CHALLENGES FACING HEALTH WORKERS IN PSYCHIATRIC UNITS IN LEVEL FIVE HOSPITALS IN WESTERN KENYA REGION

BY

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DECLARATION

Declaration by the Candidate

This thesis is my original work and has not been presented for a degree in any other University. No part of this thesis may be reproduced without the prior written permission of the author and/or Moi University.

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ABSTRACT

Introduction: The Burden of mental disorder is greatwith the prevalence felt globally.In Kenya like in many other African countries, mental health services had a humble beginning until after independence that attempts were made to decentralize mental health services to the provincial (regional) level. Health care providers however face numerous challenges in the process of service delivery.

Objectives: The main objective of the study was 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.

Methodology: 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. The respondents were then asked to provide factors contributing to the challenges and to further make recommendations on how to curb them. QRS Nvivo version 10 software was used in the analysis of the data. The software formed the basis for categorization, report generation and visualization of the data.

Results: A total of 46 respondents participated. Female respondents were 29. The mean age of respondents was 38, a minimum of 23, maximum of 58 with a standard deviation of 10. Majority (62%) were diploma holder, 19% degree holders, 8% masters and 11% secondary certificate holders. Respondents included 32 nurses, 5 support staff, 4 occupational therapists, 4 social workers and 1 clinical officer. The average salary was Ksh.50, 756 with a standard deviation of 18,918. The average period of employment was 3 years with the lowest being 1 month while the respondent who had been on employment the longest was 30 years. 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. Suggestions to curb the challenges and they included; Increase and improve the number of psychiatric facilities, increase awareness on mental illness to the general public, recruit more health care staff in the unit, availing the necessary drugs to the unit, improve on staff training and motivation as well as improvement on the management systems.

Conclusion: Health care workers in psychiatric units indicated that they faced a lot of challenges which could be attributed to environmental factors, patient related factors, challenges related to seniors and those in management among other.

Recommendations: The government to increase the resource allocation to the psychiatric units, as well as increase sponsorship to health care workers who want to pursue a career in mental health.Hospital administrations to ensure that there is a proper and conducive workenvironment, renovate existing structures, promote staff empowerment, and recruit more health care staff.Health care workers should embrace staff interactions and team work.

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ABBREVIATIONS AND ACRONYMS

AIDS: Acquired immunodeficiency syndrome

CIPD: Chartered Institute of Personnel and Development

CPD: Continuing professional development

DALYS: Disability- adjusted life years

Dr.: Doctor

HIV: Human Immunodeficiency virus

IREC: Institutional research and Ethics committee

KEPH: Kenya essential package for health

KIS: Key Informants.

KL5H: Kisii Level 5 Hospital

KMPDU: Kenya Medical Practitioners, Pharmacists and Dentists Union

KNH: Kenyatta National Hospital

KQM: Kenya Quality Model

KSH: Kenyan shilling

MDG: Millennium Development Goals

MOH: Ministry of Health

MOMS: Ministry of Medical services

MPH: Master of public health

MTRH: Moi teaching and referral hospital.

NCD: Non-communicable diseases

NGO: Non-Governmental Organization

NHA: National Health Accounts

NHIF: National Hospital Insurance Fund

NHSSP: National health sector strategic Plan

PGH: Provincial General Hospital

PhD: Doctor of Philosophy

PPU: Provincial psychiatric units

Prof.: professor

SPH: School of public health

WHO: World Health Organization

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CHAPTER ONE:

INTRODUCTION

1.1. Background to the study problem

The Burden of mental disorder is greatwith the prevalence felt globally.Hundreds of millions of people worldwide are affected by mental disorders leading to increased demand for hospitals to care for them. [1]

Mental health was not considered to be of importance until 1247, when the first institution for the mentally ill "Bethlehem Royal Hospital" was established in London. The hospital was used as a cell for the violently ill Patients who were chained to the walls with the aim of providing "entertainment" for the public. In the 18th Century, psychiatry developed as a separate branch of medicine, inhumane treatment of patients and vicious practices were now openly questioned with the "once insane always insane" concept being replaced by the notion that "cure may be possible". Few mental hospitals were built but the actual living conditions for most patients remained deplorable.[2]

It is not until 20th century when Kenya had its first psychiatric hospital. Kiima et.al says that in Kenya like in many other African countries, mental health services had a humble beginning with the establishment of the Mathari hospital (the current national mental health hospital) in 1910, the only hospital for the care of mentally sick individuals back then. It was not until after independence in the early 1960s that attempts were made to decentralize mental health services to the provincial (regional) level in which Provincial psychiatric units (PPUs) were established in the provincial general hospitals. [3]

Psychiatric hospitals, also known as mental hospitals, are facilities specializing in the treatment of serious mental disorders; they vary widely in their size and grading. Some hospitals may specialize only in short-term or outpatient therapy for low-risk patients while others may specialize in the temporary or permanent care of patients who, as a result of a psychological disorder, require routine assistance, treatment, or a specialized and controlled environment. Patients are often admitted on a voluntary basis, but involuntary commitment is practiced when an individual may pose a significant danger to themselves or others.Psychiatric unit or ward is thus a department within the larger hospital set-up that specifically handles patients with mental disorders. [4]

In the Kenya essential package for health (KEPH), health care services have been categorized in levels which provide both preventive and curative services. Level 1 is the foundation of the service delivery priorities, Levels 2–3 handle KEPH activities related predominantly to promotive and preventive care, but also various curative services whereas Levels 4–6 undertake mainly curative and rehabilitative activities of their service delivery package. [5] In Kenya, psychiatric units are found majorly in level 5 hospitals where inpatient facilities are available.

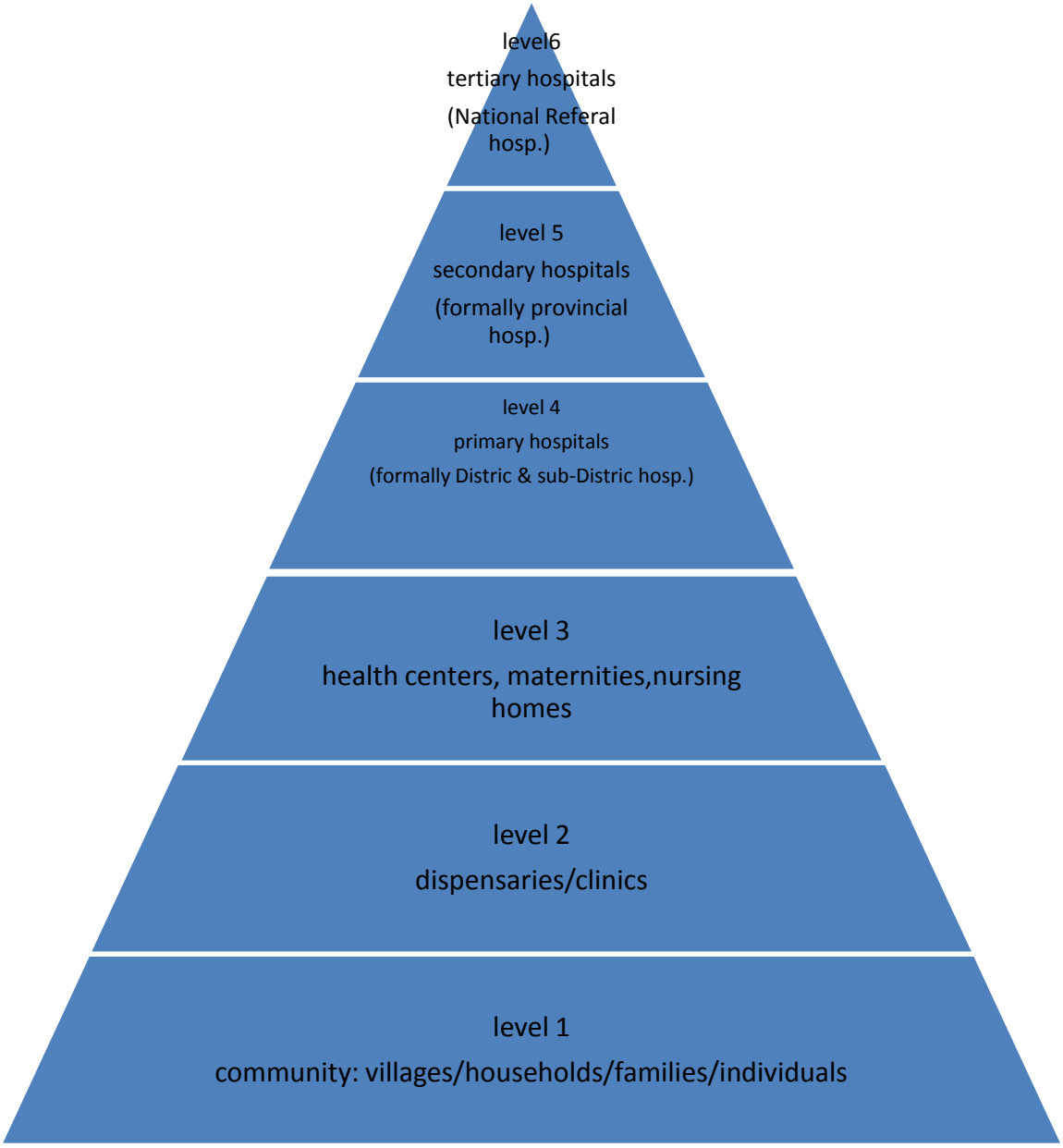

Figure 2.1**:** structure of healthcare system in Kenya according to KEPH.

Before the promulgation of the new constitution, Kenya was divided into eight administrative boundaries called Provinces with each province having one general provincial hospital which is the referral point for the district hospitals and the lower level facilities. [6]

Table 1: Demographic and Health System by Region in Kenya (2006)

Type of facility	Province/ control	Nairobi	Central	Coast	Eastern	North Eastern	Nyanza	Rift valley	Western	Kenya
Hospitals	GOK	5	8	9	15	4	13	21	10	85
	Miss/NGO	7	15	2	16	-	9	15	10	74
	Private	11	10	10	4	-	13	19	1	68
Sub. District hospital.	GOK	-	8	7	14	6	20	13	5	73
Nursing homes	Private	27	26	23	26	3	35	24	27	191
Health centers	GOK	23	51	32	70	8	72	138	65	459
	Miss/NGO	50	5	2	11	-	48	40	16	172
	Private	3	3	1	2	-	7	5	-	21
Dispensaries	GOK	18	222	152	302	63	183	489	74	1,503
	Miss/NGO	26	98	55	117	1	45	184	20	546
	Private	57	8	9	16	-	12	84	17	203
Clinics	Private	141	487	294	301	61	79	211	160	1,734
Facility grand total		368	941	596	894	146	538	1243	405	5,129
Population (000s) (2003)/ health facility	number	2,563	3,909	2,801	5,103	1,187	4,804	7,902	3,853	32,122
	No. per population	6,965	4,194	4,700	5,708	8,130	8,963	6,357	9,512	6,263
Total number of hospital beds and cots (2002)	Number	4,891	8,191	7,687	7,412	1,707	11,922	12,390	6,457	60,657
	No. per 100,000	190	209	274	145	144	248	157	168	189

Sources: [5] [7] [8]

Table 1 shows that health facilities are unevenly distributed across the country's eight provinces. For instance, the best-off Central Province has about twice the number of facilities per population as the worst-off provinces (Nyanza and Western). Central, Coast, and Eastern provinces have better ratios than the national average. [8] Thus a clear indication that there is a problem of access to health services.

