THE ROLE AND ROLE ACTIVITIES OF PROFESSIONAL NURSES PRACTICING IN CHILD AND ADOLESCENT PSYCHIATRIC INPATIENT UNITS IN GAUTENG, SOUTH AFRICA

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A dissertation submitted to the Faculty of Health Sciences,

University of the Witwatersrand, Johannesburg, in fulfilment of the requirements

for a Master of Science Degree in Nursing.

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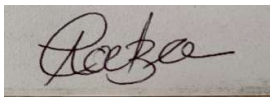
DECLARATION

I, Rebecca Adelle Coetzee, declare that the thesis on “The role and role activities of professional nurses practicing in child and adolescent psychiatric inpatient units in Gauteng, South Africa” is my original work in design and execution and that all sources cited are duly acknowledged. This report has not been submitted for any other degree or examination at any other university.



8 November 2024

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Signature Date

Protocol number: **M230325**

DEDICATION

This research study is dedicated to:

- Joseph, Emma, Kate & Boaz
- My parents (Wendy & Rubin)
- All my family members, colleagues, and friends

ACKNOWLEDGEMENTS

I am profoundly grateful to God Almighty for providing me with strength, guidance, and unwavering faith throughout this journey. His grace has been my constant companion, steering me through every challenge and triumph.

To my dear husband and children, your love, understanding, and sacrifices have been the cornerstone of my pursuit of this master's degree. Your unwavering support, patience, and encouragement sustained me through the long hours of study and research. I am deeply indebted to you for your selflessness and belief in me.

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ABSTRACT

Background: In South Africa's healthcare system, the rise in mental health challenges among children and adolescents underscores the need for effective, specialized services. Central to psychiatric care are multidisciplinary teams, with child and adolescent professional nurses playing crucial roles in supporting positive health outcomes. However, the specific roles and activities of these nurses remain unclear within the South African context**.**

Purpose: This study aims to fill this gap by investigating the roles and activities of child and adolescent professional nurse practitioners in South Africa. Through semi-structured interviews, the study explores the various dimensions of their roles.

Research Methods: This qualitative descriptive study used semi structured interviews and thematic analysis to gather and analyse data, 17 interviews were conducted and analysed. A scoping literature review was also conducted, following Arksey and O'Malley's (2005) framework, to map the role of child and adolescent professional nurses internationally over the past decade. The review, conducted across databases including Ebsco Host, Scopus, and ProQuest, resulted in six articles after applying inclusion and exclusion criteria.

Findings: Interview data revealed that nurses' roles include patient support, crisis management, independent admission processes, medication administration, and therapy sessions. Their responsibilities span ensuring safety, collaborating in multidisciplinary teams, managing high-risk patients, and maintaining records. Administrative duties involve delegation, supervision, training, advocacy, and referrals. The main challenges identified were training gaps in psychology, burnout, resource limitations, and facility constraints. The scoping review echoed similar themes, including professional roles, patient care, therapeutic interventions, safety measures, collaborative practices, training needs, and skills development for CAMH nurses.

Conclusion: This study illuminates the diverse and essential roles of child and adolescent professional nurses within the healthcare team, underscoring the need to integrate these responsibilities into training curricula. By synthesising literature and

empirical data, the study offers a comprehensive view of these nurses' roles and challenges, contributing valuable insights for future practice and education in the field.

Key Terms: Child and adolescent, professional nurse, role, activities, child and adolescent psychiatric units.

PRESENTATIONS ARISING FROM THIS STUDY

Coetzee, R and Nkosi, N. *"The Role and Role Activities of Professional Nurses working in child and adolescent psychiatric in-patient units, Gauteng, South Africa".* Abstract submitted to Africa Interdisciplinary Health Conference in Johannesburg, South Africa. 21 – 23 August 2024. Oral Presentation.

NOMENCLATURE

CAMH – Child and Adolescent Mental Health

CHBH – Chris Hani Baragwaneth Hospital

LOA – Leave of Absence

MDT – Multi-Disciplinary Team

PG Dip – Post Graduate Diploma

PN – Professional Nurse

OT – Occupational Therapist

SANC – South African Nursing Council

WHO – World Health Organisation

CHAPTER 1

OVERVIEW OF THE STUDY

This chapter provides an overview of the study, which includes the background, the problem statement, the aim of the study, research questions and objectives, and the significance of the study. A brief description of the research methods and design is given as well as the clarification of concepts used in the study.

1.1 Introduction

The role and role activities of the nurse encompass a variety of components; this may differ in the various specialty areas e.g.: pediatrics, forensics, and biochemical. Nurses must have the required skills and knowledge to work in these specialized environments to optimize the care and recovery of patients. One such specialty is the child professional nurse; often these nurses acquire their skill set through experience or postgraduate training. These nurses play a critical role in achieving the goals of treatment, especially with the current state of child and adolescent mental illness worldwide.

1.2 Background & Rationale

In 2022, Statistics South Africa (2003 – 2023) had estimated the total population of South Africa to be 62 million people, with approximately 21 million being children under the age of 18. This means that children constitute about 34% of the country's total population. Consequently, all these children require access to healthcare services, including both physical and psychosocial care. Globally, there has been a rise in children and adolescents being diagnosed with mental health problems. The World Health Organisation (WHO) estimated that approximately 10-20% of children in the world are affected by a mental disorder (WHO, 2019). Data on national studies regarding the prevalence of mental

illness among children in South Africa are lacking. However, Kleintjies et al. (2006) estimated that the prevalence of any mental disorder among children in the Western Cape was at 17%, with generalised anxiety disorder being the most common diagnosed disorder, and post-traumatic stress disorder following close. The 3rd South African National Youth Risk Behavior Survey 2011 reported that over 20% of 18-year-olds had one or more suicide attempts, with suicide being closely linked to mental health challenges (Reddy et al., 2011). This increasing prevalence can be attributed to the country's unique social and economic climate, including cultural factors, poverty, HIV pandemic, trauma, violence, abuse, and the lack of early intervention mental health services (Petersen, Bhana & Swartz., 2012). The growing number of children and adolescents experiencing mental health challenges emphasises the need for skilled multidisciplinary healthcare providers, including nurses, who can cater to the holistic healthcare needs of this population group.

Moreover, South Africa is one of fourteen countries in the world recognized by the United Nations, to have drawn up a national child and adolescent mental health policy guidelines (Mokitimi, et al., 2018). These policy guidelines were developed between 2001 and 2003 in South Africa by the National Department of Health (Department of Health, 2003). The policy guidelines establish a three-tier model for child and adolescent mental health services within the public sector, delineating the process of transitioning children between these tiers. According to this model, the initial point of contact for patients should occur at the primary healthcare services level. From there, patients may progress to level two, which consists of a mental health specialist team. Finally, level three comprises the child and adolescent mental health specialist team, tailored to address issues of greater complexity (Mokitimi et al., 2018). The child and adolescent specialist teams are found on tier three, which are identified as tertiary institutions, and consist of~~:~~ a psychiatrist, psychologist, social worker, professional nurse, and occupational therapist (Flisher, et al., 2012). However, there is no clear practice guide on the role of the professional nurse.

While within the multi-disciplinary team, nurses spend more time with the child or adolescent during the treatment process, the nurses 24-hour exposure to the child or adolescent provides data useful for diagnosis and treatment by the

multi-disciplinary team (Delaney, Cooper & Nshemerewire, 2018). Some of the nurse's activities are first intake before referral to the multi-disciplinary team, maintaining the therapeutic milieu, ensuring safety, case management, co-ordination with family members, and administrative duties that accompany nursing (Delaney, Cooper & Nshemerewire, 2018; Uys & Middleton, 2014). It is important to note that The South African Nursing Council (SANC) is responsible for describing the role through the scope of practice for nurses in South Africa. Professional nurses are registered with the SANC under R212 of the Nursing Act 50 of 1978 since 1993 (SANC, 1993) and work within the scope of practice guided by R2598 of 1984 (SANC). However, there is no description of the scope of practice within the child and adolescent mental health nursing space. The recent release of mental health nursing competencies by SANC does not include specific guidelines for the care of children or adolescents with mental health needs.

Formal education in child and adolescent mental health nursing is currently unavailable in South Africa. This is a notable gap considering that mental health issues and requirements among children and adolescents significantly differ from those of adults. Specialised training in this field could play a crucial role in improving the mental health outcomes for this demographic. However, there exists limited understanding of the specific role and activities undertaken by child and adolescent professional nurses in the South African context. While existing research focuses on the experiences of nurses within child psychiatric units, there is a scarcity of literature that comprehensively describes their role and responsibilities. Conducting research to clarify the role and activities of these specialised nurses is therefore imperative to address this gap in knowledge. By gaining insights into the specific skills and practices employed by child and adolescent professional nurses in clinical settings, the researchers can better appreciate the importance and impact of their role in promoting mental health among children and adolescents in South Africa.

1.3 Problem Statement

In South Africa, the roles and specific activities of child and adolescent professional nurses remain underexplored, with limited scientific literature available, particularly within public health settings. Although the South African Mental Health Care Act No. 17 of 2002 establishes a legal framework for mental healthcare, it does not explicitly define the roles or responsibilities of professional nurses, including those working in child and adolescent psychiatric units. This absence of guidance contributes to ambiguity regarding the specialised contributions of these nurses, who play a critical role in providing 24-hour care, crisis management, therapeutic interventions, and continuous observation—functions essential to effective, multidisciplinary patient care.

The lack of clear documentation and research creates a risk that these specialised nursing roles may be diluted or absorbed into broader multidisciplinary positions, potentially diminishing the quality of care provided to this vulnerable population (Rasmussen, Henderson & Muir-Cochrane, 2014). Given the unique needs of child and adolescent patients, there is an urgent need to clarify and formally define these roles to better guide nursing practice, support targeted education, and contribute to comprehensive role descriptions.

The problem addressed by this study, therefore, is the limited understanding and formal definition of the roles and activities of child and adolescent professional nurses within Gauteng's public mental health facilities and across South Africa. Additionally, no scoping review on these roles has yet been conducted, leaving a critical gap in both the literature and in policy guidance.

1.4 Clarification of Concepts

1.4.1 Role and role activities

The role is defined by Merriam-Webster (2019) as an expected behavior pattern determined by an individual's position in a particular setting. Role Activities are defined by Merriam-Webster (2019) as the actual performance or action. For

this study the role and role activities of the registered nurse in a child psychiatric unit refers to the day-to-day activities the registered nurse takes on in the child and adolescent psychiatric unit; The role and role activities are supported by values that guide how nursing care is provided (American Nurses Association, 2010).

1.4.2 **Professional nurse**

A Professional Nurse is a person registered in terms of section 31 of South African Nursing Act No 33 of 2005. They have met the requirements of the South African Nursing Council by completing a 4-year bachelor's degree or diploma in Nursing (SANC, 2005). For this study, the professional nurse refers to professional nurses working in a child and adolescent psychiatric unit.

1.4.3 **Child and adolescent psychiatric units**

A Child and Adolescent Psychiatric Unit is a part of a hospital or clinic that diagnose, treat, and prevent mental disorders in children, and their families (Children's Health, 2016). A child psychiatric unit may operate as an inpatient unit or an outpatient unit. The inpatient unit is the care of children and adolescents whose condition requires admission to a hospital, whereas the outpatient clinic treats children and adolescents with mental health problems who visit the hospital for diagnosis or treatment but do not require a bed or to be admitted for overnight care at that time.

1.4.4 **Mental health**

Mental health refers to a state of well-being in which an individual realizes their own abilities, can cope with the normal stresses of life, can work productively, and is able to contribute to their community. It encompasses emotional, psychological, and social well-being, influencing how people think, feel, and act, as well as how they handle stress, relate to others, and make choices. Mental

health is essential for overall health and is influenced by various factors including genetics, environment, lifestyle, and experiences (WHO, 2022).

1.5 Significance of the study

The clinical outcome that the researcher foresees is that if this study is done the roles and role activities will be clarified. The findings of this study might contribute towards the development of the guidelines, scope of practice, practice guide, curriculum development, and education of the child and adolescent professional nurses. The researcher envisages that this study will describe the current role and role activities of professional nurses in child psychiatric in-patient units in Gauteng, South Africa

1.6 Research Question

What are the roles and role activities of child and adolescent professional nurse practitioners in psychiatric inpatient facilities in Gauteng?

1.7 Purpose and Objectives of the Study

The purpose of the study is to investigate the current roles, and role activities of the child and adolescent professional nurse practitioners and to elicit their thoughts on what their roles should be. In addition, it establishes the role and role activities of child and adolescent professional nurses as depicted in the literature.

The objectives are to:

1) Explore the role and role activities of professional nurses in child and adolescent psychiatric inpatient units.

2) Describe the role and role activities of professional nurses practicing in child and adolescent psychiatric inpatient units in literature.

3) Recommend the role and role activities of professional nurses working in child and adolescent psychiatric inpatient units

1.8 Research Setting

This study will be conducted in 2 public sector child and adolescent in-patient psychiatric facilities in Gauteng, South Africa.

Site 1*:* Nestled in the northern part of Johannesburg, **The Adolescent Unit** is a closed unit that provides inpatient care for adolescents aged 13 to 18 years who have complex psychological and emotional difficulties and who cannot be managed on an outpatient basis. **The Child Unit**: this unit provides tertiary/quaternary mental health care for children aged 4-12yrs.

Site 2: Situated in the Southwestern suburbs of Johannesburg. **The Child Unit** provides tertiary/quaternary mental health care for children aged 4-12 years.

1.9 Overview of Research Methodology

Research design is a set of guidelines and instructions to be followed in addressing the research problem. This study followed a multi-method design, it consisted of two phases. Phase 1 was semi-structured interviews with child and adolescent professional nurses and phase two was a scoping review of international literature. Data analysis was done thematically in both phases. A detailed description of the research methodology is provided in Chapter 3 of the dissertation.

1.10 Ethical Considerations

Data collection only commenced once approval, and ethical clearance was obtained from:

- The School of Therapeutic Sciences Post Graduate Research Committee,

- The Human Research Ethics Committee of the University of the Witwatersrand
- The Gauteng Department of Health and permission to conduct research in the identified facilities (*see* Annexure 3).

Written informed consent was obtained from participants for the study and digital recording of the interviews (*see* Annexure 4).

Confidentiality and anonymity were maintained for the participants and institutions through allocating pseudonyms or numbers to the participants. The information letter indicated the full process of the study. The following ethical principles were complied with right to self-determination, right to privacy, justice, and protection from discomfort and harm as well as right to autonomy and confidentiality.

1.11 **Outline of the Research Report**

The following is an outline to the remainder of the study:

Chapter Two: Literature review

Chapter Three: Research design and methodology

Chapter Four: Semi-Structured Interviews

Chapter Five: Scoping Literature Review

Chapter Six: Triangulation, Discussion, and interpretation of findings

Chapter Seven: Justification, recommendations, limitations, researcher's reflection, and conclusions.

1.12 **Conclusion**

This chapter provided an overview to the study, including the clarification of concepts used in this study. Chapter Two provides a review of literature review on the role and role activities of a professional nurse working in child and adolescent psychiatric unit.

CHAPTER 2

LITERATURE REVIEW

2.1 **Introduction**

The previous chapter gave an overview of the study which included the background to the study, the problem statement, significance, objectives, aim, research questions, and definition of terms used in the study. A brief overview of the research methodology was also presented. This chapter delves into various aspects of nursing, with a particular focus on professional nurses practicing in child and adolescent psychiatric inpatient units. Through an exploration of the scope and evolution of nursing roles, specific nursing practices and interventions, the challenges faced in psychiatric nursing, and cross-cultural analysis, this review aims to provide a comprehensive understanding of the current trends, best practices, and future directions in psychiatric nursing.

2.2 Scope And Evolution of Nursing Roles in Child and Adolescent Psychiatry

The evolution and scope of nursing roles in child and adolescent psychiatry, particularly within the South African context, is a complex topic that has seen significant shifts over the years. The role of professional nurses in these specialised units is not confined to the administration of care but extends to being critical in shaping the mental health context for younger populations. As Zhecheva (2023) highlights, nurses in the modern healthcare system play a crucial role in not only improving the mental health of children but also in supporting the families that nurture them. This dual responsibility emphasises the expanding scope of nursing practices, where their roles transcend traditional caregiving to encompass a more holistic approach to mental health management.

Similarly, Rasmussen (2015) provides insights into the broadening scope of practice in nursing specialties, using child and adolescent mental health as a prime example. Nurses in psychiatric units are now more involved in the direct planning and implementation of individualised care plans, psychoeducation, and therapeutic interventions, marking a significant advancement from their historically more supportive roles.

Furthermore, the work of Dulcan (2021) in the scope of child and adolescent psychiatry offers an convincing perspective on the evolving complexities of psychiatric nursing. This complexity not only pertains to the clinical challenges these nurses face but also the ethical and emotional dimensions of working with vulnerable populations. Nurses in these settings are increasingly recognised as key players in the development of treatment strategies that are sensitive to the unique needs of young patients.

2.3 Nursing Practices and Interventions in Psychiatric Care: Child Vs Adult Psychiatry

There are significant differences between adult psychiatric nursing and child and adolescent psychiatric nursing. Adult psychiatric nursing primarily involves working with patients who are 18 years of age or older, while child psychiatric nursing focuses on the mental health needs of children and adolescents. The approach to adult psychiatric nursing often involves treating patients with severe and persistent mental illnesses such as schizophrenia, bipolar disorder, or major depression (Rasmussen et al., 2017). In contrast, child and adolescent psychiatric nursing focuses on providing care to children who may be experiencing behavioral or emotional issues. Child psychiatric nursing also involves assessing and addressing the developmental needs of children, as well as providing support to their families. Additionally, the assessment and treatment techniques used in adult psychiatric nursing may differ from those used in child psychiatric nursing.

In the domain of psychiatric care, especially within inpatient units, nursing practices and interventions have evolved to become integral components of comprehensive mental health treatment. The specific practices and interventions employed by nurses in these settings are diverse, reflecting the complexities of psychiatric disorders and the unique needs of individual patients. Dulcan's seminal work, "Dulcan's Textbook of Child and Adolescent Psychiatry" (2021), provides a comprehensive overview of the varied approaches nurses employ in psychiatric settings. These range from the implementation of therapeutic communication techniques to the administration of psychopharmacological treatments, highlighting the multifunctional role of nurses in managing psychiatric conditions.

