Nurses' perceptions of patient safety in psychiatric wards

Amira Alshowkan & Aleya Gamal

Assistant Professor
Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia
Corresponding author: Amira Alshowkan, aaalshowkan@iau.edu.sa

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Background:*Considering the safety of patients is the first priority to ensure the high quality of health care. A varietyoffactorshave been reported to directly affect patient safety; institutions, healthcare professionals, and patients are significant factors.****Aim:*** *The aim of this study is to explore psychiatric nurses' perceptions of patient safety at one hospital in Saudi Arabia.* ***Method:*** *Research data was collected using focus group interviews with nurses working inmale and female psychiatric wards. Data was analysed using thematic analysis.* ***Results:*** *thematic analysis identified three main themes that reflect psychiatric nurses' perceptions of patient safety culture: staffing issues, patient issues, and hospital issues. A number of sub-themes were identified under each theme. Based on the results, a number of recommendations were madetoenhance the culture of patient safety.*
Keywords:*Nurse, Patient Safety Culture, psychiatric, Qualitative, Saudi Arabia*

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I. Literature Review

Considering the safety of patients is the first priority to ensure the high quality of health care[1]. Patients' health and welfare is the primary concernofhealthcare workers, and there are many obstacles to providing safe inpatient care[2]. Patient safety is considered the first priority in providing high quality care,asprevious studies have reported that injuries resulting from errors in medical care to the patient lead to long-term conditions, prolong hospitalization, and in some cases, lead to death[1]. Patient safety has been defined as liberty from unintentional or unnecessary injuries produced by medical care[3].

Variousfactorshave been reported to directlyaffectpatient safety [4]. Physical and emotional harm wereidentified in previous research related to patient seclusion, restraint, and medication side effects[4-6]. In addition, some studies have concentrated on health care practices that may initiate anxiety and terror for the patients, thus aggravating safety risks[6,7]. The health care practices can be observed during the application of restraint to manage hostile patients. Furthermore, inflexible rules and guidelines, continuous surveillance, and unprofessional staff attitudes may also be distressing for patients[9-10].

Institutions, healthcare professionals,and patients have beenidentifiedas significant factors in patient safety[11]. A supportive, encouraging culture permeated with effective management and teamwork empowers the delivery of safe care through trust establishment and the provision of quality services at staff, department, and institution levels[12,13]. Therefore, management is the front line in implementing patient safety culture among staff[11]. Moreover, staff is recognized as a vital element in providing direct patient care, so their skills are very important, especially in giving medicine, using different therapeutic techniques, and managing patients' dangerous behaviour[7,14]. Consequently, their perception toward patient safety culture is crucial.

An extensive lecture search showed that no published research has specifically explored nurses' perceptions of psychiatric inpatient safety culture in the Arab world.

Purpose
The aim of this study is to explorepsychiatric nurses' perceptions of patient safety at one hospital in Saudi Arabia.

II. Design and Methods

The participants of the current study were nursing staff in the psychiatric department of one hospital in Eastern Province, Saudi Arabia. The research package, including study information, methods, and participation, was sent to the hospital manager and nursing office to facilitate the interviews. After obtaining the approval from the hospital manager and nursing office, the head nurses of the psychiatric department werecontacted to schedule the date and time of interviews.Data was collected through focus group interviews at the nursing office during the morning shift in the psychiatric male and female wards. Interviews lasted between 120 and 140 minutes. The use of focus groups in this research provides a deep understanding of previous quantitative

research related to psychiatric nurses' perception of patient safety culture. Two focus groups' interviews were conducted by the researchers in October 2018 with nurses working in male and female wards.

To ensure confidentiality, the names of interviewees were not used. The focus group interviews were undertaken after obtaining permission, and detailed information about the study and its purpose was explainedorallyandinwriting. The interviews began with an open-ended question about the psychiatric nurses' perceptions of patient safety.During the interviews, nurses were encouraged to provide their opinions about patient safety as they perceived and practiced it in the ward; theywere requested to support their opinions with examples. The discussion was recorded in writing,and the interview transcriptions were analysed using thematic analysis by the same researchers who designedthe interviews andtook the transcription.

