take a while to see them. Maybe that patient is there for two days, and they're getting aggressive, they're getting tired because nobody helps them and they are demanding to be treated. They need, they demand to be helped because that substance they use, it's causing them that."*

> *"I would like that the doctors, whoever who's there, to first see that patient because they are giving us a hard time when the doctor don't see them."*

> *"It is good when the staff is listening to you when you're talking because you are a long time in this business and there are nurses who are young. They don't know the right story sometimes or they didn't even see, oh, this is a psych or what."*

In addition, the findings of the study pointed to the fact that some staff members displayed tolerance towards the substance-induced psychotic patients.

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4.3.4 Subtheme 4.5: Some staff members have more tolerance for substance-induced psychotic patients

The researcher concluded that some staff members perceived themselves as better equipped to manage the substance-induced psychotic patients, although it caused stress, frustration and burnout. One of the medical participants reflected that his ability to manage substance-induced psychotic patients was due to training and expertise gained over many years of working with mental health patients and dealing with those who were aggressive. He expressed himself as follows:

> *"I'm now 17 years in nursing, and spend most of it in psych… I feel comfortable working with them…I got skills now to deal with them…called the management of aggressive people through care and restraint procedures where you learn the skill of managing the person because you don't just go and grab... It's not only the*

teaching about grabbing but also how to calm the person down. You talk the person down, then grab after…"

"…you must also know that when you are working with these patients you are going to be burnout, you are going to be drained. Why, because it's like a family to you. You mostly see the same people going out, coming in. So my challenge is that, 'I mustn't give up. I haven't failed because this is the third or fourth time that John is coming'. My experience with people who are using drugs, is that there will come a time in that person's life when that person changes. Maybe something will happen to the person."

The participant continued:

"So the challenge to me is always to say, 'Maybe this is time for this person to change.' When the right time comes and the right time can even be when you are no longer working in that institution. You left…not to look back and say I wasn't good enough. No, the challenge is to tell yourself to keep focusing on the dream."

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Most staff members do not have experience and training in working with substance-induced psychotic patients and the behaviourally disturbed. The lack of training was discussed in Subtheme 3.7 and it was seen by the researcher as playing a major role in the fear, resentment, and stress described, and could be detected in their reflection about the management style and their reaction to these patients. Although Chikaodiri, (2009) asserts that frequent positive contact by healthcare staff members with patients who are managed for a mental healthcare condition will lessen negative attitudes towards these patients, the findings of the present study were to the contrary. The staff members of this study do have frequent contact with substance-induced psychotic patients but their attitude and emotional challenges with heightened stress do not improve. Grieve *et al*., (2005:325) point out that continued stress over a period of time results in burnout and can render a person emotionally depleted, with feelings of worthlessness, incompetence, detachment, and cynicism about ambition, work and the future. Burnout in a hospital while carrying out a duty to patients should therefore not be taken lightly. Ustundag (2012) indicates that

burnout syndrome develops over years in emergency department staff, and affects all staff members as well the patients who are attended to. In retrospect by all the participants, stress was not restricted to one participant but was evident in all the participants as they relayed their stories of the challenges that they experienced.

However, the following comments describe the attitude of a non-medical participant who responded with tolerance because her training in a course on how to work with sick persons and how to handle and care for difficult patients as well as being a mother herself, put her in the strong position of being able to cope with assisting in managing the substance-induced psychotic patients.

> *"I had the training. I got the experience, and training makes me stronger so I can understand their behaviour…"*

The researcher made a further inference of tolerance from the participant being a mother and her training, from the following comment made by the same participant:

> *"I can cope with people that are substance abusers, I can cope mentally, because I learn and I'm a mother myself...the person I am myself…I know how to deal with people like that, so for me it's not a problem."*

Findings revealed that managing or assisting in managing the substance-induced psychotic patients was emotionally challenging for staff members. Literature on attitudes by health professionals (Van Boekel *et al*., 2013) shows findings of stigmatisation of substance-induced disorders which gave rise to negative attitudes and in turn affected service delivery. In addition to emotional challenges, findings in another study (Bimenyimana *et al.,* 2009) were also congruent with findings of the present study such as lack of concern, shortage of staff, frustration and fear. Amidst emotional challenges, most of the staff members who took part in this study did not deny the patient's right to be attended to. However, the right to healthcare was not depicted by participants as their choice at the emergency department, but as a duty carried out to substance-induced psychotic patients in accordance with prescribed rights. These are discussed in the following theme.

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4.3.5 Theme 5: Staff members acknowledge dignity for all patients

Undoubtedly, findings reflected that participants respected the patient's right to be treated with prescribed dignity. According to the Office of the United Nations High Commissioner for Human Rights (Fact Sheet No. 31, 2008) assuring good health remains the responsibility of a patient, but that there are factors beyond control that affect attaining and maintaining good health.

The acknowledgement of patients' prescribed rights was evident in the following quotations, which were voiced by all participants:

> *"We've got sick patients, who need help. I'll think now this is a waste of my time because there are so many other people here that actually need help but you can't say no, it's also a person with rights and maybe that person can actually stop using substances and make a difference to other people."*

> *"I actually try and treat the patients as you would any other patient."*

> *"The substance abuser and the normal person, what they must get, they must get…treat at the same level. According to the constitutional right…you have a right to medication, a right to health, healthcare."*

> *"…the psych patients are being housed in the emergency unit for days on end and it's completely unfair on them and the rest of the patients. I mean, they're also patients and don't deserve to be sitting on chairs for six, seven, eight days on end and deserve a bed like any other in-patient. They're fundamentally different from the rest of the patients in the unit. There is a big distinction between mental illness and physical illness but both should be given preference, deserving treatment but in an appropriate setting."*

> *"I don't think it's an ideal place for the acutely psychotic patient to end up in. They end up being sedated quite regularly and lack proper monitoring, and so it's a danger to them as well. So we try to put our personal feelings away and act*

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professionally and objectively. I try to be aware of it with all my patients, whether it's pneumonia or a substance-induced psychosis, asking yourself how you would like to be treated or one of your own family members, and try and treat your patient accordingly."

"…talk [to the substance-induced psychotic patient] like we are all his family. The patient needs assistance and needs his life back. So we try to bring that life back. It is very painful when you look at him and his parent. You realize that it is not right but we are dealing with that and you must accept that. It is a human being who needs help."

"Everyone else knows you're psychotic, but you're a psych and you do not realize it. It's not nice for them also. If I was psychotic, sitting in a brown nightie, I don't want anyone to see, to watch me."

"Nevertheless the patient is what now, or his black or his white…for any patient you must have a smile on your face and treat them well."

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"…We must bear in mind they are still people and they still need to be treated with dignity, according to human rights and lastly they are vulnerable…at that time when they are psychotic. Therefore we need to protect them at all times."

