



Original Article

A profile of nurses in psychiatric units: Istanbul sample

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Abstract

Objectives: Nurses are the backbone of the workforce in mental healthcare. However, profile studies of nurses working in mental health services are limited, and provide inadequate qualitative and quantitative evidence about the characteristics, roles and functions of nurses who work in psychiatric settings. The aim of this study was to examine and provide a profile of nurses working in İstanbul psychiatric care units.

Methods: A descriptive and cross-sectional design was used to analyze the personal characteristics, work conditions, and job-related experiences of 307 nurses working in psychiatric service units in İstanbul in 2018-2019. Data were collected using a 46-question digital survey of personal and professional experiences, services performed, and work conditions.

Results: The nurses' responses revealed that they felt that the patient/nurse ratio was insufficient and that the physical environment was inadequate, there was a lack of sufficient safety, and insufficient support personnel. Nurses still fulfill a very traditional role in psychiatric settings.

Conclusion: This study illustrates some of the work-related concerns and experiences of nurses serving in psychiatric service units. A greater focus on personal, recovery-centered care according to evidence-based standards for the patient/nurse ratio and other international criteria and knowledge is needed.

Keywords: Nursing workforce; psychiatric nursing; psychiatric services.

Nurses working in mental health services at all levels are professionals who provide patients and their relatives with the care they need and accompany them on what can be a very challenging journey. Therefore, it is important that these nurses are equipped with knowledge and skills specific to this field. The general nursing literature indicates that advanced training and a large number of qualified nurses leads to better patient outcomes. The rates of mortality, duration of hospital stay, and readmission to hospital after discharge have been shown

to decrease when the majority of nurses have a minimum of a baccalaureate degree.^[1-3] However, the literature specific to psychiatric care remains weak. Studies of psychiatric nursing have indicated that it is very common to see that nurse-patient staffing issues, a chaotic environment in acute settings, and a heavy workload prevent nurses from performing the optimal therapeutic interactions and activities in psychiatric units.^[4-6]

The majority of the international research on psychiatric health services has mainly focused on the number and qual-

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What is presently known on this subject?

- Although the roles and responsibilities of psychiatric nurses have been defined, the difficulties and daily workplace experience of these critical caregivers has yet to be thoroughly studied.

What does this article add to the existing knowledge?

- Psychiatric nurses often still perform a very traditional role in which their daily work is not sufficiently focused on the individual or recovery. There are no standardized staffing criteria for nurses in psychiatric inpatient units. A thorough investigation of the distinct therapeutic aspects of nursing care in psychiatric units to determine the ideal patient/nurse ratio is needed. Despite many challenges in their work environment, nurses largely reported satisfaction with work in psychiatric services.

What are the implications for practice?

- The results of this study are a contribution to the ability to further define the therapeutic roles of psychiatric nurses. Greater knowledge and understanding of the problems these professionals face and the incorporation of solutions could help to ensure quality care and greater professional satisfaction.

ifications of physicians. Profile studies of mental health professionals regarding the number and qualifications of nurses are deficient,^[7-11] while these individuals are the main component of inpatient psychiatric care and other mental health services all over the world. This lack of attention and respect is one component that hampers optimal planning for mental healthcare and prevents the generation and implementation of desired and expected outcomes.

Background

Psychiatric services in Turkey are primarily provided by regional hospitals and at community mental health centers (CMHCs) affiliated with these hospitals. The majority of nurses working in psychiatric services have a bachelor's degree in general nursing. Nurses with a master's and a doctorate degree in psychiatric nursing can use the title "psychiatric nurse" and pursue psychotherapy training. Nurses starting their careers in the field of psychiatry are generally state employees or fulfilling a temporary assignment within their institution. While in this role, nursing staff work at psychiatric inpatient units, and may also perform a therapeutic role in outpatient clinics, consultation-liaison units, addiction treatment centers, retirement homes, child monitoring centers, and other service areas. The roles and responsibilities expected of nurses vary by province, specific group, and the hospital and management team.^[12-15]

