

# student nurses' experience of interaction with culturally diverse psychiatric patients

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**"Mental health core providers should not only be happy with knowing about man's disease, but should rather also endeavour to know about man himself."**

## abstract

A study of Baccalaureate nursing students was conducted to explore and describe undergraduate nursing students' experience of interaction with culturally diverse psychiatric patients. Thirty-seven nursing students participated in this research project. Sixteen of the students came from a predominantly black university and the other twenty-one students came from a predominantly white university. Both universities are situated in the same city and allocate their nursing students to the same psychiatric hospital for practical experience.

The student nurses reported having experienced both positive and negative aspects of interacting with culturally diverse psychiatric patients. Positive aspects included inter alia, optimism, racial unity, equality of facilities, enrichment and challenge, whereas negative experience included inter alia, discrimination, superiority complex, cultural ignorance, ineffectiveness of patient care, hostility and general unhappiness. The undergraduate program should therefore begin to include cultural content in the curriculum so as to enable future nurse practitioners to utilize a culture-sensitive approach in rendering care to their patients.

## opsomming

'n Study van Baccalaureate verpleegkundige studente was uitgevoer om voorgraadse studente se ervaring van interaksie met kultureel diverse psigiatriese pasiënte te verken en verduidelik.

Sewe en dertig verpleegkundige studente het deelgeneem in hierdie navorsingsprojek. Sestien van die studente was afkomstig van 'n oorheersende swart universiteit en die ander een en twintig studente was afkomstig van 'n oorheersende wit universiteit. Albei universiteite is in dieselfde stad gesitueer en stuur hulle verpleegkundige studente na dieselfde psigiatriese hospitaal vir praktiese ervaring.

Die verpleegkundige studente het gerapporteer dat hulle positiewe sowel as negatiewe aspekte ervaar het tydens interaksie met kultureel diverse psigiatriese pasiënte. Positiewe aspekte sluit in optimisme, rasse-eenheid, gelykheid van fasiliteite, verryking en uitdaging; waar negatiewe ervaring diskriminasie, superiteitskompleks, kulturele ignorering, oneffektiwiteit van pasiëntesorg, ongeskiktheid en algemene ongelukkigheid insluit. Die voorgraadse program moet dus begin om kulturele inhoud by die kurrikulum in te sluit om sodoende toekomstige verpleegkundige praktisyne in staat te stel om 'n kultuur-sensitiewe benadering aan te neem in die versorging van hul pasiënte.

## introduction

Given the enormous social and political changes presently occurring in South Africa, it becomes imperative for mental health care providers and indeed all other health care providers for that matter, to begin to learn about and understand every patient placed in their care wholly, in the real sense of the word, in order to give appropriate and effective care to the patient. Mental health care providers should not only be happy with knowing about man's disease, but should rather also endeavour to know about man himself.

Mental health care is costly, by any standards. No longer can South Africa afford to waste millions of Rands annually through lack of cultural sensitivity by mental health care providers, resulting in misdiagnoses, often with tragic and dangerous consequences (Tshotsho, 1992:46-47).

In South Africa, the challenge to psychiatric nurses and student nurses today lies in interacting with psychiatric patients from different cultures in a meaningful way. To do this, a therapeutic relationship between psychiatric patient and nurse needs to be established and

nurtured. The therapeutic relationship is the cornerstone of psychiatric nursing. It implies the establishment of a warm, trusting relationship between the psychiatric nurse and patient for the purpose of helping the patient (Beck, Rawlins and Williams, 1988:92-94).

Certain ingredients such as trust, empathy, genuineness, concern and caring, respect, tolerance and acceptance, honesty, commitment to the relationship and dependability are required to maintain such a relationship (Okun, 1987:22).

These ingredients are not usually present at the beginning of a relationship but develop over time as people get to know one another.

All health care services are challenged to move from a unicultural approach to a multicultural one in helping people. Individuals and groups representing different cultural lifeways are no longer just satisfied with minimal caring; they are expecting sensitive service that includes an understanding of their cultural values.