Having looked at the health care set-up in Kenya, it is important to note that there cannot be a hospital without health care workers or patients. Health workers are all people whose main activities are aimed at enhancing health. They include doctors, nurses, pharmacists, lab technicians, management and support staff. [9] Each cadre of health care workers plays an integral role in ensuring that patients get quality health care promptly and consistently.

As important as the health workforce team is, Kenya suffers from an overall deficiency of human resources for the health sector and glaring skills imbalances within the existing workforce. The existing health workers are unevenly distributed – between urban and rural areas, and between the public and private sectors. [10][11]
Table 1.2 shows the distribution of psychiatrist per province in Kenya in the year 2004 against the country's population by 2009. It is a serious concern that the number of psychiatrist is not representative of the general population. There is bias in terms of distribution from region to region which is in fact alarming.

Table 2: Distribution of psychiatrists per province				
Province	**Psychiatrist(2004)**	**%**	**Population as at 2009 census**	**Psychiatrist per population**
1 Nairobi	34	64.1	3,138,369	1:92,304
2 Central	3	5.7	4,383,743	1:1,461,248
3 Coast	4	7.5	3,325,307	1:831,327
4 Eastern	5	9.4	5,668,123	1:1,133,624
5 North	0	0	2,310,757	-
Eastern	1	1.9	5,442,711	1:5,442,711
6 Nyanza	5	9.4	10,006,805	1:2,001,361
7 Rift Valley	1	1.9	4,334,282	1:4,334,282
8 Western				
Before the new constitution, Kenya was divided into 8 administrative units called provinces				

Table adopted [12]

There is a general consensus that a problem exists in the entire health sector with evidence exhibited in the health workers' strikes in late 2011 and early 2012. Most of the issues relating to the strike were related to, patient factors, academic factors, working environment factors or even factors related to administration and management as well as remuneration issues.

The scope of the study is to find out the challenges in psychiatric department whether they are similar to those of the entire health sector or unique to psychiatry.

1.2. Statement of the Research Problem

The Burden of mental disorder is greatwith the prevalence felt globally.Hundreds of millions of people worldwide are affected by mental disorders. This has led to increased demand for hospitals to cater for these people.

In Kenya, the importance of non-communicable diseases including mental health and mental illness is increasingly apparent, both in their own right and because of their influence on health, education and social goals. Since mental illness is an important aspect of public health, it is important to note that these patients are human beings with special needs. For these needs to be met, a well-motivated, dedicated and reliable health worker is essential.

Working in a psychiatric hospital and especially treating and caring for psychiatric patients can be very challenging. In psychiatric units, health workers face many challenges in addition to challenges faced by workers in poor nations.

Very few studies have however been done in regards to mental illness. In Kenya for instance, shortage of health care workers has been the talking point. It is therefore important to give the specialty the due attention it requires. The purpose of the study was to identify challenges health workers of mentally challenged persons experience and suggested solutions deemed suitable so as to provide optimal services to these clients.

1.3 Justification of the study

Mental disorders are prevalent worldwide.Hundreds of millions of people worldwide are affected by mental disorders.WHO estimates that 154 million people suffer from depression 25million from schizophrenia, 91million from alcohol use disorders and 15 million from drug use disorders.As many as 50 million suffer from epilepsy, 24

million from Alzheimer's and other dementias**.** Around 877,000 people die by suicide every year. [1]

Many psychiatric hospitals in sub-Sahara Africa and other poor and developing nations experience shortage of adequate financial, material and human resources. WHO notes shortage of qualified, motivated and satisfied and competent human resource has replaced the financial issue as most serious obstacles to implementing national treatment plan and therefore important to give attention to these variable resources. More effort in advocacy and sensitization of the policy makers and general public on importance of prevention, control and management of non-communicable diseases (NCDs) including mental disorders and substance abuse is important. [13]

In Kenya, the importance of non-communicable diseases including mental health and mental illness is increasingly apparent, both in their own right and because of their influence on health, education and social goals. Mental illness is common but the specialist service is extremely sparse and primary care is struggling to cope with major health demands. [14][15]

The aim of this study was to identify challenges affecting health workers rendering services in mental health units and how they can be addressed.

Western Kenya comprises of three provinces according to the old constitutional dispensation, namely Rift Valley, Nyanza and Western. There are a total of four (4) hospitals of level 5 category, two of which are in Nyanza and one each in the other two provinces. These regions are the most understaffed in terms of health workers when compared to other regions in the country as highlighted in the literature review.

They have very small and congested wards which are also secluded from the rest of the hospital in terms of location.

1.4. Research question.

- What challenges do health workers in psychiatric units encounter when discharging duty?
- What factors contribute to these challenges?
- What interventions can be put in place to minimize the challenges?

1.5. Research objectives

1.5.1. Broad objective

To identify challenges health workers face in course of duty, factors contributing to the challenges and what strategies should be put in place to reverse the trend.

1.5.2. Specific objectives

1. To determine challenges faced by health workers in psychiatric unit.
2. To identify factors contributing to these challenges.
3. To identify strategies that can aid in curbing these challenges.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

The healthcare industry is comprised of numerous sectors, including hospitals, nursing homes, assisted living facilities, independent living facilities and home health agencies. In today's economic environment, the healthcare industry, as a whole, is not immune from the financial challenges facing nearly every sector of the economy. In fact, the healthcare industry may be even more challenged due to its dependence on governmental funding. Challenges include; Fiscal constraints due to Reductions in reimbursement – Legislative or lack of state budget availability, Labor challenges such as nursing shortage and aging Facilities**.** The average age of many healthcare facilities is increasing. As a result, these facilities are in need of capital to sustain and improve them. Hospitals today face a constant challenge to find ways to improve the quality of care, while at the same time reduce costs and increase revenue. They are increasingly asked to tackle the problem of doing more with less. [16]

A vast gap exists between the need for treatment and the services available. In a European Union survey published in 2003, 90% of people who said they had mental health problems reported they had received no care or treatment in the previous 12 months. Only 2.5% of them had seen a psychiatrist or psychologist. Even in developed countries with well-organized health care systems, between 44% and 70% of patients with mental health disorders do not receive treatment. For example, in Western Europe alone, evidence indicates that about 45% of people suffering from depression get no treatment. The number of psychiatrists ranges from 1.8 to 25 per 100 000 population, that of psychiatric nurses ranges from 3 to 104 per 100 000 population while the number of psychologists ranges from 0.1 to 96 per 100 000

population. Other challenges established include; - insufficient and incompetent workforce, poor mental health information and unfair and inadequate funding. [17]

The many years of neglect caused by budgetary insufficiencies has reduced most facilities to a sorry state that requires rehabilitation before a maintenance programme can be instituted. Some of Kenya's health facilities lack adequate premises for priority interventions, such as delivery rooms, maternity, laboratories, theatres, etc. Public health technicians who were trained to maintain physical infrastructure are not used for that purpose. Similarly, because of low budgetary allocations to health, the few available resources have been fully charged to pharmaceutical and non-pharmaceutical commodities.[5] Evaluation of the status of mental health services in the country by the Ministry of Health reconfirmed that the country's health care system operates under extremely resource-restricted conditions, in terms of infrastructure, manpower and finances. Mental health care is largely delivered at district level by psychiatric nurses running outpatient clinics, by psychiatric nurses at provincial levels running inpatient units and outpatient clinics, and by the national referral hospitals at Mathari and Gil Gil hospital. [18]

Njenga (2002) notes that mental health services have, however, remained united in their apparent refusal to improve. A visit to the famous mental hospitals, Namirembe (Tanzania), Butabika (Uganda) and Mathari (Kenya), in the late 1960s and early 1970s told the same story of neglected, dilapidated, overcrowded asylums located far from the centre of the city; areas not to be visited by those with any medical authority. Many of the patients spent years in these institutions, never visited by psychiatrists or relatives and often receiving chlorpromazine or barbiturates (when available) for

sedation. All three hospitals had overworked and underpaid dedicated nurses who lived among their patients as their own relatives. [18]

Jenkins, 2002 and WHO 2001 both agree that substantial and enduring improvements in mental health services require an integrated policy and strategy, including systematic educational interventions to equip service providers with necessary knowledge and skills, public education to raise awareness of the importance of mental health and mental disorders, combined with organizational reforms to enable interventions to be embedded in the health system and in routine care.[19][20]

Ngatia et.al notes that the pressing health needs cannot be met without a well-trained, adequate and constantly updated healthcare workforce and a supportive work environment. The millennium development goals (MDGs) cannot be met without adequate workforce with good capacity. [21]

It is important to note that when health professionals are not motivated and are dissatisfied with their job, the magnitude and seriousness caused by shortage is worsened. It is therefore important to ensure a motivated, skilled and supported health worker in all aspects. The entire health workforce is in moaning because of the frequent challenges they face but no one seems ready to address them. [21]

In Kenya for instance, the year 2011, was marked by a series of demonstrations and strikes by workers in various departments in civil service; including teachers, public university lecturers and all other staffs in the universities, the public transport sector among others. All these strikes were due to poor remunerations, poor working conditions and harassment by those in power/authority. The health sector was not left behind as doctors, nurses and all other health care workers downed their tool

paralyzing the health sector due to their unaddressed demands. Among the complains raised by the health workers include; - Shortage of health workforce, lack of staff training, Poor and inadequate infrastructure, Inadequate equipment, Intimidation by seniors and those in management and poor remunerations among other things.

WHO 2006, estimates 59.2 million full time paid health workers worldwide. Two thirds comprise of health service provides while the other third is comprised of health management and support staff. However, 57 countries, 36 of them in Africa, face severe shortage of health work force. [9]

Kenyan psychiatry is under resourced in terms of personnel, which appears to be the case for most African countries relative to those in the developed world. In addition to psychiatrists providing clinical service, consideration needs to be given to improving the clinical skills related to mental health care delivery at both an under and post graduate level, so as to develop a broader resource of practitioners capable of rendering mental health care services.

