



Original Article

“Know Safety, No Pain”: Exploring perceptions of nursing staff on Patient Safety in a mental health-care setting in Pakistan

Taskeen Mansoor,¹ Sawera Mansoor²

¹Department of Social and Behavioral Sciences, National University of Medical Sciences, Rawalpindi, Pakistan

²Department of Psychiatry, Foundation University Medical College, Islamabad, Pakistan

Abstract

Objectives: In psychiatric wards, nursing staff plays a central role in handling unique patient safety issues due to their proximity and extended interaction with the patients. This qualitative exploratory study aims to understand the socio-cultural and institutional factors that act as opportunities and/or barriers to provision of patient safety in an in-patient psychiatric unit.

Methods: Employing participant observation and critical incident technique that guided the semi-structured interviews, 23 nursing staff of a tertiary care hospital in Rawalpindi, Pakistan, were approached in their natural setting, that is, the wards or outpatient departments during the months of March–June 2021.

Results: Using a-priori and emerging codes, six themes were revealed: “Socialization” of mental health, Role Conflict: Nurturing versus Controlling, Approaches: Proactive versus Reactive, Potential Risks to Patient Safety, Indigenous “Painless” procedures for physical restraint, Gender roles matter. The study discusses how the increasing awareness around mental health influences care decisions, how family members act as extensions to nursing role and how the nurses exhibit ambivalence toward the use of restraints.

Conclusion: The study concludes that the conceptualization of nurses regarding mental health issues, patient safety, physical restraints, seclusion, cultural, and gender norms is also reflected in their care provision. Nurses’ autonomy, decision-making, cultural context, and training in clinical interventions are significant for patient safety in psychiatric nursing practice.

Keywords: Culture; mental health; nursing; patient safety.

The increase in patient’s death or disability due to a preventable harm in recent past has led to a discourse around “patient safety” within a separate academic and scientific discipline. With many medical errors being reported, the World Health Organization has called it an endemic concern. Patient safety has been primarily addressed in clinical settings dealing with physical health but a need arises to explore the differential concerns related to patient safety in a mental health-care setting. Risks like medication errors and falls may be similar to

other health care disciplines but “some unsafe behaviors associated with serious mental health problems (e.g., self-harm), and the measures taken to address these (e.g., restraint), may result in further risks to patient safety.”^[1] Nurses in inpatient psychiatric wards face a number of critical incidents related to their patients, such as aggressiveness, violence, and thought disturbances (delusions, paranoid thoughts, and hallucinations).^[2] Critical incidents, such as aggression, violence, and provocative attitude, in acute admission wards are a frequent

Address for correspondence: Taskeen Mansoor, National University of Medical Sciences, Rawalpindi, Pakistan

Phone: +92 51 927 06 77 **E-mail:** itstaskeen@gmail.com **ORCID:** 0000-0003-1194-3613

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and serious problem.^[3] Many studies have investigated violence and aggression against nurses in psychiatric settings.^[4,5]

Early intervention is a key element in the effective management of critical incidents and the provision of adequate care,^[6] which highlights the key role nursing staff plays due to their close liaison with the patients. Nurses' roles have various components, including crisis management, assessment, and communication.^[7] Assessment of patients' clinical needs, communication, intervention, development of therapeutic alliance, administration of medication, and maintenance of the unit's safety are some important aspects of nursing practice.^[7-9] Approaches may include counseling (listening and helping with verbalization of thoughts) for agitation, acute anxiety, openly disturbed behavior or provocative attitude, sleeping pills for persistent insomnia, contacting psychiatrist on-call for medicine prescription or information on safety measures for psychotic symptoms and verbal violence, violence to property, and deliberate self harm.^[10] For patient safety, scrutiny of banned items and safety measures concerning search of patients, visitors, property, use of plastic cutlery, panic alarms, or security guard have been explored.^[11]

In psychiatric wards, nursing staff plays a central role in handling unique patient safety issues due to their close proximity and extended interaction with the patients. As an individual's social and cultural background influences their perceptions of mental health issues, the practices around patient safety may also be filtered through culture. Along with a biomedical standardized classification of adverse events and their resolution protocols, local knowledge of how crisis is identified and safety is ensured may contribute to patient safety outcomes. Exploring patient safety-related perceptions of nursing staff may pave way for an understanding of culturally competent and effective care practices. This study is part of a project that attempts to answer a broader research question as to how the culture shapes up beliefs and practices around mental illness and how this influences ideas around patient safety. The major objective of this study is to explore the sociocultural and institutional factors that act as opportunities and/or barriers to provision of patient safety in in-patient psychiatric units. It then specifically addresses the conceptualization and indigenous practices related to patient safety in a mental health setting.

