Perspectives of Registered Nurses in Involving the Family Members of MHCUs Admitted in Specialized Mental Health Establishments in Limpopo Province, South Africa

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Abstract

The study aimed to describe registered nurses' perspectives on involving the family members of mental healthcare users (MHCUs) admitted to specialized mental health establishments in Limpopo Province, South Africa. An explanatory and descriptive quantitative approach was employed to determine registered nurses' perspectives on involving family members in the care of MHCUs. A self-developed questionnaire was used to gather data from 150 respondents who consented to participate in the study. A Statistical Package for the Social Sciences version 29 of 2022 was used and data were presented in frequency tables, graphs, and pie charts. A multi-factor dimension was captured as the viewpoints of registered nurses on collaborating with family members during the care of the MHCUs. The study revealed that registered nurses in mental health establishments have no challenge involving family members in the treatment of MHCUs. However, it was also reported that it is not always easy to contact family members as most stay in areas with poor signals. The researchers observed a need for policy revisions to encourage family involvement and increased resources for mental health care establishments.

Keywords: Challenges, Involvement, Mental health, Registered nurse, Relatives, Specialized.

1. Introduction

The families of people who are mentally ill carry a heavy burden when taking care of them. Research has shown that they experience sorrow, shame, and guilt due to less knowledge that they have in caring for mental health care users. Family members frequently play an essential role in informal care and the patient's recovery [1]. Despite their commitment to caring for the MHCUs, plenty can still be done to improve family-centered care. This depends on nurses' opinion of involving family members in the care [2]. Family-oriented care is a fundamental principle of pediatric nursing. It necessitates collaboration between families and health professionals, resulting in mutually beneficial decisions regarding the patient's care and the individuals who deliver it Mestre et al. [3]. Davidson et al. [4] also defined family-centered care as a values-based partnership approach to healthcare decision-making between the family, healthcare provider and patient. Psychiatric nurses provide complete care by assuring high-quality care, preserving rights, advocating accessible community resources and adhering to rules and guidelines that prioritize ensuring excellence for all mental healthcare users (MHCUs). It also entails promoting effective treatment that is patient-focused to ensure optimal psychosocial care [5]. However, research shows a gap in delivering holistic care to maintain the psychological well-being of MHCUs. As a result, there is an urgent need to discuss with healthcare practitioners about delivering overall community-based care to MHCUs [6]. The prevalence of family members in acute care hospitals in Europe is increasing as the burden of chronic disease and life expectancy rises [7]. Similarly, the participation of family members in caring for severely sick adult in-patients in sub-Saharan Africa is common Akpan-Idiok, et al. [8]. Gwaza and Msiska [9] stated that the lack of clarity on the role of family members in the hospital setting leads to inconsistent and ineffective communication between healthcare providers and family members. The experiences of healthcare providers, patients, family members, and friends must be acknowledged and sought to be included in care planning and organization to improve the care of MHCUs [10].

In a study by Fung and colleagues, nurses point out the structure of both medical and psychiatric services, an inadequate supply of materials, and an absence of institutional backing, as well as a challenge in the retention of nursing professionals in the discipline of mental healthcare, all of which influence the care provided and the time spent with patients [11]. Nurse practitioners are at the forefront in specialized mental health facilities in the admission, treatment, and management of mentally ill patients with a variety of mental conditions. As a result, they face a variety of obstacles at work, including the unavailability of relatives in caring for the users [12-14]. A Nigerian study found that the lack of nurses in mental healthcare facilities had a detrimental impact on the delivery of high-quality healthcare, including involving family members in the management of mentally ill patients [15]. According to May et al. [16] community health nurses play an essential role in providing community mental health visiting services to people with mental disorders. They must be able to think critically and manage numerous goals, particularly in preventative and curative psychiatry.

Family members are the foundation of psychological treatment and offer guidance and monitoring. Professionals may support families in many ways by using home visits. Home visits represent a cost-effective way of identifying and supporting vulnerable families [17]. The home visits allow health care professionals to understand better the struggles, prejudices, and stereotyping family members and the MHCUs encounter in their daily lives.