One of the critical areas in psychiatric nursing is the management of challenging behaviours and crisis situations. Gerace and Muir-Cochrane's (2019) investigation into the perceptions of nurses working with psychiatric consumers underscores a significant shift in approaches toward managing such situations. The focus has increasingly moved away from traditional methods like seclusion and restraint towards more patient-centered, therapeutic interventions. This shift aligns with the broader ethos in psychiatric care that prioritizes dignity, autonomy, and the least restrictive forms of intervention for patients.

Furthermore, Dulcan et al. (2017) in their "Concise Guide to Child and Adolescent Psychiatry" shed light on the specialised practices in child and adolescent psychiatric nursing. These practices include the creation of safe and therapeutic environments, the use of play and art therapies, and the engagement in family education and support. These interventions are crucial, as they not only address the immediate psychiatric needs of the young patients but also foster a broader understanding and support system within their families, which is pivotal for long-term recovery and well-being.

However, the role of an adult psychiatric nurse, is defined by the South African Nursing Council (SANC, 2020) and supported by the American Nurses Association (ANA, 2023), as comprehensive assessment, planning, implementation, and evaluation of nursing care tailored to the unique needs of adult patients with mental health disorders. This involves conducting thorough

psychiatric assessments, collaborating with multidisciplinary teams to develop individualised care plans, and administering therapeutic interventions such as medication management and psychoeducation. Additionally, they collaborate with multidisciplinary teams, participate in treatment planning, monitor patient progress, facilitate therapeutic activities, and intervene in crises (SANC, 2024; ANA, 2023). Alzahrani (2023) emphasises the importance of psychiatric nurses in promoting patient well-being and maintaining a therapeutic environment through various activities such as establishing rapport, ensuring safety, educating patients and families, and providing counselling.

The consequences of an undefined role or scope of practice for nurses working in child and adolescent psychiatric units can have significant impacts on the quality of care provided and the overall well-being of the patients (Rasmussen et al., 2017). Nurses may face challenges in delivering appropriate care and may struggle with decision-making and problem-solving. This can lead to confusion and inefficiency in the healthcare team, as well as potential risks for patient safety (Roets, 2014). Additionally, an undefined role or scope of practice can create a lack of clarity and accountability within the nursing profession (Rasmussen et al., 2017). This can result in a decrease in job satisfaction and burnout among nurses. Furthermore, without clear guidelines and expectations, nurses may have trouble collaborating effectively with other healthcare professionals. Some potential consequences of an undefined role or scope of practice for nurses working in child and adolescent psychiatric units include (Rasmussen et al., 2017):

- Inconsistent and inadequate care delivery, leading to poor patient outcomes and compromised safety.
- Confusion and inefficiency in the healthcare team
- Increased risk of errors and adverse events due to lack of clear guidelines and decision-making processes
- Decreased job satisfaction and burnout among nurses
- Lack of clarity and accountability within the nursing profession

- Difficulty in collaborating effectively with other healthcare professionals
- Hindered interdisciplinary teamwork and compromised holistic patient care
- Legal implications and potential liability for the hospital and specific nurse

In essence, an undefined role or scope of practice for nurses working in child and adolescent psychiatric units can have numerous negative consequences for both the patients and the nurses themselves (Roets, 2014). Clear guidelines and expectations are crucial for fostering a supportive and efficient work environment that ultimately benefits both the patients and the healthcare team.

2.4 Challenges and Solutions in Psychiatric Nursing

The field of psychiatric nursing is fraught with unique challenges that require a nuanced and empathetic approach. Among the most significant challenges faced by psychiatric nurses is dealing with complex and often unpredictable patient behaviours and maintaining a therapeutic environment under stressful conditions. These challenges necessitate a careful examination of potential solutions and best practices to ensure the provision of safe, effective, and humane psychiatric care.

A critical challenge in psychiatric nursing, as highlighted by Lee, Kim, & Han (2024), is the management of patients with complex behavioral issues. This challenge is not just medical but also psychological, requiring nurses to employ strategies that are both therapeutically effective and sensitive to the emotional and developmental needs of young patients. The study by Lee et al.(2024) underscores the importance of specialised training and support for nurses in managing these complex patient dynamics.

Similarly, DeAlmeida, Blanco, Metz, and Bohr (2023) provide valuable insights into the experiences of inpatient pediatric nursing staff in treating psychiatric patients, they highlight one of the primary challenges identified is the emotional toll on nurses stemming from intensive patient care, the need for robust support systems, and coping mechanisms for nursing staff.

Best practices in psychiatric nursing also involve continuous professional development and training, nurses need to be equipped with the latest knowledge and skills to manage the complex needs of psychiatric patients effectively (Mlambo, Silén, & McGrath, 2021). This includes training in de-escalation techniques, understanding the psychopathology of various mental health conditions, and developing skills in therapeutic communication. Furthermore, the importance of self-care and professional support for nurses cannot be overstated, as the demands of psychiatric nursing can be emotionally draining (Williams, Fruh, Barinas, & Graves, 2022).

2.5 Conclusion

The literature review provides insights into the evolving role and challenges faced by psychiatric nurses in child and adolescent mental health settings. The scope of nursing practice has expanded to encompass not only direct patient care but also family support and multidisciplinary collaboration. Challenges such as managing complex patient behaviours, maintaining therapeutic environments, and coping with emotional demands underscore the need for specialised training, support systems, and ongoing professional development.

Furthermore, the comparison between adult and child psychiatric nursing highlights the unique considerations and interventions required for each population. While adult psychiatric nursing focuses on treating severe mental illnesses, child and adolescent psychiatric nursing emphasises behavioural and emotional issues while addressing developmental needs and family dynamics. Moving forward, the research methodology chapter will detail the approach taken to address the gaps identified in the literature and explore the experiences and perspectives of psychiatric nurses in child and adolescent mental health settings.

CHAPTER 3

RESEARCH DESIGN AND METHODS

3.1 Introduction

The previous chapter gave a brief overview of literature, academic research, and studies in the field of child and adolescent mental health nursing. This chapter describes the specifics of the research design and methodologies implemented in this study. It comprehensively outlines the research setting, explains the characteristics of the study population, and details the sampling techniques employed. Additionally, this chapter provides an semi-structured discussion of the data collection methods and the strategies used in data analysis. It also highlights the various measures adopted to maintain and enhance the rigor and integrity of the research process, ensuring the reliability and validity of the study's findings.

3.2 Research Purpose and Objectives

The purpose of the study was to investigate the current roles, and role activities of the child and adolescent professional nurse practitioners and to elicit their thoughts on what their roles should be. In addition, to establish the role and role activities of child and adolescent professional nurses as depicted in the literature.

The objectives were to:

- Explore the role and activities of professional nurses in child and adolescent psychiatric inpatient units.
- Describe the role and activities of professional nurses practicing in child and adolescent psychiatric inpatient units in literature.
- Recommend the role and activities of professional nurses working in child and adolescent psychiatric inpatient units

3.3 Research Design

The research design in a study is pivotal, acting as the structural blueprint of the research approach and methodology. This design is not just a procedural choice but embodies the philosophical underpinnings that guide the researcher's approach to the inquiry (Creswell, 2018). It outlines the fundamental strategies chosen to navigate and answer the research questions (Polit & Beck, 2017).

This study adopted a multi-method approach (Creswell, 2012), which involved a qualitative description (Phase 1) and a scoping review (Phase 2). A multi-method design refers to the utilisation of two or more distinct research approaches, each independently conducted, to investigate research questions, hypotheses, a specific topic, or a program (Dawadi, Shrestha, & Giri, 2021). The research designs applied will be described as they were applied in phases 1 and 2 of the study.

3.4 Research Methods

The research methods of the study will be presented as they were applied in phases one, two and three of the study.

3.4.1 Phase 1: Semi-Structured Interviews

Explore and describe the role and role activities of professional nurses working in inpatient child and adolescent psychiatric units in Gauteng, South Africa.

In this phase, the researcher gathered data over a period of two months, specifically from September to October 2023. During this time, semi-structured interviews were conducted with professional nurses working in inpatient child and adolescent psychiatric units. Semi-structured interviews, as described by Botma et al. (2015), aim to understand the world from the participant's

perspective, allowing for both structure and flexibility in exploring relevant themes.

Prolonged Engagement was ensured by dedicating sufficient time to each interview, allowing participants to fully express their experiences and insights. By spacing interviews across a two-month period, the researcher was able to build rapport with participants, gain deeper insights, and observe recurring themes, all of which are vital for data credibility and accuracy. Additionally, this prolonged engagement provided opportunities to revisit key topics or clarify responses in follow-up interactions, ensuring a thorough understanding of participants' roles and activities within their specific professional context.

3.4.1.1 Qualitative Design

The qualitative design, as defined by Polit & Beck (2017), involves a deep, holistic investigation of phenomena through the collection of rich, narrative materials within a flexible framework. This study's qualitative nature was essential for an in-depth exploration and understanding of the specific phenomenon of interest.

Qualitative research, rooted in behavioral and social sciences, adopts a systematic yet subjective approach to describing and interpreting life experiences and situations (Creswell, 2018; Burns & Grove, 2017). In qualitative research, the investigator becomes deeply involved, often spending extended periods in the field, with data analysis focusing on words and narratives rather than numerical data (Burns & Grove, 2017; Polit & Beck, 2017).

This research was particularly focused on gathering the participants' perspectives to comprehend the role and role activities of professional nurses working in patient child and adolescent psychiatric units. Liamputtong (2020) further supports the use of qualitative methods in research, emphasising their effectiveness in gaining a profound understanding of complex phenomena, particularly in the realms of behavioral and social sciences. The decision to use a qualitative approach was driven by the goal to explore and articulate

professional nurses' perceptions regarding their role and role activities in child and adolescent mental health.

3.4.1.2 The Explorative Design

The explorative research design is instrumental in gaining deeper insights into a phenomenon, especially when the research area is relatively uncharted or not extensively explored (Brink et al., 2017; Burns & Grove, 2017). As Polit & Beck (2017) articulate, explorative studies are particularly useful in probing areas where little is known, allowing for a thorough investigation into the nature and various facets of the phenomenon in question.

In the context of this study, the explorative design was employed to delve into the role and role activities of professional nurses working in in patient child and adolescent psychiatric units. By utilizing open-ended questions during individual interviews, the study provided a platform for professional nurses to articulate their experiences richly and in detail.

3.4.1.3 Descriptive Design

The descriptive design in qualitative research, as outlined by Polit and Beck (2017), focuses on providing a detailed description and exploration of a particular phenomenon or topic. This design aims to gather comprehensive data to accurately depict the characteristics, behaviours, and experiences associated with the phenomenon under study.

In this study, the descriptive design was employed to meticulously examine the roles and role activities of professional nurses working in child and adolescent psychiatric in-patient units. Through semi-structured interviews, the research aimed to capture the diverse range of responsibilities undertaken by these nurses and gain a thorough understanding of their day-to-day practices within this specialised healthcare setting.

3.4.1.4 Contextual Design

A contextual design is characterised by the unique personal circumstances, experiences, and concerns that shape everyone's understanding. It focuses on specific events and considers the broader social environment and conditions in which the study unfolds, including the cultural context of the participants and the study location (Burns & Grove, 2017). Context plays a significant role in qualitative research, as emphasised by Korstjens & Moser (2017), encompassing the social dynamics, cultural milieu, and environmental factors that influence the phenomenon under investigation.

In this study, the participants were professional nurses working in inpatient child and adolescent psychiatric units. The research centred on exploring and describing the roles and activities undertaken by these nurses within the specific setting of inpatient child and adolescent psychiatric units in Gauteng.

3.4.1.5 Research Setting

The research setting is an integral component that influences the conduct and outcome of a study. It is the physical or virtual space where the research occurs (Burns & Grove, 2017). A conducive research setting is one that ensures comfort for participants, thereby facilitating open and honest communication. This study was conducted in 2 public hospitals in child and adolescent in-patient psychiatric wards in Gauteng, South Africa.

Site 1*:* Nestled in the northern part of Johannesburg, **The Adolescent Unit** is a closed unit that provides inpatient care for adolescents aged 13 to 18 years who have complex psychological and emotional difficulties and who cannot be managed on an outpatient basis. The ward is divided into two wings, eating disorder wing which accommodates 8 patients and an adolescent's wing which accommodates 12 adolescent patients (8 females and 4 males). **The Child Unit**: this unit provides tertiary/quaternary mental health care for children aged 4-12yrs. The unit has 10 beds, however only 6 are in use due to a shortage of staff.

Site 2: Situated in the Southwestern suburbs of Johannesburg. **The Child Unit** provides tertiary/quaternary mental health care for children aged 4-12yrs. They admit children with severe mental health issues requiring intensive treatment, such as mood disorders, psychosis, severe anxiety, self-harm or suicidal behaviour, and severe behavioural issues. The unit has 6 beds.

3.4.1.6 Population

The total population consisted of the child and adolescent professional nurses practicing in Gauteng in-patient child and adolescent facilities.

Site 1:

- Adolescent Unit – 14 Professional Nurses
- Children's Unit - 9 Professional Nurses

Site 2:

- Children's Unit - 5 Professional Nurses

3.4.1.7 Sampling

Sampling refers to the selection of participants based on reasons directly related to the research (Botma, et al., 2015); it indicates participants that met the predetermined characteristics of importance to the study. From the selected facilities a minimum of 20 participants were aimed at, however due to the nature of qualitative research saturation was reached at 17th participant. According to Fusch & Ness (2015), data saturation defines the sample limit in qualitative studies because adding more participants after data saturation does not add any value to the research results.

The researcher employed purposive sampling to select participants, a method chosen based on specific inclusion criteria (Botma et al., 2015). Inclusion criteria, as defined by Polit & Beck (2014), delineate the characteristics that determine eligibility for participation in the study.

For this research, inclusion criteria comprised professional nurses employed at the two hospitals and working within child and adolescent psychiatric facilities for a minimum of six months. Only individuals meeting these criteria were considered eligible for participation.

3.4.1.8 Planning for Data Collection

After receiving ethics clearance from the University (*see* Annexure 1) and obtaining permissions from facility managers (*see* Annexure 2A & 2B), the researcher-initiated contact with unit managers to facilitate proper planning.

Following this, an appointment was arranged with the unit manager to present the study to all professional nurses at the selected facilities. During this presentation, the research purpose and process were outlined, and nurses were invited to participate. Information leaflets detailing the study procedures (*see* Annexure 3) were distributed to all attendees.

Face-to-face interviews were then scheduled with professional nurses who expressed willingness to participate in the study. Those interested provided consent and arranged interview appointments accordingly.

3.4.1.9 Pretest Interview and Data Collection Process

Before the main interview, a pre-test interview was conducted to establish whether the questions are clear enough and well understood by the participants to yield the needed information as well as trying out the feasibility of the study (Botma, et al., 2015). The researcher selected one professional nurse from a child psychiatric unit in Gauteng, South Africa. The participant was chosen according to the inclusion criteria. The results were used in the main study as the questions remained unchanged (Botma, et al., 2015).

Data collection is the process of selecting participants and collecting data from them (Burns & Grove, 2017).

Data was collected using semi-structured interviews, through self-report. A semi-structured interview is described as an attempt to comprehend the world

from the participant's experiences, to uncover the participants lived world (Botma, et al., 2015). Informed consent was signed including the permission to be audio recorded (*see* Annexure 4).

The interviews were conducted in a private space within the unit. The duration of the interview did not exceed one hour. The researcher-built rapport with the participant by introducing themselves and explaining the purpose of the interview. Developing a rapport with the participants aimed to put them at ease while offering support, encouragement, and reassurance (Brink, et al., 2012).

The broad question that was put to the participants was:

Tell me about your role and role activities as a child or adolescent professional nurse (see Annexure 5)

Throughout the interview the researcher avoided leading questions and made use of therapeutic interviewing skills such as empathy, questioning, reflecting, probing, and clarifying to gather data. Information gathered during the interview were audio recorded on an audiotape with permission. The participants were thanked for their participation at the end of the interview.

3.4.1.10 Data Management

The data management process involved recording the interviews and saving them in a password-protected file, with access restricted to only the researcher and supervisor. This ensured the security and confidentiality of the data, aligning with ethical guidelines and protecting the privacy of the participants. By limiting access to authorised personnel, the integrity of the data was maintained, reducing the risk of unauthorized disclosure or misuse. Additionally, the use of password protection added an extra layer of security, safeguarding the sensitive information contained within the recordings. Regular backups of the data were also performed to prevent loss or corruption, further ensuring the reliability and availability of the research data throughout the study period.

3.4.1.11 Role of the Researcher

The role of the researcher in qualitative research is multifaceted and extends beyond mere data collection. As Creswell (2018) emphasises, the researcher is the primary instrument in qualitative research, which necessitates a critical awareness of personal values, assumptions, and biases that may influence the study. This self-awareness is crucial in maintaining objectivity and ensuring the credibility of the research findings.

Burns & Grove (2017) further elaborate on the dynamic role of the researcher, which involves the consistent application of ethical principles, adept people management, and effective problem-solving throughout the data collection process. In this study, the researcher's role was characterised by a commitment to bracketing, intuiting, and reflexivity.

3.4.1.12 Bracketing

Bracketing refers to the process of identifying and holding in abeyance preconceived beliefs and opinions about the phenomenon under study. Although bracketing can never be achieved totally, the researcher should strive to bracket out any presuppositions to confront the data in pure form. Bracketing is an iterative process that involves preparing, evaluating, and providing systematic, on-going feedback about the effectiveness of the bracketing. (Polit & Beck, 2017). Bracketing involved setting aside preconceived notions and biases to approach the data with neutrality. Intuiting required being open to the meanings attributed to the phenomenon by the participants, ensuring a deep understanding of their experiences.

Qualitative researchers use bracketing to improve rigor and reduce bias in research. Dörfler & Stierand (2020) refers to bracketing as the researcher's attempt to suspend the pre-understandings and assumptions so that they do not interfere with or influence the participants' experience. Burns & Grove (2017) add that bracketing means that the researcher lays aside what he or she knows about the experience being studied. Bracketing was therefore done

throughout. Bracketing allowed the researcher to focus on the participants' experiences and shape the data collection process according to them.

