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Safety Challenges in Psychiatric Departments from Nurses' Perspective: A Qualitative Study

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Abstract

Background: Despite international concerns and efforts to provide safe care, there are still many obstacles ahead and nurses are facing many challenges concerning patient safety in psychiatric departments. To this end, the present study sought to describe safety challenges in psychiatric departments from the nurses' perspective.

Methods: This qualitative study was conducted using the conventional content analysis approach. Data were collected through 12 semi-structured interviews and observations. The participants were selected using purposive sampling from nurses working at a psychiatric hospital in southeastern Iran in 2021 and the sampling process continued until data saturation. Data analysis was performed using Graneheim and Lundman's content analysis approach.

Results: The data analysis revealed four main themes: "an exhaustive environment", "inadequate facilities", "ineffective communication", and "non-safety oriented organizational climate".

Conclusion: Efforts have been made in Iran to review and improve patient safety programs in the form of annual clinical governance and accreditation. However, despite the implemented programs, there are still fundamental challenges in providing safe care.

Keywords: Safety challenges, Nurses, Psychiatric departments, Qualitative study

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Introduction

Improving the quality of medical care is one of the main concerns of organizations providing healthcare services. However, clinical risks have created a major concern and challenge in providing healthcare (1) since patient safety is one of the most important aspects of quality of care in clinical risk management. Patient safety has been defined as making concerted efforts to reduce preventable harm to the patient caused by the healthcare process (2).

Studies have shown that in developed countries, 3%-17% of patients admitted to hospitals suffer from an injury or complication that is somehow caused by an unwanted event or medical error, and about 30%-70% of these events can be prevented with common methods (3) A study showed that about 3.6% of patients experienced clinical risks in Iranian hospitals and 5.3% of patients' deaths were due to clinical incidents (4).

Some incidents in psychiatric departments are similar to those occurring in other medical departments, but some incidents are unique to psychiatric departments, which make a person susceptible to harm and clinical risks based on the nature of the disease, including the tendency to run away and commit violence and harm to oneself and others, suicide, abnormal and aggressive behavior, falling from the bed, the risks of using an isolation room, medication errors, and patient abuse that endanger the safety of patients and medical staff (5-7).

Despite international concerns and efforts to provide safe care, there are still many obstacles and nurses are facing many challenges related to patient safety (8). Some studies in Iran showed that dissatisfaction and complaints about non-safe services in psychiatric hospitals are increasing (9,10). Therefore, more studies are needed to understand the factors that lead to unsafe clinical procedures, identify challenges, and eliminate or reduce related risk factors. It seems that the problems can be solved by understanding the challenges from the perspective of healthcare providers and then by applying improvement programs in the healthcare system (11). Maher et al. suggested that given the complexity of the concept of safety, identification, and analysis of human, managerial, organizational, and infrastructural challenges using qualitative studies

helps healthcare organizations to become aware of their deficiencies, solve problems and obstacles, and promote and implement safety standards (12). Since nurses in psychiatric departments play a fundamental role in ensuring and promoting patient safety, an understanding of patient safety challenges and integrating safe care in psychiatric hospitals from the nurses' perspective is essential (13). To this end, this qualitative study aimed to investigate the experiences of nurses about the challenges in providing patient safety in psychiatric departments.

Methods

Research design and setting

This study was part of a larger study that adopted a conventional qualitative content analysis approach to identify safety challenges from the perspective of nurses working in the psychiatric department of a psychiatric hospital affiliated with Kerman University of Medical Sciences in southeastern Iran.

Participants and sampling

The participants in this study were selected through purposive sampling. The inclusion criteria were the willingness to participate in the study, having at least a bachelor's degree in nursing, and at least 6 months of clinical experience. The first author visited Shahid Beheshti Psychiatric Hospital in Kerman, Iran, in different shifts and selected the participants from the nurses with maximum experience.

The participants were 12 nurses with diverse backgrounds in terms of gender, age, marital status, education, workplace, employment status, position, service records, and type of shift. The sampling process continued until data saturation was achieved.

