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**PSYCHIATRIC NURSES' LIVED EXPERIENCES AFTER THE
CLOSURE OF LIFE ESIDIMENI PSYCHIATRIC CARE CENTRES**

By

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DEDICATION

As always, it is said that there is a light at the end of the tunnel. I would like to thank the Almighty for giving me the strength to reach the light to fulfil my research project, through all the challenges I experienced during my academic years.

I dedicate this project to my family and significant other. Thank you all for your encouragement and support; I really appreciate you being part of my life.



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ABSTRACT

The closure of Life Esidimeni Care Centres in Gauteng Province, South Africa, not only caused the deaths of many patients who suffered from mental illness, but also caused the psychiatric nurses who worked at the centres to be unsettled about their future in the workplace. Most had to relocate to different public hospitals that were far from their original family setup, social networks, and they were consequently separated from their families.

The purpose of this study was to explore and describe psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres in Gauteng and formulate recommendations to facilitate the mental health of the psychiatric nurses.

A qualitative, exploratory, descriptive and contextual design was utilised in this study to answer the research question. The research was conducted in two phases. In Phase 1 the focus was on the exploration and description of the psychiatric nurses' lived experiences. In Phase 2, guidelines to facilitate the mental health of the psychiatric nurses were formulated.

A purposive sampling method was employed to select psychiatric nurses to participate in the study. Data were collected using face-to-face, individual, in-depth, phenomenological interviews. Tesch's method of open coding was used to analyse the transcribed interviews and three themes emerged from the data analysis: 1. Psychiatric nurses experienced the closure of the care centre as a severe shock, leaving them feeling dismayed, and their lives disrupted in all spheres. 2. Psychiatric nurses had traumatic experiences related to the tragic disintegration of patients' lives, and those of their families and work-life. 3. Psychiatric nurses showed resilience and were moving forward in rebuilding their lives.

Credibility, transferability, dependability and confirmability strategies were implemented to ensure trustworthiness in the study. Moreover, the ethical principles of autonomy, beneficence, non-maleficence and justice were adhered to throughout the study to safeguard the rights of the psychiatric nurses. Specific recommendations to facilitate the mental health of the psychiatric nurses who worked at Life Esidimeni at the time of the closure are presented.

KEYWORDS: Closure, Life Esidimeni, Lived experiences, Psychiatric nurses; Psychiatric Care Centres

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CHAPTER 1

INTRODUCTION, BACKGROUND AND RATIONALE

1.1 INTRODUCTION

Mental health services have been in the spotlight in South Africa since May 2016, after the government decided to end its subsidised contract with Life Esidimeni Care Centres around Gauteng. The Life Esidimeni Care Centres were among the community-based service facilities offering care to chronic mental healthcare users (MHCUs) who had no family support or the means to get private care. The seven centre-based service facilities included chronic mental healthcare, frail care, and substance abuse recovery. Consequently, between 2015 and June 2016, 1 711 people were relocated from mental health facilities operated by Life Esidimeni Care Centres in Gauteng Province to alternative facilities managed by multiple non-governmental organisations (NGOs) (Child, 2017:16). The result of the change in providers, and the manner in which the transfers were managed, became a tragedy that culminated in the deaths of 194 MHCUs. The state was also unable to ascertain the whereabouts of a further 44 MHCUs. No research has been conducted on mental health nurses' experiences after the closure of the Life Esidimeni Care Centres in Gauteng.

The tragedy began in October 2015, when the Executive Council for Health in the populous Gauteng province, which includes Johannesburg and Pretoria, announced the termination of a 40-year contract between the Department of Health and Life Esidimeni for the provision of mental health services. However, the NGO facilities to which MHCUs were transferred were ill prepared and ill equipped for the influx of patients (Child, 2017:16).

Furthermore, the disaster drew public attention in September 2016, when the Executive Council for Health members informed Parliament that approximately 36 former residents of Life Esidimeni had died under mysterious circumstances following their transfers. South Africa's Minister of Health then requested that the newly established office of the Health Ombud investigate the circumstances surrounding the deaths of MHCUs and advise on the way forward (Durojaye & Agaba, 2018:1).

1.2 BACKGROUND AND RATIONALE

South Africa witnessed a national tragedy between October 2015 and June 2016 when the Gauteng Department of Health moved 1 711 MHCUs with severe and profound intellectual disabilities out of facilities managed by a private company, Life Esidimeni, mainly to NGOs. The plan was called the Gauteng Mental Health Marathon Project. In a rushed and flawed process, 194 MHCUs died, and the whereabouts of another 44 MHCUs remain unknown (Freeman, 2018:1). When the Department of Health embarked on the closure of Life Esidimeni, it was indicated as a cost-saving measure. According to Lamb (2021:56), cost-saving measures are often implemented to reduce the funds being utilised for a certain service; however, in the case of Life Esidimeni's closure, it had severe consequences.

The Life Esidimeni crisis was broadcasted on the news in May 2016 when it was reported that an estimated 194 MHCUs died after being transferred to some unlicensed NGOs around Gauteng province. This transfer occurred due to the termination of a government-subsidised contract with the Gauteng Department of Health, which resulted in the closure of four Life Esidimeni Care Centres in Gauteng.

An estimated 1 371 chronic MHCUs were rapidly transferred to hospitals and NGOs between the 1st of April 2015 and the 31st of March 2016 from Life Esidimeni Care Centres in Gauteng (Office of Health Ombud RSA, 2016:25). The rate of transfer rose sharply from transferring 13.3 MHCUs per month during 2015, to transferring 457 MHCUs during 2016 over a period of three months. The scale and speed of the transfer were exponential and vastly different between the two transfer periods, reaching a peak of 817 MHCUs in May 2016; ultimately, the transfer project led to the deaths of an estimated 194 chronic MHCUs in Gauteng. There is also prima facie evidence that certain officials, NGOs, and some activities within the Gauteng Marathon Project violated the constitution, contravened the National Health Act No 61 of 2003, and the Mental Healthcare Act No 17 of 2002, showing total disregard for the MHCUs and their relatives. This included, but was not limited to, these individuals' human rights and dignity (Office of Health Ombud RSA, 2016:25).

From October to December 2016, the Health Ombud was asked by the National Minister of Health to investigate the circumstances surrounding MHCUs' deaths in Gauteng. Moreover, an arbitration was convened to seek justice for the affected MHCUs and their relatives. The National Minister of Health also requested the Ministerial Advisory Committee on Mental Health to be dispatched to urgently visit and assess conditions in NGOs to intervene where necessary and make recommendations to save lives and prevent more deaths. Some NGOs were closed immediately, and MHCUs were transferred to hospitals in Gauteng.

1.3 PROBLEM STATEMENT

As stated, the Life Esidimeni crisis was on the news in May 2016 (Office of Health Ombud RSA, 2016:26) when the Health Ombud convened an arbitration to seek justice for the affected MHCUs and their relatives. According to the arbitration report, consideration was given to the MHCUs and their relatives; no report was given on how the nurses were affected by the closure of Life Esidimeni (Durojaye & Agaba, 2018:2). Most had worked at Life Esidimeni Care Centres for over 20 years, caring for chronic MHCUs who had also been admitted to the institution for many years. Some MHCUs had no contact from families, whilst others' families could not care for them at home. They needed a structured environment to meet their needs, thus the nurses were like family to those MHCUs. The Life Esidimeni crisis affected MHCUs and their families, and also the psychiatric nurses who worked at the care centres in Gauteng at the time of the closure when they had to be transferred to other hospitals in Gauteng. There is thus a gap in knowledge regarding psychiatric nurses' lived experiences related to the closure of Life Esidimeni Care Centres.

The research questions that arose from this statement are:

- What are psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres?
- What can be done to facilitate the mental health of the psychiatric nurses?

1.4 RESEARCH PURPOSE

The purpose of this study was to explore and describe psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres in Gauteng and formulate recommendations to facilitate the mental health of the psychiatric nurses. There was a need to understand the nurses' experiences after the closure of Life Esidimeni Care Centres in Gauteng Province as little was known about their lived experiences. The consequence of not exploring the nurses' experiences will be that no one will know how they experienced the closure of Life Esidimeni Care Centres in Gauteng Province.

1.5 RESEARCH OBJECTIVES

The objectives of this study were:

- To explore and describe psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres in Gauteng.
- To describe recommendations to facilitate the mental health of the psychiatric nurses.

1.6 PARADIGMATIC PERSPECTIVE

A paradigm is basic beliefs that guide action (Creswell, 2018:6). Burns and Grove (2017:89) use the term 'paradigm' to refer to a core belief system or worldview that guides the researcher's choice of research method in fundamental ontological and epistemological ways. Creswell (2018:6) claims a researcher's 'worldview' is defined as a basic philosophical attitude about the world and the nature of research that they bring to the study. The author further emphasises that the consideration of research paradigms comes before the consideration of methods (Creswell, 2018:2). The assumptions of this study were based on the Theory for Health Promotion in Nursing (University of Johannesburg, 2017:34).

The paradigm is discussed below under the following sub-headings: meta-theoretical assumptions, theoretical assumptions, and methodological assumptions.

1.6.1 Meta-theoretical assumptions

Meta-theories are defined as theories about a description, investigation, analysis or criticism of the theories in a domain (Chauke, 2019:4). They are mostly an internal domain, and may be termed “paradigms”, “traditions”, or “schools” (Polit & Beck, 2017:176). Metatheoretical assumptions are the conscious assumptions that underpin theoretical, empirical, and practical activity; they are linked to philosophical perspectives and are frequently seen in interdisciplinary tendencies (Creswell & Poth, 2018:56). The researcher used the assumptions entrenched in the Theory for Health Promotion in Nursing in this study (University of Johannesburg, 2017:4). These assumptions focus on aspects related to the person, mental health, the environment, and psychiatric nursing.

1.6.1.1 Person

The person is viewed as a whole, with the body, mind, and spirit all working together in harmony with the environment (University of Johannesburg, 2017:4). A person, in this study, refers to the psychiatric nurses who worked at Life Esidimeni Care Centres at the time of closure.

Body: includes all anatomical structures and physiological processes pertaining to the individual; in this study, this refers to the psychiatric nurses who worked at Life Esidimeni Care Centres at the time of closure (University of Johannesburg, 2017:6). The operational definition of a body has been added as the mental representation of one’s body in both static action aspects. It contains cognitive and affective elements, such as how the body is perceived or known, and how the body is experienced and felt (Bailey, 2017:69).

Mind: refers to the capacity and quality of the physiological processes of thinking, association, analysis, judgement and understanding of which the individual is capable (University of Johannesburg, 2017:6). The person’s mind is characterised by all intellectual and psychological phenomena of the organism, and encompasses motivation, affective, behavioural, perceptual and cognitive systems (Bailey, 2017:69).

Spirit: refers to that part of the individual reflecting their relationship with God. The spirit has two interrelated components that have an integrated function, namely the conscience and relationships (University of Johannesburg, 2017:6). The operational definition of the spirit has been provided as: A mental disposition characterised by firmness or assertiveness. The spirit is a distinct state that has physical, affective, cognitive, interpersonal, spiritual and mystical dimensions (Kinjerski & Skrypnek, 2016:26).

1.6.1.2 Mental health

Mental health is an active collaborative process in the psychiatric nurses' environment that includes emotional, psychological and social well-being (University of Johannesburg, 2017:5). In this study, the mental health of the psychiatric nurses who worked at Life Esidimeni Care Centres at the time of closure was considered by making recommendations to facilitate their mental health in view of the findings.

1.6.1.3 Environment

According to Merriam-Webster (2021:n.p), the environment refers to the circumstances, objects, or conditions by which one is surrounded. The internal and external environments are included in the environment. Body, mind, and spirit aspects make up the internal environment, while physical, social, and spiritual dimensions make up the outward environment (University of Johannesburg, 2017:5). In this study, the environment is the lived experiences of the psychiatric nurses who worked at Life Esidimeni Care Centres at the time of its closure.

1.6.1.4 Psychiatric nursing

Psychiatric nursing is a collaborative process aimed at facilitating and promoting mental health (University of Johannesburg, 2017:5). The process of exploring and incorporating the psychological meaning of events, feelings, and behaviours into nursing care is known as psychiatric nursing (Adams, 2020:4). In this study, the lived experiences of psychiatric nurses who worked at Life Esidimeni Care Centres at the

time of closure were explored to formulate recommendations to facilitate the nurses' mental health.

1.6.2 Theoretical assumptions

The University of Johannesburg (2017:4) states that theoretical assumptions are testable and provide epistemic findings of the research field. These assumptions are statements about the research field that form part of the discipline's existing theory or those of related disciplines, giving form to the hypotheses or central theoretical statements about research (University of Johannesburg, 2017:4). In this study, the researcher entered the field with an open mindset. Her prior experiences were presupposed to develop a better understanding of psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres in Gauteng (Holloway & Galvin, 2017:228).

1.6.3 Clarification of concepts

The researcher defines the concepts used in this study as follows:

1.6.3.1 Closure

The Oxford English Dictionary Online (2020:n.p.) defines 'closure' as an act or process of closing something, particularly an institution. In this study, 'closure' refers to the closing down of Life Esidimeni Care Centres in Gauteng.

1.6.3.2 Life Esidimeni Care Centres

Life Esidimeni Care Centres are defined as care facilities with a wide range of patients from youth with autism and mental disabilities, to adults with schizophrenia, impulse control and temporal lobe epilepsy (Mental Healthcare Act No 17 of 2002). In this study, psychiatric care centres refer to the Life Esidimeni Care Centres that were closed in Gauteng province (Brame, 2017:10).

1.6.3.3 Lived experience

According to Merriam-Webster (2021:np), an experience is something one has personally encountered, undergone, or lived through. In qualitative phenomenological research, lived experiences refer to a representation of the experiences and choices of a given person. In this study, lived experience refers to what the psychiatric nurses from Life Esidimeni Care Centres in Gauteng Province personally encountered or lived through after its closure (Brown, 2017:32).

1.6.3.4 Mental healthcare users

MHCUs mean persons receiving care, treatment and rehabilitation services, or using a service at a health establishment to enhance their mental status (Mental Healthcare Act No 17 of 2002:np). In this study, MHCUs refer to persons who have chronic mental illness and received care, treatment and rehabilitation services at Life Esidimeni Care Centres in Gauteng Province at the time of the closure.

1.6.3.5 Psychiatric nurses

A psychiatric nurse is an appointed position that specialises in psychiatric mental health nursing to provide care, treatment and rehabilitation to MHCUs (Mental Health Care Act No 17 of 2002). In this study, psychiatric nurses refer to individuals working at Life Esidimeni Care Centres at the time of the closure, providing care, treatment and rehabilitation to MHCUs.

1.6.4 Methodological assumptions

The assumptions researchers make about the procedures used in qualitative research are known as methodological assumptions. The researcher used inductive logic, studied the topic within its context, and then employed the emerging framework. Before generalising information, the researcher worked with the data to extract personal information while retaining the usefulness of the data points (Creswell & Poth, 2018:1). Reflective analysis and the evolution of the researcher's approach to

theorising, observing, analysing, and interpreting data are hallmarks of the methodology (University of Johannesburg, 2017:12).

Constructivists think that people desire to comprehend the world in which they live and work, hence the researcher utilised a constructivist viewpoint in this study. Individuals create subjective interpretations of their experiences, and researchers should thus look for the complexity of individual perspectives rather than the restrictive definitions of a few categories or ideas (Creswell & Poth, 2018:73). The researcher's goal was to rely as much as possible on the lived experiences of the psychiatric nurses who worked at Life Esidimeni Care Centres at the time of closure. The researcher also recognised that her own background shapes her interpretations, and she acknowledged how her interpretations flow from her own experiences. Ultimately, the researcher intended to make sense of the meaning others have about the world (Creswell & Poth, 2018:60); in this case, the psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres in Gauteng Province. This understanding helped the researcher formulate recommendations to facilitate the mental health of these nurses. The study will thus be useful for nursing practice, the community, and psychiatric nurses who worked at Life Esidimeni Care Centres at the time of closure.

1.7 RESEARCH DESIGN AND METHOD

The research design and method employed in this study are discussed next.

1.7.1 Research design

A research design is a blueprint for conducting a study that maximises control over factors that could interfere with the validity of the findings (Creswell, 2018:211). For this study, the researcher employed a qualitative (Holloway & Galvin, 2017:3), exploratory, descriptive (Gray, Grove & Sutherland, 2017:76) and contextual design (Holloway & Galvin, 2017:4-5) to gain insight into the psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres in Gauteng. The terms "qualitative", "exploratory", "descriptive", and "contextual" are described in the next chapter.

1.7.2 Research method

Research methods are techniques researchers use to structure a study, gather and analyse information relevant to the research question. It involves the research setting, population, sampling, as well as the forms of data collection and analysis (Polit & Beck, 2018:34). This research took place over two phases. In Phase 1, the researcher explored and described the psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres in Gauteng. In Phase 2, the researcher described recommendations to facilitate the mental health of these psychiatric nurses.

1.7.2.1 Phase 1: Exploration and description of the psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres in Gauteng

Husserl's descriptive phenomenological approach was employed as the researcher looked for meaning embedded in participants' everyday occurrences; prior understanding was presumed (Reiners, 2017:1-2). The researcher explored the psychiatric nurses' lived experiences in order to better understand these experiences. The setting, population, sampling, data collection, analysis, and literature control are discussed next and considered part of Phase 1.

a) Setting

The researcher employed a contextual approach in this study. Individual, in-depth, phenomenological interviews were conducted at a comfortable, familiar setting for the psychiatric nurses who worked at Life Esidimeni Care Centres at the time of closure. This was to ensure that the psychiatric nurses were comfortable and in a familiar, natural environment (Creswell & Poth, 2018:185).

b) Population and sample

The population refers to accessible individuals with experience or knowledge of the phenomenon the researcher seeks to explore (Holloway & Galvin, 2017:137).

The population in this study was psychiatric nurses who worked at Life Esidimeni Care Centres at the time of its closure. The accessible population was registered psychiatric nurses who worked at Life Esidimeni Care Centres around Gauteng Province in the West Rand Region. The researcher is an operational manager in a unit in Weskoppies Hospital, and thus requested permission from the psychiatric nurses of other mental healthcare units who were not under her supervision at the time of the Life Esidimeni Care Centres' closure to participate in the study. The researcher telephonically contacted the psychiatric nurses transferred to Weskoppies Hospital and asked them to participate in the study. She then selected a portion of the population also known as a sample.

