

## Qualitative Research

# Manager nurses' views on the employment of consultation-liaison psychiatry nurses: A qualitative study

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### Abstract

**Objectives:** The aim of this study was to examine the views of manager nurses on the employment of consultation-liaison psychiatry nurses.

**Methods:** The study was conducted with an exploratory qualitative research design. The study group consisted of 20 nurses working in managerial positions. A total of five focus group interviews were conducted with three to five participants. Data were collected online using a semi-structured interview form between September 2023 and February 2024 and analyzed using thematic analysis.

**Results:** Four main themes and 10 sub-themes emerged from the analysis. The themes were decision-making (number of nurses, unit), dilemma (need, luxury), benefits (patients and patient relatives, staff and profession, managers and institution), and the road map (being visible, boundaries, empowerment).

**Conclusion:** According to the results of the study, nurse managers find the employment of consultation-liaison psychiatry nurses important, necessary, and useful. However, it is stated that priority cannot be given with the current number of nurses and it is suggested that this field should be introduced more, exemplary practices should be known, their contributions should be demonstrated with evidence, the need for trained manpower in this field and necessary legal regulations should be made. Psychiatric nurses have important duties in expanding the employment of consultation-liaison psychiatry nurses.

**Keywords:** Consultation-liaison psychiatry; employment; nursing; qualitative research.

With the existence of a bidirectional relationship between physical and mental status, the necessity for nurses to provide person-centered holistic care is strongly advocated. Studies confirm each other and show that the prevalence of psychiatric disorders in patients with physical illness<sup>[1,2]</sup> and the incidence of psychiatric disorders in hospitalized patients are higher than in the general population.<sup>[2,3]</sup> In addition, it has been shown that those working in non-psychiatric clinics

have difficulty in caring for these patients and lack knowledge and confidence.<sup>[4,5]</sup> There are increasing research results showing that psychological processes and psychosocial factors that develop in physical diseases negatively affect the patient's compliance, quality of life, course of the disease, survival and prognosis, leading to increased hospitalization, repeated hospitalizations and increased costs.<sup>[6,7]</sup> Consultation-liaison psychiatry (CLP) is the field that acts as a bridge between general

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hospital clinics and psychiatry, trying to integrate medical-psychiatric treatment with physical and psychosocial care, and to realize the biopsychosocial understanding.<sup>[8]</sup>

Parallel to the development of CLP, the role of CLP nursing, which emerged in the United States of America (USA) 60 years ago due to the need to address psychosocial problems experienced by patients hospitalized in non-psychiatric clinics, was first documented by Johnson and Peplau.<sup>[9]</sup> In the 1990s, CLP nursing was accepted as a specialized branch of mental health and psychiatric nursing by the American Nurses Association and practice standards were published.<sup>[10]</sup> All these developments in the USA have influenced the development of similar specialties of mental health nursing in other countries (Australia, New Zealand, United Kingdom, Taiwan, and Europe).<sup>[11]</sup> In our country, CLP nursing has been developing as a concept and practice for about 40 years.<sup>[12]</sup> It was found that at least 19.5% of the doctoral theses in psychiatric nursing between 1977 and 2012,<sup>[13]</sup> 19.6% of the doctoral theses and 20% of the master's theses<sup>[14]</sup> between 1980–2018 were conducted in the field of CLP nursing. In 2011, in the nursing regulation adopted in 2011, CLP nursing gained an institutional identity with the duties, authorities and responsibilities defined within mental health and diseases nursing.<sup>[15]</sup> According to the results of the study examining the activities of nurses working in this field 1 year after the publication of the regulation, it was determined that only eight hospitals in our country, one of which was a state hospital and seven of which were university hospitals, provided CLP services and at least one nurse was employed in six of them. Regarding their roles; it was determined that nurses working in four units were involved in consultation follow-up, liaison service, education for patients, families and employees, and research activities in the general hospital. In five units, it was determined that individual/group therapies and psychosocial care services were provided in outpatient follow-up, in two units they worked in the inpatient ward, and administratively they were involved in consultancy to the management and various committees.<sup>[16]</sup> It was understood that consultation-liaison psychiatry services could not become widespread throughout Turkey and the activities of the nurses working in the existing departments varied. In the following years (2015–16 academic year), the Consultation-Liaison Psychiatry Nursing Master's Program was opened at Ege University Institute of Health Sciences, Department of Psychiatric Nursing.<sup>[9]</sup> For the past 3 years, the CLP Nursing Commission has been activated within the Psychiatric Nurses Association.