While Burns & Grove (2017) state that some researchers do not bracket but identify beliefs, preconceptions, and assumptions about the research topic, which are written down at the beginning of the study for self-reflection and external review. In this study, the researcher wrote a narrative description of her opinion of the role and role activities of professional nurses working in child and adolescent psychiatric units. This was to express the researcher's thoughts and set them aside, which helped to maintain an open approach when interviewing the participants and analysing the findings.

3.4.1.13 Reflexivity

In qualitative research, the researcher is both the researcher and the participant and cannot be divorced from the phenomenon under study. According to Ngozwana (2018), reflexivity is a process to ensure that the researcher's participation is not a threat to the study's credibility. Furthermore, it ensures that the researcher does not influence the study through strongly held perceptions, feelings, and experiences while conducting research (Ngozwana, 2018). Reflexivity consists of the ability to be aware of your biases and past experiences that might influence how you would respond to a participant or interpret the data (Burns & Grove, 2017). Galvin (2016) adds that researchers should reflect on their own actions, feelings, and conflicts experienced during research. To achieve the credibility of the study, the researcher adopted a self-critical stance on the study, the participants, their roles, relationships, and assumptions.

Reflexivity is not easy to carry out, as it is not always easy to stand back and examine the effects of one's preconceptions. It is helpful to document these experiences and potential biases before and during the study and to be aware of them during the analysis phase of the study (Burns & Grove, 2017).

The three reasons for reflexivity are:

- Helping the researcher with self-monitoring to spot if something is going wrong and correct it.
- Analysis of the data and finding a way through the mass data.
- Self-injunction and showing others to believe in the researcher's interpretation.

Throughout the study, the researcher maintained a self-critical stance, constantly reflecting on her own perceptions, feelings, and experiences that could influence the research process. It was important to remain mindful of any preconceived notions or assumptions you might hold regarding the roles and activities of professional nurses in child and adolescent psychiatric units.

Documenting these experiences and potential biases before and during the study enabled ongoing self-monitoring and correction if necessary. By critically examining her actions, feelings, and conflicts encountered during the research, she aimed to minimise inadvertent influence on data collection and analysis.

3.4.1.14 Intuiting

According to Polit & Beck (2017), intuiting occurs when the researcher remains open to the meanings attributed to the phenomenon by those who have experienced it (Polit & Beck, 2017). The researcher needs to become closely involved in the subject's experience to interpret it. It is necessary to be open to the participants' perceptions rather than attaching meaning to the experience (Burns & Grove, 2017). The researcher suspended her preconceived ideas and was open-minded when observing the participants' experience of the phenomenon.

Intuiting was achieved through the following:

• According to Kump (2022), intuition refers to a non-sequential information processing mode that comprises both cognitive and affective elements and results in direct knowing without any use of conscious reasoning (Kump, 2022).

The researcher avoided all criticism, evaluation, and opinion and paid attention to how the phenomenon under investigation was described. During the interview process, the researcher served as an "instrument" for data collection. By actively listening to the perspectives and experiences of the nurses, the researcher facilitated a deeper understanding of their roles and activities without imposing personal biases.

3.4.1.15 Data analysis

Data analysis in qualitative research, as Burns & Grove (2017) outline, is an intricate process that organizes and structures data to draw meaningful conclusions. It is more than merely processing data; it involves a deep engagement with the collected information to unearth underlying themes and patterns. This process entails breaking down the data into manageable and coherent themes and categories, enabling the researcher to weave a narrative that accurately reflects the study's findings.

Semi-structured interviews were analysed using thematic analysis as described by Braun & Clarke (2008):

- Transcribing the Data (Familiarising with Data):

The researcher began by transcribing the audio recordings of semi-structured interviews, meticulously converting spoken dialogue into written text. This initial step allowed for immersion in the data, facilitating familiarity with participants' responses and enabling a comprehensive understanding of their perspectives.

- Generating Initial Codes:

With transcripts in hand, the researcher systematically generated initial codes by identifying and labelling meaningful segments or passages within the text. Through close examination, the researcher captured key concepts and ideas expressed by participants, laying the groundwork for subsequent thematic analysis.

- Searching for Themes:

Subsequently, the researcher engaged in an iterative process of searching for themes by systematically reviewing and analysing the coded data. Patterns and connections between codes were identified, and clusters of related codes were explored to uncover underlying thematic concepts emerging directly from the participants' narratives.

- Generating a Thematic Map (Reviewing Themes):

Using the identified themes as a foundation, the researcher created a thematic map to visualise the relationships and hierarchies between themes. This mapping process facilitated a comprehensive review of the thematic structure, allowing for refinement and clarification of themes and their interconnections.

- Defining and Naming Themes:

With the thematic map as a guide, the researcher defined and named each theme in detail, providing clear descriptions and interpretations grounded in the data. Themes were carefully crafted to reflect the richness and complexity of participants' experiences, ensuring coherence and relevance to the research objectives.

- Writing the Report:

Finally, the researcher synthesised the findings of the thematic analysis into a cohesive narrative, putting together the identified themes, supporting evidence from the data, and interpretations. The resulting report provided a comprehensive exploration of the research question, offering insights and implications gathered from the qualitative analysis process.

- Member Checks:

Member checks are used to determine the accuracy of the findings by taking the final report back to the participants (Botma, et al. 2015: 231) the researcher went back to a participant from whom data was originally collected to establish truth.

If any discrepancies arose, the researcher would then make amendments accordingly. But in this study, there were no discrepancies.

3.4.2 Phase 2: Scoping Review

This phase responds to objective two of the study:

> *Describe the role of the child and adolescent professional nurses internationally as illustrated in the literature.*

To achieve the set objective, a scoping review was conducted, and the process ad methods followed will be outlined in this phase.

3.4.2.1 Introduction

Scoping reviews is a form of aggregating of scientific evidence through systematic and explicit processes (Tricco et al., 2018). It involves defining the area under study, searching for the studies within the area, assessing the quality of the studies retrieved and analysing the findings (Peters et al., 2015). This scoping review explored the past literature on role and role activities of child and adolescent psychiatric/professional nurses. Within the context of this study, the scoping review was most appropriate to the illustrate the existing literature on role and role activities of child and adolescent psychiatric nurses' guidance. The design for this phase was a scoping review based on the framework developed by Arksey and O'Malley (2005).

It included the process that is described below:

3.4.2.2 Research Question of The Scoping Review

What was known in the existing literature about the roles and role activities of child and adolescent psychiatric /professional nurses?

3.4.2.3 Objective of the Scoping Review

Describe the role of the child and adolescent professional nurses internationally as illustrated in the literature.

3.4.2.4 Identifying Relevant Studies

The search terms included “psychiatric nurse” AND/OR “professional nurse” AND “scope of practise” AND “child” AND “adolescent” were used to search the following electronic databases: Ebsco Host, Scopus, and Proquest.

The process entailed selecting literature that met predetermined criteria, organising key information using a data extraction sheet, and then summarising and reporting the findings. This review was essential for identifying research gaps and setting the stage for further investigation in the subsequent phases of the study.

3.4.2.5 Study Selection

Studies that address the research question were be considered. The inclusion criteria were that it should be, quantitative and qualitative studies conducted within the period of ten years (January 2013 to December 2023). Only scientific peer-reviewed articles written in the English language with full-text articles available through the inter-university library system were considered.

3.4.2.6 Charting the Data

A data extraction sheet was used to capture the data from the different articles (see Annexure 6). To prevent bias, the researcher extracted the data, and the supervisor reviewed the data, a meeting was held to determine consensus.

3.4.2.7 Collate, Summarise and Reporting Results.

According to Arksey and O'Malley (2005) this step entailed the narrative account of findings in two ways namely: Basic numerical analysis of the extent, nature and distribution of the studies included in the review by means of tables and charts reflecting the intervention type, research methods and geographical location. Thereafter this literature should be organised thematically (Arksey & O'Malley, 2005).

3.4.2.8 Consultation

This stage is optional, should the findings reveal a necessity to consult with representatives of statutory, voluntary bodies and stakeholders, this was not done in the study.

3.4.2.9 Data Management

In conducting the scoping review, data management was facilitated using Covidence, a systematic review management tool. Covidence allowed for efficient organisation, screening, and analysis of the vast amount of literature relevant to the research topic.

The selected articles and relevant literature were imported into Covidence, where they were systematically screened based on predefined inclusion and exclusion criteria. This screening process involved multiple reviewers independently assessing the eligibility of each article, ensuring consistency and reliability in the selection process.

The use of Covidence as a data management tool streamlined the scoping review process, enhancing organisation, efficiency, and collaboration between the researcher and supervisor. By providing a systematic and structured approach to data management, Covidence contributed to the rigor and reliability of the scoping review findings.

3.4.3 Phase 3: Data Triangulation

To contextualise the role and role activities of child and adolescent psychiatric/professional nurses comprehensively, the researcher further employed data triangulation. Data triangulation is described as the process of integrating findings from different data collection methods to provide a more robust and nuanced understanding of the research question (Curry & Creswell; Subedi, 2017). In this study, the researchers utilised two primary data collection methods: semi-structured interviews and a scoping review.

Through data triangulation, the researchers merged the insights obtained from the thematic analysis of the semi-structured interviews with the findings of the scoping review. By triangulating these two sources of data, the researchers aimed to enhance the validity and reliability of our findings, providing a more comprehensive understanding of the roles and activities of child and adolescent psychiatric/professional nurses. Table 3.1 below presents a succinct display of the synthesised information gathered through the scoping review and semi-structured interviews, illustrating the convergence of findings from both phases of the study.

TABLE 3.1: DATA TRIANGULATION TABLE AND INFERENCE

The role and role activities of Professional Nurse working in Child and Adolescent Psychiatric In-Patient Unit			
Data collected	**Scoping Review**	**Semi-structured Interviews**	**Inference from data and reference for child nursing practice**

3.4.4 Research Rigour

Research rigour is the effort the researcher uses to ensure quality research. In qualitative research, known as trustworthiness.

Achieving trustworthiness is convincing the reader about the truthfulness of every stage of the research, and the way it coincides with the research objectives (Holloway & Wheeler 2013). Attaining this was through the principles of credibility, confirmability, and dependability (Holloway & Wheeler, 2013). The following paragraphs present the application of each.

3.4.4.1 Credibility

Credibility in this study was ensured through several key strategies aimed at establishing confidence in the truth value of the data and findings, particularly concerning the participants and the context of the study (Polit & Beck, 2014).

Credibility was achieved through prolonged engagement with the participants and the research context. Building rapport and establishing trust with the participants allowed for open and honest communication, facilitating a deeper understanding of their perspectives and experiences.

Additionally, member checking was employed to enhance credibility. This involved sharing the research findings with the participants to validate the accuracy and authenticity of the data collected. By seeking feedback from the participants, any discrepancies or misunderstandings could be addressed, ensuring the credibility of the findings.

Furthermore, triangulation was utilised to strengthen credibility. This involved collecting data through multiple sources or methods, such as interviews, and scoping of literature. By corroborating findings across different sources, the reliability and validity of the data were enhanced, contributing to overall credibility.

Reflexivity was integrated into the research process to promote credibility. By critically examining the researcher's own biases, assumptions, and perspectives, reflexivity allowed for a transparent and self-aware approach to data collection and analysis. This self-awareness helped mitigate potential sources of bias, strengthening the credibility of the study's findings.

Overall, credibility in this study was achieved through a combination of prolonged engagement, member checking, triangulation, and reflexivity. These strategies collectively contributed to establishing confidence in the truth value of the data and findings, enhancing the credibility of the research.

3.4.4.2 Conformability

Conformability, which relates to the agreement between independent individuals regarding the accuracy, relevance, or meaning of the data, was ensured in this study through several strategies aimed at promoting congruence and reliability in the research process (Polit & Beck, 2014).

One strategy employed to ensure conformability was the use of an audit trail. Detailed documentation of all research activities, including data collection, analysis, and decision-making processes, was maintained. This allowed for transparency and traceability in the research process, enabling independent reviewers to verify the accuracy and consistency of the data and findings.

Furthermore, member checking was employed as a means of promoting conformability. By involving participants in the validation of the research findings, any misinterpretations or inaccuracies in the data could be identified and rectified. This collaborative approach helped ensure that the findings resonated with the experiences and perspectives of the participants, enhancing the credibility and conformability of the study.

Lastly, reflexivity was integrated into the research process to support conformability. By critically examining the researcher's own biases, assumptions, and interpretations, reflexivity facilitated a transparent and self-aware approach to data collection and analysis. This self-reflection allowed for the identification and mitigation of potential sources of bias, contributing to the congruence and reliability of the research findings.

Overall, conformability in this study was promoted through the use of an audit trail, member checking, and reflexivity. These strategies fostered congruence and reliability in the research process, enhancing the credibility and transferability of the study's finding.

3.4.4.3 Dependability

Dependability, which pertains to the consistency and stability of research findings over time and across different researchers, was ensured in this study through various rigorous methods and practices (Lincoln & Guba, 1985).

One key strategy employed to enhance dependability was the establishment of clear and systematic procedures for data collection, analysis, and interpretation. Detailed documentation of these procedures, including step-by-step protocols and decision-making criteria, was maintained throughout the research process (Merriam & Tisdell, 2016). This approach ensured

transparency and replicability, allowing another researcher to follow the same procedures and verify the consistency of the findings (Shenton, 2004).

Additionally, triangulation was used to strengthen dependability by collecting data through multiple sources or methods, such as interviews, observations, and document analysis. The use of triangulation enhances reliability and validity, as it provides cross-verification from diverse data sources (Patton, 2002). Consistency in the results obtained through different data collection approaches increased confidence in the dependability of the study's findings (Denzin & Lincoln, 2011).

Inter-rater reliability checks were also conducted to ensure consistency in data interpretation and analysis. Independent reviewers or coders analysed a subset of the data, and the degree of agreement between their interpretations was assessed. This process helped identify and address any discrepancies or inconsistencies, thereby enhancing the dependability of the findings (Creswell & Miller, 2000).

Moreover, regular team meetings and discussions were held to review and refine the research process. Collaborative decision-making and critical reflection allowed for ongoing evaluation and adjustment of research methods, ensuring that the study remained focused and rigorous over time (Lincoln & Guba, 1985; Shenton, 2004).

An audit trail was also maintained to document all decisions, revisions, and changes made throughout the research process, providing a transparent record of the study's evolution and allowing for accountability and traceability in decision-making (Nowell et al., 2017). This practice is essential to uphold the trustworthiness and dependability of qualitative research (Lincoln & Guba, 1985).

3.4.4.4 Authenticity

Authenticity, which relates to the genuineness and truthfulness of the research process and outcomes, was a key focus in this study to ensure that findings accurately reflect the research context, aims, and objectives (Yusoff, 2019).

Employing authenticity was crucial to not only demonstrate the appropriateness and congruence of the research but also to validate the findings as credible representations of the participants' experiences and insights.

To establish authenticity, several strategies were undertaken. One key approach was presenting the research at the departmental level to lecturers and colleagues. This presentation allowed for critical peer review and input on the research design, methodology, and findings. By gathering insights from informed individuals within the academic field, the research benefited from constructive feedback that helped identify and address any potential biases, inconsistencies, or methodological weaknesses. This peer-review process contributed to the authenticity by ensuring that the study was grounded in sound academic practices.

Further reinforcing authenticity, the research was also presented to faculty-level assessors for formal evaluation and validation. Assessors reviewed the study’s content, objectives, and methods, providing an additional layer of scrutiny to confirm alignment with established academic standards and the study’s goals. Suggested corrections or revisions from these evaluations were carefully implemented, enhancing the coherence, relevance, and accuracy of the study's findings.

Additionally, transparency was maintained through systematic documentation of all procedures, decisions, and revisions. An audit trail was kept to track the study's evolution, providing a clear and traceable record of the research process. This comprehensive documentation supported authenticity by allowing others to follow the research trajectory and understand how findings were developed.

Finally, the study adhered rigorously to ethical standards, ensuring principles of integrity, respect, and honesty throughout the research process. By upholding ethical guidelines and protecting participants' rights, the research maintained its credibility and trustworthiness. These ethical commitments helped ensure

that the findings were genuine reflections of the participants' perspectives and that the study outcomes would be both reliable and ethically sound.

3.4.5 Supervisor and the Researcher

The research supervisor is an advanced psychiatric nurse specialist, experienced researcher, and an educator. The researcher is, a child and adolescent psychiatric nurse specialist, pursuing a master's degree.

3.4.6 Ethical Considerations

Matters of ethical confidentiality and the privacy of the personal rights of participants were protected. The researcher obtained permission from the relevant authorities. Approval and ethical clearance were obtained from the School of Therapeutic Sciences, the Post Graduate Research Committee, the Human Research Ethics Committee of the University of the Witwatersrand (*see* Annexure 1), each institution Ethics Committee. The objective of the study was explained verbally, information letters were issued, and the participants were assured that the information obtained during interviews would be kept confidential.

According to Burns & Grove (2017), the rights of individuals and others in the setting should be protected. The researcher followed the principles of the Belmont Report, namely beneficence, respect for human dignity, and justice (Burns & Grove, 2017).

3.4.6.1 The Principle of Beneficence

The principle of beneficence refers to the right of research participants, which maintains that the participants must not be harmed (Burns & Grove, 2017). Protection from discomfort and harm was maintained, and the benefit of the study was weighed against the risks involved. The researcher considered that the psychological consequences needed sensitivity; therefore, she was sensitive to the participants' emotions when asking probing questions that could evoke psychological harm. The researcher indicated to the participants in the information letter that if they felt some parts of the interview were too much for

them, they were free to withdraw from the study or choose not to answer the questions. The researcher informed the respondents that they were free to terminate the interview at any time (Burns & Grove, 2017).

The participants were assured that their names would not be disclosed or linked to their data (Polit & Beck, 2017). All information received from them was treated with the utmost confidentiality and not harmed. Codes represented participants' identities and the name of the hospital, and only the researcher and the supervisor could trace participants; the use of these codes was during transcription and publications from this research.

3.4.6.2 Principle of Human Dignity

The researcher acknowledged the participants' right to self-determination. This principle means that participants should not be coerced into participating in the study. Participants have the right to decide whether to participate without incurring any penalty (Polit & Beck, 2017). Participants were approached, and the purpose of the study was explained. The participants were given accurate and sufficient information to help them decide whether they wished to be research participants. No remuneration was offered, and they were informed of the opportunity to withdraw at any stage of the research, and consent was obtained.

