CENTRAL UNIVERSITY

SCHOOL OF MEDICINE AND HEALTH SCIENCES

DEPARTMENT OF NURSING

CHALLENGES OF NURSES CARING FOR MENTAL PATIENTS AT PANTANG HOSPITAL

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Declaration

We hereby declare that this submission is our own work towards the BSc. and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the university, except where due acknowledgement has been made in the text.

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Dedication

To our Families & Friends

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Abstract

Psychiatric disorders are estimated to contribute to 13% of the global burden of disease and the figures are expected to increase by 15% in 2030 (World Health Organization, 2011). The study sought to find out the challenges faced by nurses caring for mentally ill patients at Pantang Hospital. The intended study design was a descriptive study design. The researchers sought to collect data using semi-structured questionnaires among 100 nurses. The intended data analysis tool was Microsoft Excel and SPSS. Discussion from the literature indicate that, unrest, stigma, lack of resources, and mental health system are key challenges for nurses caring for mentally ill patients. Other important challenges were unavailability of drugs, insecurity, limited resources, poor facilities, staff shortage, relapses and stigmatization. Depression is the associated factors contributing to challenges of Mental Health nurses. Additionally, shortage of staff, increased workload and burnout to contribute to the challenges of nurses in mental hospitals. Major coping strategies of stress among nurses are expression of feelings instead of bottling them up, accepting the things one cannot change and time management. The study recommended that, the government should provide the needed logistics for nurses to ease their work at mental hospitals and educate the public to avoid stigmatization.

CHAPTER ONE

INTRODUCTION

1.1   Background of the Study

According to the World Health Organization (2011), psychiatric disorders are estimated to contribute to 13% of the global burden of disease and the figures are expected to increase by 15% in 2030. It is estimated that 450 million people worldwide have a mental disorder (WHO, 2011). Statistics further indicates that, the prevalence of mental disorders worldwide is about 15% and rises to 40% if stress related disorders are included.

The National Alliance of Mental Illness (2018) posits that, mental illness disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning. Mental illness is defined as a broad range of problems including cognitive, emotional and behavioural that impact the daily lives of people in their jobs or home and affect their relationships with others (NAMI, 2018). People suffering from mental illness therefore need adequate care and attention.

Internationally, nurses' experience in different clinical areas of practice have received increasing attention in recent years. Evidence from developed countries shows interesting results about the experiences of nurses in psychiatric hospitals (Zarea, Nikbacht-Nasrabadi, Abbaszadeh, & Mohammadpour, 2012). Nurses face difficulties accessing their workplaces due to movement restrictions. Ghanaian nurses work within an environment which lacks safety and face personal threats. They need help and support in their workplace as they face high levels of stress as a result of multifaceted occupation-related difficulties and increasing home

and family responsibilities. Unfortunately, governments have continued to assign a low priority to preventing and treating mental disorders especially concerning the challenges encountered by nurses. Different findings have been established by scholars on the subject.

In the global context, Zarea, Nasrabadi, Abbaszadeh and Ali (2012) aimed to understand the perspectives of psychiatric nurses regarding the issues they face while providing care and examine the possible solutions for improvement of inpatient care in clinical settings. Two main themes emerged from the data. The first, challenges in providing care within Psychiatric Wards and solutions for improving psychiatric care. The results indicated that if nurses are expected to provide optimal nursing care within a psychiatric ward, then there is a need for a stable and responsible organizational structure, skilled psychiatric nurses, and community-based care along with an anti-stigma program.

In Africa, Polycarp (2014) studied challenges facing health workers in psychiatric units in level five hospitals in western Kenya region. A cross - sectional study targeting all health workers in the four psychiatric units were done. The study found that health care workers in psychiatric units faced a lot of challenges which could be attributed to environmental factors, patient related factors, challenges related to seniors and those in management among others.

Marie, Hannigan and Jones (2017) researched on the topic "Challenges for nurses who work in community mental health centres in the West Bank, Palestine". Themes that came out of the study consist of the context of unrest, stigma, lack of resources and organisational or mental health system challenges.

These studies depict that, nurses go through several challenges at Psychiatric hospitals. However, in developing countries, such as Ghana, little is known about the challenges of nurses who care for mentally ill patients. Studies conducted amongst nurses in Ghana focused mainly on experiences of nurses in general health care settings. Less studies have been conducted to explore and describe the challenges of nurses in psychiatric settings, specifically Pantang Hospital. This research therefore, seeks to fill this gap.

1.2   Problem Statement

According to Polycarp (2014) hundreds of millions of people worldwide suffer from mental disorders and this has led to an increase in the demand for psychiatric hospitals and nurses to take care of patients.

