

IMPLICATIONS OF THE NEW REGULATIONS FOR PSYCHIATRIC HEALTH SERVICES

ANNEMARIE M BRUWER

OPSOMMING

Vandag bestaan psigiatriese dienste uit openbare sowel as private hospitale en gemeenskapsdienste. Die getal psigiatriese verpleegkundiges en diegene in opleiding is onvoldoende om aan behoeftes te voldoen. Deur psigiatriese verpleegkunde in die nuwe omvattende verpleegkursus in te sluit word die opleidingsprogram in lyn gebring met die behoeftes van die gemeenskap.

Die nuwe kursus het egter verreikende implikasies vir

- die hoofkantoor van die Departement van Gesondheid en Welsyn veral in terme van rasionalisasie en samewerking met ander owerhede
- verpleegadministrators en ander verpleegkundiges in die dienste wat jonger en groter groepe studente moet begelei
- die pasiënte
- die multi-professionele span
- die onderrigpersoneel.

Binne die psigiatriese dienste is daar reeds begin om, byvoorbeeld deur indiensopleidingsprogramme, die weg vir die veranderinge te baan.

INTRODUCTION

The theme *Ringling in the changes* is very apt for there are many changes in the nursing profession. This trend is however much more extensive in SA — change is taking place at a tremendous tempo and at nearly all levels of life, such as constitutional developments and rationalisation of the state departments. In view of this it is of particular importance that the nursing profession has chosen to do self-evaluation at this time and is therefore participating in this process of change.

The new training regulations of the SA Nursing Council bring with them various changes. It should be mentioned, however, that the establishment of autonomous nursing colleges, which because of the time-factor is often dealt with synonymously with the new training regulations, and has brought about major changes in itself. These two developments and their implications for the psychiatric service will be dealt with simultaneously.

Mej. A.M. Bruwer, B.Cur (I et A) (UP); M.Cur (UP), Registered general nurse, midwife, psychiatric nurse, community nurse, tutor and in nursing administration. Deputy Director, Department of Health and Welfare.

To be able to analyse and fully understand the implications of these developments for the psychiatric services it is necessary to look at the present status of the service and factors that contributed thereto.

PRESENT STATUS OF THE PSYCHIATRIC SERVICE

The Department of Health and Welfare is at present the major provider of facilities for the mentally ill in South Africa. All indications are that this trend will continue despite the fact that the Health Act, 1977, divided the responsibility for providing for the mentally ill between all three levels of health authorities as well as the private sector.

Hospital services

At present there are twenty State psychiatric hospitals providing 14 363 beds. Furthermore there are 38 licensed homes providing 5 596 beds for the psychiatric and 1 086 beds for the mentally retarded. The majority of the facilities provided for the community needs still reflect a hospital orientated service.

Although there has been a major shift towards a more community orientated service, as reflected in figure 1, it must be kept in mind that there

is still a stigma attached to psychiatric patients and only a relative degree of acceptance of the patient back into the community.

The psychiatric facilities retain a specific character. Apart from the fact that the majority of the facilities were built in the late 19th, early twentieth century, most are also geographically isolated. Another important factor is that the facilities for the mentally retarded are mainly separated from those for the psychiatric patients and highly centralised.

On further analysis of hospital care, and specifically in identifying the learning experiences available to the nurse, two factors should be highlighted:

- the present staff establishments are insufficient as 24.8% of the posts are vacant
- the lack of multi-professional team members is reflected in the statistics in table 1 and indicates the responsibility that the small number of nurses must carry.

Because of the limited manpower resources it is understandable that the shift from custodial to therapeutic care is still in process and, as such, we find psychiatric nursing practise at a critical stage in the natural-evolutionary process. Nursing educators should take cognisance of this.

