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UNSAFETY IN WORKPLACE / NURSES' DOMINANT PERCEPTION IN PSYCHIATRIC WARDS: A QUALITATIVE STUDY

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ABSTRACT

Purpose: Nurses are responsible for patients with different diagnoses in psychiatric wards. In these wards, numerous and diverse safety events occur for nurses, leading to adverse physical and psychological consequences and effects for them. The present study aims to investigate nurses' experiences about working in psychiatric wards.

Methods: This is a qualitative research based on conventional content analysis and inductive method, 19 nurses were selected from three psychiatric centers using purposive sampling. Data were collected using the in-depth semi-structured interview.

Findings: According to continuous analysis and comparison of data one theme (insecurity in the workplace) and three categories (insecurity umbrella, mistrustful space, and fear of the patient) emerged. Each category has several different sub-categories.

Conclusions: The results showed that nurses have inappropriate perceptions about safety events in psychiatric wards. Since the nurses themselves are the most important designers of patient safety and their perceptions have an impact on patient safety. Thus knowing this issue indicates the need for appropriate measures to promote safety, nurses' education, nurses' health, and the need for further investigations.

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Introduction

Psychiatric centers include in-patient psychiatric wards. Clinical and non-clinical staff in these centers provide patient care services. They aim to provide quality care and ensure safe and efficient hospital operations for patients based on severe psychological problems [1]. Nurses are present in the ward behind a locked door and next to a large number of psychiatric patients for long hours, nurses are faced with safety issues and are considered as the most important designers of safety aspects to care for patients [2]. Nurses in psychiatric wards are at higher risk of violence than other clinical staff because they often deal with psychiatric patients with mood disorders and psychiatric symptoms face to face, resulting in sudden,

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unpredictable, and irrational violent behaviors and an occupational injury [3,4]. Furthermore, nurses are faced with physical violence, aggressive and destructive behaviors, verbal violence, physical threats, humiliation, and risk of disability, injury, and death [5,6,7]. Sometimes patients refuse medication and other treatments, which leads to increased psychosis and violence directed at nurses, can also lead to physical injury, cognitive symptoms and emotional social and psychological distress [5]. Re-hospitalization is one of the challenges and basic problems among patients with severe mental disorders [8]. According to the nature of psychiatric wards, there are more stressful factors in these wards, most of the nurses' conflicts result from the care of patients suffering from confusion and mental illness, and patients who do not have any relationship with the environment. Some factors, including the lack of an organized structure in psychiatric wards, inadequate vocational training, difficulty of communicating with psychiatric patients and their control, and the unpredictable events, create a discontent workplace environment for nurses [9]. Nurses are faced with the risk of suicide by patients, the physical threat by patients, difficult patients, verbal abuse, an inadequate number of staff in dangerous situations, working in psychiatric wards with locked doors and patients with serious psychiatric illnesses [10]. The permanent problem in psychiatric wards is challenging behaviors, even if the damage does not occur, medical staff may suffer from post-traumatic stress symptoms, or withdraw from work [11]. Nurses in these wards do not feel well. New nurses feel fear and dissatisfaction to enter psychiatric wards, in addition, they may feel confinement, restraint, and ineffectual, providing nursing care for people who suffer from mental disorders in the long term leads to job burnout because of stressful working conditions [12].

According to the World Health Organization, providing safety of workplace injuries for nurses is as important as providing services for patients, the protection of employees' health is one of the areas of patient safety [13]. According to this organization, cognitive, functional, behavioral, relational, social and emotional factors and pathophysiology of disease are involved in patient safety [14]. Feeling of security and ensuring anger management are necessary for therapy, the nurses who feel insecure and lack confidence are less able to do things for psychiatric patients and care for them appropriately, nurses reported that they need a feeling of security in the workplace and the ability to work with indignant patients in order to protect themselves and patients from physical and psychological injuries [15]. The skill of face to face communication with patients is the basis of nurses' work in psychiatric wards, nurses are faced with different problems related to the arrival of new nurses in acute psychiatric wards [16]. These problems can lead to economic costs and unintended injuries or death for medical staff [17]. Nurses in psychiatric wards need a healthy workplace to achieve the health and welfare of staff and the community; thus, they should be energetic, positive and satisfied and physical, social, psychological, and safe conditions are promoted [18].

In psychiatric nursing, a few theoretical actions have been performed to describe the nurses' work [19]. Considering the importance of mental health and safety of nurses in psychiatric wards and safety events that have adverse consequences, this study aim is to investigate nurses' experiences about safety events in psychiatric wards.