Materials and Method

Study Design

This was an exploratory qualitative study using semi-structured interviews with nursing and paramedical staff as method of data collection.

Locale

The study was conducted at the inpatient unit of Department of Psychiatry at Fauji Foundation Hospital, a tertiary care hospital catering to the health-care needs of families of retired armed forces personnel in Rawalpindi, Pakistan. The psychi-

What is presently known on this subject?

- Patient safety has been primarily addressed in clinical settings dealing with physical health but a need arises to explore the differential concerns related to patient safety in a mental health-care setting.

What does this article add to the existing knowledge?

- The article adds to our understanding of indigenous conceptualization and practices related to pain, use of physical restraints, and management of critical incidents. It explores how culture shapes the beliefs regarding mental illness and how this influences ideas around patient safety.

What are the implications for practice?

- In psychiatric wards, nursing staff plays a central role in handling unique patient safety issues due to their proximity and extended interaction with the patients. The findings of the study may be useful in building the strength of the existing workforce along with trainings in specific skills for nurses to meet their therapeutic roles.

atric in-patient facility consisted of two adjacent wards for male and female patients comprising 10 and 22 beds, respectively. The patients were admitted through the outpatient department (OPD) of psychiatry as well as from the main hospital emergency. All patients were evaluated by a registrar/postgraduate resident in psychiatry at time of admission, and a consultant psychiatrist established a working diagnosis based on ICD 10 classification of diseases within 12 h of admission. The most common diagnoses were Schizophrenia, Bipolar affective disorder: Current episode Mania with psychotic features, depressive episode severe with psychotic features, mental and behavioral disturbances due to mental retardation and psychoactive substance use.

Sample

Non-probability purposive sampling was employed to recruit those nursing and paramedical staff in the ward and/or OPD that was employed full-time to care for the patients in the male and female patients. Their duty roster comprised three rotating shifts daily for a total working time of up to 40 h a week. The sample comprised nine nurses and 14 paramedical staff members with age ranging from 40 to 60 years. All nurses had a 4-year degree in BSc nursing, and the paramedical staff comprised nursing assistants without any formal nursing degree; none had specialized qualifications in mental health nursing and their on-the-job mental health-care experience ranged from 5 to 20 years.

Ethical Aspects

The study was approved from the ethical review board of the study venue, Fauji Foundation Hospital Rawalpindi, Pakistan, reference no: FF/FUMC/Psy-8/2020.

For each interview, the research team briefed the nursing staff about the rationale of the project and their role as research participants. They also were assured that participation in the study was voluntary and confidential.

Data Collection and Analysis

Nursing staff was approached in their natural setting, that is, the wards or OPD during the months of March–June 2021.

Participation in the research was contingent on individual verbal consent. A semi-structured interview guide (Appendix A) was prepared using current literature^[10-12] and was piloted on two nurses before using it for the main study. The protocol included a section on demographics, understanding of patient safety and mental health, experience of critical incidents, and their crisis management. There were no major changes to the interview protocol upon piloting; however, it helped add/reinforce some probes for Section C (Critical Incidents) like provocative behavior and D (Crisis Management) like influential role of male staff, to broaden and obtain in-depth narratives. All the interviews were conducted within the hospital ward. Some open-ended questions included asking beliefs related to mental illnesses and stigma attached to them and information on how crisis incident/management is documented, what are banned items and search rules/policies in the ward, what were some of the critical incidents/adverse events faced in ward in the past few months and how they were managed.

The research participants were encouraged to talk about their beliefs and attitudes that influenced decision-making related to patient safety. The average duration of interview was 45 min and field notes were jotted down along with audio-recordings for some respondents on consent.