FIGURE 1. Total psychiatric admissions, readmissions, clinic and home visits

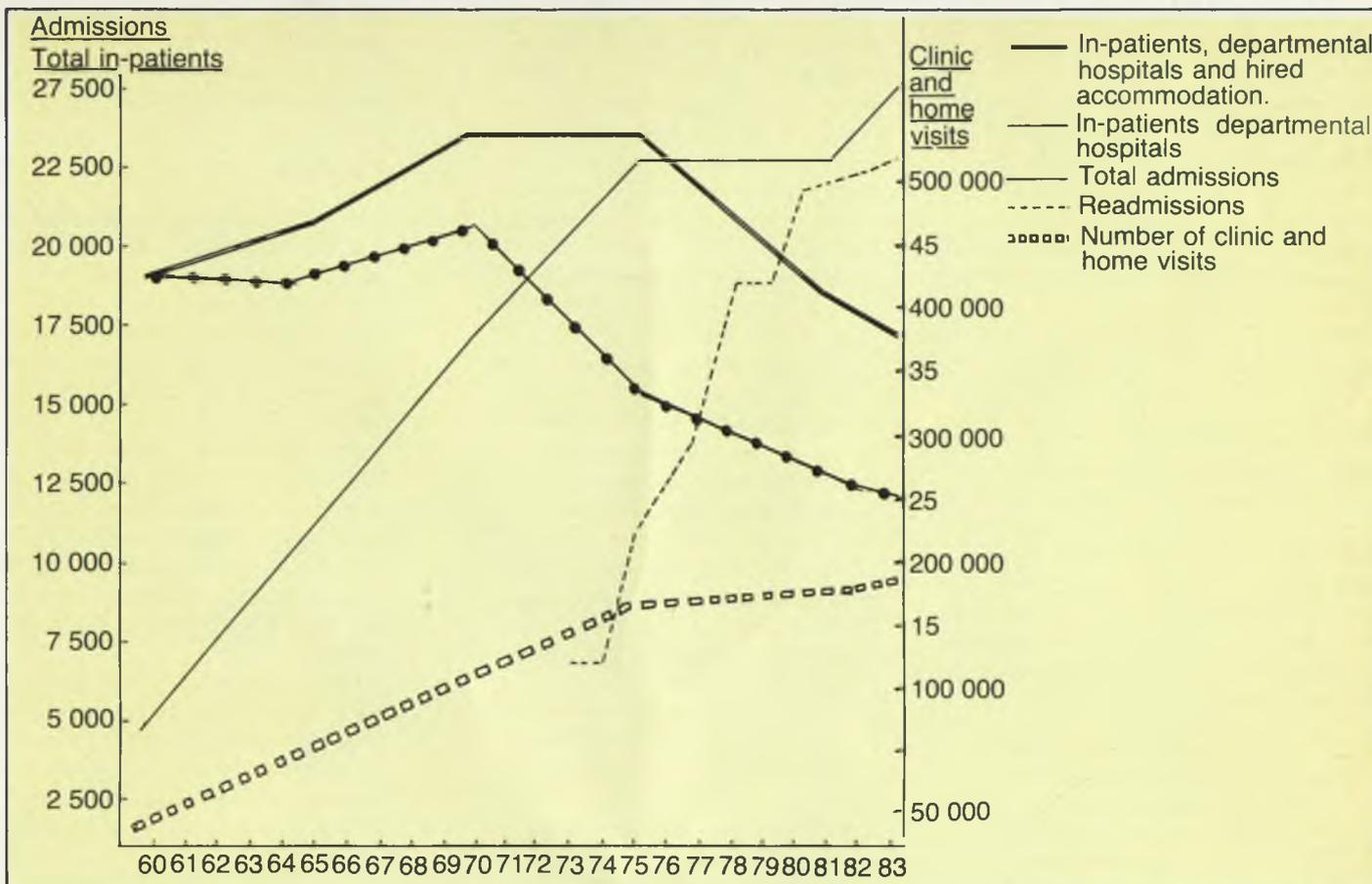


TABLE 1 Multi-professional team members in psychiatric hospitals

Psychiatrists	112
Medical Officers	84
Social Workers	44
Clinical Psychologists	142
Occupational Therapists	54
Physiotherapists	11
Pharmacists	42

Community services

Psychiatric community services have gained tremendous momentum since the 1960s. Today there are 210 registered nurses working in the service, staffing 15 outpatient departments and 553 decentralised clinics. The workload consists mainly of the care and treatment of the mentally ill. It should be mentioned that this service is a bread and butter service and is hampered by lack of clinic facilities, lack of transport and limited medical cover.

At present there are over 4 000 mentally retarded patients receiving single care grants and of whom little is known clinically. This target group is being focused on at present and a community service for them is being started. This will bring about a new facet of psychiatric community services in South Africa.

PRESENT STATUS OF PSYCHIATRIC NURSING EDUCATION

The Department offers training at eight colleges. There are 46 tutors training 300 students per year. This number is not the maximum number that the Department can accommodate but rather a number which is within the financial approval provided because of the re-imbursement principle between the State and provincial administrations.