According to statistics provided by the Ministry of Health of Turkey (2017), the average number of nurses for each 1000 individuals is much lower than in EU countries (1.96 vs. 8.23).^[16] Despite rapid changes in the policies and types of services provided in the field of mental health, information about the numbers and qualifications of nurses working in psychiatric services is lacking. At the time of writing, only the National Mental Health Action Plan, published in 2011, included the number of nurses working in the psychiatric field, and provided no additional detailed information.^[15]

The lack of data on the quantity and quality of the nursing workforce in psychiatric services has contributed to a failure to establish standards of care and thus the failure to provide

adequate nursing care that focuses on the needs of the service users.^[17] A comprehensive examination of nursing staff that includes the quantity, education, and abilities; the units they work in, and the responsibilities they undertake will facilitate the identification and treatment of problems in mental health service care. This study was designed to investigate the professional, educational, and workplace-related conditions and characteristics of psychiatric nursing staff in order to add to our current knowledge.

The specific aims of the study were to determine the characteristics, activities, and problems of nurses working in psychiatric units:

- What are the demographic and professional characteristics (such as education, experience, work area, and working conditions) of nurses working in psychiatric units?
- What are the views of nurses working in psychiatric units about the field of psychiatry?
- What problems do nurses working in psychiatric units face?
- What is the status of support for educational and scientific activities for nurses working in psychiatric units?

Materials and Method**Design and Setting**

This descriptive and cross-sectional study was conducted using data from psychiatric hospitals and affiliated institutions, such as CMHCs and centers for addiction treatment services in Istanbul. Istanbul is a large city that provides all levels of mental health services, including 2 large, major psychiatric hospitals, as well as psychiatric inpatient units and outpatients in university and state hospitals, and private psychiatric hospitals. Therefore, a study conducted in Istanbul could provide valuable representative information about the variety of services offered throughout the country.^[15,18]

Participants

The population of the study consisted of 548 nurses working in psychiatric hospitals and affiliates (Table 1). Inclusion criteria for the study were current employment in the psychiatric units of psychiatric and other hospitals in Istanbul and willingness to participate in the research. There were no exclusion criteria. All nurses working in these institutions were contacted and invited to enroll in the study by the researchers. The minimum necessary sample size was calculated to be 226 based on a 0.05 significance level and a 95% confidence level (<https://www.surveysystem.com/sscalc.htm#one>; Creative Research Systems, Inc., Sebastopol, CA, USA). In all, 307 nurses participated in this study.

Data Collection

Data were collected using a 46-question digital survey between October 2017 and July 2019. The survey included per-

Table 1. Psychiatric and mental health hospitals in Istanbul: Number of nurses and bed capacity

Hospital	Nurse population*	Bed capacity
State psychiatric and mental health hospitals	367	1421
Psychiatric departments of university and state general hospitals	70	165
Private psychiatric and mental health hospitals	111	367
Total	548	1953

*The number of nurses was provided by the administrative units of the hospitals surveyed.

sonal (age, education, marital status, institution and unit type, years of experience in psychiatry, etc.) and work-related characteristics (tasks and responsibilities, problem areas, participation in scientific activities, etc.).^[9,19-21] The survey was sent to the participants via email. The researchers collaborated with the charge nurses and chief nurses at the facilities. Face-to-face meetings were conducted at institutions where data could not be collected via email.

Data Analysis

Descriptive statistics (frequency, percentage, arithmetical mean and range) were used to describe the participants' profiles and a chi-squared test was used to assess comparisons with IBM SPSS Statistics for Windows, Version 26.0 (IBM Corp., Armonk, NY, USA).

Ethical Considerations

Ethical approval was granted by the Koç University Ethics Committee (No: 2017.150.IRB3.076) and each participant provided written consent as part of the online survey process. The study was conducted in accordance with the Helsinki Declaration; confidentiality was maintained throughout, and the personal information of all the participants was not disclosed at any time.