Although staff members described their emotional challenges and how the services are affected by the patients' aggression and agitation, as well as how the different challenges of the substance-induced psychotic differs from those of other emergency patients, there is still recognition of the patients' rights.

The Universal Declaration of Human Rights and human rights as established in the Constitution of South Africa (Act No. 108 of 1996), with the Bill of Rights forming the basis of democracy, seeks to conserve and assert the democratic ideals of dignity, self-worth, equality and freedom. It upholds anti-discrimination, is rooted in respect of these ideals and applies to all people, though there are confines in certain circumstances.

Human rights are interrelated and cannot be seen in isolation of each other since violation of one within the total cluster affects the others. However, there is some infringing on one another's rights, and human rights do not always strengthen each other (Constitution of South Africa. Act No. 108 of 1996; Taket, 2012:9-17).

As findings of the present study have revealed, there is intrusion on the rights of other patients and staff, and the substance-induced psychotic patient's rights are also compromised. In South Africa the rights of the patient and the responsibilities of the public user are standards decreed by the Department of Health in the National Patients' Rights Charter (2007), which should be upheld. This charter outlines that a patient has a right to healthcare, and both patient and health provider have a right to a healthy and safe environment. The patient also has the responsibility to respect the rights of other patients and health providers as well as taking care of their own health.

In this study there was acknowledgement by participants of prescribed rights and the sharing of challenges experienced by staff members. Participants also made some suggestions about how the management of the hospital might assist in the managing of the substance-induced psychotic patients. Findings pertaining to their possible solutions are given in the final theme 6 and substantiated by participants' comments.

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4.3.6 Theme 6: Staff members made special recommendations to the hospital management for assistance with managing substance-induced psychotic patients

Participants projected a variety of resolves from hospital management, in favour of recognition of prescribed dignity of the substance-induced psychotic patient as mental health user. Through the recommendations presented they acknowledge that the rights of the other patients, the visitors as well as their own, in the emergency department, will be protected. A study with 63 patients other than the acute behaviourally disturbed patients, and 9 visitors of a single emergency department of a general hospital in Australia, came to the conclusion that most participants preferred these patients to be managed in another area. The authors concluded that the design of future emergency departments should include a separate room. Where these patients are seen in an existing emergency department, there should perhaps be some beds in a separate area in the department for the

said patients (Lim, Weiland, Gertdz & Dent, 2011). Although the participants were not emergency department staff, it does relate to the wishes of the participants in this study, namely to separate substance-induced psychotic patients from other patients.

4.3.6 Subtheme 6.1: Staff members recommend a separate facility for referring substance-induced psychotic patients

The findings from the present study highlighted the fact that substance-induced psychotic patients should be attended to in an emergency department of a psychiatric facility rather than at the emergency department of a general district hospital. The participants expressed their sentiments in this regard as follows:

> *"Why don't they [the psychs] just go straight to the psych hospitals?"*

> *"…have emergency centres at these psychiatric facilities. If there's a medical condition or surgical condition they can be sorted out and referred on for specific services."*

> *"…they should open another centre or unit where they can go to get detoxed or determine whether it's actually the drug that is causing them to become psychotic."*

> *"…if they can just change the system of the management. If they can have a proper place for them. I don't think it's right if they come straight to trauma and sit there."*

Apart from staff members' opinion of having a separate facility for referring the substance-induced patients there were recommendations that these patients should be separate from the other patients requiring emergency care.

4.3.6 Subtheme 6.2: Staff members recommend that substance-induced psychotic patients be separated from other emergency patients

Staff members recommended a separate entrance, waiting room, and secure consulting rooms. Some participants were of the opinion that substance-induced psychotic patients

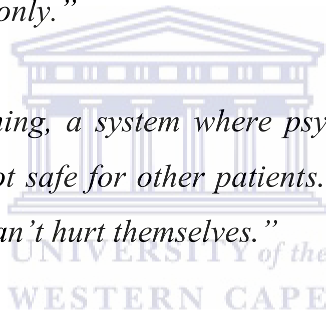
should have an area in the district hospital but separate from the emergency department, with its own entrance. The participants expressed their views as follows:

> *"...all emergency units to have separate care facilities, which are appropriately staffed."*

> *"…if they can build a separate entrance for such patients so they don't get mixed up with the sick patients in trauma and where they have a separate entrance, only for them."*

> *"If there's maybe just a separate section in the trauma where, ok, that's for psychs."*

> *"Open another ward or place where the psych patients go straight and where the staff can look after them only."*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> *"…if we can get something, a system where psychs can have their own place to come to…because it's not safe for other patients. Like a room where you can put cardboards up, so they can't hurt themselves."*

Recommendations to managing the implementation of the Mental Health Care Act of South Africa (Act No. 17 of 2002) at district hospital level and opinions shared by health workers in a general hospital discussed in Chapter 2 of this study (Burns, 2008; Chikaodiri, 2009) are similar to viewpoints by participants of this study about separating these patients to other designated areas or facilities. They also recommended improving the facilities and resources at the emergency department.

4.3.6 Subtheme 6.3: Staff members recommend improved resources and facilities at the emergency department

Findings reflected that managing the substance-induced psychotic patients will require more than one staff member to see to the patient, and as the participants indicated there is a shortage of staff in the emergency department. The majority of staff members recommended improvement in the staff complement of the emergency department which

will increase the human resource capacity to manage the patients. Surveys done on the impact of the Mental Health Care Act of South Africa (Act No. 17 of 2002) at regional and district hospitals in KwaZulu Natal yielded the opinion that the Act has made entry to care for mental health patients more accessible, but that there are big inadequacies pertaining to human resources, basic organisation, administration and training. Specialist staff members to deal with disruptive patients were wanting, insufficient bed capacity and there were no isolation rooms in emergency departments (Ramlall *et al*., 2010). The same study pointed out that the implementation of the Mental Health Care Act of South Africa (Act No.17 of 2002) has revealed deficiencies and compares with the participants' views. The participants also stressed the fact that lack of staff was not only in the category of specialist staff. **The need for more staff** was expressed. Non-medical staff members indicated the following:

> *"…we are short of staff…you can't even go to lunch. We say we have a hospital for the community, bring the patients using drugs here although you only have two staff members for 24 hours and you work night and day duty?"*

> *"…they need more nurses to watch the psych patients that can be dangerous for themselves and for the other patients and for the doctors in the hospital. The nurse must be there 24 hours, must have passion for these patients and must be trained then, I think, things will go easier."*

> *"…two, three more guys on the site…will make it better for the securities because there are more securities…and make it better for the doctor and the nurse too."*

The medical staff members responded as follows:

> *"…there are not enough people who are working in that department. So if they can have at least enough staff to work in that department. That will be good."*

> *"…if there could be more security."*

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"…they should get a psychiatrist that can see these patients. It would take the load off the other doctors if everything is already going crazy and busy with emergencies."