Nurses in psychiatric hospitals face several problems which is evident in different research findings globally. A study in Palestinia by Hannigan and Jones (2017), found that nurses face stigma, lack of resources, and organizational system challenges. Another study in Bangladesh by Bhuiyan, Rakibuzzaman and Nahreen (2019), revealed high prevalence of depression among nurses in Psychiatric hospitals. A study in Ghana by Tawiah, Adongo and Aikins (2015) found that female nurses are stigmatized than male nurses.

Psychiatry in Ghana is neglected in health care and research (Read & Doku, 2012). At Pantang Hospital, the lack of nursing staff has been the subject of conversation, as confirmed by the hospital administrator. Many nurses refuse to work in the facility because of the challenges they face.

Very little research has been done on mental illness and care in Ghana especially in Pantang Hospital. Although the outside world has made progress in research on this topic, Africa and for that matter Ghana is still lagging behind. This is why it is important to give the specialty the due attention it requires. This has created an urgent need to assess the challenges of nurses caring for mentally ill patients at Pantang Hospital and suggest solutions deemed suitable so as to provide optimal support to these nurses

1.3   Purpose of the Study

The purpose of this study is to assess the challenges of nurses caring for mentally ill patients at Pantang Hospital

1.4   Research Objectives

1. To find out the challenges faced by nurses caring for mentally ill patients at Pantang Hospital.

2. To identify factors contributing to these challenges.

3. To identify strategies that can aid in curbing these challenges.

1.5   Research Questions

1. What challenges are faced by nurses caring for mentally ill patients at Pantang Hospital?

2. Which factors contribute to the challenges?

3. What strategies can aid in curbing these challenges?

1.6 Significance of the Study

It is hoped that, this study will be relevant to educators, counsellors, psychiatrists, policy makers, and NGO's who have interest in curbing the challenges nurses go through at psychiatric hospitals, also it will contribute to knowledge among various stakeholders, such as Public and Private Hospitals who are involved in treating psychiatric patients as well as make available information to the government concerning challenges among nurses in psychiatric hospitals to improve their condition. Furthermore, the study will also provide information to the ministry of health about nurses' challenges in psychiatric hospitals. This will help to trigger proper attention in dealing with their condition. last and not least this study will add to the body of knowledge on challenges among nurses at psychiatric hospital. It will become reference document to students and researchers of Central University. Lastly the study will also recommend other areas on the topic that will need further studies as well as a requirement for the award of degree of nursing by the Central University.

1.7 Operational Definition of Terms

Below terms have been defined as follows for the purpose of this study:

- **Mental Illness:** Is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning.

- **Mental Health:** Is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

- **Nurse:** A person trained to care for the sick, especially in a hospital

- **Challenge:** The situation of being faced with difficulty in the performance of one's duty.

CHAPTER TWO

LITERATURE REVIEW

2.0   Introduction

The aim of a literature review is to critically analyze and carry out an in-depth evaluation of previous research. This part of the study will examine available, relevant literature that addresses challenges faced by nurses caring for mental health patients, factors contributing to the challenges and strategies that can aid in curbing these challenges.

2.1   Challenges faced by nurses caring for mental health patients

A global study by Marie, Hannigan and Jones (2017) explored daily challenges that Palestinian community mental health nurses (CMHNs) face within and outside their demanding workplaces. An interpretive qualitative design was chosen. Face-to-face interviews were completed with fifteen participants. Thirty-two hours of observations of the day-to-day working environment and workplace routines were conducted in two communities' mental health centres. Written documents relating to practical job-related policies were also collected from various workplaces. Thematic analysis was used across all data sources resulting in four main themes, which describe the challenges faced by CMHNs. These themes consist of the context of unrest, stigma, lack of resources, and organizational or mental health system challenges. The study concludes with a better understanding of challenges in nursing which draws on wider cultural contexts and resilience.

Polycarp (2014) sought to identify challenges health workers faced in course of duty, factors contributing to the challenges and what strategies were to be put in place to curb them. This was a cross- sectional study targeting all health workers in the four psychiatric units under study. Qualitative and quantitative data was collected using self-administered questionnaire as well KIs. Coding was done prior to data collection in which five major themes were identified under which the respondents were to discuss. A total of 46 respondents participated. The identified challenges were classified into 5 themes. Challenges related to work environment included; unavailability of drugs, insecurity, limited resources, poor facilities and staff shortage. Administration related challenges include; inadequate resource, poor support and slow response to issues arising as well as poor management systems. Challenges related to patient factors included; poor family support, poverty and relapses. Colleague related challenges included; disagreements amongst staff, lateness and absconding from duty and stigmatization. Finally challenges related to public perception included; stigmatization. Factors contributing to the challenges were identified as limited resources, neglect of the unit as well as poor public perception of the unit.