Data collection

The data in this study were collected using face-to-face and semi-structured interviews and observations. All interviews were conducted by the first author with open-ended questions using an interview guide. During the interviews, some additional questions were also asked. The main questions asked in the interviews were: How did you experience patient safety and medical errors in the psychiatric hospital? What needs and challenges did you recognize about patient safety during your service?

All interviews were conducted in the hospital in coordination with the head of the department and based on the participants' willingness in the nursing restroom or the conference hall of the hospital and were recorded with the permission of the participants. In addition, participants' gesture, their appearance, facial expressions, sitting, pauses, laughing or crying, and other special expressions that indicated their moods were recorded. Each interview lasted approximately 25 to 55 minutes and the data reached the saturation point after 12 interviews.

Observing the performance of nurses was unstructured at first, and then it was focused purposefully based on the objectives of the study. Accordingly, the researcher observed the nurses' functions, interactions, situations, and deficiencies, and recorded them in detail. The researcher played only the role of an observer and had no participation in the field. Each observation session lasted 2-8 hours during the morning, evening, and night shifts. A total of 8 observations lasting 48 hours were completed.

Data analysis

The collected data were analyzed using Graneheim and Lundman's content analysis approach. Accordingly, the codes, categories, and themes were extracted from the raw data through constant comparative analysis (14). All the interviews were recorded with the participants' permission and transcribed word by word on the same day. Then, all the interview transcripts and field notes from the observations were converted into meaning units. To immerse into the data and better understand them, each text was read and reviewed several times. The analysis process was performed by converting meaning units into codes and summarizing them in categories, subcategories, and themes. MAXQDA software (version 20) was used to facilitate the process of data classification and comparison.

Trustworthiness

The trustworthiness of the data in this study was confirmed using the criteria proposed by Lincoln and Guba including credibility, dependability, confirmability, and transferability (15). To increase the credibility of the findings, the researcher established a friendly relationship with the participants and also spent a lot of time interviewing the participants in the research settings (lasting 9 months from September to May 2021). Moreover, several data collection methods (interviews and observations) were used to enrich data, aimed at a more profound analysis. The dependability of the data was also enhanced using member checking, peer checking, and external checking. The research process and related documentation were reported in detail. To increase the transferability of the findings to places and groups, the participants were selected with maximum diversity in terms of gender, age, marital status, education, workplace, employment status, position, service records, and type of shift. The researchers also tried to provide a thorough and rich description of the participants, their experiences, the research setting, and the research procedure.

Results

The participants in this study were 12 nurses (9 females and 3 males) with a mean age of 37.87 ± 9.22 years and a mean length of service of 13.85 ± 7.80 years. Table 1 shows the participants' demographic characteristics:

Table 1. The participants' demographic characteristics

Participant code	Gender	Age (year)	Marital status	Education	Workplace	Employment status	Position	Service records (years)	Type of shift
P1	Female	53	Married	Bachelor's degree	Male ward	Official	Nurse	25	Rotating
P2	Female	46	Married	Bachelor's degree	Nurses station	Official	Supervisor	24	Fixed
P3	Female	30	Married	Bachelor's degree	Female ward	Contractual	Nurse	8	Rotating
P4	Male	27	Single	Master's degree	Male ward	Plan-based	Nurse	3	Rotating
P5	Female	32	Married	Master's degree	Nurses station	Official	Health education manager	9	Fixed
P6	Male	37	Married	Bachelor's degree	Male ward	Official	Nurse	10	Rotating
P7	Female	42	Married	Bachelor's degree	Female ward	Contractual	Nurse	15	Rotating
P8	Male	39	Married	Master's degree	Nurses station	Official	Supervisor	15	Rotating
P9	Female	47	Married	Bachelor's degree	Female ward	Official	Supervisor	20	Fixed
P10	Female	29	Single	Bachelor's degree	Male ward	Corporate	Head nurse	5	Rotating
P11	Female	51	Married	Bachelor's degree	Female ward	Official	Head nurse	25	Fixed
P12	Female	44	Married	Bachelor's degree	Quality improvement office	Official	Safety expert	20	Fixed

The data analysis revealed four main themes: "an exhaustive environment", "inadequate facilities", "ineffective communication", and "unsafe organizational climate" (Table 2).