Although the importance of CLP nursing has been better understood in our country over the years, problems regarding the employment of CLP nurses continue. Managing nurses have an important role in the employment of CLP nurses, who fill an important gap in providing the support needed by nurses who work in general clinics and have difficulty in handling mental

#### What is presently known on this subject?

- Consultation-liaison psychiatry nursing practices have important benefits for patients, relatives, healthcare professionals, and institutions, but the employment of consultation-liaison psychiatry nurses is still not widespread in our country.

#### What does this article add to the existing knowledge?

- It has been revealed that although the nurse managers share the opinion that the employment of consultation-liaison psychiatry nurses is a necessity, that they have important contributions and benefits for patients and their relatives, employees and the profession, managers and the institution, they cannot prioritize employment in the current conditions, and their suggestions for the widespread use of consultation-liaison psychiatry nursing have been put forward.

#### What are the implications for practice?

- It is thought that the results obtained from the research will guide the widespread employment of consultation-liaison psychiatry nurses. Namely, it is necessary to introduce consultation-liaison psychiatry nursing more to decision-makers, to train consultation-liaison psychiatry nurses and to realize legal regulations, to make the results of the activities carried out by nurses working as consultation-liaison psychiatry nurses visible, to conduct research and share the results with the managers in the institution, to carry out exemplary practices and projects.

problems that arise due to physical illness.<sup>[17]</sup> For this reason, evaluating the awareness of nurse managers, who determine in which unit nurses will be employed in the hospital management organization, about CLP nursing, determining their views on the employment of CLP nurses, and investigating their experiences or the difficulties and benefits they foresee will be an important step toward the dissemination of CLP nursing. As a result of the research, it will be possible to plan for the development of solution proposals by determining what the obstacles are in the employment of nurses according to the field of specialization in providing holistic care and increasing the quality of care. Accordingly, this study was conducted to examine the views of nurse managers on the employment of CLP nurses.

## Research Question

What are the views of nurse managers on the employment of CLP nurses?

## Materials and Method

### Research Design and Sampling

The study was conducted using an exploratory qualitative research design, which investigates topics that have not been previously studied in depth and allows participants to express their views on a topic without being limited by a particular philosophical stance or theoretical perspective of the research team.<sup>[18]</sup> The study included 20 manager nurses who were determined by homogeneous sampling method. The inclusion criteria were working in a managerial position for at least 1 year, having a technological tool to participate in online interviews, having no reason to prevent active participation in the interviews, and volunteering to participate in the study. Participants who had worked as a manager for <1 year and did

**Table 1. Semi-structured interview questions**

No	Questions
1.	Opening question: How do you go about recruiting nurses in clinics?
2.	What do you know about consultation-liaison psychiatry nursing?
3.	What are your views about employing consultation-liaison psychiatry nurses in your hospital?
4.	What are the benefits you foresee when you employ a consultation-liaison psychiatry nurse?
5.	What can be the barriers to employing consultation-liaison psychiatry nurses?
6.	What are your suggestions for the expansion of consultation-liaison psychiatry nursing?
7.	Closing question: Is there anything else you would like to add about this topic?

not have an undergraduate nursing education were excluded. In the literature, information on how many people to include in focus groups varies. Some authors suggest that the number of participants in the groups should consist of 4–5<sup>[19]</sup> or 4–8<sup>[20]</sup> people, while some authors state that the fewer people in the group, the more likely they are to interact.<sup>[21,22]</sup> In this study, focus groups were conducted with 3–5 people.

## Data Collection Tools

### Personal Information Form

This form consists of nine questions inquiring the participants' age, gender, education level, place of residence, working period, type of hospital, length of service in the hospital, position, and length of service as a manager.

### Semi-structured Interview Form

The form created by the researchers consists of seven questions finalized after expert opinion (Table 1).