'Judgmental sampling' also known as purposive sampling, was used in this study. This technique entails the researcher making a decision about the population to be studied (Gray et al., 2017:481). The participants therefore had to meet the following inclusion criteria to take part in the study:

- Psychiatric nurses employed at the Life Esidimeni Care Centres in Gauteng Province at the time of its closure.
- Psychiatric nurses transferred to work at Weskoppies Hospital in Gauteng Province after the closure of Life Esidimeni Care Centres.
- Psychiatric nurses with two to five years' experience working at Life Esidimeni Care Centres in Gauteng Province.
- Psychiatric nurses between the age of 25 and 45 years.
- Willingness to participate in the study to share experiences about the phenomenon under study.

c) Data collection

Data collection is the process of selecting participants and gathering data from these individuals (Holloway & Galvin, 2017:42). The researcher arranged to meet the participants after approval for the study was obtained from the Research Ethics Committee (Rec 241112-035) Department of Higher Degrees Committee (1-IDC-01-72-2020) at the University of Johannesburg Faculty of Health Sciences, and permission was granted by the Chief Executive Officer of the hospital and unit

managers of different psychiatric wards. The researcher used individual, in-depth, phenomenological interviews to explore and describe the phenomenon under study. Moreover, the researcher employed bracketing to avoid bias in the research and made observational and field notes. The individual interviews were audio-recorded with participants' permission. Interviews lasted approximately 45–60 minutes.

c.i) Individual, in-depth, phenomenological interviews

A qualitative research approach requires the collected data to richly describe the phenomenon under study. An interview is a method of data collection whereby the interviewer obtains responses from a participant in a face-to-face conversation, telephonically or virtually (Holloway & Galvin, 2017:42). In this study, individual, in-depth, phenomenological interviews were used to obtain dense quality information on the phenomenon being explored. The researcher conducted interviews that were informal and not threatening for the participants, allowing them to talk freely. Interview sessions lasted for 45–60 minutes, were audio-recorded and transcribed. The participants consented to the audio-recording of the interviews. The in-depth, phenomenological interviews were conducted until data saturation was achieved, as reflected in repeating themes. Data saturation means that the researcher continues to collect data until redundancy has been reached; this is when nothing new emerges from the interviews (LoBiondo-Wood & Haber, 2018:94).

The participants were asked one central question, namely: **“What are your experiences after the closure of Life Esidimeni care centres in Gauteng?”** During the interview, in order to encourage the participants to share their experiences and confirm or look for the underlying meaning to their statements, the researcher used communication skills such as probing, validating, exploring, reflecting, clarifying and minimal verbal response.

Open-ended questions and facilitative communication skills were used to obtain in-depth information from the participants. The interviews continued until no new themes emerged. The data collection processes are further explored in Chapter 2.

c.ii) Observations and field notes

Field notes are handwritten notes based on the researcher's observations. These notes are compiled after observation during and after the qualitative interview process (Polit & Beck, 2017:207). In this study, the researcher used different types of field notes, namely personal notes, methodological notes, theoretical notes, and observational notes to interpret what was communicated.

d) Data analysis

Data analysis is a process of organising, providing structure and eliciting meaning from the research data (Polit & Beck, 2017:507). The researcher ensured that transcriptions were done correctly to promote the trustworthiness of the transcribed data. Thereafter, data analysis occurred according to Tesch's method of open coding (Creswell & Poth, 2018:194). Thus, in this study, the researcher read all data and noted ideas about interesting themes, then picked one document, went through it, and thought about the underlying meaning of the participant's words. Transcripts were individually analysed to establish key emerging themes. Topics were then abbreviated, coded and written next to the appropriate segments of the text to see if new categories and codes emerged. Topics that related to each other were grouped together, reducing the total list of categories.

The researcher analysed all the raw data and transcribed individual interviews and field notes to find meaning. The researcher and the independent coder met for an agreement dialogue on the data analysis findings, the identified themes and categories to confirm the accuracy of their interpretation.

e) Literature control

After completing the data analysis, a literature control was done to support the essential meaning of the identified themes and categories; this means that a literature control was performed after interviews were analysed. This process was undertaken to avoid bias in the analysis and interpretation of data. Literature control places the

study in the context of what is already known about the phenomenon (Creswell & Poth, 2018:194).

1.7.2.2 Phase 2: Recommendations to facilitate the mental health of psychiatric nurses after the closure of Life Esidimeni Care Centres in Gauteng

Recommendations were generated based on the findings derived from Phase 1. The recommendations describe how the mental health of psychiatric nurses, affected by the Life Esidimeni Care Centres' closure, can be facilitated.

1.8 MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness is established when the researcher has confidence in the collection of and interpretation of their data. Lincoln and Guba's (Polit & Beck, 2017:768) framework suggests specific criteria for developing trustworthiness in data collection and interpretation, namely credibility, transferability, dependability, and confirmability.

1.8.1 Credibility

Credibility is based on results that properly demonstrate the underlying meaning of data. This is enhanced through an extended data collection process and triangulation, which involves employing multiple methods to interpret data about the phenomenon (Polit & Beck, 2017:295). The researcher asked the participants in-depth questions relevant to the topic and wrote field notes. Participants were provided with the data analysis findings so that they could offer feedback on the interviews' reliability and confirm that the researcher interpreted their views correctly.

1.8.2 Transferability

Transferability refers to the degree to which the results of qualitative research can be transferred to other contexts or settings (Polit & Beck, 2017:295). A dense description was thus provided of the participants' demographics. In addition, a rich description of the findings with the participants' interview transcripts was given. A dense description was also presented of the recommendations.

1.8.3 Dependability

Dependability entails providing evidence so that if the study were to be repeated with the identical or similar participants in the identical or similar context, its findings would be similar (Holloway & Galvin, 2017:104). Therefore, a dense description of the research methodology was given, meaning the study's findings should be consistent and accurate to confirm its trustworthiness.

1.8.4 Confirmability

Confirmability refers to the objectivity of the researcher. It is reflected in the data's accuracy, relevance, or meaning between two or more independent people (Polit & Beck, 2018:788). Confirmability requires researchers to document the procedures for checking and rechecking the data throughout the study (Brink, Van Der Walt & Van Rensburg, 2017:36). Therefore, the researcher was continuously writing and recording notes during the interviews. The findings and conclusions were ultimately not based on the researcher's assumptions but reflected information provided by the participants. When data has confirmability, readers may trace it back to its original source (Holloway & Wheeler, 2017:104). Finally, the investigator's interpretation of the evidence and the actual evidence should agree internally. This was accomplished by introducing a confirmability audit system into the entire research process.

1.9 ETHICAL CONSIDERATIONS

Researchers are responsible for conducting research ethically to protect participants, acknowledge those fairly who contributed their assistance, and communicate the results accurately. Permission to conduct this research was requested from the Chief Executive Officer of a hospital in Gauteng (Annexure D). The researcher also applied for ethical approval from the Ethics Committee of the Faculty of Health Sciences at the University of Johannesburg before conducting the study (Annexure B).

In this study, the ethical principles adhered to are described next. According to Brink et al. (2017:67), the four principles to be considered when conducting research include autonomy, non-maleficence, beneficence and justice.

1.9.1 Principle of autonomy

Autonomy refers to the participants' right to self-determination. It indicates that the participants are allowed to make free, independent decisions, and supports the belief of informed consent and refusal (Holloway & Wheeler, 2017:32). Researchers have an obligation to ensure their participants are not influenced to participate.

The researcher made sure the participants completely comprehended what informed consent implies so that they could make an informed decision about whether to participate in the study. It was explained to the participants that they could withdraw from the study at any time without penalty. Participants were also asked to determine the time and place for the interviews to be conducted. Permission was also requested from the participants to record the interviews. This consent was given and witnessed, with signatures of the researcher and a witness. The researcher obtained written consent from participants to participate since social interaction was allowed in South Africa at level one of the COVID-19 lockdown. It was explained to the participants that their identities would be kept anonymous to promote anonymity, and the data collected during the study linking to them would be kept private to promote confidentiality. Two years after the publication of the study, data will be destroyed.

1.9.2 Principle of non-maleficence and beneficence

According to Polit and Beck (2017:58), participants may be harmed in a physical or emotional way during participation in research, and the researcher therefore has to minimise harm and maximise benefits to participants. The researcher needed to secure the well-being of the participants by protecting them from discomfort and harm; be it physical, emotional, spiritual, economic, social or legal (Brink et al., 2017:32). The participants were informed about the risk-benefit ratio, and there were no direct benefits for them.

The principle of non-maleficence states that one should not harm another person; therefore, this study was based on the principle that participants must not be harmed as a result of participating in the study (Polit & Beck, 2018:89). The researcher also ensured the participants were protected against any harm related to COVID-19 during

the study. COVID-19 regulations were adhered to during data collection by ensuring both the researcher and the participants always wore face masks and used hand sanitiser, while maintaining a one-meter distance from each other during the interview.

Moreover, the participants' psychological well-being, mental health, personal values or dignity were considered in terms of potential risks. The researcher thus ensured that no information given by the participants during the interview could be used against them in any way (Polit & Beck, 2018:79). Some questions posed by the researcher may have caused emotional discomfort to the participants, and they were referred to a counsellor in cases where it was deemed necessary. The counsellor's name was Shelly Khumalo, and her contact number is 012 319 9500.

1.9.3 The principle of justice

According to Creswell and Poth (2018:54), justice refers to the need to treat participants fairly and equally. The researcher treated the participants fairly during this study. The researcher selected participants for reasons directly related to the research problem, and not because they were available at the time of the study. Ultimately, the participants' selection was open and fair without discrimination. Participants also had an opportunity to ask questions concerning the study.

1.10 ORGANISATION OF CHAPTERS

In this study, the chapters are organised as follows:

- Chapter 1: Introduction, background and rationale
- Chapter 2: Research design and method
- Chapter 3: Discussion of the results of the psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres in Gauteng
- Chapter 4: Specific recommendations, limitations, and conclusions

1.11 SUMMARY

This chapter described the background and rationale of the study, the problem statement, and the research purpose and objectives. The paradigmatic perspectives that supported the study were discussed, namely meta-theoretical assumptions, theoretical assumptions, and methodological assumptions. The measures to ensure the trustworthiness of the study were also explored, along with the ethical principles adhered to in the study. These included the principle of autonomy, beneficence, non-maleficence and justice. The research method and design were introduced and are discussed in more detail in Chapter 2.



CHAPTER 2

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

The researcher chose a qualitative approach as it was suitable for this study, which explored and described psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres in Gauteng. This chapter discusses the research design and method, measures to ensure trustworthiness, and ethical principles that were applied in this study.

2.2 RESEARCH PURPOSE AND OBJECTIVES

The purpose and objectives are discussed as follows:

2.2.1 Research purpose

The purpose of this study was to explore and describe psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres in Gauteng and formulate recommendations to facilitate the mental health of the psychiatric nurses.

2.2.2 Research objectives

The objectives of this study were:

- To explore and describe psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres in Gauteng.
- To describe recommendations to facilitate the mental health of the psychiatric nurses.

2.3 RESEARCH DESIGN AND METHOD

The researcher employed a qualitative approach in this study, using exploratory, descriptive, and contextual research designs (Creswell, 2018:187).

2.3.1 Research design

According to Creswell (2018:187), research design strategies are the ideas and procedures that outline wide assumptions to select detailed methods that could be used to collect and analyse data. The research design guides the preparation and execution of a study, which leads to the researcher's most desired and intended goal (Burns & Grove, 2019:547). Additionally, Polit and Beck (2017:41) describe a research design as a strategy to be followed when collecting, analysing data and enhancing the quality of the study through measures of trustworthiness. In this study, a qualitative, exploratory, descriptive and contextual design was followed to explore and describe the research phenomenon and stimulate the participants to share their experiences during interviews (Creswell, 2018:187).

2.3.1.1 Qualitative

According to Gray and Grove (2020:73), a qualitative study is an organised, interactive method used to explain lived experiences and give them meaning. Qualitative research aims to explore experiences and gain an understanding of the meaning of those experiences related to the phenomenon under study from individuals. In this study, the qualitative research approach was followed instead of the quantitative approach to promote a deep understanding of human experiences of the topic under study and because human emotions are better investigated using qualitative research.

According to Polit and Beck (2017:14), qualitative research emphasises the dynamic, comprehensive, and individual components of the human experience, and aims to capture such experiences in their totality, in the context of the individuals who experienced them first-hand. The researcher used a qualitative research approach, emphasising the dynamic, comprehensive, and personalised components of the psychiatric nurses' lived experiences.

2.3.1.2 Exploratory

An exploratory design is conducted when there are few or no earlier studies to refer to or rely on to predict a research outcome (Creswell & Poth, 2018:4). The researcher used an exploratory design to explore and describe the psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres in Gauteng. To that end, the researcher employed effective communication techniques that facilitated her exploration of participants' feelings and perspectives.

2.3.1.3 Descriptive

A descriptive design depicts an interesting phenomenon as faithfully as feasible (Gray et al., 2017:278). During the data collection interviews, mental health nurses working at Life Esidimeni Care Centres documented their experiences as they saw and lived them. To acquire a deeper understanding, follow-up questions were also asked (Gray et al., 2017:278). Moreover, to encourage participants to recount their experiences following Life Esidimeni Care Centres' closure in Gauteng, the researcher posed non-threatening, thought-provoking questions.

2.3.1.4 Contextual

The contextual design requires the research team members to go into the field and observe and talk to people in their environment (Holloway & Galvin, 2017:4). The researcher was aware of the research context and became fully involved in the environment and circumstances (Holloway & Galvin, 2017:4). The researcher conducted interviews as a form of data collection in the homes of the psychiatric nurses who worked at Life Esidimeni Care Centres in Gauteng. This was done to capture the essence of their perspectives in a natural setting.

2.3.2 Research method

The research took place in two phases. In Phase 1, the researcher explored and described the psychiatric nurses' lived experiences after the closure of Life Esidimeni

Care Centres in Gauteng. In Phase 2, the researcher developed recommendations to facilitate the mental health of the psychiatric nurses. The phases are discussed next.

2.3.2.1 Phase 1: Exploration and description of the psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres in Gauteng

In this study, Husserl's descriptive phenomenological approach (Reiniers, 2017:119) was used as the psychiatric nurses described their experiences after the closure of Life Esidimeni Psychiatric Care Centres in Gauteng. The researcher employed bracketing; it entailed putting aside her own preconceived opinions and perceptions. Bracketing is the process of putting aside what is known about a research topic to allow the data to convey undistorted information (Brink et al., 2017:208). In order to avoid bias in this study, the researcher entered the field with an open mind and implemented bracketing by ensuring that she treated the participants' experiences without any pre-conceived ideas or any unfairness. Moreover, minutes were audio recorded, documented and transcribed verbatim.

a) Population and sampling

Polit and Beck (2018:761) refer to the population as "the entire set of individuals or objects having some common characteristics". Burns and Grove (2020:51) define the population as "all elements (individual, objects or substances) that meet the criteria for inclusion in a given universe". The population of this study was psychiatric nurses who worked at Life Esidimeni Care Centres at the time of closure. The researcher chose a sample from the population, which is a subset of the overall group of people that are of interest to the researcher (Holloway & Gavin, 2017:31). In this study, the sample was drawn from psychiatric nurses who worked at Life Esidimeni Care Centres in Gauteng at the time of closure.

A purposive sampling method was utilised in the study; it is known as 'judgemental' sampling because it has inclusion and exclusion criteria. It involves deciding which criteria of the population should be studied (Gray et al., 2017:352). The participants who met the purposive sampling requirements were psychiatric nurses who worked at Life Esidimeni Care Centres in Gauteng at the time of closure.

The sample size was determined by data saturation, which occurred when no new ideas or information were shared by the participants (Gray et al., 2017:352). As a result, the researcher used saturation to justify the sample size and number of participants in this study. Additional sampling yielded no new data, merely redundancy of previously gathered information (Gray et al., 2017:352).

The participants met the following inclusion criteria:

- Psychiatric nurses without specialisation, employed at the Life Esidimeni Care Centres in Gauteng at the time of its closure.
- Psychiatric nurses transferred to work at Weskoppies Hospital in Gauteng Province after the closure of Life Esidimeni Care Centres.
- Psychiatric nurses with two to five years' experience working at Life Esidimeni Care Centres in Gauteng.
- Psychiatric nurses between the age of 25 and 45 years.
- Willingness to participate in the study to share experiences about the phenomenon under study.

b) Role of the researcher

In qualitative research, the researcher is considered an instrument of data collection. Polit and Beck (2018:48) describe a researcher as “a person who conducts a study”. In this study, the researcher collected data through individual, in-depth phenomenological interviews. During the interviews, the researcher used communication skills such as probing, listening, reflecting, validating, exploring and clarifying to stimulate the participants to volunteer more of their experiences.

The researcher employed the following processes while collecting data:

b.i) Communication techniques

• Probing

Probing is used to encourage participants to elaborate more on the research topic (Burns & Grove, 2017:85). The researcher posed probing queries to obtain more information from the participants about an interview question. Probing should be done

safely and be neutral to avoid distressing the participants, affecting their responses. This is done to prevent participants' feelings of being cross-examined (Burns & Grove, 2017:397).

In this study, probing was used to deepen the researcher's understanding of the psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres. The researcher asked open-ended questions like: **“What are your experiences after the closure of Life Esidimeni care centres in Gauteng?”**

- **Listening skills**

The researcher asked open-ended, non-threatening questions to which the participants were free to respond. In order to allow individuals to express themselves, the researcher reduced her contribution to a minimum. She responded by nodding, expressing attention and concern as the participants shared their stories. In addition, nonverbal communication was detected in the field of study (Gray et al., 2017:256), such as participants' facial expressions.

- **Clarifying**

According to the Merriam-Webster Dictionary (2021:np), clarification is a technique used to gain clarity on some statements. In this study, clarification helped link the participants' perceptions and specific factors identified in the individual interviews. This aided the researcher's understanding of the psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres. The researcher clarified by asking participants: “what do you mean by saying...”

- **Reflection**

There is reflection on feelings and reflection on content (Holloway & Wheeler, 2017:67). Reflection on feelings signifies understanding, empathy, interest and respect for the participants. The researcher repeated some ideas as they related to the psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres to gain a better understanding of these experiences and encourage participants to continue talking. In this study, the researcher reflected on feelings by saying, “You

seem angry about...”. In this way, the researcher acknowledged that the message had been received, while the flow of information was stimulated.

- **Paraphrasing**

According to Middleton (2020:179), paraphrasing means “the interviewer restates the basic message is similar, but usually fewer words”. In this study, paraphrasing was used when the researcher responded during individual interviews by saying, “What I hear you saying is ...”.

- b.ii) Bracketing**

During this study, the researcher identified, documented, and opted to set aside her own thoughts about the mental health nurses’ lived experiences after the Life Esidimeni Care Centres’ closure in Gauteng. Throughout the study, the researcher was expected to acknowledge any prior knowledge, ideas, or views she had regarding the psychiatric nurses’ life experiences following the closing of Life Esidimeni Care Centres (Gray et al., 2017:275).

- b.iii) Intuiting**

The researcher is absorbed in the depiction of the lived event when they are intuitive (Holloway & Galvin, 2017:68). The researcher concentrated all her attention and work in this study on the lived experiences of psychiatric nurses following the Life Esidimeni Care Centres’ closure.