Table 2. The themes and subthemes extracted from the data

Main themes	Subthemes
An exhaustive environment	High workload
	Lack of professional support
	Poor professional identity
Inadequate facilities	Non-standard physical space
	Lack of personal protective equipment
	Lack of welfare facilities
Ineffective communication	Ineffective communication with the family and patient
	Ineffective professional communication
Unsafe organizational climate	Defective safety culture
	Ineffective monitoring
	Provision of non-standard care

An exhaustive environment

The participants reported that the exhaustive environment in the hospital was caused by high workload, lack of professional support, and poor professional identity. The data also showed high workload is the outcome of the shortage of medical staff and performing non-nursing tasks.

The participants also suggested that the disproportionate number of nurses to patients and assigning non-care tasks to the nurse lead to an increase in errors in the department. Most of the participants admitted that the large number of patients and the inappropriate nurse-to-patient ratio hindered their accurate control.

"*Each nurse in the department has to care for 10 to 15 patients. I wonder how many patients a single nurse can handle. They should observe the compliance plan and increase the number of male personnel. We have 75 male patients and a maximum of 2 male staff in each shift. This makes us really exhausted*" (Participant #1).

The participants reported that assigning non-care tasks to nurses is a big obstacle to caring for patients and providing safe care.

A head nurse mentioned in this regard, "*Before, there was a psychologist in every department who talked to the patients and helped them feel relaxed. Now, they have assigned all procedures to nurses and they should be accountable to anyone. We also have to call patients for a visit as there is no guard in the department*" (Participant #3).

The participants also reported that the lack of professional support including the absence of legal and financial support leads to an exhaustive workplace.

Most of the participants stated that the lack of legal support for nurses when they are summoned to legal authorities, financial dissatisfaction, and lack of well-being make nurses disappointed and decrease the accuracy of their work and the quality of care.

"*I have been involved in a court case for 2 years due to the fall of a patient. They are always blaming and convicting me for the patient's fall… What was my fault? One day when I had gone to the round, the patient stood on the bed and then fell as he lost his balance due to dizziness. There is nobody to defend us*" (Participant #7).

"*I have been working for 15 years, but I don't receive enough payment to make a living. So I have to work in several places like a private hospital. When I go from one hospital to another and become exhausted, I have no energy to care for patients*" (Participant #8).

The participants also highlighted that respecting nurses' professional dignity and competencies is effective in ensuring patient safety. Accordingly, they complained about insufficient attention to the nurses' professional dignity and professional competencies.

"*There is no difference between me who studied hard*

and got a master's degree and nursing assistants or those nurses with a bachelor's degree. We have no privilege over those who have less competencies. Even the positions are not assigned based on one's skills and knowledge but rather based on nepotism" (Participant #4).

Inadequate facilities

The participants in this study reported that the unavailability of suitable space and sufficient facilities and equipment is one of the important obstacles that hinder the implementation of nurses' competencies in ensuring patient safety. Furthermore, given the dangerous conditions of the psychiatric department, nurses need more support from healthcare officials and practitioners. The nurses in this study complained about "non-standard physical space", "lack of protection facilities", and "lack of amenities in the department".

The education manager said, "… *Another problem we have is that the physical space of the ward is not suitable. We don't have a good view from the nursing station to the middle and end rooms and the toilets used by the patients. The patients in the ward don't have any fun and entertainment and these issues affect the patient's safety; the patient becomes upset, nervous, and aggressive and they may start fighting with the staff and other patients*" (Participant #5).

Ineffective communication

The participants reported that ineffective communication was one of the most prominent challenges in ensuring patient safety. Most of the participants believed that the failure to identify the patient, ineffective therapeutic communication with the patient and their family, the absence of teamwork culture, and the lack of intragroup communication are major obstacles to ensuring patient safety. Ineffective communication involves the lack of effective communication with the patient and family and ineffective professional communication in the department.