Results

The majority of the study nurses were female and worked in state hospitals. The average age of the participants was 32.29±9.82 years, and 55% were single. Some educational and work-related characteristics are displayed in Table 2. Only 16.9% of the nurses in the study had received psychotherapy training. The content of this psychotherapy training was primarily limited to family therapy, sex therapy, group therapy, art therapy, and cognitive behavioral therapy. The nurses reported that the average number of patients that they cared for was 22.03±13.60 (min-max: 4-79). However, 79.4% believed that the ideal patient/nurse ratio should be 1 nurse to every 2-5 patients. Nearly half of the nurses polled reported no known assignment criteria for a unit or nurse/patient ratio. Reported nursing activities are displayed in Table 3.

The most common problems stated by the nurses surveyed were an inadequate physical environment, insufficient nurs-

ing staff, and the lack of reimbursement for nursing initiatives. In state hospitals 83.9% of respondents reported that the physical environment was not appropriate, while 85% of those in university/public hospitals units, and 53.2% of nurses in private hospitals expressed a similar sentiment ($X^2: 27.342; p=.001$). Despite this, 86.6% reported that they were satisfied with working in psychiatry; however, when asked about their future plans, only 30% stated that they want to continue as a psychiatric nurse (Table 4).

Table 5 illustrates the nurses' education level and the type of institution they worked in. There were more nurses with a bachelor's degree or graduate degrees ($X^2: 22.541; p=.001$) and fewer graduate-level trained nurses ($X^2: 9.356; p=.009$) in the state psychiatric and mental health hospitals. Satisfaction related to working in psychiatry did not differ significantly according to institution type ($X^2: 5.761; p=.056$), though nurses employed at private hospitals seemed more satisfied with the institution ($X^2: 6.930, p=.031$). The nurses at private hospitals were also significantly younger than those who worked at state hospitals ($F: 3.515; p=.031$). There were no significant differences in the number of patients or the patient-nurse ratio between institution types.

Table 6 displays the comparisons of the problems reported by the nurses, and institutions types. Generally, fewer problems were reported by those working at private hospitals. Insufficient support and security personnel, nursing staff, safety protocols, role descriptions, and inappropriate physical environment were reported mostly by nurses who worked in the psychiatric units of state and university hospitals.

The reported ratio of participation in scientific activities, such as congresses or/and symposiums was very low. The most common reasons for not participating were the inability to find sponsors (58%), lack of staff (44%), non-supportive management (35.8%), and lack of time (40%).

Discussion

One of the only components that does not change in the constantly and rapidly changing field of healthcare is the need for adequate, qualified nursing care. However, although the majority of service providers in psychiatric care are nurses, there is a lack of detailed information about their characteristics. Therefore, the results of this study will not only provide useful

Table 2. The education and work-related characteristics of psychiatric nursing staff

	(Min-Max)	Mean	SD	n	%
Years of professional nursing experience	(1–38)	10.24	10.21		
Years of experience in psychiatric services	(1–38)	6.87	8.51		
Average weekly work hours	(32–74)	47.94	6.90		
Age (years)	(19–60)	32.29	9.82		
Education					
High school				30	9.8
Associate degree				55	17.9
Baccalaureate degree				174	56.7
Master's degree/doctorate				48	15.6
Field of basic educational program					
Nursing				258	84.3
Midwifery				8	2.6
Medical assistant				24	7.8
Paramedic or laboratory/technical areas				17	5.6
Graduate education (n=73, 23.8%)*					
Psychiatric nursing				53	72.6
Other (health management, etc.)				20	27.3
Type of institution of employment					
State psychiatric and mental health hospital				205	66.8
Psychiatric unit of university or state hospital				40	13.0
Private psychiatric and mental health hospital				62	20.2
Unit of employment					
Acute inpatient unit				132	43.0
Chronic inpatient unit				98	31.9
Addiction treatment services				30	9.8
Forensic services				19	6.2
Administrative offices				11	3.6
Psychotherapy center/outpatient/community mental health center				16	5.3
Position in the unit					
Inpatient service nurse				253	82.4
Charge nurse				37	12.1
Researcher/psychotherapist/occupational therapist				4	1.3
Administrative				13	4.2
View about nurse /patient ratio					
Adequate				49	16.0
Inadequate				128	41.7
Partially adequate				130	42.3
Criteria for being assigned to a ward/unit**					
No certain criteria				137	44.6
According to patient numbers				136	44.3
According to the tasks to be done				121	39.4
According to the nursing care needs of patients				120	39.1
According to the number of subunits				76	24.8
According to a request from the ward chief resident				60	19.5
According to the number of doctors				8	2.6

*Percentage of participants attending graduate programs. **The number reflects multiple responses. SD: Standard deviation; Min: Minimum; Max: Maximum.

insights into the work conditions and problem areas of psychiatric nursing, but also contribute to future studies.

