AN INVESTIGATION TO DETERMINE THE PERCEIVED SOCIAL SUPPORT OF PROFESSIONAL NURSES WORKING IN A PSYCHIATRIC HOSPITAL IN THE WESTERN CAPE

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A mini-thesis submitted in fulfilment of the requirements for the degree of Magister Curationis in the School of Nursing,

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Date: November 2017

ABSTRACT

Globally, workplace stress has been reported as having deleterious effects on workers. Professional nurses, working in a psychiatric hospital with patients suffering from mental illnesses, may present with signs and symptoms related to anxiety, depression, persistent chronic stress and burnout. Social support plays an important role in the lives of professional nurses, who face challenges while working within a stressful environment. In addition, social support enhances the level of job performance, reduces the level of job stress and improves work commitment among mental health nurses. Without adequate social support in the workplace, stress has negative effects on both professional nurses and patients.

The aim of this study was to investigate the perceived social support of professional nurses, working in a psychiatric hospital, in the Western Cape. The objective formulated to achieve the aim, was to determine the social support received by professional nurses from family, significant others and friends. A quantitative approach, using a descriptive, survey design was used to obtain data from an all-inclusive sample of 110 professional nurses. After ethics clearance was obtained from the Research Ethics Committee at the University of the Western Cape, as well as permission from the Department of Health, an existing, structured 12 itemed Likert type questionnaire, the Multidimensional Scale of Perceived Social Support (MSPSS), was distributed to the respondents, yielding a response rate of 56% (n=62). Data were analysed, using the Statistical Package for Social Science (SPSS), version 24. The variables analysed, included demographic variables, (age, gender, current position, type of ward working in, educational level, work experience) and the three domains of the MSPSS, namely, friend support, significant other support, and family support. Chi-square analysis was used to test for the association between groups for the categorical variables, and an appropriate parametric test (Independent Sample T-test), as well as a non-parametric Mann-Whitney (U) for continuous variables. The confidence interval (CI) was calculated for perceived social support and demographics, such as age, gender, current position, type of ward working in, years of experience in psychiatry, as well as level of education.

The findings of this current study suggested that the source of perceived support, mostly utilised by the respondents, was from family, followed by significant others, and the least utilised source of perceived support was from friends. The association between the overall

support scale and gender, revealed a significant difference in the overall support scales of female and male, with friend's support being very significant. Gender was identified as a positive predictor, when seeking social support.

Further studies should be conducted regarding the following:

- Interaction between family members, who will be deemed as supportive;
- Types of support in the family;
- What role of perceived social support would friends and significant others play in a psychiatric environment; and

In addition, future research could include the study of the major stressors for professional nurses, as well as what effect social support has on moderating these stressors. Such research could enhance the understanding of the relationship between social support and health. New research in this area could highlight important implications for knowledge of the professional nurses' perceived social support in their work environment. This study on professional nurses' perceptions of their social support could contribute to the improvement of social support in the work environment, in many ways.

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KEYWORDS

Family

Friends

Perceived social support

Professional nurses

Psychiatric hospital

Significant other

Workplace stress



ABBREVIATIONS

MHCUs - Mental Health Care Users

MSPSS - Multidimensional Scale of Perceived Social Support

SANC - South African Nursing Council

SPSS - Statistical Package for Social Sciences

UK - United Kingdom

WHO - World Health Organisation



DECLARATION

I declare that the study, An investigation to determine the perceived subjective social support of professional nurses working in a psychiatric hospital, in the Western Cape, is my original work, that it has not been submitted for any degree or examination at any other university. All the sources I have used, or quoted, have been indicated and acknowledged by complete references.

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Date: November 2017

Signed

ACKNOWLEDGEMENTS

- ❖ To God, the Creator and the Guardian, and to whom I owe my very existence.
- ❖ I would like to thank my supervisor, Doctor Penelope Martin, for her excellent supervision, patience and constructive corrections.
- My husband, Kevin, and my children, Jacquin, Nicole, Jamie-Lee and Bradley. I give my deepest expression of love and appreciation for the encouragement that you gave, and the sacrifices you made, during this graduate programme. Thank you for the support and company during late nights of typing.
- ❖ To my friend, Pearl Oliver, for her timely encouragement in my lowest moments.
- ❖ My colleagues at Stikland Hospital, for their support, encouragement and love.
- ❖ To the editor, Mr Eddi Londt, for editing my thesis.
- ❖ To all the respondents, for giving their time to participate in this study.

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CHAPTER ONE

ORIENTATION TO THE STUDY

1.1. Introduction

Social support plays an important role in the lives of professional nurses, who face the challenge of working in a stressful psychiatric environment. Social support is a combination of social relationships, emotional and behavioural interactions, and a person's perception about the adequacy, or accessibility of different types of support (Button, 2008). This role of social support includes ascertaining the level of job performance, reducing job stress and enhancing work commitment among mental health nurses (Mrayyan, 2009). In addition, social support may also be defined as a psychosocial coping resource that positively affects individuals' personal resources, such as self-esteem and self-efficacy, and buffers the negative effects of workplace stress (Hefner & Eisenberg, 2009).

The negative effects of workplace stress, experienced by nurses' working in psychiatric hospitals, could lead to deterioration in the quality of patient care rendered to psychiatric patients. In the process, it can paralyse the capability of nurses to provide compassion and understanding to the patients (Heffernan, Quinn, Griffin, McNulty & Fitzpatrick, 2010). The effects of workplace stress is known to decrease the cognitive processing and problem solving ability of individuals, which may give rise to errors, and impact the safety of patients (Bradey, O'Connor, Burgermeister & Hanson, 2012). Similarly, Elfering, Grebner and Ebener (2015) assert that, when experiencing stress, hospital staff members are more likely to make mistakes that could contribute to the emergence of negative incidents, because high stress levels could impair the level of concentration, cognitive information processing, decision-making and work behaviour. Several factors have been identified that cause workplace stress in psychiatric hospitals, namely, working conditions, such as work overload (Elfering et al., 2015), with the increasing workload (Happell, 1999; Happell & Gough, 2009), type of patient admitted (De Looff, Kuijpers & Nijman, 2014), stigma by association (Delaney, 2012) and the emotional demands of the job (Sarafis et al., 2016). These causes of stress could result in deleterious effects on the professional nurses working within this stressful environment.

The effects of workplace stress on the professional nurse could be of a physiological (De Looff *et al.*, 2014), emotional (Portman, 2009), or psychological (Lupien *et al.*, 2006) nature. Social support has been identified as useful in the management of the effects of stress and the promotion of the individual well-being of the nurse (Reeve, Shumaker, Yearwood, Crowell & Riley 2013). Social support is an asset that individuals' social ties provide them (Holt, Schulz, Williams, Clark & Wang, 2014). Social ties could include friends, significant others (colleagues/peers etc.) and family (parents, spouse, siblings). Social support from friends, significant others and family plays an important role in the professional nurse's life, and affects his/her physiological, emotional and psychological health in a positive manner (Myers, 2010).

While the sources (social ties) of social support have been identified in the literature as important in supporting psychiatric nurses to cope in this environment, there is a paucity of studies conducted in the psychiatric nursing sector, especially given the negative effects on, and experiences of, professional nurses working in a psychiatric environment. The researcher, therefore, aims to investigate the perceived social support of professional nurses, working in a psychiatric hospital.

1.2. Background

Social support is received through formal and informal relationships (Costa, Sá & Calheiros, 2012), through which individuals receive various kinds of support, including emotional, esteem, informational and instrumental support (Thoits, 2011), to assist them to cope in their daily lives (Costa *et al.*, 2012). Formal relationships include the interpersonal relationships, which staff members form with each other in the workplace, while the informal relationships allude to the interpersonal relationships between friends and significant others (Costa *et al.*, 2012). However, without these sources of support systems in place, workplace stress could have deleterious effects on the lives of professional nurses.

The experience of stress by psychiatric nurses was alluded to in a study conducted in the United Kingdom (UK), by Mark and Smith (2012), with a sample of 870 nurses. The results of this study revealed that 5.9% of the sample experienced clinical depression, 26.3% had clinical anxiety, and 44.8% believed that they had suffered an illness, caused or aggravated by the stress at work. The results of the study conducted by Elfering *et al.* (2015) on

workflow interruptions, cognitive failure and near-accidents in health care, alluded to work overload as the most frequent, safety-related, stressful event. Workflow interruptions caused by colleagues, violent patients (9.7%) and organisational constraints are likely to trigger errors in nursing, resulting in incomplete or incorrect documentation (40.3%), medication errors (near misses 21%) and delays in delivery of patient care (9.7%).

Workplace stress, therefore, can have physiological, emotional and psychological effects on psychiatric professional nurses (De Looff *et al.*, 2014; Portman, 2009; Lupien *et. al.*, 2006). Physiological effects include bodily responses to stress, such as flight and fight responses, which are the internal responses in the body that regulate physiological processes, in an ideal way, to adapt to the demands of the work environment (O'Donovan, Doody & Lyons, 2013). The capacity to perform a job is determined, mainly, by cardiovascular, pulmonary, nervous, musculoskeletal, endocrinal and other regulating body systems, all individual essential characteristics, while work-related factors can modify physiological functions and work performance (O'Donovan, Doody & Lyons, 2013). The physiological effects of stress include headaches, muscular tension, chest pains, indigestion, palpitations, disturbed sleep and increased susceptibility to respiratory infections (Lupien *et al.*, 2006). The physiological effects of stress, therefore, can be regarded as a disturbance of homeostasis, which also affect professional nurses emotionally.

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The emotional effects of workplace stress, such as anxiety, worry, apprehension, tension and fear, which may be manifested in the feeling of numbness, lack of interest in former activities and a sense of estrangement from others (Portman, 2009). Continuous stressful situations may trigger a variety of emotional responses, dependent on the success of the individual's coping efforts. Cognitive impairment that could occur as well, may be an initial sign of stress; the individual struggles to concentrate, organise thoughts sensibly, or may be easily distracted, which may lead to a decline in work quality (Gelsema, Van Der Doef, Maes, Janssen, Akerboom & Verhoeven, 2006).

However, workplace stress also has psychological effects on professional nurses. The symptoms of psychological stress include, reliving of the trauma repeatedly, either in memories or in dreams, leading to sleep disturbance, displaced anger or aggression toward an innocent person or object, rather than toward the object of the individual's frustration (O'Donovan, Doody & Lyons, 2013). Persistent stressful situations, therefore, may deepen

into depression (McFarlane 2010). Stress may also affect the well-being of the nurse, with a positive correlation between stress and mood disturbance, the common effects of which, include anxiety and irritability, depression and mood swings (Wiegand & Funk, 2012). According to the above-mentioned literature, the physiological, emotional, and psychological effects of stress, therefore, are triggered by the complex environment in which professional nurses work.

Psychiatric professional nurses working in a complex environment with mental health care users (MHCUs) presenting with acute symptoms (Ngako, Van Rensburg & Mataboge, 2012). This complex environment entails providing care, treatment and rehabilitation to MHCUs, who display unpredictable and unstable behaviour during admission (Deacon, Warne & McAndrew, 2006). Mental health care users are also admitted with a history of violence, a history of self-destructive behaviour, and a history of substance abuse, creating occupational stress for psychiatric professional nurses (Dack, Ross, Papadopoulos, Stewart & Bowers, 2013). Professional nurses may experience fear, anger, frustration, helplessness and job dissatisfaction, as the patients under their care, present with aggressive and violent behaviours (Bimenyimana, Poggenpoel, Myburg & Van Niekerk, 2006).