The critical incident technique guided the interviews to col-

lect information concerning the most critical behavioral problems of psychiatric patients in an inpatient unit that required immediate nursing intervention.^[13] CIT consists of “asking eyewitness observers for factual accounts of behaviors (their own or others’) which significantly contribute to a specified outcome... the emphasis is on incidents (things which actually happened and were directly observed) which are critical (things which significantly affected the outcome).”^[14] In this study, CIT was used as a tool for a retrospective analysis that guided nursing and paramedical staff to share specific experiences and reduced the tendency to offer generalized statements regarding patient safety protocols and mental illness. This technique is widely used in nursing research and has demonstrated increased validity and reliability in many other studies when the nurses’ observations have had to be recorded.^[15] Thematic analysis^[16] was applied and the transcribed data were coded using a-priori and emerging codes to identify a variety of themes that discussed the perceptions of nursing and paramedical staff regarding patient safety.

Measures of Reliability and Validity

The field immersion allowed both the researchers prolonged interaction with the participants along with participant observation. To ensure credibility of the research process and data, this study employed investigator triangulation whereby

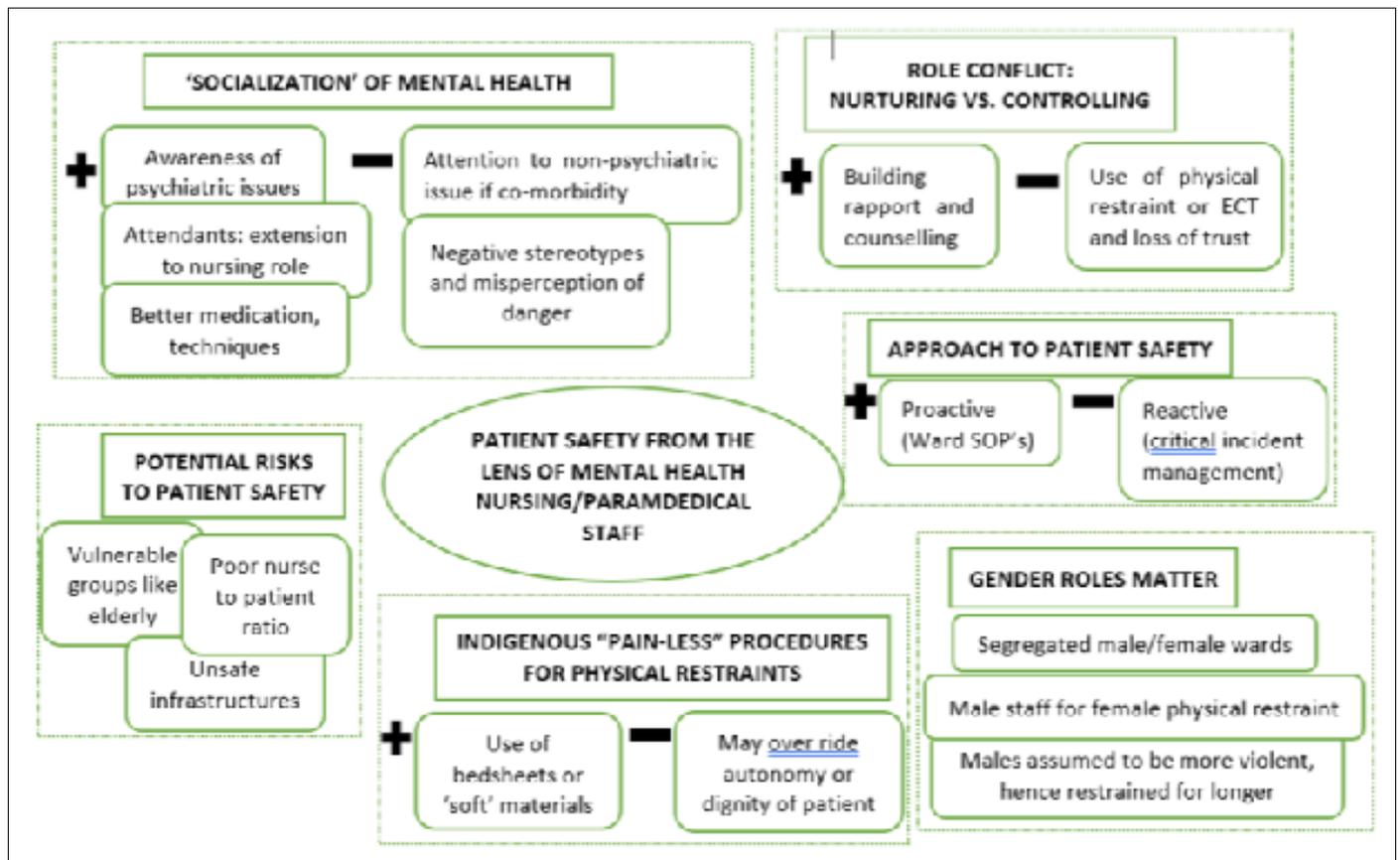


Figure 1. Thematic map by authors.

two researchers, one a consultant psychiatrist and another a medical anthropologist conducted interviews, shared and discussed coded data to bring multiple perspectives in the data analysis. Member checking enhanced the validity of the research as summary of preliminary results was shared with respondents for feedback.

