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Original Research Article

Health Professionals Perceptions Regarding Mental Health Care Services Quality in a Selected Psychiatric Hospital in Lesotho

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Abstract

The purpose of this study was to explore the perceptions of health professionals regarding mental healthcare services quality at a selected psychiatric mental health setting in Lesotho. An exploratory descriptive qualitative design was used to collect data using semi-structured interviews from a sample of 14 mental healthcare workers who were purposively sampled. Qualitative content analysis was used to analyse the data and four themes, ten categories and 33 subcategories were developed. The findings indicated that psychiatric mental health care professionals understood the concept of quality mental healthcare and they were motivated to do their work. However, there are some challenges incurred by these professionals. The challenges were found to be institutional, environmental, human resource related and work relationship-related in nature. The participants revealed that they lacked support from the Ministry of Health, resources and equipment, standard operating procedures. The challenge of human resources is reflected by lack of a psychiatrist, no continuous professional development and long working hours. Participants expressed work relationship challenges includling non-supportive correctional services officers in the Forensic unit and lack of support from patient relatives and the community. We conclude that there is a dire need to capacitate the professionals at the hospital and to scale up the quality of services. There is need to provide continued education support through refresher courses to the staff at this facility.

Keywords: Quality, Mental health, Healthcare, Service provision, Mental health setting

INTRODUCTION

Mental disorders are widely spread across the globe and yet the quality of care fort these conditions has not increased proportionally as with physical conditions (Kilbourne et al., 2018:30). The situation is the same in Lesotho. Ayugi (2015:73) notes that mental health care has not been given attention and that the quality of care is sub-standard. Accoding to Kilbourne et. al (2018:31-37) there is a perception that mental health care quality is restrained by lack of standardized quality standards in mental health, lack of training for care providers, barriers in harmonizing health care and culture amongst others.

Literature (Ditton, 2013:1) clearly points out that there is a perception that inadequacy in diagnosis and treatment of mental conditions in primary health care hampers the quality of care. Furthermore, cultural attitudes towards mental conditions generally aggravates the stigmatization and ill-treatment of patients and their families. Basson (2012) studied the perceptions of nurses

towards the mentally ill and discovered that the social stigma and maladaptive attitudes hamper the quality of care. The attitudes were discovered to be more negative in nurses without the psychiatric mental health training and this may suggest lack of knowledge as a factor leading to reduced care quality. Basson (2012) strengthens that knowledge, duration of exposure to the mentally ill and occupational support influence the quality of care provided.

The World Mental Health Atlas (2014:1) purports that Lesotho is challenged by a mental disorder burden of 2977/100 000 people and a suicide rate of 6.1/100 000 of the total population. Data reflected in the 2017 Atlas reflects a pervasive increase (WHO, 2017). Due to unabated issues of stigma, mental disorders are misunderstood, overlooked and neglected globally (Funk, Lund, Freeman & Drew 2009:415) regardless of the high prevalence (2977/100 000) of mental disorders in Lesotho, very few seek medical help; the few that do experience sub-standard care.

The poor quality emanates from the country's unstable and low economy. This is reflected by the low and late budget allocation to the Directorate of Mental Health coupled with insufficient staffing patterns (Ayugi 2015:73). Funk et al (2009: 415-416) support that inadequate resources and human resource are a major reason for poor quality mental health care in middle and low income countries such as Lesotho. The ICN and WHO (2015:3) affirm that low and middle income countries receive little mental health care attention from the government and public, leading to poor quality care provision.

Ayugi (2015:73-79) points out that mental health care in Lesotho has not received its deserved attention by relevant stakeholders and that this is reflected by low human resource and funding. He further comments that regardless of the challenges, mental health workers in Lesotho are committed to work. Factors that affect the provision of quality mental health care internationally have been reflected in literature (Tema et al., 2011:918; Ngako, Van Rensberg and Motoboge 2012:5) but literature remains limited in Lesotho.

The gradually increasing demand on health care services associated with the scarcity of health care professionals, advances in technology and health sciences has created an overload of work and occupational stress. These lead to increased work errors and decreased work quality (Mundallal et al. 2008: 29). They further denote that the above factors lead to staff burnout syndrome for the health care personnel which affect the quality of mental health care.