Several risk factors relating to the psychiatric environment have been of significance to professional nurses. These include high levels of psychological demands; low job control and low workplace support (Shen, Cheng, Tsai, Lee & Guo, 2005). In addition, those nurses, who reported high psychological demands, high levels of occupational stress, and low workplace support, have also reported higher levels of emotional exhaustion (Leka, Hassard & Yanagida, 2012).

A study conducted by McTiernan and McDonald (2015), investigated stressors, burnout and coping strategies in, between hospital- and community-based psychiatric professional nurses in Ireland. The results of their study revealed that both community- and hospital-based psychiatric nurses were working in a stressful environment. When occupational stress is unmanaged, psychiatric professional nurses might be unfulfilled professionally, resulting in job dissatisfaction to burnout (Pereira, Teixeira, Reisdorfer, Gherardi-Donato, Juruena & Cardoso, 2015).

According to Bahrer-Kohler (2013), burnout occurs when caring professionals experience emotional exhaustion [the inability to provide emotional support to others], depersonalization [the development of negative and sceptical attitudes towards clients], and a reduced sense of personal achievement [devaluation of self-competence and achievement]. In the UK, a study was conducted by Sherring and Knight (2009), with psychiatric nurses, to describe burnout among mental health nurses. The findings of their study confirmed that psychiatric nurses experienced higher levels of emotional exhaustion, primarily caused by heavier workloads and the lack of social support, causing high levels of workplace stress among psychiatric health nurses.

Workplace stress and bureaucratic constraints reduces the professional nurse's abilities to make decisions, and simultaneously, lessens the nurse's authority, when little support and recognition is offered (Elfering, Grebner & Ebener, 2015). This is evidenced by the level of absenteeism, as well as the numbers of nurses on extended leave of absence, due to work-related injuries (Edward, Ousey, Warelow & Lui, 2014). A study conducted by Conradie *et al.* (2017), in the Free State Province of South Africa, with a sample of 89 psychiatric nurses, showed that (34.5%) had extended leave of absence due to stress, which was related to the high workload, or being subjected to the violent behaviour of patients in the workplace. These factors could cause the professional nurses to experience discontent in their workplace environment. However, according to the findings of the study by Conradie *et al.* (2017), it was suggested that nurses were less likely to leave their jobs, if they had felt supervisory support.

Blaauw *et al.* (2013) conducted a study in Tanzania, Malawi and South Africa, with psychiatric nurses, general nurses and doctors, in which they compared the job and the intention to leave of different categories of health workers. The participants, who had the lowest job satisfaction and highest intention to leave, were found in South Africa, with 717 participants, of which, 47.9% (n=343) of those surveyed were dissatisfied with their jobs, and 41.4% (n=298) were actively seeking other jobs. Hayes, O'Brien-Pallas, Duffield, Shamian, Buchan, Hughes, Laschinger and North (2012) assert that a high nurse turnover could have a negative influence on a facility's capacity to meet patient needs and to provide quality care.

A study conducted by Sobekwa and Arunachallam (2015), explores and describes the lived experiences of nurses, who care for MHCUs in an acute admission unit at a psychiatric

hospital in the Western Cape, South Africa. The findings of their study suggested that the support from colleagues helped professional nurses to overcome the daily difficulties they faced in their working environment. The participants in their study reported high patient turnover, shortage of staff, burnout, lack of support from management, and feelings of not being appreciated. Teamwork and the support of colleagues were perceived to be buffers against the challenges in their workplace environment.

Psychiatric nursing was not perceived to be an attractive career choice, according to a study by Happell (1999), conducted in Australia. Psychiatric nursing was also not a first choice as a career option; another factor that causes a shortage of nurses. The study, conducted by Happell (1999) in Australia, alluded to the negative view of psychiatric nursing among students, who had placed psychiatric nursing as their last preference. Of the 793 participants, only 3.6% (n=28) of the participants considered psychiatric nursing their first choice. The reasons provided by the participants alluded to fear, perceived inability to cope with the mentally ill, and the belief that the working environment would be depressing and unpleasant. Therefore, a supportive environment of acceptance and respect could potentially buffer the negative impact of distress and facilitate positive outcomes (Chronister, Chou, Kwan, Lawton & Silver, 2015). These stressful conditions give rise to negative consequences, which, therefore, require coping strategies to diminish, or minimize these effects.

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A study conducted by Lin, Probst and Hsu (2010) in Taiwan, with 136 psychiatric nurses, to assess whether job stress would be positively correlated with depression, and whether social support significantly moderates the relationship between job stress and depression. The results of their study revealed that social support could reduce the effect of stress and depression among psychiatric nurses. During stressful situations, with support from friends, family and other members of their social networks, individuals experienced fewer psychological and physical health problems, confirming that social support could buffer adverse emotional and functional effects, as well as enhance the coping ability of persons (Lin *et al.*, 2010).

The findings of a study conducted by Hamaideh, Mrayyan, Mudallal, Faouri and Khasawneh (2008), with 464 Jordanian nurses from 13 Jordanian hospitals (two teaching, seven governmental and four private hospitals), revealed that supervisors managed to buffer the negative effects of job demands, and reduced the feelings of emotional exhaustion.

Receiving work-related advice and support from colleagues, friends or family for the countering of negative work-related emotions, led to a reduction in negative work outcomes, including nurse turnover rates (Graves, Ohlott & Ruderman, 2007).

1.2.1. Perceived lack of support

The perceived lack of support deteriorates nurse well-being and negatively influences work performance and patient care (Laschinger & Leiter, 2006). Burke, Moodie, Dolan and Fiksenbaum (2012) investigated job demands, social support, work satisfaction and psychological well-being among nurses in Spain. The results of their study alluded to the lack of perceived social support, particularly from supervisors and co-workers, and were associated with deteriorated nurse well-being and more unfavourable work outcomes. Adib-Hajbaghery, Khamechian and Alavi (2012) conducted a study on nurses' perception of occupational stress and its influencing factors. The results of their study revealed that the perceived lack support from managers, as well as the undesirable relations among colleagues, all affects the nurses' level of workplace stress. In addition, Myers (2010) states that the perceived lack of organizational support was a significant predictor of increased stress among professional nurses in community psychiatric facilities.

Social support is crucial to coping with stressful work related situations (Zablotsky, Bradshaw & Stuart, 2013). In order to cope with job stress and prevent emotional exhaustion, it has been observed that social support provided by family, friends and significant others, reduces stressors, by reducing the intensity and the consequences of theses stressors in workplace settings (Albar Marín & Garcia-Ramirez, 2005).

1.2.2. Staff support in research setting

In the selected mental health setting for this current study, the Employee Assistance Programme (EAP) involves an outsourced organisation, namely, the Independent Counselling and Advisory Services (ICAS), which specializes in the provision of behavioural risk management and employee wellness programmes. These programmes are offered free of charge to all staff, who seek professional psychological services. A team (psychologists and other support staff) conducts services to the staff. However, what is unknown; given that professional nurses could experience work place stress, and there are formal support services available to deal with the stress experienced; what

are the sources of social support that professional nurses could access to help them cope in the stressful environment?

1.3. Problem statement

The psychiatric nursing environment is a stressful working environment. Professional nurses, who work in this environment, are exposed to a myriad of stressors, which include, among others, mental health care users (MHCUs) presenting with acute symptoms, such as aggressive, uncontrollable behaviours (Ngako, Van Rensburg & Mataboge, 2012). In addition to the stress experienced by professional nurses, the perceived lack of support from supervisors and colleagues, as well as the unexpected demands from management, increases the pressure on professional nurses and, in the process, inhibits their ability to cope, thereby escalating workplace stress (Hamaideh, 2011). The resultant effects on nurses working in these environments have been identified as physiological, emotional and psychological in nature, causing an increase in the absenteeism rate and high staff turnover rates, which could result in compromised patient care (Heffernan, Quinn-Griffin, McNulty & Fitzpatrick, 2010). However, there is also a stigma attached to utilising the available support structures (Delaney, 2012). As a professional nurse, the researcher observed that despite the negative consequences of workplace stress and the underutilisation of available resources, staff members appear to cope. While staff members may access a variety of sources of social support, anecdotal evidence suggests that support of staff outside the mental health care environment appear to be assisting them to cope. There is a paucity of literature on the sources of social support, which may include family, friends and significant others; hence, the need to determine the perceived social support of professional nurses working in a psychiatric hospital.

1.4. Aim of the study

The aim of this study is to investigate the perceived social support of professional nurses working in a psychiatric hospital.

1.5. Objectives of the study

- To determine the social support received from family;
- To determine the social support received from friends; and
- To determine the social support received from significant others.

1.6. Significance of the study

In order for professional nurses to cope with stress in their workplace environment, a coping strategy is important. The findings from this current study identify the perceived social support that professional nurses receive from family, friends and significant others to help them cope with working in a psychiatric hospital. In addition, the findings could inform policy makers about the focus of the supportive interventions for staff members, given that the findings allude to the sources of support. The findings and recommendations from this current study could advise the managers and administrators of the selected hospital on how to improve social support in the work environment.

1.7. Operational definitions

For the purpose of this current study, the following terms are used and defined below:

- **Family:** includes any individual, as a member of a family, criteria-based on legal ties, shared living space, and blood relations (Erlingsson & Brysiewicz, 2015). In this current study, family includes parents, spouses and siblings, as well as the extended family of the psychiatric professional nurses, working in the selected hospital.
- **Friends:** Refer to any person with whom an individual has a bond of mutual affection, typically one exclusive of sexual or family relations (Oxford Dictionary and Thesaurus, 2007). In this current study, friends refer to the persons, who are not family, but who share a bond with the professional nurse, by providing support in times of stressful situations at work.
- **Professional nurse:** The Nursing Act (Republic of South Africa [RSA], 2005) states that a "professional nurse is a person who is qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice". In this current study, a professional nurse refers to an individual who is qualified to render care, treatment and rehabilitation to mental health users (MHCUs) at the selected psychiatric hospital.
- Psychiatric hospital: Refer a health establishment that provides care, treatment and rehabilitation for patients with mental illness (Republic of South Africa [RSA], 2002).
 In this current study, a psychiatric hospital refers to the selected mental health

institution in the Western Cape, where professional nurses deliver care, treatment and rehabilitation to mentally ill patients.

- **Significant others:** Is defined as a source of support coming from work, namely, supervisors, colleagues, and co- workers (Hamaideh, 2011). In this current study, significant others refer to the participant's peers and co-workers, who are deemed supportive.
- **Perceived Social support:** Is defined as the subject belief of an individual; that s/he is cared for and loved, esteemed, and a member of a network of mutual obligations (Grav, Hellzèn, Romild & Stordal, 2012). In this current study, perceived social support refers to the professional nurses belief that s/he is cared for and loved, esteemed and a member of a network of family, friends and significant others.
- Workplace stress: Can be defined as the change in the physical or mental state of an individual, in response to workplaces that pose an appraised challenge, or threat, to that individual (Colligan & Higgins, 2006). In this current study, workplace stress refers to changes in the physical and mental state of professional nurses, experienced while working with mentally ill patients. These changes are threatening or challenging to the nurses, as change may also be experienced as positive, and not stressful.

1.8. Research methodology JNIVERSITY of the

A quantitative approach, using a descriptive, survey design, was used to achieve the aim of this study. This design was most suitable for this study, as the researcher aimed to provide a numeric description of the sources of perceived social support of professional nurses. A detailed description of the methodology used in this current study is described in Chapter 3.

1.9. Data analysis

The Statistical Package for Social Sciences (SPSS version 24) was used to analyse the data obtained, using the MSPSS (Multidimensional Scale of Perceived Social Support). Variables that were analysed included, demographic variables such as age, gender, current position, type of in-ward working experiences, years of working experience, as well as the three domains of the MSPSS, namely, family support, friend support, and significant other support.