Ethical Approval
Permission to undertake the study was soughtandobtainedfrom the Institutional Review Board (IRB) at the Imam Abdulrahman Bin Faisal University and from the King Fahd Hospital of the University. All participants received a package including the study objective, method, and benefit. They were informed that their participation wasvoluntary,that no identifying personal information wouldbe used,andthattheirparticipation wouldnot affect their job privileges. All participants provided their consent to participate.

III. Results
Overall, 9 nurses (4 male, 5 female) indicated readiness to participate. Nurses' ages ranged from 28 to 58 years (mean, 39 years). Their working experience ranged from 1 to 20 years (mean, 10 years). Psychiatric nurses reported themes that played strong roles in the patient safety culture of the psychiatric inpatient wards. Those themes and sub-themes are summarized in Table 1.

Table1: Result of the qualitative analysis of nurses' perception of patient safety culture

Categories	Themes	Sub-themes
Nurse-patient concern	Staffing issues	• Unit Manager'spositiverole
		• Staff safety
		• Staffing load
	Patient issues	• Self-inductive behaviour
		• Aggressive and violence behaviour
		• Hyperactivity
Environmental nature concern	Hospital issues	• Infrastructure
		• Ordinary hospital risks

1. Staffing Issues
Unit Manager's Positive Role
The majority of nurses in both wards reflected on the important role of the head nurse in patient safety. They reported that the head nurse provides support for the staff in creating a safe atmosphere regarding the physical area, patient cooperation, and staff-patient therapeutic relationships. The head nurses take the responsibility oforganizing safety plans according to patients' conditions. In addition, the heads of the departments enhance teamwork, provide feedback and guidelines that ensurepatient safety, and help new staff evaluate appropriate care.

"Our role model in dealingwithand treating patients is our head nurse, as she is very caring about establishing and maintaining ward, staff and patient safety."

"I do really appreciate the role and the huge responsibility that our head nurse carries and faces in keeping a safe atmosphere everyday"

Three nurses reported that the one of the head nurse's priorities during the orientation program for new staff is to provide clear, detailed information about maintainingthe safety culture of the ward, especially related to patient conditions and previous incidents. The participants claimed that the safety culture of psychiatric wards needs more focus and concern, as they are dealing with very sensitive patients, so the work of head nurses is really appreciated and considered one of the most challenging positions. One of the participants stated:

"Since we are dealing with patients with mental illnesses, the head nurse provided me with detailed information about safety in dealing with patients when I joined the team."

Other participants reported:
"Yes, our head nurse is the heart of the ward, carrying the main responsibility for dealing with patientswhomighthavelost their insight... They (head nurses) are experts and well-prepared in avoiding and decreasing the number of patient incidents."

"Sometimes I feel disappointed dealing with some patients who are really challenging; however, I look at our head nurse, and I see how she is calm, confident and can control cases, so I feel at ease and supported."

Staff Safety
Concerns about staff safety arereflected by the majority of the nurses (N=8). They consider it an important topic specific to mental health care, compared to other nursing specialties. Nurses reported that dealing with patients with psychiatric illness may threaten the safety of staff and cause work tension, exhaustion, and extended absenteeism. Therefore, they perceived nurse-patient safety as interconnected. One nurse stated:

"(With) some newly admitted patients, we cannot anticipatetheirbehaviour since they are still under investigation, so the nurse staff could be attacked by patients; namely suspicious, uncooperative patients orthosewhoareadmitted against their will."

Staff Load
Nurses reported that staff shortages, pressure of work, and paperworkoverload are obstacles that hinderhigh-quality psychiatric care. One of the participants stated that:

"We have a manpower shortage, so we cannot complete what we plan to do with psychiatric patients."

2.   Patient Issues
Self-destructive Behaviours
Self-destructivebehaviours were perceived by nurses of both sections as the first important factor ina safe care environment. These include suicide attempts and self-harm. All participants emphasized the importance of protecting the patientsfromdestructivebehaviour; one of the nurses stated,

"I could not exclude any psychiatric patient as safe from the risk of suicidal thought.
Assessment of newly admitted patients for suicidal risk is an essential procedure for any psychiatric patients."