The second aspect that needs to be emphasised is that nursing colleges presently fall directly under the supervision of the medical superintendent and not the nursing service manager. Furthermore, the clinical departments of the hospitals have been integrated with the nursing colleges since October 1982.

IMPLICATIONS OF THE NEW BASIC CURRICULUM

The number of registered psychiatric nurses available in the RSA is 6 424 and comprise 10,5% of all registered nurses (1983). The responsibility for caring for the mentally ill of South Africa is indeed unequally distributed. This becomes even more problematic when one is reminded by researchers that 10% of the population will need psychiatric care during

their lifetime and the cause of illness of 60% of all patients treated in general hospitals can be traced to psychological factors. The recent report by the President's Council indicates that the need for psycho-social support within the community will increase.

These reasons confirm the necessity for the numbers of psychiatric nurses to be increased in South Africa if the nursing profession is to maintain its prominent position in the mental health field. The SA Nursing Council proved once again, by including psychiatric nursing as an integral part of the basic training of the nurse, that they are indeed dovetailing the training programmes to meet the needs of the community.

This will in turn mean that the responsibility for caring for the mentally ill will be shared by the whole profession and not only a mere handful of nurses.

The Department of Health and Welfare presently employs 25% of the available registered psychiatric nurses. This represents 1 798 registered nurses caring for 15 763 hospitalised patients. Of this group 30% are over the age of 50 years and are singly qualified. The ratio is indeed unsatisfactory and out of necessity the subprofessionals play a major role in the care of the patients.

It should be mentioned that students are appointed/allocated as additional to the staff establishments — so although there is at present concern about the clinical support of students in the wards, this factor gives some flexibility to nurse educators in finding alternative methods for teaching students. The increase in student numbers itself is of course an overwhelming factor — 300 to 15 105 (that is 4 945 per year).

Head office

The Head Office of the Department of Health and Welfare has traditionally guided psychiatric nursing education and has developed the necessary expertise over the years. The autonomous nursing colleges required rationalisation of the number of colleges. In this regard the National Policy Council made the following decisions

- that the colleges be planned taking both State and Provincial needs into consideration.
- that lecturers in psychiatric nursing have dual appointments on the staff establishments of both state and provincial administration
- that the re-imburement principle not be made applicable to the new basic course
- that male student nurses be considered by colleges to meet the service needs of the psychiatric service.

Appropos to these decisions it is clear that the eight training colleges of the Department of Health and Welfare will be integrated with provincial colleges. To enable close co-operation between the State and provincial administrations an *agreement* must be made covering various aspects relating to indemnity of lecturers, students, and sharing of facilities. It should be mentioned that dual appointments not only give the lecturers access to and bargaining power in both services, but because the Department is meeting the financial implications 100%, contributes financially to the nursing education system.

These changes and implications for the Department will bring about a major change in the role that the Head Office will play in the new system, as compared to the old, and will require close co-operation between the officers of the various head offices in the country.

Nursing administrators

The nursing administrators of the Department will perhaps, of all the target groups, experience the least change in their role because of the fact that nursing education was already separated from their responsibilities. But there are new trends, for example

- dealing with younger students/employees especially in providing supportive services
- dealing with the increase in the number of students will be a new, but hopefully welcome, change
- a new and more complex relationship with the various college hierarchies using their facilities
- the preparation of the ward staff for the new educational programme is of special importance. It will be a tremendous task to keep them updated and positive about the changes
- the new basic programme implies two synonymous principles — nursing process and team nursing. These two concepts imply a major re-arrangement of responsibility, accountability and power structure which have not been fully explored
- the enabling functions such as providing facilities, transport and more, will require ingenuity in nursing administration.

Ward and community staff

Perhaps the group that is really going to be affected most is the ward staff:

- once again the younger students and the responsibility to protect the students as well as the patients will fall heavily on their shoulders
- updating themselves on the pre-knowledge of the students and the expectations of the tutors will make heavy demands on them
- their organisational abilities to delegate responsibilities based on the team nursing approach will be tested to the limit
- coming to grips with the nursing process which forms a cornerstone of the curriculum is in itself a major challenge
- their creativity in exploring new clinical opportunities which could previously not be attempted because of lack of staff will be challenged
- monitoring and evaluating the progress of the student will also be an added responsibility.

Above all, nursing practise will become more structured and visible which will have a tremendous impact on the evolution of psychiatric nursing practise.

Patients

The new educational programme will also affect the patient population. The nursing staff has always been a stable and older group with years of experience behind them — a fact which give them a psychological advantage in interpersonal dynamics.