Findings

The research participants comprising of nursing staff cited on-the-job trainings as their major source of knowledge and skills related to psychiatric disorders and mental health patient safety. The research team was given a guided tour of the psychiatric male and female wards to familiarize them with the operations of the ward. Color-coded boards were placed above the patient beds, "Red" showing aggressive or acutely disturbed cases, while the "Blue" and "Green" boards were placed next to relatively stable patients needing less attention. Patients with high suicidal risk were placed on beds which were in direct line of sight of nursing staff station. The following six themes have been delineated along with verbatims of research participants which are written in quotes and italics in their respective theme.

"Socialization" of Mental Health

The nursing staff acknowledged that increasing awareness of mental health issues among the general public has facilitated patient safety in mental health-care setting. The attendants/family members and less severe patients in the wards themselves are aware of the indicators of possible/potential violence, that is, restlessness, irritability, clenched teeth, etc.

"Psychiatry has become more "social," so attendants are also aware of mental illnesses and how to deal with patients... attendants act as extension to nursing roles"

(Psychiatric nursing assistant, Male, 45 years, 20 years on the job training/experience in psychiatry dept)

"Better medicines are available now... previously, there was less effect of medicines, now patients get stable quickly... over past few decades, there have emerged more effective tranquilizers so less need for physical restraints"

(Nurse, Female, 49 years, 25 years mental health nursing experience)

The nursing staff also highlighted the unique concepts of patient safety in a mental health ward because managing these patients requires consideration of both physical and psychological factors.

"Being safe means physically safe but also feeling secure. If we listen to them and win their trust, we can keep them safe, and keep ourselves safe also (safety for all)"

(Psychiatric nursing assistant, Female, 48 years)

However, in some of the interviews, the nursing staff highlighted that non-psychiatric/medical issues were given more importance even while patients were admitted in the psychiatric ward.

"If there are patients (of mental illness) with comorbidities like cardiac issue and kidney issue, their appointments in the urology and cardiology ward hold high importance and psychiatric issues tend to get ignored... my patient missed her ECT appointments because of this scheduling conflict..."

(Incharge Nurse, Female, 54 years, BS in Generic Nursing, 4 years experience in psychiatry ward)

Despite the increased awareness around mental health issues, the nursing staff mentioned how fellow colleagues and attendances still misperceive mental health patients as being overtly dangerous and requiring excessive use of force to ensure safety. Most of the nursing staff held the view that the negative stereotypes and stigmatizing attitudes permeating the social fabric of our society are also reflected in the hospital setting and this influences patient safety-related decisions. A nurse shared how a fellow paramedical staff communicates with mental health patients as if they are "less of a human" because of impaired mental functioning.

Role Conflict: Nurturing versus Controlling

Majority of the nursing and paramedical staff talked about the "double and conflicting role," they had to play in the ward which was difficult to balance. One important role for nurses was to provide a nurturing environment and build rapport with patients and families while extending support and counseling. Nurses shared how they allow space for patients' need for spiritual healing alongside sensitizing them about benefits of medicines and procedures.

"While taking history of the patient, the doctor interviews them and that is how we learn bits and pieces about the patient's illness, their family background, and culture... this helps with rapport building... A lot of patients feel more comfortable talking to us than opening up to their families as we try not to interrogate them, rather move at their pace."

(Nurse, Female, 49 years, BS in Generic Nursing, 25 years mental health nursing experience)

"Most patients do not have insight about their medical condition... after initial rapport building, they become your 'disciple' and you have a big influencing power on them"

(Nurse, Female, 50 years, BS in Generic Nursing)

However, these care relationships had to experience element of control in times when a physical restraint, medication, or ECT needed to be administered as it contributed to issues of trust with the patient community. The respondents shared how the controlling mechanisms make it difficult to regain trust of patients.