Methods

Data context and sampling

The inductive content analysis was used to investigate nurses' perceptions. For this purpose, 19 nurses were selected using purposive sampling from three psychiatric hospitals. A condition of participation in the interview was the experience of working in psychiatric wards. The selection of participants was purposive and based on experience and willingness to participate in the study. Theoretical sampling was used to clarify findings. The interviews were often conducted in acute psychiatric wards and some of them were carried out in the interviewer's workplace at a time of a day when participants could participate in an interview with the peace of mind to achieve a perfect description of what happens about phenomena. Each interview lasted between 30 and 70 minutes.

Data collection

At the beginning of the interview to learn more about the participants, a warm conversation was started and then specific semi-structured and in-depth questions were asked with the aim of discovering nurses' experiences with safety events to achieve deep information in this regard. For example, participants were asked: Can you explain what you do in a shift? Has a safety event ever occurred in the ward? If yes, please explain. Exploratory and in-depth questions were asked to seek answers to the above questions, and the interviews were recorded with the permission of the participants. During the process of data collection and analysis, reflection related to data were noted and used in subsequent interviews.

Analysis

The inductive content analysis is used to summarize the studies that aim to identify and describe the phenomena. In the present study, content analysis proposed by Graneheim and Lundman (2004) was used [20]. First implemented interviews word by word and studied them several times to get an overall sense, divided text into meaning units that were condensed. The condensed meaning units were abstracted and labeled with a code the whole context was considered when condensing and labeling meaning units with codes. The various codes were compared based on differences and similarities and sorted into nineteen sub-categories and three categories, which constitute the manifest content. The tentative categories were discussed by two researchers and revised. What differed between the two researchers was their judgment about what comprised familiar and unfamiliar sensations and actions. A process of reflection and discussion resulted in agreement about

how to sort the codes. Finally, the underlying meaning, that is, the latent content, of the categories, was formulated into a theme. The data was managed using software MAXQDA10.

Trustworthiness

Given that validity, reliability, suitability, and verification were considered as standards of qualitative research, member and peer check was used for verification of interview transcripts and content, and extracted phrases. The researcher accurately recorded and reported the research process for verifiability and auditing of the research. The external check was used by some nurses to determine the reliability of findings. Maximum variation sampling was used for transferability of the data and participants were selected from different psychiatric centers. For moral considerations in research, the aim of the study was explained to all participants. The informed consent form was completed by participants and recording and the use of the information was anonymously carried out with their permission. In addition, the right to withdraw from participation was considered in the study.

Findings

According to a total of 19 participants in this study, there were 9 men and 10 women. Nurses were aged between 25 and 48 years with an average work experience of 12 years. There were 4 head nurses and 15 registered nurses during the morning and night shifts.

Table 1. Demographic characteristics of participants

Number of participants	19 people
Average age of participants	38 years
Average work experience	12 years
Gender	Man (9) Women (10)
Job title	Head Nurse (4) Charge nurse (15)
Education level	MS (4) BS (15)

According to the data analysis one theme, three categories, and nineteen sub-categories were extracted. The theme of “insecurity at the workplace” was determined based on three sub-categories, including insecurity umbrella, mistrustful space, and fear of patients.

Table1. Theme, categories, and sub-categories

Theme	categories	Sub-categories
Insecurity in workplace	Insecurity umbrella	<ul style="list-style-type: none"> • Expected invasion • Feeling insecure • Sudden surprise by patients • Eventful environment • Stress of events • Surrendering because of fear
	Mistrustful space	<ul style="list-style-type: none"> • Discreet communication • Mistrust of patients • Respect without assurances • Monitoring • Unexpected behavior
	Fear of patients	<ul style="list-style-type: none"> • Experience of threat • Fear of sexual invasion • Unawareness leading to fear • Experience of invasion • Horrible look • Fear of damage • Pessimistic look • Terrible awe

Insecurity umbrella

Nurses are responsible for the care of patients in acute psychiatric wards during the shift. They should interact with patients, move in the ward, and regularly inspect patients and interview patients. According to nurses' experiences, nurses may be faced with patients' invasion for some reasons, such as hallucinations. Nurses commented: "I am always concerned about myself because of patients' attack from behind." (RN1). "I'm afraid of patients' attack or throwing something at me." (RN2).

According to the low number of nursing staff and lack of presence and activities of other members of the medical team, including psychologists and therapists, the treatment process is not managed, especially during night shifts and patients are more likely to engage in risky behaviors. Thus, adverse events occur in psychiatric wards. One of the nurses stated:

"I'm afraid of patients' conflicts and escape at midnight or I'm stuck in the room alone." (RN3). One head nurse described: "In spite of providing standard treatment, unexpected events sometimes occur for nursing staff and patients. It is not possible to avoid all adverse events during shifts." (Head N1).