### Data Collection Process

Data were collected online between September 2023 and February 2024. An invitation e-mail containing information about the purpose and scope of the study was sent to 116 people, excluding the members working as academicians in the member list received from the Manager Nurses Association. As responses to the invitation came, a WhatsApp group was created by taking the phone numbers of all the people who met the inclusion criteria and volunteered to participate in the study. The days when the people in the group were available were determined. In the process of planning the dates of the interviews, eight participants who were in the group but reported that they could not participate in the interviews due to time constraints left the group during the process. In qualitative research, interviews can be terminated when no new information is obtained from the participants' statements (data saturation).<sup>[23]</sup> In this study, focus group interviews were continued until data saturation was reached. Before the interviews, the participants were informed that the interview would be recorded and their audio and video consent was obtained. Online inter-

views were conducted in quiet rooms where the participants and researchers were alone and the cameras were turned on. The interviews were conducted by the first researcher, who has a doctorate degree in psychiatric nursing and has training and experience in qualitative research, with the participation of all three researchers, who did not have any relationship with the participants other than coming together for research purposes. A total of five focus group interviews were conducted with the participants in 90- and 120-min sessions.

### Data Analysis

The data were manually analyzed by three female researchers who are experienced in qualitative methodology, experts in the field of psychiatric nursing (two of whom have a doctorate degree and one has a master's degree), and who work as lecturers, using thematic analysis method and inductive approach<sup>[24]</sup> First, the recorded interviews were transcribed by the researchers. After transcription, a 161-page text was obtained. The text was read independently by the researchers and the prominent data were coded. In the next stage, similar codes were brought together and themes were developed. The researchers held a discussion to finalize the themes. The themes and sub-themes were presented to three experts who have a doctorate degree in psychiatric nursing, have studies in the field of CLP and CLP nursing, and are experienced in qualitative research, and the themes were finalized. The research was reported using the Consolidated Criteria for Reporting Qualitative Research checklist, which was developed for use in reporting qualitative research.<sup>[25]</sup>

### Accuracy of Data

To ensure the accuracy of the data, the norms of credibility, confirmability, reliability, and transferability were applied<sup>[26]</sup> Credibility was ensured by expert evaluation and obtaining the participants' consent. At the end of the interview, the researcher summarized the findings and shared the findings with the participants through WhatsApp and obtained the consent of all participants. For verifiability, interviews and participant statements were recorded and feedback was obtained from the participants for the consistency of the data obtained.

**Table 2. Participant characteristics (n=20)**

No	Age	Gender	Education	Term of employment (years)	Hospital type	Duty period in hospital (years)	Working position	Term of employment as manager (years)	Working experience with CLP nurse
P1	47	F	U	20	Private	20	DNS	17	No
P2	45	F	MD	21	Private	2	DDHS	1	No
P3	43	F	U	20	Private	20	DDHS	1	No
P4	46	F	U	22	Private	2	DNS	15	Yes
P5	47	F	U	26	University	24	DNS	25	No
P6	47	F	U	24	University	20	DNS	2	Yes
P7	41	F	U	17	University	17	DDHS	5	No
P8	48	F	U	29	University	29	DDHS	6	No
P9	47	F	MD	25	Public	15	DNS	2	No
P10	37	F	MD	15	Public	15	DDHS	6	Yes
P11	34	F	MD	12	Public	12	DDHS	3	No
P12	41	F	MD	18	Private	18	BDPM	6	No
P13	45	F	MD	27	Public	27	DDHS	10	No
P14	46	F	MD	24	University	24	DDHS	18	No
P15	42	F	PhD	24	Public	17	DNS	7	No
P16	36	F	MD	12	Public	2.5	CC	2.5	No
P17	42	F	MD	20	Public	10	DDHS	3	No
P18	47	F	MD	24	Private	24	DDHS	22	Yes
P19	51	F	MD	35	Public	30	SSM	8	No
P20	40	F	MD	16	University	11	DNS	11	No

CLP: Consultation-liaison psychiatry; F: Female; U: Undergraduate; MD: Master's degree; PhD: Doctor of philosophy; DNS: Director of nursing services; DDHS: Deputy director of health services; BDPM: Business development planning manager; SSM: Support services manager; CC: Care coordinator.