- c) Research setting**

The data were collected in the natural setting where participants were confronted with the phenomenon under investigation (Creswell & Poth, 2018:185). The researcher works at a psychiatric hospital that has employed psychiatric nurses from Life Esidimeni Care Centres. The researcher approached the hospital’s CEO for permission to conduct the study.

The psychiatric nurses who were requested to participate were not overseen by the researcher and worked in other psychiatric wards. The researcher contacted the participants once they agreed to participate and set up an interview with them, allowing them to choose a convenient meeting location. The interviews were conducted at the homes of mental health nurses who worked at the Life Esidimeni Care Centres at the time of closure.

d) Data collection

For data collection, the researcher conducted individual, in-depth, phenomenological interviews to explore and describe the psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres. Bracketing was also used so the researcher could avoid her own preconceived ideas from affecting the process of gathering data (Holloway & Galvin, 2017:3-11). The methods of data collection are discussed as follows:

d.i) Individual, in-depth phenomenological interviews

Individual, in-depth phenomenological interviews are a qualitative tool for uncovering and developing an understanding of experiences as experienced by persons who are living them (Creswell & Poth, 2018:16). In-depth interviews, according to Gray et al. (2017:259), are informal and conversational encounters between the researcher and the participants.

Individual, in-depth phenomenological interviews were conducted to gather information about psychiatric nurses' lived experiences following the closure of Life Esidimeni Care Centres. The interviews were conducted by the researcher at the participants' residences. Each 45–60-minute interview session was audio recorded and transcribed before being analysed. The participants were asked one main question:

What are your experiences after the closure of Life Esidimeni care centres in Gauteng?

Follow-up questions that were discussed under the communication techniques were employed to confirm the underlying meaning of responses given by the participants (Creswell & Poth, 2018:78). As data were being collected, the researcher used the process of intuiting to immerse herself into the lived experiences of psychiatric nurses after the closure of Life Esidimeni Care Centres in Gauteng.

The researcher reached data saturation at the eighth interview when there was repeatable information. However, what was gathered helped to obtain the purpose of the study as it was rich and in-depth.

d.ii) Observation and field notes

The researcher took field notes during the individual, in-depth phenomenological interviews. These are also known as observational notes since they provide a record of the researcher's observations regarding the overall setting and data gathering method while in the field (Holloway & Wheeler, 2017:89). During data gathering, methodological notes were taken. Personal notes were also employed by the researcher, in which she observed and reflected on the underlying significance of what she saw, as well as recording her thoughts and ideas.

d.iii) Role of the researcher as an observer

The researcher pretended to be an observer at the study site and participated in activities. Because taking notes while participating was challenging, the researcher decided to write down her observations after she had left the research site (Creswell & Poth, 2018:177). Even when alternative data collecting methods, such as interviews, are employed, researchers should remain mindful of the surroundings, the interaction between the participants and these surroundings (Gray et al., 2017:156). Finally, other forms of observation used to gather information included listening and seeing, which were the primary focus, as well as smelling and touching.

e) Data analysis

Data analysis is a “process of organizing, providing structure and eliciting meanings from the research data” (Polit & Beck, 2018:507). According to Burns and Grove (2020:353), data analysis is a technique used to reduce, organise and give meaning to data. The researcher ensured that the transcriptions of interviews were done correctly to promote the trustworthiness of the transcribed data. Thereafter, data analysis ensued according to Tesch’s method of open coding (Creswell & Poth, 2018:185-189).

The steps used in data analysis included:

Step 1: The researcher grasped the entire situation by reading all the transcripts regarding the psychiatric nurses’ lived experiences carefully and jotting down ideas as they came to mind. She made notes in the margins about her ideas and the meanings of the transcripts.

Step 2: The researcher selected one document and read it in order to understand the underlying meaning of the information that emerged through the participant’s words.

Step 3: The researcher continued with the task by working through several documents, making a list of topics, and clustering similar topics together. She formed these topics into columns arranged as major topics, unique topics, and leftovers.

In this study, the transcripts were individually analysed by the researcher to establish key emerging themes.

Step 4: The researcher took the list and again went back to the data. She abbreviated the topics as codes and wrote the codes next to the appropriate segments of the text. She tested the preliminary organising schemes to see if new categories and codes emerged.

Step 5: The researcher found the most descriptive wording for the topics and arranged these into categories. She also looked for ways to reduce the total list of categories by

grouping topics related to each other. She then searched for themes, regularities, and patterns in the data, and used tables to summarise the emerged behaviours, events and processes.

Step 6: The researcher made a final decision about the abbreviation for each category and alphabetised the codes. In this study, the researcher derived key themes from narrative interviews, and went back to the interviews with themes to determine whether the data were suitable and applicable to meet the research objectives.

Step 7: The researcher assembled the data material belonging to each category in one place and performed a preliminary analysis.

Step 8: This step entails the generalisation of the data. Small sets of generalisations were elaborated on and examined in light of the formalised body of knowledge.

During coding, data were broken down into small parts, and the parts were closely examined for similarities and differences. Themes were identified by the researcher. An independent coder also analysed the data alone. The independent coder holds a doctorate in Psychiatric Nursing Science and has extensive experience in qualitative data analysis. The researcher and independent coder scheduled a meeting to discuss the identified themes and categories, thus indicating the accuracy of the interpretation of the transcribed data. The meeting took place to compare and merge the independent analyses. They discussed any discrepancies and decided on the final categorisation of the data, thus reaching consensus.

f) Literature control

After the data had been analysed, applicable literature was reviewed. A literature search was used to verify the study's findings and discuss these within the context of the existing body of literature. The literature search was conducted to illustrate a summary of the main findings from previous research and how they related to the findings of this study. According to Burns and Grove (2020:189), the purpose of a literature search is to place the findings against the context of what is already known about the phenomenon and to help reach data saturation.

Literature was cited by the researcher to justify the study's requirement. It also helped her support or alter existing literature findings in order to demonstrate the positive or negative implications of the findings in connection to psychiatric nurses' lived experiences following the closure of Life Esidimeni Care Centres in Gauteng.

2.3.2.2 Phase 2: Recommendations to facilitate the mental health of psychiatric nurses after the closure of Life Esidimeni Care Centres in Gauteng

Recommendations to facilitate the mental health of the psychiatric nurses who worked at Life Esidimeni Care Centres at the time of closure were developed after data were analysed and the researcher had attached meaning to the collected data. Recommendations were thus formulated based on the research findings.

2.4 MEASURES TO ENSURE TRUSTWORTHINESS

Table 2.1 presents an overview of the measures to ensure trustworthiness observed in this study. A discussion of each criterion follows.

Table 2.1: Measures to ensure trustworthiness

Strategy	Criteria	Applicability
Credibility	Prolonged engagement	The researcher spent six months gaining entry to the field. Rapport was established with the participants, and feedback was provided during the interviews.
	Reflexivity	The researcher kept a journal to reflect on what was observed during the interview process.

Strategy	Criteria	Applicability
		The researcher bracketed her preconceived ideas about the phenomenon.
	Triangulation	<p>Multiple data collection methods were used, i.e., observations, field notes and interviews.</p> <p>The researcher held a consensus meeting with the independent coder to discuss emerging themes and categories.</p>
	Chain of evidence	<p>Raw data and transcribed interviews will be kept safe to provide a chain of evidence.</p> <p>Field notes and observations were included in data analysis to create a chain of evidence.</p>
	Member checking	Feedback sessions were held with the participants to verify the findings.
	Peer examination	<p>The researcher had discussion with her peers who were also conducting research.</p> <p>The research findings will be presented at conferences and research forums.</p>

Strategy	Criteria	Applicability
		The results will be presented to the stakeholders of the hospital to which the psychiatric nurses have been transferred.
	Flexibility	The researcher asked a variety of questions to check that the participants comprehended them. She also double-checked her own comprehension by paraphrasing and asking for clarification in order to gain a clear picture of the participants' experiences.
	Authenticity	The researcher ensured that the participants' voices, views, experiences and concerns were reflected in the text.
Transferability	Nominated sampling	<p>A purposive sampling method was used for this research.</p> <p>A comprehensive description of the participants was provided.</p>

Strategy	Criteria	Applicability
	Dense description of results	<p>An in-depth description of the results with supporting verbatim quotes was provided.</p> <p>Literature control was performed to support the results, as indicated in Chapter 3.</p>
Dependability	Dense description of research methodology	A comprehensive description of the research design and method was provided.
	Code-recode strategy	An independent coder was utilised. The researcher held a consensus discussion with the independent coder.
	Stepwise replication of the research method	<p>A dependability audit will be conducted.</p> <p>The description of the research methodology was discussed as this is a way of building the stepwise replication technique.</p>
	Audit trail	The transcribed interviews and field notes will be kept as an audit trail for a period of 3 to 5 years.
	Peer examination	As previously discussed.
Confirmability	Audit strategies	The raw data (transcribed interviews and field notes) will be kept as an audit trail.
	Triangulation	As previously discussed.
	Reflexivity	As previously discussed.

The researcher ensured the study's trustworthiness by applying the following measures:

2.4.1 Credibility

Credibility, according to Creswell and Poth (2018:89), is the belief in the accuracy of data and interpretations. This implies that participants are aware of the significance they assign to a scenario or circumstance, as well as the accuracy of the findings in their particular social context (Holloway & Wheeler, 2017:54). The results accurately portray the meaning of data as experienced by psychiatric nurses, ensuring credibility. Longer participation in the data collection process and triangulation also boosted credibility Creswell and Poth,(2018:345). To maintain the study's credibility, the researcher used extended participation, reflexivity, constant observation, triangulation, peer evaluation, member checking, in-depth interviews, adaptability, and authenticity. These techniques are explained next.

2.4.1.1 Prolonged engagement

Prior to discussing their experiences with the researcher, the researcher engaged with and came in contact with the participants to create a warm, safe, and trusting environment that would allow the comfortable expression of feelings. Rather than assigning her own meaning to the participants' experiences, the researcher was open to their perceptions (Gray et al., 2017:256).

2.4.1.2 Reflexivity

Gray et al. (2017:256) define reflexivity as being conscious of one's own biases or previous experiences that may influence how one responds to participants or interpret data. When it comes to the experiences of psychiatric nurses following the closure of Life Esidimeni Care Centres, the researcher had to be mindful of her own personal background and potential prejudice. She kept a reflective diary before and during the study to record her experiences and potential biases so she could be aware of them when analysing the data.

2.1.1.3 Triangulation

Creswell and Poth (2018:67) describe triangulation as the process of using more than one source to capture different views and angles of the phenomenon. The researcher concentrated on the data, looking for various forms of information about psychiatric nurses' lived experiences following the closing of Life Esidimeni Care Centres. To gather information, the researcher used existing literature, individual, in-depth phenomenological interviews, observation, and field notes.

2.4.1.4 Peer examination

Creswell and Poth (2018:34) describe the peer review as the research manuscript being read and critiqued by two or more peers before being accepted for publication. In this study, the researcher allowed the manuscript to be reviewed by her supervisors for quality before submitting for publication acceptance. This examination by peers assisted to ensure the credibility of the study.

2.4.1.5 Member checking

When data and findings from a data analysis are returned to the original participants to give their input on the accuracy, completeness, and researcher's interpretation of the data, this is known as member checking (Creswell & Poth, 2018:156). The researcher wanted to hear from people who had different experiences from the ones already documented in the study. The transcripts were returned to the participants for them to certify that the transcripts reflected what they meant during the interviews. Some participants agreed with the transcriptions, while others supplemented the transcribed data with additional information.

2.4.1.6 Flexibility

Flexibility was permitted in the qualitative approaches of sampling, data collection, and analysis in order to achieve the goal of describing and comprehending participants' perspectives (Gray et al., 2017:251). The researcher was also adaptable in her questioning to ensure that participants understood what she was asking. She also

double-checked her comprehension by summarising and requesting clarification to ensure a clear understanding of what the participants expressed.

2.4.1.7 Authenticity

Authenticity refers to “the extent to which the researcher fairly and faithfully shoes a range of different realities” (Polit & Beck, 2018:503). Authenticity emerges in a report that conveys the feeling or tone of the participants’ lives as they are lived. A message or report has authenticity when readers are able to understand the portrayed lives with a description of emotions and experiences, in a language that was primarily used to express those lived lives (Polit & Beck, 2018:504). The researcher ensured that the participants’ views, experiences, concerns, and voices were reflected in the text.

2.4.2 Transferability

Instead of generalisation, Holloway and Galvin (2017:56) employ the term ‘transferability’, which suggests that findings from one context can be used with similar settings or participants (Holloway & Wheeler, 2017:55). Burns and Grove (2020:16) define transferability as the degree to which a study’s findings are confirmed by or applicable to a different group in a different location than where the data were collected (Brink et al., 2017:36). The methods employed to ensure the study’s transferability are explained next.

2.4.2.1 Nominated sampling

The researcher was able to focus on important individuals who were particularly informed about the topic under inquiry thanks to nominated sampling. This sampling strategy allowed the researcher to specify inclusion criteria for the participants in the study to ensure they are better informed, and it allowed for more in-depth analysis of the results (Polit & Beck, 2018:506).

2.4.2.2 Dense description of the results

A rich description of the results, with transcripts entailing supporting direct quotations from the participants, was presented. Direct quotations of the participants' lived experiences of the closure of the Life Esidimeni were provided.

2.4.3 Dependability

The term 'reliability' refers to the provision of evidence such that if the study were repeated with the same or comparable participants in the same or similar circumstances, the results would be identical (Holloway & Wheeler, 2017:55). Burns and Grove (2017:51) employ the term 'dependability' rather than 'reliability', implying that the study's conclusions should be consistent and accurate in order to prove the study's trustworthiness (Holloway & Wheeler, 2017:55). Next, the ways for achieving reliability are described.

2.4.3.1 Dense description of the research methodology

According to Creswell and Poth (2018:56), 'dense description' is a term used to characterise the process of being attentive to contextual details during data collection and analysis, understanding social meaning when following qualitative research. A detailed description of the research methodology was provided in this study. The study's dependability was further verified by the researcher's presentation of a detailed description of the research process.

2.4.3.2 Stepwise replication of research

Stepwise replication is a qualitative data evaluation process in which two or more researchers independently analyse the same data and compare their findings. Any contradictions that resulted from these varied evaluations had to be handled in this study to strengthen the inquiry's dependability. If the results are identical, the investigation's dependability is established (Burns & Grove, 2020:65).

2.4.3.3 Code-recode strategy

The researcher uses the code-recode approach to code the same data twice, with a one- or two-week gap between each coding. The results of the two coding phases were compared to see if they were similar or dissimilar. It aided the researcher in gaining a better understanding of data patterns and presenting participant narratives (Medelyan, 2019:67).

2.4.4 Confirmability

Confirmability, according to Polit and Beck (2018:539), is an audit or decision trail that allows readers to trace data back to their origins. Confirmability is defined by Creswell and Poth (2018:89) as the consistency and repeatability of decision-making about the data collecting and analysis process.

When data has confirmability, readers may trace it back to its original source (Holloway and Wheeler, 2017:55). Internal agreement between the researcher's interpretation and the actual evidence is required; this was achieved through the use of an audit procedure. To ensure confirmability, the audit was conducted throughout the research process.

An audit trail is a collection of papers referring to the researcher's decisions about the data analysis and collection procedure. The audit trail includes field notes about the data obtained, thoughts made throughout the study, and comments about data categorisation and organisation approaches. When releasing the data, the researcher used an audit trail to be consistent and demonstrate the presence of consistency. Furthermore, triangulation was used to create a chain of evidence.

2.5 ETHICAL CONSIDERATIONS

The researcher has a responsibility to preserve the participants' privacy and keep them safe from substantial harm. After giving the participants a thorough explanation of the study, it was critical to acquire their consent. Participants were free to leave the study at any time without incurring any penalties (Brink et al., 2017:38). Informed consent is

the legal idea that participants can make decisions whether to engage in a research study only after obtaining sufficient information about the study and have a reasonable amount of time to think about it (Brink et al., 2017:40). The ethical concepts of autonomy, beneficence, non-maleficence, and justice, as discussed in Chapter 1, were applied in this study.

2.6 SUMMARY

In this chapter, the researcher presented how the study was executed. The purpose and objectives of the study were identified, and the researcher discussed the qualitative approach, using the exploratory, descriptive and contextual research design employed in this study. The population and sampling methods were indicated along with measures to ensure the trustworthiness of the study.

In Chapter 3, a discussion of findings and literature control is presented.



CHAPTER 3

DISCUSSION OF THE RESULTS OF THE PSYCHIATRIC NURSES' LIVED EXPERIENCES AFTER THE CLOSURE OF LIFE ESIDIMENI CARE CENTRES IN GAUTENG

3.1 INTRODUCTION

In-depth phenomenological interviews were conducted according to the research design introduced in Chapter 1 and described in Chapter 2. The psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres in Gauteng are described in this chapter. The discussion of these experiences includes participants' direct quotations and is thus based on verbatim transcriptions and field notes.

3.2 PARTICIPANTS' DEMOGRAPHIC PROFILE

Eight psychiatric nurses who worked at Life Esidimeni Care Centres at the time of closure were interviewed after they all gave consent to participate in the study. As specified in Chapter 1, the term 'psychiatric nurse' refers to the appointed position of a nurse who specialises in psychiatric mental health nursing and provides care, treatment, and rehabilitation to MHCUs. Most participants were parents and breadwinners in their families. While employed at Life Esidimeni Care Centres, the participants worked close to their residence, which they shared with their children, spouses, and other family members. Four participants were originally from Limpopo, and one was from KwaZulu-Natal, but had settled around Gauteng due to their place of employment. Most were mothers who had to leave their young children after the Care Centres' closure to relocate to Pretoria as they were allocated to work at Weskoppies Hospital. They were between 35 to 45 years old, seven were female, and one was a male psychiatric nurse. All the participants were interviewed in English, and data saturation was reached. The participants' demographics are described in Table 3.1.

Table 3.1: Participants' demographics

Participant numbers	Age	Gender	Race	Years of employment at Life Esidimeni
1	35 years	Female	African	10 years
2	40 years	Female	African	15 years
3	45 years	Female	African	15 years
4	32 years	Female	African	6 years
5	45 years	Female	African	12 years
6	38 years	Male	African	13 years
7	35 years	Female	African	8 years
8	40 years	Female	African	15 years

3.3 DESCRIPTION OF THE ENVIRONMENT

The interviews were conducted at the participants' homes around Gauteng province on a day and time agreed with them when they felt ready and comfortable. The participants provided a quiet area in their homes where there were no interruptions by other family members during the interview process. The main question that was posed to the participants was:

What are your experiences after the closure of Life Esidimeni care centres in Gauteng?

Field notes were taken during and after the interviews.

3.4 OBSERVATIONS DURING THE INTERVIEWS

Since they agreed to be interviewed, participants were able to converse freely. However, all the interviews had a sorrowful tone to them, and the researcher was moved by what the participants had to say. The researcher believed that she might be able to assist these mental health nurses in some way.