Specific regulations are needed for the presence of psychiatric patients with different symptoms and conditions together. Care of patients, the lack of access to potentially dangerous equipment, and the prevention of safety events also require specific regulations. Patients tend to violate these regulations because of flaws in judgment and communications. Thus, the nursing staff is faced with numerous problems related to the implementation of regulations and surrender to the demands of patients because of a feeling of fear. One nurse described: "Contrary to regulations, I prefer that patient be allowed to smoke a cigarette in the ward because the new patient has killed one people or broken one peoples' noses, usually they suffer from behavioral disorders." (RN4).

According to various experiences about adverse events in a psychiatric ward, nurses believe that there is always the likelihood of adverse events in psychiatric wards. The nurses commented: "It is not possible to prevent adverse events in psychiatric wards. No one can completely ensure the safety of nursing staff and patients." (Head N2).

"One of the patients told me about three patients who escaped from the bathroom vent. I couldn't imagine the escape from the bathroom vent with a diameter of 35 cm on the second floor. One of them became confused because of the pressure on his head." (RN6).

Some of the patients threaten nurses because of hallucinations and delusions; thus, the nurses should be careful with that patients don't suddenly surprise them and so avoid the risky behaviors and defend themselves. Another nurse stated: "During my shift, a stiff-necked patient opened the door without my permission and took a matchbox. He had beaten some patents in the evening. Thus, I decided to lock the door and check the webcams. Such a patient may attack nurses and there is no one to protect us at that time." (RN7).

"There was a patient who attacked people with glasses when my colleague was distracted, the patient attacked him with his fist." (RN5).

An experienced nurse told about the lake of a safe working environment as follows: "Sometimes I feel that the ward is not safe. When nurses touch patients with paranoid thoughts, there is no safety for them." (RN8).

Mistrustful space

According to nurses' information and experience about events occurring for other colleagues or patients, they have concluded that psychiatric patients are people who have no fixed conditions and may do a dangerous act at any time. In fact, psychiatric patients are non-trustworthy and want to protect themselves when they interact and communicate with other patients. One of the nurses told about his readiness for injury prevention and caution about interaction with patients: "When I talk to my patients, I'm careful about their behaviors because they may kick the sensitive parts of the body." (RN9).

Experienced nurses have found that they should fully monitor patients' interaction and watch their behavior. He said: "I never put my head down in the wards I prefer to monitor my patients." (RN4).

One of the nurses told about the need for being mistrustful of patients and their aggression as follows: "It is necessary to be mistrustful of patients because of their aggression. Thus, nurses must be careful with such events" (RN10). Another head nurse commented: "The patient smiled and I never thought he would attack me, but he dropped the monitor on the ground and hit my face hard." (RN3).

According to impairment of the patient's emotions and judgment, nurses know the patient is not reliable. For instance, one head nurse described: "Psychiatric patient is not a normal person because his/her behavior is out of control" (Head N3).

Nursing staff believes that patients should be honored in spite of the mistrust in them and the care of the likelihood of aggression. One nurse described: "Nurses should never trust psychiatric patients because of their aggression in spite of their respect for humanity" (RN7).

Fear of patients

Patients' risky behaviors, appearance and facial expressions, psychological conditions, and practical or verbal threats lead to panic in the nurses. A female nurse told about her fear of patients as follows: "I had a terrible experience with a patient who had a horrible status. He stared at me when he was not feeling well." (RN11).

Some patients have thoughts of homicide. Usually, these patients are hospitalized because of dangerous actions mentioned in their history. Nurses knowing this issue are afraid of such patients. One of the nurses said: "I'm really stressed at night because I had to deal with a patient who had homicidal thoughts. I told myself, he may suddenly attack me" (RN12).

A number of patients are pessimistic about nurses because of paranoid thoughts. The pessimism is reflected in patients' behavior. One nurse described: "I thought the patient was sleeping but he was awake. Since he had homicidal thoughts, I recoiled in horror. If he had put his hand around my neck, he would have strangled me because he was very powerful at that time." (RN13).

A number of nurses are afraid of psychiatric patients because of their unfamiliarity with them, little experience in the psychiatric environment, and previous witnesses. One head nurse said: "Some new nurses are really afraid of psychiatric patients. Once a patient came to my colleague, but she recoiled in horror." (Head N4).

Some of the events leading to fears of female nurses. They move in the psychiatric ward with fear because they have witnessed adverse events in male wards. Two female nurses commented: "I'm always afraid of psychiatric patients' sudden invasion in male wards. They may hug the nurses and start clapping their hands; thus, I move in the psychiatric ward with fear." (RN14). "A woman was walking and talking on a mobile phone. As she entered the room, one of the patients hugged her from behind." (RN12).

