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Challenges encountered by nurses in psychiatric wards in Iran: A hermeneutic phenomenological study

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Abstract

Background and Aim: Despite the similarities between psychiatric nursing and other nursing specialties, psychiatric nursing is known to be more stressful. To the best of the authors' knowledge, limited studies are available on psychiatric nursing challenges. This study aimed to address the challenges encountered by nurses in psychiatric wards in Iran.

Materials and Methods: A qualitative phenomenological study was carried out in 2019-2020 in psychiatric hospitals of Tehran and Zahedan. Nine nurses of psychiatric centers as participants were selected by purposeful sampling. Data were collected using semi-structured interviews until data saturation. Data were analyzed by the Van Manen data analysis method.

Results: Out of 226 codes extracted from the interviews, the concepts were categorized into 2 themes: "professional threats" with 2 categories including "nurse harms", and "care and management threats", and "ethical dilemmas" derived from two categories of "unfavorable conditions for patients", and "none-compliance to professional ethics".

Conclusion: Psychiatric nurses in Iran face "professional threats" and "ethical dilemmas" due to "nurse harms", "care and management threats", "unfavorable conditions for patients", and "non-compliance to professional ethics". Also, they are not satisfied with the quality of their services. To keep them healthy, and promote psychiatric nursing care, it is necessary to promote human resources management, and objectively monitor the quality of care and staffs' health.

Keywords: Psychiatric Nursing, Mental Health, Dilemmas, Phenomenology

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Introduction

Nurses as members of the psychiatric team are responsible for 24-hour care of patients with mental disorders. Psychiatric nurses support patients by their specialized skills to help them cope with the existing conditions [1]. Since nurses spend more time with patients, they are likely to encounter many challenges while providing care, more often than does any other member of the healthcare team [2,3]. Thus, psychiatric nursing is considered a stressful profession [4-6]. Additionally, significantly low levels of general health and well-being of nurses working in psychiatric wards have been reported [1,3]. In fact, despite the similarities of this profession with other nursing specialties, it has major differences with other fields of nursing in terms of deeper relationships formed between psychiatric nurses and patients with mental disorders, efforts to prevent patients from harming themselves and others, their complex needs, and continuous exposure to patients' challenging behaviors in the workplace [7].

Challenges are defined as objective and subjective problems that can be internal/external, pervasive/limited, and rooted/new that hinder the society, and require efforts and planning for resolution [8]. Disturbing events occur at bedside of patients under observation of nurses or with their involvement on a daily basis, which may seem incorrect, wrong or immoral, and nurses have to do their task although it may be against their values or professional ethics. However, such professional stresses have emotional consequences such as distress, frustration, anger and anxiety [9,10]. If the problem is solved at this stage, the distress disappears [7]; otherwise, it can lead to depression, nightmares, headache [11], negative emotions such as self-doubt [12], feelings of worthlessness and uselessness [11], irritability, life/work imbalance, interpersonal conflicts, and burnout [12]. In other words, professional stresses, challenges and dilemmas, which are important issues in any organization [13], are also considered important occupational hazards in the modern era and consequently affect health and professional competency of psychiatric nurses [14,15].

Managing the challenges and the resultant stress can improve the nurses' health, and their professional competency. Consequently, the quality of patient care would improve [14,16]. However, for

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competent care by psychiatric nurses, factors such as support by the healthcare system, multidisciplinary team effort, working conditions, psychological support and motivation, and professional training have been found to be effective [17]. Adequate identification and knowledge about the challenges are necessary to manage them [3,18].

Although psychiatric nurses have received more attention recently, to the best of our knowledge, few studies are available about their challenges. In a study by Joubert and Bhagwan (2018), the most common psychiatric nursing challenges were: denial of mental illness by patients, and challenges associated with exposure to patients' unpredictable behaviors, inadequate training on psychiatric nursing, high levels of aggression and assaultive behaviors, and experience of anger, frustration, and burnout by psychiatric nurses [3].

Ramezani et al. (2011) reported that nurses in psychiatric wards experience physical violence by patients at least 2-3 times a year. Also, inadequate support of the staff, weakness in risk management, and consequent violence have been reported [19]. Fabri and Loyola (2014) indicated that nurses had difficulty dealing with aggressive, depressed, anxious and talkative patients, and also hypersexual and drug users [17]. Further studies are required on challenges encountered by psychiatric nurses [20,21]. Therefore, this study aimed to address the challenges of nurses working in psychiatric settings in Iran.

Methods

A qualitative hermeneutic phenomenological study was designed [22,23]. This study was conducted from November 2019 to August 2020 in 2 psychiatric settings in Tehran, capital city of Iran (Shahid Lavasani, and Razi Psychiatric Hospitals), and 1 setting in Zahedan, a city in south-east of Iran (Bu-Ali Hospital). Participants were selected by purposeful sampling. The inclusion criterion was work experience in a psychiatric ward for at least 1 year.

In-depth and semi-structured interviews with open questions were used for data collection that allowed the participants to explain their experiences about the phenomenon under investigation [24]. Before starting the interviews, the purpose of the study was explained to the participants and their consent was obtained to record the interviews. The interview was started with a general question: "What challenges have you

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experienced in the workplace so far?" and the interview was gradually continued with probing questions based on the analyzed data. The duration of interviews ranged from 20 to 40 minutes based on the participants' patience and tolerance. Data collection and analysis in qualitative research method are continuous and concurrent [22]. Due to the importance of immediate data recording, the recorded interviews were transcribed verbatim at the earliest opportunity to be analyzed. Coding and analysis of each interview were done before the next interview, so that the path of each interview was determined by the obtained data and the previous emerging concepts. Considering the qualitative nature of the study, the researchers listened to the interviews several times and reviewed the transcripts repeatedly [22].