3.4.6.3 Principle of Justice

The principle of justice in research refers to fairness in participant selection, equitable treatment, and the distribution of benefits and burdens (Burns & Grove, 2017). In this study, justice was maintained by ensuring that participants were selected based on criteria relevant to the research objectives and not on any bias or convenience. The selection criteria included professional nurses working in child and adolescent psychiatric units, which aligned directly with the study's focus and ensured that all eligible participants had an equal opportunity to contribute. Additionally, participants were informed about the study's purpose, procedures, and potential benefits, allowing them to make an informed choice regarding participation. Justice was further upheld by treating each

participant respectfully and equally, without any form of discrimination or favouritism during the research process.

3.5 Conclusion

This chapter shows the details of how this study was conducted using multi-methods, which included scoping review, semi-structured interviews, and triangulation of both the data sets. This chapter concludes that the adherence to the phase-by-phase execution of the methodology helped in the conduction of the study and achievement of the set goals. The subsequent chapters will explore the findings obtained through two primary research methodologies: semi-structured interviews and a scoping review. Chapter 4 will provide a semi-structured exploration of the insights gathered from the semi-structured interviews.

CHAPTER 4

SEMI-STRUCTURED INTERVIEWS

4.1 Introduction

Chapter 4 presents the substantive findings derived from the semi-structured interviews conducted with the participants, building upon the methodological framework described in the preceding chapter. This section offers a detailed exploration and interpretation of the qualitative data obtained through these interviews. Through the narratives and perspectives shared by the participants, this chapter aims to explore and describe the roles and role activities assumed by professional nurses within child and adolescent psychiatric units. The participants will first be described followed by the themes and sub-themes that arose from the data.

4.2 The Demographic Profile of the Participants

The participant pool comprised 17 Professional Nurses, with 14 Nurses from Site 1 and 3 Nurses from Site 2 (*see* Table 4.1). The rationale behind the relatively low number of participants at Site 2 is discussed extensively in Chapter 6.

Table 4.1: Demographic profile of the participants

Professional Nurse	Sex	Unit	Duration working in the unit	Undergraduate Qualification	Post Graduate Qualification
1	F	9	2yrs	Nursing Diploma R425	-
2	F	1/2	13months	Nursing Diploma R425	-
3	F	CHBH	4yrs	Nursing Diploma R425	-
4	F	9	6mnths	Nursing Diploma R425	-
5	F	9	15mnths	Nursing Diploma R425	-
6	F	9	12mnths	Nursing Diploma R425	-
7	F	9	3yrs	Nursing Diploma R425	-
8	F	1/2	10yrs	Nursing Diploma R425	PGDip Advanced Child & Adolescent Psych
9	M	9	9yrs	Nursing Diploma R425	PGDip Advanced Child & Adolescent Psych
10	F	1/2	2yrs	Nursing Diploma R425	-
11	F	9	6yr	Nursing Diploma R425	PGDip Advanced Child & Adolescent Psych
12	F	1/2	15mnths	Nursing Diploma R425	-
13	F	1/2	21mnths	Nursing Diploma R425	-
14	F	1/2	14mnths	Nursing Diploma R425	-
15	F	CHBH	3yrs	Nursing Diploma R425	-
16	F	CHBH	18mnths	Nursing Diploma R425	-
17	F	9	3yrs	Nursing Diploma R425	-

4.3 Themes And Sub-Themes

The themes of the study as yielded were five, professional role and responsibilities, patient care and therapeutic interventions, safety measures and collaboration, administrative Duties and Professional Development and finally the Challenges and Training needs. These themes are summarised in Table 4.2 with their categories.

Table 4.2: Themes and categories

THEMES	CATEGORIES
Professional Role and Responsibilities	1.1 Patient support and crisis management. 1.2 Independent Admission Process 1.3 Medication Administration and Monitoring.
Patient Care and Therapeutic Interventions	2.1Daily Routine and Care 2.2Continuous Assessment and Observation. 2.3Nurse as Therapist 2.4Support and guidance to the families
Safety Measures and Collaboration	3.1Safety and Well-being 3.2Multidisciplinary Team Collaboration in the sharing of information regarding the patient. 3.3Handling High-Risk Patients 3.4Record keeping plays a crucial role in maintaining patient information and care plans
Administrative Duties and Professional Development	4.1 Administrative Roles

	4.2 Supervision and Training for Nurses. 4.3 Advocacy and Referrals
Challenges and Training needs	5.1 Needs for advanced training in psychology for nurses. 5.2Burnout and resignation of specialised nurse 5.3 Limited facilities and resources for handling children with various problems

Below is details description of each theme (1-5) is provided with supporting direct quotes from the participants.

4.3.1 Theme 1: Professional Role & Responsibilities

4.3.1.1 Sub-theme: Patient Support and Crisis Management

Nurses engage in nurses engage in therapeutic relationships to establish a rapport and trust between the nurse and patient. By focusing on the patient's emotional needs, nurses contribute to holistic healing and recovery (Taghinezhad, Mohammadi, Khademi, & Kazemnejad, 2022).

"So, what's happening is that you are the one who is spending time with the patient and the first contact with the patient." PN 8

Most of the participants articulated that nurses play a critical role in managing emotional dysregulation, temper tantrums, and crisis among patients, because of their constant presence in the unit.

"I am a support to the kids [...] managing crisis, like having emotional dysregulations such as acting out, having temper tantrums and that sort of

thing. We just need to de-escalate that in instances where it happens or where they are triggered. " PN7

This involves actively participating in the assessment process to identify triggers and develop coping strategies.

"We continue assessing and asking them to do this little/few rules – to prevent them from hurting themselves." PN1

Additionally, nurses employ behaviour modification techniques to promote positive behavioural changes and create a conducive environment for patient well-being.

"Most of the issues that they will have, as a nurse in the ward, you are the one who will sort of receive the information and pass it onto the other team members." PN8

4.3.1.2 Sub-theme: Independent Admission Process

Nurses facilitate the admission process by promoting patient autonomy, involving patients in decision-making, and ensuring informed consent, and assent in this instance. By fostering a collaborative and respectful relationship during the admission process, nurses uphold the principles of humanistic care (Taghinezhad, et.al, 2022).

Nurses are responsible for facilitating the independent admission process, starting with the initial assessment to determine the patient's suitability for admission.

“The patient isn't given a date to come in for an assessment, accompanied by their parent/s or caregiver. Then the whole team which comprises of our consultants, medical doctors, OT’s, psychologists, social workers and the nurses – will meet with the family and all the guardians and the patient. “ P7

Nurses guide patients through the completion of admission forms, ensuring clarity regarding treatment expectations and rules. Furthermore, nurses play a

vital role in explaining and obtaining signatures on contractual agreements, fostering mutual understanding and adherence to institutional guidelines.

"We interview whoever brought the child... We ask whoever is bringing the child to the ward - so we interview that person." PN 3

"During admission, the child should be accompanied by a parent/guardian. We ask many questions in relation to the family background/family tree."PN6

This involves conducting thorough assessments to understand the patient's needs and developing personalized nursing care plans accordingly.

“So when we done with the history and then take all my notes and then look at the presenting problems and I formulate I do a risk assessment, in terms of the history and also if I've seen anything I'm in the room and you know at all says like for suicidality, self-harm or maybe risk to abscond and things like that. I also come up with my nursing care plan in terms of problem”PN7

"We admit. We are part of the initial assessment, you diagnose and identify the respecters, you do your care plan on admission day."PN8

"Regarding the diagnosis, our nurses here in the ward has their independent function of admitting without any assistance." PN 9

"In our ward, the clerking is not done by the doctor, but by the professional nurses... the nurse therapist is the one who is writing a discharge summary."PN11

4.3.1.3 Sub-theme: Medication Administration and Monitoring

Nurses administer medications with compassion, ensuring patient comfort and safety. Through close monitoring and communication, nurses address patients' concerns and preferences related to medication intake, promoting a sense of trust and partnership in the therapeutic process.

In the context of child and adolescent psychiatry the precise administration and monitoring of medication stand as a priority. As one nurse aptly articulated,

"We do administer medication but there are times that when a patient is being fetched for LOA, and that the medication wasn't correctly dispensed at the pharmacy; or that the doctor decided to change the dose (either increase or decrease it), then it's up to us to make sure enough to cover the patient the whole weekend" (PN2).

This quote highlights the challenges nurses face in ensuring uninterrupted medication supply, especially during transitions like leave of absence.

In this highly regulated environment, adherence to professional standards is non-negotiable. As another nurse emphasized,

"You know the only professionals can give medication here" (PN4).

Their vigilance extends beyond mere dispensing; they must verify the administration, ensuring each child receives the correct dosage:

"Because we check even if the child we given the medication, we check if they really took the correct medication" (PN4).

"We also do mouth checks – some patients cheat, they don't take their medication and they come worse" (PN5), revealing the extent of diligence required to maintain therapeutic efficacy.

"As a professional nurse I must make sure they get given the correct medication at the correct time and to the correct person" (PN6).

Their commitment extends to safeguarding medication integrity, recognising the unique vulnerabilities of these units:

"We make sure that medication gets locked away and that it gets handled with care because of it being a children's ward and that access to medication is controlled" (PN6).

Beyond administration, nurses actively monitor for adverse effects and educate families on medication management.

"We also give medication that is prescribed and make sure that this is available in the ward [...] We also look out for side effects of the medication to prevent adverse events" (PN7).

Furthermore, nurses acknowledge the importance of continuous learning in pharmacology. *"We feel that it's important that we need to know more on the medication, contraindications and how they interact with other medicines as well- to see how things are and if we are able to pick up if anything is wrong with the child" (PN9).*

4.3.2 Theme 2: Patient Care and Therapeutic Interventions

4.3.2.1 Sub theme: Daily Routine and Care

By attending to morning routines, vital signs checks, and hygiene practices, nurses honour the dignity and autonomy of patients, recognizing their inherent worth and supporting their physical well-being. Escorting users to school and promoting their involvement in ward activities fosters a sense of belonging and autonomy. Special observations for at-risk patients demonstrate a personalised approach to care, tailored to individual needs and promoting patient-centeredness.

In the unit nurses shoulder a diverse range of responsibilities, all aimed at safeguarding the health and wellbeing patients. Each day is organised through a daily routine or unit program.

"So in the morning when we come in, the first thing that we do would be to do a head count - where they count patients to see if they are still in the ward, if they are alive" (PN2).

"We do the bath supervision with them... We also do the bed making – that is the routine" (PN3).

"We then bath them. We all bath the patients – this is not only to be done by the auxiliary nurses" (PN4).

During these routine activities' nurses forge connections with their patients, fostering trust and rapport that form the foundation of therapeutic relationships.

"We do the vital signs check on them and then those ones who are at the risk, we will assess them for admission" (PN5).

This ensures early detection of potential complications, enabling early intervention and proactive management.

"First, we start by giving each other reports, especially those who are working at night. Then we start our work with the children. We make sure that the children are ok, even the nurses who are working at night, they make sure that the children are fine before they go" (PN6).

In this exchange of information, nurses reaffirm their commitment to the well-being of the patients, ensuring continuity of care and support.

Throughout the day, the rhythm of care continues, punctuated by moments of play and engagement.

"We escort them to school – so throughout the programme the kids need to be supervised and escorted for safety reason to school […] At school it is more of a supportive role as well." P7

"We continue with the activities – we do have a play area where we spend time with the kids... We supervise their homework" (PN11).

As the day draws to a close the nursing care continues,

“We will supervise and observe their sleeping patterns” “Some have nightmares/night terrors. We also check for any sign of enuresis/……. /bedwetting” PN7

4.3.2.2 Sub theme: Continuous Assessment and Observation

By attentively observing patients' behaviour and remaining flexible in addressing challenges, nurses demonstrate empathy and understanding, fostering trust and rapport. This patient-centred approach acknowledges patients' unique experiences and perspectives, honouring their autonomy and promoting a collaborative therapeutic relationship.

A crucial aspect of care revolves around close observation and monitoring. Nurses compile nursing care plans and conduct risk assessments to ensure the safety and well-being of their young patients.

As one nurse states, *"We also write the care plans... We also write risk assessments" (PN3).*

Especially during the initial days of admission, patients requiring close attention are placed under special observation, a practice that continues until their condition stabilizes.

"The first three days we will do special observation. After three days the doctor has to review to see if they are still at risk" (PN5)

"The ones that are self-harming and those who are at risk of committing suicide usually stay longer until they are settled." PN8

Nurses maintain a constant presence, ensuring patients are never left unattended, even if they must temporarily step away.

"We take care of the children 24 hours. We don’t leave them alone. Even if I have to leave the room, I must make sure that another nurse is taking care of the child" (PN6).

In addition to physical monitoring, nurses remain attuned to patients' emotional well-being, noting any changes in behaviour, mood, or signs of distress.

"So even though there are the routines around activities – as a nurse you constantly need to be aware of the child's behaviour or mood, if there is anything untoward, anxieties, fears, etc." (PN7).

This comprehensive approach extends to observing eating patterns, vital signs, and medication effects, all while providing round-the-clock supervision.

As emphasised *"One of the core roles, the most important, is that we spend most of the time with the patient 24 hours... We do this around the clock, they are under constant supervision" (PN9).*

This continuous observation ensures that patients receive the support and attention they need throughout their stay, fostering a safe and conducive environment for healing and recovery.

4.3.2.3 Sub theme: Nurse as Therapist

Providing feedback to the Multidisciplinary Team (MDT) reflects a collaborative approach to care, promoting mutual respect and shared decision-making. Acting as a mediator between the MDT and the patient, nurses facilitate effective communication and understanding, fostering a supportive and empathetic care environment.

The relationship between nurse therapists and their patients forms a foundation of care, beginning from the moment of admission (Molina-Mula & Gallo-Estrada, 2020).

As one nurse asserts, *"That relationship, the nurse therapist relationship with the patient; that starts from the day of admission, it starts from the day of admission" (PN1).*

Central to this relationship is the establishment of rapport, ensuring that patients feel comfortable opening-up.

"The first thing that the nurse therapist should do is to establish rapport with your patient – ensure that your patient is able to open up" (PN2).

Despite working in shifts, nurse therapists carry the responsibility for each patient they admit.

"Every patient that you admit, the patient means that you are the nurse therapist for that patient. Every week you are expected to have a session with your patient" (PN5).

"For instance, when a child is admitted, he/she will remain my responsibility for the whole admission/duration. I make sure that I focus on the child as a nurse therapist to make sure that the child is ok. I will record everything and sometimes I will have meetings with the child" (PN6).

In upholding ward rules and discipline, nurse therapists implement consequences for rule-breaking behaviours.

"There are consequences for breaking the rules. For instance, if the child really likes playing on tablets, they will not get it. Secondly, we give them 2 minutes of time out in the corner, or no access to the TV" (PN6).

This enforcement is balanced with therapeutic interventions, including regular nurse therapy sessions.

"We also do the nurse therapy sessions at least twice a week with that specific patient" (PN7).

The role of the nurse therapist extends beyond rule enforcement; they also act as advocates and supporters for their patients.

"So, the role of the nurse therapist is to help your patients in the ward, and to help them with the ward rules" (PN8).

However, constraints may limit the scope of their interventions, as one nurse laments the absence of space for parental counselling or play therapy.

"We don't do parental counselling or play therapy – I did that when I was still training. We are not given that space" (PN9).

4.3.2.4 Sub theme: Support and Guidance to Families

The involvement of parents and caregivers is pivotal in ensuring the holistic well-being of the child. Nurses recognize the importance of observing and facilitating interactions between children and their parents. As one nurse affirms,

"We observe the interaction between the child and the parent" (PN4).

This observation provides insights into the dynamics of the relationship and aids in tailoring care to meet the child's emotional and familial needs.

Preparation for weekend passes, a significant aspect of a child's stay, involves not only logistical arrangements but also communication with parents.

"We also prepare for that [weekend passes]... The feedback forms you know, because when they go home, the parents have to write down how they behave" (PN5).

This feedback loop enables nurses to gauge the effectiveness of interventions and address any concerns or challenges experienced by the child or family during their time at home.

Communication with families extends beyond the hospital walls, with nurses ensuring regular contact and support.

"…we ensure that the communication happens with the family - the parents or caregivers usually phone in the evenings. We also observe/take note how the interaction is or how the child responds on the phone with the family" (PN7).

This ongoing dialogue fosters trust and collaboration between nurses and families, facilitating continuity of care and shared decision-making.

In moments of parental distress or uncertainty, nurses serve as a source of reassurance and guidance.

"Sometimes the parents will come, and they are helpless and anxious and don't know what to do. But we mainly reassure them and casually give parental counselling" (PN8).

This supportive approach acknowledges the challenges families may face and empowers them to navigate difficult situations with confidence.

Moreover, nurses ensure families have access to ongoing support, even beyond their hospital stay.

"You tell them that they can phone the ward if they find things are not good at home. Telephonic advice or counselling will then be given on how to manage things" (PN8).

4.3.3 Theme 3: Safety Measure & Collaboration

4.3.3.1 Sub theme: Safety and Well-Being

Daily risk assessments, particularly for issues related to suicide, self-harm, and emotional distress, reflect a compassionate and proactive approach to care, prioritising the emotional well-being of patients. Encouraging socialisation as a distraction from self-harming behaviours demonstrates a holistic understanding of patients' needs and promotes opportunities for positive interactions and support.

Creating a safe and therapeutic environment is paramount to ensuring the well-being of patients. Nurses prioritise the removal of any potential hazards that could pose a risk to patients or others.

As these nurses emphasises,

"We try and keep the environment safe as much as possible by removing any harmful objects within we used to inflict pain on themselves or to others" (PN 2).

“…on our side, things like cords and plugs we try to eliminate and remove them so that they are safe” (PN5).

Beyond physical safety, nurses also strive to create a therapeutic environment conducive to healing.

"Another thing that we do in the ward is to ensure that the environment is therapeutic" (PN5).

This entails fostering a supportive and calming atmosphere that promotes the well-being of patients.

Clear communication of rules and expectations further contributes to a safe environment.