The findings of this current study are presented in graphs, tables and pie charts. A detailed description of the data analysis is provided in Chapter 3.

1. 10. Ethics

Ethics clearance was obtained from the Research Ethics Committee at the University of the Western Cape (Appendix A). Permission to conduct the research at the selected hospital was obtained from the Department of Health (Appendix C). The researcher also requested permission from the Chief Executive Officer of the selected psychiatric hospital (Appendix B). Permission to conduct the study at the hospital was granted (Appendix D). A detailed description of the ethics is provided in Chapter 3.

1.11. Summary

In this chapter, the background of the study is provided to contextualise the study. In addition, the problem statement, aim and objectives of the study, and the research questions are presented. The significance of the study, operational definitions, and a brief overview of the research methodology, as well as an overview of the ethics of the study are also provided. The following chapter comprises the literature review of previous studies on the topic of discussion.

1.12 Chapter Outline

Chapter 1: The researcher introduces the background of the study, problem statement, aim and objectives of the study, significance of the study and operational definitions. An overview of the research methodology, namely, design, population and sampling, data collection instruments, process and analysis are discussed. An overview of the ethics of the study is provided.

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Chapter 2: The researcher provides a review of relevant literature on the concept of social support, types of social support, sources of social support (namely friends, significant other and family), advantages of social support and the use of social support, related to the perceived subjective social support of professional nurses, working in a psychiatric hospital.

Chapter 3: The researcher offers a detailed description of the research methodology used in this current study, including the research approach, research design, population, sample and sampling. The data collection instrument, namely the MPSS, the reliability and validity of instrument, data collection process, data analysis and ethics are also discussed.

Chapter 4: The researcher presents the findings of the study, followed by a discussion of the findings.

Chapter 5: The researcher compiles a summary of the study, as well as a conclusion, based on the findings of study. The limitations and recommendations for further research are also outlined in this chapter.

The next chapter comprises the literature review of relevant studies on the perceived, social support of professional nurses, working in a psychiatric hospital.



CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

Social support plays a major role in shaping the environment and quality of a professional nurse's life. In the absence of social support, workplace stress can adversely influence this environment and quality (Sarafis *et al.*, 2016).

The purpose of a literature review is to summarize and evaluate the existing knowledge on a particular topic under study (Machi & McEvoy, 2009). The researcher conducted a review of theoretical and empirical literature, to provide a clear understanding of the nature of the problem and to provide insight into the area of study, the field of social support. The literature search included the following databases: PubMed, EBScohost, Medline, Wiley online library, and books. The following key words were used to conduct the literature search: social support, perceived social support, professional nurses, psychiatric hospital and workplace stress.

The review of literature on social support, in this chapter, is presented as follows: the definition of social support, types of social support, sources of social support, advantages of social support and the use of social support. Given the paucity of literature on psychiatric professional nurses, the literature review gives a general overview of studies conducted in nursing with psychiatric, general and student nurses.

2.2. Definition of social support

Social support is a concept used with various explanations, and is often referred to by authors, either as a function (emotional, instrumental or informational) performed (Morelli, Lee, Arnn & Zaki, 2015), or by ways to measure (frequency of social support received) social support (Xia, Ding, Hollon & Fan, 2012). Sulkowski and Lazarus (2016) define social support as the relational, psychosocial and material resources, accessible to individuals that improve their functioning, or act as a buffer against adverse outcomes. Felix and Afifi (2015) allude to social support as being social interactions that provide individuals with actual

assistance, or that embed individuals in a social system, believed to provide the love and care they require, as well as the knowledge that someone will be available to them, when they are in need. Similarly, Morelli, Lee, Arnn and Zaki (2015) assert that social support refers to the function and quality of social relationships, such as the perceived availability of help, or support actually received.

Sulkowski and Lazarus (2016), Felix and Afifi (2015), as well as Morelli *et al.* (2015) have three important components of social support in common, namely, received support, perceived support and social embeddedness. Received social support includes, emotional support received, tangible support received, or informational support received (Thoits, 2011). Perceived support alludes to the belief that a person is cared for, loved, esteemed, and a member of a network of mutual obligations (Grav, Hellzèn, Romild & Stordal, 2012). Social embeddedness refers to the frequency of contact with those in an individual's social network (Siedlecki, Salthouse, Oishi & Jeswani, 2014). Social support, therefore, is a highly communicative transaction between those individuals, who want support, and those, who give support (Schwarzer & Knoll, 2007).

Social support may be structural or functional. Researchers, Xia *et al.* (2012) assert that structural support refers to the availability of support and can be measured in terms of the frequency (daily, weekly, monthly) and channel (face-to-face, telephone, Internet) of social interactions. Functional support is the subjective perception of the quality of support received. Both functional and structural is important; the functional dimension of social support (informational support, sharing of experiences, etc.) needs the structural dimension of support (colleagues, family, friends, etc.) for the execution of social support (Stringhini, Berkman, Dugravot, Ferrie, Marmot, Kivimaki & Singh-Manoux, 2012). Thoits (2011) also posits social support as the functions performed for the individual by the significant (primary) others. The most frequent functions, as mentioned by Thoits (2011), are emotional, informational, and instrumental assistance. Access to these functions of support depends on having one, or more, structural ties to other people.

The above-mentioned authors report various specific measures, or influences, of social support. Some perceive social support as a function performed (Thoits, 2011; Morelli, Lee, Arnn & Zaki, 2015), others as resources or assistance available (Taylor, 2007). However, there seems to be an agreement that the functions fulfilled by social support, as well as the

quality and source of the support, are of importance. Social support provided by sources (friends, family and significant others) serves as a protective measure that influences the psychological well-being and functioning of the individual in need of social support (O'Donovan, Doody & Lyons, 2013).

2.3. Types of support

Several types of social support have been investigated, such as emotional, esteem, informational, as well as instrumental support. Two types of social support, emotional support and esteem support are closely linked, as both aim to assuage the personal implications (threats to self-esteem, positive self-regard, or emotions) from experiencing a stressor (Taylor, 2007). However, there are types of social support that focus on reassessing the stressor, or solving it, such as informational support and instrumental support.

- **Emotional support** refers to demonstrations of love and caring, enhancing selfesteem and value, providing encouragement and sympathy (Thoits, 2011). Emotional support provision focuses on the support recipient's emotional reaction to a stressor, in order to facilitate emotional coping and could involve both physical and verbal attempts to comfort the recipient (Chen, Kim, Mojaverian & Morling, 2012).
- **Esteem support** is defined as reflecting the positive image of the recipient back to him-/herself, and communicating that s/he is accepted and valued, for his/her individual identity (Chen, Kim, Mojaverian & Morling, 2012).
- Informational support means providing information and advice that help to deal with a problem. Informational support can also include guidance regarding possible causes of action, and appraisal interpretation of a situation (Thoits, 2011). A study conducted by AbuAlRub (2004) on job stress, job performance, and social support of hospital nurses, produced findings revealing that only increased informational social support reduced the negative effects of stress on job performance. A reason cited for this reduction was, it encouraged people to think that a problem is less significant than originally assumed, and involves giving advice about how to cope within the stressful environment.
- **Instrumental support** comprises offering, or supplying behavioural or material assistance with practical tasks or problems (Taylor, 2007). This might include providing goods, services or financial aid, and sharing the burden of tasks (Heaney &

Israel, 2008). Access to these functions of support depends on having one or more structural ties to other people (Thoits, 2011). In addition, instrumental support buffers the effect of life stress, such as depression (Kim, Kim & Nochajski, 2014). As stated by Boutin-Foster (2005), more practical and replicable ways, in which social networks can be used to promote better health outcomes, are provided through instrumental support.

2.4. Sources of perceived social support

Sources of social support could either come from friends, significant others, or family. In addition, neighbours, church members, support group respondents, acquaintances, could also be perceived as sources of social support (Finfgeld-Connett, 2005).

2.4.1. Perceived social support from friends

Friends are persons, who are not family, but who share a bond with the professional nurse, by providing support in times of stressful situations at work (Sprecher & Hendrick, 2004). Closeness in friendship relationships helps to decrease the feeling of loneliness. The perception of being loved by the friends and receiving care from them, is a cure for many psychological problems (Kalkan & Epli-Koç, 2011). Friends, as a source of social support, emanate from a person's inner circle, mostly. The inner circle of a person in need of social support refers to a group of individuals, who might be hesitant to reveal personal information about the person in need of social support, to those, who are in their inner circle. The process of disclosing intimate feelings, attitudes, and experiences to another, contributes to a sense of intimacy in relationships (Sprecher & Hendrick, 2004).

The findings of a study conducted by Reeve, Shumaker, Yearwood, Crowell and Riley (2013) on perceived stress and social support in undergraduate nursing students' educational experiences, reveal that of the 102 participants, 52% (n=53) utilised the support from friends to cope with stressful situations, 28% (n=29) from significant others, and 20% (n=20) from family. In a study, conducted by Kong, Zhao and You (2012), with 489 Chinese college students, the Cronbach Alpha coefficients for the three subscales were: Significant Other: .85; Family: .86; and Friends: .89, indicating that these students had the most support from friends.

2.4.2. Perceived social support from significant others

Significant others could include peers, such as supervisors, colleagues and co-workers of the professional nurses. Given that professional nurses spend a fair amount of their time at work, it is expected that they will engage with, and form relationships with, others during this period. This engagement, or relationships formed, may be deemed supportive. Peer support can increase self-esteem, understanding of life situations, selfefficacy, quality of life, and feelings of being appreciated (Castelein et al., 2008). Amarneh, AbuAl-Rub and AbuAl-Rub (2009) investigated the effect of perceived social support received from co-workers on job performance, among Jordanian psychiatric nurses. The results from their study revealed that the perceived social support from co-workers enhanced the level of reported job performance. The Pearson moment correlation revealed that the correlation between social support from coworkers and job performance was significant and in the positive direction (r¹/₄0.40, p<0.01); therefore, nurses, who perceived having more social support from co-workers, had a higher perception of their job performance. The results also revealed that the demographic variables and co-worker support, explained 20% of the variance in job performance. The social support from co-workers had improved the level of work performance, reduced the level of job stress, and enhanced work commitment.

Sources of social support are imperative for psychiatric professional nurses, as they experience occupational stress; therefore, comprehensive interventions, such as social support aimed at minimizing the risk of occupational stress and improving social quality of life among psychiatric nurses, are vital (Hamaideh, 2011).

2.4.3. Support from family

Family include parents, spouse, siblings and extended family. Myers (2010) reports on organizational support, perceived social support, and intent to turnover among psychiatric nurses. The result from that study reveals that there is a significant relationship between years of nursing experience and social support received from the family. This implies that psychiatric nurses with more years of nursing experience tend to perceive that the family offers the most social support. In addition, there was no direct relationship observed between family social support and psychiatric nurse turnover. Hamaideh *et al.* (2008) found that family support led to a decrease in negative

work outcomes, including nurse turnover. In the family, a supportive condition of acceptance and respect has the potential to buffer the negative impact of distress and may facilitate positive outcomes (Chronister, Chou, Kwan, Lawton, & Silver, 2015).

Ariapooran (2014) studied compassion fatigue and burnout in Iranian nurses. The results indicated that social support from family was the significant predictor of burnout in nurses. There is a negative correlation between family support and burnout, which indicates that a decrease in family support causes an increase in burnout. A growing number of studies suggest that people with greater support from friends, family and other members of their social networks, experienced fewer psychological and physical health problems (Lin, Probst & Hsu, 2010; Henderson, Cooke, Creedy & Walker, 2012; Chen, Fu, Li, Lou & Yu, 2012).

