Nurses' perceptions of patient safety in psychiatric wards

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Background: Considering the safety of patients is the first priority to ensure the high quality of health care. A variety of factors have 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 in male 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 made to enhance the culture of patient safety.

Keywords: Nurse, Patient Safety Culture, psychiatric, Qualitative, Saudi Arabia

I. Literature Review

Considering the safety of patients is the first priority to ensure the high quality of health care 4. Patients’ health and welfare is the primary concern of healthcare workers, and there are many obstacles to providing safe patient care 7. Patient safety is considered the first priority in providing high quality care, as previous 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.

Various factors have been reported to directly affect patient safety 4. Physical and emotional harm were identified in previous research related to patient seclusion, restraint, and medication side effects 6,7. 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 been identified as 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 13. 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 literature 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 explore psychiatric 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 were contacted 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
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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 explained orally and in writing. 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; they were 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 designed the interviews and took the transcription.

Ethical Approval
Permission to undertake the study was sought and obtained from 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 was voluntary, that no identifying personal information would be used, and that their participation would not 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.

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<th>Categories</th>
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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 of organizing safety plans according to patients’ conditions. In addition, the heads of the departments enhance teamwork, provide feedback and guidelines that ensure patient safety, and help new staff evaluate appropriate care.

“Our role model in dealing with and 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 maintaining the 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:
“\(\text{Yes, our head nurse is the heart of the ward, carrying the main responsibility for dealing with patients who might have lost their insight... They (head nurses) are experts and well-prepared in avoiding and decreasing the number of patient incidents.}\)”

“\(\text{Sometimes I feel disappointed dealing with some patients who are really challenging; however, I look at our head nurse, and I see how she is calm, confident and can control cases, so I feel at ease and supported.}\)”

**Staff Safety**
Concerns about staff safety are reflected 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:

“\(\text{(With) some newly admitted patients, we cannot anticipate their behaviour since they are still under investigation, so the nurse staff could be attacked by patients; namely suspicious, uncooperative patients orthogonal admitted against their will.}\)”

**Staff Load**
Nurses reported that staff shortages, pressure of work, and paperwork overload are obstacles that hinder high-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-destructive behaviours were perceived by nurses of both sections as the first important factor in safe care environment. These include suicide attempts and self-harm. All participants emphasized the importance of protecting the patient from destructive behaviour; 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 hospital had developed standard procedures in case of suicide, so if suicidal behaviours expected from a patient, deliberate follow-up care is usually done. Maintaining a safe environment and careful observation of high-risk patients were also specified important procedures for patient exhibiting self-destructive behaviour by all participants. Thus, removing or replacing any sharp or potentially harmful items and implementing daily safety rounds to identify potentially harmful components 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 patients with suicidal ideation.”

Another nurse claimed:

“One protocol that we follow is that we take a patient’s belongings during admission and makesure that he didn’t hide 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, nurses in both sections carefully ensure that patients swallow their medications, and other safety measures are carefully taken into consideration to monitor the distribution of medication. Side effects of medication were also 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 medications and psychiatric patients, we need 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 of water and then check his mouth.”

**Aggression and Violent Behaviours**

Aggression and violent behaviours were perceived by the nurses as the second 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, nurses sometimes 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 are aggressive, de-escalation, diversion, and engaging him in another activity are recommended as protective interventions. One of the female nurses mentioned that aggressive or provoking behaviours are not always monitored, as nurses are sometimes preoccupied by the required documentation rather than conscientious observation of the patients. The use of standardized procedures and predictive tools to eliminate violence were recommended by female nurses.

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

“In the ward, patients are exposed to threats from other aggressive patients even if these aggressions are not directed to them. Seeing aggressive behaviour can indirectly prompt feelings of insecurity and apprehension for the patient.”

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

“We are not trained in the ward, but we depend in our academic study—I think that if a training workshop or courses were conducted periodically for nurses, it would help 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, and they could use this time to help other patients or perform other essential activities. This can be problematic 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 are continuously moving and making disruptive noises, 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 disturbances who cannot sleep at night; these patients disturb the others.”

Some of the nurses (N=2) mentioned that patient hyperactivity affects other patients and staff due to their uncontrolled symptoms. On nurse reported:
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“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 for them.”