The head of the male section reflected that the hospitalhaddeveloped standard procedures in case of suicide, so if suicidalbehaviouris expected from a patient, deliberate follow-up care is usually done. Maintaining a safe environment and careful observation of high-risk patients were also specifiedas important procedures for patientsexhibitingself-destructive behaviour by all participants. Thus, removing or replacing any sharp or potentially harmful items and implementing daily safety rounds to identify potentially harmfulcomponentsis carefully done. One nurse stated:

"We have well-established standard guidelines and psychiatric nurse job descriptions that we're following in dealing with patients with mental illness, especially agitated patientswith suicidal ideation."

Another nurse claimed:

"One protocol that we follow is that we take a patient's belongings during admission and makesurethat he didn'thide any objects that may harm him or others."

Participants also highlighted medication storage and administration safety in psychiatric wards as being linked to patients' suicidal behaviours. They mentioned that patients sometimes accumulate their medications as methods for committing suicide.Hence,nursesinboth sections carefully ensure that patients swallow their medications, and other safety measures arecarefully taken into consideration to monitor the distribution of medication. Sideeffects of medication werealso stressed as most important by female nurses (N=2) as they perceived their responsibility for observing, documenting, and reporting any side effects expressed by patients.

"Dealing with medicationsandpsychiatricpatients,weneed to take extra care, as the patient may abuse them."

Another reported:
"Each time I give my patient medicine, I ask the patient to drink plenty ofwater and then check his mouth."

Aggression and ViolentBehaviours

Aggression and violentbehaviours were perceived by the nurses as thesecond main risk factor in regard to patient safety.Violence and aggression against others was mentioned 4 times by the female section and 3 times by the male section during the interview. This indicates that the main safety measure perceived by nursing staff is to protect patients and staff from aggression, as well as to protect patients from themselves. Nurses mentioned (N=4) that protecting patients from harming others or from being harmed by others is their main responsibility. One participant reported:

"In case of any aggressive incident, nurses must interfere as quickly as possible using the right manner of intervention."

Other nurses (N=3) added that patient safety during restraint or seclusion is done by applying the following safety measures: respect the patient's personal space, use restraints or seclusion after a medical order, never use restraints or seclusion as a punishment method, and monitor the patient through the restraining time. One of the female nurses highlighted that restraint and seclusion are usually performed without patient consent and sometimes require more power to be managed. As a result, nursessometimes feel unqualified in dealing with excited patients, as stated by one of the female participants:

"There should be a support system for staff when adverse events happen to increase security within their internal environment."

The male participants (N=2) mentioned that if patients areaggressive, de-escalation, diversion, and engaging him in another activity are recommended as protective interventions. One of the female nurses mentioned that aggressive orprovokingbehavioursare not always monitored, as nurses are sometimes preoccupied by the required documentation rather than conscientiousobservation of the patients. The use of standardized proceduresandpredictive tools to eliminate violence wererecommended by female nurses.

Nurses of female sections (N=3) highlighted issues withverbally abusive patients who sometimes threaten the staff or other patients as significant problems that affect patientsafety. This was highlighted by one nurse, as extracted from the recorded transcript:

"In the ward,patients are exposed to threatsfromother aggressive patients even if these aggressions are not directed to them. Seeing aggressive behaviour can indirectly promptfeelings of insecurity and apprehension forthe patient."

They convey their need to acquire more skills and knowledge related to patients' aggression, as revealed inthe recorded transcript by one participant:

"We are not trained in the ward, but we depend in our academic study—I thinkthatif a training workshop or courses were conducted periodically for nurses, it wouldhelp us."

Hyperactivity

Nurses perceive hyperactive patients who continuously move around the ward as the most significant obstacles, not only for themselves but also for other patients. They mentioned that dealing with these difficult patients can use up a lot of their time and energy,andthey could use this time to help other patients or perform other essential activities. This canbeproblematic for nurses attempting to provide care for other patients who need constant supervision, such as hallucinating, aggressive, or suicidal patients. This concern was highlighted by one of the male participants:

"Some patients arecontinuously moving and makingdisruptivenoises,which disturbs other patients,especially those who have sleep disturbances and need a quiet atmosphere. In the ward, there are also many patients suffering from sleep disturbanceswho cannot sleep at night; these patients disturb the others."