Ekström-Bergström et al. [18] emphasized the necessity of providing for each family member's support needs. Professionals must remember that parents require specific help when carrying out their responsibilities. The current study investigated the perspectives of registered nurses in involving family members of MHCUs admitted to specialized mental health establishments. The following research question was used to achieve the goal of this study:

- What are registered nurses' views on involving the family members of MHCUs admitted to specialized mental health establishments in Limpopo Province?

2. Research Methods

2.1. Study Design

A descriptive and explanatory approach was used in this quantitative study by the researcher to assess the perspectives of registered nurses in involving the relatives of MHCUs admitted to specialized mental health establishments in the Limpopo province.

2.2. Study Setting

Research settings are chosen based on the nature of the research topic and the type of data required to answer it. This study was conducted in selected specialized mental health establishments in Limpopo province. The Limpopo is South Africa's northernmost province. Limpopo River comprises the northern and western boundaries of the province. Polokwane serves as both the province's capital and major city. The province shares its borders internationally with three countries' districts and provinces: Mozambique's Gaza province to the east. Matabeleland South and Masvingo provinces to the north and northeast of Zimbabwe, and Central and Kgatleng districts to the west and northwest of Botswana. On its southern frontier, from east to west, the province shares borders with Gauteng, Northwest, and Mpumalanga [19]. The researcher chose these health establishments as they are the only specialized hospitals in the chosen districts where the registered mental health nurses work.

2.3. Population and Sampling

A census method was used to select trained psychiatric registered nurses to participate in the study. This method allowed the researcher to have an intensive study of the problem. The selection of participants was based on their experience working in mental health establishments. Participants consisted of 150 registered nurses from the three selected mental health establishments.

2.4. Inclusion Criteria

The study included all registered nurses working in the selected specialized health establishments with two or more years of experience.

2.5. Data Collection

The researcher used self-administered questionnaires developed to collect data from all professional nurses working in selected specialized health establishments in the three districts of Limpopo province, South Africa. The primary goal of a research study is to collect data that will allow the researcher to answer research questions. Data collection is the process of collecting information to get an understanding of the problem being investigated.

The researcher requested permission from the nursing management of the health establishments to conduct the study. The operational managers were requested in the wards to inform professional nurses about the study to be conducted in their units; those interested were invited in writing to take part in the study. Appointments were made with professional nurses in the three selected mental health establishments through the senior managers of the units after approval from the chief executive officers. The researcher used self-administered questionnaires to collect data from all professional nurses in the three selected mental health establishments over four months. Professional nurses were given questionnaires to complete during their spare time to avoid disrupting the services of the hospitals.

2.6. Data Management

The author collected questionnaires from the participants, including the consent forms. During data management, questionnaires were captured into a Microsoft Excel spreadsheet and exported to the Statistical Package for the Social Sciences version 25.0. Data cleaning was conducted to remove duplications and missing values. A password-protected laptop was used to store data. Questionnaires and consent forms are kept safe in a locked place to ensure confidentiality.

2.7. Data Analysis

Simple descriptive statistics, including frequency distributions were used to describe the demographics of the study population and the main variables (see Table 1). A Statistical Package for the Social Sciences version 29 of 2022 was used to analyze data that are presented in frequency tables, graphs, and pie charts [20].

2.8. Ethical Consideration

The institution's ethics committee provided ethical clearance to the first author. The Limpopo province and the participating hospitals gave permission to conduct the study. Informed agreement, privacy, confidentiality, freedom, and free will have all been respected as values of ethics.

On the survey day, each respondent was requested to complete an agreement to participate. All respondents were informed of the study's goal and that their involvement was freely done with no implications if they chose to leave before completing the questionnaires. Respondents were aware that their responses were going to be anonymous. They were also informed of the duration of completing the questionnaire before completion.

2.9. Validity and Reliability

Validity and reliability are the most important criteria for assessing the methods of measuring variables [21]. Validity is "a more complex concept that broadly concerns the soundness of the evidence of the study such as whether the findings are cogent, convincing and well-grounded". This study applied the following four basic ways to assess validity: face, criterion, construct, and content validity. In face validity, the researcher submitted self-administered questionnaires to mental health experts for approval before implementation. To ensure content validity, the researcher developed questionnaires that were given to experts to validate the content with the study objectives. The researcher ensured the criterion by developing instruments, modifying and reconstructing them to link with the study's objectives. The researcher ensured the instruments used were based on logical relationships with variables and the underlying theory to ensure construct validity. The researcher ensures reliability by developing questionnaires that are reliable and valid.