Farmakas, Papastavrou, Olga, Karayiannis and Theodorou (2013) aimed to explore mental health nurses' perceptions of their professional practice environment and examine differences in perceptions between nurses working at institutions and those practicing in community care. The methodology used was descriptive and comparative. The sample consisted of 248 mental health nurses working within the public sector (76% response rate) drawn from a psychiatric

hospital (n = 163) and community settings (n = 85). The results indicated that mental health nurses' ratings of their practice environment were slightly positive (M = 2.69; range = 1-4). Nurses working in a psychiatric hospital perceived the professional practice environment more negatively (M = 2.66) than their colleagues in community care (M = 2.73). A t-test comparison revealed statistically significant differences between the two groups within subcategories of work motivation (P = 0.04) and leadership and autonomy (P = 0.03). Nurses working in the community gave higher ratings in comparison with their colleagues working in institutional settings.

Tyerman (2014) sought to explore nurses' experiences in caring for individuals with mental health concerns and their thoughts of what contributes to or inhibits their ability to care for this patient population. A qualitative study using a descriptive phenomenological tradition was used. Nurses practicing in the ED stated they lack psychiatric knowledge related to theory and skills in assessment and least restraint interventions which are often utilized when providing care to mental health patients in the ED. Mental health education at the undergraduate and practical level relevant for practice in non-psychiatric settings needs to be enhanced and supported at an organizational level. The use of control interventions such as restraints and seclusion pose significant ethical issues for nurses. Interventions are often chosen based on the need to ensure the perceived safety for the patient and those within the ED and not necessarily on least restraint practices. Further barriers include a lack of time, role and responsibility confusion and a fast-paced

environment that was not conducive to provide quality care for those with mental health issues.

Dlamini and Visser (2017), explored the challenges and psychological needs of nurses working in a rural community hospital in South Africa and to identify support services available to them. Three focus group discussions were held with a sample of 30 nurses who work with patients in a rural hospital that provides tertiary care as well as primary health care at clinics located at the hospital. Thematic analysis revealed five themes that negatively influence their psychological wellbeing: lack of workplace resources, high workload, traumatic experiences, limited support from management and no access to psychological support services.

Barke, Nyarko and Klecha (2010) studied "The stigma of mental illness in Southern Ghana: attitudes of the urban population and patients' views". A convenience sample of 403 participants from urban regions in Accra, Cape Coast and Pantang. In addition, 105 patients of Ghana's three psychiatric hospitals (Accra Psychiatry Hospital, Ankaful Hospital, Pantang Hospital) answered the Perceived Stigma and Discrimination Scale. High levels of stigma prevailed in the population as shown by high proportions of assent to items expressing authoritarian and socially restrictive views, coexisting with agreement with more benevolent attitudes. A higher level of education was associated with more positive attitudes on all subscales (Authoritarianism, Social Restrictiveness, Benevolence and Acceptance of Community Based Mental Health Services). The patients reported a

high degree of experienced stigma with secrecy concerning the illness as a widespread coping strategy. Perceived stigma was not associated with sex or age.

2.2   Factors contributing to the challenges of Nurses in Psychiatric Hospitals

A global study by Bhuiyan, Rakibuzzaman and Nahreen (2019) sought to find out the factors contributing to challenges of Mental Health nurses in Bangladesh. A cross sectional, questionnaire-based survey was carried out among the 125 nurses of Mental Hospital, Pabna. The study was conducted between January to February 2019. The depression levels were assessed using Zung depression scale. Nurses were asked to complete the questionnaire and then the depression levels calculated. The overall prevalence of depression among the nurses was 4.13 percent. The prevalence of depression was 4.5 percent among female nurses versus 2.94 percent in male nurses. The prevalence of depression was seen especially in nurses.

Stovold and Mfoafo-M'Carthy (2016) explored women's perspectives of living with mental illness, stigma, and receiving community services. In total, five women from the Kitchener, Waterloo, and Cambridge area participated in the study. Similar to the literature, results found that the women experienced feelings of loneliness and sadness due to their mental illness diagnosis and the stigma they experienced from friends, family, and service staff. Some women talked about being relieved to have a label or diagnosis for their illness, however, the majority of their narratives suggested that living with a mental illness is difficult due to the

internal and external stigma they experience. Findings from the study have implications for contributing to the field of social work, improving service delivery within various healthcare facilities, and future research.