The participants were nervous at first, but as the interview continued, it became clear that they had been waiting a long time to share their views. Despite the fact that the participants' experiences were emotional, the researcher-maintained objectivity and control throughout the investigation.

3.5 DISCUSSION OF THE RESULTS

The results of psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres in Gauteng were obtained during the data collection phase and are discussed in this chapter (see Table 3.2). The eight steps of Tesch's thematic coding method were used for data analysis. When topics were repeated during the eighth interview, data saturation was attained. A central storyline guides this chapter, followed by the discussion of the themes and literature control.

3.5.1 The central storyline

The psychiatric nurses experienced the unexpected closure of Life Esidimeni Care Centres as a severe shock, leaving them feeling dismayed, with their lives tremendously disrupted in all spheres. They experienced the tragic disintegration of their own families, the MHCUs' lives, and their previous well-established work circumstances. Five years down the line, they still resiliently survive some lasting disruptions, making plans to patch up their lives.

3.5.2 Themes and categories

Table 3.2 shows the themes and categories that emerged during the interviews with psychiatric nurses who worked at Life Esidimeni Care Centres at the time of closure.

Table 3.2: Themes and categories of psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres

THEMES	CATEGORIES
<p>3.2.1 Theme 1: Experienced the closure of the care centre as a severe shock, leaving them feeling dismayed, and their lives disrupted in all spheres</p>	<p>a) Psychiatric nurses experienced emotional turmoil about the unexpected closure of the care centres</p> <ul style="list-style-type: none"> • Feelings of loneliness, separation and dismay • Anxiety and concern about the unknown future • Feelings of betrayal and unpreparedness for the closure <p>b) Impact on personal and professional roles</p> <ul style="list-style-type: none"> • Family life • Motherhood was taken from them in a significant way • Inability to take care of their elderly parents • Being separated from the family unit to work in a different area • Disruption of the family unit <p>c) Financial impact</p> <ul style="list-style-type: none"> • Inability to provide financial assistance to family members • Cost of living became difficult to manage <p>d) Work-life</p> <ul style="list-style-type: none"> • Lack of support networks • Feelings of being rejected by staff in their new workplaces

THEMES	CATEGORIES
	<ul style="list-style-type: none"> • Being falsely accused of being employed without being interviewed, and causing some of the Life Esidimeni patients' deaths
<p>3.2.2 Theme 2: Traumatic experiences related to the tragic disintegration of patients' lives, their own families and work-life</p>	<p>a) Traumatic experience of witnessing the unfair treatment of vulnerable patients</p> <ul style="list-style-type: none"> • Witnessing patients being loaded into vehicles unsuitable for transport and being transferred to unknown NGOs • Deaths of patients due to the unplanned move to unknown NGOs <p>b) Work disintegration</p> <ul style="list-style-type: none"> • Being treated unfairly at new relocated workplace • Lack of support networks that were established at their previous workplace • Lack of support from their employer in terms of relocation • Not being financially compensated • Challenges of not coping in the new workplace
<p>3.2.3 Theme 3: Resilience and moving forward in rebuilding their lives</p>	<p>a) Psychiatric nurses had a positive outlook on starting new relationships</p> <ul style="list-style-type: none"> • Initiation of conversations with HR to relocate to workplaces nearer home • Support from friends, family and previous colleagues

3.5.2.1 Theme 1: Experienced the closure of the care centre as a severe shock, leaving them feeling dismayed, and their lives disrupted in all spheres

The psychiatric nurses were severely shocked at the care centres' closure. It left them feeling dismayed, and their lives were disrupted in all spheres. During the interviews, the participants indicated that the closure was sudden; none of them had time to prepare. Hence, they experienced feelings of separation and became dismayed by the negative outcome of the closure. Psychiatric nurses experienced emotional turmoil about the closure and how it impacted their personal and professional lives, the financial impact and lack of support from their networks.

a) Experienced emotional turmoil about the unexpected closure of the care centre

The participants mentioned that the speed and scale of MHCUs' transfers to different NGOs and other public hospitals in Gauteng, and the way the patients were transferred (some in transport that was inappropriate for this purpose), resulted in many patients losing their lives. It was a painful, sad, and traumatic experience. They further indicated that the closure of Life Esidimeni Care Centres was sudden, and they had short notice to find new employment. In addition, participants were immensely sad to leave their families behind when they were transferred to a different area.

According to the Health Ombuds report, the Gauteng Department of Health formally terminated its contract with Life Esidimeni Care Centre in March 2016 and extended the contract until June 2016. This meant chronic MHCUs were rapidly transferred to hospitals and NGOs in Gauteng, where 194 MHCUs lost their lives under unlawful circumstances. The decision to move MHCUs was rushed, chaotic, and unplanned (Whittaker, 2018:2).

• Feelings of loneliness, separation and dismay

Wu (2020:27) states major risk factors that have been linked to poor physical and mental health status are social isolation and loneliness. It can cause mental health problems, such as anxiety, emotional distress, addiction, or depression. Some of the

psychiatric nurses of Life Esidimeni mentioned how the closure of the care centres caused separation from their friends and significant others, since they had to relocate to other employment far from their homes. According to Hartmann (2017:16), living away from family and friends can be an incredibly lonely experience in starting all over again in a new place, resulting in the loss of relationships and support systems.

In this study, one of the participants mentioned that she was preparing for her wedding when the unexpected closure occurred. She said:

“The closure came as a shock to me because at the time I was staying in Randfontein with my son and my fiancé, which was convenient for us because, for his school, my workplace and my fiancé’s workplace, now because of the sudden closure, I had to move to Pretoria, this closure messed up my life...Worst of all my fiancé and I were busy planning for our wedding at the time the closure occurred, as I’m sitting here with you, my relationship with the father of my child does no longer exist, because he could not bear the fact that I have to relocate to Pretoria” (Participant 3, 40 yrs.)

Another participant said:

“we, as the staff of Life Esidimeni Care Centres, were given notice letters that the Care Centres are closing and I was one of the Psychiatric nurses who was placed at Weskoppies hospital, and I have to report there on the 1st of June 2016, so, to me it came as a shock, because it was short notice, I didn’t even know where Weskoppies was in Pretoria, I have never been there as I was staying in Vosloorus in the East Rand working at Waverly Care Centre, then suddenly “boom” go to Weskoppies” It was shocking, Sister... to think that we started by hearing rumours that the Care Centres will close down... And I feel that the leaders of Life Head office could have alerted us some time before the actual closure regarding the movements so that we can plan accordingly” (Participant 1, 35 yrs.)

Brooks (2019:3) claims organisational leadership’s silence causes imaginations to run out of control and anxiety levels run high. This is consistent with this study’s findings,

since the psychiatric nurses experienced the sudden closure of the facility without forewarning. The participants stated they could have been alerted on time by the leaders of Life Esidimeni regarding the closure. A participant shared:

“The closure was very sudden, and most of us, we were not emotionally and financially prepared to be moved to new hospitals, We were not given enough time to prepare ourselves for the closure,” we were told about the possible closure around February 2016, and on the 31st of May 2016 was closed down and all the staff who worked there received termination letters, and lists that indicated to us where each one of the Psychiatric nurses are going to be placed “like me, my name appeared on the Weskoppies list.” (Participant 6, 38 yrs.)

Jacobsen (2017:18) claims even though a place of work is viewed purely as an economic operation, the brain perceives the workplace first and foremost as a social system. While employees feel unnoticed, they experience a neural impulse similar to a great blow to the head. Lack of communication by the employers of an organisation during a crisis or when closing down can result in a lack of trust between the employers and the employees. In this case, the psychiatric nurses shared that they were given short notice to relocate to other hospitals. All along, they only heard rumours about Life Esidimeni Care Centres' closure from the unions.

• **Anxiety and concern about the unknown future**

The participants in this study said they were immensely sad to leave their families behind during the care centres' closure. Most of the participants were parents and played a significant role in providing care and support to their loved ones. They shared feelings of being worried and anxious about what would happen when they relocated far from their homes. According to Brooks (2019:4), uncertainty only fans the flames of anxiety, and new workplace anxiety often relates to the upcoming changes involved. Consequently, the psychiatric nurses who worked at Life Esidimeni at the time of closure experienced the anxiety of being relocated to a new environment.

The psychiatric nurses also stated they were worried and anxious that they did not have accommodation, as they did not know anyone in Pretoria. Moreover, when they

arrived in Pretoria, they were told there was no accommodation in the nurses' residence, and they had to find their own accommodation. Participants had to request assistance from some of their colleagues living in the area, as they were unfamiliar with the environment. The most challenging issue for them was leaving their family behind and relocating to Pretoria to be nearer their new workplace.

One participant said:

"I was anxious, not knowing what to expect, as I was already being allocated to a ward that I did not know..."

She continued to say,

"I asked myself about, what kind of people I am going to work with, the setup, where to look for accommodation." (Participant 1, 35 yrs.)

Anxiety is defined as the body's biological reaction to stress. Middleton (2020:103) claim anxiety can be normal in stressful situations like a big event or build-up of smaller situations; for example, work stress or ongoing concern related to financial problems.

A participant stated:

"I was shocked and anxious" to think that all along nothing was said that the Care Centre would close so suddenly, at that I only heard rumours prior to the closure, and I did not take them seriously at that time. "I started becoming worried when I saw the families of the Patients attending meetings at our Care Centre as they were also against the closure" (Participant 4, 32 yrs.)

Another participant shared:

"My heart was broken, when I saw my name on the Weskoppies list whilst others were allocated to go to Sterkfontein, and nobody was prepared to exchange with me to remain around Krugersdorp at least. I was too worried about leaving my sickly husband and having no one to look after him because my daughter

was also attending school in Vereeniging in the Vaal Triangle” (Participant 6, 38 yrs.)

Another added:

“I was shocked, Sister and I felt very nervous because now reality started kicking in, that indeed the Care Centre was closing down, anxiety was there, for the mere fact that I was to go to a totally new environment, and to think that I never went to Weskoppies before, and I did not know where Pretoria West is”.
(Participant 3, 45 yrs.)

Stanborough (2020:1) agrees that uncertainty is part of the human experience when one feels intensely upset and anxious in encountering an unknown, unfamiliar situation. Fear of the unknown refers to a tendency to be afraid of something one has no information about. Some of the psychiatric nurses in this study mentioned they felt anxious because they did not know where Pretoria West was – where their new employer was situated – as they had never been there before.

• Feelings of betrayal and unpreparedness for the closure

During the interviews for this study, the participants expressed feelings of dissatisfaction about the speed with which the closure of Life Esidimeni Care Centres around Gauteng occurred. They were also not happy about the rate at which the patients were moved, as they felt they were not given enough time to prepare themselves for the move. There were no prior discussions about the possible closure and their transition to different public hospitals around Gauteng. Participants felt betrayed by their previous employer, who left them unprepared. The psychiatric nurses who participated in this study expressed exclusive stories about their perspectives, worries and feelings that emerged from the closure. One participant said:

“I think that at least the leadership of Life Health office should have alerted the employees prior to the movement and closure, maybe at least a year in advance, so that we could make plans of finding new employment to prevent frustrations that people like myself had to experience”.

She continued to say:

“The hospital managers were the only ones attending the meetings regarding the closure, “so I feel we were not given a chance to choose where we want to go” (Participant 1, 35 yrs.)

Another shared:

“None of us was given a choice, so that at least we can choose hospitals that are nearer to home, we were told that we were going to be placed where there are vacancies in the public hospitals around Gauteng Province. I personally was going to choose Sterkfontein in Krugersdorp because it is nearer to Kagiso where I stay, rather than coming so far away to Pretoria West. We were told that the selection for the staff placement was the arrangement between the Unions and the Department of Health officials, since the Union is the ones who negotiated for us to prevent job losses.” (Participant 2, 40 yrs.)

According to Nicholson (2020:34), institutional betrayal refers to when an institution commits offences against employees dependent on that institution. This includes the failure to inhibit or reply understandingly to the employees at the institution (Nicholson, 2020:34). A participant said:

“I felt that the closure happened suddenly, and it was very frustrating, because personally I can say that I also heard rumours before the actual closure for like a month before, that there was a possibility that the Life Esidimeni Care Centres will be closing, and all patients are to be transferred to public hospitals around Gauteng, But in May 2016, I saw that this was real as we, the staff of Life Esidimeni got termination letters to that effect”

She continued to say:

“I was worried, because having worked at Life for the past twelve years, having accounts and bills to pay, and being uncertain if I was going to get another job was very frustrated” (Participant 7, 35 yrs.)

“The only thing that I think could have been done better was to be given time and debriefing sessions by the Life Esidimeni employers and managers so that we could be mentally and emotionally prepared for all these movement... Consideration of other people could have been given a thought as to how the movements were going to affect others” (Participant 7, 35 yrs.)

The psychiatric nurses who worked at Life Esidimeni Care Centres experienced betrayal at the time of the closure. It has also been determined that institutional betrayal relates to an institution’s failure to prevent or respond supportively to a traumatic event, causing further psychological distress (Brown, 2020:45). Betrayal is the sense of being harmed by a trusted person’s intentional actions or omissions. Loss and grief, morbid preoccupation, damaged self-esteem, self-doubt, anger are all viewed as the effects of betrayal, and these effects can create life-altering changes, including mental contamination (Brown, 2020:45).

b) Impact on personal and professional roles

The participants in this study expressed that the closure had an impact on their personal and professional roles. Personally, participants felt that their experience of motherhood was taken away from them in a significant way, and they shared they were unable to care for their elderly parents. Participants also experienced a disruption of the family unit, and all of these factors had a financial impact on them. Professionally, participants lost their support networks and felt rejected by new colleagues. A discussion of the impact of the care centres’ closure on participants’ personal and professional roles follows:

• Family life

In this study, most participants were parents, guardians, and a source of support in their families. During the interviews, participants expressed feelings of being deprived of their fulfilling roles in their families and work because of the care centres’ closure:

“My experiences of the closure are very sad, indeed, frustrating. “I wish the closure never happened in the first place, because most of us were negatively affected in our lives, and our families” (Participant 6, 38 yrs.)

“Emotionally the closure did affect me, since I stay with my elderly parents, who are 60 and 70 years old, and my five-year-old daughter, being the only one who is working, though my parents get grant money it is not enough because both are sickly, and my mother is in and out of hospital. She continued saying: “at times my father has to bath my daughter to prepare her for day-care when mother is admitted to hospital” with tears in her eyes, she said, “I am unable to care for my daughter, or to accompany her to day-care because I stay here in Pretoria since I don’t have the means to travel daily due to finances, I really feel sad because now my daughter has been deprived of a mother’s love, this year she is going to grade one, it is every parents’ wish to accompany her child to school on her first day, I really feel terrible” (Participant 1, 35 yrs.)

Families protect each other from harm, they provide shelter, physical support and emotional support; these are some of the family’s most important functions (Dean, 2017:68). The family is defined as a group of people who share a personal life and live in the same household together (Peterson, 2017:8). An example of a family life in the modern age is a two-parent household, children, pets, and possibly extended family members like grandparents who can no longer live on their own (Peterson, 2017:8).

• Motherhood was taken from them in a significant way

Being a mother entails loving and caring for a life completely dependent on one for survival. Having this role altered can be distressing and cause feelings of guilt. In this study, the participants who had to leave their young children at home when they relocated, shared that they felt motherhood had been taken from them in a significant way. They shared:

“I feel sad, I feel like the closure did not happen, and I could not have left my kids alone with their father, especially the girl child, I feel like I’m failing as a parent.” (Participant 5, 45 yrs.)

“My daughter spends more time on the streets with friends and has neglected her school work, her performance at school have drastically gone down, she is a bright kid you know, but now she fails the subjects that she was good at” (Participant 5, 45 yrs.)

Another participant said:

“My elderly mother has to look after my daughter who is Twelve years old, and she cannot assist her with school work, the subjects that are taught are too difficult, so every time I get a call from school to report that her work is behind, at times I have to go to the school and this affect my work attendance by taking incidental leaves, I feel that being so far away from home has just deprived my daughter of a mothers love and care, I’m a single parent and I have to work so that I can take care of my family” (Participant 2, 40 yrs.)

Children’s Act (2005) state that parental responsibility refers to all rights, duties, powers, responsibilities and authority which by law a parent has in relation to a child. Essentially, this means that people who have parental responsibility for a child make important decisions concerning that child’s upbringing. This can include decisions of where the child goes to school. The Children’s Act 38 of 2005 provides that a parent has the right and responsibility to care for a child and keep contact with a child until the child is 18 years of age and can make their own decisions and take responsibility for their own actions.

In this study, most participants were parents and guardians, and felt deprived of this role as a result of the care centres’ closure. One participant who had a two-month-old baby at the time of the closure said:

“I was on maternity leave at the time of closure with a two-month-old baby, everything was so sudden and I had to leave the baby with my elderly mother, who was 73 years old, “I was deeply hurt because my mother was very old to look after a two-month-old baby, and I did not enjoy motherhood because she was my first child and I wanted to bond with her as I was very excited when I

had my first child “on the other hand I could not reject the job offer, because how was my daughter going to survive when I’m not working. “Now I have a second baby, both of them are at home with my mother, she always calls me when my daughter who is Asthmatic is not well, I will rush home, leaving my job and this is affecting me as I’m always absent from work” (Participant 4, 32 yrs.)

She continued:

“Getting a job nearer to home will be better because at least I will be able to see my kids daily and bond with them and give them motherly love, right now I’m emotionally disconnected from my kids, I feel that the closure has deprived me of motherhood”.

Bollen (2019:5) suggests being natural, instinctive, and enjoyable are common cultural demonstrations of motherhood and contribute to the gap between expectations and reality. Bollen (2019:5) further indicates that women often believe they should immediately have a natural instinct to know how to care for their babies by being fully available and supportive towards their children. Women not living up to cultural standards of motherhood can be damaging, as women often feel bad or guilty when they do not meet these expectations (Bollen, 2019:5).

According to the idea of maternal deprivation (Bowlby, 2017:16), frequent disruptions of an infant’s connection to his or her primary caregiver (i.e., mother) can lead to long-term cognitive, social, and emotional problems. Mothers are also important members of the family, which is a tremendous force for social integration and cohesion. As a result, the mother-child interaction is crucial for a child’s growth (Heti, 2018:40).

A participant said:

“Like I have mentioned, I had to look for someone who will take care of my child because he was attending school in Randfontein, so I could not just remove him from school, I had to settle down first in my new job, I did not have a choice but to leave my son for the time being until I sorted myself, she continued to say” I was very stressed to think that he must now get used of staying with some other

people and I felt fear as I did not know if he was going to cope with me being away, and I felt like depriving him of a mother's love" (Participant 3, 45 yrs.)

• **Inability to take care of their elderly parents**

The participants also shared they could not care for their elderly parents as they would have wanted to as a result of having to relocate. Due to the closure, their elderly parents were instead tasked with caring for participants' children. Consequently, they experienced self-blame and guilt. One of the participants said:

"My elderly mother does not cope with having to look after a young girl who is in adolescent stage, it is very difficult for her to be constantly keeping an eye on her" and my younger brother also roaming the streets in Kagiso "Having to leave my elderly mother, who is a widow" (Participant 2, 40 yrs.)