Some of the nurses (N=2) mentioned that patient hyperactivity affects other patients andstaff due to their uncontrolled symptoms. On nurse reported:

"Hyperactive patients sometimes move continuously all day and night without sleeping, disturbing other patients and staff. They do not allow me to finish what I am supposed to complete. I have tried all possible ways to calm them down, even giving them the prescribed treatment, and still cannot do anything forthem."

They suggested that more staff members should be assigned, and one of the participants stated that:

"If we have a sufficient number of staff, some can be assigned to care for difficult patients, but with this shortage, we cannot manage the situations properly; it's very difficult."

3.   Hospital Issues
Infrastructure
Nurses mentionedthesafety environment of the ward as an essential factor of patient safety. Nurses from both sections (N=5) described the design and the facility of both wards as promoting patients' safety. They focusedon the safety design of windows, seclusion rooms, and door systems.

"Windows are well protected with iron bars to prevent patients from hurting themselves. The seclusion room is also well prepared in both sections."

Three out of 9 interviewees mentioned escaping from the hospital without discharge permission as another specific risk in psychiatric hospitals (N=3).

"The wards are secured with safety gates that can be automatically opened intheevent of emergency, such as a fire. The disadvantage is that in the event of a fictitious fire alarm, the gates are opened automatically, risking patients escaping from the gate;so additional security is applied. The ward is locked, which makes patients safe and protects the patients from escaping."

They also mentioned that most psychiatric patients have no insight about their illness and arenot admitted voluntarily, which can result in them leaving the hospital without permission. In addition, some participants mentioned some points in regard tothehospital building that need to be improved. Some nurses claimed:

"The ward design doesn't permit the nurses to carefully observe the patients. The rooms should more be larger to allow patients and staff to move easily."

Another nurse highlighted that the psychiatric ward neededaspecial design. She stated:

"I think this department was not intended particularly for psychiatric patients.Psychiatric hospitals should have certain infrastructural criteria forthe availability of space for outdoor recreation as well as privacy areas to provide opportunities for patients to spend time in quiet surroundings, which can reduce incidence of aggression and violence."

General Hospital Risks
Five out of 9 interviewees (N=5) stated other risks that are common in medical health settings but are also important in psychiatric wards, such as infection control, hygiene, falls, and fire control. For example, one nurse reported:

"In case of a fire alarm, all the staff know how to collaborate, where to take the patients and so on."

Infection control was mentioned but wasnot considered as important as in other medical environments. In addition, the ward facilities and resources are carefully selected; for example, one participant stated:

"I do really takethe time to clean the ward and to be sure that floors are not slippery to avoid falls."

IV. Discussion
In this study, psychiatric nurses' perception of patient safety culture in one hospital inthe Eastern Region of Saudi Arabia was investigated. Nurses reported a number of themes related to patient safety culture. Those themes were classified as staffing issues, patient issues, and environmental concerns.

Staffing Issues

The participants of this study reported the positive roleofthe headnurse in encouraging, maintaining, and disseminating patient safety culture among all nursing staff. This result has been supported by previous studies[2,15-16]. It is important to support staff to create an ideal clinical atmosphere focused on maintaining patient safety culture. However, unprofessional attitudes among nursing staff and patients—for instance, intimidation— may lead to a decrease in safe care and therefore lead to a lack of patient safety[15,17,18]. The characteristics of head nurses that ensuresafety culture were summarized in previous studies as strong leadership contribution, effective communication, patient-centred care, and maintaining apositive culture[15,16].

In addition, the participants of this study reported the importance of staff safety in dealing with patients with mental illness. Previous studies found it important to plan unit staffing, develop staff's competencies through continuous education and training workshops,and ensure that each staff membergoes through a comprehensive orientation program in regard to hospitalorganization in general and psychiatric wards specifically[19]. Moreover, competency levels among psychiatric nurses must be well established and measured in each organization[20].