One of the most urgent and significant challenges for health professionals during the next decade, therefore is to systematically and critically study trans-cultural health illness patterns of caring and curing within the concomitant health care systems of different cultures in the world (Leininger, 1981:365-371).

In view of this, nurses (nursing students included) should therefore recognise that cultural value differences exist and that misunderstandings are more likely to occur when communication does not conform to expectations about how people should think or act. Nurses and patients from different socio-economic groups may also have different values (Beck, Rawlins and Williams, 1988:93). The nurse's awareness of the values of patients from different classes and cultures may help prevent misunderstandings that ultimately impede the therapeutic relationship - a crucial element for accurate diagnosis, treatment and rehabilitation.

The purpose of this study was to explore and describe student nurses' experience of interaction with culturally diverse psychiatric patients in answer to the research question: how do student nurses experience interaction with culturally diverse patients?

## **theoretical framework**

Nursing for the Whole Person Theory (NWPT) was the point of departure for this study. This theory reflects the focus on the whole person - body, mind and spirit, as well as the parameters of nursing service and beliefs about man, health, illness and nursing (Oral Roberts University, Anna Vaughn School of Nurs-

ing, 1990: 136-142; Rand Afrikaans University, Department of Nursing, 1992: 5-7)

## **research design**

An exploratory and descriptive qualitative study which is contextual in nature, was followed (Mouton & Marais, 1991:43-45)

## **research method**

A phenomenological method of data gathering using naive sketches was used (Giorgi, 1985:10-19). Naive sketches provide the respondents the opportunity to write their personal stories of their lived experience. Before the data gathering will be described reliability and validity measures adhered to and sampling will be described. After that data gathering, data analysis and a literature control will be discussed.

## **reliability and validity**

Reliability and validity measures as developed by Woods and Catanzaro (1988:135-138) were adhered to.

### **■ reliability**

Control measures applied to counteract the threat to the reliability of the study included:

### **researcher's status or position as a threat to reliability**

Control measures

A clear explanation of my role as a researcher, as a student in Psychiatric Nursing at the Rand Afrikaans University was given to the student nurses. A future explanation that the research study serves a part of the requirements for the acquisition of Masters' Degree in Psychiatric Nursing was also provided.

### **choice of participants as threat to reliability:**

Control measures

A description of the characteristics of the student nurses and the decision making process involved in the choice of student nurses was provided, to ensure that the student nurses who participated in this study complied with the set criteria.

### **social situational conditions as threat to reliability**

Control measures

Field notes were written during and di-

rectly after the completion of the naive sketches, so that all relevant information could be recorded within context. This included outlining of the context (social, physical and psychological) within which the data was gathered.

## **the method of research as threat to reliability**

Control Measures

i) The strategies that are used to gather data were accurately and thoroughly noted, analyzed and reported on.

ii) The researcher made use of an independent coder who is a Masters prepared advanced practitioner in psychiatric nursing to identify relationships, central themes and categories after having provided her with a protocol as guideline.

iii) The findings and results of the study were compared with similar existing research (or published studies), to ensure the reliability of the study as well as to establish commonalities and uniqueness of the current study (Woods and Catanzaro, 1988:136-138).

### **■ validity**

Control measures applied to counteract the threat to the validity of the study included:

### **observer effect as threat to validity**

Control measures

i) Changes in the researcher - student nurse relationship that are recurrent, progressive and cyclical were identified.

ii) Maturation was distinguished from effects of naive sketches by use of constant comparative analysis and discrepant case analysis.

iii) Dependent corroboration from student nurses, discrepant - case analyses and observation.

iv) Substantive and theoretical coding likely to elicit contrived responses.

v) Comparison of data to theories and analytical models derived from literature.

vi) Presentation of data in relation to the researcher's position and relationship, i.e. as a researcher and a psychiatric nurse educator concerned with the population's mental health.

vii) Constant comparative analyses and validity checks with student nurses.

viii) Follow-up interviews were conducted with three student nurses to ascertain if the obtained results reflected their lived experience.