Problem Statement

Anecdotal evidence suggests that clients are discharged prematurely, before they are fully recovered from the psychiatric hospital in Lesotho. The consequences are the relapse and readmission, which results in the phenomenon of “Revolving door syndrome”. In addition, the staff burnout, which evidently affects the quality of mental care provided to clients, has been reported. This study therefore sought to explore the perceptions of health professional on the mental care services quality at the selected psychiatric hospital

Aim of the study

The aim of the study was to explore the perceptions of health professionals on the mental health services quality at a selected psychiatric hospital in Lesotho.

Objectives

The objectives of this study were to; Explore views of health professionals regarding the mental health services quality at the selected psychiatric hospital, describe the factors that enhance provision of quality mental healthcare services at the selected psychiatric hospital.

METHODOLOGY

An explorative descriptive qualitative research design was used to collect data using semi-structured interviews on 12 psychiatric mental health care workers who were purposively sampled. They included one doctor, four nurses, one pharmacist, two psychologists, two social workers, one representative of the management, and an occupational therapist.

Data was collected in March 2018. Semi-structured interview guides that were developed by the researchers directed the individual interviews with the respondents. Permission to record the interviews was sought from the respondents and they signed a consent form. The data was transcribed verbatim and field notes were taken to describe the interview contexts in detail. Qualitative content analysis was used to analyse the data. Data chunks were organized from the verbatim transcripts. Open coding was used by breaking down data into separate sections. Codes were developed, grouped into categories and subcategories. Axial coding was employed to establish the relationship between the data categories and subcategories.

Trustworthiness

The researchers ensured prolonged engagement with the respondents to understand their perceptions. The interview context and methods were described in detail. The respondents' demeanour and behaviours were

Table 1. Knowledge of quality mental healthcare

Theme	Category	Sub-category
Knowledge and perceptions about Quality Mental Health Care	1.0.0 Perceptions about quality mental health care	Understanding mental ill-health and being able to diagnose and treat mental illness Individualised and equitable care Patient freedom and autonomy
	1.0.1 Indicators of quality mental healthcare	Patient condition getting better with no patient relapse or mortality Proper treatment equipment Proper documentation Adequate staffing correct staff allocation and collaboration of mental health workers

recorded and a total of 12 interviews were conducted. A digital recorder was used to record the data and the data were transcribed verbatim. Probing was used to ensure the correct information was elicited from the respondents and the researchers also returned to the participants to confirm their responses. A code book was used consistently during the coding process.

Ethical Considerations

Permission to conduct was granted by the National University of Lesotho (NUL) Institutional Review Board (IRB), the Ministry of Health Research and Ethics Committee (NURS14/2017) and management at the selected psychiatric hospital. Respondents provided written consent and voluntarily participated in the study. Interviews were conducted in a private room provided by the hospital management. All information provided was kept in strict confidence and was not used against the respondents. Respondents were allowed to withdraw from the interviews if they felt uncomfortable without any repercussions.

RESULTS

Data was collected from one doctor, four nurses, one pharmacist, two psychologists, two social workers, one representative of the management, and an occupational therapist. The age range was 21 to 60 years. They had spent between 0 to 40 years working at this facility. Four themes, nine categories and twenty-four sub-categories were derived from the data.

Theme 1: Knowledge and Perceptions of quality mental healthcare

Perceptions about quality mental healthcare

This category emerged from the data that related to the individual's perceptions about what quality mental healthcare is and what it entails. This category has four sub-categories. Table 1

Understanding mental ill-health

Mental ill-health is a central concept to mental healthcare. The Hunter Institute of Mental-health (2018) explained that it is an umbrella word that encompasses both health and illness. The mental health-workers perceived that quality mental healthcare entails the ability of the professionals to understand the phenomenon of mental-ill health. The participants also remarked that for a professional to provide quality mental healthcare, they must be able to delineate health from illness.

One of the participants remarked:

"Quality mental health means caring for patients with the understanding of mental-ill health as a professional and making patients understand their illness as well."