Mohamed (2011) investigated whether there were cultural differences in stigmatising attitudes towards people with mental illness, comparing British and Pakistani adolescents living in the UK. Factors shown to influence stigma were also examined. These included labelling of mental illness, familiarity with mental illness and perceived causal attributions. A quantitative non-experimental cross-sectional design was used. In total 100 adolescents (54 British and 46 Pakistani) completed the survey (online or paper based). Participants were asked to read a vignette describing a person with psychosis and complete a series of questionnaires relating to it. Results indicated that there were no significant differences in stigma between the two cultural groups. Pakistani adolescents considered that supernatural causes and immoral life style were more likely to cause mental illness. British adolescents were more likely to provide the correct psychiatric diagnosis for the problem described in the vignette. Both groups were found to have similar levels of contact with individuals with mental illness.

Ofei et *al.* (2018) undertook quantitative descriptive cross-sectional approach to identify how nurse managers experience stress and strategies used to reduce stress. Three hospitals were randomly selected, and 45 nurse managers were also selected using disproportionate stratified sampling technique. Simple random sampling was employed to select 15 nurse managers from each hospital. Structured questionnaire was used for data collection, and the data was analyzed using both

inferential and descriptive statistics to describe the sample and determine factors that influence stress. The study revealed that common causes of stress among nurse managers are lack of break period during shifts (95.6%), staff shortage (97.8%), inadequate support from management (93.3%), poor working conditions (91.1%) and inadequate resources (91.1%). The major predictor of stress among nurse managers is the type of unit, headache, backache and fatigue. The major coping strategies of stress among nurse managers are expression of feelings instead of bottling them up, accepting the things one cannot change and time management.

Sobekwa and Arunachallam (2015) explored lived experiences of nurses who care for mental health care users in an acute admission unit at a psychiatric hospital in the Western Cape Province. A qualitative, descriptive, phenomenological study was conducted. A purposive sampling procedure was applied which resulted in a sample that comprised eight nurses. In-depth, individual, semi-structured interviews were conducted with these eight participants. Interviews were audio-recorded and transcribed verbatim and the researcher utilised Collaizzi's method to analyse collected data. Both positive and negative experiences were reported. Positive experiences were the recovery of patients, teamwork, and passion for caring. Negative experiences were the feelings of being unappreciated and unsupported by authorities. Physical assault by MHCUs, shortage of staff, increased workload and burnout was also reported.

Sabella, Donna and Fay-Hillier (2014) assessed challenges in mental health nursing. The paper observed that it is imperative that mental health nurses continue to define and educate other health care professionals as well as the general public

of the role of the mental health nurse and those who suffer from mental illness. Challenges to mental health nursing occur in a number of areas, including the classroom where nursing students are first introduced to the various areas of nursing. Unfortunately, some of the same bias that was present in the 1930s remains today, but perhaps with perseverance and education it will not continue into the future.

Tawiah, Adongo and Aikins (2015) researched on "Mental health-related stigma and discrimination in Ghana: Experience of patients and their caregivers". A cross-sectional exploratory study which used both quantitative and qualitative approaches were used. Two hundred and seventy-seven mental health patients were purposively interviewed. Focus group discussions were held with caregivers and in-depth interviews were held with mental health professionals. The quantitative data were analyzed using SPSS and Microsoft Excel whilst the qualitative data were coded and manually analyzed thematically. The results indicated that, mental disorder cuts across all age, sex, education, ethnicity, employment, and marital status. More females were stigmatized than males at the work/employment and educational levels. Various forms of stigma were observed at the economic, psychological and social levels, whilst for discrimination it was only observed at the economic and social levels. Caregivers were also stigmatized and discriminated. The coping strategies adopted by the mental patients and their caregivers were also economic, psychological and social in nature.

2.3   Strategies that can aid in curbing challenges for caring Mental Health Patients

Egbe (2014) studied "Psychiatric stigma and discrimination in South Africa: perspectives from key stakeholders". Participants comprised a total of 77 adults aged above 18 years, made up of service providers including professional nurses (10), lay counsellors (20), auxiliary social workers (2); and service users (45). Psychiatric stigma was found to be perpetuated by family members, friends, employers, community members and health care providers. Causes of psychiatric stigma identified included misconceptions about mental illness often leading to delays in help-seeking. Experiencing psychiatric stigma was reported to worsen the health of service users and impede their capacity to lead and recover a normal life.