Hamaideh (2011), investigating occupational stress, social support, and quality of life with 181 mental health nurses in Western Asia, observed that having adequate social support in the workplace, may be an important factor for decreasing the level of occupational stress, and improving the quality of life for mental health nurses.

2.5. Advantages of social support

Social support, by buffering stress, is improving psychosocial health, improving self-care and enhancing the quality of life (Yu, Shiu, Yang, Wang, Simoni, Chen, Cheng & Zhao, 2015). During stressful situations, social support influences the perceptions of stressful events, and increases the knowledge of coping strategies. Stressful events will have a greater adverse effect on those with inadequate social support (Strom & Egede, 2012). Consequently, stressful events will have a bigger adverse effect on those with inadequate social support (Strom & Egede, 2012). Higher levels of social support were linked with a healthier diet, reduced risk of weight gain, and increased physical activity (Harvey & Alexander, 2012).

According to Schwarzer, Knoll and Rieckmann (2004), social support lessens the deleterious effect that psychological stress has on physiological health, and may be regarded as resources provided by others as coping assistance, or as an exchange of resources, to deal with psychological stress. Lin, Probst and Hsu (2010) assert that social support lessens the severity of depression and protects individuals from the effects of stressful conditions.

Additionally, social support has been observed to improve well-being, decrease stress levels and burnout, which are associated with the work environment, as well as enhance job satisfaction (Hamaideh, 2011). Conversely, inadequate social support has been linked to poor physical and psychological health and nurses' increased susceptibility to psychiatric related sickness; however, proper social support resulted in a good quality of life (Button, 2008).

2.6. Use of social support

Social support serves as moderator for the physical and psychological effects of work related stress on professional nurses. Physically, professional nurses are exposed to direct physical assaults, including any threatening statements or behaviours, which cause employees to believe that they are at risk. These effects could include nurses performing their duties in a stressful working environment; however, social support may mitigate the negative consequences of traumatic events (Van Emmerik, Euwema & Bakker, 2007). Social support is often categorized as a coping strategy, as well, which refers to information that allows an individual to believe that s/he will be loved, cared for, and respected, as part of a social network (Holt-Lunstad & Smith, 2012).

A health intervention has determined that people with larger social networks enjoy a variety of health benefits, such as reduced susceptibility to infectious diseases, depression and the reoccurrence of cancer (Tay, Tan, Diener & Gonzalez, 2013). Faulkner and Davies (2005) assert that both informational and emotional aspects of social support could have a positive influence on health. Social support, therefore, protects an individual against disease, or maladaptive behaviour, by facilitating the reappraisal of a negative event (Ashton *et al.*, 2005). Social support also moderates the relationship between physiological burnout and stress (Boren, 2013). Social support represents one resource factor, among others, that influences the cognitive appraisal of stressful encounters. Coping, therefore, is a result of this cognitive appraisal. The more support is available; the better coping is facilitated to manage stressful situations (Schwarzer & Knoll, 2007). Therefore, social support provided by friends, family, or significant others, serve as a protective measure that influences psychological well-being and functioning of individuals in need of social support.

2.7. Summary

Social support is identified as a significant factor in the successful adoption of lifestyle change. The literature reviewed in this chapter clearly demonstrate the harmful consequences of poor social support, as well as the protective effects of having access to functional social networks, such as family (parents, spouse, siblings), friends and significant others (colleague's/peers co-workers). Having social support buffers the negative effects of a stressful environment. However, what is unknown is whether some nurses, who remain in the mental health care environment, access social support, taking into account that professional nurses experience work place stress and supportive measures are in place to deal with the stress experienced.

In Chapter 3, the research design and research method used in the study are discussed.



CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

In this chapter, the researcher describes the methodology that was used to achieve the aim of the study. The focus of this chapter, therefore, is the research approach, research design, population and sampling, data collection instrument, reliability, validity and research ethics. In this study, a quantitative, descriptive survey design was employed to investigate the perceived social support of professional nurses, working in a psychiatric hospital, in the Western Cape. The objectives formulated to achieve this aim, was to determine the social support received, by professional nurses, from family, significant others and friends.

3.2. Research setting

A research setting is the location where a study is conducted, which could be natural, partially controlled or highly controlled. A natural setting, or a field setting, is an uncontrolled, real life situation, or environment (Grove, Burns & Gray, 2014). The researcher conducted this current study in a natural setting, as there was no intention to control, or change the setting for the study.

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The study was conducted in a 247-bedded psychiatric hospital, in the Western Cape. This hospital is one of four psychiatric hospitals in the Western Cape metropole region. The metropole forms part of the rural region of the West/Winelands Region. The hospital is a state facility, and the only specialist psychiatric facility, providing acute psychiatric inpatient services to the mixed urban and rural community of, approximately, 1.5 million people, in the northern suburbs of Cape Town (Du Plooy, Macharia & Verster, 2016). The hospital forms part of the rural region of the West/Winelands Region, and is responsible for the delivery of secondary and tertiary level mental health care to the following areas: The Metro Catchment Areas of Sub district H (Eastern), A (Panorama North except Blaawberg) and F (Tygerberg) (see map of Western Cape metropole region - Appendix K). Among the services rendered, is acute and medium/long term psychiatric services, including acute psycho-geriatric services, opioid detoxification, alcohol rehabilitation and therapeutic services.

3.3. Research approach

A quantitative research approach is defined as an objective, formal and systematic process, in which the information is obtained from numeric data, and has been used in many nursing studies (Grove, Burns & Gray, 2014). It is used to describe variables, examine relationships among variables, determine cause, and effect interaction between variables. According to Polit and Beck (2017), a quantitative approach allows the researcher to gather information of a numerical nature, using a data collection tool, and to analyse the data collected, following tested statistical procedures. In this current study, the quantitative approach was the most appropriate research approach to gather and describe the perceived subjective social support (namely, the sources of perceived social support from friends, significant others and family) of professional nurses, working in a psychiatric hospital.

3.4. Research design

Polit and Beck (2017) describe a research design as the "architectural backbone of the study", and assert that the researcher selects an appropriate plan and identifies strategies, which contribute to the minimization of bias. A research design has also been described as a "blue print for conducting a study" and "…maximizes control over factors that could interfere or threaten the validity of the findings" (Grove, Burns & Gray, 2014).

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A descriptive survey design was used to achieve the aim of this current study. The purpose of quantitative descriptive design is to explore and describe phenomena in real life situations (Houser, 2012). This design was suitable for this study, as the researcher wanted to gain information on the characteristics in a particular field, and identify the sources of the perceived social support of professional nurses (Grove, Burns & Gray, 2014).

3.5. Population and sampling

Population refers to a particular group of people, or subjects, in their entirety, which is of interest to the researcher (Brink, Van der Walt & Van Rensburg, 2012). *Sampling* is the process of selecting a portion of the population to represent the entire population, so that inference about the population can be made (Grove, Burns & Gray, 2014).

3.5.1. Population of the study

The population for this study was all the registered professional nurses, employed at the selected psychiatric hospital. The population was chosen as the target population because they are the key role players, responsible for the care, treatment and rehabilitation of mentally ill patients, admitted to the selected hospital. The total number of professional nurses employed at the selected psychiatric hospital was 110. Of these, 10 were operational managers, four were area managers, 90 were registered nurses working in the wards, and six were community service nurses. The 110 nurses were available as possible respondents in this study. However, the researcher was only able to distribute questionnaires to 62 professional nurses, of which four were community service nurses and 58 professional nurses. The nurses who did not participate in the study were on yearly leave, study leave, and sick leave, while some did not wish to participate in the study.

3.5.2. Sampling, sample and sample size

An all-inclusive sampling method was used to select all professional nurses working in the selected hospital. According to Brink, Van der Walt and Van Rensburg (2012), a sample refers to a subset of people, or elements, which should reflect the representativeness of the entire population that meets the inclusion criteria. The sample size in quantitative research should be as large as possible to ensure representativeness of the target population (Polit & Beck, 2017). A sample size of 62 respondents participated in the study, out of a population of 110 individuals, who met the inclusion criteria. The study sample comprised 6% (n=4) community professional nurses, and 93% (n=58) registered Professional nurse

3.6. Data collection

Polit and Beck (2017) defines data collection as the gathering of information to address a research problem. The data collection instrument, validity and reliability of the instrument, and the data collection process are described in the ensuing paragraphs.

3.6.1. Data collection instrument

A data collection instrument is a tool used in research to collect data. In this current study, the Multidimensional Scale of Perceived Social Support (MSPSS) was used to

achieve the aim of the study. The MSPSS is an existing, structured, self-report questionnaire, which was developed by Zimet, Dahlem, Zimet and Farley (1988), to measure the sources of perceived social support from friends, significant others and family. The MSPSS has been widely used in various populations, namely, clinical nurses (Ersoy-Kart, 2009), student nurses (Wolf, Stidham & Ross, 2015), and psychiatric nurses (Howell, 1998). Permission to use the questionnaire in this current study was granted from the authors (Appendix F). The MSPSS is a 7-point Likert scale questionnaire, ranging from *very strongly disagree*-to-*strongly agree*. The MSPPS has 12 closed-ended questions, which are divided into three domains, relating to sources of perceived social support: Domain 1 – social support from friends; Domain 2 – social support from family, and Domain 3 – social support from significant others (peers, colleagues). In this current study, the data collection instrument comprised two sections: Section A: Biographical data, with eight questions relating to age, gender, and years' experience of working in the clinical setting; and Section B: The MSPSS.

Scoring of the mean scores of the MSPSS subscales, as advocated by Zimet, Dahlem, Zimet and Farley (1988), was calculated as follows:

- Significant Other Subscale: (Add scores of items 1, 2, 5, & 10 together, and divide by 4);
- Family Subscale: (Add scores of items 3, 4, 8, & 11 together, and divide by 4);
- Friends Subscale: (Add scores of items 6, 7, 9, & 12 together, and divide by 4).

The total score for the scale would be attained by adding all the scores obtained for the 12 items together, and divide by 12. Using this approach, therefore, a mean scale score ranging from:

- 1 to 2.9 could be considered *low support*;
- 3 to 5 could be considered *moderate support*;
- 5.1 to 7 could be considered *high support*.

3.6.1.1. Reliability of the instrument

The MSPSS has been used with diverse samples (265 pregnant women, 74 adolescents in Europe, 55 paediatric patients in Europe and 502 youth in South

Africa), and has demonstrated a good internal reliability (Zimet, Dahlem, Zimet & Farley 1988; Bruwer, Emsley, Kidd, Lochner & Seedat, 2008). A study conducted by Edwards (2004), yielded a Cronbach's Alpha score of 0.86, indicating a high internal consistency among scale items. The MSPSS appeared to be a psychometrically reliable and valid instrument in Edwards (2004) study with Latino adolescents. The results demonstrated that the Perceived Support from the Family subscale correlated significantly with the MSPSS Family subscale (r = .53, p < .001), the Friends subscale (r = .30, p < .001), and the Significant Other subscale (r = .29, p < .001). The Cronbach's Alpha score of that study was calculated for the three subscales, and the internal reliability of subscales were as follows: Family subscale (.96), significant others subscale (.88), and Friends subscale (.75). The total MSPSS demonstrated a high consistency, with a Cronbach's Alpha score of .836 for that study.