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 mentioned the safety 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 focused on 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 in the event 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 are not admitted voluntarily, which can result in them leaving the hospital without permission. In addition, some participants mentioned some points in regard to the hospital 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 needed a special design. She stated:

“I think this department was not intended particularly for psychiatric patients. Psychiatric hospitals should have certain infrastructural criteria for the 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 was not 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 take the 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 in the 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 role of the headnurse in encouraging, maintaining, and disseminating patient safety culture among all nursing staff. This result has been supported by previous studies\textsuperscript{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\textsuperscript{15,17,18}. The characteristics of head nurses that ensure safety culture were summarized in previous studies as strong leadership contribution, effective communication, patient-centred care, and maintaining a positive culture\textsuperscript{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 member goes through a comprehensive orientation program in regard to the establishment of general and psychiatric wards specifically\textsuperscript{19}. Moreover, competency levels among psychiatric nurses must be well established and measured in each organization\textsuperscript{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\textsuperscript{21}. It was reported that having staff nurses with experience dealing with patients with mental illness is vital to providing effective care. This issue has also been strongly connected to the high quality of patient care and better outcomes, besides confirming the safety of care provided\textsuperscript{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 into consideration the experience and qualification of the nurses\textsuperscript{24}; nurses who lack experience dealing with patients with mental illness negatively affect the quality of care provided\textsuperscript{23}. Therefore, the distribution of nurses’ loads should be assigned with consideration of the nurses’ experience and patients’ conditions, and stable patients should be assigned to nurses with less experience\textsuperscript{25}. The importance of continuous professional development through training courses and workshops based on updated knowledge and latest research has been established; this in turn will secure a high quality of care\textsuperscript{26-28}.

Patient Issues

The condition of patients is related to safety culture. Previous studies have discussed several issues that have direct effects on patient safety; the establishment of safe nurse-patient therapeutic environments is vital for effective safety culture and patient care\textsuperscript{29}. Researchers recommended establishing and maintaining a ward atmosphere that gives patients a sense of belonging and safety\textsuperscript{30}. Moreover, observing patients should be easy for nurses to allow them to react quickly if a patient acts inappropriately\textsuperscript{31,32}. These aspects can help give patients a sense of freedom and help to eliminate patient aggression\textsuperscript{33}.

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\textsuperscript{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\textsuperscript{36}. In addition, the use of the latest technology for security, safety, and medication administration boosts the safety of the patients\textsuperscript{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; it maybe necessary to protect patients against unwelcome visitors, robbery, and access to drugs and alcohol\textsuperscript{39,40}.

A number of studies have focused on 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 patients cannot use to harm themselves or others\textsuperscript{41,42}. Negative points may lie in the authority of staff over the patients, who may feel as if they have lost their freedom and become frustrated and disheartened. In addition, the locked psychiatric wards negatively impact the general view of patients, implying that they are dangerous and encouraging stigmatization\textsuperscript{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.

Regarding general clinical risks that patients may face, organizational leadership has a huge role in the matter of patient safety related to the organizational mission and objectives. This has a great impact on patient safety as the first priority in dealing with patients, which can be achieved by developing an atmosphere of cooperativeness, effective communication, and positive attitude; these factors are directly related to patient care\textsuperscript{3}. Moreover, it is important to build systems that encourage the staff to recognize, evaluate and, manage the
hazards. More importantly, the organization must have an effective system for reporting accidents, whether they are minor or serious, have been corrected or require action from an expert.

Limitation of the Study

The main limitations of the study were the sample size of participating nurses and the fact that it only took place among psychiatric wards in a tertiary hospital in the 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 study is recommended to 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 of Saudi Arabia. Nurses identified three main factors that may affect the safety culture: staffing issues, patient issues, and environmental concerns. Therefore, focusing on improving these issues will help improve patients’ safety culture.

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DOI: 10.9790/1959-0801030108 www.iosrjournals.org 7 | Page
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Amira Alshowkan & Aleya Gamal. "Nurses’ perceptions of patient safety in psychiatric wards." IOSR Journal of Nursing and Health Science (IOSR-JNHS), vol. 8, no. 01, 2019, pp. 01-08.