

Experiences of nurses regarding challenges faced while dealing with psychiatric patients in both public and private tertiary care hospitals of Karachi, Pakistan

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Abstract

Objective: To explore the challenges of mental health nurses in dealing with psychiatric patients.

Method: The qualitative, descriptive, phenomenological study was conducted at three public and private psychiatric setups in Karachi from August 13 to October 30, 2018, and comprised mental health nurses having a minimum 6-month experience of working in a psychiatric ward. Data was collected using focus group discussion using a semi-structured interview guide. The proceedings were transcribed, translated and analysed using thematic analysis, leading to the formation of themes, categories and sub-categories.

Result: Of the 15 nurses with mean age 25 ± 1.95 years, 5(33.3%) were from the public sector and 10(66.6%) were associated with private-sector institutions. Besides, 7(46.6%) nurses had work experience up to 5 years. There were three sessions of focus group discussion; 1(33.3%) of public-sector nurses and 2(66.6%) of private-sector nurses. Each session had 5(33.3%) participants. Post-transcription feedback was provided by 8(53%) nurses. There were 4 themes; lack of resources, safety-related challenges, lack of staff capacity building, and lack of support. The themes overall had 14 categories and 7 sub-categories.

Conclusion: The nurses exposed to patient aggression should be provided debriefing sessions to deal with possible burnout.

Keywords: Career, Mental health nurses, Mental health, Public health, Stigmatised, Violence. (JPMA 73: 776; 2023)

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Introduction

Mental health nursing is a specific field of the nursing profession. Nurses working in psychiatric settings need to provide high-quality care to patients in a difficult and challenging work atmosphere.¹ Globally, nurses' experiences in diverse clinical settings have attracted professional attention in recent years.² However, in developing countries, not much literature is available about the experiences of mental health nurses.³ Psychiatric problems are becoming an alarming public health concern around the world as the disabling and debilitating conditions associated with psychiatric illness lead to a less productive life.⁴ Individuals with mental health problems are more likely to suffer from other health-related issues, and their mortality rate is 4-7 fold higher.⁵ A newspaper report in 2016 stated that Pakistan had 50 million people suffering from psychiatric problems among whom 15-20 million were adults.⁶ At present 600 psychiatrists in Pakistan in both public and private sectors and 700 clinical psychologists are accessible in the country, but there are only 300 qualified psychiatric nurses.⁷

Nurses working in mental health settings encounter

difficulties and challenges that impact their performance directly. They are misunderstood in public as well as among peers, and thus become stigmatised. Such challenges negatively affect their professional working. Mental health nurses have the highest probability of facing violence with psychological consequences, like stress, anxiety, and lower job satisfaction, as well as physical consequence, like injuries and short-term or long-lasting disability.⁸ A study in Ontario reported that about 8% mental health nurses had suffered injuries because of aggression and violence.⁹

This moral distress results in feelings of guilt, frustration and anger that are psychological and physiological mal-responses.¹⁰ Burnout has also been associated with mental health nursing which is generally known as one of the utmost challenging professions in terms of staffing and obligations.¹¹ There is a lack of studies on the challenges faced by nurses in psychiatric settings¹² even though the nurses in psychiatric settings work in exceptionally hectic and high-pressure settings.¹³ There has been no such study done in Pakistan. The current study was planned to fill the gap by exploring the challenges mental health nurses encounter in providing care to psychiatric patients.

Subjects and Methods

The qualitative, descriptive, phenomenological¹⁴⁻¹⁶ study was conducted at three public and private psychiatric

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setups in Karachi from August 13 to October 30, 2018. After approval from the institutional ethics review committee of Ziauddin University Karachi, the sample was raised using maximum variation sampling technique. Those included were mental health nurses having experience of working in a psychiatric ward for a minimum of 6 months and up to 50 years and above.¹⁷ Informed consent was taken from all the subjects and those not willing to participate were excluded.

Data was collected using focus group discussion (FGD) sessions conducted with the help of a semi-structured interview guide to have insight of the participants.¹⁸ Interview guide was pilot-tested on two individuals who were not part of the main study.

Open-ended questions were used to give opportunity to the participants to describe in detail their experiences. The questions included: What do you think about mental health services in Pakistan?; What are the most important obstacles facing nurses while delivering care to mental ill patients?; In your opinion how we can overcome to these barriers?; What are the challenges facing nurses while delivering care psychiatric patients?; What are the coping strategies if a problem arises?