Nxumalo and Mchunu (2017) explored the stigma related experiences of family members of persons with mental illness in a selected community in the iLembe district of KwaZulu-Natal, in order to develop recommendations to help families cope with such stigma. This was a descriptive qualitative study; data was collected from a purposive sample of six family members, which resulted in data saturation. Semi-structured interview questions were used during data collection and content analysis. Participants reported experiencing stigma from the community in the form of isolation, blame and exploitation, community neglect, as well as labelling and stereotyping. The majority of the participants reported using emotion-focused coping mechanisms to deal with the stigma they faced. Participants suggested that education of communities regarding the myths and facts about mental illness may help to curb the stigma faced by the family members of

persons with mental illness. Based on the results of this study, it was recommended that a combination of coping strategies, together with the integration of public and private sector support, be used to holistically deal with family related stigma. It was found that ground level education and support to families is the key to curbing family related stigma.

Petersen (2017) sought to identify key governance challenges, needs and potential strategies that could facilitate adequate integration of mental health into primary health care settings in low- and middle-income countries. Key informant qualitative interviews were held with 141 participants across six countries participating in the Emerging mental health systems in low- and middle-income countries (Emerald) research program: Ethiopia, India, Nepal, Nigeria, South Africa, and Uganda. Data were transcribed (and where necessary, translated into English) and analysed thematically using framework analysis, first at the country level, then synthesized at a cross-country level. While all the countries fared well with respect to strategic vision in the form of the development of national mental health policies, key governance strategies identified to address challenges included: strengthening capacity of managers at sub-national levels to develop and implement integrated plans; strengthening key aspects of the essential health system building blocks to promote responsiveness, efficiency and effectiveness; developing workable mechanisms for inter-sectoral collaboration, as well as community and service user engagement; and developing innovative approaches to improving mental health literacy and stigma reduction.

Douri (2014) investigated workload and nursing care in some selected Psychiatric hospitals in Ghana. The study used mixed sampling techniques in selecting the respondents. A cross sectional survey was then employed by administering questionnaire to 375 bedside nurses with 350 of them responding giving it a retrieval rate of 93%. Interviews with five nurse managers (hospital matrons) were recorded and transcribed. The results from the questionnaire were analyzed using SPSS (version16) which were subsequently triangulated with that of the in-depth interview. The findings of the study revealed that, the nurse- patient ratio was 1:9 as compared with the ideal of 1:4; an indication that there was increased workload in the study area. In general, nursing care was either delayed or not done an indication that quality of care was not the best.

Dickens *et* al. (2019) aimed to systematically review the empirical evidence about mental health nurses' knowledge, attitudes, and experiences of physical healthcare for mental health patients. Multiple electronic databases were searched using comprehensive terms. The nurses were found to have negative perceptions But good experiences in Psychiatric Mental healthcare.

Okyere (2015) researched on the topic "Perceptions about mental disorders and help seeking behaviour of Akwatia residents, Ghana". This study was a cross sectional survey which seeks to assess the perceptions of non-carers and carers of the mentally ill in Akwatia about mental disorders as well as the perceptions of general practitioners about mental healthcare in the two main hospitals in Akwatia. A total of 351 non-carers, 75 carers and 14 general practitioners working in the two hospitals in the town responded to the survey. Information was obtained from both

carers and non-carers through questionnaires. General practitioners provided information through self-administered questionnaires. Findings from the study indicated that, the respondents had knowledge about attention drawing signs of mental disorders. A small percentage of respondents had some misconceptions about mental disorders. The most common perceived cause of mental disorders was abuse of substances this was followed by spiritual causes. Both carers and non-carers frequently stated smoking of narcotics as a risk factor for the development of mental disorders. This was expressed as 26.7% and 30.9% of all responses for risk factors by carers and non-carers respectively. About two thirds of respondents do not think that mental illness is a major health problem in Akwatia. The study showed that, people living in Akwatia need to be educated about mental disorders to address limitations and misconceptions in their knowledge about disorders and also to improve on help seeking behaviour. General practitioners also need to enhance their mental healthcare knowledge.

CHAPTER THREE

METHODODOLOGY

3.1 Intended Procedure

3.1.1 Introduction to the Chapter

The research method explains the manner in which the study will be done. It covers the study design, research setting, target population, sampling method and sample size, data collection tool, data collection procedure, validity and reliability of the study, pretest, ethical considerations and limitation of the study.

3.1.2 Research Design

Descriptive research design will be adopted for the study. Under the descriptive design, quantitative data will be collected through the administration of questionnaires. The quantitative approach will help assess the challenges of nurses caring for mentally ill patients at the Pantang Hospital.