3.6.1.2. Validity of the instrument

Validity of the instrument refers to the degree to which an instrument measures what it is supposed to measure (Polit & Beck, 2017). Face validity is a type of instrument validity, which is obviously weak, and refers to the apparent ability of instrument to measure, what is supposed to be measured (Brink *et al.*, 2012). The researcher used the MSPSS an existing, structured, self-report questionnaire, which was developed by Zimet, Dahlem, Zimet and Farley (1988), to measure the sources of perceived social support from friends, significant others and family. Content validity refers to the assessment of an adequate way in which all the components of the variables that are to be measured are represented by the instrument (Polit & Beck, 2017). The researcher submitted an existing self-report questionnaire to the supervisor, for review to confirm the usefulness of instrument to measure all the components of the variables. Strong factorial validity was demonstrated in diverse populations, such as pregnant women, adolescents, and paediatric patients (Zimet *et al.*, 1988; Bruwer *et al.*, 2008).

3.6.2. Data collection process

After obtaining ethics approval (Appendix A) from the Research Ethics Committee at the UWC, the researcher wrote a letter to the Department of Health in the Western Cape (Appendix B) and the Chief Executive Officer of the selected hospital (Appendix

C) seeking permission to conduct the study. After obtaining permission from the Department of Health (Appendix D) and the Chief Executive Officer of the selected psychiatric hospital (Appendix E), the researcher made appointments with the four area managers, responsible for the 12 wards, to gain access to the professional nurses.

Verbal permission was given by the area managers to access the potential respondents for the study. The researcher conducted the data collection from September to October 2016. Prior to the data collection, the researcher visited each of the 12 wards, in both the night and day shift, to meet with each potential respondent.

The researcher explained the study and provided each potential respondent with an information sheet (Appendix G), consent form (Appendix H) and the questionnaire (Appendix I). The researcher also explained the rights of each potential respondent, as well as the possible risks of participating in the study. The respondents were advised that participating in the study was voluntary and that confidentiality, as well as anonymity would be maintained throughout the study, to ensure that they were protected. The researcher left the questionnaires with the respondents, to be collected at a time that was convenient for them, as they were not allowed to complete the questionnaire during their duty hours. The researcher was available at all times to answer any questions the respondents might have, regarding the questionnaires. The questionnaires were distributed over two days, and collected over a four-day period. The collection of the questionnaires was extended in some cases, when the respondents failed to complete them.

3.7. Data analysis

According to Polit and Beck (2017), data analysis refers to the systematic organization and synthesis of research data. In this current study, descriptive statistics was used to analyse and describe the subjective, perceived social support of professional nurses, working in a psychiatric hospital. After data collection was completed, the researcher counted the questionnaires and checked for errors. The questionnaires were numbered and coded. A codebook (Appendix J) was created to facilitate data capturing and auditing of the captured data. The MSPSS questions were grouped together into sub-categories, such as, friends subscale, significant other subscale and family support subscale.

The data was entered into the Statistical Package for Social Science (SPSS) version 24, after it had been coded in the codebook and cleaned by running frequencies. The process of coding and the use of a codebook allowed the researcher to keep numerical values of the variables. The researcher applied the descriptive statistical analysis to determine the perceived social support of professional nurses

In this current study, the researcher analysed the data using appropriate statistical tests, based on the nature of the variables and objectives. The researcher used nominal, interval and ordinal measurements in data analysis. The frequency distributions and univariate analyses were applied, according to Polit and Beck (2017). The univariate analysis aimed at describing how often a condition occurred, rather than describing the relationships between the variables. Due to the small sample size, this scale was later recorded into a dichotomous variable (Agree and Disagree).

Chi-square analysis was used to check for the association between groups: an appropriate parametric test (Independent Sample T-test) for the categorical variables, and a non-parametric (Mann-Whitney U) for continuous variables. The confidence interval (CI) was calculated for perceived usefulness and perceived ease of use of educational technology. To ascertain the association of demographic variables with MSPSS, the level of significance was set at p<.05 for a two tailed test. The data were analysed and presented in the form of bar graphs and percentages, frequency tables and pie charts.

3.8. Ethics considerations

Ethics clearance was obtained from the Research Ethics Committee at the University of the Western Cape. Letters requesting permission to conduct this current study at a selected hospital were submitted to the Department of Health and the CEO of the hospital (Appendices B & C). Permission was granted, as stated in previously (Appendices D & E). The researcher observed the following ethical principles during the study:

• Anonymity and Confidentiality:

The researcher pledged confidentiality, which implied that any information provided by the respondents, would not be reported publicly in any manner that identified them, and would not be accessible to others (Polit & Beck, 2017). To ensure anonymity the results of this study would be published without mentioning the names

of the respondents, or the institution. To ensure confidentiality, completed questionnaires were kept in a box in a locked cupboard to which only the researcher had the key.

• Principle of beneficence:

Beneficence refers to the right to protection from discomfort and harm (Brink *et al.*, 2012). There were minimal risks in this current study. The respondents were informed that they could withdraw from the study at any time during the data collection process, without prejudice. They were advised that should they experience any emotional discomfort, they would be referred to an experienced counsellor, who had been briefed and engaged by the researcher. However, none of the respondents withdrew from the study and none requested, or needed counselling.

• Right to privacy

According to Polit and Beck (2017), the right to privacy implies that the respondents could expect their privacy to be maintained at all times and their data be kept in strict confidence. The respondents did not write their names on the questionnaires thus no questionnaire could be linked to a particular respondent. The respondents were allowed to complete the questionnaires in their own time, without interruption by the researcher.

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Informed consent

The researcher ensured that the respondents had adequate information about the study, understood the information, and had the freedom to consent to, or decline participation, voluntarily (Polit & Beck, 2017). An information sheet (Appendix G) was disseminated to each respondent prior to them signing the consent form (Appendix H) and completing the questionnaire. The respondents were informed that they could withdraw at any time, without partiality, and were asked to sign the consent form before participating in the study

• Justice

The principle of justice involves being fair to the respondents, by not offering preferential treatment to some, and depriving others of the care and treatment they deserve (Pharoo, 2014). In this current study, all the respondents were treated fairly, and were selected for reasons related directly to the research problem. As previously

mentioned, they were informed that they could withdraw from the study at any point, without fear of reprisal.

3.9. Summary

In this chapter, the research design and research method were discussed, describing the setting, study population, data collection instrument, reliability and validity, data collection process, data analysis, as well as the ethical considerations.

In Chapter 4, the researcher presents the research findings and the discussion of the findings.



CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION OF THE FINDINGS

4.1. Introduction

In this chapter, the findings and discussion of the findings are presented. The purpose of the study was to investigate the perceived social support of professional nurses, working in a psychiatric hospital in the Western Cape. This chapter will include, Section A: The demographics of the respondents (n=62), and Section B: the perceived social support received under three subscales, namely, friends, significant others (colleagues and peers) and family, as measured by the MSPSS. After the presentation of the results, a discussion of the findings will be presented as categories under support received from friends, support from significant other and support from family. Empirical literature will be used to place the findings in the context of the broader research on the perceived social support of nurses.

4.2. Section A: Demographics of the respondents

Most of the respondents, 97% (n=60), were between the ages of 23-62 years, with an average age of 40 years (s.d. 10.7). Two respondents did not answer the question on age. Less than a third of the respondents, 30.6% (n=19), were in the age group of 33-42 years, while less than a quarter of the respondents, 13% (n= 8), were between the ages of 53-63 years. Table 4.1 illustrates the age of the respondents.

Table 4.1: Age of respondents (n=62)

Age	F	%
23-32	17	27.4
33-42	19	30.6
43-52	16	25.8
53-62	8	12.9
Total	60	96.8
Missing system	2	3.2
Total	62	100.0 (s.d. 10.7)

4.2.2. Gender

The majority of the respondents were female, 74.2% (n=46), while the male respondents accounted for 25.8% (n=16) of the sample. The results of this study are expected, as nursing is a female driven profession (Christensen & Knight, 2014).

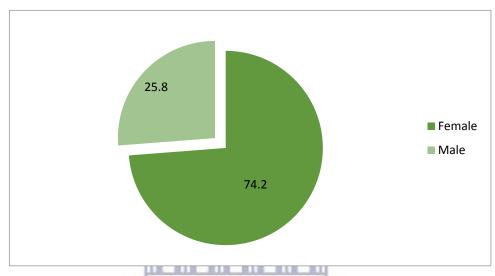


Figure 4.1: Gender of the respondents (n=62)

4.2.3. Current position

The respondents were asked to indicate their current position at work. Most of the respondents in this study, 93.5% (n=58), were professional nurses, with community service nurses making up less than ten per cent of the study, 6.5% (n=4).

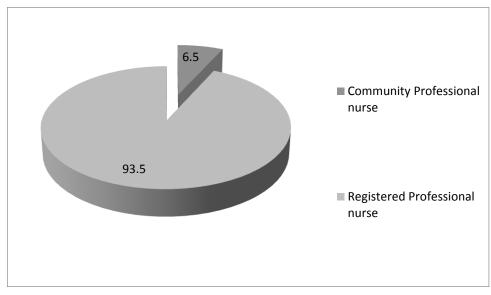


Figure 4.2: Professional ranking (n=62)

4.2.4. Type of ward

The respondents were asked to specify the type of ward they were working in. More than half of the respondents, 62.9% (n=39), were on duty in the general wards of the psychiatric hospital. These wards cater for acute psychosis of both male and female patients. Less than a quarter of the respondents, 12.9% (n=8), were on duty in wards that offered therapeutic services to patients with psychological problems, related to depression, amongst other problems. In wards for long-term (psycho-geriatrics) patients, 14.5% (n=9) were on duty, and the Alcohol Rehabilitation wards staffed the least respondents, with 9.7% (n=6).

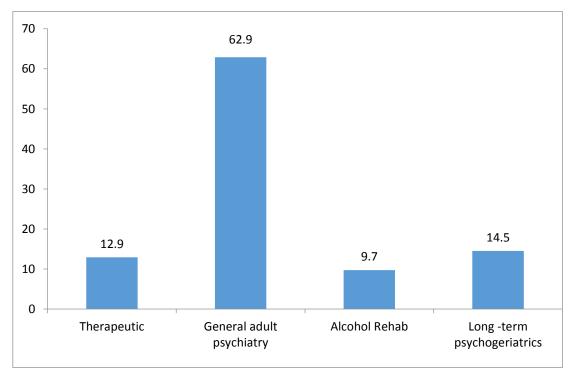


Figure 4.3: Type of ward

4.2.5. Experience in psychiatry

The respondents were asked to indicate, in number of years, their working experience in psychiatric hospitals. One respondent omitted this question. Of the sixty-one respondents, the length of 0-10 years working experience was most prominently populated, with 57% (n=35). The 11-20 years working experience held 24.6% (n=15), the 21-30 years working experience, 11.5% (n=7), and the 31-40 years working experience, 6.6% (n=4). It appears that the numbers begin to decline after 0-10 years of experience. This may imply that nurses are most likely to leave after, at least 10 years of service.

Table 4.2: Respondents work experience in psychiatry

Numbers of years in working in psychiatry	F	%
0-10	35	57.4
11-20	15	24.6
21-30	7	11.5
31-40	4	6.6
Total	61	98.4
Missing system	1	1.6
Total	62	100.0

4.2.6. Level of Qualifications

More than half of the respondents, 58% (n=36), reported that they held a diploma in nursing, while a third 21% (n=13) stated that they held a Baccalaureate degree in nursing. The respondents who had attained an Advance Nursing Science diploma, accounted for 17.8% (n=11), while those who had attained a Master's degree (MNursing, structured) equalled 3.2% (n=2).