Apart from the need for more staff, a medical staff member raised the following issue:

"…if there could be an examination room where we can go and take the patient, sit and feel safe."

A medical staff member in particular **recommended that there be emergency communication systems** put in place. Security personnel assist with protection and safety of the patients, and a medical participant therefore recommended an inter-disciplinary team approach between medical and security personnel by acquiring communication systems. However, Lim *et al*., (2011) warn that a set-up of security systems may be a problem for other healthcare users and startle them.

One of the medical staff members made the following suggestion to improve communication systems:

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"…we need a two-way radio because sometimes while aggression will erupt the security must run to the phone to call for back-up. If the phone is engaged the psychotic or the aggressive patient is not going to stop because that phone is engaged. He's going on."

The same participant proposed additional ways of improving the communication:

"…have panic buttons…you wear that panic button and when you are talking with the patient, trying to calm the patient down and see the violence, the verbal abuse building up and physical violence is coming, then you just pull the panic button and everybody around comes and helps you…and to form what we use to call, the response team…All those response people will see on their pager that this is in psych ward 4 or this is in emergency department."

The findings of this study show that staff members do not have specific training, and lack skills in managing aggressive and substance-induced psychotic patients. Staff members recommended training of staff that will enable them to manage these patients better.

4.3.6 Subtheme 6.4: Staff members recommend training of staff to work with aggressive and substance-induced psychotic patients

The majority of participants drew attention to the lack of training, saying that there should be training for staff in how to deal with aggressive and substance-induced psychotic patients. Sorsdahl *et al*., (2012) found that the stigma attached to all classes of substances is high but cannot be generalised to the broader South African population. Training in managing of substance abuse disorders was found to be imperative to render efficient services to mental health users, as discussed under theme 3, subtheme 3.6, and pinpointed in findings of studies reviewed. Lack of training leaves staff feeling incompetent and reluctant (Cresswell III, *et al*., in Glick, *et al.*, 2008:45; Ramlall *et al.,* 2010; Bock, 2011 and Gateshill *et al.,* 2011).

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The following comments are evidence of the need for training that participants expressed:

"They can assist me if they can give us maybe two weeks course training how to deal with such patients because some of us don't know how to deal with them."

"They could send us for small courses to deal with the patients."

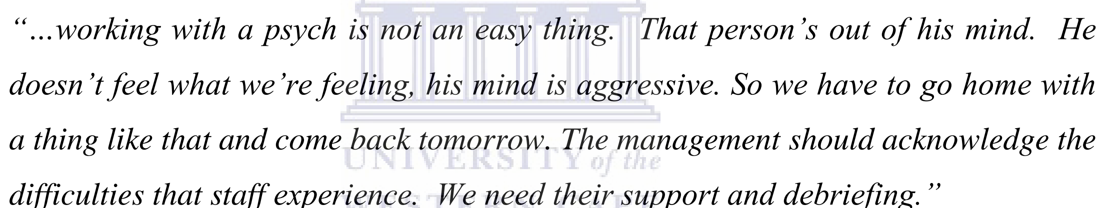
"There are courses available. Just to get someone in, train the security guards, train the nurses, train the doctors to deal with the acutely psychotic patient…, would make a huge difference for us."

"…if we can have the time for regular in-service training to grab the person, to put the person down if you want to give the sedation to the person…also how to calm the person down. You talk the person down, then grab after."

Staff members furthermore expressed the viewpoint that hospital management was not aware of their challenges in managing or assisting in managing substance-induced psychotic patients.

4.3.6 Subtheme 6.5: Staff members are of the opinion that the management of the hospital is oblivious of their recommendations

Ramlall *et al.*, (2010) found in their study of the impact of the implementation of the Mental Health Care Act of South Africa (Act No. 17 of 2002) that the review boards' modus operandi was insufficient and was not able to address the problems with deficiencies in infrastructure and human rights concerns. Their findings points to immediate management and higher up to take cognisance of the challenges that staff are facing, not to discard these challenges as unimportant but to show empathy and understanding. These comments reflect the challenges they experience and their expectation from management:



> *"…working with a psych is not an easy thing. That person's out of his mind. He doesn't feel what we're feeling, his mind is aggressive. So we have to go home with a thing like that and come back tomorrow. The management should acknowledge the difficulties that staff experience. We need their support and debriefing."*

> *"…nobody really seems to take note of what we are going through, it's almost futile complaining about it because there's not going to be a change sometime soon……let the staff know, that they [management] are aware of the problems and some of the challenges that we face and to take an active role in trying to resolve it."*

Challenges that participants experience in managing the substance-induced psychotic patients are similar to other hospital emergency departments and in accordance with being unprepared for implementation of the Mental Health Care Act (Act No. 17 of 2002), and its impact. It is deduced from the findings, that the hospital emergency department was not prepared for implementation (Burns, 2008; Ramlall *et al.,* 2012). The following comment by one of the participants points to the unpreparedness:

"I've been trying to speak with the Act team about people in the community to assist and visit them when we discharge them. The Act team that is at psychiatric hospitals are only tasked to go to the community and check that John is drinking medication and not using drugs. If they see that John is using drugs and starting to become psychotic, they can quickly bring the person to the hospital for a brief period to be helped promptly. In most cases the patient do not need hospitalization if they intervene early."

The emergency department is the busiest area in a hospital with regard to the crowding and human congestion, as well as emergency care that is provided. Added to these are the stress from challenges of safety and security, the insufficient resources, the relatives that staff has to contend with, and the relationships amongst professionals (Kalemoglu & Keskin, as cited in Ustundag, 2012). Staff members who work in the emergency department are under continuous stress since emergency care or assisting with care is provided in this department in the forefront of the public eye of relatives or doctors from other wards. Gaps identified and recommendations noted in Chapter 2, such as more training needed, additional staffing, shared interest as well as support, are similar to the recommendations that participants noted. These, given by an organisation to its staff members, were judged to have had positive results for staff members (Burns, 2008; Chikaodiri, 2009; Kelleher & Cotter, 2009; Ramlall *et al.,* 2010 and van Boekel *et al*., 2013).

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4.4 SUMMARY

Chapter 4 is the crux of the study from which the researcher was able to gain insight into the challenges that emergency staff members experience. The challenges were described using the participants' words in the quotations supplied. The staff members who partook in the study were not reluctant to share their problems. What they shared in their experience of managing or assisting in managing the substance-induced psychotic patients in the emergency department is not identical to literature reviewed, but applicable findings from literature are similar to the findings of this study constituting the inductive reasoning and understanding gained from this qualitative study.