Researcher triangulation was used to ensure reliability. The research was conducted by more than one researcher to eliminate errors and biases that may arise from conducting the research by a single researcher. Transferability was ensured through an adequate number and diversity of participants, a thorough explanation of the research design, and direct testimonies from participants.

### Ethical Responsibilities

This study was conducted according to the principles of the Declaration of Helsinki. Approval was obtained from Bolu Abant İzzet Baysal University Human Research Ethics Committee in Social Sciences for the conduct of the study (Date: September 02, 2023, No: 2023/02). Written permission was obtained from the Manager Nurses Association (Date: July 31, 2023, Number: 6). Informed consent was obtained from all participants before the study.

### Results

All of the nurse managers who participated in the study were female and the majority (60%) was post-graduate graduates. The mean age of the participants was  $43.60 \pm 4.42$  years, the mean total working time was  $21.55 \pm 5.70$  years, the mean

length of service in the hospital was  $18.10 \pm 7.93$  years, and the mean total working time as a manager was  $9.65 \pm 7.96$  years. Participants were working in hospitals in different provinces (Istanbul, Ankara, Bolu, Eskişehir, and Zonguldak). The characteristics of each participant are shown in Table 2.

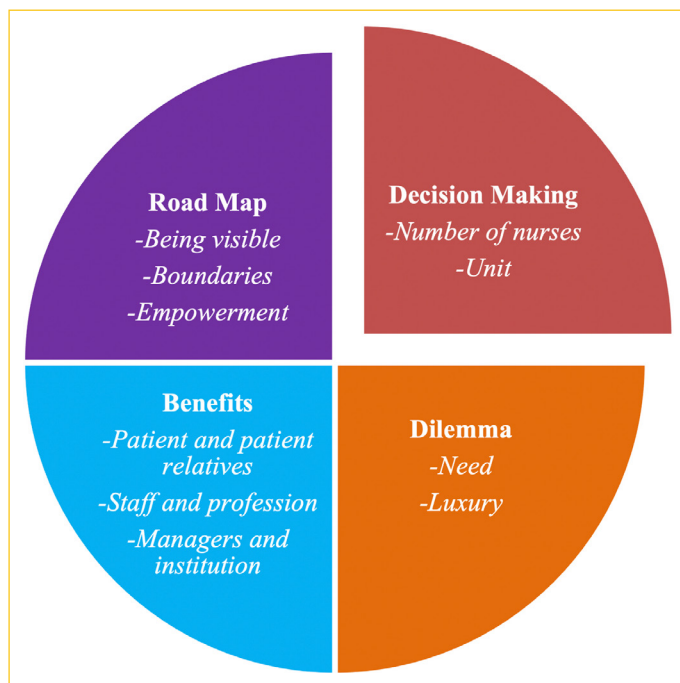
As a result of the analysis of the interviews, four main themes and 10 sub-themes were obtained (Fig. 1). The themes were presented by quoting the participants' statements.

### Theme 1. Decision Making

The participants stated that they make decisions by considering many variables such as the characteristics of the patients, the criteria in the literature on care loads, the characteristics and preferences of the nurses, and the needs of the institution, and by using various evaluation methods while making nurse planning in their institutions. The theme of decision-making was addressed with two sub-themes: the number of nurses and the unit.

#### Subtheme 1.1. Number of nurses

The participants stated that during the planning of the nurses to work in the unit, they made calculations in line with the quality system determined by the Ministry of Health and that clinical characteristics, the number of available nurses, and the patient care load were especially important in this calculation.



**Figure 1.** Theme and sub-themes.

"...we look at the care loads while determining the number in the clinic, and there are patient-nurse ratios recommended by the ministry's quality systems, which are also important for us, we have to plan according to them anyway, and then we determine according to the care loads..." (P5)

"...there are formulas for calculating the number of nurses used in nurse planning, we can also use them, but not only this, sometimes this is not enough, the clinical patients' conditions may change, disease profiles may change, we take these as a basis and make a joint study and decide accordingly." (P7)

### Subtheme 1.2. Unit

Participants stated that while determining the units where nurses will work, they make evaluations by working together with different disciplines, considering criteria such as areas of interest, the trainings they have received, personal characteristics, and professional experience related to the unit.