Others added:

"My daughter spends more time on the streets with friends and has neglected her school work, her performance at school have drastically gone down, she is a bright kid you know" but now she fails the subjects that she was good at" (Participant 5, 45 yrs.)

"At home I left my parents who are between 60 and 63 years old, a five year daughter and my sister who is not working, has a child and also have her own life, I'm' the only one working and both my parents are sickly, living on grant money, which is not enough, my father has to bath my five year old daughter and accompany her to school because my mother is in and out hospital as I cannot afford to travel daily to Vosloorus daily due to finances."

She continued to say:

"It makes me sad and at times I experience guilt feelings of not being able to take care of my child, when you are a mother you wouldn't like to be away from

your family, as family is very important in our lives, the closure has separated us from our children and families” (Participant 1, 31 yrs.)

Grandparents raising their grandkids, according to Baker and Silverstein (2018:34), sometimes find it difficult to become parents again. They may not feel able to keep up with their grandchildren due to health issues or the children’s high level of activity. Grandparents are often elderly and may suffer from chronic illnesses that necessitate assistance with household activities, making it difficult for them to keep up with young children. Some grandparents have developed health difficulties as a result of raising their grandchildren, including hypertension, depression, insomnia, back and stomach issues.

This remark is backed up by Peterson (2017:8), who states that grandparents raising adolescent children are more likely to experience stress and have mental health and financial issues. Emotional and behavioural difficulties are also more common among children raised by grandparents. Grandparents raising grandchildren, as well as the schools they attend, are frequently concerned about these children’s performance.

• **Being separated from the family unit to work in a different area**

In this study, all the interviews seemed to have a sad nuance. The participants were heartbroken witnessing their own families suddenly left on their own. They felt separated from their original family setup, and still felt the aftermath of the event in terms of how it disrupted their family lives. Participants reported having to make their own plans to survive the ordeal. One participant said:

“As a mother one wouldn’t like to be away from one’s kids, family is very important in our lives” The fact that this closure caused separation from me and my family, makes me feel terrible” (Participant 1, 35 yrs.)

According to Kendall-Tackett’s (2018:45) study, other influences, like a school-based intervention, can positively affect participants’ emotional well-being. Ultimately, one’s family may help or harm an individual’s emotional well-being, especially when one is unexpectedly forced to move away from family settings.

It is impossible to overestimate the importance of familial love for emotional well-being. From childhood to adolescence and maturity, a person's quality of family life has an impact on them. Family members, according to Devlin (2020:65), are the people with whom you spend the most time, who give your life purpose, and for whom you would do anything. They are the ones you cannot live without and who you turn to in good times and bad. The participants shared they had left all their support networks behind to keep a job and not lose their income. They did not even know the areas to which they were supposed to relocate and had no friends or relatives in the area.

• **Disruption of the family unit**

The participants shared their experiences of being separated from their families. They regarded the care centres' closure as a disruption to their original family units. As stated, most had to relocate and find alternative accommodation to try and save costs, since their transportation fees were suddenly higher, and they had to financially support their families back home. Participants thus also had the additional expense of new accommodation. One participant said:

"I feel that the closure could not have happened because it was too sudden and just caused a disruption in our families, now I have to stay far from my family, as I'm the sole provider at home, it's very difficult" (Participant 2, 40 yrs.)

Another shared:

"I, m planning to rent a flat here that is bigger to accommodate my mother and my kids to come and stay with me in Pretoria because now, being far from them is causing stress for me as I'm unable to support both homes financially, family can be better managed when we are together under one roof," (Participant 4, 32 yrs.)

Anxiety has been connected to family disturbance, which can negatively affect personality development, self-esteem, and a strong sense of control over one's own life. Furthermore, children who grow up without an authoritative figure may develop some behavioural issues since they require continual guidance and assistance (Mendietta, 2019:197-189).

c) Financial impact

The participants experienced financial strain and were unable to help their families since their cost of living became unmanageable. Most spent a lot on transport and others had to rent accommodation in areas nearer to where they were allocated to work; this had a severe impact on their finances. The participants shared the following experiences in terms of how their finances were affected by the closure of Life Esidimeni Care Centres in Gauteng:

• Inability to provide financial assistance to family members

The participants were economically impacted and struggled to make ends meet. They could no longer provide monetary support to their relatives, as the cost of living became difficult to manage.

One participant said:

“The closure was very sudden, and most of us were not emotionally and financially prepared to be moved to new hospitals, and we were not given time to prepare ourselves, and she further said, “The closure of Life Esidimeni was very traumatic one for me and I was stressed indeed” (Participant 5, 45 yrs.)

Another participant shared:

“Some of the hospitals are far away from our homes, I don’t have my own car, therefore my finances are also affected, because transport is very expensive because of the distance, it is so frustrating, one cannot even save money like before” (Participant 2, 40 yrs.)

“Besides staying here, I had to also support my mother and pay rent and accommodation, were I’m renting, it is too much. She continued saying getting a job nearer to home, will be better because I will be able to save money,” (Participant 2, 40 yrs.)

According to Brame (2017:16), the shutdown of a hospital results in job losses. Some employees may be able to find employment elsewhere in the neighbourhood, while others, particularly health professionals, are frequently forced to leave their communities in order to find work elsewhere. This causes financial stress, and it becomes difficult for the dependents left behind by the person who is their provider relocating to other areas for employment.

- **Cost of living became difficult to manage**

During the interviews, most participants shared that they experienced difficulties making ends meet because of their relocation. The cost of living was challenging, especially travelling costs for those travelling from Randfontein to Pretoria to get to work, since they could find no alternative, affordable accommodation in the area.

Participants shared:

“Yes, now the problem is that I have to travel to and from work, this affect me financially” (Participant 6, 38 yrs.)

“My finances were affected, as the travelling costs were very expensive...Financially it’s terrible; I can’t even save money due to transport costs and having to pay school fees for my daughter” (Participant 4, 32 yrs.)

“When I was working at Life Esidimeni, I was renting a place in Town, nearer to my work, I could walk to work, coming here is hitting hard on my finances I’m a single parent and my mother and daughter depends on me financially, I do not have any other support, and I’m the only one working” (Participant 8, 40 yrs.)

Ultimately, participants’ longer and more expensive journeys to their places of work exacerbated their financial challenges.

d) **Work-life**

The participants shared that they lost their support networks established in the previous workplace; their support mainly comprised of their old colleagues from Life Esidimeni. They also mentioned that they experienced challenges in their new work environment. Some were falsely accused of causing the Esidimeni patients' deaths.

• **Lack of support networks**

The participants said that, at times, the managers were not helpful when they asked them to attend to the challenges they faced in the wards to which they were allocated.

One participant explained:

“Eish sister, my arrival at Weskoppies was very tough, the most challenge was the reception by Weskoppies staff, as they called us “absorption” other elderly staff kept on saying to us ‘You are lucky, neh, you got a job without coming for interviews, while our children have been looking for job here, but were never taken’” (Participant 6, 38 yrs.)

Nicholson (2020:68) recognises that hospital closures are unforeseeable events that can pose special issues for relocated nurses. The transition that occurs after a hospital closes is unique, and it needs to be researched more to ensure that nurses have a smooth transfer to and retention in their new work environment. The participants in this study were not given the opportunity to express their feelings in a secure, nonthreatening setting. They also did not get any strategies to assist them settle into their new jobs and environments.

This statement was supported by Anderson (2021:3), who claim the greatest problem for nursing staff when being moved to a new work environment is the splitting up of their work teams and having to establish relations with new colleagues.

- **Feelings of being rejected by the staff in their new workplaces**

The participants felt rejected by their colleagues in their current employment. There was also no support from management when they complained about the unfair treatment they received from colleagues. Participants said:

“I just ignored them because knowing how to control my anger, is the best solution for me, I just continue working as if nothing is happening, the problem is even if I can report to the Operational manager to raise my concerns about the name-calling, little was done, because here the staff always run to the union when they are being corrected, “yah...what can I do, at least I still have a job” (Participant 8, 40 yrs.)

“At times I just kept quiet and continue with my work, because I have tried to report to the operational manager regarding the negative remarks by other staff members, but nothing was done, I think it’s because the staff will report them to the Union as always when the managers tried to discipline them, so it was no use to complain” (Participant 1, 35 yrs.)

“I complained about the unfair treatment from my colleagues here in Weskoppies, several times to the manager of the ward, but nothing was done, no help at all, so, I just felt that it is useless to report” (Participant 5, 45 yrs.)

According to Lieberman (2016:56), in the field of mental health care, rejection most frequently refers to individuals’ feelings of shame, sadness or grief when others do not accept them. Moreover, while rejection can be painful, some instances may be more impactful than others. Because most humans desire social contact and crave acceptance from society, being rejected can incite negative feelings and emotions.

People who are rejected may feel as if they are not wanted, respected, or accepted. Rejection results in hurt feelings and sadness, and can heighten anxiety and depressive symptoms. It can also affect self-esteem and lead individuals to look for reasons why they were rejected. Social rejection can begin in childhood, be

experienced as alienation in school or the workplace, and extend to social groups (Grogan, 2020:67).

- **Being falsely accused of being employed without being interviewed, and causing some of Life Esidimeni patients' deaths**

The participants continued to share how they endured rejection and name-calling in their new place of employment. Some were also falsely accused of causing some of the Esidimeni patients' deaths.

Participants mentioned:

“Some of the staff members did not receive me and my other colleagues from Life Esidimeni very well, as I could sense a lot of rejection from what they were saying about Life Esidimeni, saying how did we get the jobs without being interviewed as their children are struggling to find jobs, and there was no proper orientation” (Participant 7, 35 yrs.)

“Eh... for me when I feel rejected, I feel useless or not good enough, and ...also unwanted, at times I feel as if maybe there was something wrong with me, or I ask myself is there something wrong with me, or I need to change something about myself”. (Participant 8, 40 yrs.)

Other participants explained:

“I did try to report to my manager about the issues, but no help was given, there is also lack of support from the operational managers because some of them have their favorites, like for instance, when one of the staff was allocated a task and refused to do it, the manager will instead ask one of us from Life Esidimeni to take over and no discipline will be instituted against that staff member” (Participant 6, 38 yrs.)

“The most terrible experience was that the staff was unfriendly and unwelcoming as if I'm there to take their jobs from them, we were being

addressed as 'Esidimeni people' each time there is a mistake in the ward, they will say 'Esidimeni people'." (Participant 3, 45 yrs.)

"Some of the staff members were very welcoming, but with others I would feel a sense of rejection because they kept on addressing us 'Esidimeni people' are lucky the found jobs here without being interviewed, and not knowing that we did not come here by choice, these were hurtful words". (Participant 4, 32 yrs.)

The participants said it was difficult for them to work in an environment with no support from management, and they became frustrated and demotivated. Nicholson (2020:64) agrees nurses do not feel encouraged to continue to work when management does not offer them enough support. Jacobsen (2017:45) further claims in many instances management is not there to help, but instead emphasise the mistakes made by nurses.

3.5.2.2 Theme 2: Traumatic experiences related to the tragic disintegration of patients' lives, their own families and work-life

Psychiatric nurses experienced trauma at witnessing the unfair treatment of vulnerable MHCUs as they witnessed them being loaded in vehicles that were unsuitable for transport to unknown NGOs. They also witnessed the deaths of mental healthcare users MHCUs. Furthermore, psychiatric nurses experienced work disintegration by being treated unfairly at their new relocated workplaces.

The Gauteng Department of Health cancelled an outsourced care contract with Life Esidimeni in October 2016 to save money and affect the policy to deinstitutionalise psychiatric patients, according to the Mail and Guardian newspaper (Gill, 2020:4). Approximately 1 300 MHCUs were transferred to their relatives' care, NGOs, and hospitals. The procedure was said to be a shambles. The Gauteng Member of Executive Council (MEC) stated in September 2016 that numerous patients who had been transferred had died. The Minister of Health then asked the Health Ombudsman to hold an inquest into the MHCUs' deaths and provide advice on how to proceed. Many MHCUs died as a result of negligence, dehydration, and malnutrition, according to the Republic of South Africa Ombuds Report (2018:67). According to Ferlito and Dhai (2018:2), the episode was dubbed "the greatest source of human rights violation".

In May 2016, the Life Esidimeni Care Centres were officially closed, and the staff were relocated to different hospitals. Most of the interviewed participants thus had to relocate from their original unit to remain employed. The participants shared their resulting emotional responses as follows:

a) Traumatic experiences of witnessing the unfair treatment of vulnerable patients

The participants in this study shared their traumatic experiences from witnessing the unfair treatment of vulnerable patients during the closure of Life Esidimeni Care Centres. One participant said:

“It was a very traumatic experience for me to see the chronically ill patients being moved so quickly to be taken to some NGOs, and some went to Sterkfontein and others to Weskoppies hospital, having to watch helplessly when physically disabled patients being carried in bakkies...” (Participant 1, 35 yrs.)

Kendall (2018:20) defines trauma as an emotional and psychological experience caused by a very stressful occurrence that shatters one’s feeling of security and makes one feel helpless in a dangerous environment. Psychological trauma can leave a person with lingering emotions, memories, and anxieties. A threat to one’s life or safety is common in traumatic situations, but any event that leaves one feeling overwhelmed can be traumatic.

• Witnessing MHCUs being loaded into vehicles unsuitable for transport and being transferred to unknown NGOs

Most participants in this study stated they had worked at Life Esidimeni Care Centres for many years – some for over ten years – and had developed an attachment to the mental health care users they nursed for such a long time. Hence, they felt like they were family to them.

A participant shared:

“The way the patients were transferred to NGOs was sad and traumatic experience for me, and having to see how patients and family members were crying because they did not know the NGOs to where they are being taken to” (Participant 8, 40 yrs.)

“I really felt for the patients because they were like family since I nursed them for a long time” (Participant 8, 40 yrs.)

Some MHCUs were transported directly from sickbays to NGOs, according to Gill (2020:3), while others were sent with comorbid diseases that necessitated specialised medical care. Inappropriate and brutal ways of transportation were used to convey frail and handicapped mental health care users (MHCUs), who were tied down with sheets to keep them safe. It was stated that some of the NGOs arrived with pickup trucks (bakkies) to collect MHCUs from Life Esidimeni Care Centres.

• **Deaths of MHCUs due to the unplanned move to unknown NGOs**

The participants explained it was sad for them to witness MHCUs being taken to unknown NGOs and the eventual loss of their lives. In this study, the participants also shared how helpless they felt as they watched the mental health care users MHCUs and their families having mixed emotions and crying, as they did not know where they were being taken and were transported by unfamiliar people:

“I was sad watching the NGOs collecting patients so suddenly and they did not even know the patients and did not have the resources and equipment to care for those patients, and later it was in the news that many of our patients had lost their lives in some unlicensed NGOs, it was very traumatic for me because those patients were like family to us” (Participant 4, 32 yrs.)

“Yes, I think other people just wanted to benefit from poor mental healthcare users’ lives, because you cannot just hear that a Care Centre was closing, and you suddenly come with a bakkie to collect patients that you don’t even know how to care for” (Participant 1, 34 yrs.)

Morris (2019:89) says that sympathetic ability is mostly tied to aiding others in support of these experiences. However, as the psychiatric nurses who worked at Life Esidimeni Care Centres at the time of closure discovered based on their experiences with the MHCUs' transfers, it puts caregivers in danger of enduring negative impacts of caring. Following the termination of a care contract between the Gauteng Health Department and Life Esidimeni Group in 2015, the department transferred patients to NGOs, but they died between March and December 2016 due to neglect, dehydration, and hunger. The findings of this study backed up this report.

b) Work disintegration

In organisations, changing working environments are unavoidable, and when they do, leadership frequently underestimates the impact on employees. According to Brooks (2019:54), a workplace is often a place where people of various personalities and communication styles coexist. Employees may experience stress, discrimination, and unjust treatment as a result of a variety of workplace concerns. This was suggested in this study, where the participants shared their experiences with the staff in their new work environment. The participants further indicated they were not given a choice in terms of where they would prefer to work after the unions negotiated for them to be absorbed by government hospitals; hence, most had to settle for jobs far from their homes. The psychiatric nurses who worked at Life Esidimeni Care Centres at the time of the closure shared the following challenges at their new workplaces:

• Being treated unfairly at new relocated workplace

The psychiatric nurses said they faced unfair treatment in their new jobs and their efforts of reporting such were in vain. Participants stated they had to endure the challenges. One of the participants said:

“Some of the staff in my new job called us names, like Esidimeni... or absorption, each time in the ward there was a mistake, the blame will be put towards us the staff from Esidimeni”.

She continued:

“At times I just don’t feel like waking up and going to work because of these challenges” (Participant 3, 45 yrs.)

According to Wyatt (2016:59), unfair treatment in the workplace can cause individuals to feel ashamed, upset and even scared. When this happens, one can expect low staff morale and productivity to be adversely affected.

According to the participants, they also experienced unfair treatment from managers in terms of performance appraisals. They felt they were disadvantaged despite their evident hard work and being consistent, as opposed to some of their colleagues in their new workplace. A participant explained:

“When performance was being reviewed, we were told that the staff from Esidimeni could not be rated a four (4) which is excellent performance, but other staff even the underperformers were rated high. I don’t even think that I want to be working here going forward, at times I just cry and talk to my colleagues from Esidimeni about my feelings” (Participant 4, 32 yrs.)

Grogan (2020:67) claims that treating staff in an unfair way can drain them of energy and motivation. One example of unfair treatment is making offensive comments to or about someone, or employers or line managers showing favouritism in a workplace. The psychiatric nurses ultimately struggled to focus on their new jobs as they were far from home but still had to manage challenges and care for matters arising at home. Because some managers showed favouritism, the workplace became unbearable as the psychiatric nurses did not get the same privileges afforded to old staff members working in their units.

In this study, the participants felt unwanted due to the unfair treatment they experienced at their new workplace.

- **Lack of support networks that were established at their previous workplace**

The participants stated that they left all their support networks behind to keep their job. One of the participants who was busy preparing for her wedding at the time of the closure said:

“The sad thing is that I was preparing for my wedding at that time, now, my fiancé and I, are no longer together because he could not stand the fact that I was going to relocate to Pretoria so suddenly” (Participant 3, 45 yrs.)

The participants explained that their current support networks mainly comprised of their old colleagues from Life Esidimeni Care Centres, as some of the nurses in their new workplace left them unsupported:

“I do not have many friends here in Pretoria, most of them are in Randfontein where I was working, hence I said that the closure has even affected my social interaction with my friends and loved ones” (Participant 5, 45 yrs.)

According to Wright (2016:79), research has demonstrated that having a social support network improves one’s ability to cope with stressors, reduces the impacts of emotional discomfort, and promotes long-term mental health. This viewpoint is shared by Bakken (2017:16), who argues that persons who have deep ties with friends, family, co-workers, or other support networks are less prone to stress. A sense of belonging and security is also provided via support networks.