Different understandings were gained from the medical and non-medical staff members of substance-induced psychosis largely due to abuse of illicit substances at the hospital where the study was done. This drew attention to the number of mental health patients presenting with psychosis due to illicit drug abuse. Resentment and fear resounded in their challenges in dealing with these patients, who were depicted as different from other emergency patients. The participants' descriptive words "*dangerous*", "*aggressive*" and "*unpredictable*" as well as their explanations of the patients' agitation, gave rise to their fear. Fear and being averse to these patients were openly shared in conversation by the participants. Adding to this were the assaults that participants had experienced or witnessed. Non-verbal communication from the participants during interviews guided the researcher's sensing their fear and resentment.

The disruption of the emergency services in managing these patients came through clearly in the explanation of protection that is needed because substance-induced psychotic patients who are aggressive require restraint. This was seen to be in the interest of protection of the patient, staff and others in the emergency department. Staff members described the lack of facilities and the inappropriateness of the emergency department of the hospital in seeing to these patients. Though there were indications of the presence of teamwork, participants also expressed ambivalence with regard to teamwork. The lack of family support was seen to further hamper services to these patients, and so too the required forms that were ill-completed, taking up time of staff members. These were interpreted as causing strain on the staff members, who were already understaffed. Lack of trained staff was verbalised as a challenge across all the participants. Lack of training added to the fear of working with the substance-induced psychotic patients.

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Personal challenges of staff members were interpreted as resentment and fear, more audible from medical staff members who viewed substance-induced psychosis as being self-induced, and felt resentment towards those patients who were re-admitted. Their fear related to the aggression of the patients, and having been assaulted. The non-medical staff members' fear was understood to be due the patients' agitation and their own lack of training, giving rise to retaliation with reference to a specific category of support staff members who were interviewed. The stress encountered in managing these patients was

also concluded from what was interpreted as fear in non-medical staff members from their contributions. In all the challenges the participants' recognition of the patient's right to healthcare services was clear. The concern about the problem of abuse of drugs in the community was striking, with belief that rehabilitation and reformed substance abusers could make a difference.

Participants put forward possible solutions in recommendations to management about health and the hospital to assist in managing the substance-induced psychotic patients. Literature cited in this chapter is congruent with the need for training, more staff and changes in infrastructure, with separation of these patients and support from management. Gaps were identified since there is a lack of studies relating to support staff members in health care. Chapter 5 concludes this study by summarising the foregoing chapters. Closing discussions of the findings of this study will be given. Recommendations made are based on the deductions of the researcher on the study as a whole.

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CHAPTER 5
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The aim of the study was to explore and describe the challenges of emergency department staff members in managing substance-induced psychotic patients. This aim was met by the use of a qualitative research approach. The research question, namely: **What are the challenges experienced by staff members in managing substance-induced psychotic patients in the emergency department of a district hospital?** was answered in Chapter 4, which dealt with the research findings. The objectives of exploring and describing the emergency department staff members' understanding of substance abuse, their perception of the differences between substance-induced psychotic patients and other patients in the emergency department, and what it was like for them to deal with these patients, were accomplished in achieving the aim of the study.

Six themes emerged from the data analysis which was unpacked in detail in Chapter 4. Literature was used to substantiate, explain, compare and contrast with these findings. In Chapter 5, the final chapter of this study, a brief summary of the focus of each of the previous chapters will be given. Conclusions inferred from this study are discussed and recommendations to the respective stakeholders in the particular field of the study are put forward.

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5.2 SUMMARIES OF CHAPTERS 1 TO 4

The researcher's choice of a qualitative research approach was considered to be the best one to address the research problem as described in Chapter 1, which served as an orientation to the study. Background information was given on substance abuse and substance-induced psychosis, including a review of the available literature to aid reasons supporting the need for more research. The choice of the attribution theory as the conceptual framework for the study was mentioned, based on the understanding which the researcher sought to gain through this study and from the reviewed literature. The researcher also alluded to the relevance of this study for social work. The research question stemmed from the research problem, which the researcher aimed to answer by

means of a qualitative approach, and an explorative and descriptive research design. The research methodology provided the process and implementation of the study, explaining the population and sampling process as well as the method of data collection and data analysis. True to the inherent characteristics of qualitative research, important aspects of ethical considerations and trustworthiness were discussed.

In Chapter 2 literature of pertinence to the topic of the study was reviewed, including the commonly abused substances and their different effects on users. In so doing, the researcher wished to draw the reader's attention to the potential of psychosis resulting from the use of illicit substances. A discussion followed on psychosis and substance-induced psychosis. Literature on international and national studies was elaborated upon in order to describe the challenges in managing substance-induced psychosis by staff members in an emergency department of a district hospital. Factors such as the effect of violence, fear and stigma in managing these psychotic patients were analysed. The attribution theory which the researcher deemed supportive pertaining to substance abusers and consequent health-related problems, including psychosis as well as stigma, fear and violence among these patients, was also discussed. The role of the social worker in relation to substance-induced psychosis in a district hospital was highlighted.

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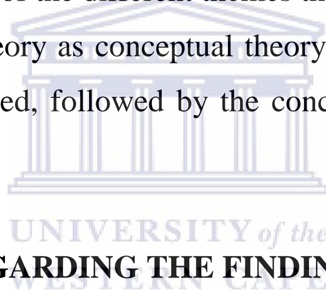
In Chapter 3 the research methodology applied to implement the qualitative research approach as well as the explorative and descriptive research design, was clarified and unpacked. The researcher included a description of the research setting as a way of introduction to the research process. The population and sampling were described, and an explanation given of the sampling procedure and the criteria used to represent the population of the study. A discussion followed, to provide the reader with insight into the preparation for data collection. This included the setting up of the interviews and also a pilot interview, which served as a trial before the main study, and which assisted in bringing about some changes such as simplifying the terminology of the interview questions, especially for non-medical participants.

The methods and instruments used during data collection, such as the use of a semi-structured interview schedule during the face-to-face interviews, were presented. An explanation was given of the interview protocol followed for all the individual interviews. The interviewing and communication techniques used were referred to, as well as explaining how and why they were used. Non-verbal communication was pointed out to have played an important role during the interviewing process and in inferences made based from the researcher's observations. The data analysis process was described through the eight steps used as suggested by Tesch (as cited in Creswell, 2009:186).

In Chapter 4 the demographic details of the participants who took part in the study were provided, also clarifying the distinction between medical staff members and non-medical staff members. Literature was used to compare and contrast the findings of the study which were presented in themes and subthemes. Conclusions drawn from the study were given in this chapter by means of the different themes that emerged from the process. The relevance of the attribution theory as conceptual theory to this study was also presented. Recommendations were outlined, followed by the conclusion as the final section of the study.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5.3 CONCLUSIONS REGARDING THE FINDINGS OF THE RESEARCH

In this section the researcher's conclusions on the research findings are presented. The conclusions are based on the six themes of the research findings discussed in Chapter 4 of this report.