"The list of rules is displayed on the walls in the ward. These get read every day. Some of them even know if by heart" (PN6).

This reinforces the importance of adherence to guidelines and helps maintain order within the ward.

Despite these efforts, challenges may arise, *"Sometimes we have to look out for broken glasses – sometimes the patient can take the glass and cut themselves" (PN8).*

In response, nurses conduct body and locker searches to mitigate risks and ensure patient safety.

"We also remove some belts from the clothes. Anything to do that will put them at risk, and also the environment. We do body searches as well when necessary. But it’s compulsory to do this when they come back from home, to see if they did not self-harm at home or bring objects from home. We also do locker searches and room searches” PN8

"We need to make sure that our environment is safe... we don’t have a lot of patients with safety incidences in the ward – that is a plus on our side as well" (PN9).

"We remove all kinds of safety hazards." PN 10

4.3.3.2 Sub theme: Multidisciplinary Collaboration for Information Sharing

Regular team meetings and collaboration sessions facilitate open communication and mutual respect among healthcare professionals, fostering a sense of belonging and shared purpose. By actively involving members of the Multidisciplinary Team (MDT) in emergency situations and admissions, nurses promote a collaborative approach to care that honours the expertise and contributions of each team member. This collaborative environment fosters trust, empathy, and understanding, enhancing the quality of patient care.

In the coordination of patient care, nurses play a crucial role in providing input and observations that inform decision-making processes regarding patient care and treatment plans. Nurses actively contribute to discussions surrounding patients' suitability for LOA, offering valuable insights into their condition and readiness for discharge.

"We also give input as to whether a patient should be given LOA or not" (PN2).

Regular ward rounds serve as a platform for multidisciplinary collaboration, where nurses, alongside other healthcare professionals, convene to discuss patient progress and treatment strategies.

"On Tuesdays and Wednesdays, we usually have the ward rounds... The multi-disciplinary team will then discuss the plan about the children or the users" (PN3).

During these meetings, nurses present their observations and insights, which are considered in developing and adjusting treatment plans.

"Then we also present to the multidisciplinary team on what we have observed, and they will take it from there" (PN4).

The exchange of information and feedback is integral to the collaborative approach to patient care.

"We meet with them twice a week. As the children go home over weekends, we do ward rounds on Mondays and give each other feedback on any improvements or not" (PN6)

"On Mondays and Thursdays we have ward rounds where MDT meets and then we have a document where we write down the patient's progress" (PN7)

Nurses provide comprehensive feedback based on their observations and interactions with patients.

"Then the team is relying on you to give them feedback to sort of clarify or assist with diagnosing them at the end of the admission" (PN8).

Each discipline within the multidisciplinary team contributes their expertise, with nurses offering valuable insights into patient behaviour, responses to treatment, and overall progress.

"Each and every discipline would give feedback... Our role is to give comprehensive feedback in terms of what we have seen/observed during that period of time of the child" (PN9).

In essence, nurses' active participation in multidisciplinary discussions and their provision of insightful feedback are vital components of the collaborative approach to patient care, ensuring that treatment plans are tailored to meet the unique needs of each patient.

4.3.3.3 Sub theme: Handling High-Risk Patients

Nurses demonstrate compassion and empathy in their constant observation and intervention efforts, creating a safe and supportive environment where patients feel valued and understood. By promptly identifying signs of distress and implementing appropriate interventions, nurses honour the dignity and autonomy of high-risk patients, supporting their emotional well-being and promoting healing and recovery.

Nurses face the challenging task of providing specialised care for patients at risk of self-harm or suicidal behaviour. These patients require close monitoring and support to ensure their safety and well-being. As one nurse highlights,

"We just keep them close to us because most of the time we have suicidal users" (PN4).

Due to the heightened risk, patients who engage in self-harming behaviours or are at risk of suicide may require extended stays in the hospital until their condition stabilizes.

"The ones that are self-harming and those who are at risk of committing suicide usually stay longer until they are settled" (PN8).

To ensure constant supervision, nurses employ various strategies, including observation through cameras and providing direct presence in communal areas.

"So, what we do with those is that we observe them on camera, but prefer sitting with them in the dining room, as there will always be a nurse present" (PN8).

Creating a safe environment is important for patients at risk of self-harm. Nurses take measures to prevent potential injuries or incidents by ensuring that all areas are securely locked.

"We had to make sure that everywhere was kept locked to prevent injuries or self-harm" (PN9).

Additionally, nurses recognise the importance of communication in providing support to these patients, allowing them space while remaining available for assistance when needed. *"Another form of support is through communication where the child is given their space" (PN9).*

In essence, nurses demonstrate a vigilant and compassionate approach in caring for patients at risk of self-harm or suicide. Through close monitoring,

secure environments, and effective communication, they strive to provide a safe and supportive setting for these vulnerable patients.

4.3.3.4 Sub theme: Importance of Record Keeping

By maintaining comprehensive records, nurses ensure that patients' experiences and needs are accurately documented and communicated among healthcare team members. Effective record keeping promotes continuity of care and supports the holistic well-being of patients (Bhati, Deogade, & Kanyal, 2023).

Detailed documentation is a cornerstone of practice, enabling nurses to track patient progress, interventions, and outcomes. Nurses prioritize recording every observed action and behaviour within the ward, ensuring thorough documentation of patient interactions and responses to treatment.

As one nurse emphasises, *"We make sure that we record each and every action that we observe in the ward" (PN6).*

Recording patient behaviours and improvements is essential for maintaining clarity and continuity of care. Nurses diligently document changes in patient condition, providing valuable insights into their health status.

"We record their behaviours. We check their improvement, as nurses we have clarity when a child is admitted here" (PN6).

This comprehensive documentation also extends to administrative tasks, including file management and record-keeping duties.

"We also do admin duties such as recording and bookkeeping of files" (PN6).

"We do monthly stats, we place orders" (PN8).

Participation in hospital committees, such as infection control and occupational health and safety (OHS), further underscores nurses' role activities ensuring the quality and safety of patient care.

"There are committees in the hospitals, like infection control, OHS. We have representatives on these committees" (PN8).

In the daily workflow, nurses prioritise documentation of patient assessments and progress.

"We write it down in the cardex in the morning, on how the child has been, and we will also record it in the communication book in terms of continuous working" (PN9).

"Documentation is a crucial thing for us. Whatever we do we need to document – the patient's mood, what they ate, what their interactions were and progress made in the ward" (PN9).

"Documentation is a crucial thing for us" (P12). Through accurate record-keeping and data collection practices, nurses ensure that patients receive continuous care tailored to their individual needs.

4.3.4 Theme 4: Administrative Duties and Professional Development

Navigating administrative responsibilities while fostering professional development is a crucial aspect of nursing practice. This theme explores the multifaceted roles nurses undertake in administrative duties and their commitment to ongoing professional growth.

4.3.4.1 Subtheme: Administrative Roles

Nurses' involvement in delegation of duties reflects a collaborative approach that fosters teamwork and mutual respect among staff members. Rigorous record keeping honours patients' experiences and ensures continuity of care, promoting transparency and accountability (Bhati, et. al., D, 2023). Active participation in MDT meetings allows nurses to contribute valuable insights and collaborate with colleagues, fostering a sense of belonging and shared purpose. Managing supplies with efficiency and organisation demonstrates a

commitment to meeting patients' needs and creating a safe and conducive care environment.

Nurses undertake a variety of tasks to ensure the smooth operation of the ward and the provision of high-quality care to patients. These tasks encompass both logistical duties and administrative responsibilities, all vital components of effective healthcare management.

One crucial aspect of nursing administration involves inventory management and supply chain oversight. Nurses are tasked with tasks such as grocery counting and checking the emergency trolley to ensure that all medical supplies are adequately stocked.

As one nurse explains*, "So other tasks would be grocery counting. Checking the emergency trolley and ensuring that all the medical supplies are stocked up" (PN 2).*

Additionally, nurses play a key role in ordering drugs from the pharmacy, a responsibility reserved for professional nurses.

"Then we also order drugs from the pharmacy - only the professional nurse can order the drugs from the pharmacy" (PN 4).

Administrative duties extend beyond inventory management to include delegation of tasks and scheduling. Nurses are responsible for organizing work duties and schedules, ensuring that all tasks are completed efficiently and effectively.

"There is delegation of duty, where we put down which nurse is doing what. We also sign off on work duties/schedule in order to make sure that everything is done every week" (PN 7).

Moreover, nurses handle various administrative tasks related to patient admissions, documentation, and referrals. This includes ensuring compliance with relevant regulations such as the Mental Health Act 17 of 2002 and maintaining accurate records of patient activities.

"Administratively would be ensuring that you know the basics in terms of the patient being admitted, the Mental Health Act forms and the documentation – we take care of that as well" (PN 7).

Nurses also oversee the ordering of supplies, recording referrals, and documenting activities to maintain the efficiency of operations.

"Ordering of supplies and checking if stock is available. Receiving and recording referrals in our books; making sure that our activities are recorded" (PN 7).

Furthermore, nurses support administrative processes by attending meetings, providing feedback, and participating in professional development opportunities. They assist operational managers by offering insights and attending external training courses.

"You assist the operational manager by attending meetings and giving feedback... going to other courses held outside of the hospital" (PN 9).

"We also have an audit, we just recently had one where they tell you what you need to do to fix things" (PN 10).

4.3.4.2 Subtheme: Supervision And Training for Nurses

Nurses' role in supervising and mentoring lower-level staff reflects a compassionate approach to leadership, promoting a culture of learning and development. By fostering a supportive learning environment, nurses empower colleagues to expand their knowledge and skills, ultimately enhancing patient outcomes and promoting professional fulfilment.

Continuous learning and professional development are integral aspects of maintaining high standards of care (Mlambo, Silén, & McGrath, 2021). Nurses engage in various forms of training and education to enhance their knowledge and skills, ensuring they stay abreast of the latest advancements in their field.

Some nurses describe participating in in-service training sessions, which provide opportunities for ongoing learning and skill development. These

sessions cover a range of topics relevant to paediatric healthcare, including child psychology and general nursing practices.

"Sometimes, I don't know what to call it - maybe like different departments would be doing something like in-service training" (PN 2).

Additionally, nurses attend weekly in-service training sessions, where they dedicate approximately 45 minutes to expanding their knowledge and expertise.

"We also do attend in-service trainings on Wednesdays for about 45 minutes or so. This is not only for child psych but for the whole department" (PN 4).

Furthermore, nurses take an active role in organising and leading in-service training sessions themselves, allowing them to tailor the content to their specific learning needs.

"We also do in-service training... You choose a topic and set a date" (PN 5).

In addition to formal training sessions, nurses also engage in informal learning opportunities, such as peer teaching sessions.

"We also attend classes as nurses to keep our knowledge intact. As nurses, we also meet up with each other individually or as a team in the hall for a teaching session. There are many topics, but these are usually in line with psych or our duties as nurses" (PN 6).

Supervision of junior staff members also plays a role in nurses' professional development efforts. Senior nurses closely monitor the work of their colleagues, providing guidance and support as needed.

"I think the supervision of the lower category of nurses is when they are doing the vital signs. We will monitor if anything is abnormal and these will be reported to the doctor" (PN 7).

Moreover, nurses express a desire for more advanced training opportunities, particularly in the field of child psychiatry. They highlight the importance of

acquiring additional skills and knowledge to better support the patients, including counselling and therapeutic interventions.

"I think maybe if we do advanced psych or advanced child psych. But I think the child psych was cancelled. It was previously taught in Bloemfontein. Advanced psych is only taught at Stellenbosch university and accredited to do that. I do think we need more training and skills and support for us. More of counselling and all those things" (PN 10).

4.3.4.3 Subtheme: Advocacy and Referrals

Facilitating referrals to better-suited environments demonstrates a patient-centred approach that prioritises individual preferences and fosters collaboration among healthcare providers. Maintaining ongoing connections with former patients exemplifies a commitment to continuity of care and support, promoting a sense of trust and security in the healthcare relationship.

While nurses play a crucial role in patient care, certain aspects, such as parental guidance and specialised interventions, require the expertise of psychologists and doctors.

Parental guidance, for instance, is typically overseen by psychologists and doctors due to their specialised training in mental health and behavioural support. Nurses recognise the importance of proper parental guidance but acknowledge their limitations in providing comprehensive assistance.

As one nurse acknowledges, *"The proper parental guidance is done by the psychologist and the doctors... That's why mostly we refer them to the psychologist for an assessment" (PN3).*

This underscores the importance of interdisciplinary collaboration in addressing the complex emotional and psychological needs of patients and their families.

Furthermore, nurses are vigilant in identifying signs of potential abuse or trauma in paediatrics patients. If a child exhibits behaviours suggestive of

abuse or if they confide in the nurse about their experiences, it becomes the nurse's responsibility to ensure the child receives appropriate support and intervention.

"If the child was hiding the fact that they may have been abused... we have responsibility to tell the team what is really happening so that they can get proper help. The child might need to be referred to the Teddy Bear clinic" (PN6).

"Also referrals, yeah, rules one of the evals is to refer and they refer patients if there is an indication maybe for social work intervention or dietetics intervention" (PN7).

Additionally, they provide valuable input on treatment plans, advocating for appropriate interventions and ensuring that patients receive optimal care tailored to their individual needs.

4.3.5 Theme 5: Challenges and Training Needs

This theme explores the challenges faced by nurses in child and adolescent care settings and the training requirements necessary to overcome them.

4.3.5.1 Subtheme: Needs For Advanced Training in Psychology For Nurses

Training sessions focusing on communication skills and behaviour modification equip nurses with the tools to effectively interact with children and address their unique needs. Indicators for the need for support help identify situations where additional training or resources may be required to optimize patient care outcomes.

4.3.5.2 Subtheme: Burnout And Resignation of Specialised Nurses

Burnout and resignation among specialised nurses reflect challenges in meeting nurses' psychological and emotional needs. Evaluating the impact of training programs on reducing resignation rates highlights the importance of

investing in staff development and support mechanisms to enhance job satisfaction and retention. Nurturing a culture of continuous learning and growth among nursing staff aligns with Humanistic principles of self-actualization, empowering nurses to realize their full potential and contribute meaningfully to patient care. Addressing resistance to training and skill development requires understanding and empathy, acknowledging nurses' individual needs and providing support and encouragement to facilitate their professional growth and development.

Working in a children's ward presents its unique set of challenges, as nurses grapple with the emotional weight of caring for young patients facing various psychological issues. One nurse candidly expresses the difficulty of their work environment, cautioning their colleagues not to carry the burdens of the ward home with them.

"It's very difficult to work in the children's ward... Don't take the ward home" (PN3).

This sentiment highlights the intense emotional toll that caring for young patients can take on healthcare professionals.

Compounding the challenges is the issue of staffing shortages, which adds further strain to an already demanding work environment. Nurses often find themselves stretched thin, attempting to provide quality care amidst limited resources.

"We are very short-staffed" (PN4).

The scarcity of staff exacerbates the workload for nurses, making it even more challenging to meet the needs of every patient effectively.

Moreover, the emotional toll of the job extends beyond the workplace, affecting nurses' personal lives and relationships. Nurses lament the toll their work takes on their personal time, leaving them drained and unable to fully engage with their own families.

"These situations are difficult for the nurses, it's heavy – because at the end of the day you still need to go back to your own home. You then don't have the time for your own children or grandchildren as you have been drained the whole day, as you keep on saying 'no' that you can't do this and that" (P11).

This highlights the profound impact that the demands of the job can have on nurses' work-life balance and emotional well-being.

Additionally, the retention of experienced staff poses a significant challenge, particularly in specialised areas like child and adolescent psychiatry. The departure of skilled nurses creates gaps in expertise and contributes to the overall strain on the healthcare team.

"I thought it was necessary, but unfortunately, like I said to the universities are, it's difficult, even to train people. Other challenges we have is that we have nurses who come to Tara who have child psych but who have left or who have resigned. We only left with one now" (PN11).

This highlights the importance of addressing retention issues and investing in the development of nursing professionals to ensure continuity of care and quality service delivery.

In essence, working in a children's ward is not without its trials. Nurses face staffing shortages, emotional exhaustion, and challenges in retaining skilled staff, all of which contribute to the complexity of providing care for paediatric and adolescent patients.

4.3.5.3 Subtheme: Limited Facilities and Resources for Handling Children With Various Problems

Limited facilities and resources pose challenges in providing optimal care for child and adolescent patients with diverse needs. Strategies for dealing with hyperactivity and maintaining order despite resource constraints require creativity and flexibility, prioritising patient safety and well-being. By recognising the inherent worth and dignity of each child and family, nurses can work collaboratively to identify innovative solutions and provide

compassionate, patient-centred care within the constraints of their environment.

One nurse poignantly captures the intensity of caring for children in a hospital environment, expressing that.

"One child is equal to 10... It's going to be too much for us. For us and for the doctors, sometimes we admit up to 7" (PN 3).

This sentiment emphasises the immense responsibility placed on healthcare teams when caring for paediatrics patients, as each child requires a considerable amount of attention and care.

However, despite the necessity and urgency of providing care to children, challenges persist in training and staffing healthcare professionals adequately. The nurse reflects on the difficulties encountered in training new staff and expanding resources to meet the needs of these patients.

"I thought it was necessary, but unfortunately, like I said to the universities, it's difficult, even to train people... So unfortunately, the places for the kids are very limited. Kids are suffering a lot and they don't even know where to go" (PN 11).

This highlights the systemic challenges within the healthcare system, which hinder efforts to provide comprehensive care for children in need.

The scarcity of resources and limited training opportunities contribute to the strain felt by healthcare professionals and impact the quality of care available to paediatric patients.

4.4 Conclusion

In conclusion, the findings described in this chapter have provided insights into the roles and role activities shouldered by professional nurses within child and adolescent psychiatric units. Through the narratives and perspectives shared

by the participants, the researchers have gained a deeper understanding of the nature of nursing practice within this specialised context. The subsequent chapter will delve into the scoping literature review.

CHAPTER 5

SCOPING LITERATURE REVIEW

5.1 Introduction

This chapter pertains to phase 2 of the study, the scoping literature review. The search strategy, along with its resultant findings, as well as the criteria for inclusion and exclusion, were outlined. Subsequently, datasets were scrutinised to explain the significance of the primary research findings. Following this, the outcomes of the scoping literature review were presented and deliberated upon. Figure 5.1 below is a quick summary of the presentation of this chapter.