In the fore-seeable future in Kenya it will not be possible to achieve a psychiatrist: population ratio equivalent to that in Western countries, both in terms of overall ratio for the country, and more importantly, for the average distribution within the country. [12]

The shortage of health workers and glaring skills imbalances and uneven distribution of the existing workforce between urban and rural areas, and between the public and private sectors is apparent. [5] There is a shortage of 32,000 doctors as there are approximately 8000 doctors in the country of whom, only 3000 are in public service. The country similarly faces a shortage approximately 40,000 nurses with

approximately 17,000 in public service. Public institutions are greatly understaffed ranging all the way from specialists to cleaning staff. These are attributed to the constant, unchecked exodus of trained personnel from public service resulting from non-progressive and sometimes blind board room policies. Other factors associated with shortage include, retirement, migration in search of greener pastures, brain drain, illness, blood borne diseases like HIV/AIDs, or death of health workers. [13][14]

Harrington, 2012 notes that, the health care sector is especially vulnerable to the effects of an aging workforce: it is predicted that by 2020, nearly half of all registered nurses will reach traditional retirement age. [22] Currently in the USA for example, the average age of a nurse is 50. Nearly one-quarter of physiciansin a 2007 nationwide survey were 60 years or older, while, in 2001, more than 80 percent of all dentistsin the United States were older than 45; the number of dentists expected to enter the field by 2020 will be dwarfed by the number of dentists likely to retire. [23]

The international journal of mental health vol.4, acknowledge that the existing acute shortage of mental health workers has been made worse by the reorganization in the health sector, which has created the need for more than double the number of administrative posts. Due to the long term moratorium on employment imposed by the World Bank, a lot of experienced mental health workers have reached the mandatory retirement age and are now retiring in large numbers without replacement - this has made the situation more acute. [14]

According to the MOH report of 1996 on the national mental health programme for the next ten years and beyond, it was noted that, Kenya's psychiatric units tend to be well equipped but run by a skeleton staff. Some districts run community mental health activities on an ad hoc basis. Most mental disorders are still missed or misdiagnosed

because the patient presents with physical symptoms which general health workers tend to lack the diagnostic skills required. Most misdiagnoses are put down as malaria, typhoid, or amoebiasis. In healthcare, training of personnel is mandatory. The report further noted that there is no magical way through which specialists and skilled nurses will appear except by training. [24] Various strategic programmes are now underway to prepare Kenya for its human resource requirements, to realign the national hospital at Mathari (which is run down with condemned buildings, low morale and shortage of health staff) as a principal training institution for nurses and clinical officers, and to continue the continuing professional development (CPD) programme for primary care in a sustainable way. [25] For the needs of Kenya, and other developing countries, local training of psychiatrists is superior to foreign training in several parameters. If Kenya and other similar developing countries in Africa are to achieve realistic mental health service delivery in the foreseeable future, alternative non-specialist training in mental health is required. [12]

Health care professionals are not motivated to remain in health sector mainly due to factors such a policy of posting and promotion, performance management, opportunities for training and upgrading of skills, gender issues and quality of housing.[13]

WHO 2006 advises that the strategies to improve the performance of health care workforce must initially focus on existing staff because it takes long to train new health workers.WHO further proposes some strategies for substantial improvement in the availability, competence, responsiveness and productivity of the work-force. The strategies include good supervision coupled with clear job description, fair and reliable compensation including descent pay that arrives in time and other financial

and non-financial incentives such as study leave or child care, critical support system with clean water, adequate lighting, heating and cooling system, vehicles, drug, equipments and other supplies, new technologies for diagnosis, treatment and communication, lifelong learning including short-term training, encouraging staff to be innovative and fostering teamwork.[9]

Hackman et.al developed the job characteristic model and identified five core job dimensions namely skill variety, task identity, task significance, autonomy and feedback. [26]

In Robbins and David's work of 2008, skill variety is the degree to which a job requires a variety of different skills and talents. Task identity is the degree to which the job has a substantial impact on the lives or work of other people. Autonomy is the degree to which the job provides substantial freedom, independence, and discretion to individuals in scheduling the work and determining the procedures to be used to carry it out. Feedback is the degree to which to which carrying out activities required by the job result in the individual obtaining direct and indirect clear information about effectiveness of his or her performance. [27]

People whose jobs involve high level skill variety, task identity and task significance experience work as very meaningful. High level autonomy makes a worker more responsible and accountable for their acts. Feedback gives them useful understanding of their specific roles and functions. The close a job comes to having all the five characteristics the more likely that the person who holds it will be highly motivated and satisfied. [28]

Intimidation by seniors and those in management has been a concern. When the health workers went on strike because their demands are always not addressed, the government responded by sacking 25,000 health workers though the letters were later revoked. This is an act of intolerance from the superiors especially when their shortcomings are brought to focus.

The new constitution entrenches each individual's right to fair remuneration. Health workers are not only poorly paid but also forced to work in the highly bio-hazardous and risky hospital environment. The gross income for the currently underpaid, overworked, unmotivated and neglected nurses, clinical officers and other paramedics needs to be revised to stem their exit from the public service and thus support doctors better in their work.

As much as we acknowledge the numerous challenges health care workers face, it is important to note that those working in psychiatric units and mental hospitals undergo worse experience. Franco Basaglia, a leading Italian psychiatrist who inspired and was the architect of the psychiatric reform in Italy, also defined mental hospital as an oppressive, locked and total institution in which prison-like, punitive rules are applied, in order to gradually eliminate its own contents, and patients, doctors and nurses are all subjected (at different levels) to the same process of institutionalism. [29]

American psychiatrist Loren Mosher noticed that the psychiatric institution itself gave him master classes in the art of the "total institution": labeling, unnecessary dependency, the induction and perpetuation of powerlessness, the degradation ceremony, authoritarianism, and the primacy of institutional needs over those of the persons it was ostensibly there to serve-the patients.[30]

A mental health carers survey conducted in Australia found that, all professions working in mental health, including clinical and non clinical staff, were found to be in need of education and training consumer issues. They face dailydiscrimination and stigma. This manifestsitself in the realms of employment,housing, health services, schools, in factall professional agencies. Sometimeseven extended family members can lookdown on people with a mental illness andtheir carer. This stigma leads to increasedisolation with many carers feeling silenceis better than reactions from admittingthey care for someone with a mentalillness. [31]

Ndetei [10] found that health workers in psychiatric hospital or units often experience burnout because of factors associated with mental health care. Thornicroft and Tansella [32] acknowledge this factor as; staff deal frequently with service users whose behavior may be strange or bizarre; there is occasional threat to verbal and physical aggressive behavior from service consumers, some staff may be physically and sexually abused by the patients. In under-resourced services, neglected wards, poor sanitary conditions and overcrowding can contribute to low staff morale; most people with mental disturbances can be very demanding for clinicians, occasionally blaming those who offer help with their problems. Patients with severe and enduring mental disorders frequently make slow progress which in turn does not offer psychological reward to the staff that takes care of them.

It is evident enough that a problem exist in the entire health care setting and that health workers face a lot of challenges. However, a gap in knowledge is evident in the field of psychiatry. A lot of research has been done in developed countries and solutions tried to be put in place, however in Kenya like in many other African

countries very little has been done in psychiatry and no documented material has been found in regards to challenges facing health workers in psychiatric unit.

CHAPTER THREE

STUDY DESIGN AND METHODOLOGY

3.1. Study design

A cross section study was conducted. Both quantitative and qualitative data was collected using self-administered questionnaires. The selected workers and key informants completed the self-administered questionnaires. The study was conducted between the month on March 2012 and May 2013.

3.2. Study sites

The study was conducted in four – Level five hospitals within the western region namely; New Nyanza PGH, Kisii level 5, Kakamega PGH and Rift Valley PGH.

New Nyanza PGH (also known to the local as 'Russia Hospital' because it was a Russian sponsored project for Kisumu and offered mainly free health care - minus drugs etc) is located within Kisumu city, Kisumu County. The facility has a psychiatric clinic but the inpatient services are offered at the nearby Level 4 hospital (Kisumu district hospital) which is also situated within the city. [33]

Kisii level five is situated in Kisii County within Kisii town. It was built in 1916 by the then colonial government to treat injured Soldiers. It has expanded over time and operated as a District hospital until 2007 when it was upgraded to a level 5 status. The Kisii Level 5 Hospital is a regional referral hospital covering South Nyanza, South Rift and entire Gusii Region. It has a 22-bed capacity psychiatric ward for both male and female with a total of 11 health-care workers. [34]

PGH- Kakamega is located in Kakamega County, Lurambi constituency. It has a 22-bed capacity psychiatric ward for both male and female with a total of 12 health-care workers. The average number of patients per day is 40. [35]

Rift valley PGH is situated in Nakuru town, Nakuru County. It has a 22-bed capacity psychiatric ward for both male and female with a total of 12 health-care workers. The unit has an average of 35-40 patients per night.

The study was conducted in the psychiatric unit of each of the four hospitals.

3.3. Study population

All health workers working in the specified psychiatric units were eligible for selection to participate in the study. These health workers include psychiatrists, general medical practitioners, nurses, pharmacists, physiotherapists, occupational therapists, social workers, administration and the support staff.

Tables 3below indicate the distribution of health care workers and their respective facilities that were eligible to participate in the study.

Table 3: Categories and numbers of health workers in mentioned psychiatric units

Category of health care worker	**FACILITY**				
	PGH Kakamega (Kakamega)	**Rift Valley PGH (Nakuru)**	**New Nyanza PGH (Kisumu)**	**KL5H(Kisii)**	**Total**
Psychiatrists	0	1	1	1	**3**
General Medical practitioner	1	0	0	0	**1**
Clinical officer	0	0	0	0	**0**
Psychiatric nurses	2	2	1	0	**4**
General nurses	8	7	9	10	**35**
Support staff	2	2	2	1	**7**
Occupational therapists	1	1	1	1	**4**
Social workers	1	1	1	1	**4**
TOTAL	**13**	**12**	**13**	**12**	**58**

3.4. Inclusion criteria

- Only health workers who were officially assigned to the stated psychiatric units and who had worked in those units for at least three months prior to the date of data collection. Three months is essential so as to accommodate for the staff change-over in some of the selected hospitals. It is also adequate period for new staff to familiarize themselves to the unit and to recognize the challenges.

3.5. Exclusion criteria.

- Students on attachment and interns (medical officers and nurses) were excluded from the study because they did not meet the time period of three months stated above. The psychiatric rotation also takes a period of about four weeks.
- Those health workers who had been posted to the facility in a period less than three months. This is because they need time to adjust and familiarize themselves to the unit.

3.6. Sample size determination

There were a total of only 58 healthcare providers in the four facilities thus all of them were recruited to take part in the study either as study respondents or as KIs. They included; - 3 psychiatrists, 1 general medical practitioner, 39 nurses, 7 support staff, 4 occupational therapists and 4 social workers.

The sample size was not calculated since the target population was small and thus all were included.

3.7. Sampling procedures

All eligible healthcare workers in the study population who consented to take part in the study were included. Since the total population was only 58, they were all allowed to take part. Out of the 58 health workers, 8 of them were Key informants.