5.3.1 Theme 1: Staff members have different understandings of substance-induced psychosis

It was found that staff members in the emergency department of this hospital had different understandings of substance-induced psychosis from their specific medical and non-medical perspectives.

Medical staff members in their experience of managing psychosis in the emergency department and the diagnostic criteria used, linked the presentation of substance-induced psychosis at the emergency department explicitly to the use of illicit drugs. Their

understandings indicated that psychosis could be caused through the aforementioned substances, and that their management of the patients depended on what the diagnosis was. Current literature was congruent with the findings.

Non-medical staff members, on the other hand, perceived the substance-induced psychotic patients as psychiatric patients, and in general referred to these patients as "psychs". This name created the reaction among non-medical staff members of having to be on the alert and cautious when there were substance-induced psychotic patients in the emergency department. The latter contributed to the conclusion that staff members were afraid of these patients.

The experience of participants in contact with substance-induced psychotic patients was that these patients were mostly behaviourally disturbed. The staff members' fear of these patients was very conspicuous as they perceived danger as well as unpredictability when encountering a psychotic person, and more so if the condition was substance-induced. The literature that was reviewed correlated with the findings of this study that staff members perceive threat and are fearful of these patients. It also corresponded with the unique presentations of the substance-induced psychotic patients. Existing literature also pointed to the fact that fear among staff members subsided with more contact with psychotic patients, which is in contrast with the findings of this study. The findings of this study pointed to the fact that staff members experienced constant fear in managing or assisting in managing the substance-induced psychotic patient.

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5.3.2 <u>Theme 2</u>: Substance-induced psychotic patients' unique presentations compared to other emergency patients in the emergency department

Substance-induced psychotic patients presented differently to other emergency patients in the district hospital where the study took place, and staff members feared the aggressive and dangerous behaviour often manifested by these patients. Staff members were more at risk of injury and violence, especially those working in the emergency department, than other staff members in the hospital. Owing to these patients' unpredictability, staff members remained on the alert, creating feelings of being unsafe, resentment and fear of being injured. Staff members linked feeling afraid of violence with patients' abuse of

substances and their substance-induced psychotic behaviour. Coupled with their connection between substance-induced psychotic patients' behaviour and violence was staff members' observation of signs of agitation, verbal abusiveness and unpredictable behaviour, which made them more anxious. The fact that these patients often displayed inappropriate sexual behaviour was also different from other patients in the emergency department, and is in contrast with the literature reviewed.

5.3.3 Theme 3: Management of substance-induced psychotic patients disrupts other emergency services

The findings from this study pointed to the fact that other services in the emergency department at the district hospital where the study took place were affected and disrupted because of managing the substance-induced psychotic patients. Services to other patients also in need of emergency care were often compromised, seeing that staff members often had to act swiftly to protect themselves and other patients as well as others in the emergency department. A conclusion can therefore be drawn that aggression and violence by substance-induced psychotic patients towards emergency staff members were not uncommon, and much more frequent than to other staff members in the hospital. Existing literature correlates with these findings. In addition, emergency mental health care was on the increase in the emergency department of the hospital where the study was conducted and literature reviewed corresponds with findings. Physical restraint of these patients was the first preference to secure the safety of the staff members themselves, the patient and others people in the emergency department. Restraint and sedation of the substance-induced psychotic patients were forcibly carried out when there were indications of possible aggression. Current literature corroborated findings of restraint as first choice in conjunction with sedation under duress, in instances of the aggressive psychotic patient.

It was clear from the findings that apart from staff members needing to be on their guard, doing risk assessments all the time was necessary in order to provide protection. It was concluded from the findings that restraint was to be used out of fear of injury, and that staff members often lacked training in management and methods to restrain these patients. Staff members in the emergency unit needed to act calmly and professionally at all times while it was clear from their verbal and non-verbal responses that they experienced

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managing substance-induced psychotic patients as stressful. To stay calm themselves was imperative in managing psychotic patients in the emergency department whether they were involved in doing assessments and making decisions or not.

Remaining calm proved challenging if there were staff shortages, for protection and managing of substance-induced psychotic patients, which added to disruption of services in the emergency unit. Existing literature was however in contrast, with findings that the calming use of "self" was important particularly in psychiatric emergency departments, in making correct assessments but not in medical emergency departments. In addition, current literature supported findings related to the importance of merging knowledge about psychiatric intervention with emergency medicine and management. The lack of sufficient staff members applied to non-medical staff members as well. In the event of restraint of a patient becoming necessary, more than one staff member was required to attend to an aggressive and agitated patient. Existing literature agreed with findings of staff shortages and confirmed the findings that more than one staff member were required. The conclusions from the findings were furthermore that resources (staffing and infrastructure) to protect and manage substance-induced psychotic patients in the emergency department were limited and not suitable to deal with these patients' behaviour. The staff members were, moreover, not trained for this type of situation, and lacked the necessary skills and knowledge to execute their responsibilities competently.

Coupled with this situation was the fact that crowding and overcrowding of behaviourally disturbed patients in the emergency department infringed on the care and safety of other patients. Patients with substance-abuse problems and mental health conditions who remained in the emergency department contributed to staff members' challenges. The staff members who took part in the study preferred that substance-induced psychotic patients not be attended to at the emergency department, and rather be elsewhere in a facility to suit the specific needs of these patients, where adequate and trained staff members would be available. Existing literature supported the fact that crowding and overcrowding in the emergency department infringes on the care and safety of patients. Current literature is in agreement that challenges in the emergency department are worsened by substance-abuse problems, mental health conditions, and length of stay.

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The staff members agreed that teamwork was crucial in managing the substance-induced psychotic patient, especially when restraint and sedation were needed. Perceptions of lack of teamwork were found between the medical and non-medical staff members. They perceived that there was teamwork among their own category of staff. The staff shortages, the lack of training as well as fear of these patients also affected teamwork. In addition, an overlap of duties with reference to non-medical (support) staff members, was identified. Some non-medical staff members indicated to medical staff members that a specific patient's condition was due to substance abuse, therefore adding valuable input to teamwork, and felt that it assisted in getting patients attended to as quickly as possible.

Literature were congruent that there is often overlapping in teamwork but literature did not compare to findings of positive and negative teamwork in the same category of staff. The researcher did not come across literature discussing non-medical staff members' perception of the importance of their opinion with medical staff members with regard to identifying specific behaviour and symptoms of patients. These findings were not explored among medical staff members in this study, since the assessment and diagnosis depended on the medical staff members' input and roles. The findings in this study also pointed to ambivalence with regard to teamwork in the emergency department seeing that teamwork could not be expected from staff members who were fearful, resentful and untrained.