Staff load was another concern of the participants of this study. Nurses reported a staff shortage, which leads to overload for the available nurses. This finding is consistent with other studies[21]. It was reported that having staff nurses with experience dealing with patients with mental illness is vital toproviding effective care. This issue has also been strongly connected toahigh quality of patient care and better outcomes, besides confirming the safety of care provided[22,23]. It has been found that calculating the nursing load in regard to the number of patients per nurse is not an effective indicator. Calculating patients per nurse should be based on multifactor calculations and must take in to consideration the experience and qualification of the nurses[24]; nurses who lack experience dealing with patients with mental illness negatively affect the quality of care provided[23]. Therefore, the distribution of nurses' loads should be assigned with consideration ofthenurses' experience and patients' conditions, and stable patients should be assigned tonurses with less experience[25]. The importance of continuous professional development through training courses and workshops based on updated knowledge and latest research has been established; thisin turn will secure ahigh quality of care[26-28].

Patient Issues

The condition of patientsisrelated to safety culture.Previousstudieshave discussed several issues that have direct effectson patient safety; the establishment of safe nurse-patient therapeutic environments is vital for effective safety culture and patient care[29]. Researchers recommended establishing and maintainingaward atmosphere thatgives patients a sense of belonging and safety[30]. Moreover, observing patients should be easy for nurses to allow them to react quicklyifapatient acts inappropriately[10,31]. These aspects can help give patients asenseof freedom and help to eliminate patient aggression[32].

Hospital Issues

This study reported that psychiatric ward infrastructure has a very important role in patient safety in addition to other general areas; for instance, infection control, medication mistakes, and falls. This result is in accordance with previous studies[33-35]. It has been reported that the physical structure of the unit and the availability of continuous maintenance is a vital issue in establishing and maintaining patient safety[36]. In addition, the use ofthelatest technology for security, safety, and medication administration boosts the safety of the patients[37,38]. In regard to the security system, the majority of psychiatric wards are protected, and this offers some positive and negative points in regard to patient safety. As for positive points, patients feel that they are well protected; itmaybe necessary to protect patients against unwelcome visitors, robbery, and access to drugs and alcohol[39,40].

A number of studies have focusedon the unique physical structure of psychiatric wards, as the safety of patients can be enhanced by preparing the ward furniture and equipment with non- hazardous materials that patientscannotuse to harm themselves or others[41-42]. Negative points may lieinthe authority of staff over the patients, who mayfeelas if they have lost their freedom and become frustrated and disheartened. In addition, the locked psychiatric wards negatively impactthe general view of patients, implyingthat they are dangerous and encouraging stigmatization[41,42]. Therefore, the establishment of an ideal physical structure that suits the conditions of patients should be considered in designing psychiatric wards to promote patient safety and provide maximum nursing care.

Regardinggeneral clinical risks that patients may face, organizational leadership has a huge role in the matter of patient safety related tothe organizational mission and objectives. This has a great impact onpatient safety as the first priority in dealing with patients,whichcan be achieved by developinganatmosphere of cooperativeness, effective communication, and positive attitude; these factors are directlyrelatedtosafepatient care[3]. Moreover, it is important to build systems that encourage the staff to recognize, evaluate and, manage the

hazards[23].More importantly, the organization must have an effective system for reportingincidents,whether they are minor or serious, have been corrected, or require action from an expert[23,26].

Limitation of the Study
   The main limitations of the study werethe sample size of participating nurses and the fact that it only tookplace among psychiatric wards in a tertiary hospital inthe Eastern Region of Saudi Arabia. Therefore, it is hard to generalize the results. Consequently, the recommendation for future studies is to increase the number of the sample size and study a different region of Saudi Arabia to generalize the results. In addition, a quantitative studyis recommendedto support the current study's results.

V. Conclusion
   The aim of the current study was to analyse nursing staff's perspectives of patient safety in psychiatric inpatient wards in one hospital in the Eastern Region ofSaudi Arabia. Nurses identified three main factors that may affect the safety culture: staffing issues, patient issues, and environmental concerns. Therefore, focusing onimprovingtheseissueswill help improvepatients'safety culture.

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