- **Lack of support from their employer in terms of relocation**

The participants experienced a lack of support from their employer when they could not get accommodation. They reportedly tried several avenues of approaching the human resources (HR) department to let them know when there are vacancies in public hospitals around places such as Krugersdorp or Randfontein, to be considered for possible transfer. However, despite the attempts by several participants to get HR managers to help, little was done as participants were unsuccessful in their requests.

A participant said:

“I think that it could have been better if the managers could assist us with finding transfers to nearby public hospitals because applying on our own is not helping, but if the Department of Health can consider us when there is vacant post, all the staff of Life Esidimeni could apply first.” (Participant 4, 32 yrs.)

The participants continually approached HR in attempts to be transferred to facilities closer to home, and some finally managed to get accommodation in the nurses' home after a long struggle. Some participants were still renting places outside the hospital, and others mentioned that travelling is tiring, and they experience additional costs as a result.

Relocation help occurs when a corporation or institution assists new or present employees in transferring for work from one location to another, according to Morris (2019:34). In this study, the participants stated they were left to make their own arrangements to find suitable transport to their new place of work. The participants shared how they struggled during the relocation. One participant said:

“at that time, I did not have money to go to Pretoria where I was told to report for duty at Weskoppies in a short space of time.” (Participant 3, 45 yrs.)

Participants verbalised that, despite trying to apply for cross-transfers to other hospitals, the government paid them no attention and did not support them in terms of relocating to their place of origin.

• **Not being financially compensated**

The participants experienced that the investigation surrounding the Life Esidimeni closure focused mainly on the patients' families who received financial compensation, while no monetary aid was allocated to staff. One participant said:

“My concern is that the government only concentrated on investigating about the patients and their families, but they never thought about how the sudden

closure impacted our lives as the previous staff of Esidimeni” (Participant 7, 35 yrs.)

This view is supported in the arbitration report after an inquest by the Health Ombud (2018:10) claimed the government contended it was liable to compensate the families of the deceased and the MHCUs who survived the ‘Marathon Project’, as the closure was referred to during the investigations. Families were to be compensated for estimated funeral costs and common law damages resulting from pain, suffering and emotional trauma. However, there was no consideration for the staff who worked at Life Esidimeni Care Centres at the time of closure.

• **Challenges of not coping in the new workplace**

The psychiatric nurses struggled to focus on their jobs, as they were far from their families but still had to manage challenges at home. Consequently, some participants felt unable to cope in their new workplace. Participants explained they are always thinking of home when they are at work and are not coping. They said:

“I used to cry a lot when I talked to my mother over the phone, I cannot say exactly I’m coping, it is really difficult for me, my elderly mother is sickly and has to look after my daughter who is Asthmatic [with tears in her eyes] some of the days, I have to rush home, leaving my work and this affect my work performance at work” (Participant 4, 32 yrs.)

“The problem is I have to travel to and from work, physically I’m exhausted because I have to wake up at three (3) in the morning to catch transport from Randfontein to Pretoria, I’m not coping at all, this affects my work performance, I’m emotionally drained” (Participant 6, 38 yrs.)

According to Seepamore (2021:79), it is typical for people working far from home to experience challenges in a new workplace as they occasionally feel as if they are losing contact with their home, family, and friends. This leads to emotions of loneliness and isolation, and they also experience exhaustion, which affects their work performance. The psychiatric nurses explained they were struggling to cope in their workplace as

some had to leave their spouses to look after the children, whilst they were at work. They could only go home during their official time off duty as they were renting places nearer to their new workplace. A participant explained:

“I left my husband to take care of my 15-year-old daughter, and every time he would complain that he is not coping alone as dealing with an adolescent teenager is hectic, I feel guilty because now he has to carry the burden alone, at school I would get reports that my daughter is bunking school and she started not performing well at school and this caused conflicts between my husband and I, as he feels I’m far away whilst he has to deal with situations” (Participant 5, 45 yrs.)

According to Seepamore (2021:45), when one spouse is away from home, the weight of domestic tasks and children falls on the partner who is left behind. Working-away employees often cannot wait to go home during leave or time off duty; hence, they are reported to cope poorly in an environment away from the family unit (Mendietta, 2019:187).

In this study, because most of the psychiatric nurses were parents (some with young children) who had to leave them under the care of either their spouses or elderly parents, they reported it was difficult for them to focus and cope in their new workplace. Participants explained they are always thinking of home, wondering about their children; as a result, complaints and conflicts arose from their partners as they also struggled with the burden of raising children alone.

3.5.2.3 Theme 3: Resilience and moving forward in rebuilding their lives

Despite their experiences, the psychiatric nurses had a positive outlook on starting new relationships. They initiated conversations with their human resource manager to discuss ways to relocate to workplaces nearer to their homes, and received support from friends, family and previous colleagues.

The psychiatric nurses who were moved to different hospitals around Gauteng after the closure of Life Esidimeni Care Centres showed resilience by still making plans to

better their own circumstances. They were starting to rebuild a substitute support network and showed a positive outlook. Participants kept praying for a solution and were grateful that they still had jobs, despite the challenges they experienced. Some bought houses and seemed to have reorganised their families' lives so that everyone could be taken care of. A few participants had joined recreational activities in the hospital for staff, such as the hospital choir, just to take their minds off the challenges they faced. Five years down the line, they still resiliently survived some lasting disruptions, making plans to rebuild their lives. In this study, the participants also showed resilience by making plans to cope under the circumstances they had to endure. Most came up with positive solutions to try and remedy some of their challenges. Below is the discussion on their positive outlook.

a) Psychiatric nurses had a positive outlook on starting new relationships

The positive outlook on starting a new relationship is discussed next.

• Initiation of conversations with HR to relocate to workplaces nearer home

The participants stated they would like to be transferred to public hospitals nearer to home. Therefore, despite challenges in getting posts or cross-transfers, they continuously approached HR with transfer requests. One of the participants said:

“I’m planning to keep looking for a job in the East Rand hospitals, as I’m from that side, though I tried without any luck, I will continue to check with the Human resources manager if there are any cross transfers.” (Participant 1, 35 yrs.)

Another added:

“I’m planning to approach the HR to assist me in in looking for other psychiatric nurses who would want to relocate to Pretoria from Randfontein, so that we can swab, I really need to be nearer to home to take care of my daughter, but for now I will keep working until something comes up, I hope my situation will change” (Participant 2, 40 yrs.)

Despite high-risk status, persistent stress, or severe trauma, Masten and Garmezy (2017:23) define resilience as the ability to successfully adjust, positive functioning, or competence. Resilience is frequently defined as the positive end of a range of favourable developmental outcomes (Masten & Garmezy, 2017:179; Garmezy, 2017:179). During the interviews, the participants expressed feelings of resilience and hoped their situation would change one day. Some managed to get accommodation in the nurses' residence, which was affordable, and they could find rest after work rather than having to travel to and from home, which was tiring.

• Support from friends, families and previous colleagues

Despite their circumstances, the psychiatric nurses were grateful for support from new friends, families, and previous colleagues from Esidimeni. Having support appears important for psychiatric nurses since the literature suggests social support facilitates their adaptive adjustments within the new environment (Mendieta, 2019:110).

One participant said:

“I had to ask my cousin to look after my son until I sorted getting a new school for him in Pretoria, because I could not just remove him from his previous school without proper arrangements, at least she was very supportive, as I was busy looking for accommodation in Pretoria” (Participant 3, 45 yrs.)

She continued:

“At least I get support from my other colleagues here, whom I relate well to, and my previous friends from Esidimeni ever since I managed to buy a house in Soshanguve, as they look after my son when I’m at work”

Feeling liked and supported by others, according to Stoewen (2017:79), helps one feel good and provides one a sense of being able to reframe life's obstacles in new ways. In this study, the support psychiatric nurses experienced from friends and families helped them keep going.

A participant said:

“I do get support from my brother in law who always make time to come by my house and assist with bating my sickly husband, and he is the one who drives me to and from work, and I, m very grateful for the help” (Participant 6, 38 yrs.)

Literature has long recognised that the urge to feel linked to others is a basic human need, with interpersonal ties having a substantial impact on persons’ mental and physical health, according to Stoewen (2017:80). In this study, the psychiatric nurses managed to cope better after building new relationships in their new workplace and getting continuous support from families and friends.

3.6 FIELD NOTES

During and after the interviews, field notes were taken. Observational notes, theoretical notes, methodological notes, and personal notes were all included in the field notes. The notes are discussed next.

3.6.1 Observational notes

Psychiatric nurses who worked at Life Esidimeni Care Centres at the time of the shutdown were interviewed at their residences. At first, the participants were nervous, but as the interviews progressed, they got more relaxed and open about their experiences with the closing of Life Esidimeni Care Centres in Gauteng. They seemed to have been waiting for this chance to say what was on their minds. They were depressed, and some of them were crying as they spoke about their predicament.

3.6.2 Theoretical notes

After the closure of Life Esidimeni Care Centres, the psychiatric nurses were relocated to different public hospitals around Gauteng. This caused many challenges for them as most had to leave their family units and social networks to work far from home. This also had a negative impact on their finances. Hence, most of the participants seemed to be stressed.

3.6.3 Methodological notes

The field notes were transcribed after the interviews. One primary question was addressed, and the participants were given enough time to react. When necessary, the researcher had to direct the participants' attention to the question and ask follow-up questions.

3.6.4 Personal notes

The participants expressed their experiences throughout the interviews. The researcher could see the participants were stressed and sad as they shared how the closure of Life Esidimeni Care Centres negatively impacted on their well-being and their family life. Their experiences were sensitive, mostly because they felt that the closure was sudden, and they were not given support from their employers in terms of being relocated. The researcher felt guilty and emotional at times, as there was nothing she could do at that time to help.

3.7 SUMMARY

Research findings showed that the psychiatric nurses who worked at Life Esidimeni Care Centres in Gauteng at the time of closure experienced severe stress. The source of their stress was related to their emotional responses. Most participants experienced betrayal by their employer, as they were not given a choice where to work. Therefore, they faced family disintegration, financial difficulties, a lack of support from managers and rejection from staff in their new work environment. They felt the Gauteng Department of Health only considered the patients and their relatives after the closure. Ultimately, more support is needed from the psychiatric nurses' current employer.

The study's limitations, recommendations and conclusions are presented in Chapter 4.

CHAPTER 4

SPECIFIC RECOMMENDATIONS, LIMITATIONS AND CONCLUSIONS

4.1 INTRODUCTION

The study's findings indicated that something needs to be done to promote the mental health of psychiatric nurses who worked at Life Esidimeni Care Centres in Gauteng after its closure. The employer and management of their new workplace need to support these psychiatric nurses. Moreover, the Gauteng Department of Health should intervene and address the psychiatric nurses' challenges. These recommendations should be considered because, five years down the line, the psychiatric nurses are still resiliently trying to find ways to cope and be reunited with their families and other social networks. These psychiatric nurses should be supported in finding work closer to home and resume the professional and personal roles that were taken from them by the sudden closure of Life Esidimeni Care Centres in Gauteng. Specific recommendations are discussed next.

4.2 SPECIFIC RECOMMENDATIONS TO FACILITATE THE MENTAL HEALTH OF PSYCHIATRIC NURSES WHO WORKED AT LIFE ESIDIMENI CARE CENTRES AT THE TIME OF CLOSURE

The specific recommendations presented in Table 4.1 are based on the themes from the interviews and the researcher's field notes on psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres in Gauteng.

Table 4.1: Specific recommendations to facilitate the mental health of the psychiatric nurses who worked at Life Esidimeni Care Centres at the time of closure

Themes and categories	Specific recommendations
<p>4.2.1 Theme 1: Experienced the closure of the care centre as a severe shock, leaving them feeling dismayed, and their lives disrupted in all spheres</p>	<p>Recommendation 1: Facilitate the mental health of psychiatric nurses who worked at Life Esidimeni Care Centres at the time of closure</p> <ul style="list-style-type: none"> • Conduct individual therapy and counselling • Involve the psychiatric nurses in group therapy sessions • Encourage the psychiatric nurses to form a support group • Refer psychiatric nurses to the employee wellness programmes
<p>4.2.2 Theme 2: Traumatic experiences related to the tragic disintegration of MHCUs' lives, their own families and work-life</p>	<p>Recommendation 2: Facilitate support for the psychiatric nurses who worked at Life Esidimeni Care Centres at the time of the closure</p> <ul style="list-style-type: none"> • Facilitate family therapy and counselling • Provide for their immediate needs • Ensure communication platforms • Facilitate a healthy workplace environment • Facilitate a platform for debriefing and feedback
<p>4.2.3 Theme 3: Resilience and moving forward in rebuilding their lives</p>	<p>Recommendation 3: Facilitate the development of coping strategies for the psychiatric nurses who worked at</p>

Themes and categories	Specific recommendations
	<p>Life Esidimeni Care Centres at the time of closure</p> <ul style="list-style-type: none"> • Facilitate emotional-focused coping • Provide education about stress management • Facilitate open communication with other stakeholders • Provide support and counselling

4.2.1 Recommendation 1: Facilitate the mental health of the psychiatric nurses who worked at Life Esidimeni Care Centres at the time of closure

Emotional responses were experienced by psychiatric nurses, and their emotional health must be restored. The shock was accentuated by the abrupt closure of Life Esidimeni Care Centres, which left people frustrated and bewildered. Psychotherapy, individual therapy, counselling, and group therapy can help psychiatric nurses regain their mental health (Dickerson, 2017:34).

4.2.1.1 Conduct individual therapy and counselling

Individual therapy and counselling, directed by a counsellor or psychologist, may assist psychiatric nurses express their feelings and deal with the issues they faced as a result of the closing of Life Esidimeni Care Centres. By assisting psychiatric nurses in clarifying difficulties, exploring possibilities, developing strategies, and increasing self-awareness, the counsellor could help them positively manage their challenges. Counselling should be aimed at helping the psychiatric nurses deal with and overcome issues related to the care centres' closure that caused them emotional pain and discomfort.

It could provide a secure and consistent environment for kids to talk about and process unpleasant emotions. The counsellor should be there to support them and to listen to what they have to say.

Counselling should start immediately once the counsellor has identified emotional disturbances after interviewing the psychiatric nurses. Psychotherapists use talk therapy to treat people for emotional and mental problems caused by stressors (Devlin, 2020:56). Therefore, Brennan (2021:89) suggests that regular counselling and support should be offered to psychiatric nurses who worked at Life Esidimeni Care Centres at the time of closure in order to guide them in positively gaining the skills to cope with their challenges.

4.2.1.2 Involve psychiatric nurses in group therapy sessions

When psychiatric nurses share their experiences and how they deal with problems in group therapy, they may feel more empowered. The psychiatric nurses could also organise to meet and discuss their challenges themselves as a way of supporting each other and gathering ideas on a way forward. They might also learn new coping skills from each other in dealing with a new work environment; this could help them establish strategies to handle their situations and challenges in their new work environment. Group treatment, according to Zupanick (2018:6), provides support. He goes on to say that learning from others who are dealing with similar situations can help people realise that they are not alone in their struggles (Zupanick, 2018:6).

4.2.1.3 Encourage psychiatric nurses to form a support group

Because they had previously worked together and formed social bonds, the mental health nurses should form support groups for themselves. These groups could empower and motivate psychiatric nurses by providing a safe space for them to express their personal experiences, feelings, coping mechanisms, and other emotional needs. Families who participate in support groups establish a community of people who actually understand and support one another (Zupanick, 2018:2).

4.2.1.4 Refer psychiatric nurses to employee wellness programmes

The psychiatric nurses needed to be referred to a wellness programme in their current work environment to promote their physical and emotional well-being and alleviate their stressors. According to Dickerson (2017:34), involving employees in employee

wellness programmes helps provide meaningful, realistic advice to employees' specific situations, allowing them to participate easily and connect with other employees and co-workers. This could assist the psychiatric nurses in seeking alternative accommodation and coping in their new workplace. The wellness programme should provide education and promote an open and supportive work environment (Dickerson, 2017:36).

4.2.2 Recommendation 2: Facilitate support for the psychiatric nurses who worked at Life Esidimeni Care Centres at the time of the closure

Due to Life Esidimeni Care Centres' closure, the psychiatric nurses had to relocate to new psychiatric facilities for work and had consequently been disintegrated from their own families and support networks. This caused them stress and anxiety as most were parents and could no longer take care of their families as they would have wanted. A close-knit and caring family, according to Dean (2017:58), gives emotional support, economic well-being, and improves general health. When family life is filled with stress and conflict, the health of the family members is likely to suffer. The mental health nurses may be able to help their co-workers who were employed at Life Esidimeni Care Centres at the time of closure.

4.2.2.1 Facilitate family therapy and counselling

It appeared family therapy and counselling were needed for the psychiatric nurses who worked at Life Esidimeni Care Centres at the time of closure and their family members. Some family members struggled being left behind and having to take care of children, since most participants were parents with children attending school. Ackerman (2017:2) is of the view that family therapy can be used to help a family through a difficult period, a major transition, mental or behavioural health problems.

4.2.2.2 Provide for their immediate needs

All the psychiatric nurses who participated in this study explained that they needed alternative accommodation, since they had to either travel long distances to work or rented rooms in other people's homes, which was costly for them. Participants felt they

needed alternative accommodation and tried to get assistance from the management in their current work environment to that end. The HR department in a workplace, according to Devlin (2020:67), should carefully balance the needs of employees. As a result, while they are frequently a source of support and assistance for employees, they are also experts in terms of safeguarding the safety and security of employees. These departments should ensure that employees are being assisted in terms of their human rights; in this case, it entails assisting with affordable accommodation for the relocated employees.

4.2.2.3 Ensure open communication platforms

Managers must ensure that open lines of communication are being facilitated to assist those psychiatric nurses who worked at Life Esidimeni Care Centres at the time of the closure. This will help them get aid from different stakeholders based on their needs, such as being considered for possible transfers to hospitals nearer their homes. Davis (2020:1) says open lines of communication in the workplace allow employees to express feelings and ideas. At the same time, it helps them understand the emotions and thoughts of others. As a result, they develop positive reasoning and trust in their work environment (Davis, 2020:1).

4.2.2.4 Facilitate a healthy workplace environment

The psychiatric nurses' challenges in coping in a new workplace might be reduced by facilitating a healthy work environment. Advanced psychiatric nurses could thus assist these nurses by engaging them on a personal level. According to Stoewen (2017:87), due to disengagement, employees become less motivated to work hard, and they often need a more collaborative and flexible workplace. This might help employees adjust to their new environment, positively impacting employee productivity (Stoewen, 2017:89).