"... first of all, we take into account their preferences about what they want....career plans ... their education. If they have previous experience, .... we question in which centers, in which field they have worked, in which field they are interested in. After this point, we plan for the most appropriate place by considering the needs of the organization and blending both .... It is very important for us to evaluate the whole team, we do this as a result of 360-degree evaluation..." (P14)

"...for us, character traits, professional personality are also important, we make analyzes. We have a friend

who says that he wants to work in oncology, but his emotional competence and coping may be very weak, then we can guide him, that is, it may not really be the right place, we are lucky that we can make these analyzes, we have tools for this..." (P4)

## Theme 2. Dilemma

All of the participants stated that the employment of CLP nurses is necessary for their institutions, but it is difficult to employ them due to the opportunities and priorities they have in the current system. The dilemma theme was evaluated with two sub-themes: need and luxury.

### Subtheme 2.1. Need

All of the participants stated that to provide holistic care to the patient in terms of biopsychosocial aspects, to support the staff psychosocially, and to improve the quality of care, the employment of CLP nurses in their institutions is needed and should be mandatory.

"...whoever says that there is no need for psychiatric nursing in my hospital, I think it is a lie because from the moment you enter the hospital environment, you are alone with a lot of stories...there are so many people to touch, but the work of the nurses in the field is only clinical patient care, then the treatment of the patient in the field, there is no time left for other processes..." (P12)

"...there is no such practice in private hospitals, but the person who carries out this task, that is, the person who spontaneously undertakes this task, is usually the person who has managerial experience in that field..." (P3)

### Subtheme 2.2. Luxury

Most of the participants stated that the employment of CLP nurses had to be put on the back burner due to the shortage in the number of nurses and the priorities in their institutions. They also emphasized that this deficiency caused the treatment and care provided to the patient to be limited to the physical dimension.

"...believe me, now we are thinking about how to turn even our shift lists and in terms of nursing, this is definitely not a luxury for us, I don't mean luxury, but it is really luxurious while trying to manage this number of clinics, dialysis, intensive care and many other areas..." (P16)

"...I have emergency rooms, operating rooms, wards, according to this, what is urgency, patient care or psycho support ... in fact, this is one of the mistakes of the health policy, we should not just let the patient come and do the work like a commercial center, take care of their needs, heal them and send them away, or we should take it as a complete holistic..." (P9)

*"...for me, I need to heal a patient's body first, then I will come to touch their soul, so unfortunately, in this scarcity, I give priority to these and then CLP nursing is left." (P10)*

### **Theme 3. Benefits**

Almost all of the participants stated that employing CLP nurses in their organizations would be beneficial in many ways. The theme of benefits was evaluated with three sub-themes: patients and their relatives, employees and the profession, and managers and the organization.

#### **Subtheme 3.1. Patient and patient relatives**

Participants stated that the employment of CLP nurses would provide benefits such as improvement in patient outcomes, increase patient satisfaction, and reduce the burden of care for the patient's relatives. All of the participants stated that with the employment of CLP nurses, it would be possible to treat patients holistically, the rate of complications in patients would decrease, treatment and recovery time would be shortened.

*"...since the care burden on the patient's relatives is high, it will be a support provider, the room will support and help the patient and can act more consciously. When I think for the patients, it will support the quality of life, maybe to be discharged earlier, maybe not to develop extra diseases." (P17)*

*"...they can go to patients with such daily consultations, they can have meetings, so they can provide adaptation and support to patients and their relatives very well by meeting and talking with them, since the beginning of everything ends in overcoming that disease or that thing psychologically." (P8)*

*"...I think it can be helpful in preventing other diseases besides the existing disease, and also in identifying high-risk groups in adaptation to the disease." (P11)*

#### **Subtheme 3.2. Staff and profession**

Most of the participants stated that the employment of CLP nurses would strengthen the nursing profession and contribute to professional development and visibility of the profession by raising awareness among nurses about holistic care. In addition, the participants emphasized that the employment of CLP nurses would reduce the workload of nurses and increase their satisfaction and motivation.