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Staff members were of the opinion that lack of interest by family members of the substance-induced psychotic patients and their lack of support were due to the problem of substance abuse, the extent of the problem in the communities, and the fact that patients were often re-admitted for the same problem. The participants experienced the lack of support from family members as an additional challenge as it had a negative influence on their services. Literature pertaining to the support of family members of the substance-induced psychotic patient in an emergency department was unavailable. The literature did discuss the effects of substance abuse on families and the importance of getting family involved in rehabilitation programmes. Existing literature was similar to the findings of this study's concern about substance abuse and that it affects all facets of an individual's life. The lack of properly completed referral documents of substance-induced psychotic

patients was particularly challenging for the medical staff, and they recommended training for medical practitioners from outside the hospital to complete these forms. Solutions in present literature, with reference to the requirement of training in mental health care settings, resembled the findings of this study. Existing literature indicated flaws with the implementation of the Mental Health Care Act of South Africa (Act No. 17 of 2002) which equates to findings of the present study. Broadly speaking, untrained staff members were concluded as a universal problem, because they lacked knowledge and skills.

5.3.4 Theme 4: Staff members experience personal challenges in dealing with substance-induced psychotic patients

The emotional challenges of resentment, fear and stress that the staff members experienced in managing the substance-induced psychotic patients resonated throughout the findings, especially because they regarded it as self-harm and it demanded immediate attention in spite of other emergencies. The aggressive behaviour of these patients was resented and all staff members expressed fear of the unpredictability, aggression and agitation of substance-induced psychotic patients. Staff members either witnessed or experienced threats, inappropriate sexual behaviour and assaults (verbally and physically) of substance-induced psychotic patients in contrast with other patients in the emergency department. They also resented having to attend to these patients as stipulated in the regulations contained in the South African mental health care legislation. The fact that admissions of substance-induced psychotic patients were often repeated, was another challenge for the staff members.

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It also appeared that staff members did not report incidents of violence to the management of the hospital as they perceived a lack of interest from management. Although an employee assistance programme for staff members at the hospital was available, it did not seem that the staff members made use of this staff-supportive care package. Existing literature with regard to fear becoming less with more exposure to patients requiring mental health care was in contrast to findings of the study, as the participants stressed constant fear. Documentation of violence against staff members and the value of intervention approaches were not explored in this study but were referred to in the

literature. The lack of expected quick response to the violent and aggressive patients and the expectation of immediate response by staff members in the emergency department did not synchronise with existing literature.

Medical staff members were aware that the use of a variety of substances, as well as medical conditions can result in psychosis. They however feared that they might make mistakes in diagnosing these patients, because they also needed to attend to other emergency patients, and they expressed resentment and fear of substance-induced psychotic patients. Existing literature recommended that medical staff members should have knowledge in diagnosing these patients irrespective of the resentment that they voiced. Coupled with this was the continuous stress caused by substance-induced psychotic patients and the lack of training that staff had to handle their fear, as well as the retaliation it evokes, and the controlling of these feelings. Some of the staff members were also of the opinion that medical staff members did not always prioritise these patients, which heightened non-medical staff members' stress levels. Existing literature agreed with findings of insufficient resources, inappropriate facilities and the challenges with lack of support by relatives of the substance-induced psychotic patients. The matter of teamwork in current literature only related to professionals, such as medical staff members, and was in contrast to findings of ambivalence of teamwork between the medical and non-medical staff members.

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The stress that staff members experienced was mainly due to their being at risk of violence and aggression, as well as pressures and working demands in an emergency department, such as crowding in the area, fear of mismanagement or unprofessional conduct and the lack of training. Staff members indicated that they were exhausted and suffered from physical and emotional burnout which resulted in another challenge. It became obvious from the relevant literature that violence and aggression towards emergency staff members are not uncommon and that these patients are more behaviourally disturbed and agitated than other patients with a primary psychotic disorder. It was also concluded that emergency staff members often stigmatise patients with substance-induced psychosis, resent them, and are often fearful of them. The stress and burnout experienced by the emergency department staff members were no different from

what the literature refers to. A link was found in existing literature between emotional and mental features among the staff members due to the incidence of violence and aggression. In addition, staff members expressed feelings of worthlessness, incompetence, indifference, and being pessimistic about work, de-motivation and the future. What existing literature described as stress occurring due to the inability to cope and manage this type of patient, supported these findings.

A few staff members, however, indicated that they did have the tolerance to work with substance-induced psychotic patients. Others indicated that their experience and training assisted them with being able to manage the substance-induced psychotic patients. Among these emotional challenges there was thus regard for treatment of these patients and the execution of duties in the boundaries of recognised and prescribed rights. The researcher did not come across literature discussing the challenge of tolerance, though tolerance in some of the literature could be concluded as what is expected in systems such as those set out in the Constitution of the Republic of South Africa (Act No. 108 of 1996), the Mental Health Care Act of South Africa (Act No. 17 of 2002) and the Patients' Rights Charter of South Africa (2007).

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5.3.5 Theme 5: Staff members acknowledge dignity for all patients

Staff members recognised patients' right to be treated with dignity, placing emphasis on the prescribed rights of the patient in their treatment or contact with the substance-induced psychotic patients. They have no choice in attending to mental healthcare users at the emergency department, who include the substance-induced psychotic patients, since treatment is compulsory in mental health legislation. Untrained staff members would prefer not to deal with these patients as they are the cause of their fear, resentment and stress. Staff members would prefer that these patients be attended to elsewhere, in a more appropriate facility. They were of the opinion that the prescribed rights of staff members, other patients and persons accessing the emergency department were disregarded.

Current literature had similar findings with regard to human rights and dignity of the patients. There were gaps in the staff requirements in terms of training, organisational and

managerial needs. The need for changes in legislation in the interest of human rights in order to improve medical as well as mental health care was emphasised.

5.3.6 Theme 6: Staff members made special recommendations to the hospital management for assistance with managing substance-induced psychotic patients

The possible solutions recommended by staff members to the hospital management in managing the substance-induced psychotic patients ranged from having separate facilities for referral of these patients, to separating them from the other patients in the emergency department, as well as having another holding area in the hospital with a separate entrance. Improved resources and facilities were also recommended. Consideration should be given to the recommendation that more staffing was needed, and the training of staff members would help with managing aggressive and substance-induced psychotic patients.

It was concluded that there is a need for safe and secure consulting rooms and that staff members are in need of training in dealing with the behaviourally disturbed in general as well as substance-induced psychotics. Adequate training would be beneficial to the staff members who fear these patients and to the patients, as well as to the onlookers when these patients are managed. Staff members felt that hospital management was not interested or not aware of their challenges and felt that there should be actions to show interest, understanding and support.