### **selection and regression as threat to validity:**

Control measures

i) Those student nurses who meet purposive sampling criteria were re-

cruited (Woods & Catanzaro 1988:136-138), by making use of the student nurses' lecturers as mediators.

ii) Commonly assumed meanings were questioned and discrepant-case analysis was utilized.

iii) Consistent follow-up to student nurses in the form of information about the ongoing study to maintain their involvement and interest was provided; a summary of the research results was made available to student nurses who requested it.

## sampling

A purposive convenience sampling method was carried out (Burns & Grove, 1987:218). The sample consisted of student nurses from two universities situated in the same city, one a predominantly black university (university A) and the other a predominantly white university (university B).

Students from both universities do their practice training at the same psychiatric hospital. The criteria for selection into the sample included the following:

- must be in the process of studying for a B.Cur degree, for which psychiatric nursing is an integral component of the curriculum.
- must have worked in an integrated psychiatric hospital for a minimum of four weeks during their practical period.
- must give researcher a written informed consent.

## data gathering

A pilot study was done with three student nurses to identify any possible potential problems. Subsequently all the participants wrote naive sketches in the same venue for each participating university. The researcher requested the participants to write down their experience of interacting with diverse cultural psychiatric patients whilst they were caring for them during their practical period at the integrated psychiatric hospital. The researcher made sure the two venues were comfortable, well ventilated and free from noise. She stayed with the students in the venues respectively while the naive sketches were being written, so as to write her own field notes. Follow-up interviews were done with three student nurses to ascertain if the results obtained by the researcher were indeed what the student nurses described.

Ethical aspects related to the research were observed, including the protection of anonymity and informed consent. No mental discomfort was experienced by the student nurses following the completion of the naive sketches as well as the follow-up interviews. Thus, no referral

to support systems was made by the researcher.

## data analysis

Data analysis of the naive sketches was done using the combine methods of data analysis by Giorgi (1985:20-30, in Omery 1983:53-56 and Kerlinger 1986: ). The steps that were followed in the data analysis by the researcher and independent coder were:

- reading through the naive sketch looking at the participants experience;
- underlining words and themes;
- classifying words and themes into major categories;
- clustering word and themes into sub-categories.

An independent coder, who via a psychiatric nurse specialist was used as a reliability measure in identifying and categorizing central themes.

A Protocol was provided to the independent coder to serve as guidelines for analyzing the data, separately from the researcher. Subsequently, the two met for a consensus on the categories, sub-categories and their relationships. The categories were then prioritized based on the number of student nurses who had experienced similar aspects (Zwane, 1993:26-28).

## literature control

Similar studies regarding cultural diversity were investigated and compared with results of this study. Common and unique aspects from the study were established, respectively.

## research results

Sixteen students from university A and twenty one students from university B participated in this research (Zwane, 1993:29-61) Examples of statements cited are quoted verbatim from naive sketches in order to highlight and enhance the quality of the described experience. The research results are reflected as patterns of interaction between students' internal and external environment (Nursing for the Whole Person Theory, Rand Afrikaans University Department of Nursing 1992 : 5-7).

### positive experiences by student nurses:

Student nurses had positive experiences in interacting with culturally diverse patients. This was made possible by their experience that the facilities for all patients were equal which led to their experience of optimism. The racial unity and co-operativeness of patients were

also experienced positively. It was experienced as a challenge and enrichment to be able to interact with culturally diverse patients. Each of these categories will now be discussed.

### Equality of facilities:

Student nurses of university A experienced the equality of facilities for all patients positively. The following statements written by students highlight this:

"It is good for the under-privileged to now enjoy all the benefits that other groups did enjoy long before integration; and this is one of the pleasant things we can talk about'.

"Most of the black patients could not play volleyball at first, but were taught by their fellow white colleagues to play it well".