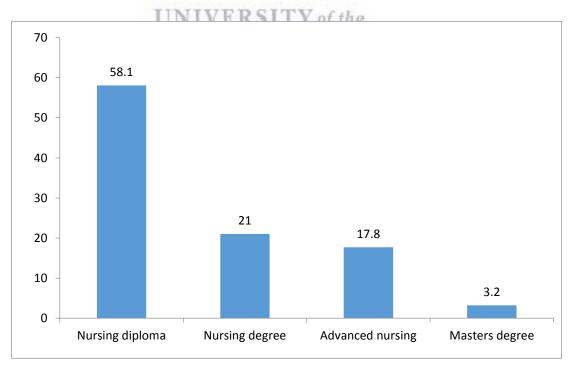


Figure 4.4: Qualifications of respondents

4.3. Section B: Multidimensional Scale of Perceived Social Support (MSPSS)

The findings of the three domains, Domain 1: social support from friends, Domain 2: social support from significant others (peers, colleagues), and Domain 3: social support from family, relating to the sources of perceived social support, are presented below.

4.3.1. Domain 1: Friend support scale

In this section of the MSPSS, the respondents were asked about the social support that they received from their friends. Most of the respondents, 82.3% (n=51), agreed on sharing their joy and sorrow with a friend. A quarter of the respondents, 17.7% (n=11), disagreed. Subsequently, the respondents were asked to report on talking to their friends about their problems. Most of the respondents in this study, 77.4% (n=48) admitted to talking to their friends about their problems, while 22.6% (n=14), disagreed.

When the respondents were asked to indicate whether their friends tried to help them, two did not respond to this question; therefore, n=60. Of the respondents who did respond, more than two thirds, 68.3% (n=41), agreed that their friends tried to help them. Slightly less than a third of the respondents, 31.7% (n=19), disagreed with this statement.

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Similarly, when the respondents were asked to indicate if they could count on their friends, when things went wrong, more than half, 69.4% (n=43), agreed, while less than a third of the respondents, 30.6 (n=19), disagreed with this statement. Table 4.3 depicts the perceived social support friends-subscale.

Table 4:3: Friends support Subscale

VARIABLE	AGREE	DISAGREE
1. I have friends with whom I can share my joy and sorrow (n=62)	51(82.3%)	11(17.7%)
2. My friends really try to help me (n=60)	41(68.3%)	19(31.7%)
3. I can count on my friends when things go wrong (n=62)	43(69.4%)	19(30.6%)
4. I can talk about my problems with my friends (n=62)	48(77.4%)	14(22.6%)

4.3.2. Domain 2: Significant others subscale (peers and colleagues)

The respondents were asked to respond to the perceived social support they received from significant others, which included peers and colleagues. The respondents were asked to respond to the perceived social support they received from a special person, with whom they could share their joy and sorrow. Of the total number of respondents, 100% (n=62), 82.3% (n=51), agreed that they shared their joy and sorrow with a special person, and 17.7% (n=11) disagreed. To the question of whether they had a special person around in time of need, 83.9% (n=52) agreed, while less than a quarter, 16.1% (n=10) disagreed. When the respondents were ask whether there was a special person in their life, who cared about their feelings, 80.6% (n=50) agreed and 19.4% (n=12) disagreed. Finally, to the question of whether they had a special person, who was a real source of comfort to them, 79% (n=49) agreed, and 21% (n=13) disagreed.

Table 4.4: Domain: Significant other

VARIABLE	AGREE	DISAGREE
5. There is a special person with whom I can share my joy and sorrow	51(82.3%)	11(17.7%)
6. There is a special person who is around when I am in need	52(83.9%)	10(16.1%)
7. There is a special person in my life who care about my feelings	50(80.6%)	12(19.4%)
8. I have a special person who is a real source of comfort to me	49(79%)	13(21%)

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4.3.3. Domain 3: Family support

The respondents were asked to respond to the perceived social support that they received from family, in terms of help, emotional support, decision-making and talking about their problems. Most of the respondents 91.9% (n=57) responded that their families try to help them, while less than a quarter of the respondents, 8.1% (n=5), disagreed. The respondents were asked to respond to whether they could talk to their families about their problems, to which 88.7% (n=55) the respondents agreed that they could, and 11.3% (n=7) disagreed. When the respondents were asked to respond to whether they received the emotional help and support they needed from their families, 87% (n=54) agreed and 13% (n=8) disagreed. The question of whether their families were willing to help them to make decisions, 82.3% (n=51) agreed, while 17.7% (n=11) disagreed.

Table 4.5: Domain 3: Family support

VARIABLE	AGREE	DISAGREE
My family really tries to help me	57(91.9%)	5(8.1%)
2. I can talk to my family about my problems	55(88.7%)	7(11.3%)
3. I get the emotional help and support I need from my family	54(87%)	8(13%)
4. My family is willing to help me make decisions	51(82.3%)	11(17.7%)

4.3.4. MSPSS mean and Standard Deviation

The three subscales are presented in Table 4.6, while the means and standard deviations of the subscales for the total MSPPS were calculated. The means for the subscales were as follows: the family support was found to have the highest score (M=23.4, SD=4.4), followed by significant others (M=22.3, SD=6.3), and finally, friends support (M=21.6, SD=6.2).

Table 4.6: MSPSS Mean and Standard Deviation

MSPSS Subscale		М	SD
Family		23.4	4.4
Significant others	UNIVERSITY of	he 22.3	6.3
Friends	WESTERN CAR	E 21.6	6.2

4.3.5. Factors that may predict need for social support

(a) A Mann-Whitney (U) test revealed no significant difference in the overall support scales of age group (see Table 4.7).

Table 4.7: Association between MSPSS and age group

ITEMS	Age groups	N	M(SD)	Test	<i>p</i> -value
Friend Support scale	Younger staff	29	21.6(6.0)	U=234	.815

	Older staff	29	21.5(6.4)		
Significant other support scale	Younger staff	31	21.1(7.4)	U=1.10	.314
	Older staff	30	23.6(4.6)	0=1.10	.314
Family Support	Younger staff	30	22.9(4.6)	U=729	.466
	Older staff	30	23.8(4.3)	0=729	
Overall support scale	Younger staff	28	66.3(13.5)	U=421	672
	Older staff	27	68.9(9.2)	U=421	.673

Association between age and MSPPS were tested using Chi-square Test, and non-parametric Mann-Whitney (U) test *Significant at p<.05.

(b) A Mann-Whitney (U) test revealed a significant difference in the overall support scales of female (M= 70, 1 SD=9.4), and male (M=59.5, SD=14.3), U=-2.6, p=.010*. Friends' support was very significant (M=22.4, SD=5.9, p=.046. While others' support was near significant. Gender was identified as a positive predictor when seeking social support. (Table 4.8)

Table 4.8: Association between MSPSS and gender

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ITEMS	Gender	N	M(SD)	Test	<i>p</i> -value	
Friends Support scale	Female	7 43	22.4(5.9)	U=-2.0	.046*	
Therius Support scale	Male	15	19.2(6.5)	0- 2.0	.040	
Significant other support scale	Female	46	23.6(4.3)	U=-1.9	.063	
	Male	15	18.2(1.3)	0=-1.9		
Family Cupport	Female	45	23.9(4.0)	U=-1.8	070	
Family Support	Male	15	21.5(5.1)	U=-1.0	.070	
Overall support scale	Female	42	70.1(9.4)	11.26	040*	
	Male	13	59.5(14.3)	U=-2.6	.010*	

Association between gender and MSPPS were tested using Chi-square Test, and non-parametric Mann-Whitney (U) test *Significant at p<.05.

(c) A Mann-Whitney (U) Test revealed no significant association between current position and MSPPS in the overall support scales (Table 4.9) $H \neq 0$

Table 4.9: Association between MSPSS and current position

ITEMS	Current position	N	M(SD)	Test	<i>p</i> -value
Friend Support scale	Professional nurse	32	21.8(6.0)	U=-0.21	.844
	Registered nurse	23	21.3(6.9)	U=-0.21	
Significant other support scale	Professional nurse	32	22.1(6.5)	U=-0.44	.657
	Registered nurse	25	23.2(5.6)		
Family Support	Professional nurse	32	23.0(5.1)	0.54	040
	Registered nurse	24	24.0(3.4)	U=-0.51	.619
Overall support scale	Professional nurse	30	66.4(12.8)	11 0.74	540
	Registered nurse	22	69.2(10.4)	U=-0.71	.510

Association between current position and MSPPS were tested using Chi-square Test, and non-parametric Mann-Whitney (U) test *Significant at p<.05.

(d) A Mann-Whitney (U) test revealed no significant association between years of experience and MSPPS in the overall support scales (Table 4.10) $H \neq 0$

Table 4.10: Association between MSPSS and years of experience

ITEMS	Years of experience	N	M(SD)	Test	<i>p</i> -value
Friend Support scale	1-20	47	21.4(6.2)	U=-0.64	.524
Friend Support scale	21-40	11	22.5(6.0)	0=-0.04	.524
Significant other support scale	1-20	50	22.3(6.4)	U=-0.04	.969
	21-40	11	22.4(6.1)		
Family Support	1-20	49	22.8(4.5)	U=-1.90	057
	21-40	11	25.7(3.1)	U=-1.90	.057
Overall support scale	1-20	44	66.9(11.7)	U=-1.13	.260

	21-40	11	70.5(11.1)			1
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Association between years of experience and MSPPS were tested using Chi-square Test, and non-parametric Mann-Whitey (U) test *Significant at p<.05.

4.4. Discussion of the findings

The findings, when testing the association between the overall support scale and gender, revealed a significant difference in the overall support scales of female and male; friends support was very significant. Gender was identified as a positive predictor, when seeking social support. According to the statistics for professional nurses in the Western Cape, the ratio for males and females was 7% (n= 1193) and 93% (n=15508), respectively (SANC, 2015). In South Africa, Rispel, Blaauw, Chirwa and De Wet (2014), assert in their study that of the respondents from Western Cape Province, 96.1% (n=921) were female nurses and 3.9% (n= 37) were male nurses. According to Christensen and Knight (2014), nursing is viewed as a female dominated profession, globally.

4.4.1. Friend support

Friend support in this current study, the variable, "I have friends with whom I can share my joy and sorrow", was found to provide the least support for the respondents. This contradicts the perceived "friends support" among nursing students, according to a study conducted by Reeve *et al.* (2013), on the perceived stress and social support in undergraduate nursing students' educational experiences. The findings from their study revealed that of the 102 participants, 52% (n=53), which was the majority response, utilised the support from friends to cope with stressful situations, 28% (n=29) from significant others, and 20% (n=20) from family. In a study conducted by Kong, Zhao and You (2012), with 489 Chinese college students, the Cronbach Alpha coefficients for the three subscales were; Significant Others, .85; Family, .86; and Friends, .89; therefore, indicating that the above mentioned students received more support from friends.

4.4.2. Significant others

In this current study, significant others followed family support, as a means of support in the environment of the respondents, according to the results for the variable "there is a special person with whom I can share my joy and sorrow". However, the analysis of a study conducted by Amarneh, AbuAl-Rub and AbuAl-Rub (2009), who investigated

co-workers' support and job performance among nurses in a Jordanian hospital, revealed that the demographic variables and co-worker support, explained 20% of the variance in job performance. The results confirmed the positive effect of co-workers support on job performance. These results contradict the findings of this current study. A similar study was conducted by Hamaideh *et al.* (2008), who investigated the effect of job stressors and social support among Jordanian psychiatric nurses. The results from their study revealed that the perceived social support from co-workers enhanced the level of reported job performance. Social support from co-workers had improved the level of work performance, reduced the level of job stress, and enhanced work commitment. In addition, a high level of social support was observed to be associated with a low level of burnout among psychiatric nurses (Hamaideh, 2011)

4.4.3. Family support

The findings from this current study revealed that the respondents received the majority of their support from family. This finding is consistent with that of Myers (2010), whose study researched the organizational support, perceived social support, as well as the tendency of professional nurses turnover, and observed that nurses perceived family members as a greater source of social support. However, the findings observed no direct relationship between family social support and professional nurse turnover.