3.8. Data collection tool.

Quantitative and qualitative data was collected through closed and open ended questions respectively. Data was collected on participant demographic characteristics including age, religion, academic qualifications, years of experience, specialization, marital status. Key Informants were utilized to shed more light on the study. Key informants included; - the medical superintendent, the psychiatrists, the hospital nursing officer in-charge, the unit nursing officer in-charge, and the psychiatric trained nurses. Interviewer observation was also employed in data collection including taking pictures of the various situations without revealing the identity of any participants.

3.9. Pilot study.

A pilot study was conducted at the Moi Teaching and Referral Hospital (MTRH) Eldoret. Five respondents were interviewed. More people could have taken part but they were reluctant and gave reasons like, “we are busy”, ”we have a hospital report to do”, “come back later” or “will you pay us to answer the questions?” among other excuses.

The main aim of piloting was to test and refine the study instruments. The tool was then edited accordingly

3.10. Data collection procedure.

After approval from IREC, the researcher proceeded to seek approval from the relevant authorities to conduct research in the selected institutions. The researcher then collected data within the month March to May 2013. The self-administered questionnaires were filled within the same period. In each institution, the key informants that took part in the study included the hospital administration representative(Unit in-charge) and other personnel trained in psychiatry. All factors related to working conditions were taken into consideration including;- officers absent from duty due to attending to official duty out of the unit, those on night-off, public holiday-offs, day offs or short sick-offs among others. Those who were unable to fill the questionnaires due to other urgent commitments were also allowed more time to do the same.

There was a major challenge however in terms of data collection period. Data collection was to commence immediately after approval from IREC but that was not the case- there was a delay by four months necessitated by the nurses strike between December 2012 to end of February 2013 and thereafter, the general elections. In addition to delay due to the strike, approval by the study institution took long before the investigator could be allowed to collect data.

Some respondents who had consented to take part in the study never lived up to their word as they did not fill the questionnaires. Some were not reachable especially those who had gone with the questionnaires. The main challenge was with the KIs, support staff who either due to a lot of work or other commitment were either reluctant or not in a position to fill the questionnaires in time.

Data records/questionnaires shall be stored safely for at least a period of five years for reference purpose after which they shall be destroyed. An electronic version of data was created in the form of a spread sheet to act as back up and shall be store for a period of at least five years.

3.11. Data analysis.

All the questionnaires were read by the researcher and coded. Two major components were identified in the coding scheme. These were the parent themes of challenges facing the psychiatry unit and the recommendations for improvement. Sub coding was done further in order to identify and categorically order the data in their respective sub-themes. In the challenges theme, five sub- codes were identified upon which sub-sub coding was done on each sub code to further breakdown the analysis into interrelated but unique sub-sub themes all contributing to the development of the major theme. 'Recommendations' theme however was coded into two levels only. Two independent researchers were asked to verify the seeming accuracy of the category system. This was done and after discussions, some minor changes were made.

QRS Nvivo version 10 software was used in the analysis of the data. The software formed the basis for categorization, report generation and visualization of the data.

3.12. Study limitations and challenges.

The major limitation in the study was the sample size. There were a limited number of participants.

The other challenge was the issue of timelines. The nurses' strike between the month of December 2012 and February, 2013 and the events leading to the general election

halted the exercise by a period of three months thus altering the various timeline of the study events.

3.13. Ethical issues.

Approval to carry out the study was granted by the institutional research and Ethics committee (IREC) of Moi University and Moi Teaching and Referral Hospital before data collection. Approval was also sought in the various hospitals in which the study was carried out.

Consent form was explained and signed prior to the collection of data. Subjects were allowed to leave the study at any point or not to participate at all if they so wished.

Absolute confidentiality and anonymity of the participants was maintained throughout the study. Participants were not required to indicate their names or any other identifying details. The researcher ensured that participant's autonomy was maintained. Information was not obtained through coercion, deception or use of incentives.

Since the study was aimed at getting insight about a given phenomenon, there were neither anticipated nor actual risks of harm to the study participants. [36]

3.14. Dissemination of findings.

The results are not only meant to be used for MPH thesis but also for publication in a peer-reviewed journal for advancement and sharing of scientific information.

Findings will also be made available to institutions under study to facilitate evidence based interventions.

CHAPTER FOUR

RESULTS

4.1 Introduction

Questionnaires were issued to all the fifty eligible subjects in the four institutions under study between the months of March and May 2013. The respondents were expected to fill the questionnaires and return them to the researcher as soon as they were ready. Four of the respondents did not return the questionnaire. Therefore, there was a 92% response rate.

There were a total of 8 key informants. Four unit incharges, three psychiatrists and one medical officer.

Those who did not fill and return the questionnaires included; - three psychiatrists and three nurses and one member of the support staff. Some of the reasons given were either being too busy or being away from the work place due to sickness or other commitments.

4.2: Demographic Data

4.2.1: Percentage of respondents per hospital

Table 4: Represents the number of respondents per hospital

HOSPITAL	**NO. OF RESPONDENTS**	**PERCENTAGE**
KL5H	14	30
KAKAMEGA - PGH	12	26
RIFT VALEY - PGH	10	22
NEW NYANZA - PGH	10	22
TOTAL	**46**	**100**

4.2.2: Frequency per age groups

Table 5: Shows the age group of the respondents

Age group	Frequency	Percentage
20 - 30	12	27
31 – 40	17	38
41 – 50	10	22
51 – 60	7	13

4.2.3: Level of education

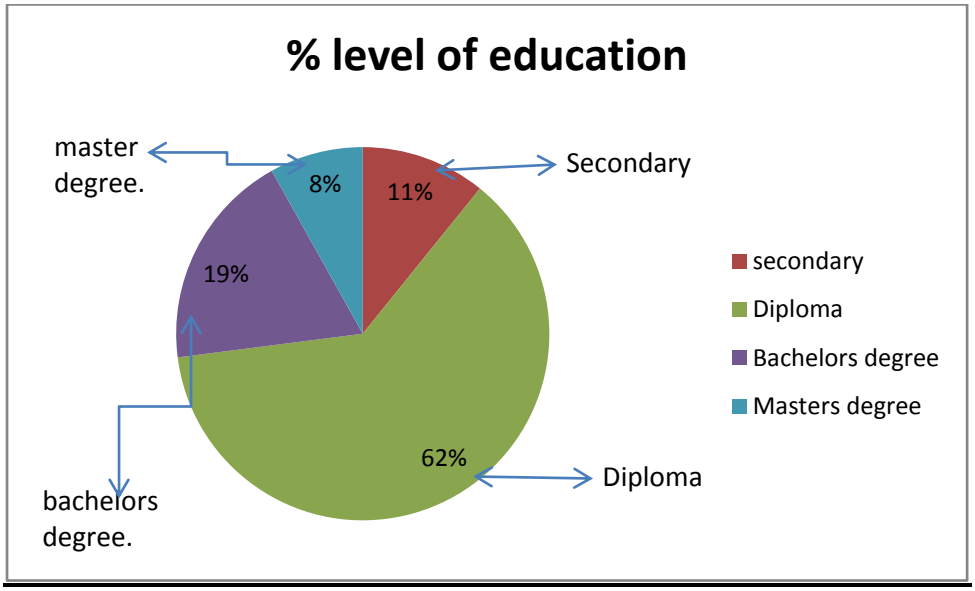

Fig. 4.1: shows level of education of respondents.

The minimum number of years of education was 15 years with the highest at 22 years.

The average years of education for the whole group were 17.

4.2.4: Number and Percentage of respondents per Designation/ cadre

Table 6: Distribution of respondents per cadre

Category of respondent	Number	Percentage
Nurses	32	69
Support staff/ patient attendants	5	11
Occupational therapists	4	9
Social workers	4	9
Medical officers	1	2

Majority (69%) of those interviewed were nurses with the rest contributing a small percentage. They included, support staff/patient attendants, occupational therapist, social workers and a medical officer.

4.2.5: Salary

The lowest paid staff in the unit as reported earns a salary of Ksh.18, 000 while the highest paid staff earns a salary of Ksh.86, 000.The average salary earned therefore is at Ksh.50, 756 with a standard deviation of 18,918.55

4.2.6: Duration of time respondents had been on employment.

Duration was asked in months but during analysis stage, it was translated into years.

Table 7: Duration of employment of the respondents

Duration in employment (years)	Frequency	Percentage
Less than 1	19	41
1 – 2	8	17
>2 – 3	5	11
>3 – 4	4	9
>4 - 5	2	4
Above 5	8	18

All the interviewed respondents had spent an average of 49months in service in psychiatric units. Majority of the respondents – thirty six (36) had worked in the unit for a period of sixty months (5 years) and below. The minimum period noted was four months while the person who has worked the longest has 368 months (Over 30 years) of service.

4.2.7: Duration respondents intend to work in the unit.

Table 8: Time period that respondents intend to work in the unit

Period of stay (years)	**Number**	**Percentage of respondents**
Less than 1 year	11	24
>1-2	3	7
>2-3	5	11
>3 - 4	2	4
>4- 5	6	13
Long (over 5years)	12	26
Not sure/ missing	7	15
Total	**46**	**100**

When asked how long they intended to stay in the unit, most of the respondents indicated that they were not keen to stay on for more than 5years. Seven respondents were not sure of how long they intended to stay while 12 respondents were willing to stay for over 120 months.

4.2.8 Reasons for not wanting to stay in the unit more than 5 years.

Some of the reasons that were given by the respondents as to why they wanted to work in the unit for a short period included:-

4.2.8.1Poor pay

Some of the respondents wanted to quit because of poor pay. One respondent noted:

"The pay is so low, it cannot meet my demands"

4.2.8.2. Working environment

It was noted that the unit had been neglected by the administration and therefore the working environment was not conducive. It was noted that poor work environment contributed to poor job satisfaction in the work place. A respondent had this to say:

"There is poor work environment. You come to job in the morning and you just feel tired when you think of it."

Other respondents also noted that the unit was isolated from the rest of the hospital, therefore making them feel less motivated. They also went ahead and noted that the unit was a high risk unit, which with time might lead to harm to them.

"It is a high risk unit. I prefer any other unit to this"

4.2.8.3. Further studies

Some respondents needed to further their studies and therefore needed to leave the unit for some time. A respondent noted that:

"I intend to further my studies"

While another noted that the unit offered no chances to the staff to build and develop their career. The respondent said:

"There is no opportunity to develop career-wise"

4.3 Results for key informants

There were a total of 12 key informants of whom 4 did not respond to the questionnaires. There were four female and four male respondents. Seven of the respondents were nurses while one was a medical officer. Those who did not respond included 3 psychiatrists and 1 nurse. The average years of education were 18 with most having specialized in psychiatry. The average age for this group was 47 year with the average period of service in psychiatry being 6 years.