Another participant noted that:

"You cannot provide quality mental healthcare if you do not know what it is and what it entails…you just can't."

A cross-sectional study conducted in Kenya revealed and supported the findings that while the provision of quality mental health care is mandatory, low levels of healthcare workers' knowledge about quality mental health is a barrier (Mendel, Gitonga, Nelson, Masau, Adam & Smith 2016: 442-455). The mental health workers of the selected hospital stressed that quality mental health care meant that the professionals who provided care were able to diagnose and appropriately treat mental illness. One participant was of the notion that: *"Professionals need to be conversant with the field of mental health first, then they will be able to provide quality…if a health professional does not know what they are dealing with then it might be difficult to diagnose and treat the problems of patients."*

The finding is supported by Miller (2018) who adumbrated that good mental health care workers possess excellent communication skills, have resilience, and have extensive knowledge about mental health. They

need to stay up-to-date with changes to the field, such as new medications and protocols.

Individualized and equitable care

Health equity refers to the discipline and causes of differences in the quality of health and healthcare within different populations (Colorado department of public health: 2011). Health equity is important in mental health (Kawachi, Subramaman and Amelda 2002: 647-652; Tikken, Woolhandler and Lasser 2017:47). In response to the challenges facing modern healthcare, individualized care has come to the fore as a health strategy (National Academy of Science and Engineering, 2017). Individualized healthcare is further described to be based upon the realization that patient medical conditions are very dynamic and individualized. Participants noted that in order for quality mental healthcare to be provided, individuals needed to be given individualized care. One participant said: *"I think ideally, quality mental healthcare is one that is comprehensive, care that is individualized and accessible…and of course equitable."*
Another participant commented:
"*Quality mental healthcare is given in a clean environment…making sure that the care is individualized and no violence exists…including freedom of patients*
Lack of a regular source of care due to financial reasons and human resources, structural barriers such as buildings and linguistic barriers are reportedly some of the barriers that prevent equitable care to be provided around the globe (Kawachi et al., 2002: 647-652; Tikken, Woolhandler and Lasser 2017:47). This was also discovered at the selected hospital.

Patient freedom and autonomy

Personal autonomy is widely valued globally. Recognition of autonomy in patient-care is important in medical ethics. This principle is associated with enabling patients to make their own decisions about their healthcare. In mental healthcare however, the absolute dictate of client autonomy is questionable, mainly because of the mental health status that is often sufficiently limited due to mental disorder.

The participants of the study explained that quality mental healthcare existed when clients made decisions on their own regarding healthcare. One participant believed that: "*Quality care is given in a clean environment…it includes no unnecessary patient seclusion and freedom of the patients…"*

Indicators of quality mental healthcare

This category emerged from the data that related to the individual's perceptions and knowledge about the indicators of quality mental healthcare. This category has five sub-categories.

Patient condition getting better and no mortality

Psychological recovery in mental healthcare emphasizes and supports a person's potential for recovery. Recovery is generally seen as an outcome of quality mental healthcare as it promotes hope, improves sense of self, supportive relationships, social inclusion, and coping which are all desired attributes in mental health (Jessica, Jordan, Karina and Self 2016: 3-4). Relapse refers to the worsening of a health status after it had been improving, whilst mortality on the contrary, refers to death (Burton 2017; Collins dictionary 2018).

The participants of this study strongly felt that the most crucial indicator of quality mental healthcare was the condition of a patient getting better while receiving care at a healthcare institution. They expressed that in a setting where quality mental healthcare is provided; there should be no unavoidable relapse cases and avoidable deaths.
Participants describe:
"…indicators are obviously the reduction of symptoms, reduction of relapses and defaulters as well..."
"…well I think no relapse is definitely an indicator of quality mental healthcare…"
"I think one of the indicators of quality mental healthcare is no mortality…"
"A clean environment, healthy diet; patients eating healthy food, no relapse and I think adherence to treatment and follow-up…"

Ambikile and Iseselo (2017:109) supported the discretion of the participants that improving the patient condition, no relapse, and no mortality were indicators of quality mental health. Health professionals who provided good care did not have patients who relapsed, and avoided patient mortality. deaths.

