student nurses’ experience of interaction with culturally diverse psychiatric patients

S Zwane  
D.Cur (Psychiatric Nursing)  
Rand Afrikaans University  

&  

M Poggenpoel  
Ph.D  
Professor: Nursing Science  
Rand Afrikaans University

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.

“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.”

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 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.

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 vanfasilitate, verrynking en uitdaging; waar negatiewe ervaring diskriminasie, superiteitskompleks, kulturele ignorering, oneffektiwiteit van pasiëntesorg, ongeskiktheid en algemene ongelukkigheid insluit. Die vooraadse program moet dus begin om kulturele inhoud by die kurrikulum in te stel om ’n kultuur-sensitiewe benadering aan te neem in die versorging van hul pasiënte.

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 healthcare 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 healthcare systems of different cultures in the world (Leininger, 1981:365-371).

In view of this, nurses (nursing students included) should therefore recognize 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 Nursing, 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:

  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.

- **validity**

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

  i) Those student nurses who meet purposive sampling criteria were re-
A pilot study was done with three stu-
dent nurses during their practical period.
The sample included the following:
the other a predominantly white univer-
sity. The researcher requested the
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 in-
formed consent.

A purposive convenience sampling
method was carried out (Burns & Grove,
1987:218). The sample consisted of stu-
dent nurses from two universities situ-
ated in the same city, one a predomin-
antly black university (university A) and
the other a predominantly white univer-
sity (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 in-
formed consent.

Data analysis

Data analysis of the naive sketches was
done using the combine methods of
data analysis by Giorigi (1985:20-30, in
Omery 1983:53-56 and Kerlinger 1986:). The steps that were followed in the
data analysis by the researcher and in-
dependent coder were:
• reading through the naive sketch look-
ing 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 psy-
chiatric nurse specialist was used as a
reliability measure in identifying and cat-
egorizing central themes.

A Protocol was provided to the indepe-
dent 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

Literature control

Similar studies regarding cultural diver-
sity were investigated and compared
with results of this study. Common and
unique aspects from the study were es-
blished, 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 en-
chance the quality of the described ex-
perience. The research results are re-
lected as patterns of interaction be-
 tween students’ internal and external
environment (Nursing for the Whole
Person Theory, Rand Afrikaans Univer-
sity Department of Nursing 1992 : 5-7).

Positive experiences by
student nurses

Student nurses had positive experiences
in interacting with culturally diverse pa-
tients. This was made possible by their
experience that the facilities for all pa-
tients were equal which led to their ex-
perience of optimism. The racial unity
and co-operativeness of patients were
also experienced positively. It was ex-
perienced as a challenge and enrich-
ment to be able to interact with cultur-
ally diverse patients. Each of these cat-
egories will now be discussed.

Equality of facilities:

Student nurses of university A experi-
enced the equality of facilities for all pa-
tients positively. The following state-
ments written by students highlight this:

“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 cul-
turally 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 actu-
ally found it a challenge (especially for
the new South Africa) to work with peo-
ple of diverse cultural backgrounds ....”

“... and this promotes the love and un-
derstanding between black patients and
their white counterparts. NB. This will
not only promote love between psychi-
atrict 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 coun-
ters are nagging and demanding. The fol-
lowing statements confirm this aspect:

“Most black patients were co-operative;

27
Curationis June 2000
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 cultures view things”.

Huttlinger (1989:27) agrees that working with people from various cultural backgrounds can be rewarding and challenging. Hegvurry (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 ethnocentrism related to superiority complex, discrimination, cultural ignorance and hostility. This led to their experience of unhappiness as well as barriers in communication related 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, whereas black patients are mad”.

“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 Afrikander, 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 inpatient staff in one study perceived blacks as more violent than whites, al-
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 courses 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 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. Anderson (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
psychiatric patients. The challenge, enrichment, racial unity and cooperativeness 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

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.

acknowledgement

This article is based on research conducted as a requirement for a dissertation for the M.Cur (Psychiatric Nursing) degree, Rand Afrikaans University, South Africa.
bibliography


Rand Afrikaans University, Department of Nursing Science. 1991. Nursing for the whole person theory. Auckland Park: RAU.


Curationis June 2000