The participants stated ineffective communication with the patient during care such as physical restraint of the patient and medication, and the failure to respond to and communicate with the patient's family are among the most important challenges that threaten the safety of patients.

The findings also indicated that "defective communication during physical care", "ineffective therapeutic communication with the patient", and "defective communication with the patient's family" may lead to ineffective communication with the patient and family.

A participant said, "*This is a psychiatric department and we don't give serum and antibiotics to patients regularly. When doing things like taking the patient's blood pressure, it is very good to say hello to the patient and greet them so that the patient can be seen and calm down a bit*" (Participant #10).

Given necessary instructions provide learning opportunities for patients and their family members about diseases, treatment, coping strategies, and increasing necessary skills to reduce anxiety and worry.

"*When the patient is discharged, we must establish effective communication with their family and teach them anger and anxiety control skills and how to deal with a psychiatric patient. This will prevent the patient from returning*" (Participant #2).

According to the participants, in addition to establishing effective communication with the patient, nurses should also have proper intra-group communication for safe performance and sharing of errors. Moreover, the failure to institutionalize teamwork or ineffective teamwork affects the provision of safe care. The findings indicated that defective intra-professional communication and the absence of teamwork culture lead to ineffective professional communication.

"*We all work together in the department. If there is a problem for a patient, we all have to take responsibility and work together to see what happened so that it can be quickly prevented*" (Participant #6).

Unsafe organizational climate

According to the participants, the main challenge leading to the lack of safety in psychiatric departments is the absence of a safe organizational atmosphere. An ineffective safety culture among medical staff, non-compliance with rules and regulations and compliance with routine care, lack of continuous monitoring by officials and fear of reporting errors due to the punishment of the offender, the lack of safe medication, and lack of continuous assessment of high-risk patients are among the most important obstacles to ensuring patient safety.

This category was further classified into three subcategories including "a defective safety culture", "ineffective monitoring", and "non-standard care provision".

A safety expert stated: "*Some staff do not follow the rules and regulations. For example, they restrain an aggressive patient for 2 hours, while the resident recommended 15 minutes. Well, this harms the patient*" (Participant #12).

The findings suggested that ineffective monitoring by the officials to ensure patient safety and the punishment and reprimanding of the staff after committing errors prevent the nurses from reporting the errors.

Accordingly, "the absence of continuous supervision and monitoring" and "facing the unpleasant consequences of error reporting" lead to ineffective monitoring.

"*I saw with my own eyes that every time a problem happened and it was reported, we had many troubles. If a problem occurs for the patient or anyone, you should be accountable*" (Participant #3).

The majority of the participants stated that most of the errors are made due to unsafe medication administration.

The presence of patients with similar names, hasty administration of medication at the nursing station, the failure to assess high-risk patients, and lack of face-to-face training by nurses according to the patient's condition and type of illness are major obstacles to providing safe care to psychiatric patients. Accordingly, "unsafe medication", "inadequate education of patients about safety", and "the failure to continuously assess high-risk patients" lead to providing non-standard care.

A patient safety expert said, "*As a requirement for the annual evaluation, there is a lot of documentation and certificates, but there is practically no improvement in the knowledge and literacy of the staff*" (Participant #12).

Discussion

A survey of the nurses in the present study indicated safety challenges in psychiatric departments are "an exhaustive environment", "inadequate facilities", "ineffective communication", and an "unsafe organizational atmosphere".

Most of the participants believed that high workload, lack of personnel, disproportionate number and composition of nurses in terms of skills and work experience, and performing non-nursing tasks create an exhaustive environment that can lead to errors and a decrease in the quality of care. Accordingly, many studies have reported the unfavorable performance of medical staff due to the shortage of staff, such as rushed care without paying attention to the patient's needs (16,17), engaging in routine procedures and neglecting the patient, and ineffective interpersonal communication (18-21) which lead to threatening conditions for patient safety in psychiatric departments. A qualitative study conducted in psychiatric departments in Saudi Arabia reported that spending a lot of time on non-nursing tasks leads to neglecting the needs of patients and their dissatisfaction (22). Moreover, the professional position of nurses in clinical settings has not yet been established in Iran. Job burnout due to many consecutive shifts, the shortage of staff, not having enough time for safe care due to heavy workload, and doing non-nursing tasks are some issues showing that the position and professional identity of nursing do not still receive enough attention in Iran, and these factors themselves lead to an increase in errors and unsafe care