*"...there are a lot of spirals such as he may be aware of himself, he may not be aware of himself, he may not be able to say it even if he is aware of it, I think it makes a great contribution in realizing this, and this contributes to preventing conflicts, increasing employee motivation, reducing burnout. It contributes to us in adapting to the unit and the institution or in things like working in the appropriate place or resting when any problems are detected." (P17)*

*"...I think it will make a very serious contribution professionally, create value, make a difference, but I also think it will be an application that will encourage multidisciplinary work." (P4)*

*"...I think it will increase the development of our colleagues, fellow nurses working in the field, I think it will improve them in terms of handling the patient holistically, in terms of recognizing new diagnoses that may occur in the patient, and after a while, I think this will create a system and develop within itself and it will even turn into a consultancy role." (P14)*

#### **Subtheme 3.3. Managers and institution**

The participants stated that the employment of CLP nurses would reduce the turnover, which they have frequently encountered in recent years, improve the system, and facilitate the tasks they have to perform as managers. Most of the participants stated that it would be possible to provide cost-effective treatment and care in institutions with the employment of CLP nurses. They also emphasized that the employment of CLP nurses would facilitate conflict resolution and contribute to institutional welfare through increased communication and cooperation within the team.

*"...I think that the quality of patient care will increase, I think that the length of hospital stay will decrease, which of course is also related to costs, plus I think that there will always be positive results as the healing process related to the patient will accelerate." (P8)*

*"...it also allows us to work cost-effectively. It allows us to use a bed more. When I look at it from a managerial point of view, if the patient heals quickly and is discharged quickly...Then it reduces the nurse turnover rate... This is a staff that will relieve my job as a manager. Our biggest problem as managers is that we are constantly losing the people we train." (P1)*

### **Theme 4. Road Map**

Participants' suggestions revealed the need for good structuring and effective planning in order for CLP employment to become widespread. The roadmap theme was evaluated through three sub-themes: visibility, boundaries and empowerment.

#### **Sub-theme 4.1. Being visible**

Most of the participants stated that they thought that CLP nursing was not sufficiently known by the ministry, hospital administrators, and colleagues. The participants emphasized that more information should be given to nurses about CLP nursing starting from undergraduate education, and more promotion and exemplary practices should be carried out to raise awareness among the ministry, provincial health directorate, and hospital administrators. They also emphasized

the importance of presenting the studies carried out by CLP nurses with research results and stated that the benefits of CLP nursing practices (patient outcomes, effective cost, etc.) should be demonstrated with evidence.

*"...I didn't employ them all these years because I didn't know. Then I learned too late that there is such a nursing, such a staff." (P1)*

*"...I don't think the administrators in the hospital are very aware of this...I am a quality evaluator, I have visited many hospitals but I have never met a CLP nurse in any hospital, I think that should be the first step to make it widespread with some exemplary practices, we need to see an example." (P15)*

*"...if the level of evidence is increased, the ministry will probably look at it more positively, this is how progress has been made in other areas. In this way, we can discuss these with the senior management or pilot applications can be done, maybe we can try it in the hospital and prove its necessity." (P5)*

#### **Subtheme 4.2. Boundaries**

Most of the participants stated that for CLP nursing to be carried out effectively in institutions, employment procedures should be well structured. They also emphasized that to facilitate employment, duties, authorities, and responsibilities should be well defined and the specialization of CLP nursing should be recognized and personal rights should be granted.

*"...of course, while these are being done, the tasks can sometimes be intertwined, of course, we may be experiencing this as a result of the fact that we are a private hospital, where is the psychologist in this work, where is the psychiatrist, where is the psychiatrist, where is the CLP nurse, at which stage, of course, we have defined this very well, where the roles start and where they end without interfering with each other, these are very clear to us, after a period it became very easy..." (P4)*

#### **Subtheme 4.3. Empowerment**

Participants stated that qualified CLP nurses should be trained in the employment of CLP nurses and that nurses who want to work as CLP nurses should make a request in this regard. They emphasized that employing a CLP nurse in the institution should become a legal obligation and that the employment of CLP nurses should be placed on a strong legal basis by making arrangements in laws and regulations. Participants also stated that the support of other nurses and nursing associations is important in the employment of CLP nurses.