3.1.3 Research Setting

Pantang hospital was opened by General I. K. Acheampong in 1975 and was headed by Dr.Sika-Nartey, a Psychiatrist. The hospital is situated near a village called Pantang, about 1.6 kilometres off the Accra- Aburi road and 25 kilometres from Accra Central. The hospital was originally planned to be a Pan-African Mental Health Village. The hospital undertakes Consultations, Out-Patient & In-Patient Management, Lab Services, Teaching and Research, Occupational Therapy

Services, Alcoholic Anonymous (AA) Meetings and Narcotics Anonymous (NA) Meetings (Source: Field Survey, 2019).

3.1.4 Target Population

The target population of this study include all nurses at Pantang Hospital.

Inclusion Criteria

- Nurses who will be available at the time of data collection.

- Nurses who will consent to participate in the study.

Exclusion Criteria

- Nurses who will not consent to participate in the study.

- Rotation nurses, OPD nurses, rehab nurses and newly qualified nurses who will be available at the time of data collection.

3.1.5 Sampling method and Sample size

The study will use a sample of the population rather than studying the entire target population because:

- The study area is a busy area and it would be impossible to study the entire population.

- The large population would take long time and financial resources to study.

Pantang hospital has an estimated 305 nurses (all categories) according to information from the hospital administration. A minimum sample size would be obtained using the sample size calculation formula:

$n = Z^2 \ (p*q)/ \ e^2$

n = sample size.

Z=percentile for 95% significance level of normal distribution (1.96)

P=estimated knowledge of nurses with challenges (50% = 0.50)

Q = 1-p

Giving:

n = 1.96^2 (0.50 * 1-0.50)/ 0.10^2 = 96 nurses.

The sample size would be adjusted to 100 nurses in order to make provision for non-response. The simple random sampling technique will then be applied to select the respondents for the study. The method will help the study to give fair chance to each respondent to be selected for the study.

3.1.6 Data Collection Tool

Semi-structured questionnaire will be the main data gathering tool for collecting information from the respondents. All the questionnaires will be written in English without jargons. Most of the designed questions will be closed ended to provide responses for respondents to choose from and this will limit unnecessary answers that had no bearing on the study objectives. Steps will be taken to avoid ambiguity and the use of jargons in the construction of the questionnaires. The questionnaire will have four sections. Section A will cover biodata of respondents. This will have five questions which are age, gender, marital status, religion and length of service at the mental hospital. Section B will capture data on challenges faced by nurses caring for mentally ill patients at Pantang Hospital. Section C will also have questions covering factors contributing to the challenges faced by the

Nurses. The last section which is section D will cover questions on strategies that can aid in curbing these challenges. Sections B to D will have six questions each.

3.1.7 Data Collection Procedure

Permission will be sought from the Administrator of the Pantang Hospital. After permission is granted for data to be collected, a date will be scheduled. On the day of data collection, the purpose of the study will be explained to the respondents and their oral consent taken for participation. The nurses who will consent will be given the questionnaires to complete. They were given enough time to complete the questionnaire and then the responses were collected from them. The questionnaires were left with the at the nurses' station and when they were ready we were called the collect them. It took us two weeks to collect the data.

3.1.8 Validity and Reliability of the study

According to Creswell and Clark (2011), a research instrument is reliable when it can measure a variable accurately and constantly and obtain the same results under the same conditions of a period of time. When the data collected is valuable, then validity is achieved (Creswell & Clark, 2011). All questionnaires to be used in the research was reviewed by the project supervisor to ensure that, they meet the research objectives.

Pre-testing

A pretest was conducted by the researcher for 10% of the respondents at a similar Psychiatric Hospital (Accra Psychiatric Hospital) that afforded the researcher, opportunity to assess the ability of the questionnaire to elicit the information required from the respondents. Appropriateness of the sequence in which the questions would be arranged in the questionnaires and the time taken to complete one questionnaire was noted.

3.1.9   Ethical Consideration

Introductory letter was obtained from the Administration of Central University. Due process was followed in conducting the research at the Hospital. Oral consent was obtained from all the respondents before administering the questionnaires. The purpose and the objectives of the study, and any potential risk or benefits inherent in the study were explained to the respondents. The respondents were given opportunities to ask questions about the study. Privacy and confidentiality was ensured by dealing with the respondents individually. Their identity was kept in confidence and they were given the option to opt out of the study if they felt uncomfortable

3.1.10 Limitations of the study

The following were the limitations:

- Shorter time frame for the study.

- Financial challenges due to high expenses expected to be incurred.

- Busy schedules of the respondents to make time to fill the questionnaires.