"When I have to give medicines against their will or use a restraint to put them in bed, they look at me with suspicious eyes... then I have to re-do the rapport building process"

(Psychiatric nursing assistant, Female, 48 years)

Approaches: Proactive versus Reactive

The respondents talked about the proactive approaches in-

cluding Standard Operating Protocols (SOPs) and templates for recordkeeping that contribute to patient safety in the ward settings. The nurses shared the graded activity scheduling depending on the patient's functional capacity, which included giving tasks to patients such as cleaning, food distribution, visit to café, and exercise outside which contributed to a healthy daily routine.

The respondents talked about inadequate documentation as a barrier to patient safety; the necessary SOPs and templates like day and night register, temperature, pulse, respiratory functions, and history-taking forms are available but not implemented and practiced effectively. However, the nurses shared that they observe and keep notes of sleep and eating routine of their patients and inform the doctors on duty the next day. The nurses also explore if the patients eat by themselves or need facilitation, what activities patients are interested in doing and if they take care of their personal hygiene or not. The nurses also highlighted the errors in medication dispensing if treatment charts are not updated immediately after ward round.

"Forms, if not filled adequately can create confusion and then errors. For a case, only a screening for ECT was advised, but due to an improperly prepared nursing list, the patient was actually administered ECT. It is not a nursing fault but a form that was not filled properly."

(Incharge Nurse, Female, 54 years, BS in Generic Nursing, 4 years experience in psychiatry ward)

For the proactive measures, ward infrastructure and safety search policies were discussed. Items such as knife, rope, glass, electric points, gas cylinders, blade, razor, nail cutter, lighter, sanitizer, medicines, and glass are kept out of reach of patients, used under close supervision, or placed in a central ward location/office. Plastic crockery and cutlery are used. Cleaning cupboard which houses mops and bleach is locked and attendant goes with patient to the washroom which has no locks.

In contrast to the proactive approach, the staff also talked about a reactive stance where they responded to critical incidents and attempted to learn from adverse events.

"When they (patients) are being admitted to the ward and they are violent, you have to face and tolerate their verbal abuse because it is not the person who is violent but the mental illness... if they were 'normal,' why would they be admitted to the hospital, so you have to cool them down...make them sit and relax"

(OPD Incharge, paramedical staff, Male, 56 years, 5 years experience in psychiatry ward)

The nurses were of the view that there should be a debriefing after every critical incident, not necessarily focused on blaming anyone but to understand what went wrong and how can one deal more effectively with similar cases in the future. Due to worry about repercussions from seniors and administration, there is an unwritten rule to avoid reporting any adverse event. One of the respondents highlighted how the nursing staff are not encouraged to contribute to patient diagnoses and man-

agement plan. She recalled a dog-bite case where the patient was exhibiting fits; she did not have the position and space within the clinical team to voice how the patient was fearful of water, thus could not contribute to the timely diagnosis and treatment for rabies.

Potential Risks to Patient Safety

The nurses explained many cases which need special attention because of increased risk to patients' health and safety. They talked about vulnerable groups like elderly, patients with chronic conditions or comorbidities, patients with high violence/suicide risk, and positive drug use. The high risk of falls was an issue specific to elderly because of oversedation and confusion. There was danger of hospital-acquired infections in case bed-bound patients or cases requiring longer stay in the ward. The staff also closely monitored all patients that required an IV cannula or urinary catheter to avoid common problems including phlebitis, cellulitis, and urinary infections.

Along with problems related to ward infrastructure, staff-related issues included poor nurse-to-patient ratio, overcrowding, lack of formal training, and shift change handover protocols that influenced patient safety.

"Once a patient ran away from the side door of the ward and nobody was aware of it as there is sometimes only one nurse looking after many beds...a lot of paperwork needs to be done...someone from outside the hospital brought that patient back..."

(Psychiatric nursing assistant, Male, 45 years, 20 years on the job training/experience in psychiatry dept)

"We have to take extra precautions on Sunday (holiday) and other holidays because patients try to run away discreetly...there is less staff on holidays so sometimes patients succeed"

(Nurse, Female, 50 years, BS in Generic Nursing)

The respondents advocated for a "multidisciplinary" safety protocol where a mixed-skill staff could exhibit the required physical force along with clear delegation of tasks, owning responsibility, and effective communication. Nurses shared that longer shifts subsequently led to a low threshold for mistakes. It was stated that new staff nurses or those on rotation from other wards cannot manage well due to lack of rapport and understanding of high-/low-risk patients. The reasons for unsafe medicine administration included disturbed patients in wards which acted as a distraction and incomplete documentation (dose or timing missing). The research team during participant observation noticed how sometimes the nurse does not know all brand names of the medicines.