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A study conducted by Hamaideh (2011) observed that family support led to a decrease in negative work outcomes, including nurse turnover. Within the family, a supportive condition of acceptance and respect has the potential to buffer the negative impact of distress and may facilitate positive outcomes (Chronister *et al.*, 2015). The results of a study conducted by Ariapooran (2014), on compassion fatigue and burnout with Iranian nurses, indicate that social support from family was the significant predictor of burnout in nurses.

4.5. Summary

In this chapter, the researcher presented the findings of the sources of perceived social support, as reported by respondents, employed at a selected psychiatric hospital. The findings from this current study revealed that, of the three support subscales (friends, significant others and family), the perceived support from family scored the highest among the

respondents; followed by support from significant others, and, ultimately support from friends. The association between the overall support scale and gender, revealed a significant difference in the overall support scales of female and male, which presented friends support as very significant. Gender was identified as a positive predictor, when seeking social support.

Chapter 5 comprises the conclusions, limitations and recommendations for clinical practice, education and research.



CHAPTER FIVE

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1. Introduction

The findings of this current study suggest that the Multidimensional Scale of Perceived Social Support [MSPSS] (Zimet *et al.*, 1988) was useful in measuring, under its three domains of family, significant others and friends, the perceived social support of professional nurses working in a psychiatric hospital. The aim of the study was to investigate the perceived social support of professional nurses working in a psychiatric hospital. The objectives of the study was to determine the perceived social support that professional nurses receive from friends, significant others and family, to help them cope with their duties in a psychiatric hospital. This chapter alludes to the attainment of these objectives of the study, by way of conclusions. The limitations and recommendations, based on the findings of the study, are also discussed.

5.2. Summary

The three objectives, formulated for this study, were answered as follows:

5.2.1. Objective 1: To determine the social support received from friends

In this current study, social support from friends was deemed the least source of support by professional nurses. However, friends support enjoys preference among nursing students, who are of the opinion that friends fulfil the need of belonging. According to them, closeness in friendship relationships helps to decrease the feeling of loneliness, while the perception of being loved by friends, as well as receiving interest from them, is a cure for many psychological problems (Kalkan & Epli-Koç, 2011). In addition, the relationship between gender and the MSPPS, resulted in the overall support scales of gender displaying a very significant association with friends support (M=22.4, SD=5.9, p=.046), while support from others and family were near significant.Gender where both female and male was identified as a positive predictor, when seeking social support.

5.2.2. To determine the social support received from significant other

The findings of this current study suggest that the source of perceived social support for the domain, significant others, was deemed moderately, supportive. In this study, significant others refer to supervisors, peers, or co-workers. Therefore, it would be more beneficial to professional nurses if significant others could be a better source of support in the workplace environment. Social support from co-workers and supervisors enhances the level of job performance, decreases the level of job stress, and enhances work commitment (Hamaideh, 2011).

5.2.3. To determine the social support received from family.

The majority of respondents in this current study considered family support their main source of social support. Family support leads to a decrease in negative work outcomes, including nurse turnover (Hamaideh *et al.* 2008). In the family, a supportive condition of acceptance, as well as respect could potentially buffer the negative impact of distress, and facilitate positive outcomes. However, no significant association was observed between the overall scale MSPSS and family support.

5.3. Limitations

Limitations of the study are that the sample was drawn from one public psychiatric hospital in Western Cape; therefore, the findings cannot be generalized to other psychiatric hospitals. Bias could have emerged from the knowledge that the respondents knew the researcher. The questionnaire utilized, consisted of closed ended questions, which only provide a subjective and superficial overview of the perceived social support of professional nurses.

5.4. Recommendations

The recommendations for future research, education and practice are present in the following section.

5.4.1. Research

Similar studies should be conducted, or replicated, with different research populations, for example, enrolled nursing assistants and enrolled nurses, in a variety of health contexts, to ascertain if the sources of perceived social support would be similar or dissimilar. In

addition, qualitative and quantitative studies should be conducted to ascertain the role that family play in perceived social support.

Future research could include studies on the effect that perceived social support has on moderating stressors in the psychiatric environment. Such research could also enhance the understanding of the relationship between social support and health. New research in this area could point to important implications for the interpretation of professional nurses' perceived social support in their work environment. This study on professional nurses' perceptions of their social support could contribute in many ways to the improved social support in the work environment.

5.4.2. Practice

The findings from this current study could influence nursing practice, by examining the four basis components in nursing practice theories (person, environment, health/illness and nursing activities), as well as planning, intervention and evaluation. The professional nurses could enhance social support at their level by influencing nursing management to potentiate opportunities for social support. Nurse managers should promote a structural culture characterized by cooperation, social integration, and teamwork among nurses. In doing so, there could be positive results in the work environment.

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5.4.3. Education

Professional Nursing staff should be educated that social support activities are important in the workplace. In addition, the education should include simple techniques for assessing team spirit, skills for managing a socially diverse work force, and specific information on cultural social support activities. In-service training and staff development programs should educate nurses in various areas related to stress sources at work, in addition to social support and acceptable behaviours. The need to explore methods of maintaining and strengthening the existing social support in the work environment is crucial for the emotional well-being of professional nurses.

5.5. Summary

The purpose of this study was to describe the perceived subjective support of professional nurses working in a psychiatric hospital. The findings from this current study considered

family support the major source of perceived social support of professional nurses in the psychiatric environment. The sources of social support, namely, family, friends or significant others (peers, supervisors or co-workers) are vital, and these sources change as challenging situations emerge. Therefore, individuals consider different sources as their major source of social support, as various situations/challenges unfold. Ultimately, support providers are deemed dependable, accessible and willing to provide support during challenging times.



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APPENDICES

Appendix A: Ethics clearance letter (UWC)



OFFICE OF THE DIRECTOR: RESEARCH RESEARCH AND INNOVATION DIVISION

Private Bag X17, Bellville 7535 South Africa

T: +27 21 959 2988/2948 F: +27 21 959 3170

E: research-ethics@uwc.ac.za

www.uwc.ac.za

31 August 2016

Ms G Arendse School of Nursing

Faculty of Community and Health Sciences

Ethics Reference Number HS 16/5/49

Project Title: An investigation to determine the perceived social support of

professional nurses' working in a psychiatric hospital in the

Western Cape.

Approval Period: 29 July 2016- 29 July 2017

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

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval. Please remember to submit a progress report in good time for annual renewal.

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

pries

Ms Patricia Josias Research Ethics Committee Officer University of the Western Cape

PROVISIONAL REC NUMBER - 130416049

FROM HOPE TO ACTION THROUGH KNOWLEDGE

Appendix B: Letter requesting permission from the Department of Health to conduct study

16 Carnation Avenue

Uitsig

Ravensmead

7493

5 September 2016

2823600@myuwc.ac.za

0734798933

Assistant Director: Health Research

Directorate: Health Impact Assessment

Department of Health

Cape Town

8000



Dear Ms Charlene Roderick,

Permission to conduct a research project at Stikland Hospital

I am a postgraduate student at the University of the Western Cape, currently doing Masters in psychiatric nursing. I hereby request permission to collect data from professional nurses working at Stikland Hospital as is it a requirement for the completion of the M.Cur degree. The title for my study focus on 'An investigation to determine the perceived social support of professional nurses' working in a psychiatric hospital in the Western Cape'.

The study has been approved by the Research Ethics Committee and the Senate of the University of the Western Cape (see attached copy of Ethical clearance letter). Data will be collected by means of questionnaire that informants will voluntarily complete. Please be assured that anonymity and confidentiality will be safeguarded at all times. Enclosed please find copy of proposal, the written consent form, information sheet and questionnaire for your scrutiny.

Thanking you in advance

Yours truly

Geraldine Patricia Arendse (Mrs)

Appendix C: Letter requesting permission from SLH research ethics committee to conduct study

16 Carnation Avenue, Uitsig, Ravensmead,7493

7 September 2016

0734798933

Male Acute ext. 4484

Head of clinical unit

Stikland Psychiatric Hospital

Private Bag

Bellville, 7535

Dear Professor Koen

Request for permission to collect data/information of my research on professional nurses within the jurisdiction of your area/wards.

I Geraldine Patricia Arendse (Hendriks), persal 55531270, a postgraduate student studying towards a master's degree in advanced psychiatric nursing at the department of nursing at the University of the Western Cape. I am also a professional nurse currently working at Stikland Psychiatric hospital, Male Acute.

I am interested in conducting a study entitled 'An investigation to determine the perceived social support of professional nurses' working in a psychiatric hospital in the Western Cape, as part of the master's program with School of Nursing UWC.

I hereby request authorization to conduct this research within the jurisdiction of your area. I will also request permission from those professional nurses who will be willing to participate in the research study. I enclosed a copy of proposal, questionnaire, consent form and the information sheet. The research proposal has been approved (see attached ethical clearance letter) by the ethics committee and the senate of the UWC. I still await approval from the Department of Health. Participation in this study is voluntary and participants have a choice to withdraw from the study at any given time. Anonymity and confidentiality of the participants and that of the institution will be ensured by using codes to protect the participants and institution identities. The results of the study will be made known to the participants and a copy will be made available to the nursing management of the institution before dissemination.

Thank you in advance for your cooperation and assistance.

Yours Sincerely

G.P. Arendse (Hendriks)



STRATEGY & HEALTH SUPPORT

Health.Research@westerncape.gov.za tel: +27 21 483 6857: fax: +27 21 483 9895 5th Floor, Norton Rose House,, 8 Riebeek Street, Cape Town, 8001 www.capegaleway.gov.za)

REFERENCE: WC_2016RP5_807 ENQUIRIES: Ms Charlene Roderick

University of Western Cape

Robert Sobukwe Road

Bellville

Cape Town

7535

For attention: Mrs Geraldine Arendse

Re: An investigation to determine the perceived social support of professional nurses working in a psychiatric hospital in the Western Cape.

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research.

Please contact following people to assist you with any further enquiries in accessing the following sites:

Stikland Hospital Liezl Koen 021 940 4455

Kindly ensure that the following are adhered to:

- Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.
- Researchers, in accessing provincial health facilities, are expressing consent to provide the
 department with an electronic copy of the final feedback (annexure 9) within six months of
 completion of research. This can be submitted to the provincial Research Co-ordinator
 (Health.Research@westerncape.gov.za).

- 3. In the event where the research project goes beyond the *estimated completion* date which was submitted, researchers are expected to complete and submit a progress report (Annexure 8) to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).
- 4. The reference number above should be quoted in all future correspondence.

Yours sincerely

DR A HAWKRIDGE

DIRECTOR: HEALTH IMPACT ASSESSMENT

DATE: 23/9/2016.

Appendix E: Letter granting permission to conduct study (SLH research committee)

Elizabeth Botha

From:

Liezle Koen

Sent: To:

22 September 2016 11:17

Josh-Lee Kroukamp; Elizabeth Botha

Cc:

Health Research

Subject:

RE: WC 2016RP5 807

The research ethics review committee of Stikland Discussed the undermentioned and we grant permission for the researcher to perform this research on our premises

Kind regards

Liezl Koen

Associate Professor & Head of Clinical Unit University of Stellenbosch & Stikland Hospital

Tel: 021 9404455

E-mail: liezle.koen@westerncape.gov.za

Be 110% Green. Read from the screen



From: Josh-Lee Kroukamp

Sent: 19 September 2016 08:33 AM

To: Liezle Koen Cc: Health Research Subject: WC_2016RP5_807

Dear Colleagues

Re: An investigation to determine the perceived social support of professional nurses working in a psychiatric hospital in the Western Cape.