Proper treatment equipment

Medical equipment aids in the assessment, diagnosis, monitoring and treatment of health conditions. Sadly, low and middle-income income countries face multiple challenges in meeting mental health needs in their regions in this regard due to lack of equipment (Ambike and Masunga 2017: 109) These countries continue to face challenges in an effort to implement the World Health Organization's recommendations to improve mental health services. The study revealed that the professionals at the selected psychiatric hospital were of the notion that one of the indicators of quality mental healthcare was adequate and proper treatment equipment. One of them added: *"…adequate staff…availability of ward aesthetics, availability of proper*

Table 2. Motivating factors

Motivating factors in the provision of quality mental healthcare	Personal motivators	Empathy for clients and professional ethical responsibility Intellectual challenge in mental healthcare Building a good resume
	Institutional motivators	Very low mortality in the hospital Support from the hospital management
	Patient-centred motivators	Low socio-economic status of most clients and patients

treatment equipment are definitely indicators of quality mental healthcare…"

Proper documentation

Rouse (2018) defines documentation as creation of a record detailing healthcare treatment. She adumbrates that documentation is a critical means for conveying important clinical data about each patient's diagnosis, treatment, and outcomes and also for communication between clinicians. The participants shared:

"I think patients being nursed or taken care of in an inpatient setting and ensuring good hygiene, proper treatment and adherence in a good, therapeutic environment. Lastly, taking care of the client holistically…proper documentation and follow up…"

While literature supports the need for documentation in healthcare, Samantha et. al (2017) identified time management, information selection and brevity as some of the challenges that healthcare workers were confronted with. They elaborated that these challenges most often push the workers not to record or to document partly. In the same manner, (Scott 2014) also affirmed that high documentation to clinical service ratio led to higher rates of burnout and job dissatisfaction among clinical staff. The need for documentation however, remains undisputable.

Adequate staffing and correct staff allocation

The quality of staffing is essential in mental healthcare. It includes ensuring the right numbers, good attitude, knowledge and skills and provision of good care. Safe and sustainable staffing patterns have been established as fundamental to quality care. Participants shared:

"…adequate staff, educated staff…well trained staff... they are definitely part of quality mental healthcare…"
"well…I think collaboration of healthcare professionals and support from relatives are part of quality…"
"Well of course…adequate staffing with proper qualifications is another indicator…"

Theme 2: Motivating factors in the provision of quality mental healthcare

Personal motivators

This category emerged from the data that related to the individual's motivators in the provision of quality mental healthcare. This category had three sub-categories. Table 2

Empathy and ethical responsibility

Empathy reflects the capability to understand and feel what the second person is experiencing from within their own reference (Rothschild 2008). The work of mental health professionals requires understanding or envisaging the client's experiences and thoughts (Gleichgerrcht and Decety 2013; Hojat 2011:2011). The participants of this study were motivated to provide the best of care because of empathy for the clients they attended to. They reiterated that "getting into someone's shoes" helped the professionals deliver quality care. They further commented that healthcare is an ethical responsibility and this helps improve trust, history taking, and patient satisfaction. The study revealed that:

"*What motivates me to provide quality mental healthcare is the passion that I have for helping others and the passion for clinical work generally..."*
"…definitely my compassion and empathy. I really feel for the clients who are admitted into this institution…"
"I think the only things that motivate me are the compassion I have for patients…my ethical responsibility and the benefit of the patients. Nothing else is motivating…"
"I have deep passion for helping the mentally ill. I like the challenge. A lot of people do not come into psychiatry because they fear the challenge…for me, its different…I like the challenge…"

Building a good resume

"A resume is a document used by a person to present their backgrounds and professional skills" (Sehgal

2008:392). One participant noted that one of the motivators was building a good resume for future use.
"I think what motivates me is the fact that working here is building a good resume for myself…the support that I get from the supervisor too. The doctors that we work with here are very caring and supporting…they collaborate with others in doing work…"
One of the participants supported that good care added volume to a resume and reported that she now provided quality mental healthcare because of the proficiency acquired over the years. She explained that mental health now comes naturally.
"*…for me, the contentment about mental health now motivates me. I am at a point in life where I have come to appreciate mental health and truly understand what it is all about. Even the competence at work is very motivating..."*

Institutional motivators

This category emerged from the data that related to the individual's experiences and the motivators to the provision of quality mental healthcare. This category has two sub-categories.