Events occurring to nurses lead to severe psychological damage to them. One of the female nurses in the acute psychiatric ward told about her experience as follows: "One of the patients had thoughts of homicide. Once when I was alone, he came to me and put his hand on my neck. Because it was the first time I had encountered such an event, I was shocked and cried so much. The patient was always waiting to see me alone and repeat his act." (RN15).

Some nurses also have experienced threats from patients. This experience has created an unfavorable feeling in them. One nurse said: "As I was coming out of my room, a patient came toward me and I recoiled in horror. At that time, I didn't know how to react because of my fear. I quickly jumped into my room and locked the door. The patient knocked hard on the door. I was feeling terrible and cried very much. I couldn't shout for help because I was in a panic." (RN9).

Fear unwantedly arises in nursing staff because of the physical size of patients. One nurse commented: "It is surprising that they do not come to us during the day. When we are alone, they come and show themselves. In fact, they with the awe-scary following points." (RN4).

Discussion

Nurses are responsible for patients with different diagnoses in a closed and stressful environment in psychiatric wards. Some factors, including patients' records, thoughts, behaviors, personality, appearance, nurses' experiences about events and physical and psychological harm in the psychiatric ward, lead to different perceptions in nurses compared with other nurses in public centers. The present study aimed to investigate nurses' perceptions about safety events in the psychiatric wards. The theme of "insecurity at the workplace" was determined based on three sub-categories, including insecurity umbrella, mistrustful space, and fear of patients.

The study results showed that nurses are susceptible to physical attack or threat in psychiatric wards. Calabro (2007) conducted a study and the results showed that nurses have experienced harm in the past year in psychiatric wards [1]. The results also indicated that physical injuries and different conditions in psychiatric wards create an undesirable environment for nurses. Darban (2011) showed that nurses in psychiatric wards may experience high levels of stress in their professional life [9]. Yavari (2014) stated that nurses in psychiatric wards are faced with job burnout and their public health status is lower than other nurses [21]. The results of a study conducted by Sepehrmanesh (2013) showed that a considerable number of nurses in psychiatric wards are not in good mental health, and depression and despair in psychiatric nurses are higher than other nurses [22]. The results of a study conducted by Rahmani (2010) indicated that nurses in psychiatric wards have high job stress and high job burnout based on emotional exhaustion and anxiety, in addition, the results showed that there is a significant relationship between emotional exhaustion, job stress, and dimensions of mental health [23]. Experience of physical, verbal, and sexual violence has an undesirable effect on nurses' quality of life. The results of a study conducted by Zeng (2013) showed that Physical and mental quality of life is low for nurses who have experienced violence [3].

Consequences mentioned about working in psychiatric wards create different perspectives in nurses compared to other nurses in public centers. In line with the results of this study, Bonner (2012) investigated the experiences of the nurses who have been assaulted by the patients, the category of insecurity in the workplace and emotional responses after violence includes the following sub-categories: fear, anger, sadness, betrayal, hurt, frustration, and avoidance [5]. Mrevlje (2012) stated that a large number of male and female nurses are faced with violent behavior, especially from patients who are hospitalized against the will of the patients, thus, such nurses consider their workplace dangerous [24]. Stevenson (2015) argued that nurses are faced with physical, emotional and verbal violence and for many, patient violence was considered "part of the job" "nurses often struggled with role conflict between one's duty to care and one's duty to self when providing care following a critical incident involving violence. Issues of power, control, and stigma also influenced nurse participant perceptions and their responses to patient violence [25]. Ramezani (2012) investigated four main concepts about violence against nurses in the psychiatric wards as follows: Lack of adequate support from staff, poor risk management, the consequences of violence, and the humanitarian tendency [26].

Health and well-being of nursing staff are considered as an essential component of patient safety. Studies in various fields have acknowledged staff should not be tired, distressful, and confused in their workplace and must have complete psychological well-being [1]. There is a significant relationship between safety in hospital and factors affecting the

performance and quality of nursing staff's work [27,28]. There is a significant relationship between all aspects of mental health in nurses and job motivation [28]

Limitations

Research limitations included an unwillingness to express some adverse experiences reminiscent of unfavorable feeling for the participants and forgetting some events over time.

Conclusion

The results of the present study indicated that conditions in nurses' workplace create different and inappropriate perceptions for them, leading to a detrimental effect on their mental health and quality of work in the psychiatric wards. Therefore, it is necessary to take measures to promote safety in the workplace, such as appropriate number of nurses, installing cameras in different parts of the wards, improving physical safety of the environment and the presence of protection forces in the wards, holding regular meetings with nurses and investigating deficiencies and shortcomings, and reviewing factors involved in the occurrence and prevention of events. Appropriate training courses related to communicative and defensive techniques can maintain and enhance nurses' physical and mental health and decrease detrimental effects.

Conflict Of Interest

No conflicts of interest are declared.

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