4.2.2.5 Facilitate a platform for debriefing and feedback

Advanced psychiatric nurses should establish platforms for debriefing and feedback for the nurses who worked at Life Esidimeni Care Centres at the time of closure. This platform would empower and encourage the nurses to continue working, knowing that

they are not in this situation alone, but there are options in place to remedy their challenges. Debriefing, according to Weathers (2017:64), provides a safe environment for the group to discuss and process any type of event. Debriefing has the advantage of allowing some members of the group to share their healthy coping techniques with the rest of the group, allowing for more successful coping.

4.2.3 Recommendation 3: Facilitate the development of coping strategies for the psychiatric nurses who worked at Life Esidimeni Care Centres at the time of the closure

Coping mechanisms are the ways people employ to cope with uncomfortable, difficult emotions when they are stressed or traumatised (Gray & Grove, 2018:5). Through the facilitation of coping strategies, the psychiatric nurses who worked at Life Esidimeni Care Centres at the time of closure may be able to adjust to stressful events while maintaining their emotional well-being.

4.2.3.1 Facilitate emotion-focused coping

Being disintegrated from one's family setting and losing social networks can be stressful; especially working in a new environment where one has to try and adjust to a new culture and way of doing things. The psychiatric nurses who worked at Life Esidimeni Care Centres at the time of the closure struggled to cope emotionally in their new work environment, which was far from their families. The advanced psychiatric nurses might assist by facilitating emotion-based coping to enhance these psychiatric nurses' coping skills. Previous research studies suggested that people who used emotion-focused coping strategies may be more resilient to stress and enjoy greater overall wellness than those who display ordinary problem-solving skills (Raypole, 2020:98). Emotion-focused coping, such as mindfulness activities and journaling, can also assist psychiatric nurses in processing and working through unwanted painful emotions and reactions. Raypole (2020:56) state that emotional-focused coping can assist in managing one's emotions rather than outside circumstances when dealing with stressful situations that one has no control over.

4.2.3.2 Provide education about stress management

Psychiatric nurses who worked at Life Esidimeni Care Centres at the time of closure experienced significant stress since they were unprepared for the closure and forced relocation to new work environments. Advanced psychiatric nurses could educate them regarding stress management and potentially inform them of the importance of self-care by learning new stress management strategies. Numerous studies have demonstrated the value of support from friends, families, churches, and professionals in reducing stress and boosting healthy coping capacities among individuals. These nurses can therefore be engaged in activities in the workplace that will help them relax, seek out and use the support of others to ventilate feelings (Gray & Grove, 2018:6).

4.2.3.3 Facilitate open communication with other stakeholders

Human resource management and employee wellness departments should assist by opening communication platforms for the psychiatric nurses who worked at Life Esidimeni Care Centres. This can be done by sharing information regarding possible cross-transfers to hospitals that are nearer to their homes, potentially alleviating their stress and enhancing their coping. People are more likely to speak up when there is no fear of being penalised for providing really constructive input. As a result, ideas improve, workplaces become safer, and processes run more smoothly (Grogan, 2020:23).

4.2.3.4 Provide support and counselling

The advanced psychiatric nurses can facilitate continuous supportive counselling to assist these nurses in sharing their feelings. This might be achieved by applying common skills of empathy, listening and acceptance (Bakken, 2017:18). Supportive counselling, according to studies, seeks to make people feel thoroughly understood and supported. Counsellors assist their clients in resolving whatever problems they may be having. Moreover, since a trusting therapeutic relationship between the counsellor and the client is important in therapy (Bakken, 2017:17-18), advanced psychiatric nurses should develop a supportive and trusting therapeutic relationship to support the psychiatric nurses.

4.4 GENERAL RECOMMENDATIONS FOR THE STUDY

The researcher had the following general recommendations for psychiatric nursing practice, psychiatric nursing education, and psychiatric nursing research based on the research findings.

4.4.1 Recommendation for psychiatric nursing practice

In this study, it was evident that support was unavailable to the psychiatric nurses who worked at Life Esidimeni Care Centres at the time of closure. There was no consideration for these nurses in terms of how the closure affected their mental health. The government and media focus were mainly on the patients and their families. It is therefore recommended that these nurses be included in the nursing process in a way that could improve their mental health (Health Ombud, 2018:17). The Health Department and management of their current workplace should thus consider motivating for these nurses to receive priority when there are available vacancies in facilities nearer their homes.

4.4.2 Recommendation for psychiatric nursing education

The advanced psychiatric nurse practitioner should mobilise resources and set up platforms to train these psychiatric nurses how to put in place measures that will help them manage their mental health. Support programmes should also include skills for families, groups and individuals so that they can modify their attitudes and enhance positive coping mechanisms (Dickerson, 2017:3-4).

4.4.3 Recommendations for psychiatric nursing research

The researcher recommends that more research be conducted in this area, focusing on the lived experiences of nurses after the closure of Life Esidimeni Care Centres and how it affected their mental health. Further research could also be conducted to find ways to facilitate the mental health of these nurses and their families. The benefit for nursing practice will be to understand how mental health institutions or restructuring

can affect mental health nurses in their specific roles, and for management to explore ways to mitigate the effects of restructuring resources.

4.5 LIMITATIONS

In this study, the participants were limited in that only the psychiatric nurses who worked at Life Esidimeni Care Centres at the time of closure were interviewed, and only those who were transferred to Weskoppies Hospital participated in this study. This was done to focus only on a specific category of nurses. However, other nursing categories who worked at Life Esidimeni Care Centres and were transferred to other public hospitals around Gauteng should be heard. The researcher would have required additional time to involve those nurses working at other hospitals and other nursing categories who had worked at Life Esidimeni Care Centres at the time of closure. Moreover, most of the participants were female, and only one male psychiatric nurse was willing to participate in this study, limiting the findings to the female perspective.

4.6 CONCLUSION

A qualitative, descriptive, exploratory and contextual design was used to describe and explore the psychiatric nurses' lived experiences after the closure of Life Esidimeni Care Centres. In this study, individual, in-depth phenomenological interviews and field notes were used to collect and analyse data. From the findings, the researcher recommends that advanced psychiatric nurse practitioners mobilise support networks to help these nurses and their family members in facilitating their mental health. Support structures could be obtained by facilitating and implementing psychiatric education, counselling, support groups, open lines of communication, involving other stakeholders, debriefing and feedback platforms.

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ANNEXURE A: APPLICATION TO HIGHER DEGREES COMMITTEE



FACULTY OF HEALTH SCIENCES HIGHER DEGREES COMMITTEE

I-IDC-01-72- 2020

28 September 2020 TO WHOM IT MAY CONCERN:

STUDENT: MANAMELA, M

STUDENT NUMBER: 200926162

TITLE OF RESEARCH PROJECT: Psychiatric Nurses' Lived Experiences after the
Closure of Life Esidimeni Psychiatric Care Centres

DEPARTMENT OR PROGRAMME: NURSING

SUPERVISOR: Prof A Temane CO-SUPERVISOR: Prof M Poggenpoel

The Faculty Higher Degrees Committee has scrutinized your research proposal and concluded that it complies with the approved research standards of the Faculty of Health Sciences; University of Johannesburg.

The HDC would like to extend their best wishes to you with your postgraduate studies Yours sincerely,

pp 

Prof A Temane

Chair: Faculty of Health Sciences HDC

Tel: 011 559 6972

Email: anniet@uj.ac.za

ANNEXURE B: ETHICAL APPROVAL



FACULTY OF HEALTH SCIENCES
RESEARCH ETHICS COMMITTEE

NHREC Registration: REC 241112-035 ETHICAL CLEARANCE LETTER
(RE-cx 2.0)

Student/Researcher Name	Maide Manamela	Student Number	200926162
Supervisor Name	Temane, Mmasethunya		
Department	Nursing Science		
Research Title	PSYCHIATRIC NURSES' D EXPERIENCES AFT ER THE CLOSURE OF LIVE LIFE ESIDIMENI CARE CENTRES		
Date	06 October 2020	Clearance Number	REC-709-2020

Approval of the research proposal with details given above is granted, subject to any conditions under 1 below, and is valid until 2021/10/05.

1. Conditions:

Gatekeeper permission, as required.

2. Renewal:

It is required that this ethical clearance is renewed annually, within two weeks of the date indicated above. Renewal must be done using the Ethical Clearance Renewal Form (REC 10.0), to be completed and submitted to the Faculty Administration office. See Section 12 of the REC Standard Operating Procedures.

3. Amendments:

Any envisaged amendments to the research proposal that has been granted ethical clearance must be submitted to the REC using the Research Proposal Amendment Application Form (REC 8.0) prior to the research being amended.

Amendments to research may only be carried out once a new ethical clearance letter is issued.

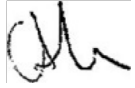
See Section 13 of the REC Standard Operating Procedures.

4. Adverse Events, Deviations or Non-compliance:

Adverse events, research proposal deviations or non-compliance must be reported within the stipulated time-frames using the Adverse Event Reporting Form (REC 9.0). See Section 14 of the REC Standard Operating Procedures.

The REC wishes you all the best for your studies.

Yours sincerely,



Prof. Christopher Stein

Chairperson: REC Tel: 01 1 559 6564

Email: cstein@uj.ac.za



ANNEXURE C: REQUEST TO CONDUCT INTERVIEWS



DEPARTMENT OF NURSING
REQUEST TO CONDUCT RESEARCH

JUNE 2020

The Hospital CEO
Weskoppies Hospital
1 Ketjen Street
Pretoria West
0001

Sir

I, Mathebe Magdaline Manamela, hereby request to conduct a research study on “PSYCHIATRIC NURSES’ LIVED EXPERIENCES AFTER THE CLOSURE OF LIFE ESIDIMENI CARE CENTRES IN GAUTENG”, In order to comply with the requirements for M. Cur in Psychiatric Nursing Science at the University of Johannesburg. This study will be conducted under the supervision and guidance of Professor A Temane and Professor M Poggenpoel.

I therefore request permission to contact the mental health ward at Weskoppies Hospital to request the psychiatric nurses who have been transferred to Weskoppies after the closure of Life Esidimeni care centres in Gauteng, and invite them to participate in my study. The unit manager can then provide me with the psychiatric nurses’ contact details who are willing to participate, so that I can make appointments with them to arrange for telephonic interviews. I will obtain written consent from the participants when social interaction has been allowed at level one of the COVID -19 pandemic in South Africa. The researcher is an operational manager in one unit, but will be interviewing participants who will be purposively selected psychiatric nurses who are working in other mental health wards who are not under her supervision.

The main purpose of this study is to:

- To explore and describe the psychiatric nurses' lived experiences after the closure of Life Esidimeni psychiatric care centres in Gauteng.
- To describe recommendations to facilitate the mental health of these psychiatric nurses.

For these objectives to be achieved, a qualitative research design which is exploratory and descriptive in nature will be used. The number of participants in this study is not specific but will depend on data saturation as evidenced in repeating information. Telephonic consent will be obtained and interviews will be conducted with individual participants during their off-duty times.

The interviews will last for 4060 minutes.

The participants will be requested permission to audiotape the interview. The data will be kept under lock and key in the researchers' office. Only the researcher and supervisors will have access to the data. The data will be destroyed two years after publication of the research.

Participation is voluntary, and participants may withdraw from the research if they wish to do so without any penalty. The results of the research will be made available to your institution as well as to the participants on request.

I will be delighted to answer any further questions about this research study. If you have any questions regarding this study, feel free to contact me on 0783538994

Regards,

Mathebe Magdaline Manamela, RN, B Cur (Edu et Admin))

Alternatively, you may contact my supervisor at the University of Johannesburg

Annie Temane, RN, PhD, Nursing.

Professor: Department of Nursing

Tel: 011 559 6491

Email: anniet@uj.ac.za

You may also contact my co-supervisor

Marie Poggenpoel, RN; PhD, Fansa

Professor; Department of Nursing

Tel: 011 559-6686

Email: mariep@uj.ac.za



ANNEXURE D: APPROVAL BY HOSPITAL CEO



GAUTENG PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

Weskoppies Hospital facility Research approval

The approval is subject to approval by the Ethics Committee of University of Johannesburg

APPROVAL BY HOSPITAL CHIEF EXECUTIVE OFFICER


I Mr M.A Motaung Chief Executive Officer of Weskoppies Hgspj.t@! , hereby agree that this research/evaluation be conducted in Weskoppies Hospital. The officer conducting the trial will be: Ms Mathebe Manamela

Research title: Psychaitric Nurses' Lived Experiences after the closure of the Life Esidimeni Psychiatric Care Centres.

Institution: Weskoppies Hospital

Supervisor: Prof M.A Temane

Co-Supervisor: Prof M Poggenpoel

HOSPITAL CEO / Superintendent			Date		
Signature	Initial(s)	Surname	Day	Month	Year
	<u>MA</u>	<u>Motaung</u>	02	<u>November</u>	<u>2020</u>

Reference Number: GP_202010_05

ANNEXURE E: RESEARCH INFORMATION LETTER



DEPARTMENT OF NURSING
RESEARCH STUDY INFORMATION LETTER
REC 11.0

2 June 2020

Good Day

My name is Mathebe Magdaline Manamela. **I WOULD LIKE TO INVITE YOU TO PARTICIPATE** in a research study on **PSYCHIATRIC NURSES' LIVED EXPERIENCES AFTER THE CLOSURE OF LIFE ESIDIMENI CARE CENTRES.**

Before you decide whether to participate, I would like to explain why the research is being conducted and what it will involve for you. **I will go through the information letter with you telephonically and answer any questions you have.** This should take about 10 to 20 minutes and will be audio-recorded and transcribed. The study is part of a research project being completed as a requirement for a Master's of Nursing Science Degree in Psychiatric Mental Health Nursing through the University of Johannesburg. I will obtain written consent from you when social interaction is allowed in South Africa at level one of the COVID-19 lockdown. The telephonic interviews will be arranged at a time that suits you.

THE PURPOSE OF THIS STUDY is to explore and describe **PSYCHIATRIC nurses' lived experiences** after the closure of Life Esidimeni care centres in Gauteng, and to make recommendations for the facilitation of the mental health of these psychiatric nurses.

Below, I have compiled a set of questions and answers, which I will read out to you, that I believe will assist you in understanding the relevant details of participation in this research study. Please listen to these. If you have any further questions, I will be happy to answer them for you.

1. DO I HAVE TO TAKE PART? No, you don't have to. It is up to you to decide to participate in the study. I will describe the study and go through this information sheet. If you agree to take part, I will then ask you to sign a consent form.

2. WHAT EXACTLY WILL I BE EXPECTED TO DO IF I AGREE TO PARTICIPATE? I will meet with you at the time and place that is convenient to you. I will ask you one main question namely: "What are your lived experiences after the closure of Life Esidimeni Care Centres?" I might need to ask you follow-up questions to get clarity where there is a need to ensure that I understand exactly what you are saying.

3. APPROXIMATELY HOW LONG WILL MY PARTICIPATION TAKE? Your participation will take approximately 40 – 60 minutes of your time. With your permission, I will audio-record the interviews. These recordings will be kept under lock and key in a cupboard in my office. Only the supervisors, the independent coder, an expert in the qualitative research, who will help with the analysis of the telephonic interviews, and I will have access to the recordings. The recordings will be destroyed two years after the publication of the research.

4. WHAT WILL HAPPEN IF I WANT TO WITHDRAW FROM THE STUDY? If you decide to participate, you are free to withdraw your consent at any time without giving a reason and without any consequences. If you wish to withdraw your consent, you should inform me as soon as possible.

5. IF I CHOOSE TO PARTICIPATE, WILL THERE BE ANY EXPENSES FOR PAYMENT, OR DUE TO ME?

You will not be paid to participate in this study and will not bear any expenses.

6. IF I CHOOSE TO PARTICIPATE, WHAT ARE THE RISKS INVOLVED? No permanent risks are foreseen in this study. Some of the questions asked during the study interview might make you feel uncomfortable. Debriefing and counselling will be provided to you, through telephonic counselling by a professional person. The name and surname of the counsellor is Shelly Khumalo, her contact number is 012 319 9500.

7. IF I CHOOSE TO PARTICIPATE, WHAT ARE THE BENEFITS INVOLVED? There are no direct benefits for you to participate in the research.

8. WILL MY PARTICIPATION IN THIS STUDY BE KEPT CONFIDENTIAL? All reasonable efforts will be made to keep your personal information confidential and respect your right to privacy. This includes replacing your identifying personal information with a number that only I and my research supervisor will know. You will not be identified in any research reports that are published. Under some circumstances, such as when required to do so by a court of law, I may have to disclose your personal information. In addition, it may happen that your information will need to be reviewed by another organisation for quality assurance purposes. I will tell you about this if it happens.

9. WHAT WILL HAPPEN TO THE RESULTS OF THE RESEARCH STUDY? The results will be written into a research report that will be assessed. In some cases, results may also be published in a scientific journal. In either case, you will not be identifiable in any documents, reports or publications. You will be given access to the results of this if you would like to see them, by contacting me.

10. WHAT WILL YOUR RESPONSIBILITIES BE, AS THE RESEARCHER? I will ensure you receive all information that pertains to the research study, and ensure you understand what voluntary informed consent entails, that you are protected from all discomfort that may be caused by the research and that you are referred accordingly. I will ensure information that is discussed is kept confidential. I will obtain consent from you telephonically. When South Africa reaches level one of the COVID-19 pandemic, I will obtain written consent from you.

11. WHO IS ORGANISING AND FUNDING THIS RESEARCH STUDY? The study is being organised by me, under the guidance of my research supervisor at the Department of Nursing Science at the University of Johannesburg. This study has not received any funding.

12. WHO HAS REVIEWED AND APPROVED THIS STUDY? Before this study was allowed to start, it was reviewed in order to protect your interests. This review was done first by the Department of Nursing Science, secondly by the Faculty of Health Sciences Research Ethics Committee at a University and by the CEO of Weskoppies Hospital. In all cases, the study was approved.

13. WHAT IF THERE IS A PROBLEM? If you have any concerns or complaints about this research study, its procedures or risks and benefits, you should ask me. You should contact me at any time if you feel you have any concerns about being a part of this study. My contact details are: Mathebe Magdaline Manamela

078 353 8994 maide.manamela@gmail.com

You may also contact my research supervisor:

Professor Annie Temane

Email: anniet@uj.ac.za

If you feel that any questions or complaints regarding your participation in this study have not been dealt with adequately, you may contact the Chairperson of the Faculty of Health Sciences Research Ethics Committee at the University of Johannesburg:

Prof. Chris Stein

Tel: 011 559-6564

Email: cstein@uj.ac.za

FURTHER INFORMATION AND CONTACT DETAILS: Should you wish to have more specific information about this research project information, have any questions, concerns or complaints about this research study, its procedures, risks and benefits, you should communicate with me using any of the contact details given above.

Researcher:

Mathebe Magdaline Manamela



DEPARTMENT OF NURSING
RESEARCH CONSENT FORM
REC 11.0

PSYCHIATRIC NURSES' LIVED EXPERIENCES AFTER THE CLOSURE OF LIFE ESIDIMENI PSYCHIATRIC CARE CENTRES

Please initial each box below:

I confirm that I have listened and understand the information letter dated June 2020 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I understand that my participation is voluntary and that I am free to withdraw from this study at any time without giving any reason and without any consequences to me.