The findings from the present study indicated that the unavailability of facilities such as suitable physical space in the department, comfort facilities, and adequate protective equipment made it difficult for nurses to use their skills and competencies to ensure patient safety. Similarly, Ghavidel et al suggested that the provision of the necessary facilities for the delivery of optimal care by nurses is one of the most important job support measures by the officials (23). In a qualitative study in Iran, nurses stated that due to the long treatment and the long-term hospitalization of mentally ill patients in the department, the need for suitable comfort facilities is mandatory for the patients, while they complained about the lack of facilities such as newspapers, magazines, exercise rooms, television, etc., contributing to the patient's exhaustion and irritability (24).

Most of the participants pointed to the lack of effective communication with the patient and family, the lack of intra-professional communication, and the lack of teamwork culture.

A study by Pariona-Cabrera et al in Australia in acute psychiatric departments found that fear of patients with mental disorders and fear of approaching the patient were barriers to effective communication (25). Moreover, Kiani and Ahmadi reported that the fear of the nurse communicating with the patient because of the impact of the patient's problems on her mood and the attitude that communicating with the patient is useless were the obstacles to communication with the patient, which affected the quality of care (26). Moreover, defective intra-professional communication with other department staff was an obstacle to providing safe care. Daniel and Daniel in a cross-sectional study of 204 psychiatric nurses in India, emphasized the cooperation between all stakeholders of the health system to meet their needs and prevent clinical risks (27).

Most of the participants in the present study pointed to the non-compliance of the rules by the nurses, their preference for routine tasks, the lack of continuous supervision and monitoring by the officials, and the adverse consequences of reporting errors and providing non-standard care. Likewise, a qualitative study by Kakemam et al reported that routine ward activities are a negative factor affecting the quality of care (28). Reisi et al suggested that the quality of care depends to a large extent on the quality of supervision of the officials on the tasks performed by the nurses (29). Moreover, visits related to safety, supervision, and monitoring of personnel can be effective in improving the competence of nurses in ensuring patient safety. Khoshakhlagh et al and Okuyama et al reported that safety visits also led to the identification of safety issues and the complete or partial resolution of these issues helped improve the safety of patients (30,31). Moreover, several studies in Iran reported that blame and inattention on the part of officials at the time of reporting events led to discouragement and withdrawal from reporting about patient errors by nurses, which endangered patient safety (32-34).

In addition, the nurses in the present study were not satisfied with the efforts made by the officials to empower them and improve their competencies in ensuring patient safety (35). Brooks Carthon et al reported that the participants considered staff empowerment as one of the important indicators of implementing the risk management system and ensuring patient safety in psychiatric departments (36). The present study also

showed that non-standard care provision is an outcome of the absence of continuous assessment of high-risk patients. Likewise, previous studies (37-39) also highlighted the importance of the continuous monitoring of patients.

Conclusion

This qualitative study demonstrated patient safety challenges in a psychiatric hospital in southeastern Iran from the perspective of nurses. The findings indicated that despite clinical governance programs in the form of accreditation in Iran, the process of improving safety and quality of care is not effective and there are still challenges and obstacles to reaching a safety-oriented organization. Accordingly, more qualitative and quantitative studies are needed to identify the barriers and facilitators of safe care and take effective measures.

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Authors' Contribution

Conceptualization: Mahya Torkaman, Marzieh Momennasab, Shahrzad Yektatalab.
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Competing Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Ethical Approval

The protocol for this study was approved with the code of ethics IR.SUMS.REC.1399.301 by the ethics committee of Shiraz University of Medical Sciences. The participants received some information about the objectives of the study and they were told that they could withdraw from the study at any stage. All participants signed an informed consent form. In addition, they were assured that their personal information and the interview data would remain confidential. They were also informed that the interviews would be recorded anonymously and kept in a safe place.

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