Most of the participants had graduated from a nursing baccalaureate program. One-fourth had a graduate level education,

Table 3. Nursing activities and record-keeping tasks according to nurses' statements

	n*	%
Nursing activities		
Patient observation (including confinement and monitoring)	298	97.1
Administration of oral/parenteral medications, measurement of vital signs, etc.	291	94.8
Preparing and carrying out nursing care plan according to patient needs	280	91.2
Orientation of patients to the unit	267	87.0
Providing discharge education	257	83.7
Accompanying doctors on patient rounds	266	86.6
Assisting patients with personal hygiene, eating, dressing, mobility	259	84.4
Checking patient room	255	83.1
Relaying doctor's instructions to the patient	248	80.8
Occupational/recreational activities with patients	242	78.8
Gross physical examination of patients	227	73.9
Providing patients with information	226	73.6
Dressing wounds as needed	213	69.4
Group activities with patients	207	67.4
Individual patient counseling	184	59.9
Family counseling	129	42.0
Group work with families	89	29.0
Record-keeping tasks		
Daily patient progress records	300	97.7
Records of vital signs	300	97.7
Nursing care plan details	299	97.4
Night shift/weekend or holiday on-duty delivery notes	294	95.8
Administration of oral/parenteral medications	293	95.4
Records of patient self-care/hygiene activities	275	89.6
Records of patient personal belongings	258	84.0
Records related to quality assurance system	212	69.1
Statistics related to patient records	155	50.5
Non-nursing tasks		
Opening and closing the service doors	188	61.2
Follow-up of medical tests results	184	59.9
Management of supplies	160	52.1
Activities related to hospital quality assurance and environment	160	52.1
Dealing with mechanical and infrastructure problems in the unit	142	46.2
Follow-up of patient prescriptions	124	40.4
Hosting managers and their guests	119	38.8
Secretariat/committee work/patient admission work	116	37.8
Determining and following up on patient diet	112	36.5

*The numbers of nurses who selected that item.

Table 4. Nurses' views about problem areas, employment conditions, and their future plans

	n*	%
Issues considered a problem		
Inappropriate physical environment	239	77.9
Insufficient nursing staff	237	77.2
Nursing interventions not eligible for reimbursement	236	76.9
Insufficient standards to ensure patient and employee safety	218	71.0
Insufficient support staff (nursing aids)	211	68.7
Need to perform non-nursing tasks	198	64.5
Insufficient security personnel	190	61.9
Poor communication between doctors and patients	172	56.0
Inadequate legal provisions related to emergency situations (need to perform unauthorized practices)	170	55.4
Inadequate role description as a specialist	165	53.7
Lack of teamwork	151	49.2
Frequent replacements among the units	145	47.2
Inadequate job descriptions	138	45.0
Inadequate care protocols	116	37.8
Inadequate space for patient relatives	45	14.7
Satisfied with working in psychiatry		
Yes	266	86.6
No	41	13.4
Satisfied with the unit		
Yes	268	87.3
No	39	12.7
Future plans		
Continuing as a psychiatric nurse	92	30.0
Attending a graduate/PhD program	70	22.8
Academia	48	15.6
Retirement	39	12.7
Transfer to another institution	22	7.2
Transfer to another profession	14	4.6
Leaving current job	11	3.6
Transfer to a unit other than psychiatry	6	2.0

* The number of nurses who selected that item.

and 16.9% had some kind of psychotherapy training, at different levels. The title of psychiatric nurse is granted to nurses holding a master of science or a doctorate degree in Turkey.