I agree to participate in the above research.

Name of Participant

Signature of Participant

Date

Name of Researcher

Signature of Researcher

Date



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DEPARTMENT OF NURSING

RESEARCH CONSENT FORM OR TELEPHONIC INTERVIEWS TO BE AUDIOTAPED

**PSYCHIATRIC NURSES' LIVED EXPERIENCES AFTER THE CLOSURE OF LIFE
ESIDIMENI CARE CENTRES**

Please initial each box below:

I hereby give consent for my telephonic interview, conducted as part of the above study, to be audiotaped.

I understand that my personal details and identifying data will be changed in order to protect my identity. The audio tapes used for recording my interview will be destroyed two years after publication of the research.

I have read this consent form and have been given the opportunity to ask questions.

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Name of Participant

Signature of Participant

Date

Name of Researcher

Signature of Researcher

Date

ANNEXURE F: EXAMPLE OF AN INTRVIEW

EX8MPLE OF TRANSCRIBED INTERVIEW

INTERVIEW 2

Researcher	Good afternoon sister
Participant 2	Good afternoon mam
Researcher	<p>My name is Maide Manamela, I am a student at University of Johannesburg, doing advanced psychiatric mental health nursing, and currently I'm doing my research. My research topic is "Psychiatric nurse experiences after the closure of Life Esidimeni care Centres in Gauteng". As I explained to you, when I requested you to participate in my study, I did explain to you that I will be recording the session and will be taking notes as well as a form of data collection. And I further explained that the interview sessions will last for about 40-60 minutes, and I will not be mentioning any names for the sake of confidentiality, and again that the information that you are going to give shall not be use against you in any way, and you also have the right to withdraw from the study at any time you wish, are you still interested in participating in my study?</p>
Participant 2	Yes sister, I'm still interested
Researcher	Ohk, let me go straight to the research question," What are your experiences after the closure of Life Esidimeni care centres in Gauteng"

Participant 2	Eh... the closure of Life Esidimeni care centres was very sudden, and it really affected my life in a negative way, as it was done in a short space of time.
Researcher	“I hear you say that the closure of Life Esidimeni affected your life negatively” please explain in what way”
Participant 2	<p>“Since I used to work at Randfontein care Centre as a professional nurse, and that my home is in Kagiso, near Krugersdorp....so, it was about 30 minutes’ drive for me to get to work, so, it was nearer to my home, and all the years I worked there it was convenient for me, regarding use of public transport. Then suddenly in May 2016, on the 31st, our care Centre was shut down, and I was one of the professional nurses who had to be transferred to Weskoppies hospital, and some of the staff of Randfontein care Centre were transferred to different hospitals around Gauteng, like Sterkfontein, Cullinan, and other General hospitals. Worst of all Sister, some of the hospitals are very far from where our homes are, unfortunately I don’t have my own car, therefore my finances are also affected, because transport is very expensive because of the distance. It is frustrating, one cannot even save money like before.</p>
Researcher	“What choices were you given regarding the transfer to other hospitals around Gauteng”

Participant 2	<p>None of us was given a choice, so that at least we can choose hospitals that are nearer to home, we were told that we are going to be placed where there are vacancies in the public hospital around Gauteng Province. I personally was going to choose to go to Sterkfontein hospital in Krugersdorp because it is nearer to Kagiso where I stay, rather than coming so far to Pretoria West. This was so unfortunate since on the 31st of May 2016, the HR officer at Life Randfontein brought lists to the wards so that each one of us can see where we are being placed in public hospitals. But unfortunately we were not told how the selection for that placement was done, but she just told us that the arrangement for us to be transferred was between the unions and the department of Gauteng health, since the patients were also moved to different hospitals as a mandate from the Department of health officials and the care Centre was to remain empty, because those patients belonged to the state. And according to what was said, a list of all staff who worked</p>
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	<p>at Life Esidimeni care centres was sent to different hospitals, that is how the selection was made.</p>
Researcher	<p>“What was going through your mind when you heard about the closure”</p>

Participant 2	<p>“Yoh sister, I was shocked and very anxious, to think that all along nothing was said that the care Centre will be closed so suddenly “I only heard rumours around the hospital prior to the actual closure that the government has a dispute regarding payments for services delivered by Life Esidimeni to the state patients, and that there was a possible closure. At that time, I did not take it seriously. I started becoming worried when I saw the families of the patients holding meetings on weekends at our care Centre as they were also against the closure”</p>
Researcher	<p>“I hear you say that the families of the patients were attending meetings in your care Centre, what were those meetings about”</p>
Participant 2	<p>“I am not too sure what was discussed in those meetings, but according to feedback that was given to us by the operational managers as they were allowed to be part of those meeting, including the officials from the Department of health, is that families wanted to plead with the Department of Health not to close Life Esidimeni care centres, because they felt that their loved ones were very well taken care of, and that most of them stay around to where the care centres are situated so it was convenient for them to visit any time. Though there were many patients who did not have families at that time. That is all I heard thus far</p>
Researcher	<p>“If I heard you correctly, you said that the Department of health officials were part of the</p>
	<p>meetings, do you think they played a role in the closure of Life Esidimeni Care centres?</p>

Participant 2	<p>“According to the feedback that was given by the unions at that time, they said that the Department of Health officials had a dispute with Life Esidimeni regarding the amount that was charged to pay for services for the patents, So they are the one who decided to move patients back to public hospital to save cost, but then unfortunately many patients lost their lives during this process, which was very sad sister Manamela.</p>
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Researcher	<p>“Tell me more about the movements of the patients and staff and how did they affect you”</p>
Participant 2	<p>“The patients were moved to different public hospitals, as I mentioned before, and some were taken to different NGO’s around Gauteng. It was on the news, all over the media, that after the closure of Life Esidimeni, many vulnerable patients lost their lives in those NGO’s because they were not cared for properly. The way in which the patients were transferred was very sad indeed, because some NGO’s just erupted all of sudden because people wanted to make money by taking patients, we heard that some even accommodated poor patients in backyard garages, that was a very traumatic experience, Patients were transported with bakkies and kombis, those who went to Cullinan and Weskoppies, were transported by buses and some of them were physically disabled and could not sit in the bus. “Yoh Sister even the</p>

	<p>patients were crying, their families also, because they did not know where they are going to. The moving itself was done very quickly without proper planning, it was done in a rush just to empty the Hospital. That is why many patients lost their lives at some unlicensed NGO's that were reported not to be coping with the type of patients they were allocated for. The Patients that were lucky are those who were transferred to hospitals like here in Weskoppies and Sterkfontein, they survived because they are in a well-structured environment .Then for me I was very anxious and had a fear of the unknown since I as one of the professional Nurses who was placed in Weskoppies, we as the staff also feel we were given short notice because we got the termination letters in May 2016 and on the 29th we got letters that we are supposed to report to where we are allocated to, and there was no time to plan in terms of how to get there, and what to expect, you know , it was just a mess the way the closure was conducted.</p>
<p>Researcher</p>	<p>“What was going through your mind when you received the termination letters?</p>
<p>Participant 2</p>	<p>“I was shocked , Sister and I felt very nervous” because now reality started kicking in, that indeed the care Centre is going to be closed, “Anxiety was there, for the fact that I am going to a totally new environment like Weskoppies, and to think that I have never been to Weskoppies before, I did not even know Pretoria West, it was very stressing indeed “.</p>

Researcher	“I hear you say you were anxious, shocked and stressed, what exactly made you feel like that”
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Participant 2”	<p>“I felt anxious and stressed because I did not know how to get to Weskoppies, secondly, what to expect when I arrived there, Thirdly, I am going to afford travelling to work so far away, the way I felt was like being afraid of the unknown”. And my other stress was leaving my family behind, especially my daughter who is only twelve years of age, yes, just the thought of being away from her was stressing me, because at that time travelling was not an option, I had to find accommodation nearer to work, since there was no accommodation in the hospital premises , I had to rent a back room in Atteridgeville which was also a stressful situation having to stay in other people’s yards, but things started to become better as I’m now staying in the nurses residence in Weskoppies.</p>
Researcher	<p>“Tell me about the challenges that you experienced when at Weskoppies”</p>
Participant 2	<p>“Eish Sister, my arrival at Weskoppies was very tough. The most challenge was the reception by the Weskoppies staff”</p>
Researcher	<p>“Tell me more about that”</p>
Participant 2	<p>“Yoh, the staff I Weskoppies where not happy to see Life Esidimeni staff, they called us absorption, or Esidimeni”</p>
Researcher	<p>“How did that made you feel”</p>
Participant 2	<p>“It made me feel angry, sister” and I wondered why the people here were so rude to us”. Other elderly staff members kept on saying to us” “You are lucky neh, our children have been looking for a job here, you just came in without</p>

	interview. It was bad, to think that I did not choose to come here in the first place.”
Researcher	“How did you cope when you felt the anger”
Participant 2	<p>“Sister, I just ignored them because knowing how to control your anger is the best solution so that I should not do or say things that I would regret later. I just continued working as is nothing is happening, and I spoke to those staff members who did not have issues with Esidimeni staff. It’s been four years since I’m here and so far, I’m coping because I made friends with those staff that I can relate to. Others I just ignore and carry on with my duties as allocated to me, and at least I also have my Coulleuges from Life Esidimeni whom I can talk to when I feel stressed by this situation. The problem is even if I can speak to the Operational manager to raise my concerns about the name calling, little was done, because the staff here always run to the union when they are being corrected, “Yah... what can I do, at least I still have a job”</p>
Researcher	“Please tell me more about the challenges of leaving your family behind to work so far from home”

Participant 2	<p>“Eh... leaving my elderly mother, who is a widow by the way, with my young brother and my daughter who is twelve years old is the most difficult situation that I’m facing even now. My mother does not cope with having to look after a young girl who is in adolescent stage, it is very difficult. She constantly has to keep an eye on her all the time, as my younger brother is also roaming the streets of Kagiso. My mother is unable to assist my daughter with school work, nowadays the subjects at this modern schools are very difficult, so every time the teachers call me to report that her school work is behind and at times this affect my attendance at work by taking many incidental leaves to go attend to her. At times I feel that being so far away from home, just deprive my child of her mother’s love and care, but there is nothing I can do currently because I’m a single parent and I need to work so that I can be able to care for my family.</p>
Researcher	<p>“What do you think the solution will be to your current situation”</p>
Participant 2	<p>The only solution that will help me is to get a transfer to nearer home, I’m trying to apply whenever I see some adverts for professional nurses around Krugersdorp and Randfontein, but I was not successful yet, but I will keep on trying, maybe one day I will be lucky</p>
Researcher	<p>“After all the issues that you have told me about, what is the way forward”</p>

Participant 2	Eh... I'm planning to approach the Human Resources manager to assist me in looking for other professional nurses who want to relocate to Pretoria, so that we can swab, or advise me on who to consult again for help, but still from my side I will keep applying, I really need to be home with my daughter, Sister Manamela, but I will keep on working until something comes up, I hope my situation will change.
Researcher	"Alright, we are at the end of the interview session, is there anything that you want to ask"
Participant 2	"No... Sister Manamela, I don't have any questions for you, Thank you
Researcher	"In absence of questions, then thank you for availing yourself, and your time, good luck on your plans going forward
Participant 2	Thank you, Sister.

ANNEXURE G: INDEPENDENT CODING CERTIFICATE

Dr. Douline Minnaar D Cur (Univ of JHB)

minnaarh@gmail.com

+27(0) 81 871 7409

This is to certify that I, Dr H.J.D Minnaar confirm that I have completed the independent coding for the qualitative study by Maide Manamela: Psychiatric nurses' lived experiences after the closure of Life Esidimeni care centres in Gauteng. May 2021



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ANNEXURE H: REVISED CODING REPORT

Revised Coding Report by Prof Temane

THEMES	CATEGORIES
<p>Theme 1: Experienced closure of the care center as a huge shock.</p>	<p>1.1 Experienced of emotional turmoil about the unexpected closure of the center -</p> <ul style="list-style-type: none"> - Feelings of loneliness, separation and dismayed - Anxiousness and worry about the unknown future (<i>They were immensely sad to leave their families behind</i>) - Feelings of betrayal and unpreparedness for the move. (<i>and all the negative results it entailed</i>) - Unpreparedness for the move and its negative impact on lives - Feelings of not being supported by the employer

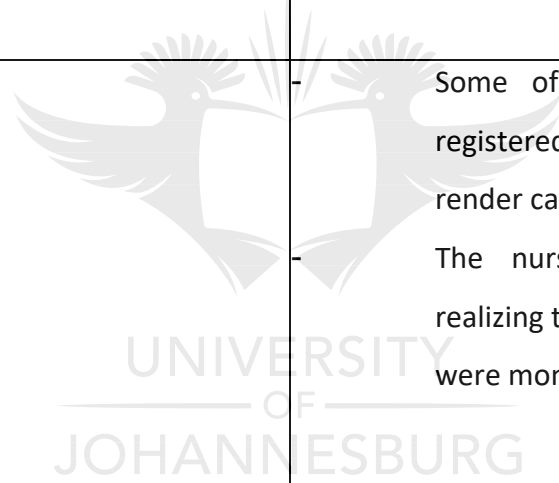
<p>Theme 2: Impact on personal and professional roles</p>	<p>2.1 Experience impact on the following:</p> <p>Family Life -</p> <p>Experience that motherhood was taken away from them in a significant way</p> <ul style="list-style-type: none"> - Inability to take care of their elderly parents due to work demands (<i>as they wanted to as adult children and they experienced selfblame and guilt</i>) - Being separated from unit family to work in different area (<i>They are still separated from their original family setup</i>) - Disruption of the family unit due to the closure of the center (<i>They still felt the aftermath of the event</i>)
	<ul style="list-style-type: none"> - <i>in terms of how it disrupted their family lives)</i> - Lack of support networks (<i>They left behind all their support networks to keep a job and not lose their income. They did not even know where the areas to which they were supposed to relocate and had no friends or relatives close by).</i>

	<ul style="list-style-type: none"> - Family members had to take responsibility and make plans of their own and had to move to other places - Experience of helplessness when own kids misbehaved (<i>to remedy the situation, which in turn traumatized them</i>) <p>Financial impact</p> <ul style="list-style-type: none"> - Inability to provide financial assistance to family members - Cost of living became difficult to manage (<i>Their transport and/or having to rent a place close to their new workplace produced a huge extra expense</i>) - Not being financially compensated by employer for the relocation and work done <p>Work life -</p> <ul style="list-style-type: none"> - Lack of support networks (that was established at previous workplace. <i>Their own support network mainly compromised their old colleagues from Esidimeni and some of the nurses at the new hospital, leaving them mostly unsupported</i>) - Lack of coping in new job
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	<p>Feelings of being rejected by the staff of their new workplaces</p> <p>Feelings of being labelled unfairly and discriminated against during performance appraisals</p> <p>Being falsely accused of being employed without being interviewed, as well as causing some Esidimeni patient's deaths</p> <p>In addition to being unsettled career-wise, they were reemployed in a setting they did not sign up for</p> <p>They felt rejected by the staff of their new workplaces</p> <p>They were labelled unfairly and discriminated against during performance appraisals</p> <p>They were falsely accused of being employed without being interviewed, as well as causing some Esidimeni patient's deaths</p>
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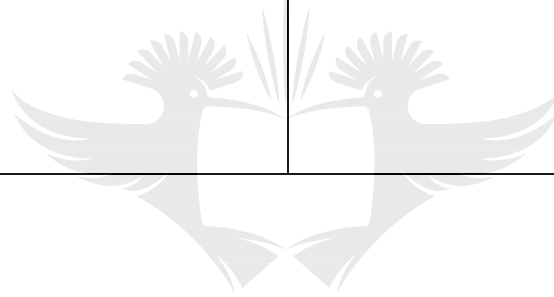


<p>Theme 3: Experience of disintegration of patient's lives and own families and work</p>	<p>2.1 Traumatic experience of witnessing unfair treatment of vulnerable patients -</p> <ul style="list-style-type: none"> - Witnessing patients being transferred to unknown nongovernmental organisations (NGOs) loaded into vehicles unsuitable for transport. - Patients lost their lives because of the hardships they had to endure during the move - They were transferred to different NGO, S some far away from their own families
	<ul style="list-style-type: none"> - Some of the NGO'S were not registered and unequipped to render care to the patients - The nurses were upset when realizing that some NGO, S motives were money -driven



	<p>2.2 Impact of own family disintegration The nurses were far removed from their own families and forced to leave their vulnerable babies in the care of elderly parents</p> <ul style="list-style-type: none"> - The nurse's family members had to make plans of their own and had to move to other places as well due to - vulnerable family members who needed care - Some children started to misbehave, and the nurses were helpless to remedy the situation, which in turn traumatized them
	-
<p>Theme 4: Resilience and moving forward to build up their lives. <i>(Five years down the line, they still resiliently survive some lasting disruptions, making plans to patch up their lives)</i></p>	<p>4.1 having a positive outlook on starting to build up own lives and establishing a support network</p> <ul style="list-style-type: none"> - Initiation of conversation with HR to relocate to workplace nearer home <i>(They continuously approached HR in attempts to be transferred to working places closer to home)</i> - Support from friends and previous colleagues <i>(they were</i>
	<p><i>supported by some friends and old colleagues from Life Esidimeni)</i></p>

- Prayer and gratitude *(They kept on praying for a solution and were grateful for having jobs. They were grateful for family members who assisted them through tough times and still do. Some of them bought new houses and seemed to have reorganized their families' lives so that everyone could be taken care of. Five years down the line, they keep going living with their losses and not giving up hope and were given an opportunity to study Diploma in Psychiatric nursing course.*



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ANNEXURE I: LANGUAGE EDITING CERTIFICATE

Between lines editing

Leatitia Romero
Professional Copy Editor and Proofreader
(BA HONS)

Cell: 083 236 4536
leatitiaromero@gmail.com
www.betweenthelinesediting.co.za

26 NOVEMBER 2021

To whom it may concern:

I hereby confirm that I edited the dissertation entitled: "PSYCHIATRIC NURSES' LIVED EXPERIENCES AFTER THE CLOSURE OF LIFE ESIDIMENI PSYCHIATRIC CARE CENTRES". Any amendments introduced by the author hereafter are not covered by this confirmation. The author ultimately decided whether to accept or decline any recommendations I made, and it remains the author's responsibility at all times to confirm the accuracy and originality of the completed work. Research participants' verbatim quotes were not grammatically altered or checked for contextual accuracy. The author is responsible for ensuring the accuracy of the references and its consistency based on the department's style guidelines.



Leatitia Romero

UNIVERSITY
OF
JOHANNESBURG

Affiliations

PEG: Professional Editors Group (ROM001) – Accredited Text Editor
SATI: South African Translators' Institute (1003002)
REASA: Research Ethics Committee Association of Southern Africa (104)