Indigenous "Pain-less" Procedures for Physical Restraint

Majority of the nursing staff associated the use of physical restraints with old-age methods of psychiatry.

"In older days of psychiatry, they used to tie the patients but not today. We employ those procedures in which the element of pain is less, we make sure there is no physical injury, we apply physical restraint when patient is sleeping...bed sheets or coat belts are used because they are soft..."

(Psychiatric nursing assistant, Male, 45 years, 20 years on the job training/experience in psychiatry dept)

"I fear gauze will leave a mark or bruise... harsh physical restraints and buckles will affect circulation of blood, therefore, in my practice, I have seen a rolled bed sheet works better"

(Psychiatric nursing assistant, Female, 50 years)

Nurses shared that there is a psychological impact of restraints where the patients feel helpless with a loss of control, subsequently, it becomes difficult for patients to trust nursing staff. Nurses check every 10 min for breathing and pulse of physically restrained patients to ensure safety.

Gender Roles Matter

In majority of the interviews and based on participant observation, the gender and cultural dimension was a prominent influence on patient safety. Due to religious factors, there was gender segregation of wards with different nursing staff designated for male and female wards. The hospital policy only allowed a patient's admission inwards with a mandatory female attendant accompanying the patient on a 24/7 basis.

"Sometimes, a male ward boy has to be called to handle or restrain female patients. We involve family members so they (female patients) don't mind... their brothers, husbands, or fathers usually are asked to come forward to hold the patient"

(Incharge Nurse, Female, 54 years, BS in Generic Nursing, 4 years experience in psychiatry ward)

The nursing staff shared how male patients were perceived to be more violent than females; therefore, they were restrained earlier and for longer than females.

Discussion

This study revealed how the nurses perceived the contribution of increased mental health awareness to the destigmatization of mental illnesses; therefore, family members "act as extension to nursing role." A study of ICU's in Germany highlights "family involvement" as a major theme where the nurses share how the psychological impact of seeing loved ones in restraints and the acceptance of these measures is a reflection of trust in the health-care staff.^[16] Nurses also engaged in positive risk-taking, as exemplified by the task distribution of cleaning, visit to café, and exercise to patients depending on their functional capacity. A study reports how mental health nurses accept the new role of sharing power and responsibility with patients for safety in the ward, which is positively associated with their perception of personal competence and organizational support to facilitate patient participation.^[17]

The nurses experienced a role conflict, similar to the dichotomy of "therapeutic role and the culture of control in the unit" highlighted in a New-Zealand study.^[18] The ambivalence in the use of physical restraints is prominent in Asian literature where studies highlight that the misconceptions around mentally ill as aggressive and dangerous^[19] or nurses' perception of the importance of restraints as a mechanism to prevent treat-

ment disruption^[20,21] pave way for use of physical restraints for patient safety. Upholding of patient safety in mental health nursing may contradict the therapeutic relationship and it is discussed how a reframing of the conceptualization of safety and prioritization of other care practices may be useful.^[22] Traditional/alternative treatments have been found to play a significant role in mental health nursing.^[23] Scholars^[24-26] posit that physical restraints are considered particularly coercive and a source of moral distress as also viewed by nurses in our study who resorted to the use of the alternative practices like "soft" bed-sheets and coat belts deemed "pain-less." In an integrative thematic analysis,^[27] it was highlighted how "contextual demand," "level of knowledge," and "alternatives to restraint" influenced attitudes of mental health nurses toward physical restraints.