According to profile studies and research, in countries besides those with well-developed psychiatry services (e.g., UK, USA, and Australia), the number of nurses that have acquired this title in other countries is as low as in Turkey.^[22,23] The fact that nurses perform psychiatric care and related services without a specialization in psychiatry is one of the factors that negatively affects teamwork and the quality of care. Moreover, the low number of specialized nurses in psychiatry has resulted to a weakness in the relevant research, institutional planning, and broader policymaking.^[9,10,19-21]

It has been established that patients have better outcomes as the quantity and quality of nurses increases in general health

Table 5. Comparison of the institution type and some characteristics of the study participants

	State PMH hospital		Psychiatric unit of university/state hospital		Private PMH hospital		X ² p
	n	%*	n	%*	n	%*	
Education level							
High school	13	6.3	3	7.5	14	22.6	22.541/ .001
Associate degree	38	18.5	5	12.5	12	19.4	
Bachelor's degree	126	61.5	20	50.0	28	45.2	
Postgraduate	28	13.7	12	30.0	8	12.9	
Graduate education							
Yes	41	20.0	15	24.2	17	42.5	9.356 .009
No	164	80.0	47	75.8	23	57.5	
Satisfied with psychiatry career							
Yes	171	83.4	38	95.0	57	91.9	5.761 .056
No	34	16.6	2	5.0	5	8.1	
Satisfied with current employer							
Yes	160	78.0	28	70.0	56	90.3	6.930 .031
No	45	22.0	12	30.0	6	9.7	
	Mean±SD		Mean±SD		Mean±SD		F/p
Age (years)	33.02±10.36*		33.08 ±8.11		29.35 ±8.49*		3.515/.031

* Colon %. PMH: Psychiatric/mental health; SD: Standard deviation.

settings,^[1–3] but additional evidence specific to psychiatric care is needed. It is important that nurses have sufficient professional experience and education in order to properly perform their role and effectively shape the therapeutic environment.^[24] Our results revealed an average length of experience of nurses in psychiatric units was 6–8 years. As Benner has explained, 6–10 years of work experience indicates that nurses are competent and efficient in making the right decisions, forecasting, and seeing what is not readily seen. That is, work experience provides confidence that nurses can generally make correct and efficient decisions. However, examination of educational differences among the nurses suggests that private hospitals appear to hire more diploma and associate degree level nurses in psychiatric units. Yet, studies have indicated that the mortality rate, duration of hospital stay, and readmission to hospital after discharge decrease when the majority of nurses in general medical units have a baccalaureate degree.^[1–3] This is why we need more evidence about the outcomes of psychiatric nursing care, in order to provide sufficiently qualified staffing.

In this study, the nurses surveyed stated that they care for approximately 22 patients, and indicated that they thought the ideal ratio is 1 nurse per 2–5 patients. The relevant literature also states that nurses in acute wards should be required to care for fewer patients (6/1).^[2] There are no formal regulations or specific criteria that identify the patient/nurse ratio in psychiatric services in Turkey.^[3,25] Moreover, there are also no cri-

teria governing the placement of nurses in psychiatric units. This is a substantial matter for future studies to ensure the quality of psychiatric care and represents an obstacle to the achievement of optimal psychiatric care.

Cowman et al. (2001) stated that nurses perform tasks such as assessing patient needs, maintaining effective communication, conducting educational activities, maintaining records, and organizing and coordinating the unit environment.^[26] In this study, nurses noted that they spend time administering medicines, making observations, managing diagnostic test processes, developing care plans, interviewing patients, providing education, and performing coordination duties. Ergün et al.^[27] and Ünsal et al.^[28] also reported similar activities in their studies that reflect a common biomedical role. Cutcliffe et al.^[29] discussed the fact that psychiatric nursing is still included within classical and biological nursing with a focus on symptoms, treatment compliance, measures to prevent self-harm or harm to others, and implementing necessary control mechanisms.