Optimism related to the exposure to culturally diverse individuals. An experience of optimism is evident amongst student nurse of both universities as seen in the following quotations:

"Regardless of all the problems, I actually found it a challenge (especially for the new South Africa) to work with people of diverse cultural backgrounds ...."

"It is interesting to work with patients of diverse cultural backgrounds because I tend to learn different things and practices from the patients, and the white patients are also interesting..."

### racial unity and co-operativeness :

Student nurses from university A experienced that integrating psychiatric patients of diverse cultural backgrounds also forged harmony between the different racial groups, as seen in the following statements extracted from their naive sketches:

"I really enjoyed the way morning prayers were handled; we used to alternate days for Afrikaans, English and Vernacular."

"... and this promotes the love and understanding between black patients and their white counterparts. NB. This will not only promote love between psychiatric patients alone, but also between family members of the two".

The student nurses from university A found most black psychiatric patients to be co-operative whilst their white counterparts are nagging and demanding. The following statements confirm this aspect:

"Most black patients were co-operative;

they respect the nurses and do as they are told most of the time".

"Blacks in hospital X behave, as they know and understand that they are not in their own homes but in an institutions to be treated. So, most of them do not have a problem in demanding many things. They accepts and appreciate what is given to them".

"I found white patients nagging, they always come to you to ask for something, e.g. to phone home, to find out if anyone has phoned them, headache tablets ...."

### **Challenge and Enrichment :**

Student nurses from both university A and University B regard their experience of working psychiatric patients from diverse culture as a challenge and enriching.

"It is interesting, challenging and a positive demand on one's general knowledge and psychiatric knowledge".

"To work with different culture groups is a challenge".

"During the group activities, both groups of patients told each other their experiences and therefore were learning from each other's mistakes. We were all very pleased to learn how other races view things".

Huttlinger (1989:27) agrees that working with people from various cultural backgrounds can be rewarding and challenging. Hegyvary (1992:261) also observed that faculty and students who experience cross-cultural practice gain perspectives that are otherwise out of reach.

### **negative experiences by student nurses :**

The central story line in student nurses' negative experience of interacting with culturally diverse patients is based on their experience of ethno centrism related to superiority complex; discrimination, cultural ignorance and hostility. This led to their experience of unhappiness as well as barriers in communication re-

lated to mistrust, rejection, misbehaviour, exploitation and politicization. Student nurses also experienced that patients received ineffective patient care. Each of these categories will now be discussed.

### **Experience of ethnocentrism related to superiority complex; discrimination, cultural ignorance and hostility:**

Ethnocentrism is a concept that refers to one cultural group experiencing themselves as superior to other cultural groups and also demonstrating this in their verbal and non-verbal behaviour. The student nurses from university A experienced an overwhelming superiority complex displayed by white patients,

"When watching television, the white patients decided which channel should be watched because they regarded themselves as superior to the black patients".

"White patients see themselves as different from black patients, they claim that they are not mad but suffering from mental disturbances, e.g. depression, whereas black patients are mad".

### **Another student nurse also wrote:**

"..... but with white patients, most of them did not accept me as a person who is there to help, some even thought that they could hire me to go and work in their homes as a maid".

The student nurses from university A expressed dissatisfaction about the discrimination being practiced amongst the different cultural groups at the institution in question, as evidenced by the following quotations:

"There are still some white nurses who cannot tolerate black nurses, let alone black patients".

White sisters used to listen to white patients' problems and try to solve them but with black patients, they would just listen and ignore".

"..... it did not matter whether we were nurses and there to help him, to him we were still Kaffirs".

In line with these findings Capers (in Wilson & Kneisl, 1992: ) points out that although they move in and out of white society, blacks are generally socialised among blacks and suffer from racial prejudice and discrimination. Doku (1990:69-70) notes that black and other

ethnic people who settled in the United Kingdom initially seemed to display certain types of mental illness in the form of physical symptoms. When no physical cause was found, they were labelled as malingerers. Consequently their depression is under treated. This implies they have to be more ill than others to be referred to specialists. Ethnocentrism can also be linked to cultural ignorance of other cultural groups.