Therespondents were required to discuss the challenges facing health care workers in psychiatric units, factors contributing to the challenges and what could be done to curb those challenges.

4.3.1: Challengesidentified by KIs

- Poor work environment including small and congested wards, old dilapidated buildings, working for or around dangerous patients.
- Location of the psychiatric wards. KIs observed that most psychiatric units were isolated thus this was likely to contribute to the issue of stigmatization.
- Challengescaused by staff members i.e.: absconding from duty or taking unnecessary sick offs thus causing artificial shortage.
- Stigmatization from the general public.
- Other identified challenges were; - poor remuneration, staff shortage, lack of adequate budgetary allocation to the unit to aid in purchasing essential supplies in a timely and adequate manner.

4.3.2: Factors contributing to the challenges

- Poor or inadequate government and institutional funding and support to the department of psychiatry.

- Inadequate information/ material on psychiatry to the general public
- Inadequate or poor staff orientation and induction program for the staff members.

4.3.3: KIs' suggestions to curb the challenges.

- Increase and improve psychiatric facilities,
- Increase awareness on mental illness to the general public,
- Recruitment of additional staff in the unit,
- Staff training and motivation,
- Do a new master plan of the hospitals in terms of location and situation of the various departments to avoid isolation of some units.

Since the challenges identified by the Key informants were similar to those identified by the general respondents, they were not discussed separately.

4.4: Challenges

The challenges were categorized into five different and distinct themes such as, challenges related to work environment, relationships with colleagues, those related to patient factors, administrative or management issues and challenges related to the perception from the public.

4.4.1: Challenges related to working environment

All respondents stated that they faced many challenges in their work environment. Table 4.6 shows the identified challenges that were related to work environment included:-

Table 9: Themes in working environment challenge expressed

Theme	**Frequency**	**Percentage (%)**
Limited resources	43	48
Insecurity	15	17
shortage of staff	14	16
Poor condition of facilities	10	11
Unavailability of drugs	7	8
Total	**89**	**100**

The identified challenges under this theme are discussed below.

4.4.1.1: Limited resources and over population

One of the themes that came out clearly and most prominently was that of scarcity of resources in the unit. Over 48% of responses in this section pointed out to over population which leads to inadequate space and depletion of resources. One of the respondents stated;

> *'Inadequate space in the psychiatric unit is leading to patient congestion thus inability to work adequately'*

Another respondent noted that overpopulation in the psychiatric unit is not only caused by high number of patients, but also by the attending staff and students who utilize the unit in their studies. The respondent noted that:

> *'The unit is not specious enough for staff, patients and students'*

Most respondents supported the idea of need for more space, equipments and utilities since the available ones, they said, were not adequate enough for the patient population. Some of those unavailable utilities included toilets for staff and the

patients, beds and mattresses, insufficient storage rooms, strong rooms for violent patients and office space for staff.

One of the respondents had this to say;

'The building is not suitable for the psychiatric patients, no security; insufficient storage rooms and patients are forced to share beds'

Some of the contributions made included;-

"There is lack of functional treatment machines e.g. ECT machine"

"There are no enough boarding facilities e.g. beds, mattresses"

4.4.1.2: Insecurity

Insecurity was understood to largely apply to staff working in the unit and was supported by 17% of the respondents.Attack on staff by violent patients as well attack on patients by fellow patients was a common occurrence. One responded noted that:

"There is poor security for both the staff and patients"

This observation was also echoed by another respondent who pointed out that dangers posed by patients not only apply to other patients and staff but also to themselves as well as the general public.

"Some patients are very violent and pose danger to self, staff and other patients/public"

A number of respondents noted that the difficulty in their work is caused by the violent nature of the patients. It came out that staff suffers from frequent physical as well as psychological harm due to attacks by new patients. Two respondents had this to say:

"Violent! Some patients are brought in violent and they even fight staff before they stabilize"

"Violent patients who tend to give staffs blows hence handling

them is challenging."

Some respondents suggested that handling of patients, especially the violent ones, needed a large number of staff. One respondent also pointed out that male staff were better suited to handle aggressive patients compared to their female counterparts. The respondents had this to say:

"Most of the time it needs male health workers to deals with them because most psychiatric patient are very energetic and violent"

"They are many in relation to staff and sometimes become violent both physically and verbally"

4.4.1.3: Shortage of staff

The respondent (16% in this category) noted that there was shortage of health personnel. First it was noted by a number of respondents that there was inadequate number of psychiatric nurses to attend to patients in the units. One of the respondents said;

"Few psychiatric nurses"

Other respondents noted the shortage or no consultant specialists in the units at all. One respondent stated:

"There are no psychiatry consultants in the hospitals"

Many respondents however generalized the shortage as pure shortage of staff, which can be attributed to shortage of consultants, nurses and support staff. It was also noted that some respondents pointed out lack of the required skills or shortage of the required skills to handle the patients. Though this did not come out prominently, it is worth noting.

"Some staffs are not well equipped with adequate knowledge on

the care of psychiatric patients"

4.4.1.4: Poorly maintained facilities

It was pointed out that most of the facilities in the psychiatric unit were in poor condition and not conducive for use by either the patients or the staff. These facilities included the toilets, sewerage system, windows and floors. This challenge was evidenced by 11 references made to it. One respondent pointed out that:

"Ward environment is poor with poor toilets and bath rooms"

Another respondent also noted that the state of the building was not in good condition. It came out that the building roofs, windows and the floor were no suitable for habitation.

"The ward is in pathetic condition, with broken windows, cracked floors and roof"

Not only was the facility noted to be in a poor state, but the services offered were also singled out as being in need of improvement. A respondent pointed to the diet being given to the patients as not palatable.

"The diet is poor and unbalanced"

4.4.1.5: Inadequate supply of/or unavailability of drugs

It was mentioned a number of times (7) by several respondents that there were inadequate or sometimes no drugs at all in the psychiatric unit. Though this was seen as a result of limited resources available, other attributed it to the neglect from administrative authorities. One respondent said:

"Most of the drugs are not available"

Another respondent noted:

"Inability to allocate resources both financial and man power to the unit"

A tree map showing relationships between inadequate space and other factors such as hygiene and overcrowding.

4.4.2: Challenges related to administration

Table 4.7 shows the challenges related to administration and the number of references supporting each challenge.

Table 10: Table showing density of administrative challenges

Themes	**Frequency**	**Percentage(%)**
Nonsupport and slow response from management	16	44
Inadequate staffing and resources	11	31
Poor management	9	25
Total	**36**	**100**

Below is an elaboration of the challenges.

4.4.2.1: Slow response to issues by the administration

Most respondents observed that the administration took too long in responding to their issues or patient issues. It was noted that when issues are raised, the administration could not respond to them promptly thereby posing a challenge to effective discharge of duties by the staff. One respondent observed that:

> *"At times the administration is slow to solve issues for the ward especially staffing saying the ward is not busy until a crisis occurs"*

Some respondents also noted that support from the administration was low or in some cases it was not there at all. It was suggested that the lack of support was attributed to the fact that the units are not income generating entities thereby suffering neglect.

"Administration seem not bothered with improving the situation in the ward as they term it as non-income generating ward"

Other respondents pointed out that the management of the unit is driven by crisis occurrence. One respondent suggested that it was until a crisis occurs that the administration would bother to intervene to provide a solution.

4.4.2.2: Inadequate staffing and resources

The respondents blamed the administration for inadequate staffing in the units. One respondent said that there has been inability in allocation of resources to the unit by the administration.

"Inability to allocate resources both financial and man power to the unit"

Some respondents came out strongly pointing out that the staff to patient ration was way below compared to the numbers recommended by the WHO. One respondent stated:

"Inadequate human resource distribution, staff patient ratio is far much away from the WHO standards"

4.4.2.3: Poor management by the administration

Lack of psychiatric training was pointed out by some of the respondents as one of the major causes contributing to poor management in the psychiatric units. It was noted that poor management and handling of patients by the administration stemmed from lack of understanding as to why patients behaved in a certain way. One respondent noted:

"The administrators may not have undergone psychiatric course hence may not understand why patient behave the way they do and why they eat a lot than other patients"

Such lack of patient understanding by the administration has led to neglect of patient in the wards or mishandling of patients with mental illnesses.

"There is a lot of mismanagement of patients with physical and mental illness."

4.4.3: Challenges related to patient factors

The challenges identified in this category seemed to be affecting the patients but the effects were felt most by the staff who were working with these patients on day to day basis. Table 4.8 shows challenges related to patient factors.

Table 11: Challenges related to patient factors

Theme	**Frequency**	**Density as a percentage**
Poor or no support from family	23	48
Relapse	13	27
Poverty	12	25
Total	**48**	**100**

4.4.3.1: Poor or lack of family support

Many respondents noted that most patients do not receive support from their family members at all. It was noted that the support from family was either nonexistent or minimal at best. One respondent noted that the patients were abandoned by relatives in the wards.

"Abandonment of some patients by relatives"

This was supported by another respondent who noted that patients were not picked up by their relatives after they recovered.

"Patients stay in the ward for a long time even when they have recovered"

Also it was largely mentioned that visitation of patients in the wards was a problem, since most relatives and friends do not visit. Patients stay in the wards with no family support from visitations or other form of interactions with the general public. This largely leaves the patients to interact amongst themselves and the staff. A respondent noted that

"Some patients are neglected by relatives not coming to visit them"

4.4.3.2: Relapse

A number of respondents mentioned relapse as one of the patient challenges. It was noted that due to inadequate space and poor facilities, new and old (improved) patients were all put together in one room which in turn may affect the already recovering patients leading to their relapse. It was noted:

"Improved patient relapses due to the disruption caused by the new violent patients"

Other factors that were noted as contributors to patient relapsing were poor or lack of support from family members, stress caused by family, non drug compliance, patient refusal to take drugs and poverty leading to no follow up. Some respondents noted that:

"Most of them are poor and cannot afford to maintain checkups leading to relapses"

"Patients having stressors from their families hence they relapse very often"

"Patient refusal to take medication often leading to relapse"

In addition to non-compliance in form of refusal to take drugs and forgetting to take drugs, it was noted that failure to observe clinic dates was another major contributor of relapses.

"Clinic dates are not followed"

4.4.3.3: Poor social economic status amongst the patients

Respondents noted that the social economic status of the patients affected them to a larger extent. Many patients were believed to be from a poor background and thus could not afford basic necessities. Poverty was mentioned to be one of the leading patient challenges since patients could not afford even transport home after they were discharged. This lack of money for transport back home makes many patients to stay in the wards for long and thus leading to overcrowding. One respondent stated:

"Patients over stay in the ward due to lack of money for transport"

Poverty was also mentioned as one of the main causes of relapses. Poor patients have no money for follow up after being discharged from the hospitals. This was mentioned as a cause for relapses.