On the other hand, reliability refers to the accuracy and consistency of information obtained in a study [21]. The questionnaire was reviewed to determine their constructs' reproducibility/repeatability and internal consistency.

3. Results

The investigation was conducted to narrate the collaboration of members of the family in the management of MHCUs while in mental healthcare establishments. The results are statistically presented in frequencies and percentages tables, graphs, and pie charts. Data was collected from 150 registered nurses in psychiatric units. Therefore, the study yielded a 100% response rate.

3.1. Demographic Characteristics

Table 1 illustrates the demographic characteristics of the respondents. The majority (n=125/83%) of the study respondents were female nurses. Male nurses constituted only 17% (n=25). The study respondents were dominated by those having age between 30-39 years (n=64/43%) followed by 20-29 years (n=42/28%), and 50-59 years (n=26/17%) respectively, and the least age was 40-49 years (n=18/12%). Most respondents were married (n=89/59%) followed by single who constituted 30% (n=45). Fewer were widowed (n=6/4%) and divorced (n=10/7%). In this study, professional nurses (n=123/82%) were the most respondents and minority respondents were from the categories of operational managers

(n=25/17%) and nursing service managers (n=2/3%). Furthermore, the study revealed that respondents had served in the psychiatric unit for 16-30 years (n=76/51%) followed by 6-15 years (n=55/37%) and a few were between 2-5 years (n=19/13%) of experience. No one had a working experience of more than 30 years in the psychiatric unit.

Table 1.
Demographic information of participants (gender , age, and grades: N=150).

Gender	Variables	Frequency (n)	Percentage (%)
	Female	125	83
	Male	25	17
Age	20-29 years	42	28
	30-39 years	64	43
	40-49 years	18	12
	50-59 years	26	17
Marital status	Single	45	30
	Married	89	59
	Divorced	10	07
	Widowed	06	04
Designation	Professional nurse	123	82
	Operational manager	25	17
	Nursing service manager	02	03
Year of service	2-5 years	19	13
	6-15 years	55	37
	16 – 30 years	76	51
	>30 years	00	00

3.2. Perceived Challenges to the Involvement of Family Members in Healthcare Processes

Views of registered nurses regarding family members' involvement in the healthcare processes in the caring of MHCUs while still admitted to the healthcare facility were investigated. Regarding reluctance to involve family members, the majority disagreed (n=79/53%), and n=45(30%) had a strong disagreement. A shortage of nurses was not an obstacle to family involvement with the majority showing a strong disagreement (n=99/66%). Seventy-seven (58%) disagree, and 49 (33%) strongly disagree that lack of space restricts family involvement in treating MHCUs.

The commitment of hospital management to facilitating family involvement was not found to be a challenge by most respondents (n=123/82%) whereas 12(8%) respondents agree that hospital management is not committed. The majority of respondents (n=77/51%) disagree that the lack of policies and guidelines prevents the participation of members of the family in the management of service users while in the hospital. The perceptions and beliefs of nurses influencing family members' engagement in the MHCUs' care were not supported by the majority (n=119/79%) who strongly disagreed. Respondents strongly disagreed (n=89/59%) and disagreed (41/27%) that they have challenges involving members of the family in the management of mentally ill patients while at the mental healthcare facility (see Table 2).

Table 2.
Family involvement in the healthcare system N=150.

Statements	Strongly agree N (%)	Agree N (%)	Disagree N (%)	Strongly disagree N (%)
The healthcare providers are reluctant to involve family members in the care of MHCUs.	11(7)	15(10)	79(53)	45(30)
The shortage of nurses prevents the involvement of family members in the care of MHCUs.	10(15)	7(5)	34(23)	99(66)
Lack of space restricts the involvement of family members in the treatment of MHCUs.	18(12)	6(4)	77(58)	49(33)
Hospital management is not committed to facilitating family involvement in the care of MHCUs.	6(4)	12(8)	123(82)	9(6)
Lack of policies and guidelines prevents the involvement of family members in the care of MHCUs.	20(13)	24(16)	77(51)	29(19)
Nurses' perceptions and beliefs influence the involvement of family members in the care of MHCUs.	4(3)	11(7)	16(11)	119(79)
I have a challenge involving family members in the treatment care of MHCUs.	15(10)	5(3)	41(27)	89(59)