The fact that the nurses allocated little time to patients' families is another significant finding of this research. Nurse contact with family members and relatives is generally limited to visiting hours, and there is a lack of regular and systematic support programs for families. In Turkey, the inadequacy of psychosocial interventions might be associated with a lack of training about these kinds of interventions and a lack of financial support for nurses to attend psychotherapeutic training

Table 6. Comparison of institution type and problems reported by the study participants

	State PMH hospital		Psychiatric unit of university/state hospital		Private PMH hospital		X ² p
	n	%*	n	%*	n	%*	
Inappropriate physical environment							
Yes	172	83.9	34	85.0	33	53.2	27.342 .001
No	33	16.1	6	15.0	29	46.8	
Insufficient care protocols							
Yes	87	42.4	15	37.5	14	22.6	7.987 .018
No	118	61.8	25	62.5	48	77.4	
Insufficient nursing staff							
Yes	124	60.5	37	92.5	40	64.5	15.204 .001
No	81	39.5	3	7.5	22	35.5	
Insufficient security personnel							
Yes	133	64.9	28	70.0	29	46.8	7.898 .019
No	72	35.1	12	30.0	33	53.2	
Insufficient support staff							
Yes	144	70.2	35	87.5	32	51.6	15.228 .001
No	61	29.8	5	12.5	30	48.4	
Insufficient standards to ensure patient and employee safety							
Yes	153	74.6	31	77.5	34	54.8	10.002 .007
No	52	25.4	9	22.5	28	45.2	
Inadequate role description as a specialist							
Yes	97	43.7	29	72.5	29	46.8	8.920 .012
No	108	52.7	11	27.5	33	53.2	
Inadequate legal provisions							
Yes	111	54.1	29	72.5	30	48.4	7.898 .019
No	94	45.9	11	27.5	32	51.6	

*Colon %. PMH: Psychiatric/mental health.

programs. In addition, the higher nurse-patient ratio may be important as a contributing factor. It is recommended in the USA that the nurse/patient ratio in psychiatry wards should not exceed 1:6. The number of nurses in Turkey is still inadequate not only in psychiatry but in general.^[15,16,30]

According to the modern approach to psychiatry, psychosocial therapies are a key element of psychiatric treatment. However, in Turkey, there is no regulation that enables nurses to conduct such psychosocial interventions, even if they have had adequate training. This is common in psychiatric services in many countries^[19,29,31] Ergün et al.^[27] stated that nurses had no responsibility in group therapies, yet psychoeducation in psychiatry units is typically either administered by nurses or not provided at all.^[32] Ünsal et al.^[28] identified some psychosocial activities, such as occupational therapy and “good morning meetings” as nurses’ roles. Although some therapeutic activities have been identified for use in psychiatric units, as noted by McAllister and McCrae,^[6] the lack of definition or es-

tablished practices of therapeutic engagement can often be a problem. Having no financial and regulatory support for psychosocial therapeutic interventions may well be related to the lack of training about these kinds of interventions and resulting lack of provision of this valuable part of care.^[22] Nurses may not feel competent to perform to these therapeutic interventions and for this reason they may focus on traditional roles. Also, disinclination to engage in these activities may also be a result of the regulations of the institution.

The findings of this study demonstrated that not only is the number of nurses insufficient and that they perform very classic care roles, but also that they carry out non-nursing tasks, as in the past. These non-nursing tasks are duties not included in job descriptions and decrease the time spent on patient care. Records kept by nurses also showed that they deal with prescription procedures, statistics, medical test processes, and quality assurance systems. Such additional unrelated duties contribute to workforce loss in nursing care.^[14,33] The results

highlight the existence of a traditional image of nursing and biomedical practices instead of an emphasis on an integrative approach that facilitates and supports recovery in mental health. Stewart et al.^[5] noted that patients need more qualified interactions with nurses. In their study, patients were concerned that the nurses were too busy with paperwork and did not spend sufficient time with the patients.

Nurses in psychiatry, as in other fields, also play a role in coordinating the activities of other health professionals to ensure the continuity of patient care.^[26] However, this coordination role, which remains undefined in job descriptions, can take too much of the nurses' time, especially in psychiatric care wards, and can lead to problems due to a lack of definitions.^[34] Some problems observed in our study may be related to that particular role. The lack of sufficient nursing staff lies at the core of all of the problems and the lack of sufficient support personnel further perpetuates the problems.