Both universities' student nurses seem to be ignorant of each other's culture as seen in the following expression by student nurses from university A:

"Black patients have their own cultural practices like "go phasa badimo" (appeasing the ancestors), which is misconstrued to be psychopathology by the white personnel"

"White patients were nauseated by watching black patients using their bare hands to eat their meals".

Student nurses from university B echoed the same sentiments.

"Since we do not know each other's cultural backgrounds, we cannot really understand each other's way of thinking and doing".

"Even some of the black staff members do not understand the white patients, especially Afrikaners, then they accuse them false".

Linked to these findings are the conclusions of Herbst (1990:22) that there is a lack of knowledge concerning trans-cultural nursing issues that causes many problems in South Africa. Cooper (in Wright & Giddey, 1993:91) also state that the lack of adequate cultural knowledge within nursing regarding ethnic groups prevents proper interactions taking place in any meaningful way.

Experiencing ethnocentrism also results in individuals experiencing hostility. Student nurses from university A experienced a hostile attitude. The following were some of the expressions extracted from their naive sketches:

".... and when the sister tried to explain everything to her, she (the patient) actually went mad, breaking glasses and throwing everything on the floor..."

".... and others want to always control the TV thinking that it is their right, and at times results in physical fights, especially among male patients.

Wilson & Kneisl (1992:914) found that in-patient staff in one study perceived blacks as more violent than whites, al-

**"To work with different culture groups is a challenge".**

though objective findings revealed blacks to be less violent. This is in line with the student nurses of university A experience that the white patients are more hostile than black patients.

Unhappiness related to ethnocentrism:

Unhappiness related to ethnocentrism stood out as a prominent feeling experienced by student nurses from both universities. The following statements by them highlights this:

"One day a black patient was told he is a (vark) pig, by a fellow white patient and this did not make me happy at all"

"Sometimes the non-white patients would speak in their own language, look at you and laugh. This made me feel rather uncomfortable".

### **Communication barrier related to mistrust, rejection, misbehaviour, exploitation and politicization:**

From the student nurses sketches it seems as if their experience of ethnocentrism caused a communication barrier because of their lack of knowledge about other culture groups. Because of their lack of this knowledge it makes them mistrustful and let them experience rejection from an individual from another cultural group. One group also perceives the other group as misbehaving, exploiting others and politicizing. Each of these aspects will now be discussed. All the student nurses (both university A and university B) expressed discontent as far as communication between the different cultural groups is concerned as evidenced by the following extracts from their naive sketches:

"Communication is a problem between patients of different cultural groups. It is more serious between white nurses and black patients".

"I have experienced not being able to talk or assess patients because I could not communicate in their own language".

Dawes (1986:148) states that health workers have often identified communication barriers as their biggest problem. Language alone did not create a communication barrier but also mistrust. Student nurses from both universities expressed this in the following manner:

"They would rather verbalize their problems clearly to the white health provided

and be very cooperative with them. To me, this shows a sense of hatred, mistrust and unacceptance".

"White patients had a tendency of asking use to leave the doctor's consulting rooms or refused to talk in our presence".

Because of the mistrust the white patients demonstrated, the student nurses from university A also experienced rejection.

"White patients usually gave problems to black nurses of course e.g. nurse X was interviewing patient A and the patient told nurse X to keep a big distance from her because she was not sure whether nurse X has TB or not".

"There was a white patient in my ward who wanted to be transferred to another ward because she felt another patient from different culture was evil and was going to kill her because she was a child of the devil".

Wright & Giddey (1993:192) states that people from minority ethnic backgrounds tend to find health agencies difficult to approach and trust.

Related to the experience of mistrust and rejection was the students' perception of misbehaviour of patients. Student nurses of university A perceived misbehaviour by the patients of another culture as seen in the following extracts:

"Afrikaans speaking patients have a tendency of forming sub-groups within the ward; these sub-groups were actually very difficult to manage such that they would go to the tuck shop at any time they feel like, regardless of whether it is medication time or group therapy time".