3.1.11 Statistical Analysis of Data

Data was analyzed with Statistical Package for the Social Sciences (version 21). And presented in descriptive and inferential statistics such as frequencies, pie charts and bar charts or histograms

3.2 Most Relevant Variables Emerging out of the Literature Review and Discussions

The study reviewed literatures to cover the objectives set for the study. These were to find out the challenges faced by nurses caring for mentally ill patients; to identify factors contributing to the challenges and to identify strategies that can aid in curbing the challenges. The global study by Marie, Hannigan and Jones (2017) found unrest, stigma, lack of resources, and mental health system as key challenges. Other important challenge were unavailability of drugs, insecurity, limited resources, poor facilities, staff shortage, relapses and stigmatization (Polycarp, 2014). Tyerman (2014) indicated barriers to caring for mental health patients include lack of time, role and responsibility confusion and a fast-paced environment that was not conducive to provide quality care for those with mental health issues. Challenges faced by nurses in psychiatric hospital include lack of workplace resources, high workload, traumatic experiences, limited support from management and no access to psychological support services (Dlamini and Visser, 2017). In Ghana, Barke, Nyarko and Klecha (2010) established high degree of

experienced stigma among nurses caring for mentally ill patients. The findings of Marie, Hannigan and Jones (2017) in the study conducted in Palestinian is consistent with the observations of Polycarp (2014) though the two studies were done in entirely different settings. The findings of Barke, Nyarko and Klecha (2010) in Ghana concerning challenges of nurses caring for mentally-ill patients is in agreement with the findings of Tyerman (2014) and Dlamini & Visser (2017).

Bhuiyan, Rakibuzzaman and Nahreen (2019) found depression as the associated factors contributing to challenges of Mental Health nurses in Bangladesh. Ofei et *al.* (2018) indicated that common causes of stress among nurse managers are lack of break period during shifts, staff shortage, inadequate support from management, poor working conditions and inadequate resources. Sobekwa and Arunachallam (2015) found shortage of staff, increased workload and burnout to contribute to the challenges of nurses in mental hospitals in Western Cape Province. Egbe (2014) observed in South Africa that causes of psychiatric stigma included misconceptions about mental illness often leading to delays in help-seeking. The findings of Ofei et *al.* (2018) is in tandem with the observations of Sobekwa and Arunachallam (2015) though the studies were done in different settings. The findings of Bhuiyan, Rakibuzzaman and Nahreen (2019) throws further light the findings of Egbe (2014) in identifying more variables that contribute to nurses' challenges in caring for mentally ill patients.

The study by Tawiah, Adongo and Aikins (2015) in Ghana established coping strategies of nurses as economic, psychological and social in nature. Mohammed (2011) also found the major coping strategies of stress among nurses

are expression of feelings instead of bottling them up, accepting the things one cannot change and time management. Participants in the study of Nxumalo and Mchunu (2017) suggested that education of communities regarding the myths and facts about mental illness may help to curb stigmatization. Petersen (2017) indicated that in low- and middle-income countries strategies that could help curb challenges of nurses include strengthening capacity of managers, developing and implementing integrated plans, strengthening key aspects of the essential health system and developing innovative approaches to improving mental health literacy and stigma reduction. The study in Akwatia by Okyere (2015) showed that, people living in Akwatia need to be educated about mental disorders to address limitations and misconceptions about the sickness. Further, general nurses also need to enhance their mental healthcare knowledge about caring for mentally ill patients. The findings of Tawiah, Adongo and Aikins (2015); Mohammed (2011); Nxumalo and Mchunu (2017); Petersen (2017) and Akwatia by Okyere (2015) agree in relation to coping strategies of nurses in caring for mentally ill patients. Though all the studies were done in diverse settings, they brought to light varied coping strategies adopted by nurses who care for mentally ill patients.

3.3   Summary and Conclusion

The study sought to find out the challenges faced by nurses caring for mentally ill patients at Pantang Hospital, to identify factors contributing to these challenges and to identify strategies that can aid in curbing these challenges. The intended study design was a descriptive study design. The researchers sought to

collect data using semi-structured questionnaires among 100 nurses. The intended data analysis tool was Microsoft Excel and SPSS. From the discussions of the literature review, conclusions have been drawn as follows. Unrest, stigma, lack of resources, and mental health system are key challenges for nurses caring for mentally ill patients. Other important challenge were unavailability of drugs, insecurity, limited resources, poor facilities, staff shortage, relapses and stigmatization. Challenges faced by nurses in psychiatric hospital include lack of workplace resources, high workload, traumatic experiences, limited support from management and no access to psychological support. Depression is the associated factors contributing to challenges of Mental Health nurses. Additionally, shortage of staff, increased workload and burnout to contribute to the challenges of nurses in mental hospitals. Major coping strategies of stress among nurses are expression of feelings instead of bottling them up, accepting the things one cannot change and time management. People need to be educated about mental disorders to address limitations and misconceptions about the sickness.