The majority of nurses in this study reported an inappropriate physical environment, a lack of necessary security standards, insufficient nursing staff, non-differentiation in pay with regard to roles and tasks, and a lack of support personnel as problems they encountered. A lack of personnel, safety protocols, role descriptions, and an appropriate physical environment were reported most by the nurses who worked in the psychiatric units of state and university hospitals. The level of dissatisfaction was generally lower among the nurses who worked in private hospitals. The conditions at psychiatry units in state hospitals are still not at the desired level in Turkey. Hospital buildings are generally old and inadequate for the provision of a comfortable venue for employees or patients. Security issues also increase under these conditions.^[25,27,35-38] Similarly, Shattel et al.^[39] reported that both patients and nurses perceived the psychiatric environment as a cage. Haines et al.^[40] also observed that the perception of safety among the staff was associated with the physical environment and aggression within the workplace. Every person in the work environment has the right to feel safe and efforts to reorganize the physical environment may help to reduce workplace stress.^[41]

Despite the problems they encountered, the nurses surveyed were generally satisfied with working in psychiatric services. Nurses working in private institutions had a higher level of satisfaction with their institution than nurses working in university/state hospitals. One reason may be having the choice to work in that facility, in addition to the inferior conditions in other hospitals. One of the reasons may be choosing to work in that private facilities by their personal choice, in addition to the insufficient conditions in state/university hospitals. The issues of insufficient staff and equipment have been a common problem in university hospitals in recent years because of economic restrictions and other social factors. Similar problems in public hospitals were noted by Manyisa et al.^[42] They observed that an excessive workload, long working hours, poor working conditions, poor infrastructure, inadequate resources, a lack of safety and security, not being involved in the decision-making

process, and a lack of support were among the main factors attributed to poor working conditions in public hospitals.

The number of nurses in this study who planned to change units, institutions, or profession was quite low. Since psychiatric care focuses on individuals more than medical procedures, nurses may feel more satisfaction in this field. Our findings were consistent with previous studies on satisfaction and burnout.^[28,43-47]

Only about a quarter of the nurses surveyed had been able to participate in a scientific activity in the previous 2 years. The most common reasons were the inability to find sponsorship, a lack of personnel, non-supportive management, and a lack of time. Similarly, Ünsal et al.^[28] found that 77.8% of nurses did not participate in scientific research. Since nursing organizations are not strong enough to support nurses' participation in such activities, and the institutions they work for often don't recognize nursing as a scientific discipline, policies and regulations are needed to support greater nurse participation in research activities.

Study Limitations

This study was limited to nurses working in Istanbul. Close-ended survey questions might have restricted their responses. We recommend additional qualitative research using the observation method to learn more details about the workload and activities of nurses working in psychiatric care units.

Conclusion

The results of this study mirror both current and long-standing deficiencies in psychiatric nursing practice. The findings indicated that psychiatric nurses often still perform a traditional role and their work is not sufficiently focused on recovery. There are no standardized staffing criteria for nurses in psychiatric inpatient units. The results of this study could help decision-makers in a review of the current circumstances in order to assess the tasks, authority, and responsibilities of nurses. Policy development and implementation related to conditions of psychiatric nursing employment and work conditions are needed.

Suggestions based on our findings:

Nursing care activities need to be focused on recovery, with an emphasis on individual-centered need. Nurse employment should be consistent with international and other existing norms and criteria. Additional studies exploring workload in psychiatry units, psychiatric patients dependency level, and so on are needed.

Implications for Practice

Nursing practices and interventions need to be described in detail in terms of both quality and quantity in order to promote health and enhance service quality in psychiatric facilities. Our findings showed that psychiatric nursing continues

to be conducted using a traditional role. Additional studies that investigate the distinctive and therapeutic aspects of psychiatric nursing care and provide evidence for the ideal patient/nurse ratio, among other factors, could improve care and outcomes, as well as benefit the morale of nursing staff.

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