Kindly provide inputs as to whether the researcher may have access to the facilities listed below.

Stikland Hospital

Please find supporting documentation attached.

Kind Regards

Josh-lee Kroukamp Intern: Health Research

Directorate: Health Impact Assessment

Western Cape Government: Department of Health

1

Appendix F. Letter granting permission to use data collection tool

From: **Zimet, Gregory D** <<u>gzimet@iu.edu</u>>

Date: Tue, Jul 19, 2016 at 6:54 PM

Subject: MSPSS

To: "2823600@myuwc.ac.za" <2823600@myuwc.ac.za>

Dear Mrs. Geraldine Arendse,

You have my permission to use my scale, the Multidimensional Scale of Perceived Social Support (MSPSS) in your research. I have attached a copy of the scale (with scoring information on the 2nd page) and a document listing several of the articles that have reported on the reliability and validity of the MSPSS.

I hope your research goes well.

Best regards,

Greg Zimet



Gregory D. Zimet, PhD, FSAHM/ESTERN CAPE

Professor of Pediatrics & Clinical Psychology

Section of Adolescent Medicine

Indiana University School of Medicine

President, Society for Adolescent Health & Medicine (SAHM)

410 W. 10th Street, HS 1001

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Phone: <u>+1-317-274-8812</u>

Fax: <u>+1-317-274-0133</u> e-mail: <u>gzimet@iu.edu</u>

http://pediatrics.iu.edu/center-hpv-research/about-us/

http://pediatrics.iu.edu/sections-and-faculty/adolescent-medicine/our-team/faculty/bio-zimet/



University of the Western Cape

Private Bag X 17, Bellville 7535, South Africa

*Tel: +27 21-9599345, Fax: 27 21-9592679

E-mail: 2823600@myuwc.ac.za

Revised: December 2015

INFORMATION SHEET

Project Title: An investigation to determine the perceived social support of professional nurses' working in a psychiatric hospital in the Western Cape.

What is this study about?

This is a research project being conducted by Geraldine Arendse at the University of the Western Cape. We are inviting you to participate in this research project because you are currently working at facility, therefore meet the criteria for this research. The purpose of this research project is to investigation to determine the perceived social support of professional nurses'

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

You will be asked to fill in a questionnaire and answer it to the best of your ability. Questions relating to your biographical information as well as questions on what you perceived as support systems. Completion of questionnaire will commence while you are on duty and will be collected when you done. Duration to complete questions will take approximately 20minutes.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, the names of the participants will be omitted on the questionnaire and protected during data analysis using the codes. To ensure confidentiality, completed questionnaires will be deposited into a single covered box, which will be stored in a locked private room, to which only the researcher has the key. If we write a report or article about this research project, your identity will be protected.

What are the risks of this research?

All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about the perceived social support of professional nurses working in a stressful environment. We hope that, in the future, other people might benefit from this study through improved understanding of importance of social support.

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

What if I have questions?

This research is being conducted by Geraldine Arendse, School of Nursing, University of the Western Cape. If you have any questions about the research study itself, please contact Geraldine Arendse at: 0734798933 or e-mail 2823600@myuwc.ac,za

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

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

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

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



University of the Western Cape

Private Bag X 17, Bellville 7535, South Africa *Tel*: +27 21-959 Fax: 27 21-959

CONSENT FORM

Title of Research Project: An investigation to determine the perceived subjective social support of professional nurses' working in a psychiatric

hospital in the Western Cape.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name
Participant's signature
Date

Consent Form Version Date: 15 December 2015

Appendix I: Data collection tool.

Section A: Demographic Data

Please complete the demographic section of this questionnaire. Select your response by circling the most appropriate answer.

1	Age in years							
2	What is your gender?	1=Female	2=Male					
3	What is your current position?							
4	How many years have you been employed in the current position?							
5	What type of ward are you currently working in?	1= Therapeutic	2=General adult psychiatry					
		3= Alcohol Rehab	4 = Long-term Psychogeriatric					
6	How many years have you worked in the current unit?	1= 2 or less 3= 6 to 10 5= over 15	2 = 3 to 5 4 = 11 to 15					
7	How long have you been working in psychiatry/mental health	y	vears vears					
8	What is your highest qualification?	1= Nursing diploma	2= Nursing degree					
	UNIVER WESTER	3=Advanced nursing diploma	4 =Master's degree					

Section B: The Multidimensional Scale of Perceived Social Support(MSPSS) Factor Loadings for Family, Friends, and Significant Others. Please indicate with X in the appropriate block how much you agree or disagree with the following statements (1) Very strongly disagree (2)Strongly disagree (3) Disagree (4) Uncertain (5) Very strongly agree (6) Strongly agree (7) Agree								
	support Subscale							
6.	My friends really try to help me.	1	2	3	4	5	6	7
7.	I can count on my friends when things go wrong.	1	2	3	4	5	6	7
9.	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
12	I can talk about my problems with my friends.	1	2	3	4	5	6	7
Significant other Subscale(peers/colleagues)								
1.	There is a special person who is around	1	2	3	4	5	6	7

	when I am in need.							
2.	There is a special person with whom I can	1	2	3	4	5	6	7
	share joy and sorrow.							
5.	I have a special person who is a real	1	2	3	4	5	6	7
	resource of comfort to me.							
10.	There is a special person in my life who	1	2	3	4	5	6	7
	cares about my feelings.							
Family s	upport Subscale(parents, spouse, siblings)							
3.	My family really tries to help me.	1	2	3	4	5	6	7
4.	I get the emotional help and support I need	1	2	3	4	5	6	7
	from my family.							
8.	I can talk about my problems with my	1	2	3	4	5	6	7
	family.							
11.	My family is willing to help me make	1	2	3	4	5		7
	decisions.							

Thank you for taking your time to complete this questionnaire

Ms G Arendse



Appendix J: Code book

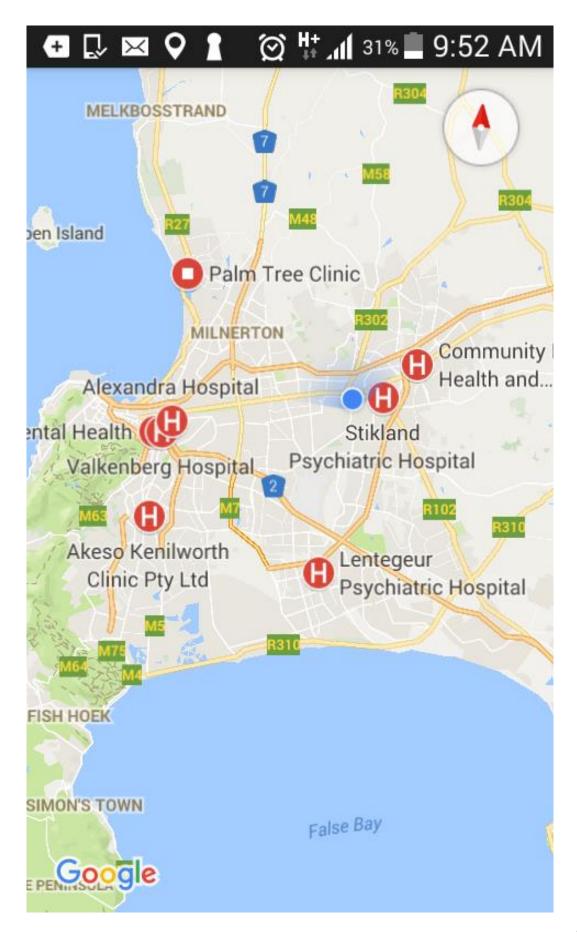
CODE BOOK

SPSS	Variables	Spss label	Coding instruction
	ID	ID	N4
N1_ Age	Numerical	Age in years	###
N1 _2 Gender	Categorical	What is your gender	1=female 2=male
N1_3Currentposition	Categorical	What is your current position	1=professional nurse 2=community service professional nurse
N1_4Yearsinposition	Numerical	Years in current position	###
N_5Typeofward	Categorical	Type of ward currently working in	1=therapeutic 2=general adult 3=alcohol rehab 4=long term psychogeriatric
N_6Yearsinpsychiatry	Numerical	Years working in psychiatry	###
N_7Qualifications	Categorical	Highest qualifications	1=Nursing diploma 2=Nursing degree 3=Advance nursing 4=Master's degree
N2iMyfriendstrytohelpme	Numerical	My friends try to help me	1=disagree 2=agree
N2iiIcancountonmyfriends	Numerical	I can count on my friends when things go wrong	1=disagree 2=agree
N2iiiIhavefriendswithwhom Icanshare	Numerical	I have friends with whom I can share my joy	1=disagree 2=agree

		and sorrows	
N2iiiIcantalkaboutmyproble ms	Numerical	I can talk about my problems with my friends	1=disagree 2=agree
N2iiiThereisaspecialperson around	Numerical	There is a special person around when I am in need	1=disagree 2=agree
N2ivThereisaspecialperson withwhomIcanshare	Numerical	There is a special person with whom I can share joy and sorrow	1=disagree 2=agree
N2vIhaveaspecialpersonwh oisarealresource	Numerical	I have a special person who is a real resource of comfort to me	1=disagree 2=agree
N2viThereisaspecialpersoni nmylifewhocares	Numerical	There is a special person in my life who cares about my feelings	1=disagree 2=agree
N2viiMyfamilyreallytriesto helpme	Numerical	My family really tries to help me	1=disagree 2=agree
N2viiiIgettheemotionalhelp andsupportIneed	Numerical	I get the emotional help and support I need from my family	1=disagree 2=agree
N2ixIcantalkaboutmyproble mswithmyfamily	Numerical	I can talk	1=disagree

		about my problems with my family	2=agree
N2xMyfamilyiswillingtohel pmemakedecision	Numerical	My family is willing to help me make decision	1=disagree 2=agree
N3iFriendsSupport	Numerical	Friend Support scale	Myfriendstrytohelpme+ Icancountonmyfriends+ Icansharemyjoyandsorrows+ Icantalkaboutmyproblemswithmyfriends
N3iiSignificantothersupport	Numerical	Significant other support scale	ThereisaspecialpersonaroundwhenIamin need+ ThereisaspecialpersonwithwhomIcanshar e+ joyandsorrow+ Ihaveaspecialpersonwhoisarealresource of comforttome+ Thereisaspecialpersoninmylifewhocares aboutmyfeelings
N3iiiFamilySupport	Numerical UNIVE WEST	Family support scale	Myfamilyreallytriestohelpme+ IgettheemotionalhelpandsupportI Needfrommyfamily+ Icantalkaboutmyproblemswithmy Family+ Myfamilyiswillingtohelpmemake Decision

Appendix K: Map of Cape Town Metropole.



Appendix L: Editorial Certificate

11 November 2017

To whom it may concern

Dear Sir/Madam

RE: Editorial Certificate

This letter serves to prove that the thesis listed below was language edited for proper English, grammar, punctuation, spelling, as well as overall layout and style by myself, publisher/proprietor of Aquarian Publications, a native English speaking editor.

Thesis title

An investigation to determine the perceived subjective social support of professional nurses working in a Psychiatric Hospital in the Western Cape

Author

Geraldine Patricia Hendriks

The research content, or the author's intentions, were not altered in any way during the editing process, however, the author has the authority to accept or reject my suggestions and changes.

Should you have any questions or concerns about this edited document, I can be contacted at the listed telephone and fax numbers or e-mail addresses.

Yours truly

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