"During prayer meetings, most people involved are blacks, whites will tell you that they will pray for themselves".

The student nurses from university A also experienced that members of one culture took advantage of members of another, less privileged culture. This is explicit in the following quotations from their naive sketches:

".... for example, a black psychiatric patient making the bed for a white fellow patient and being paid with a cigarette".

"I remember one morning when I found one black (Mrs A) patient bathing Mrs B (a white female patient). When I tried to intervene, Mrs B was so cross, claiming the Mrs A is her servant, after all".

All these experiences the student nurses blame on the politics of South Africa, for

example:

"Because there is an inferiority complex in black patients, I feel they must be nursed alone first and will combine only when apartheid is over".

"Because these people are all mentally ill, why does Government have to forcefully integrate them - is it because the Government takes advantage of them because they depend on the Government for everything ....?"

The experienced communication barriers let student nurses experience that ineffective patient care is provided. A student nurse expresses this as follows:

"There is always someone needed to translate whatever you are saying to the patient and vice versa, resulting in loss of valuable time and a confidential relationship cannot really be established with the patient".

In line with this Anderson (1990:36) points out that health professionals are often unaware of the complex factors that influence clients' responses to professional care; the cultural meaning that shape patients' experiences are not taken into account by practitioners in the planning of care. Consequently, patients may not comply with prescribed treatment regimes or may modify treatments so as not to conflict with their system of priorities. A real danger of course, is that, under these circumstances, the patient may be seen as difficult, unmotivated or labelled. Andrews (1992:7) also found that there are little understanding for diverse cultures by health professionals that may lead to misdiagnosis and treatment that is not appropriate.

## **conclusion**

Student nurses in both universities had both positive and negative experiences with interacting with culturally diverse

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psychiatric patients. The challenge, enrichment, racial unity and co-operativeness the student nurses experienced could contribute to constructive interaction between student nurses and patients. On the other hand the student nurses' experience of ethnocentrism and their related experience of unhappiness, communication barriers and ineffective patient care could lead to destructive interaction and conflict between the student nurses and culturally diverse psychiatric patients. This in turn could be detrimental for the mental health of all the role players involved.

## **limitations of the study**

Data was gathered from the university A group of students three months following their experience of interacting with culturally diverse psychiatric patients, whereas the university B group of students were still in the process of interacting with the said psychiatric patients though they had already completed a minimum of four weeks. This implies that a time lag existed between their experience and that could have influenced the results of this study. (Zwane, 1993)

## **recommendations**

Recommendations made in this study are three-pronged, i.e. for psychiatric nursing education, psychiatric nursing practice, as well as psychiatric research.

### **psychiatric nursing education**

cross-cultural nursing is fast becoming a recognised, legitimate and growing area of study in basic nursing programmes the world over. the implications of this for south africans is that curricula for basic nurse training programmes should be designed in such a manner that cultural content is built in so as to enable the psychiatric nurse practitioner to render a more holistic and effective service to culturally diverse communities.

### **psychiatric nursing practice**

a culture sensitive approach offers the nurse an opportunity to meet the goal of holistic as well as personalized care for all, irrespective of who they are or where they come from. not only does it help the nurse achieve these goals, but it also promotes a sense of success and self-esteem for the nurse. according to Chrisman (in Patrick, Wood & Craven, 1991:46), people who have used culture-sensitive care in practice report they

maintain a sense of discovery about their nursing practice that seems greater knowledge and commitment to the heterogeneous community they serve and the communities around them.

### **psychiatric nursing research**

research to determine the South African patient's understanding of mental illness in its correct cultural perspective is crucial, with a view to ultimately co-operate with alternative practitioners in the treatment of the community's mental ill-health, since therapies by alternative practitioners frequently include common sense rationales for their efficacy that impress patients. In addition, they are usually based in the community and may have social relationships with the patient, the patient's family, friends and neighbours. This often contrasts with the lower level of integration that biomedical practitioners have with the patient community.

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