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Existing literature agreed that district hospitals were not ready for implementation of the Mental Health Care Act of South Africa (Act No. 17 of 2002) and solutions in existing literature support the findings of this study. One staff member recommended that emergency communication systems be acquired. Though this would be beneficial, the thought of it scaring other patients rejected it and in existing literature it was explained that it might have adverse effects on others. Existing literature agreed with findings and conclusions of the need for training, management involvement, acknowledgement, support and interest which would bring improvements for staff members.

5.4 THE ASSUMPTIONS THAT THE RESEARCHER HELD

It was taken as inevitable that the substance-induced psychotic patient has a right to emergency healthcare. This right in a general emergency care department is unavoidable since it is prescribed by legislation although infringing on the rights of other emergency care patients, staff members and others. A second assumption was that care for the emergency staff members who provided services to these patients was lacking in skills, development and training to manage the behaviourally disturbed and aggressive substance-induced psychotic patients.

5.5 THE RELEVANCE OF THE ATTRIBUTION THEORY AS CONCEPTUAL FRAMEWORK TO THIS STUDY

The attribution theory was found to be of relevance to this study. Existing literature which described stigma as an attribution supports findings of stigma of substance-induced psychosis as self-harm and the patients being blamed for being responsible for their condition. These patients were resented and were met with irritation, and staff members preferred assisting other patients who required medical care. Some staff members regarded the psychosis as part of the problem of substance abuse in the community and not necessarily the patient's fault. The relevance of internal and external attributions was applicable to family members as well, and described by participants as causal to their denial and/or lack of support of the substance-abusing family member with psychosis. Existing literature about the relevance of these attributions was similar to the findings of the study.

Considering and understanding the attribution theory as conceptual framework for this study allowed a glimpse into the staff members' thoughts and an understanding of what they experienced from managing these patients. What existing literature on this theory described, was congruent with what the researcher experienced in the findings of this study. The researcher did not actually see the fear, resentment and stress experienced by emergency staff members in working with the substance-induced psychotic patients. This was evident in findings and in contact with the participants in the interviews and created a change in the researcher's awareness.

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5.6 RECOMMENDATIONS

Recommendations are made pertaining to the qualitative research process and research findings as well as future research.

5.6.1 Recommendations pertaining to the research process

- This study was done only at one hospital and should be duplicated in other district hospital emergency departments, as well as other psychiatric emergency departments.

- Medical staff members and non-medical staff members in emergency departments should be included in other studies in order to broaden the scope of findings. This will yield evidence-based findings on the perspectives of all categories of emergency staff members. It could serve to build on the findings of this study as well as to corroborate and contrast findings.

5.6.2 Recommendations pertaining to the research findings

5.6.2.1 Hospital management

- The hospital management of the district hospital should review the staffing, infrastructure and location of the existing emergency department in order to improve best practice and intervention, so as not to infringe on the prescribed rights of the patient, staff members, other patients who require emergency treatment, and the public.

- The hospital management should work on improving staff members' perceptions by visibility and a show of understanding by actively engaging with emergency staff members through routine and scheduled emergency department visits.

- Hospital management should explore, motivate and initiate alternative on-site briefing and debriefing measures for emergency staff members.

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- The hospital management should encourage regular team meetings across professions with regard to the management of behaviourally disturbed and/or psychotic patients that would benefit not only the staff members but patients as well, so as to bridge the gap in teamwork perceptions and to clarify roles.

5.6.2.2 Training

- Universities should include in the training of doctors the management of acutely psychotic patients, as well as care and restraint procedures and methods.

- Nursing colleges and universities should include managing behaviourally disturbed/substance-induced psychotic patients in the training of nurses, as well as training in care and restraint procedures and methods.

- Agency-sourced companies with regard to some of the support staff categories such as security personnel should receive training in care and restraint procedures and methods in assisting with aggressive and agitated patients.

- The expertise of existing staff members who have training in the procedures and methods of care and restraint, should be enlisted as interim measures to skill staff members such as doctors, nurses, porters and security personnel who are presently managing and assisting in restraining patients.

5.6.2.3 Government and non-government departments/resources

- Ways need to be considered collaboratively and in partnership with government departments (social, health, justice, education), community-based organisations, the community, public users of health (inclusive of the substance abusers, stabilised or discharged substance-induced psychotic patients), family or significant others, to realistically revisit and strategically re-address the problem of substance abuse and health-related problems resulting from the abuse of substances. The emergency department manager and social worker could take the initiative to discuss, do a needs assessment, and then co-ordinate an initial meeting

with other managers or supervisors at the hospital where the study was done or at other hospitals, to engage in discussion.

- The Department of Health should advocate in-service training and educational programmes for emergency staff members and support staff members, which should be continuous, to keep abreast of new training developments and trends.

5.6.2.4 The role of the social worker

The social worker as part of the multi-disciplinary team needs to be examined with reference to evidence-based service being rendered to stabilised substance-induced psychotic patients and their families.

- Innovative ways should be embarked upon to address substance-abuse health-related problems, such as group work once patients are stabilised in the hospital setting prior to discharge.

- Further collaboration and partnership with government, non-government organisations and community for follow-up services to the discharged substance-induced psychotic patients, should be looked at.

- The possibility of community programmes and projects such as protective workshops for stabilised substance-induced psychotic patients should be assessed and advocated by all who forge partnership and collaboration as mentioned above in section 5.6.2.3.

- Social work intervention to the family or significant others of the substance-induced psychotic patients, such as initiating support groups at the hospital, should be embarked upon and encouraged with a view to hand over to them for continuation, by forming groups or linking with existing groups in their area of domicile.

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5.6.2.5 The Mental Health Care Act of South Africa (Act No. 17 of 2002)

- Legislators should take cognisance of research studies carried out, and request the undertaking of additional research pertaining to managing substance-induced psychotic patients in emergency departments of district hospitals with reference to Chapter II, 6 (1) (a) of the Act which stipulates that "Health establishments must (a) provide any person requiring mental health care, treatment and rehabilitation services with the appropriate level of mental health care, treatment and rehabilitation services within its professional scope of practice."

- The abovementioned recommendation links to the fact that the 72 hours of assessment of involuntary mental health care users include psychosis due to the use of illicit substances, with the emergency department as first area of assessment. Chapter V, 34 (1) (b) of the Act specifies: "admit the user and request a medical practitioner and another mental health services care practitioner to assess the physical and mental health status of the user for a period of 72 hours in the manner prescribed." Further research will yield more insight for planning in harmony with need and facility requirements, in respect of core standards and legislation with regard to human rights and patient rights, for consideration of amendments as well as for future legislative decisions.

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- Assistance from what is termed "the ACT team" (Assertive Community Treatment Team) should feature more prominently. There should be clarification and reviewing of their role, in consultation and partnership with hospital management as well as staff members at the facilities who are required to carry out legislation, with discharged patients as well as support systems in their home and community, and other community-based organisations. This will assist the ACT team in monitoring and decreasing the re-admission of the discharged substance-induced psychotic patient.