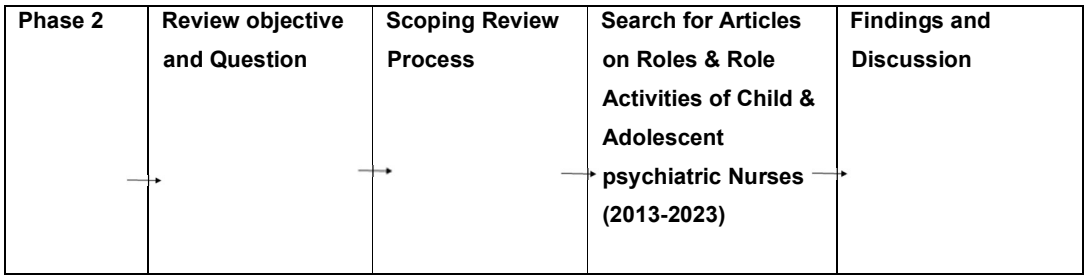

Figure 5.1: Summary of the presentation of chapter 5.

5.2 Review Objective and Questions

The objective of this review was to describe the role of the child and adolescent professional nurses internationally as illustrated in the literature over the past 10years.

5.3 Scoping Review Process

Scoping reviews serve as a methodological tool to systematically map a body of literature, considering variables such as temporal, geographical, bibliographic, and thematic attributes (Peters et al., 2015). As depicted in

Chapter 3 of this study, the framework devised by Arksey and O'Malley (2005), comprising five distinct stages, forms the foundational structure guiding our approach to conducting this scoping review. This framework is esteemed for its methodological rigor and transparency, facilitating the replication of search strategies, and enhancing the reliability of study outcomes. In accordance with this framework, our research protocol entailed describing initial research inquiries, identifying pertinent literature, screening, and selecting relevant studies, synthesizing data, and presenting comprehensive findings.

Hence, documentation of the literature retrieval and selection process becomes imperative to uphold the methodological integrity and credibility of the scoping review's findings.

5.4 Search Strategy

The search terms included “psychiatric nurse” AND/OR “professional nurse” AND “scope of practise” AND “child” AND “adolescent” were used to search the following electronic databases: Ebsco Host, Scopus, and Proquest. Additionally, reference lists of identified articles were reviewed to identify further relevant publications.

Studies that address the research question will be considered. The inclusion criteria will be, quantitative and qualitative studies conducted within the period of ten years (January 2013 to December 2023). Only scientific peer-reviewed articles written in the English language with full-text articles available through the inter-university library system will be considered. Exclusion criteria encompassed literature reviews, dissertations, editorials, letters to the editor, case reports, discussion papers, and grey literature. Moreover, articles lacking full-text availability through the South African inter-university library system were excluded.

Data collection commenced in December 2023 and concluded in February 2024. Initial screening involved reviewing article titles to ensure relevance to the subject matter of role and role activities of child and adolescent psychiatric

nursing or professional nurses. Abstracts were subsequently scrutinised for articles with ambiguous titles. Additionally, abstracts were used to ascertain the authors' affiliations and the country of study origin. If abstracts did not provide sufficient details, full-text articles were consulted for additional information.

The initial search yielded 2008 articles. Following deduplication and exclusion of articles solely available as abstracts, 1959 articles remained. Subsequently, articles not meeting inclusion criteria (1948) were excluded, leaving 11 articles for review. A PRISMA flow diagram illustrating the search process is depicted in Figure 5.2.

To manage and synthesise the data effectively, a data extraction sheet was developed. This sheet captured details such as authorship, publication date, country of origin, study purpose, design, population, sampling methods, data collection instruments, and major findings.

According to Arksey and O'Malley (2005) this step entailed the narrative account of findings in two ways namely: Basic numerical analysis of the extent, nature and distribution of the studies included in the review by means of tables and charts reflecting the intervention type, research methods and geographical location. Thereafter this literature should be organised thematically (Arksey and O'Malley, 2005).

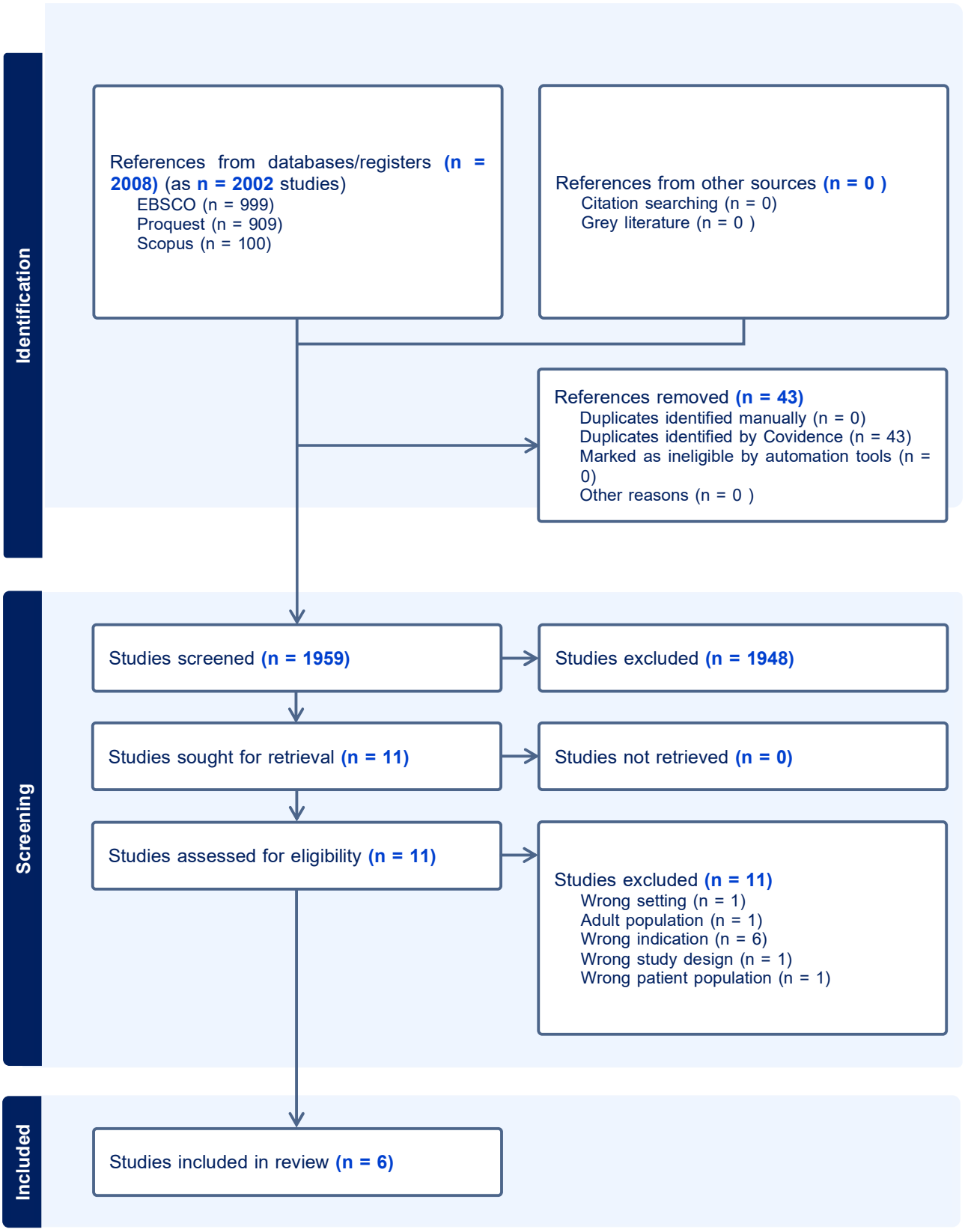

Figure 5.2 PRISMA flow diagram of the review search process

5.5 Themes Arising from Data

In addition to the general information referring to the characteristics and focus of the studies, five themes and ?? subthemes arose from the data (*see* Table 5.1).

Table 5.1 Themes and sub-themes emerging from the studies.

Themes	Sub Themes
1.Professional Role and Responsibilities	1.1Medication Management 1.2Parameters of Practise
2.Patient Care and Therapeutic Interventions	2.1Engagement with patients 2.2Empowering and Educating Patients 2.3Structure 2.4Support 2.5Self-Management 2.6Partnership with Families
3.Safety Measures and Collaboration	3.1Maintaining Safety 3.2Individual and Team Roles
4.Challenges and Training needs	4.1Challenges Encountered 4.2Professional identity and understanding 4.3Lack of exposure and education, and recruitment and retention issues. 4.4Implications for nursing practice and education 4.5Individual Preparation and Experience of CAMH Nurses
5.Development and progression of knowledge and skills among Child and Adolescent Mental Health (CAMH) nurses.	5.1Conceptual Framework for CAMH Nurse's Knowledge and Knowledge Development

5.5.1 Theme 1: Professional Role and Responsibilities

The theme encompasses various aspects of a CAMH nurse's duties and obligations within their practice.

5.5.1.1 Subtheme 1: Medication Management

In the study conducted by Delaney & Mc Intosh (2020) they imply that medication management is managed through discussions on clinical skills, risk assessment, and safety monitoring. This includes assessing, monitoring, and maintaining the safety of patients, which may involve administering medications or overseeing their administration. Additionally, Rassmussen et al., (2017) highlights the role of clinical supervision and reflective practice in medication management. Nurses engage in ongoing learning and development to enhance their medication management skills and ensure safe practices.

5.5.1.2 Subtheme 2: Parameters Of Practice

The concept of parameters of practice encompasses the boundaries and guidelines within which CAMH nurses operate in their professional roles. Rasmussen et al.,(2014) discuss the practice parameters within the context of clinical development, including clinical skills, risk assessment, and theoretical frameworks for practice. These parameters help define the scope of practice for CAMH nurses and provide a framework for their professional responsibilities. This includes understanding the contextual perspective of the role, legislation, regulation, and the learning environment (Rasmussen et al., 2014). These factors contribute to shaping the parameters within which CAMH nurses practice.

While evidence-based practices were important, the therapeutic frame of practice was primarily driven by the relationship formed with the children and their families. Participants in the article by Rasmussen et al., (2014), emphasised the need for a supportive relationship and tailored interventions based on the individual needs of the child. They integrated therapeutic

interventions with medication management, focusing on maximising development and addressing the impact of the child's environment.

5.5.2 Theme 2: Patient Care and Therapeutic Interventions

5.5.2.1 Sub-theme 1: Engagement with Patients

In the Meta synthesis conducted by Delaney and Johnson (2013), it illustrated that engagement is a central aspect of psychiatric nursing, as highlighted in the studies by Fourie et al. (2005), Humble & Cross (2010), and Cleary (2003a). Nurses perceive their relationship with patients as the primary focus of their role, finding purpose and professional stimulation in collaborating and engaging with them (Delaney & Johnson, 2013). They employ various interpersonal strategies to foster this engagement, such as considering situations from the patient's viewpoint and actively imagining their experiences them (Delaney & Johnson, 2013). Additionally, nurses prioritise meeting patients' everyday needs as a critical bridge to fostering engagement, emphasising the importance of attunement, and conveying receptiveness to patients' messages them (Delaney & Johnson, 2013).

5.5.2.2 Sub-Theme 2: Empowering and Educating Patients

Education and empowerment are fundamental aspects of psychiatric nursing, integral to promoting patient autonomy and facilitating recovery. Nurses continuously dialogue with patients and families, providing information and support to manage their experiences and make informed choices them (Delaney & Johnson, 2013). Education is tailored to patients' individual needs and stages of illness, aiming to decrease the power differential between nurses and patients and enhance patients' sense of control them (Delaney & Johnson, 2013). Education and empowerment are integrated into everyday nursing practice, reflecting a deep understanding of patients' needs and a commitment to patient-centred care them (Delaney & Johnson, 2013).

5.5.2.3 Sub-Theme 3: Structure

Structure refers to the organisation and consistency maintained within the treatment environment. This includes maintaining a daily schedule that provides predictability and order for the children (Delaney & Johnson, 2013). The schedule should include a mix of activities, ranging from therapy groups to recreational activities, tailored to engage and motivate the children (Delaney & Johnson, 2013).

Staff must adjust the structure of activities based on the needs of individual children and the overall patient population (Delaney & Johnson, 2013). For example, younger or disorganised children may require more structured activities to help them stay organised and in control (Delaney, 2006a).

Unit rules and expectations play a crucial role in maintaining structure (Delaney & Johnson, 2013). Staff should aim for consistency while also considering the individual needs of the children (Delaney & Johnson, 2013). Maintaining an appropriate tone, pace, and activity level during group activities is also part of maintaining structure and staff must balance the need for consistency with the need to meet individual children's needs (Delaney & Johnson, 2013). Overall, structure provides children with a sense of security and stability, which is vital for their well-being and progress during treatment.

5.5.2.4 Sub-theme 4: Support

Support encompasses providing encouragement, empathy, and engagement to the children in the treatment environment (Gerace et al., 2018). It involves connecting with the children on an interpersonal level and understanding their individual needs and experiences (Delaney & Johnson, 2013). Staff must demonstrate genuine interest in the children's ideas, attitudes, and perceptions, even when those sentiments are masked by anger, sadness, or confusion (Delaney & Johnson, 2013). Building supportive relationships requires staff to take the time to get to know each child individually and to be consistent in their caring approach (Delaney & Johnson, 2013).

Support for adolescents may require a slightly different approach, considering their developmental stage and need for autonomy (Delaney & Johnson, 2013). Staff must be sensitive to adolescent issues and provide support that acknowledges their unique experiences and challenges. Balancing support with the need for safety and structure is a challenge for staff, particularly with adolescents who value autonomy. Staff must use their clinical judgment to ensure responses to situations are both mindful and reasonable (Delaney & Johnson, 2013).

5.5.2.5 Sub-Theme 5: Self-Management

Self-management involves helping children and adolescents develop skills to regulate their behaviours, manage emotions, and cope with distress effectively (Delaney & Johnson, 2013). Children on inpatient units may struggle with self-regulation skills due to their emotional disorders or trauma histories (Delaney & Johnson, 2013). Staff must attune to underlying emotions and help children manage distress in healthy ways (Delaney & Johnson, 2013).

5.5.2.6 Sub-theme 6: Partnership with Families

The study conducted by Delaney & McIntosh (2021), the participants highlighted the critical role of families in the treatment approach. They emphasised the importance of engaging and assisting families in the therapeutic process, considering themselves predominantly as family therapists. Understanding the needs and priorities of the family, providing tangible parenting skills, and offering anticipatory guidance were essential aspects of their practice.

5.5.3 Theme 3: Safety Measures and Collaboration

5.5.3.1 Sub-theme 1: Maintaining Safety

The excerpts emphasise the multifaceted nature of maintaining safety in psychiatric nursing. Nurses demonstrate vigilance and awareness of escalating situations, utilizing enriched observation to interpret patient behaviour and anticipate potential risks (Delaney & Johnson, 2013). They exercise autonomy in decision-making, balancing the need for intervention with patient empowerment and autonomy (Delaney & Johnson, 20013). Maintaining safety also involves cultivating teamwork and collaboration among staff members, relying on each other's impressions and judgments to mitigate risks and ensure a safe environment (Delaney & Johnson, 2013). Furthermore, nurses adapt their approach to safety in line with evolving models of care, transitioning from reactive protocols to proactive, trauma-informed approaches focused on patient-staff collaboration and relational connections (Delaney & Johnson, 2013).

5.5.3.2 Sub-theme 2: Nurses' Perceptions of Their Individual and Team Roles

In the study conducted by Rasmussen et al., (2017) the findings emphasise the essential role of the multidisciplinary team in shaping the development of CAMH nurses. Emphasising collaborative environments marked by trust, respect, and support, the study highlights how team dynamics foster a sense of belonging and provide a safe space for nurses to discuss concerns and learn from colleagues. They further acknowledge that knowledge exchange within the team is crucial, allowing nurses to draw upon diverse expertise to enhance their clinical skills and adapt their practice to meet evolving needs (Rasmussen et al., 2017). While CAMH nurses may not adhere to a single theoretical framework, their flexibility in drawing from various models of care reflects the dynamic nature of their practice, influenced by individual

experiences and professional development opportunities within the team (Rasmussen, 2015).

5.5.4 Theme 4: Challenges and Training Needs

5.5.4.1 Sub-theme 1: Challenges Encountered

The challenges encountered in psychiatric nursing, as discussed in the article by Delaney & Johnson (2014), are complex and impactful. One significant difficulty is the strenuous reality of the role, where nurses face a multitude of responsibilities, ranging from providing direct patient care to coordinating various aspects of treatment and managing the chaotic nature of the ward (Delaney & Johnson, 2014). This strenuous reality is compounded by the energy demands of the role, both mentally and physically, as nurses navigate complex patient presentations and engage in tasks such as admissions and transfers (Delaney & Johnson, 2014). Additionally, the decreasing length of stay on psychiatric units intensifies the workload, requiring nurses to rapidly move patients through the system while maintaining quality care (Delaney & Johnson, 2014).

External factors also exert a significant impact on psychiatric nursing practice. Institutional constraints, such as rules and protocols around patient care, can restrict nurses' ability to engage with patients effectively and prioritise their needs (Delaney & Johnson, 2014). Additionally, staffing shortages and inadequate organisational support further exacerbate the challenges faced by nurses, compromising patient care and contributing to feelings of lack of control in the workplace (Delaney & Johnson, 2014; Delaney & McIntosh, 2021).

Several challenges in CAMH nursing practice are identified in the study, including role ambiguity, economic constraints, and ethical dilemmas (Rasmussen et al., 2017). Nurses grapple with defining their unique role within the multidisciplinary team, especially in contexts where nursing contributions

may be undervalued (Rasmussen et al., 2017; Delaney & McIntosh, 2021). Economic factors, such as limited resources and time constraints, further complicate practice, impacting nurses' ability to provide comprehensive care (Rasmussen et al., 2017).

5.5.4.2 Sub-theme 2: Professional Identity and Understanding

The article by Rasmussen et al. (2015) emphasises the significance of professional identity in nursing, particularly within the specialized field of Child and Adolescent Mental Health (CAMH) nursing. The study suggests that the process of socialization into the specialist role shapes the professional identity of the nurse (Öhlén and Segesten, 1998; Vignoles et al., 2011). Through personal and professional influences, nurses develop a clearer understanding of their role and scope of practice, contributing to their professional identity within the nursing specialty (Rasmussen et al., 2015).