"Most of them are poor and cannot afford to maintain checkups leading to relapses"

4.4.4: Challenges related to relationship with other colleagues

The respondents were asked to describe the challenges they face in relation with other colleagues. The question did not however exactly indicate if the colleagues in question are the ones working in the same unit or the entire hospital. Responses therefore reflected the entire hospital staff relations with them, as well as their relationship with those within the unit. The table 4.9 shows challenges mentioned under this theme.

Table 12: Staff/colleague related challenges

Theme	**Frequency**	**Percentage(%)**
Despised/ stigmatized	10	42
Disagreements	9	37
Lateness and absconding	5	21
Total	**24**	**100**

The challenges related to relationship with other staff members are discussed subsequently.

4.4.4.1: Despised by workers in from other departments.

From the responses, it came out clearly that the psychiatric staffs were being looked down upon by other members of hospital staff who do not work in the psychiatric unit. A respondent noted that they were being harassed by other colleagues, while another noted that they were isolated from the other parts of the hospital. This makes it difficult for staff in the psychiatric unit to interact with staff from other departmental. They noted:

"Isolation from the rest of the hospital"

"Minimal inter departmental interaction"

Other respondents noted that discrimination from other members of hospital staff was common. Due to little interaction with them, they noted that they were viewed as mentally sick just like the patients.

"We face discrimination from colleagues in other wards and departments"

Another respondent noted:

"Being viewed as also mentally sick"

4.4.4.2: Disagreements and lack of cooperation

Some respondents felt that at times there was no cooperation with colleagues at the work place. They said that some colleagues could be rowdy and non-cooperative. This was thought to put pressure on thosewilling to work freely.

> *"Some colleagues are rowdy and not cooperative making a hard working nurse to be overwhelmed when with them"*

A respondent also pointed out that nurses work harder than the rest of the team members, this, they said brings about many disagreements and misunderstandings in the work place. They noted:

> *"Some of the collaborative teams are not full players, most run away from responsibilities as they are not full time on the work unlike nurses."*
>
> *"There is always disagreement"*

4.4.4.3: Coming late to work/absconding from duty

It was largely mentioned that sometimes most of the staff come to work late or totally miss work. This was noted to put a lot of pressure on the already few staff

> *"Punctuality in working areas is lacking making others to work for longer hours"*

Some respondents also noted that in as much as some may come on time, most of the time they sneak out of work place leaving patients unattended to.

> *"Some sneak from work"*

4.4.5: Challenges related to public perception

Almost all (99%) respondent noted stigma to be one of the main challenges that the patients and staff encounter with regard to public perception of their illness and work

respectively. From the respondents, it came out strongly that patients are stigmatized by the community they come from. One respondent had this to say:

"The public stigmatizes on mental illness"

Some respondents noted that due to stigma, the patients were left to stay in the wards without any visitation even from family members. Stigma has led to discrimination and neglect of mentally ill patients.

"The public does not take good care of their patients they prefer them to be in the ward all the time"

"The patients are accorded minimal support from the community/families therefore imparting a feeling of stigma and discrimination among the patients"

Lack of awareness of causes of mental illness has led to many to associate mental illness with witchcraft. It came out from the responses that the patients were discriminated upon because in some communities, it was believed that mental illnesses were caused by witchcraft.

"Public belief in witchcraft and they would rather take the patients for prayers than to wards. Most of them have little concern for the patients"

Respondents noted that staffs were being discriminated upon. A respondent had this to say:

"Stigmatization even to the staff working in the unit"

4.5: Factors contributing to the challenges

The respondents were asked to state some of the factors contributing to the challenges from their own perspectives. There were three main themes identified by the key

informants. They included; - limited resources, neglect of units and the general view of mental health from both the government and the general public.

Theme	**Frequency**	**Percentage**
Limited resources	23	50
Neglect of the unit	14	30
Public perception	9	20
Total	**46**	**100**

4.5.1 Limited resources

Majority of therespondents felt that lack of adequate resources was a major contributor to the challenges health care workers face. One of the respondents had this to say;-

"There are limited financial resources allocated to the unit for it to be fully equipped"

4.5.2 Neglect of the unit

The issue of neglect of the unit by either management or government was supported by 14 respondents. They felt that the unit had been ignored with both the buildings and other items ignored and left unrepaired. A respondent noted that:-

"There is general neglect of the unit from management"

4.5.3 Poor public perception

The issue of public perception was equally prominent as many respondents (20%) attributed the challenges they faced to this. The respondents blamed the government and the management of the various institutions for not being serious about the units. Some of the responses made included;-

"The government and the general public do not view mental health as a major concern"

"T*here is laxity by the management to address the challenges in the unit because it is not income generating.*"

4.6: Participants' suggestions to curb the challenges

4.6.1: Increase and improve facilities

Respondents noted that there was need to improve the facilities in the psychiatric unit as well as expand the already existing facilities. Some (38%) of all the responses on suggestions for improvement of the unit supported the increase and improvement of facilities. As mentioned in the challenges, overcrowding and poor facilities posed a great problem to the unit. The respondents therefore recommended that the facilities be increased. These facilities include toilets, beds, living space/wards as well as other equipment. Enlarging the psychiatric unit in order to reduce the congestion as well as take in more patients was seen as a necessity. They noted

"The psychiatric unit to be enlarged to accommodate the increasing number of psychiatric patients"

Lack of modern and adequateequipment's was also mentioned as one of the issues that should be addressed urgently by the management. Respondents felt that there was need for the acquisition of modern equipment such as beds, and other equipment for handling patients and ensuring their safety. A respondent noted that:

"Increase the number of equipment required for psychiatric patients in the unit'

Another respondent in support of this noted:

"Build a modern psychiatry ward with modern bed and security

doors and windows"

Another respondent added:

"To supply with adequate equipment's needed in the unit for example electro convulsive therapy (ECT) equipment in good working condition"

4.6.2: Increase awareness on mental illness

Respondents noted that the challenges faced by patients were as a result of people not understanding them. The respondents supported the need to increase awareness on mental illness. Stigma, discrimination and neglect are some of the challenges mentioned. In order to address these challenges therefore, the respondents proposed that the community and even hospital staff be educated on mental illness aspects. Creating awareness on this issue was noted as one way of trying to address high levels of stigma and discrimination. Respondents noted:

"Educate the community about mental illness"

While another respondent noted:

"Health education on mental health to reduce stigma associated with mental illness"

Some respondents also noted that there was need for counseling for family members and other supporters of the patients. This was proposed to be done before the patient is discharged in order for the family to cope well with any unexpected changes. This is seen as one of the ways of addressing stigma and discrimination amongst family members. One respondent had this to say:

"Before discharging patients, have a counseling session with the relatives and the patients."

4.6.3: Increase staff in the unit

Inadequate staffing was seen as alimiting factor to proper patient management. All the respondents noted that there were inadequate staff in the unit and hence the need for increase in order to effectively handle the large number of patients. A respondent noted that:

"Equip the ward with enough staff"

Some respondents also noted that there was need to equip staff with the necessary skills as well as employ other qualified staff.

"Deployment of skilled and support staff in the psychiatric unit"

Another respondent said:

"We need modern psychiatric nurses"

4.6.4: Availing the necessary drugs to the unit

Respondents noted that there was rampant shortage of drugs and thus need to supply the same to avoid inefficiencies in the unit.It was noted that relapses were due to inadequate drugs or sometimes complete shortage of the same. It was noted:

"Supply enough drugs to psychiatry so that we should not have relapses of psychiatry patients"

Some respondents also noted that there was a need to provide a varied range of medications. What came out from the responses demonstrated that most units do not have alternatives to the common drugs. It was realized that nearly all the patients were given the same drugs irrespective of diverse mental illnesses. A respondent said;

"Change medication from routine largactil tabs"

4.6.5: Staff training

In order to address the shortage of necessary skills and moreover improve on the efficiency of the unit, the respondents proposed that staff should be trained on the modern aspects of psychiatry. It was suggested that seminars and other forms of training be given to staff at regular intervals. A respondent noted:

> *"Ensuring that all healthcare workers are well trained on psychiatric care together with continuous updates on the job training"*

It was noted that, not only was the psychiatry team thought to be in need training but also the management team. A respondent notes that;

> *"Management team also needs some training on some aspect of psychiatric care and management."*

4.6.6: Staff motivation

Motivation of staff was one of the pertinent issues that were recommended as solutions to the problems faced in the unit. Most of the respondents noted that salary needed to be improved in order to motivate the staff. It was noted that salary was the major form of motivation mention by respondents. A respondent said:

> *"Government to provide attractive remunerations/ incentives to motivate staff"*

Some of the other forms of recommendation made included training of staff by means of offering scholarships or regular short term training in areas of their expertise.

> *"Encourage more nurses and doctors to specialize in psychiatry through free scholarships"*

Some respondents also noted that there was need to allow free interactions with other hospital staff. They felt that for them to feel not stigmatized there was need for free interaction. One respondent noted:

"Encourage inter departmental interaction"

4.6.7: Improve management systems.

It was earlier noted that the problems faced in the unit had to do with the poor management by the senior managerial staff. The respondents supported the need for improvement of management practices. It was recommended that multidisciplinary approach of management is essential in managing the department related issues. It was also proposed that the management needed to be aware of all the problems in unit in order to provide on spot solution.

"Multi-disciplinary management of patients in the psychiatric unit i.e. involve family, social workers"

"Management to be in picture of what exactly the requirements of psychiatric unit are"

4.7: Health workers' opinion on identified challenges

This section was adopted from the literature review in which the respondents were asked to give their opinion on identified challenges that all other health workers (not limited to psychiatric) units face in line of duty. The intention of this section was to get the opinion of the respondents but not to do a comparison.

Table 13:Quantitative findings/analysis

THEME	**YES (%)**	**NO (%)**
Are the equipmentsin the unit adequate and in proper condition?	3	**97**
Are you intimidated by seniors and management?	32	**68**
Is your salary adequate for the services you offer?	0	**100**
Do you have adequate knowledge in psychiatry?	**59**	41
Is the supply of Pharmaceutical/non pharmaceutical satisfactory?	18	**82**
Do you get regular updates on mental health?	12	**88**
Are you a victim of discrimination and stigmatization from colleagues?	**74**	26
Do you get incentives and motivation in the unit?	15	**85**
Are Duty schedules and working conditions in the unit similar to those of other hospital departments?	38	**62**

CHAPTER FIVE

DISCUSSION

5.1: Social demographic information

Most of the respondents had a mean of 17 years of training with the majority having attained a minimum of a diploma or higher. Jenkins, 2002 and WHO 2001 both agree that substantial and enduring improvements in mental health services require an integrated policy and strategy, including systematic educational interventions to equip service providers with necessary knowledge and skills, public education to raise awareness of the importance of mental health and mental disorders, combined with organizational reforms to enable interventions to be embedded in the health system and in routine care. [19][20] According to the MOH report of 1996 on the national mental health programme for the next ten years and beyond, it was noted that, Kenya's psychiatric units tend to be well equipped but run by a skeleton staff. General health workers tend to lack the diagnostic skills required. [24]

The average salary of the health care worker was 50,756 with the highest paid earning 86,000 while the least paid went home with 18,000 shillings only. Remuneration has been a major challenge as it will be discussed later.