*"...my personal opinion is that it should be made compulsory in all institutions, but of course, we must first provide trained manpower and prevent those obstacles..." (P4)*

*"...in order for the CLP to be visible, it must be included in the health practice communiqué in the legal regulations... whether it is in the private or public sector, you enter the service through the SUT (Health Practice Communiqué) and you get paid for that service from the SSI (Social Security Institution), unfortunately, nothing that is not defined there is not visible." (P18)*

## **Discussion**

As a result of the research conducted to evaluate the views of nurse managers on the employment of CLP nurses, the themes of decision-making (number of nurses, unit), dilemma (need, luxury), benefits (patients and patient relatives, staff and profession, managers and institution) and the road map (being visible, boundaries, empowerment) emerged.

It was understood that the participants' process of deciding on nurse planning in their organizations required solving a multivariable equation. It was determined that the quality system determined by the Ministry of Health and the calculations made in line with the literature were routinely used in planning the number of nurses to work in the unit, especially for some units, and criteria such as interests, education, personal characteristics and professional experience were taken into consideration when determining the units where nurses would work. In a study similar to our study, it was reported that nurse managers considered personal characteristics, education, experience and competence in the field as criteria for recruitment.

<sup>[27]</sup> It was thought that these characteristics were important in nurse recruitment and could increase the quality of patient care and the motivation of nurses, while professionally empowering nurses and reducing nurse turnover. In another study, it was stated that while determining the number of nurses to work in hospitals, planning was made in line with the quality criteria of the Ministry of Health (patient care load and care hours, patient dependency status, clinic structure, turnover and absenteeism).

<sup>[28]</sup> The care hours per patient, which is a planning criterion, reflects a physical care-oriented planning, does not include psychosocial care needs, and does not include holistic care criteria. <sup>[28-30]</sup> Therefore, it is important that the patient care criterion, care load and hours, be inclusive of biopsychosocial care during number planning. Psychosocial needs of patients should be included in the "care load" criterion. This would increase visibility and contribute positively to patient and nurse satisfaction.

All of the participants agreed that the employment of CLP nurses is necessary for their institutions, but it is difficult to employ them due to the facilities and priorities they have in the current system. Some of them expressed the view that the need for CLP nurses has become a luxury in the current system. Although the necessity of the biopsychosocial model is emphasized today, this situation can be explained by the ef-

fects of the biomedical model. The biomedical model directs the nurse to treat the individual as a physicochemical machine or disease diagnosis and to give priority to the body's structure and functional disorder.<sup>[31]</sup> However, the understanding of the biomedical model that divides the mind and body into two opposing groups contradicts the nursing philosophy that treats the human being as a whole and nursing practices are inadequate. The effects of the biomedical model in health care delivery may have caused CLP nursing,<sup>[32]</sup> which is based on the biopsychosocial model and holistic care, to remain in the background. The effects of the biomedical model are also evident when planning the employment of nurses in hospitals. When the units established in hospitals where nurses will be employed are examined, it is seen that the priority is given to disease control or treatment and the focus is on the physical health of the individual. This situation, combined with the shortage of nurses, leads to the prioritization of nurses in units focused on physical care and the implementation of examinations and treatments. In a study conducted with manager nurses, it was determined that due to the lack of staff in most hospitals, lower and middle level manager nurses provide direct support to patient care, and they are expected to contribute to both managerial processes and patient care.<sup>[30]</sup> In another study, it was reported that manager nurses could not make manpower planning due to a serious shortage of nurses, and this shortage, as well as the differences in service areas (intensive care nurses, surgery nurses, oncology nurses, etc.) and the inability to take into account patient care needs in nurse planning, led to ineffective nurse manpower planning. Although the shortage in the number of nurses leads to the employment of nurses in units that focus primarily on physical care, studies on the needs of patients and nurses show the necessity of structuring psychosocial services and the need for CLP nurses.<sup>[33,34]</sup> Our research finding reveals that biopsychosocial needs and services should be structured by taking into account when planning nurse employment in institutions. Making CLP services and CLP nursing more visible and establishing standards will ensure that it is no longer a luxury. Most of the participants shared the view that employing CLP nurses in their institutions would benefit patients, relatives, employees, managers, and the institution in many ways. Similarly, in a study examining the results of studies on the results of CLP nursing practices, it was reported that CLP nursing practices contributed to reducing costs, reducing unnecessary service use and length of hospital stay, increasing patient, family, and staff satisfaction, improving communication in the work environment and reducing staff conflict.<sup>[35]</sup> In another study, it was found that CLP nurses help patients, families, staff, and the entire health system to cope with a medical illness and its treatment, meet the emotional needs of the patient, make patients and families feel valued, and increase patient satisfaction.<sup>[36]</sup> Similarly, studies in the