Data saturation was achieved when no new information was available with the participants. Each FGD took 60 minutes. The sessions were audio-recorded. The contents were transcribed verbatim and the identity of the participants was code as alphabets. The transcribed version was checked for correctness.¹³ Noteworthy statements were noted, collective formal meanings were structured into groups of themes (coding), thorough descriptions were written. For the purpose of the study, Credibility meant confidence and trust in the study findings; Dependability meant the stability of the study data which is similar to reliability; Conformability meant maintaining neutrality in research to make the findings reliable, and Transferability meant the level to which the results were generalisable.¹⁹ For post-transcription feedback, the data was sent to all the participants. It was also sent to experts for external audit. Finally, Data was analysed using thematic analysis, leading to the formation of themes, categories and sub-categories.

Results

Of the 15 nurses with mean age 25±1.95 years, 5(33.3%) were from the public sector and 10(66.6%) were associated with private-sector institutions. Besides, 7(46.6%) nurses had work experience up to 5 years. There were three sessions of focus group discussion; 1(33.3%) of public-sector nurses and 2(66.6%) of private-sector nurses. Each session had 5(33.3%) participants. Post-transcription

Table: Themes, categories and sub-categories inferred from focus group discussions (FGDs) comprising mental health nurses regarding their experiences about psychiatric patients.

Main Theme	Category	Sub-Category
Lack of Resources-	1. Shortage of Supplies	• Salary
	2. Lack of Rewards for Nurses	• Motivation
	3. Staff Shortage	
	4. Lack of Funding	
Safety Related Challenges	1. Patients' Safety	• Conflicts among patients
	2. Nurses Safety	• Self Harm
	3. Environmental Safety	• Physical Attack • Aggression
Lack of Staff Capacity Building	1. Continuous Nursing education	
	2. Clinical Teaching	
	3. Skill Building	
Lack of Support	1. Lack of Patient and Family Support	
	2. Lack of Management Support	
	3. Lack of Support from Psychiatrist	
	4. Lack of Community Support: Stigma	

feedback was provided by 8(53%) nurses. There were 4 themes; lack of resources, safety-related challenges, lack of staff capacity building, and lack of support. The themes overall had 14 categories and 7 sub-categories (Table).

The first theme was lack of resources. The participants defined shortage of supplies as an unmet demand of the patients.

"Medication shortage is our big challenge because patients and attendants both come directly to the nursing station and ask for medicine, and sometimes if we are unable to provide medicine in time, then the patient suffers."

The participants also talked about lack of intangible rewards for mental health nurses, like recognition and appreciation from the higher management.

"There is no encouragement and reward from the management to provide positive motivation for doing quality work, and it is a big tragedy that we have minimal support from them."

Participants from both public and private sectors mentioned low salary and less motivation that ultimately decrease the quality of care.

"Salary packages are not good enough as nurses suffer from financial burden and this increases their stress level."

"Psychologically, support from the management in the shape of rewards means a lot as it motivates us to deliver good performance and quality care."

Scarcity of resources in terms of shortage of trained staff to deal with psychiatric patients was also mentioned by the participants.

"The big tragedy that we have is the lack of resources in terms

of specialised trained staff when we encounter aggressive and violent patients, we don't have enough skills to deal with such patients. Mostly we become victims of patient's aggressive behaviour which causes harm physically and mentally to us."

Participants from the public sector said that budget for mental health was much less than required due to which they were not able to provide efficient care to mental health patients. Therefore *"There is a lack of funds in providing a good rehabilitation centre with full equipment required for it. Thus, it does not enable us to deliver better services to the patients."*

The second theme was safety-related challenges, which was sub-categorised into issues related to the safety of patients, nurses and environment.

"Patient safety is our utmost priority and it can be achieved through strong collaborative team and we can also enhance our communication skills which is a therapeutic cornerstone in mental illness, but unfortunately we do not do it."

Patient safety had two types; conflict among patients, and self-harm. *"The patients do self-harm when they have experienced physical, emotional, sexual or drug abuse crisis in their lives."*

The nurses emphasised that safety was very important to prevent workplace-induced injuries and harm. Nurses' wellbeing is critical for vigilant monitoring of patients.