Dealing with younger, inexperienced staff creates possible risk areas that will need to be carefully monitored. These areas include male/female roles, manipulative behaviour patterns of patients, and the age gap between senior and junior staff.

Apart from dealing with younger staff members which is an aspect they will hopefully enjoy, there will be more nurses and therefore more activities which will have a positive influence on the period of hospitalisation.

Multi-professional team

The implementation of a multi-professional team concept has perhaps been structured more fully in psychiatry than in other areas of specialisation. Because there is such a shortage of other team members, they rely heavily on the nursing force. Changes in the practise of the nurse will therefore affect them.

Nursing will be more structured, more visible, more verbal, more sophisticated — we should not think that this does not concern the other team members. We have a responsibility to them to prepare them for changes in nursing practise so that the sound relationship between the medical and nursing professions can be strengthened.

Lecturers

It is understandable that because of the organisational changes the lecturing staff of the Department is the group who will be affected most. They will be affected by the following:

- new channels of communication
- loss of autonomy and, in a sense, identity. They will now only be a section of a college whereas their previous status was as a college in its own right

- new curriculum
- more clinical involvement
- new and challenging relationship with universities
- more and younger students
- new teaching methods.

CONCLUSION

There are depths to some of the changes ahead of us that have not yet been fully explored.

It has been acknowledged that there are problems, but a start in preparing the scene for the new era has already been made, for example:

- all lecturing staff have undergone an updating course
- all hospital nursing staff are at present being updated in one week courses
- nursing process records have been rationalised
- multi-professional team members have been informed about the new programmes
- library facilities and audio-visual equipment have been improved
- the private sector hospitals who will be participating in the training programmes are being prepared in the same way as state hospitals, that is

- education of staff
- implementing the nursing process and team nursing approach.

The service presently puts, and will continue to put, heavy demands on the administrative and clinical skills of the nurse. The end-product of the nursing education process must be one that the Department can employ in the psychiatric service.

The Department of Health and Welfare has been made a co-partner to the changes already taking place and we are determined to make them a positive experience.

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The allocation of the student can be designed realistically to meet the objectives. For example, consider student maturity prior to allocation to among others, critical care units and operating-room departments. The first year can be seen as a comprehensive introduction to medicine and surgery, midwifery, psychiatry and community health. In this way the physical, psycho-social and emotional adjustment required by the student is provided for.

The student will not be a mere *work unit* but allocated as a student. It is important to see her as a team member. At this stage it is not possible to plan without considering her as part of the ward personnel allocation for patient care.

The question of considering the first year student as supernumary is very debatable. The first year students are very sensitive about being *extra* and *in the way* in the present situation. There is also the transition from matric student and its status at school to a sudden nothing in the first year. A degree of ego is at stake! As far as possible, however, she should not be considered as critical to continuity of care in the clinical unit. The methods of assignment of personnel to patient care must also be carefully considered. Each one of the four methods, ie. functional, team, primary and modular, should be utilised. (Gillies, 1982 p 173 *et seq*).

The functional method of task assignment to the first year student nurse has its merits and must not be discarded without further thought. The author has had a great deal of feedback from second year students on this issue. Many, eight out of ten, of those approached supported the functional method in the first year. They all singled out measuring of blood pressure as one aspect that requires repetitive practice. Further investigation is required for identification of particular skills that are perfected through repetition.

The student will know, through the utilisation of study guides consisting of objectives, exactly what is expected of her during her four years of training. These study guides which form part of a modular system of training must be made available to the training complex which includes the training team. The professional nurse in the clinical unit must also know what is expected of the student.

The student will be exposed to self-directed learning (9 p 8), resource-based learning and learner-centred methods which all make active participation in the learning situation possible. Hopefully, teacher-centred methods will be discarded and meaningful use will be made of the didactic lecture (1978, p 37).

Clinical evaluation will provide regular feedback to the student of her progress. The use of criterion-referenced evaluation is advocated.

Criterion-reference charts have been used successfully at Tygerberg Hospital and students have reacted very favourably to them.

CONCLUSION

"In this area of increasing accountability, professional nurses must develop the courage and tenacity needed to meet the health care needs of society. Risk taking can be challenging and exciting, and unless we are willing to take risks our mission will go unfulfilled. Our rich heritage demands a renewed commitment to the ideals and standards of quality nursing care by qualified professional nurses." (3 p 8)

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