literature have shown that CLP provides many benefits for patients, employees and the institution (such as decreased length of hospital stay, health expenditures, readmission rate, need for caregivers, pharmacological intervention, need for medical personnel; increased nurse satisfaction and quality of life; improved prognosis and outcomes of patients; cost-effective treatment results and savings for the institution).<sup>[2,37,38]</sup> Although the participants in our study stated that CLP nursing would be beneficial for their institutions, there are a limited number of studies on the benefits of CLP nursing in the literature, and more studies with a high level of evidence are needed. It is thought that the results of the studies to be conducted will contribute to the widespread and easier employment of CLP nurses.

Participants revealed the necessity of creating a good road map for the expansion of CLP employment and stated that this can be possible through visibility, determining boundaries, and empowerment. In addition, the participants emphasized that more publicity should be made to decision-makers to facilitate employment. In previous studies, it has been found that CLP nursing is not sufficiently known in our country, that nurses need information on psychosocial care and CLP nursing, that nurses have difficulty in caring for patients with mental distress, and that most nurses need CLP nursing in the clinic where they work.<sup>[5,39]</sup> In our study, manager nurses stated that they had difficulty in psychosocial issues related to patients and employees and that working with a CLP nurse would make their work easier. Similar to the literature, our study findings reveal the need for the employment of CLP nurses. However, as stated by the participants in our study, effective strategies are needed to expand the employment of CLP nurses. In this direction, it is important to provide more information about CLP nursing to nursing students, nurses, other healthcare professionals and administrators, to demonstrate the need for and benefits of CLP nurses with research results, to take an active role in legal regulations, to place the specialty of CLP nursing on a strong basis in legal regulations, to train CLP nurses and to demand from their institutions those who have this competence.

Our study has some strengths and limitations. One of the strengths of this study is that it is the first study in Turkey to examine the process of employing CLP nurses in depth. In addition, the fact that the participants were experienced nurse managers working in different types of hospitals provided rich content from the interviews. The use of the focus group technique increased the interaction between the participants and allowed different ideas to be presented. Although conducting the interviews online provided the opportunity to reach manager nurses from various hospitals in our country, face-to-face interviews may have different contributions. The intensity of the programs of the manager nurses included in the study made it difficult to plan the focus group interviews, and this difficulty led to the inability to conduct pilot interviews. All



participants were female. In the future, studies on the views and experiences of male nurse managers, nurses working in the clinic, patients and other professional members in managerial positions in the institution about CLP nursing can be planned. Since the research data were collected by semi-structured interview technique, the reliability of the data is limited to the opinions of the participants. In future studies, quantitative methods can be used and the results can be compared with the results of this study. The results of the study are representative of the nurse managers included in the study group and cannot be generalized to all nurse managers in Türkiye.

## Conclusion

According to the results of the study, nurse managers find the employment of CLP nurses important, necessary, and useful. They think that the employment of CLP nurses will contribute to the organization in many ways. However, reasons such as legal regulations, shortage of nurses, priorities in the institution, lack of recognition, and not enough people willing to work as CLP nurses make it difficult to employ CLP nurses.

## Recommendations

In line with the results of the research, psychiatric nurses should promote more, take an active role in legal regulations, and train qualified CLP nurses to expand the employment of CLP nurses. It can be suggested that nurses working as CLP nurses should make the results of their activities visible, conduct research, share the results with the managers in the institution, and carry out exemplary practices and projects. In addition, it can be suggested that academic psychiatric nurses should give more space to CLP nursing in nursing education starting from undergraduate education. To increase the employment of CLP nursing, psychiatric nurses need to strengthen their communication and cooperation with their own teams, the managers, and the policymakers they work with.

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