Majority of respondents (59%) said that they intended to spend less than 60months (5 year) in the unit when asked how long they were willing to stay in the unit as from the time of the study. It was however not established whether the same respondents were willing to stay if the challenges were addressed. Some of the reasons they gave as to why they intended to stay for a short period included: -Poor remuneration, poor working environment, as well as intention for further studies.

All the respondents felt that they were not adequately being paid for the services they provided.

The working environment was a concern to many**.** Most respondents felt that, the units were too old and neglected with worn- out floors. Njenga, 2002 noted that: A visit to the famous mental hospitals, Namirembe (Tanzania), Butabika (Uganda) and Mathari (Kenya), in the late 1960s and early 1970s told the same story of neglected, dilapidated, overcrowded asylums located far from the centre of the city; areas not to be visited by those with any medical authority. [18]

NHSSP- 11, 2005 outlines that the many years of neglect caused by budgetary insufficiencies has reduced most facilities to a sorry state that requires rehabilitation before a maintenance programme can be instituted. [5]

Some other respondents felt that they were not well equipped with the requisite knowledge thus the need to still further their studies. Ngatia et.al notes that the pressing health needs cannot be met without a well trained, adequate and constantly updated healthcare workforce and a supportive work environment. [21] WHO, 2007 notes that, Health care professionals are not motivated to remain in health sector mainly due to factors such a policy of posting and promotion, performance management, opportunities for training and upgrading of skills, gender issues and quality of housing.[13]

5.2 Challenges.

The respondents were asked to discuss the challenges inunder broad categories that had been identified a prior. Categorizing the challenges was done deliberately by the

researcher so as to avoid overlooking some of the critical facts that could have otherwise been ignored.

The categories included challenges related to but not limited to; - work environment, relationship with colleagues, patient factors, administration/management as well as public perception.

5.2.1: Challenges related to work environment.

The respondents felt that the work environment in the psychiatric units was not conducive. Some of the themes most emphasized on included; Limited resources, Insecurity, shortage of staff, poorly maintained facilities and unavailability of drugs.

Njenga (2002) in his personal view described psychiatric units as neglected, dilapidated, overcrowded asylums located far from the centre of the city; areas not to be visited by those with any medical authority. [18]

According to the mental facilities Design guide 2010, the healing environments can be designed as safe environments which are healing and recovery-oriented. The environment should enhance patient safety; warmth, be welcoming and familiar. The environments should often promote a sense of calm in patients and enhance their connection to their surroundings (often referred to as “place attachment”), rather than feel detached from or in opposition to it. Patient care areas that incorporate natural light, access to exterior environments, color, art, pleasant furnishings, and other components of a warm environment have been shown to advance healing and recovery. Additionally, promoting positive socialization and engagement, while also providing opportunities for controlling one’s social environment, is critical to successful treatment and the recovery process. [37]

A proper and well organized work environment is not only motivating to the workers but it also enhances optimal productivity. Failure to put in place a conducive environment in the psychiatric units will not only be stressful to the patients but also have a negative effect on the staff working there. Poor hospital environment means prolonged hospital stay, poor healing hence congestion in the unit and finally increased workload for the health workers.

Security was another major concern raised by the respondents who also felt that patients were not secure either. In-fact a day before data collection in one of the institutions, a patient had been murdered by fellow patients. Cases of female staff being sexually harassed by male patients were also reported.

Staff shortage was identified as a major challenge in the psychiatric units. Indeed there is an overall shortage as indicated by the number of respondents in this study. During the period of study, there were only 50 healthcare workers in the four institutions of study. There were only three psychiatrists to serve not only their respective hospitals but the entire regions at large. The total number of nurses in the four institutions was 31 while the average number of inpatients per day in all the four institutions was approximated at 180. This statistics meant that, the nurse to patient ratio per shift was 2: 35 at the very best.

Recently conducted large scale research found that, in a given unit the optimal workload for a nurse was four patients. [38]

There is a significant association between higher nurse: patient ratios and better patient outcomes.In the recentlypast, action was taken in Victoria (Australia) and California (USA) to set mandatory upwardly adjustable minimum nurse: patient

ratios. Such ratios were seen as ways to: ensure safe and quality patient care as well as recruit and retain nurses by the bedside.[39] [40]

In Victoria, the nurse: patient ratio was 1:4 + in charge for all shifts in level 1 facilities while the ratio in level 3 facilities was 1:5 + in charge in the morning shift and 1:6 + in charge in the afternoon shifts. The state of California passed legislation in 1999 that established minimum nurse: patient ratios to be implemented in January 2004. By the year 2005 the nurse: patient ratio in the medical wards, psychiatry included was 1:5 in all shifts. The ratios did not include the charge nurse and managers. [40]

Indeed work environment related challenges have a direct influence on the health care provider and thus to the health care delivery system. Should the challenges persist, then the psychiatric units shall continue with the same old story. It is therefore important to put all effort necessary to curb these challenges.

5.2.2: Challenges related to relationship with colleagues

During analysis, four main themes came up from this subject matter, the respondents felt that they were being harassed by their colleagues from other departments. In-fact they felt being stigmatized as they were labeled “psyches”. Interactions with other departments were also limited as most of these units were isolated from the rest of the hospital.

Issues of staff coming late and leaving their work station early than expected were also reported. Some staff members also absconded from duty. Such cases were attributed to neglect of the units. It could also be attributed to staff taking advantage of their limited knowledge on the seriousness on mental health to abscond. In a visit

to one of the four units, it was found that it was being run by students who were on clinical rotation. In another institution, the Unit in-charge confessed that during one of the nurses' strikes, students managed the unit in their absence.Poor cooperation and minor disagreements among staff members were also reported though they were few and isolated cases. It was not clear on the causes of such disagreements among staff but they could be narrowed down to personal issues and not work related.

It is important to get along with colleagues because it helps employees performtheir job better and it is also more satisfying. Individuals should be aware of counterproductive behaviors that make the job more difficult and anticipate ways to prevent them thus improving workplace interactions. This can be achieved through; keeping conflicts to a minimum, avoiding power struggles, being proactive, avoid gossip and working as a team. [41]

Different workplace relationships call for flexible communication skills. The manner of behavior towards a supervisor, for example, will most likely differ from the way one communicates with a coworker. Basic skills include; - Adapt to your environment, be respectful, practice "employee empowerment." and adjust your conversation. It is always important to remember that, "It's not what you say, it'show you say it" Your coworkers will be more receptive to what you have to say when you takecare to deliver your message appropriately. [41]

Survey reports by the chartered institute of personnel and development (CIPD) identified some potential sources of conflict at work as obvious, such as: excessive personal use of the Internet or email, poor attendance and time-keeping, any form of bullying behavior or harassment, any form of discriminatory behavior, unacceptable language, theft, drink or drug problems. However, frequently it is the more subtle

behaviors that over time, if not confronted, will lead to workplace disputes. Examples of less obvious sources of dispute include: taking credit for other people's work or ideas, talking over people in meetings, not inviting team members to team social evenings or events, not covering for people when they are off sick, not taking messages for people, using someone else's contacts or customer/client information without permission, ignoring people or being discourteous, poor personal hygiene. [42][43]

The reports further stated that, line managers can be both the solution to, as well as the cause of, workplace disputes. The CIPD 2004,managing conflict at work survey report found that line managers were most likely to be the source of bullying within organizations. Management style is also the number-one cause of stress at work according to the 2007 CIPD. Managers need to have the appropriate people management skills to ensure the way that they manage is not affecting the health and well-being of the individuals within their department or team. [42][43]

Colleague related challenges have always been there and are still there to stay. The important issue is on how to handle such challenges so as to maximize staff productivity and minimize the challenges as much as possible. Should the suggestions given above be adopted, then the psychiatric department shall be said as headed to the right direction.

5.2.3: Challenges related to patient factors.

The study found out that some of the challenges faced in the units were due to factors related to the patients' social support system. It was apparent that most of the patients were abandoned in the units by their relatives never to be visited. Family bonding is

important in the healing process. Patients are more comfortable and relaxed when they are with the people they know better than strangers.

Most respondents felt that they were left with the burden of filling the gap left by the family members. Some staff members said that they were forced to provide for basic needs of the patients.

From the study findings, it appears that patient relapse was a notable challenge. Relapse could also be attributed to lack of sufficient medication in the unit. Some health care workers also noted that sometimes patients missed essential drugs while others noted that due to staff shortages and sometimes frequent strikes, patients were left unattended to thus missing their medication.

Health care workers also said that most patients who experiences relapses posed a big challenge to the staff in the unit, the prolonged stay in the unit by the patients and together with the growing number of admissions brought about congestion thus impacting on the nurse: patient ratio.

5.2.4: Challenges related Administrative/ management issues

Most respondents expressed their frustrations and blamed it on the administration. They stated intimidation, unfair treatment and failure by the administration to act on important issues arising from the unit.

Franco Basaglia, defined mental hospital as an oppressive, locked and total institution in which prison-like, punitive rules are applied.The hospital management should handle and treat all departments equally. Staff members need to be treated with respect and should be handled with the dignity they deserve. All health workers including those in psychiatric units have special needs and must be treated as so.

Should these issues persist, it will be difficult to retain staff in the unit or even recruit new ones to the same.

5.2.5: Challenges related to Perception from the public

In this study, the respondents were 99% in agreement that the main challenge they faced from the public was stigmatization.

Relatives use psychiatric units as damping place for the mentally challenged. It was noted that most of the patients are never visited during the entire stay in the unit. Some of the relatives even pretend to be good Samaritans when taking these patients to the wards so as not to be traced when needed.

A mental health carers survey conducted in Australia found that, all professions working in mental health, including clinical and non-clinical staff, were found to be in need of education and training. They face dailydiscrimination and stigma. This stigma leads to increasedisolation with many carers feeling silenceis better than reactions from admittingthey care for someone with a mentalillness. [31]

Challenges related to public perception can be attributed to the misconception about mental health. Facts and information about this non-communicable disease of public importance have to be readily available to the general public by use of both print and non print media, through gatherings and any other opportunity available for it to be appreciated. The public does not view the mentally challenged as patients but rather as insane beings who should be treated as outcast.

5.3: Respondents' opinion on pre-determined challenges.

The section was included in the questionnaire so as to capture the opinion of the respondent and also to confirm some of the issues raised as challenges within the

healthcare system. A stem statement was given and the respondents were required to agree or disagree. The challenges in this category had been identified as facing health care workers in general but were asked as a matter of opinion finding but not fact finding.