3.3. Views to Facilitate Family Members' Involvement in the Care of MHCUs

The respondents revealed that MHCUs were willing to involve their family members in their care with 49 (33%) strongly agreeing. However, 40(27%) of respondents were strongly in disagreement with the sentiment. In turn, the majority of respondents disagreed (n=66/44%) and strongly disagreed (n=36/24) that family members were willing to be

involved in the treatment of MHCUs. In contrast, 33(22%) of respondents were in strong agreement with the feeling. Most respondents (n=103/69%) strongly agreed that members of the family participate in MHCUs' care though family members as reported by the respondents are not willing to be involved in the treatment of the MHCUs. It was reported by most respondents (n=90/60%) that the hospital system does not prohibit members of the family's involvement in the treatment of MHCUs. However, it was reported that members of the family engage in MHCUs' treatment, and it is a good idea (115/77%). Despite the innovative idea, most respondents (n=87/58%) disagreed that it is easy to contact family members of MHCUs (see Table 3).

Table 3.
Family members' involvement in the care of MHCUs N=150.

Statements	Strongly agree N (%)	Agree N (%)	Strongly disagree N (%)	Disagree N (%)
MHCUs are willing to involve the family members in their treatment.	49(33)	35(23)	40(27)	26(17)
Family members are willing to be involved in the treatment of MHCUs.	33(22)	15(10)	36(24)	66(44)
Family members were involved in the care of MHCUs.	103(69)	23(15)	13(9)	11(7)
The hospital system allows the involvement of family in the treatment of MHCUs.	90(60)	32(21)	18(12)	10(7)
Family involvement is a good idea in the treatment of MHCUs.	115(77)	25((17)	3(2)	7(5)
It is easy to contact family members of MHCUs.	7(5)	11(7)	45(30)	87(58)

3.4. Practice Regarding Family Members' Involvement. N =150

This study also determined how healthcare providers reach family members when the patients require certain needs and permissions. The majority of the respondents (n=115/77%) in Table 4 reported that they do not notify family members in cases where medical procedures are performed at the MHCU. Moreover, 98(65%) respondents reported that they always refer MHCUs without the knowledge or permission of family members to other health care providers. However, most respondents (n=125/83%) reported consistently notifying family members if a surgical procedure is performed at the MHCU. One hundred and twenty-five (83%) respondents reported that they asked family members' points of view before performing the procedure in their MHCUs.

Table 4.
Permissions by MHCUs' family members to a healthcare provider.

Statements	Always N (%)	Sometimes N (%)	Not at all N (%)
I notify family members if a medical procedure is performed at the MHCU.	15(10)	20(13)	115(77)
I refer MHCUs without family members to other healthcare providers.	98(65)	29(19)	23(15)
I notify family members if a surgical procedure is performed at the MHCU.	125(83)	15(10)	10(7)
I ask family members before performing the procedure in their MHCUs.	125(83)	15(10)	10(7)

3.5. Perceived Home Visits by Healthcare Providers

Data was captured to assess the reactions of healthcare providers on how family members perceived the need for home visits after the patients were discharged. The majority (n=123/82%) of the respondents in Figure 1 reported that family members were found to be negative about the home visit, whereas 20 (13%) of them [respondents] reported that family members felt positive, and fewer (n=7/5%) respondents reported that family members were neutral about it.
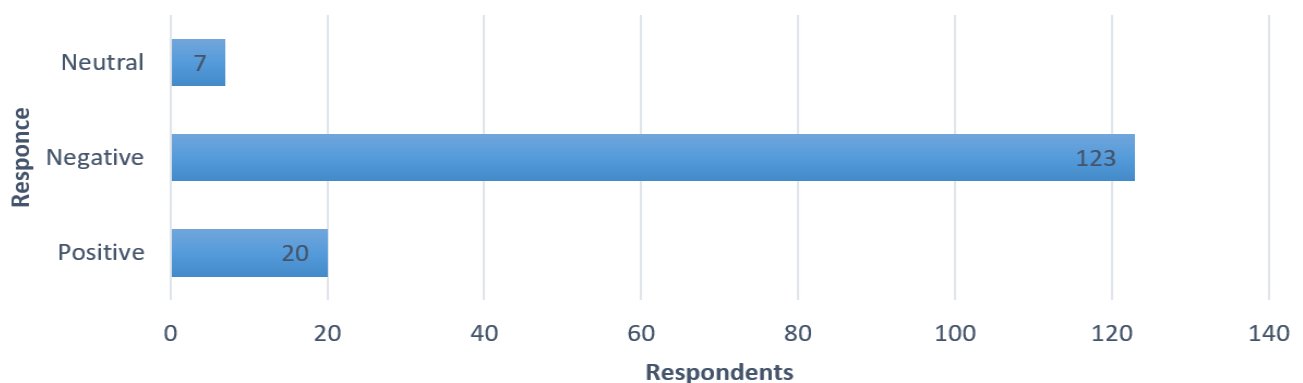