5.6.3 Recommendations for future research

A host of other qualitative research pertaining to managing substance-induced psychotic patients in the emergency department of a district hospital could be embarked upon.

- **The family of substance-induced psychotic patients who are managed in an emergency department of a district hospital** could give insights from their perspective with regard to their lack of supportiveness, getting their support and looking at building a network of support for those affected.

- **The experiences of stable substance-induced psychotic patients of being managed in an emergency department of a district hospital** would be insightful.

- **The experiences of other emergency department patients and visitors, of managing substance-induced psychotic patients** would be interesting to explore and describe.

- **The perspectives of hospital management at district hospitals of emergency department staff members' perception of managements' lack of support and oblivion of challenges** will be beneficial in providing an avenue of understanding and to assist in changing these perceptions.

- **The role of social workers in relation to stable substance-induced psychotic patients and their families** will bring efficacy to understanding experiences, challenges and for identifying gaps as well as need in services.

5.7 CONCLUSION

In conclusion, in the words of Creswell (2009:175) there are several important features of qualitative research. One is that throughout the research process, the researcher's focal point should not be on the meaning that the researcher or authors articulate. Rather, it is imperative that the researcher maintains their attention on gaining insight and understanding into the meaning that the participants assign to problems or matters (Creswell, 2009).

This is what the researcher set out to do, and based on the findings interpreted from the participants' perspective, this was achieved. The researcher's opinion is that this study holds meaning not only for staff members in the emergency department but for: other emergency departments in the bigger picture of the Department of Health; other government and non-government departments and resources; the community; the public user of the emergency department inclusive of the substance-induced psychotic patients; and for legislators.

The aim and objectives of the study were achieved and the research question was answered through the qualitative research approach. It was the best research approach to gain an understanding of the challenges that staff members experience in managing or assisting in managing substance-induced psychotic patients. As a social worker, the researcher was enriched by this journey with the participants, by what they shared. The experience and insight gained are invaluable. It is hoped that this qualitative research enriches the reader as well. Apart from the understanding gained, recommendations could be proposed to aid all who plan, give and gain access to substance-induced psychosis emergency department care at district hospital level.

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PERSONAL COMMUNICATION

Psychiatric medical registrar. 2011. District hospital. "Interview on 30 June 2011 about substance-induced psychotic patient admissions."

Clinical manager. 2012. District hospital."Interview on 5 July 2012 on management of patients in terms of the Mental Health Care Act (Act No. 17 of 2002)."

Professional nurse. 2013. District hospital. "Interview on 11 March 2013 about substance-induced psychotic patient admissions."

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E-mail:

APPENDIX A

INFORMATION SHEET

Project Title: The challenges experienced by staff in managing substance-induced psychotic patients in the emergency department of a district hospital in the Western Cape

This is a research project being conducted by Mrs V Williams, a registered student at the University of the Western Cape. We are inviting you to participate in this research project because you are working in the emergency department of the GF Jooste Hospital where you are managing and/or assisting substance-induced psychotic patients. The purpose of this research project is to explore and describe the challenges to staff members managing substance-induced psychotic patients in the emergency department.

You will be asked to agree to be interviewed by the researcher at the workplace. You will be asked the following questions:

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1. What is your understanding of the substance-induced psychosis?

2. Tell me about your challenges in managing the substance-induced psychotic patients.

3. What it is like for you to deal with the substance-induced psychotic patients?

4. How are substance-induced psychotic patients different from other patients you attend to?

5. How can the hospital assist you with the challenges around managing substance-induced psychotic patients?

We will do our best to keep your personal information confidential. To help protect your confidentiality, only the researcher and the supervisor will have access to the data. Pseudo names will be used to protect the participants' identifying details. The audiotapes as well as the interview transcripts will be locked in a filing cabinet and will be destroyed after the final research report is completed. You will be requested to give permission to audiotape the interview and to sign an informed consent. You are however free to withdraw from the interview at any time
If we write a report or article about this research project, your identity will be protected to the maximum extent possible.

There are no known risks associated with participating in this research project.

This research is not designed to help you personally, but the results may help the investigator learn more about the challenges that you face in dealing with substance-induced psychotic patients in a hospital. We hope that, in the future, other people might benefit from this study through improved understanding of dealing with patients of this nature.

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. You have the right to withdraw at any stage should you feel uncomfortable.

This research is being conducted by Ms Vanassa Williams a post graduate student at the University of the Western Cape. If you have any questions about the research study itself, please contact Ms Vanassa Williams at: 21 Calcium *Road,* Vanguard Estate, Athlone. Her telephone nr is: 021 6374179 and cell 0835004846. Email Address: vwilliam@pgwc.gov.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:

Head of Department: Prof C Schenck, Department of Social Work, Tel 021 9592011, email cschenck@uwc.ac.za.

Dean of the Faculty of Community and Health Sciences: Prof H Klopper
University of the Western Cape
Private Bag X17
Bellville 7535
Email: hklopper@uwc.ac.za

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This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

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APPENDIX B

CONSENT FORM

Title of Research Project:

The challenges experienced by staff in managing substance-induced psychotic patients in the emergency department of a district hospital in the Western Cape.

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant's name……………………….

Participant's signature……………………………….

Witness……………………………….

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Date………………………

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: Dr M de Jager

University of the Western Cape

Private Bag X17, Belville 7535

Telephone: (021)959-3674

Cell: 083 3062599

Fax: (021)959-2845

Email: mdejager@uwc.ac.za

APPENDIX C

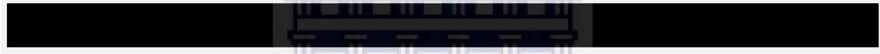
STRATEGY & HEALTH SUPPORT
healthres@pgwc.gov.za
tel: +27 21 483 9963: fax: +27 21 483 9921
1st Floor, Norton Rose House,, 8 Riebeek Street, Cape Town, 8001
www.capegateway.gov.za)

REFERENCE: RP 78/2012
ENQUIRIES: Enrico Goodman

For attention: Dr. Mariana De Jager, Ms. Vanessa Williams

Re: The challenges experienced by staff in managing substance – induced psychotic patients in the emergency department of a district hospital in the Western Cape .

Thank you for submitting your proposal to undertake the above-mentioned 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.



Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.
2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final report within six months of completion of research. This can be submitted to the provincial Research Co-ordinator (healthres@pgwc.gov.za).
3. The reference number above should be quoted in all future correspondence.

Yours sincerely

Ms. Charlene Jacobs
Acting Director: Health Impact Assessment

Date: 28/06/2012

cc **Ms. Patti Olckers** **Acting Director: Klipfontein & Mitchell's Plain**

Page 1of 1