3.4 Recommendation

The researchers make the under listed recommendations based on the conclusions of the study:

1. Education about stigmatization should be embarked on by the Ministry of Health and the Media to avoid its effects on the mentally ill and nurses.

2. Nurses should be provided the opportunity to seek counselling services about stigmatization and challenges in caring for mentally ill patients at dedicated counselling offices in Ghana.

3. The government should provide the needed logistics for nurses to ease their work at mental hospitals.

4. The media should join in the education about challenges in mental hospitals through their programmes and publications.

5. Religious bodies and opinion leaders should organize periodic seminars and workshops to educate communities about mental care and associated challenges.

REFERENCES

Bhuiyan, M.d. & Sarker, M.d. & Rakibuzzaman, Chowdhury, & Rahman, Nahreen. (2019). Depression among Nurses in Pabna Mental Hospital, Pabna. *Medicine Today. 31*. 111-113. 10.3329/.

Farmakas, Papastavrou, Olga, Karayiannis, & Theodorou (2013). Challenges in mental health nursing: Working in institutional or community settings? *Journal of psychiatric and mental health nursing. 21*. 10.1111/jpm.12045.

Dlamini, B. C, & Visser, M. (2017). Challenges in Nursing: The Psychological Needs of Rural Area Nurses in Mpumalanga, South Africa. *Remedy Publications*; *2*: 1068

Douri, (2014). Challenges facing health workers in Psychiatric Units in Level Five   Hospitals in Western Kenya Region. Moi University.

Ofei, A., Maria, A., Adzo, K. Asiedua, E., Duodu, N., & Akotiah, A. (2018). Stress and Coping Strategies among Nurse Managers at Three District Hospitals in the Eastern Region of Ghana. *An International Journal of Nursing and Midwifery. 2*(1), 1-13. Retrieved from https://www.researchgate.net/publication/337194652

Sobekwa, Z,. C,. & Arunachallam, S. (2015). 'Experiences of nurses caring for mental health care users in an acute admission unit at a psychiatric hospital in the Western Cape Province', *Curationis 38*(2), Art. #1509, http://dx.doi.org/10.4102/curationis.

Marie, M., Hannigan, B. and Jones, A. (2017). Challenges for nurses who work in

    community mental health centres in the West Bank, Palestine.

    International   *Journal of Mental Health Systems,* 11, 3.

Polycarp, O,. N,. (2014). Challenges Facing Health Workers in Psychiatric Units in

    Level   Five Hospitals in Western Kenya Region. University of the

    Western Cape, South Africa.

Read, U. M. & Doku V,. C,. K,. (2012). Mental health research in Ghana: a

    literature review. *Supplement Ghana Medical Journal,* 46, 2.

Sabella, Donna, & Fay-Hillier, Theresa. (2014). Challenges in mental health

    nursing: *Current opinion. Nursing: Research and Reviews.* 4. 1.

    10.2147/NRR.S40776.

Tyerman, J. J. (2014). Registered nurses' experiences of care for individuals with

    mental health issues in the emergency department. Queen's University,

    Kingston, Ontario, Canada.

World Health Organisation (2011). *Mental Health Atlas 2011*, WHO library,

    Geneva,   viewed   02   October   2019,   from

    http://whqlibdoc.who.int/publications/2019/9799241564359_eng.pdf.

Zarea, K., Nikbacht-Nasrabadi, A., Abbaszadeh, A. & Mohammadpour, A.

    (2012). Facing the challenges and building solutions in clinical psychiatric

nursing   in Iran: A qualitative study', *Issues in Mental Health Nursing*

33(10).

APPENDIX

Research Timeline

Activity/ Month	Oct. 2019	Nov. 2019	Dec. 2019	Jan. 2020	Feb. 2020	Mar-June 2020
Get approval to begin work. Literature search. Presentation of chapter 1	■					
Feedback on chapter 1. Review of chap 1. Presentation of chap 2		■				
Review of chap 2. Preparation of questionnaires.			■			
Data collection, coding and entry into SPSS				■		
Preparation of chap. 3. Data Analysis, Discussions, Research findings.					■	
Authorization to print and bind. Defence of research work.						■

Research Budget

s/n	Cost item	Estimated Cost (Ghs)
1.	Transportation cost	150.00
2.	Printing, photocopy, scanning, binding	300.00
3.	Call credit	50.00
4.	Refreshment for participants	200.00
5.	Miscellaneous cost	50.00
	Total	**750.00**