The conceptual framework developed in the study provides valuable insights into the parameters of practice, enhancing nurses' understanding of their role within the CAMH specialty (Rasmussen et al., 2015). By identifying key components of the CAMH nurse's work, such as legislative knowledge, clinical skills, and theoretical frameworks, the framework aids in clarifying the scope of practice and professional identity within the specialty (Rasmussen et al., 2015).

5.5.4.3 Sub-theme 3: Lack of Exposure and Education, and Recruitment and Retention Issues.

Rasmussen et al. (2015) address the challenges related to lack of exposure and education and recruitment and retention issues within the CAMH nursing field. It highlights how nurses transitioning into the CAMH specialty undergo various developmental stages, from a state of "unknowing" to ultimately achieving a high level of expertise and understanding. These stages are

influenced by factors such as formal education, clinical experience, and reflective practice (Rasmussen et al., 2015).

Recruitment and retention within the CAMH nursing field can be hindered by a lack of clarity regarding the specialist nursing role, as non-CAMH nurses may perceive CAMH nurses as having a more custodial rather than therapeutic role (Rasmussen et al., 2015; Delaney & Johnson, 2014). This lack of understanding can contribute to challenges in recruitment and retention, as nurses may feel undervalued or misunderstood in their roles.

5.5.4.4 Sub-theme 4: Implications for Nursing Practice and Education

The conceptual framework developed in the study by Rasmussen et al., (2017) has implications for nursing practice and education, not only within the CAMH specialty but potentially across other nursing specialties as well. By identifying key components of CAMH nursing practice, such as clinical skills, risk assessment, and theoretical frameworks, the framework provides a structured approach to understanding the specialty's requirements.

Furthermore, the developmental stages outlined in the framework offer a roadmap for nurses transitioning into the CAMH specialty, guiding their professional growth and development. Similar developmental stages could be applied to other nursing specialties to describe the sequence of understanding that nurses undergo as they acquire relevant knowledge, skills, and attitudes.

The study by Rasmussen et al. (2015) contributes to the advancement of knowledge in mental health nursing, specifically within the CAMH field, by making the parameters of practice more explicit. It underscores the importance of professional identity, education, and supportive work environments in enhancing nursing practice and addressing recruitment and retention challenges within specialized nursing fields.

5.5.4.5 Sub-theme 5: Individual Preparation and Experience of CAMH Nurses

The study highlights the variability in educational preparation among CAMH nurses, with Danish participants lacking a specific CAMH nursing qualification compared to their Australian counterparts who possessed mental health nursing qualifications (Rasmussen et al., 2017). This disparity resulted in Danish nurses feeling ill-prepared for CAMH practice, affecting their confidence and skill level. The developmental stages described in the study, ranging from "unknowing" to "understanding," illustrate how nurses progress in their CAMH nursing journey, influenced by their educational background and clinical experiences.

The transfer of knowledge among CAMH nurses, particularly from more experienced colleagues, plays a crucial role in their professional development (Rasmussen et al., 2017). Through clinical supervision, reflective practice, and collaboration within multidisciplinary teams, nurses enhance their clinical skills and expand their understanding of CAMH practice. The study emphasises the importance of ongoing learning and support mechanisms to navigate the complexities of CAMH nursing effectively (Rasmussen et al., 2017).

5.5.5 Theme 5: Development And Progression of Knowledge and Skills Among Child and Adolescent Mental Health (CAMH) Nurses.

5.5.5.1 Sub-Theme 1: Conceptual framework for CAMH nurses' knowledge and knowledge development

Rasmussen et al., (2013) highlights the importance of engagement in psychiatric nursing, emphasising the nurse-patient relationship as the focus of the role. This relationship-building process involves various interpersonal strategies, such as attunement, empathy, and maintaining a nonjudgmental attitude. From a conceptual framework perspective, this underscores the

significance of understanding patients' experiences and needs within the context of mental health care (Rassmussen et al., 2013).

The article by Rasmussen et al., (2013) also depicts the stages of learning as nurses develop skills in engaging with patients and maintaining safety. Nurses progress from understanding the importance of interpersonal engagement to implementing strategies for maintaining safety and empowering patients through education. Each stage involves a deepening understanding of patient needs and the development of clinical judgment and decision-making skills (Rasmussen et al., 2013).

It further illustrates how nurses navigate complex clinical situations, such as managing safety while promoting engagement with patients. Nurses develop clinical skills in assessing patient behaviour, interpreting patient needs, and intervening effectively to maintain a safe environment. Clinical development also involves the ability to balance therapeutic engagement with the necessity of setting boundaries and maintaining control in potentially volatile situations (Rasmussen et al., 2013).

Individual development in psychiatric nursing encompasses the cultivation of personal qualities and professional attributes necessary for effective patient care. Nurses learn to develop rapport, convey respect, and maintain authenticity in their interactions with patients. They also cultivate skills in self-direction, creativity, and flexibility to adapt to the nature of psychiatric care environments (Rasmussen et al., 2013).

5.6 Conclusion

In conclusion, this chapter has provided a comprehensive overview of Phase 2 of the study, focusing on the scoping literature review. The search strategy, findings, and inclusion/exclusion criteria were described. By scrutinising datasets and presenting the outcomes of the literature review, key insights were synthesised to inform subsequent phase of the research. Moving forward, the triangulation and discussion of data from Phases 1 and 2 will

offer an exploration of the research topic, integrating primary research findings with existing knowledge.

CHAPTER 6
TRIANGULATION, DISCUSSION, AND INTERPRETATION OF FINDINGS

6.1 Introduction

This Chapter is aimed at integrating the findings of Chapter 4 and 5 to describe the role and role activities of child and adolescent professional nurse. Table 6.1 provides an overview of the integration.

6.2 Triangulation

Table 6.1 Overview of Data Triangulation

Themes	Data From Interviews	Data From Scoping Review	Recommended Role & Role Activities of CAHMS
1. Professional Role and Responsibilities	Patient support and crisis management Independent Admission Process Medication Administration and Monitoring.	Medication Management Parameters of Practise	Patient support and crisis management Streamlined Admission Process Medication Administration and Management
2. Patient Care and Therapeutic Interventions	Daily Routine and Care Continuous Assessment and Observation. Nurse as Therapist Support and guidance to the families	Engagement with Patients Empowering and Educating Patients Structure Support Self-Management	The Nurse as a Therapist Continuous Assessment and observation Partnership with family

		Partnership with Families	
3.Safety Measures and Collaboration	Safety and Well-being Multidisciplinary Team Collaboration in the sharing of information regarding the patient. Handling High-Risk Patients Record keeping plays a crucial role in maintaining patient information and care plans	Maintaining Safety Individual and Team Roles	Maintaining Safety and Well-being Multidisciplinary Team Collaboration Handling High-Risk Patients
4.Challenges and Training needs	Needs for advanced training in psychology for nurses. Burnout and resignation of specialised nurse Limited facilities and resources for handling children with various problems	Challenges Encountered Professional identity and understanding Lack of exposure and education, and recruitment and retention issues. Implications for nursing practice and education Individual Preparation and Experience of CAMH Nurses	Workforce Challenges Professional Development and Training Needs Resource and Facility Constraints

6.3 Discussion And Interpretation of Findings

6.3.1 Theme 1: Professional Role and Responsibilities in CAMH Nursing

6.3.1.1 Sub-Theme 1: Patient Support and Crisis Management

In the context of Child and CAMH nursing, professionals undertake a role in providing support and managing crises among their patients. Through therapeutic communication and empathy, nurses aid patients in navigating emotional dysregulation and crisis situations. This approach, as highlighted by Taghinezhad et al. (2022), emphasises the importance of holistic healing and recovery by addressing patients' emotional needs. Moreover, nurses play a pivotal role in crisis management, employing de-escalation techniques and behaviour modification strategies to mitigate challenging behaviours. This active participation in crisis intervention is vital, given the constant presence of nurses in the unit and their ability to promptly respond to patients' needs (Taghinezhad et al., 2022).

6.3.1.2 Sub-Theme 2: Independent Admission Process

The admission process in CAMH settings necessitates a collaborative and respectful approach, wherein nurses facilitate patient autonomy and informed decision-making. Nurses guide patients and families through the completion of admission forms, ensuring clarity regarding treatment expectations and rules. Thorough assessments are conducted to understand the patient's needs, allowing for the development of personalised nursing care plans. This process, as clarified by Taghinezhad et al. (2022), underscores the significance of fostering a collaborative and respectful relationship with patients and families during admission. Moreover, it emphasises the role of

nurses in ensuring transparency and adherence to institutional guidelines throughout the admission process.

6.3.1.3 Sub-Theme 3: Medication Administration and Monitoring

A critical aspect of CAMH nursing involves medication administration and monitoring, wherein nurses ensure the safe and effective use of medications in the treatment of children and adolescents with mental health issues. Nurses administer medications with compassion, prioritising patient comfort and safety. They closely monitor patients for adverse effects and educate families on medication management. Continuous learning in pharmacology is emphasised to enhance medication management skills and ensure safe practices. The importance of medication management is underscored by Rasmussen et al. (2014), who highlight the role of clinical supervision and reflective practice in this domain. Moreover, nurses' commitment to medication safety extends beyond administration, encompassing verification of dosage and safeguarding medication integrity (Rasmussen et al., 2014).

Healthcare institutions can strengthen CAMH nursing practice and enhance the quality of care provided to children and adolescents with mental health needs. Through specialised training, streamlined processes, continuous education, interdisciplinary collaboration, and promotion of ethical practice, nurses can fulfil their professional responsibilities effectively while upholding the highest standards of patient care (Taghinezhad et al., 2022; Rasmussen et al., 2014).

6.3.2 Theme 2: Patient Care and Therapeutic Interventions

6.3.2.1 Sub-theme 1: Daily Routine and Care

The daily routines observed in CAMH settings serve as a cornerstone of patient care, encompassing tasks such as morning routines, vital signs checks, and hygiene practices. These routines not only support patients' physical well-being but also honour their dignity and autonomy, fostering trust

and rapport between nurses and patients. By promoting patients' involvement in ward activities and ensuring personalised care through special observations for at-risk patients, nurses demonstrate a commitment to patient-centeredness and individualised care (Delaney & McIntosh, 2021).

6.3.2.2 Sub-theme 2: Continuous Assessment and Observation

Continuous assessment and observation are essential components of nursing practice in CAMH settings, allowing nurses to monitor patients' well-being and intervene proactively (Delaney & McIntosh, 2021). Nurses compile care plans and conduct risk assessments to ensure patient safety, particularly during the initial days of admission. This vigilant observation extends to patients' emotional well-being, eating patterns, and medication effects, demonstrating a comprehensive approach to patient care.

6.3.2.3 Sub-theme 3: Nurse as Therapist

Nurse therapists play a critical role in establishing therapeutic relationships with patients, beginning from the moment of admission. These relationships are characterised by the establishment of rapport, regular therapy sessions, and enforcement of ward rules balanced with therapeutic interventions. Despite constraints, nurse therapists act as advocates and supporters for their patients, ensuring continuity of care and support throughout their hospital stay.

6.3.2.4 Sub-theme 4: Support and Guidance to Families

The involvement of parents and caregivers is essential in ensuring the holistic well-being of children and adolescents in CAMH settings (Delaney & McIntosh, 2021). Nurses recognise the importance of observing and facilitating interactions between children and their parents, tailoring care to meet the emotional and familial needs of each patient. Additionally, nurses provide ongoing support and guidance to families, empowering them to

navigate difficult situations with confidence, both during and beyond their hospital stay.

6.3.3 Theme 3: Safety Measures and Collaboration

6.3.3.1 Sub-theme 1: Safety and Well-being

Nurses prioritise the removal of potential hazards and strive to foster a supportive atmosphere conducive to healing. Clear communication of rules and expectations plays a vital role in maintaining order and ensuring patient safety. Despite challenges such as self-harming behaviours, nurses employ strategies like body searches and constant supervision to mitigate risks and promote patient well-being.

6.3.3.2 Sub-theme 2: Multidisciplinary Collaboration

Collaboration among healthcare professionals is emphasized as crucial for effective patient care in CAMH settings. Nurses actively participate in multidisciplinary team meetings and contribute valuable insights into patient progress and treatment plans. Regular communication and feedback exchange enhance collaboration and facilitate informed decision-making regarding patient care. Nurses' active involvement in discussions and provision of comprehensive feedback ensure that treatment plans are tailored to meet the unique needs of each patient.

6.3.3.3 Sub-theme 3: Handling High-Risk Patients

Nurses demonstrate compassion and empathy in caring for high-risk patients, including those at risk of self-harm or suicide. Close monitoring, secure environments, and effective communication are essential in providing a safe and supportive setting for these vulnerable patients. Nurses employ various strategies, such as observation through cameras and direct presence in communal areas, to ensure constant supervision and prevent potential injuries or incidents.

6.3.4 Theme 4: Challenges and Training Needs

6.3.4.1 Sub-theme 1: Workforce Challenges

Nurses in child and adolescent mental health (CAMH) settings face significant workforce challenges, primarily characterized by burnout and high resignation rates. Burnout and resignation among specialised nurses reflect unmet psychological and emotional needs, underscoring the importance of robust support mechanisms. The demanding nature of the work, combined with inadequate support, leads to emotional exhaustion, as highlighted by one nurse's caution against taking the ward's burdens home, illustrating the intense emotional toll of caring for young patients. Staffing shortages further exacerbate these challenges, stretching nurses thin and making it difficult to meet the needs of every patient effectively. The emotional strain extends beyond the workplace, affecting nurses' personal lives and relationships, leaving them drained and unable to engage fully with their own families. Retention of experienced staff is particularly challenging in specialised areas like child and adolescent psychiatry. The departure of skilled nurses creates gaps in expertise, increasing the strain on the healthcare team and emphasising the need for strategies to retain nursing professionals. Evaluating the impact of training programs on reducing resignation rates highlights the critical role of staff development and continuous learning in enhancing job satisfaction and retention. Addressing resistance to training and skill development through understanding and empathy can foster a culture of professional, aligning with humanistic principles of self-actualisation and empowering nurses to realize their full potential and contribute meaningfully to patient care (Delaney & Johnson, 2014; Rasmussen et al., 2017).

6.3.4.2 Sub-theme 2: Professional Development and Training Needs

In CAMH nursing, there is a pressing need for advanced training in psychology to equip nurses with the skills necessary to manage complex mental health issues in children and adolescents. Training sessions focusing

on communication skills and behaviour modification are essential to provide nurses with the tools to interact effectively with young patients and address their unique needs. Comprehensive education and practical exposure are critical for nurses to manage the mental health needs of children adequately. Enhancing individual preparation through targeted education and hands-on experience is crucial for developing competent CAMH nurses. Indicators for the need for additional support help identify situations where further training or resources are required to optimize patient care outcomes. Investing in staff development and support mechanisms is vital for improving job satisfaction and retention rates among specialised nurses. The continuous professional growth and development of nursing staff are aligned with the principles of humanistic care, promoting self-actualisation and empowering nurses to make meaningful contributions to patient care. Addressing resistance to training and skill development through understanding and empathy is essential for fostering a culture of continuous learning and professional advancement (Rasmussen et al., 2015; Delaney & Johnson, 2014; Delaney & McIntosh, 2021).

6.3.4.3 Sub-theme 3: Resource and Facility Constraints

Limited facilities and resources pose significant challenges in providing optimal care for child and adolescent patients with diverse needs. Resource constraints require creativity and flexibility in strategies for managing hyperactivity and maintaining order, prioritising patient safety and well-being. Recognising the inherent worth and dignity of each child and family, nurses can work collaboratively to identify innovative solutions and deliver compassionate, patient-centred care within their environmental constraints. One nurse poignantly described the intensity of caring for children in a hospital environment, highlighting that *"one child is equal to 10,"* illustrating the immense responsibility placed on healthcare teams. Despite the necessity of providing care, challenges persist in adequately training and staffing healthcare professionals. The scarcity of resources and limited training opportunities contribute to the strain felt by healthcare professionals, impacting the quality of care available to paediatric patients. The systemic challenges within the healthcare system hinder efforts to expand resources

and provide comprehensive care for children in need. Addressing these constraints is crucial for enhancing the capacity of healthcare facilities to meet the diverse needs of child and adolescent patients effectively, ensuring the delivery of high-quality, patient-centered care despite resource limitations (Rasmussen et al., 2017; Delaney & Johnson, 2014; Rasmussen et al., 2015).

6.4 Conclusion

In this chapter, the triangulation and discussion of findings from the study are presented, focusing on four key themes identified in the data. Theme 1 explores the professional role and responsibilities of CAMH nurses, including patient support, crisis management, independent admission processes, and medication administration. The discussion emphasises the importance of holistic care, collaboration, and adherence to institutional guidelines. Theme 2 delves into patient care and therapeutic interventions, highlighting daily routines, continuous assessment, the role of nurses as therapists, and support for families. The findings underscore the significance of patient-centred care, vigilant observation, and therapeutic relationships in promoting recovery. Theme 3 focuses on safety measures and collaboration, discussing strategies for ensuring patient well-being, multidisciplinary collaboration, and handling high-risk patients. The discussion highlights the importance of clear communication, collaboration, and compassionate care in maintaining a safe and supportive environment. Lastly, Theme 4 addresses challenges and training needs identified by CAMH nurses, such as the need for advanced training in psychology, burnout, limited resources, and the emotional toll of caring for young patients. The discussion emphasises the importance of investing in staff development, support mechanisms, and patient-centred care approaches to address these challenges effectively.

The subsequent chapter will explore the limitations of the study and provide recommendations for future research and practice in the field of child and adolescent mental health nursing.

CHAPTER 7

JUSTIFICATION, RECOMMENDATIONS, LIMITATIONS, AND CONCLUSIONS.

7.1 Introduction

Chapter Seven serves as the culmination of this study, following an in-depth exploration of data triangulation and findings discussion in Chapter Six. This chapter begins by justifying the research approach within the context of child and adolescent mental health (CAMH) nursing. Additionally, this section explains the study's limitations while presenting recommendations derived from the findings.