Low mortality

Mortality is the number of deaths in a given time or place (Merriam Webster 2018). People with mental illness experience a high burden of mortality at the individual and population levels as Walker, Benjamin and Robin (2015:736) identified. The participants of the study were motivated to provide quality mental healthcare because of the low mortality at the selected psychiatric hospital. They explained that providing care in a setting where death is least expected was a great motivation to provide the best of care. One of the participants responded:
"I have a deep passion for healthcare of the mentally ill, I like the challenge in mental healthcare…I am motivated by the fact that there is no mortality in this field of work as compared to other medical areas. I am also motivated by the fact that I get to build resilience from the clients…"

Support from the hospital management

Hospital management oversee operational aspects of a health or medical facility. They are charged with the responsibility to establish and enforce policies and procedures and to ensure quality healthcare. Without strong leadership and active managerial oversight, patient care can easily pass to malady. Staff at the selected psychiatric hospital were motivated to provide good care by the support they received from the hospital management and occasionally the Ministry of Health.

"…ohm let me see…even the support we get from the hospital management keeps me going…"
"…the doctors that we work with here, who form part of the management team are very caring and they support staff and collaborate with others in doing work…"

Patient centered motivators

This category emerged from the data that related to the individual's motivators in the provision of quality mental healthcare. This category shed light that there are some attributes from the patient side that motivated workers to provide quality services. The category had two sub-categories.

Improving patient condition

Recovery in mental healthcare is often a challenge. Recovery as a concept emphasizes and supports that a person's potential for recovery must be assessed and evaluated in order to provide effectual care. It is important in a sense that it promotes hope, improves sense of self, supportive relationships; social inclusion and coping which are all desired attributes in mental health (Jessica, Jordan, Karina and Self 2016: 3-4). Similarly, the participants remarked:
"…lastly I am motivated by the progress of the patients…seeing a patient get admitted and getting better is really rewarding…"
"*Honestly nothing is motivating here…just the improvement in the condition of the patients is enough motivation for me…"*

Low socio-economic status

Socio-economic status is an economic and sociological combined summative extent of an individual's work experience and of an individual's economic and social position in relation to others. Socio-economic status is divided into three distinct categories; low, middle and high. It is influenced by income, occupation, education and health (Billings, 2020:5); Aikens & Barbarin 2010:235). Low socio-economic status emerged as one of the motivators to provide quality service by members of staff at the study setting, including management. The low socio-economic status of most of the clients, coupled with empathy as was been described to motivate the staff to give their best of care.
"Definitely my compassion and empathy. I really feel for clients who are admitted into this institution. Some are really needy and that inspires me to provide the best of care"

Some participants of the study revealed that nothing was motivating at the study setting due to lack of equip-

ment and training. These participants emphasised that they did not mind to leave the place as soon as possible.
"Honestly, nothing is motivating here…just the improvement of my patient's condition…"
"Honestly, nothing is motivating here; I don't want to lie…"

Recommendations

We recommend that the hospital management continues with the support that they provided the staff at this hospital. They must support staff through communication and by responding promptly to their motivational, educational and developmental needs. We also recommend that a large-scale triangulation study is done to generate data that can be generalized

Limitations of the study

This study was conducted at only the selected psychiatric hospital; hence the results could not be generalized to the rest of the country. The hospital did not have quality assurance guidelines and checklists against which the researcher would compare the performance and the standards.

CONCLUSION

The study discovered the knowledge and perceptions, motivating and demotivating factors in the provision of quality mental healthcare from the sample. The most significant theme identified was the demotivating factors in the provision of mental healthcare. The findings are congruent with other studies done before and in different countries and most literature points to shortage of staff and huge workload.

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