Remuneration remains the greatest challenge in the unit as much as it is to the entire health sector. All the respondents felt that the wage they collected at the end of the month was far too little to meet their needs. WHO, 2006 proposes the strategies to improve the performance of health care workforce which include good supervision coupled with clear job description, fair and reliable compensation including descent pay that arrives in time and other financial and non-financial incentives such as study leave or child care. [9]

Shortage of health workforce is a great challenge in the psychiatric set-up. During data collection, it was surprising to note that in all the four institutions of study, there was a cumulative of 50 health care workers cutting across all cadres. The number is so low for optimal level of services to be offered. The international journal of mental health vol.4, acknowledge that there exist an acute shortage of mental health workers. [14] WHO, 2006 acknowledges that 57 countries, 36 of them in Africa, face severe shortage of health work force, Kenya included. [9] According to NHSSP II, 2005 report, there is a shortage of health workers and glaring skills imbalances and uneven distribution of the existing workforce between urban and rural areas, and between the public and private sectors is apparent. [5] There is a shortage of about 32,000 doctors and 40,000 nurses.

Majority of the respondents, 97% felt that the supply of equipments to the department was inadequate and not well maintained. The few that were supplied were either

broken down never to be replaced. Most of the respondents insinuated that the departments were neglected because they are not income generating. A further 82% of the respondents felt that the supply of pharmaceutical and non-pharmaceutical products to the unit was not satisfactory. This included drugs, detergents and even food.

Most respondents (59%) felt that they had adequate knowledge on psychiatry. Majority of them (88%) however revealed that they are never given regular updates on mental health issues. Other than the mental health day which is celebrated world over, most the respondents stated that they have never attended any seminars or workshops on mental health matters. Further, the respondents said that they are never involved even in the hospital CMEs.

Other challenges that were agreed upon by majority of the respondents included; intimidation by seniors and management, discrimination and stigma from colleagues, hectic duty schedules and working conditions that are not similar to those of other units as well as lack of incentives as a motivation.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1: Conclusion

In conclusion, the study identified many challenges which were discussed under five broad categories otherwise referred to as 'parent themes'. Identified Challenges related to work environment were; -Unavailability of drugs and other crucial commodities, Insecurity at the work place, Limited resources. Challenges related to relationships with other colleagues included; - disagreements, lateness and absconding duty and colleagues despising others. Administration related challenges included; inability to adequately staff the unit, poor or inadequate support to the unit or slow in responding to challenging issues in the unit.Challenges related to patient factors included some patients being violent, non compliance to treatment, poverty leading to neglect of patients and relapses. The final theme was challenges related to public perception and the main issue was stigmatization from the public.

Factors contributing to the challenges included; - limited resources, neglect of units and the general view of mental health from both the government and the general public.

The respondents had the opportunity to give views on what should be done to curb the challenges experienced in the units. Some of the suggestions included; -Increase and improve the number of psychiatric facilities so as to decongest the existing ones, increase awareness on mental illness to the general public in order to change the perception, recruit more health care staff in the unit to improve the ratio, availing the necessary drugs to the unit, improve on staff training and motivation as well as improvement on the management systems.

6.2: Recommendations

6.2.1 The government (national & county)

- In order to dispel the myth about mental illness as well as reduce the cases of stigmatization, the government shouldfoster public knowledge on issues related to psychiatry. This can be achieved through the use of material that can be shared in the most convenient and easily accessible manner, such as the press, print media and even the social networks. Increase the resource allocation to the hospitals and more specific to the psychiatric units to assist in their upgrade.
- For the psychiatric units to attract and retain competent staff, the government should increase sponsorship and scholarships for health care workers who want to pursue a career in mental health.

6.2.2. Hospital administration/ management

- For the health care workers to have a proper and conducive work environment that is of acceptable international standards the existing structures should be renovated or new ones put up so as to provide a better habitat for both patients and staff. The administration should also ensure that all the essential supplies, both pharmaceuticals and non-pharmaceuticals are adequately and timely supplied to the department
- In order to empower members of staff and ensure they are motivated, the hospital administration should put in place mechanisms ensure continuous academic advancement and timely updates of new updates, provide incentives and better remunerations.
- In order to have a better staff: patient ratio and ease the burden of burnout, the administration shoulddeployed more health care staff to the unit.

6.2.3 Health care workers

- In order to reduce cases of stigmatization amongst members of staff, health care workers should embrace staff interactions through regular interdepartmental meetings and CME so as to share experience and challenges.
- In order to minimize burnout as well as reduce risks of assault from violent patients, members of staff should work as a team rather than lone rangers.

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APPENDICES

APPENDIX 1: PARTICIPANT'S INFORMATION SHEET

I OtaraPolycarp, am a student at Moi University undertaking a Master of Public Health. I am currently carrying out a study on Challenges facing health workers in psychiatric Units in level 5 hospitals in Western Kenya region. The purpose of the study is purely academic and is part of the program requirements for graduation. The study has no risks involved as there will be no experiments or any other invasive procedures conducted on the participants. There are no direct benefits or incentives for those who chose to participate. To participate in the study is voluntary.

Information gathered from the study shall be used to make recommendations to the hospital management and the line ministry to address and improve the working conditions. No names of the study participants shall be revealed during the study or during dissemination of results to the relevant authorities, thus participants should not fear of intimidation for participating in the study.

The information provided by the participants shall be treated with confidentiality and anonymity. It shall be used solely for study reasons. I would like to request you to take some time to honestly respond to this self-administered questionnaire. Please, note thatyour names or any identifying material shall not be required for the purpose of the study. Thank you in advance.

APPENDIX 2: PARTICIPANT CONSENT FORM

Please read the information sheet or have the information read to you carefully before completing and signing this consent form. If there are any questions you have which are not clear regarding this study, please feel free to ask the investigator prior to signing the consent form.

Participant Statement

I hereby give consent to Otara Polycarp to include me in the proposed study entitled "**Challenges facing health-care workers in psychiatric units in level 5 hospitals in Western Kenya**". I have read/heard the information concerning this study, and I fully understand the aim of the study and what will be required of me if I accept to take part in the study. The risks and benefits have been explained to me. Any questions I have concerning the study have been adequately answered and I am satisfied.

I understand that I can withdraw from this study anytime if I wish to without giving any reason.

Signature..... Date.....

Investigator

I have explained this study to the above participant and have sought his/her understanding for informed consent.

Signature….....Date……...

APPENDIX 3: QUESTIONNAIRE

Introduction

Dear respondent,

I am a Master of Public Health Student of Moi University and currently carrying out a study on Challenges facing health workers in psychiatric Units in level 5 hospitals in Western Kenya region. I would like to request you to take some time to honestly respond to this questionnaire as it is administered by the interviewer. The information that you provide will only be used for research and will be kept completely confidential and anonymous. Thank you in advance.

NOTE: The questionnaire shall be responded to by **ONLY** those who meet the inclusion criteria.

PART 1: Socio-demographic characteristics

1. What is your date of birth? ----------
2. What is your gender?

   Male -------- Female----------
3. What is your marital status? (Check one)
   - Single
   - Married:
   - Separated
   - Divorced
   - Widow
   - Other, Specify ……..

4. How many years of formal education do you have? ……...
5. What is the highest level of education that you have completed?
   - Primary
   - Secondary
   - Diploma
   - Bachelor's degree
   - Master's degree
   - PhD
   - Other, specify……
6. Which institution (Hospital) do you work for? ……...
7. What is your area of designation? ……...

8. What is your area of specialization? ……
9. What is your religion? …….
10. What is your approximate monthly income? ……...Ksh.
11. For how long have you worked in a psychiatric unit? …….months
12. How long do you intend to work in the psychiatric unit?..... (If on a short term basis i.e. less than 3 years, answer question 13 below.)
13. Give three reasons for your answer (no.12) above. …….

    ……

    ……

    ……

PART 2: Challenges. In this section, state your answers in point form.

14. As a health care worker in the psychiatric unit or ward, list some of the challenges you face in relation to the following subheadings?
    a. Challenges related to working environment?

       ……

       ……

       ……

    b. Challenges related to relationship with colleagues?

       ……

       ……

       ……

    c. Challenges related to patient factor?

       ……

       ……

       ……

    d. Challenges related Administrative/ management issues?

       ……

       ……

       ……

e. Challenges related Perception from the public?

……

……

……

15. State some of the factors contributing to the challenges.

……

……

……

16. Give any five (5) suggestions for improvement.

……

……

……

PART 3

In this section register your level of agreement or disagreement to the statements that follow using a tick (√)

17. Are the equipment's needed in your department adequate and in proper condition?

Yes …….. No. …….

18. Do you think you are intimidated by seniors and those in management?

Yes …….. No. …….

19. Is the salary you earn adequate for the job you perform?

Yes …….. No. …….

20. Do you have adequate knowledge or training related to psychiatric care?

Yes …….. No. …….

21. Is the supply of pharmaceutical and non-pharmaceutical products to the unit satisfactory?

Yes …….. No. …….

22. Do you receive regular updates on mental health information?

Yes …….. No. …….

23. Do you experience discrimination and stigma from your colleagues due to your work station?

Yes …….. No. …….

24. Are you given incentives or any other form of motivation for the work you do at the unit?

Yes …….. No. …….

25. Are your duty schedules and other working conditions similar to those of other health workers in other units?

Yes …….. No. …….

######Thank you for participating######

APPENDIX 4: INTERVIEWER GUIDES TOOL FOR KIs.

Introduction

Dear respondent,

I am a Master of Public Health Student of Moi University and currently carrying out a study on "**Challenges facing health workers in psychiatric Units in level 5 hospitals in Western Kenya region**". I would like to request you to take some time to honestly answer the questions in this interviewer guide. The information that you provide will only be used for research and will be kept completely confidential and anonymous. Please, **DO NOT** write your name or any identifiable material anywhere in this questionnaire. Thank you in advance.

NOTE: The interviewer guide shall be answered by key informants.

PART 1: Socio-demographic characteristics

1. What is your date of birth? ----------
2. What is your gender?

   Male -------- Female----------
3. What is your marital status? (Check one)
   - Single
   - Married:
   - Separated
   - Divorced
   - Widow
   - Other, Specify ……
4. How many years of formal education do you have? ……...

5. What is the highest level of education that you have completed?
    - Diploma
    - Bachelors degree
    - Masters degree
    - PhD
    - Other, specify……
6. What is your area of designation?.....
7. What is your area of specialization? ……
8. What is your religion?.....
9. For how long have you worked in a psychiatric unit? …….months

PART 2: Interviewer guide tool.

10. What challenges are experienced or have been reported to you regarding the health workers in the psychiatric unit?
11. What factors contribute to these challenges?
12. What has been or is in place to address these challenges?
13. What recommendations can you make to aid in controlling the challenges?