"It is not an easy task to work with mentally ill patients as I remember one year ago during my night duty, a maniac patient came to me and directly punched on my head and I became semi-conscious. He was continuously beating me. I was alone at the counter as no staff was available. The purpose of sharing this incident is to highlight that we are always at risk of having injury or harm which is a challenge for us regarding our safety."

The elements of physical attack and aggression were highlighted by the nurses.

"When patients do physical attack, it makes us feel under threat. I remember in my last evening duty, a patient became aggressive and I was trying to calm her down, but unfortunately she attacked me and I dropped on my knees rather badly and I still have pain in my knees. I also got some other wounds and my shirt got torn."

The participants endorsed the view. *"When we interact with patients for the first time, the behaviour of the patient is really aggressive and this becomes a risk for us even to go to their bedside and interact with them as they indulge in direct violence and attack us."*

Addressing the needs of mentally ill patients' safely is very important in psychiatric nursing practice, the subjects said. *"When patients become aggressive they start to be violent. They either harm the staff or damage whatever things they come in contact with."*

The third theme was lack of staff capacity-building. The participants were of the opinion that they had fewer opportunities for capacity-to update their knowledge related to mental health services.

"It is mostly observed that in our system, our psychiatrists do not pay attention to the nurses. It is one of the misfortunes of our country that we are ignored by the government and also by the management which directly impacts our capacity-building."

The lack of capacity-building was defined as fewer continuous nursing education (CNE) sessions. *"Nurses should be provided with updated sessions on specific topics. Nurses should be aware through continuous education sessions by workshops, seminars and ward teaching."*

Clinical teaching by highly qualified professionals or psychiatrists creates more opportunities towards learning and dealing with patients. *"When the psychiatrists do bedside rounds, they do not discuss the prognosis or condition of the patients with staff nurses. There must be sessions on bedside clinical teaching or in the conference room."*

Participants from the public sector described their challenges about lack of staff capacity-building in terms of skill building. *"The higher management should provide chances to arrange sessions and encourage psychiatric nurses to attend outdoor sessions regarding the strategies to improve their skills."*

The fourth theme was lack of support. *"There is no support for the psychiatric nurses from the organisation to motivate them even when they deal with patients in a crisis situation."*

The participants also shared their experiences regarding lack of support from the patients' families. *"The patient's attendants' behaviour is not cooperative at times. When the patient is in a private room and we are doing any procedure, the attendants do not cooperate and, in fact, they disturb us. Besides, they start to issue commands and order us around."*

"The management does not promote collaboration with nurses and psychiatrists to be on one platform as it is not the practice."

Participants from the public sector expressed their views as well. *"When the psychiatrists do bedside rounds and discuss the mental status of patients, they do not encourage the nurses to attend tutorials and post-round meetings."*

The participants also talked about the lack of support from family and community due to which the burden of work was increasing. *"The family support for patients at home and at the community level is very bad. We mostly received patients with re-occurrence of mental disorder, which happens when patients get no attention from family, friends and the community."*

Discussion

The current study is one of the first to focus on the challenges in the field of mental health nursing. The participants expressed a huge lack of resources, and the finding is consistent with earlier studies.²⁰ Further, lack of specialised trained staff led to heavy workload. Nurses' shortage in other areas has also been observed.²¹ Another study reported that nurses experience pressure created by inadequate resources, such as lack of staff, low salary and heavy workload.²² Additionally, finding specialised mental health nurses for recruitment is an ongoing challenge in the global health industry.^{23,24} The present study found that funds for mental health nursing practices were not good enough. Similar findings have been reported earlier.^{25,26}

Likewise, safety-related challenges noted in the current study are in line with literature.^{27,28}

Participants in the current study reported low level of capacity-building through CNE and clinical teaching. Participants also were of the opinion that educational content, teaching and CNEs were insufficient to empower a psychiatric nurse. This is in line with a study.²⁹⁻³¹

The participants shared their concerns about the lack of patient and family support, lack of management support, lack of support from psychiatrists, and lack of community support for the nurses. The quality of working in mental health nursing is very low and it is observed that psychiatric services remain largely neglected. The shortcomings pointed out by the participants in the current study are in complete agreement with global literature.³²⁻³⁵

Conclusion

Nurses working at mental health ward and institutions reported weak areas in relation to providing care and management support to deal with professional shortcomings. The nurses exposed to patient aggression should be provided debriefing sessions to deal with possible burnout.

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