Figure 1.
View regarding home visits by healthcare providers.

3.6. State of MHCUs during Home Visits Observed by Healthcare Providers

The study also investigated what healthcare providers say about the MHCUs' feelings on the issue of home visits after discharge. Figure 2 illustrates the reaction of MHCUs to home visits by healthcare providers. Most respondents (67%) reported that MHCUs are unhappy (sad) when healthcare providers conduct home visits. However, only 23% reported that MHCUs are welcoming (happy) home visits, and 10% indicated that the MHCUs' feelings were neutral about it.
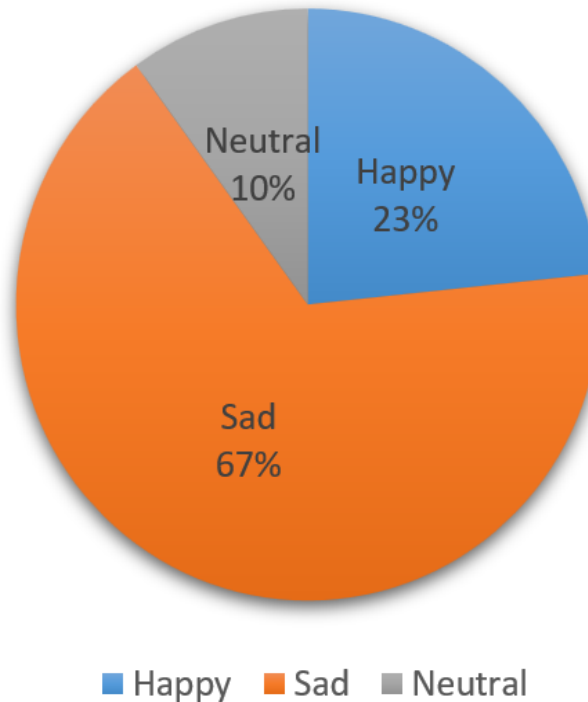

Figure 2.
Healthcare providers report the feelings of MHCUs on home visits.