7.2 Justification

The justification for the study was presented in form of a summary of the six chapters in the study in line with the aim of this study. The aim of this study was to investigate the current roles, role activities of the child and adolescent professional nurse practitioners and to elicit their thoughts on what their roles should be. In addition, establish the role and role activities of child and adolescent professional nurses as depicted in the literature. To achieve this aim, the study was divided into three phases which were:

- semi-structured interviews of professional nurses working in CAMH inpatient units,
- scoping literature review, and
- data triangulation.

Chapter One: Overview of the Study

It introduced the study, contextualised the background, articulated the problem statement, explained the study's aim, described the research questions and objectives, highlighted the significance of the study, outlined the research design, and clarified the definitions of key terms employed in the study. The chapter was concluded with a roadmap outlining the subsequent sections of the study.

Chapter Two: Literature Review

The literature review explored the international landscape of CAMH nursing roles and activities, as well as examining specific findings within the context of South Africa.

Chapter Three: Research Design and Methodology

It detailed the comprehensive research methodology employed across all three phases of this study. This encompassed the research design, specifying the research setting, outlining the research methods including population selection, sampling techniques, data collection procedures, and data analysis methods. Additionally, considerations for rigor and trustworthiness were addressed, along with ethical considerations pertinent to the study.

Chapter Four: Semi-structured Interviews

This is phase 1 of this study, commencing with an exposition of the objective and research methods employed. It provides an overview of participant demographics and highlights the themes derived from the semi-structured interviews. The findings from this phase were instrumental in triangulating data and formulating recommendations.

Chapter Five: Scoping Literature Review

This is phase 2 of the study, presenting a comprehensive research process specific to this phase. It outlines the search strategy employed, along with its outcomes, and outlines the inclusion and exclusion criteria utilised. The analysis of data sets aimed to explore the interpretation of primary research findings and explain their significance. Additionally, the results of the scoping literature review are presented and discussed in detail. The insights gathered from this chapter contributed to data triangulation and informed the formulation of recommendations.

Chapter Six: Triangulation, Discussion, and Interpretation of Findings

In this chapter, there is a culmination of data from different phases of the study undergoes a process of triangulation. It also delves into a discussion of the findings, unpacking their implications and significance within the context of CAMH nursing.

7.3 Limitations

While this study offers valuable insights into the roles and activities of child and adolescent professional nurses in South Africa, it is important to acknowledge several limitations. Firstly, the sample size might not fully represent the diversity of experiences among practitioners in different regions or healthcare settings. Additionally, the qualitative nature of the study means that the findings may not be generalised to all contexts.

Furthermore, it is essential to note specific site-related limitations. At Site 2, the adolescent ward had been repurposed to accommodate adult patients, significantly impacting the sample size as potential participants did not meet the study's criteria. At Site 1, the adolescent unit is shared with the eating disorder unit, necessitating that nurses work across both specialties. This

shared unit arrangement may have influenced the experiences and perspectives of the participants, potentially affecting the study's findings. These site-specific factors should be considered when interpreting the results and may limit the generalisation of the findings to other healthcare settings.

7.4 Recommendations

7.4.1 Research recommendations

- Conduct further research to gather insights into the experiences and perspectives of CAMH nurses in diverse regions, enhancing the understanding of their roles comprehensively.
- Undertake longitudinal studies to assess the impact of training programs and support mechanisms on the well-being and job satisfaction of CAMH nurses over time.

7.4.2 Practice recommendations

- Prioritise integrating diverse role and role activities identified in research into training and professional development programs for CAMH nurses in healthcare institutions.
- Develop and implement strategies at institutional and policy levels to address challenges such as burnout and resource limitations experienced by CAMH nurses.
- Advocate for the development of Scope of Practice guidelines by relevant regulatory bodies like the South African Nursing Council (SANC) to provide clarity and guidance for CAMH nursing roles.

7.4.3 Education recommendations

- Revise and develop nursing curricula in educational institutions to include comprehensive training in child and adolescent psychiatry and nursing practice, reflecting the evolving needs of CAMH nursing.
- Emphasise interdisciplinary collaboration in nursing education programs to prepare students for the collaborative nature of mental healthcare delivery, aligning with the teamwork approach highlighted in the research.

7.5 Conclusion

This study highlights the complex role of child and adolescent professional nurses in South Africa, encompassing various responsibilities within the healthcare team. The findings emphasise the necessity of integrating these diverse roles into the training curriculum for child and adolescent professional nurses. By addressing the identified challenges and implementing the recommendations, healthcare systems can better support these essential practitioners in their mission to improve the mental health outcomes of children and adolescents in South Africa.

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LIST OF ANNEXURES

ANNEXURE 1: ETHICS CLEARANCE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

R49 Ms R Coetzee

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
CLEARANCE CERTIFICATE NO. M230325

NAME: (Principal Investigator)	Ms R Coetzee
DEPARTMENT:	School of Therapeutic Sciences Department of Nursing Education Medical School University
PROJECT TITLE:	*The role and role activities of professional nurses in child and adolescent psychiatric inpatient units in Gauteng, South Africa*
DATE CONSIDERED:	2023/03/31
DECISION:	Approved unconditionally
CONDITIONS:	
NOTE:	If contact information regarding student study participants is required, please contact the Registrar's office - <Nicoleen.Potgieter@wits.ac.za>
SUPERVISOR:	Dr N Nkosi
APPROVED BY:	Dr M Vorster, Co-Chairperson, HREC (Medical)
DATE OF APPROVAL:	2023/07/28 **EXPIRY DATE:** 2028/07/27

This Clearance Certificate is valid for 5 years from the date of approval. An extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Research Office secretariat on the 3rd floor, Phillip Tobias Building, Parktown, University of the Witwatersrand, Johannesburg.

I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated from the research protocol as approved, I/we undertake to submit details to the Committee. **I agree to submit a yearly progress report**. When a funder requires annual re-certification, the application date will be one year after the date when the study was initially reviewed. In this case, the study was initially reviewed in **March** and therefore reports and re-certification will be due in the month of **March** each year. Unreported changes to the study may invalidate the clearance given by the HREC (Medical).

Signature of Principal Investigator — Date: 15/08/2023

ANNEXURE 2A: PERMISSION TO CONDUCT STUDY AT TARA HOSPITAL

DEPARTMENT OF HEALTH

TARA the H. Moross Centre
Private Bag X7
RANDBURG 2125
(011) 535-3096
Yvette.nel@gauteng.gov.za

GAUTENG PROVINCE
REPUBLIC OF SOUTH AFRICA

MEMORANDUM

TO : DR. F. O'TIENO – CEO, TARA HOSPITAL
FROM : DR. Y. NEL– CHAIRPERSON TARA RESEARCH COMMITTEE
DATE : 19 AUGUST 2022
SUBJECT : REQUEST FOR APPROVAL FOR REBECCA COETZEE TO CONDUCT A RESEARCH STUDY AT TARA HOSPITAL PENDING ETHICS APPROVAL

- NHRD REFERENCE NUMBER: GP_202207_100

1. Purpose

The purpose of the application is to request permission for Rebecca Coetzee to conduct research at Tara Hospital, with the study title: "The role and role activities of professional nurses practising in child and adolescent psychiatric inpatient units in gauteng, South Africa"

2. Background

An increasing number of children and adolescents are presenting with mental health difficulties. There is a need for more efficient services for this population group. In psychiatry the child and adolescent patient is often treated by a multi-disciplinary team, which includes the child and adolescent mental health nurse who play a critical role in achieving the goals of hospitalisation. However, parameter of the role and role activities of the child and adolescent mental health nurse remain unclear

3. **Motivation**

The purpose of the study is to explore the role and role activities of the child and adolescent mental health nurse in Gauteng. South Africa. The methodology will include a scoping review and in-depth qualitative interviews.

4. **Financial implications**

No costs will be incurred by either the institution or the individual participants.

5. **Recommendations**

In view of the above it is recommended that permission is granted to undertake qualitative research at Tara Hospital, with the research study title: "The role and role activities of professional nurses practising in child and adolescent psychiatric inpatient units in gauteng, South Africa". This permission is subject to the following conditions.

- The research must be approved by the relevent ethics committee
- The researcher must provide the Tara research committee with a copy of the participant information sheet, (not the hospital permission request), using the relevent ethics committee template. Each participant must be given the participant information sheet prior to obtaining informed consent.

Proposer

pp

Dr Y. Nel

Chairperson Tara Research Committee

Date: 19.08.2022

Comments:

Recommendation contained in paragraph 5: supported/ not supported/ As amended

Dr R. Price-Hughes

Clinical Head

Date: 19.08.2022

Request permission to conduct research: Rebecca Coetzee

5. **Recommendations**

In view of the above it is recommended that permission is granted to undertake qualitative research at Tara Hospital, with the research study title: "The role and role activities of professional nurses practising in child and adolescent psychiatric inpatient units in gauteng, South Africa". This permission is subject to the following conditions.

- The research must be approved by the relevent ethics committee
- The researcher must provide the Tara research committee with a copy of the participant information sheet, (not the hospital permission request), using the relevent ethics committee template. Each participant must be given the particpant information sheet prior to obtaining informed consent

Comments:

Recommendation contained in paragraph 5: approved/not approved/ As amended

Dr F. Otieno

Chief Executive Officer

Date: 19/8/22

ANNEXURE 2B: PERMISSION TO CONDUCT STUDY AT CHRIS HANI BARAGWANETH ACADEMIC HOSPITAL

GAUTENG PROVINCE

REPUBLIC OF SOUTH AFRICA

MEDICAL ADVISORY COMMITTEE

CHRIS HANI BARAGWANATH ACADEMIC HOSPITAL

PERMISSION TO CONDUCT RESEARCH

Date: 1st September 2022

TITLE OF PROJECT:

The Role and Role Activities of Professional Nurses Practising in Child and Adolescent Psychiatric Inpatient Units in Gauteng, South Africa.

UNIVERSITY: Witwatersrand

Principal Investigator: Rebecca Coetzee

Department: Nursing

Supervisor : Dr Nokuthula Nkosi-Mafutha

NHRD Number: GP_ 202207_100

Permission Head Department (where research conducted): Yes

The Medical Advisory Committee recommends that the said research be conducted at Chris Hani Baragwanath Academic Hospital. The CEO / management of Chris Hani Baragwanath Academic Hospital is accordingly informed and the study is subject to:-

- **Permission having been granted by the Committee for Research on Human Subjects of the University of the Witwatersrand.**
- The Hospital will not incur extra costs as a result of the research being conducted on its patients within the hospital
- The MAC will be informed of any serious adverse events as soon as they occur
- Permission is granted for the duration of the Ethics Committee Approval.

.....

Recommended
(On behalf of the MAC)
Date: 01/09/2022

.....

Approved/~~Not Approved~~
Hospital Management
Date: 22/09/2022

ANNEXURE 3: INFORMATION LEAFLET

STUDY INFORMATION DOCUMENT

STUDY TITLE:

"The Role and Role Activities of Professional Nurses in Child Psychiatric Units in South Africa"

RESEARCHER: Rebecca Coetzee (MSc Nursing Student)

rebecca.coetze@wits.ac.za

SUPERVISOR: Dr Nokuthula Nkosi-Mafutha

nokuthula.nkosi1@wits.ac.za

Dear Registered Nurse,

I am currently at the University of Witwatersrand doing my research study on the Role and role activities of registered nurses in child and adolescent psychiatric units in Gauteng, South Africa.

The aim of the study is to describe the role and role activities of professional nurses working in child and adolescent psychiatric units in Gauteng, South Africa. The participant will not benefit directly or immediately but their description and experiences will assist the researcher in describing this practice. It will be beneficial to the nursing profession. There is no immediate risk, however if the participant feels that there has been a psychological impact, the researcher will refer the participant for further counselling at the cost of the researcher.

Study Procedure

If you are interested and agree to participate in the study, the individual semi-structured interviews will be conducted by the researcher who will also clarify the questions and do the recordings. The participant may choose the most convenient time for the interview to take place from the 10th - 20th August 2023. The interview session will last for approximately 60 minutes and will be recorded for data analysis

and verification of findings. All data collected during the study will be securely retained for two (2) years if a scientific publication arises from the study and six (6) years if there is no publication. Thereafter it will be destroyed accordingly.

Withdrawal from study

Participation in this study is voluntary and you should feel free to refuse to participate at all or to withdraw at any stage. Any questions regarding the study may be directed to the researcher at the contact number below.

This study has been approved by the Human Research Ethics Committee (Medical) of the University of the Witwatersrand, Johannesburg ("Committee"). A principal function of this Committee is to safeguard the rights and dignity of all human subjects who agree to participate in a research project and the integrity of the research.

If you have any concern over the way the study is being conducted, please contact the Chairperson of this Committee who is Professor Clement Penny, who may be contacted on telephone number 011 717 2301, or by e-mail on Clement.Penny@wits.ac.za. The telephone numbers for the Committee secretariat are 011 717 2700/1234 and the e-mail addresses are Zanele.Ndlovu@wits.ac.za and Rhulani.Mukansi@wits.ac.za

Thank you for reading this Study Information Sheet.

_____

Rebecca Coetzee

Date:

ANNEXURE 4: INFORMED CONSENT

PARTICIPANT CONSENT SHEET

Project Title **: THE ROLE AND ROLE ACTIVITIES OF PROFESSIONAL NURSES PRACTICING IN CHILD AND ADOLESCENT PSYCHIATRIC INPATIENT UNITS IN GAUTENG, SOUTH AFRICA**

1. I have been given a Participant Information Sheet which explains the nature and processes involved in this study, which is attached hereto.

2. I was given time to read it, or had it read to me, in the language I best understand.

3. I was given time to ask any questions I wanted to and found any answers given to me to be reasonable and satisfactory.

4. I believe I fully understand why the study is being conducted and what the intended outcomes will be.

5. I understand that there will be no immediate benefit to me, should I agree to participate, nor will I receive any payment; conversely, participation will not cost me anything but my time.

6. I understand that, even if I initially consent to take part in the study, I may subsequently withdraw at any time and would not be required to give any reasons; if that happened, any data collected about me for the purposes of the study would immediately be destroyed, unless I give consent for it to be retained.

7. I have been given a range of contact details, listed below. If I require further information or become concerned about any aspect of this study, I am free to speak to any of these contacts.

Contact details:

Rebecca Coetzee, Principal Investigator, telephone no. 0825756933 or email at bek5@vodamail.co.za

Dr. Nokuthula Nkosi-Mafutha, Supervisor, on telephone no. 011 488 4192, or by e-mail at nokuthula.nkosi1@wits.ac.za

Professor CB Penny, Chairperson of the Human Research Ethics Committee (Medical) at the University of Witwatersrand, on telephone no. 011 717 2301, or by e-mail at Clement.Penny@wits.ac.za.

Ms. Z Ndlovu or Mr Rhulani Mkansi, Committee Secretariat, telephone nos.: 011 717 2700 or 1234, or by e-mail at: Zanele.Ndlovu@wits.ac.za or Rhulani.Mkansi@wits.ac.za

Name of Participant: _____

Date: _____

Place: _____

Signature or mark _____

Witnessed by:

Name of Witness: _____

Signature: _____

Date: _____

WITS UNIVERSITY

CONSENT FORM FOR AUDIO RECORDING OF STUDY PARTICIPATION

Project Title: THE ROLE AND ROLE ACTIVITIES OF PROFESSIONAL NURSES PRACTICING IN CHILD AND ADOLESCENT PSYCHIATRIC INPATIENT UNITS IN GAUTENG, SOUTH AFRICA

I hereby consent to audio recording of the interview. I understand that:

- The recording will be stored in a secure location (a locked cupboard or password protected computer) with restricted access to the researcher and the research supervisor.
- The recording will be transcribed and any information that could identify me will be removed,
- The recordings will be erased within either (a) two (2) years of the publication of the research findings, or (b) six (6) years if no publications arise from this research.
- Anyone wishing to access this information in the future will first have to obtain the approval of the Human Research Ethics Committee (Medical) of the University of the Witwatersrand, Johannesburg
- Direct quotes from my interview, without any information that could identify me, may be cited in the research report or other write-ups of research.

Name of Participant: _____

Date: _____

Place: _____

Signature or mark _____

Witnessed by:

Name of Witness: _____

Signature: _____

Date: _____

ANNEXURE 5: QUESTIONAIRE

Semi-structured Interviews

Demographic Data

Sex:_____

Age:_____

Job Title: _____

Duration worked in this unit:_____

Undergraduate qualification:_____

Date Obtained:_____

Postgraduate qualification:_____

Describe any training related to Child and Adolescent Psychiatric Nursing:

_____

_____

_____

Interview Question:

Tell me about your role and role activities as a child or adolescent professional nurse?

How would you describe your daily activities in the unit?

Tell me more about your duties in the unit.

What else would say takes up your time in the unit?

Is there an alternative explanation for what you have described?

ANNEXURE 6: DATA EXTRACTION SHEET

Data Extraction Sheet for Scoping Review

	Study no 1
Author and date	
Title of the study	
Year of publication	
Aim of the study	
Country of the study/Location	
Method/Methodology	
Population/participants	
Research question/objective	
Study setting/context	
Inpatient	
Outpatient	
Study design	
Data collection methods	
Study limitation/challenges	
Data analysis	
Study outcome/result	
Quality appraisal	

Significant Findings	
Conclusions/recommendation	

ANNEXURE 7: TOPIC APPROVAL FROM POSTGRADUATE

UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

Private Bag 3 Wits, 2050
Fax: 027117172119
Tel: 02711 7172076

Reference: Mrs Sandra Benn
E-mail: sandra.benn@wits.ac.za

30 January 2024
Person No: 692187
PAG

Mrs RA Coetzee
PO Box 9063
Toekomsrus
1765
South Africa

Dear Mrs Rebecca Coetzee

Master of Science in Nursing: Approval of Title

We have pleasure in advising that your proposal entitled *The role and role activities of professional nurses practising in child and adolescent psychiatric inpatient units in Gauteng, South Africa.* has been approved. Please note that any amendments to this title have to be endorsed by the Faculty's higher degrees committee and formally approved.

Yours sincerely

Mrs Sandra Benn
Faculty Registrar
Faculty of Health Sciences

ANNEXURE 8: TURN IT IN REPORT

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