The respondents highlighted the need for multidisciplinary teamwork as an effective strategy to manage disturbed patients. This is supported from multiple reviews in psychiatric as well as medical and surgical settings. When staff from different levels of the treatment hierarchy are brought together, cohesive teamwork can allow them to operate as "well-oiled machines" that can maximize patient safety and deliver optimal care^[28] In psychiatric ICUs, a focus on group education and cooperation among team members of varying experience was found to have a positive impact on patient outcomes.^[29] Multidisciplinary teams that integrate case managers, doctors, nursing staff, and patient representatives tend to improve communication during hospital stay and efficiency of the discharge process.^[30] Furthermore, to improve expertise, psychiatric nursing requires supervision to bridge the gap and integrate theory and practice.^[31]

This study highlights the gender dimension where the nursing staff's gender-related beliefs reflected in their care practice. The literature on mental health and gender talks about the differences in the job performance of male and female psychiatric nurses using the lens of social role theory^[32] and also the need for gender-sensitive mental healthcare, taking into consideration the "culture and family realities...expression and experience of mental health..."^[33] as women in acute psychiatric units may have "different philosophies of care."^[34] A study^[35] revealed how the nursing staff found "informal communications with colleagues to be more valuable than written ways of disseminating reports of violence or communications related to potentially violent patient encounters." The nurses in this study advocated for verbal engagement, especially in times of adverse events to create a nurturing environment for patients and families. It has been highlighted that building rapport through daily conversation, which is different from a psychiatric interview, facilitates mental health nurses in creating an equal and reciprocal engagement with the patients along with establishing trust.^[36]

Limitations

The findings of this research cannot be generalized to mental health nursing as a profession, but instead represent a

snapshot of the Pakistani mental health hospital currently in existence. In this study, even though the use of vignettes facilitated the collection of data, nurses' management of critical incidents and interventions is based on their recollections of past experience.

Conclusion

Due to the unique nature of vulnerabilities and subsequent potential risks exhibited in the mental health setting, mental health nursing and paramedical staff play a significant role in dealing with patient safety issues. The conceptualization of nurses regarding mental health issues, patient safety, physical restraints, seclusion, cultural, and gender norms are also reflected in their care provision. The perceptions of nurses highlight the role of their autonomy, decision-making, and training in clinical interventions as important factors in safe psychiatric nursing practice.

Recommendations

Inpatient psychiatric wards should be a place of safety for both nurses and patients. There is a need to build on the existing strengths of the nursing staff and training in specific techniques, such as cognitive behavioral interventions methods have proven to be effective as they provide nurses with adequate skills to meet their therapeutic role.^[37,38] Further studies on specific mental health illnesses and their unique patient safety issues along with the infrastructural arrangements and ethical aspects may provide a holistic understanding of psychiatric nursing practices and the wider organizational safety culture.

Appendix A: Sample interview guide

"Know Safety, No Pain":

Exploring perceptions of nursing staff on patient safety in a mental health-care setting

Interview guide

For the safety of mental health patients, the role of nursing staff, doctors, and allied health professionals is significant and therefore, this study would like to hear about related experiences and practices to understand the opportunities and challenges in provision of patient safety in a mental health-care setting.

A. Sociodemographic profile

1. Age
2. Gender
3. Educational level/qualification
4. Marital status

B. Knowledge/conceptualization

1. What is patient safety? How would you define it?

Probe: Is patient safety for mental health patients any different from other (physical injury) patients?

2. Source of information: How did you learn about patient

safety? Is there any related module as part of nursing curriculum or any training program? Previous experience? Colleagues?

3. Documentation: How do you usually document crisis incidents and their management?

4. Ward safety: What are some the banned items and search rules/policies in your setup?

C. Critical incidents

What are some of the critical incidents/adverse events that you faced in ward? In the last few months? Which were manageable/unmanageable?

Why was this serious? What are some of the opportunities (available resources) and challenges associated with it?

Probes: Exacerbation of psychiatric symptoms, Provocative behavior, Verbal violence to others, Violence to property, Physical violence, Deliberate self-harm

D. Crisis management (de-escalation)

What did you do to manage crisis. Narrate examples of when and how you did it. Best and worst cases.

What are some of the opportunities (available resources) and challenges associated with it?

Probes: Contact chief nurse, Contact psychiatrist, Counseling/ Reassurance, Seclude, Detachment (do not pay attention... make a phone call, talk loudly, do something else to distract...), Application of physical restraint, Medication, calling male staff to help

Conflict of interest: There are no relevant conflicts of interest to disclose.

Peer-review: Externally peer-reviewed.

Authorship contributions: Concept – T.S., S.M.; Design – T.S., S.M.; Supervision – T.S., S.M.; Data collection &/or processing – T.S., S.M.; Analysis and/or interpretation – T.S.; Literature search – T.S.; Writing – T.S., S.M.; Critical review – T.S., S.M.

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