3.7. Access to MHCU Family Members

Figure 3 presents how the healthcare professionals accessed the family members to participate in the care of MHCUs while admitted to the mental healthcare facilities. The majority (86%) reported that family members were reached telephonically, the least respondents (10%) indicated that other family members were found during the visits to the hospital and 4% of the respondents mentioned that family members were asked during the support home visits.
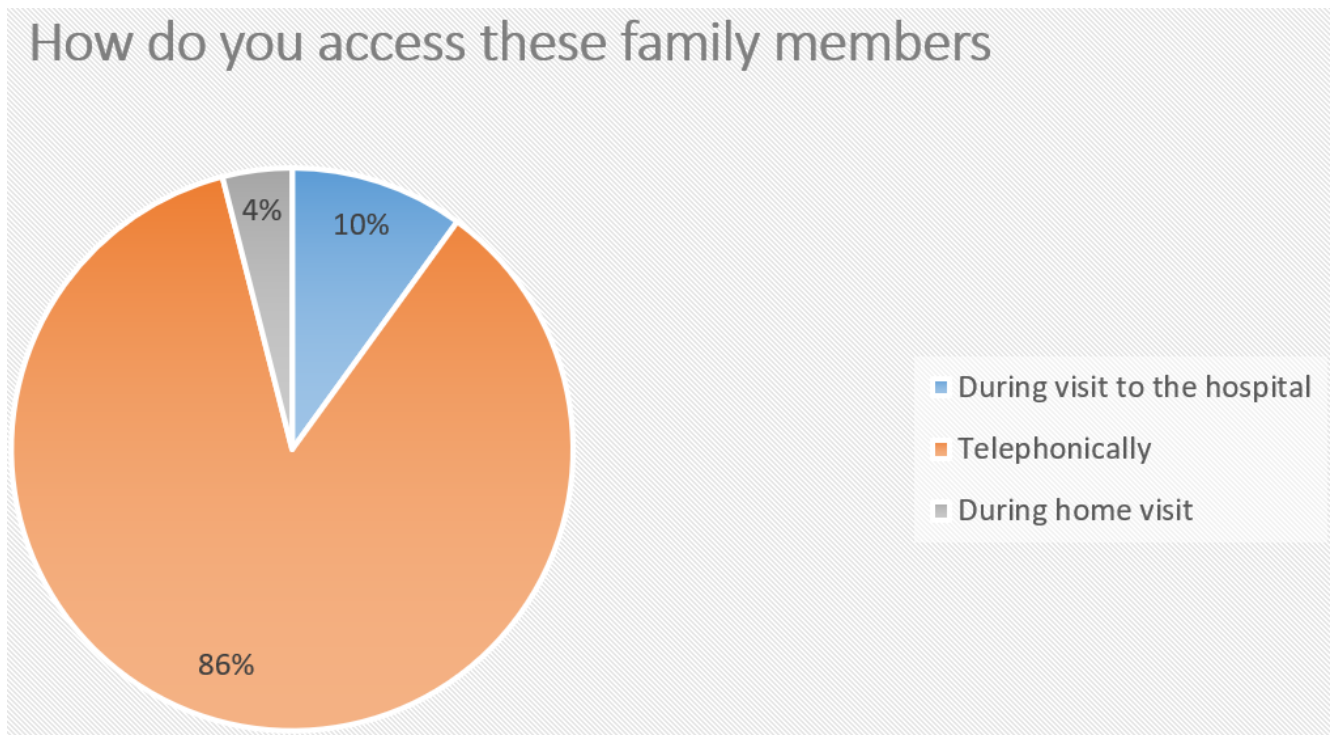
Figure 3.
Access to family members.

4. Discussion

This quantitative study aimed at describing the perspectives of registered nurses in involving family members of MHCUs admitted in Limpopo's mental health facilities. The study found that registered nurses at mental health facilities are willing to partner with members of the family in caring for MHCU patients admitted to mental health institutions. A majority of registered nurses further agreed that family members engage in the treatment of MHCUs admitted to mental health establishments. This is supported by Årestedt et al. [22] and Nóbrega et al. [23] who stated that nurses are willing to engage with families in caring for patients living with chronic conditions at home. In contrast, the majority of registered nurses (68%) did not agree that close relatives are pleased to be part of the treatment of MHCUs admitted to mental health establishments. Considering the statement, their involvement shows support for the MHCUs, and not being willing to be involved can denote a lack of support for the MHCUs in their treatment plan after discharge.

In the current study, respondents reported not informing family members when referring MHCUs to other healthcare providers for further non-surgical treatment. They further indicated that they only inform family members if the MHCU should undergo surgery. This differs from Barreto et al. [24] who mentioned that registered nurses are less likely to involve close relatives in cases requiring surgical treatments, especially in acute and emergency treatment. Based on the findings, one can conclude that registered nurses are the stumbling block for the engagement of close relatives in managing MHCUs while admitted to health facilities. Members of the family might not be willing to be engaged in the treatment plan for mental health care users as indicated by the respondents because of the registered nurses' attitude of not informing them about the progress of the users regarding the need for specialist opinion while admitted in the hospital. In addition, the family members might develop a negative attitude of not caring and allow the healthcare providers to do anything to the MHCU since they are not consulted for their opinions.

Furthermore, the results revealed that the majority of registered nurses indicated that it is not easy to contact close relatives of patients admitted to mental establishments. This undermines their statement that MHCUs' close relatives do not want to collaborate with healthcare professionals in the treatment of MHCUs admitted to mental health establishments. It could be possible that the registered nurses do not reach family members for activities related to the treatment of MHCUs, as they indicated that it is challenging to get hold of them. Although the reasons were not provided, it could be possible that bad or no signal contributed to this due to the network's poor coverage or many users at once. This is supported by Janjua et al. [25] who demonstrated that although remote healthcare is being promoted, several applications have not been explored due to communication challenges such as massive connectivity and interference.

It is evident in this study that engaging close relatives in the care of the mentally ill patient is key as was shown by most respondents who strongly agreed with the statement. This is in line with studies that found family involvement to produce favorable results, including lower readmissions and incidences of relapse [26-28] as well as higher compliance rates [26]. Caregivers often establish the patient's initial access to professional treatment services.

The study further emphasized that the hospital system allows family members' involvement and that most MHCUs have family members. Although many agreed and strongly agreed that MHCUs are willing to include the family members in their treatment, most respondents disagreed with the statement that doctors are reluctant to involve the family in the

treatment of MHCUs. This implies that the system does support the involvement of family members in the care of MHCUs admitted to mental health establishments and it should be applauded.

Hestmark et al. [29] supported the above statement by indicating that clinicians recognized the importance of maintaining an open communication channel, preferably by contacting family members early rather than late and during an acute crisis (as had previously been the norm). An open line allowed families to call clinicians immediately for advice and assistance, significantly lowering family members' stress levels. It might also imply that with the patient's permission, professionals would call family members for a mutual update which could increase the effectiveness of follow-up. The majority of the respondents reported that family members were found to be negative about the home visit. This contradicts the results of a recent investigation in the area that showed that nurses do not conduct home visits to MHCUs who missed appointments like in the past [30].

The findings from the study also revealed that the lack of policies is not an issue in the facilitation of family involvement, as indicated by 70% of respondents disagreeing with the sentiment that their perceptions and beliefs influence the participation of close relatives in the care of mentally ill patients. According to a study by Maybery et al. [31], when mental health providers connect meaningfully with caretakers and family members, all stakeholders benefit significantly, including the service user. Worldwide, government policies promote inclusivity, yet health sector interaction with family and carers is inconsistent, probably due to a lack of clarity about how to engage. A review of presently utilized surveys, pertinent research, and audit methods identifies seven main ways that health services should engage families and carers [31].

4.1. Contribution to the Knowledge

This research adds to the area of study by describing experiences faced by registered nurses when involving families in treating patients admitted to specialized mental healthcare establishments. However, the study findings could make provision for future inquiries that could further promote family engagement when their loved ones are in mental health care, more especially in public health facilities. Moreover, the findings reflect the need for considering a holistic and multidisciplinary integration of the treatment and care of MHCUs within mental healthcare facilities.

4.2. Implications for Practice and Recommendations

This study will add value to the mental healthcare system when developing policy guidelines to promote family members and community engagement for patients during their hospital stay. The family members' support is viewed as a source of inspiration to enhance the rehabilitation of the patients in need, and their involvement might improve healthcare services for MHCUs. The recommendation for healthcare managers in mental health institutions is to consider the standard operational plan that would facilitate full commitment by family members to contribute to the care of the MHCUs while in the hospital.

4.3. Limitations of the Study

The study was conducted only on registered nurses who work in designated health establishments in the province, and the questionnaires only focused on specific questions which limited the participants from expressing their true feelings about family involvement. The study was conducted in Limpopo province' three specialized mental health establishments in rural areas with poor infrastructure and limited resources where participants might not feel comfortable sharing their true feelings or experiences or recalling information accurately. The questionnaires were administered by the researcher which can influence the data collected.

4.4. Future Research

This study can potentially be replicated in other districts and provinces of South Africa. The replication of this study could help to explore the family member's involvement in caring for their loved ones while admitted to the hospital. Therefore, a qualitative study among family members and MHCUs can be conducted to gain their in-depth views and perceptions on the phenomenon.

5. Conclusion

The study on the challenges experienced by registered nurses when involving members of the family in the management of patients admitted to specialized mental health establishments has shed light on a complex and multifaceted issue. The results emphasize the significance of family involvement in the care of MHCUs while highlighting the difficulties nurses face in facilitating this involvement. These challenges range from institutional barriers to personal and familial factors, all of which require targeted strategies for improvement. The study emphasizes the need for ongoing training and support for nurses, policy revisions to encourage family involvement, and increased resources for mental health care establishments. Addressing these challenges is crucial for enhancing the quality of care for MHCUs and promoting a more inclusive and patient-centered approach to mental health care.

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