Since in qualitative research, the sample size should be determined based on the information needs, data saturation was used to assess the adequacy of the sample size. Data saturation occurs when no new class emerges and further data collection does not add anything to the classes or their details, and relationships with the main class, but only increases the volume of data. Thus, data collection for that class stops [22]. No new data was extracted from interview number 7 on, but two more were conducted for assurance. Totally, the interview process was stopped by saturation with 9 interviews. Data obtained from the interviews underwent content analysis by the Van Manen's approach. Van Manen expressed the following 6 steps as an operational approach to phenomenology, which were followed in this study. The six steps include the researcher's interest in the phenomenon for research, explaining the experience as it has been lived, reflecting on the intrinsic themes (which propose three holistic, selective and component-to-component approaches to determine the internal analysis of the proposed themes), describing the phenomenon using art of writing and paraphrasing, establishing and maintaining a strong and conscious relationship to the phenomenon, and matching the context of the research with regard to the components and the whole [24-26].

To analyze the content of data, first, all interviews were recorded and listened several times, and then typed verbatim in a computer. Then, semantic units were identified as sentences or paragraphs from the statements of the interview texts. Then, the initial codes or open codes were extracted. After that, they were divided into subcategories based on

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similarities. Simultaneously, interpretive notes were written to determine the primary relationships between the concepts derived from the participants' statements until forming a theme. With the progress of interviews, the relationship between sub-categories, categories and themes was determined to identify the patterns and the main meanings of the interviews.

Trustworthiness and accuracy of the research were ensured using the Lincoln and Guba (1994) [24] criteria. To assess credibility, reviewing the manuscripts and codes by member check was performed to eliminate any ambiguity in the coding. The research reports and notes were reviewed by the second author and experts in the phenomenological approach to ensure similarity of the findings. Thus, confirmability was ensured. To ensure dependability, a researcher who was not involved in the research served as an external observer. Due to similar perceptions of the findings, dependability was confirmed.

This study was approved by the Ethics Committee of Islamic Azad University of Medical Sciences, in Tehran, Iran (with the ethics code IR.IAU.TMU.REC.1400.058). All participants provided written informed consent prior to study commencement in accordance with the 1964 Declaration of Helsinki.

Results

The participants were 8 nurses working in educational psychiatric wards with a Bachelor of Nursing degree and 1 nurse with high-school diploma (Table 1). Out of 226 codes extracted from the interviews, 195 codes remained after deleting duplicates and merging similar ones. Finally, the concepts were categorized into 4 categories and 2 themes: "professional threats", and "ethical dilemmas" (Table 2).

Table 1: Demographic characteristics of the participants

number	Experience (years)	Sex	Position	Marital status
1	5	Male	Nurse	Married
2	8	Female	Heardnurse	Divorced
3	8	Female	Nurse	Single
4	10	Female	Nurse (high-school diploma)	Married
5	7	Male	Nurse	Single
6	5	Female	Nurse	Married
7	20	Male	Heardnurse	Married
8	17	Male	Supervisor	Married
9	10	Male	Headnurse	Married

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Table 2: Extracted themes, catagories and sub-categories

Theme	Categories	Sub-categories
Professional Threats	Nurse harms	Individual harms Social harms
	Care and management threats	Internal ward harms Management problems
Ethical Dilemmas	Unfavorable conditions for patients	Inadequate therapeutic and non-therapeutic facilities Lack of a support system
	Non-compliance to professional ethics	Lack of the principle of beneficence and non-maleficence Lack of respect for dignity Non-compliance to patient rights

1- Professional Threats. The theme of professional challenges was derived from "nurse harms" and "care and management threats". Each nurse has been subjected to at least one or more physical, psychological, and sexual harms and has undergone huge medical expenses, as well as life or disability threats. The experience of psychiatric nurse harms causes constant concern and fear for the family, and social misunderstanding and judgment. Thus, in addition to financial and life-threatening downsides, the social construct of mental illnesses as the "social stigma" also causes nurses, especially young nurses, to be ashamed of their job, and uncertain about their professional identity.

1-1. Nurse Harms. This category includes "individual harms" and "social harms". Psychiatric nurses are exposed to physical injuries (such as fractures, blindness), psychological (such as tension and anxiety), and sexual harms, i.e. verbal (swearing and vulgar speech) or behavioral (sexual abuse) harms. Constant fear and anxiety from being attacked by aggressive patients, or observing patients attacking colleagues or other patients can also cause stress, anxiety and psychological problems in nurses. All nurses complained of physical, psychological, and even sexual harms in such a way that a participant (male, No. 1) regarding to physical injury stated:

"... I was kicked in the chest; it could cause a fracture. One colleague lost her kidney, and another one had an abortion."

Of course, even observing colleagues being beaten by aggressive patients will also have devastating psychological consequences. A participant (female, No. 7) with 5 years of experience in a men's psychiatric ward stated:

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"*The security and I struggled to separate the psychiatrist from the aggressive patient. He was heavily built. But the more we tried, the less we succeeded. The patient was banging the doctor's head against the wall, her scarf was thrown on the floor. It was a miserable scene! The secretary was screaming, I was just pulling the doctor away but I couldn't separate her at all! it was devastating, I will never forget the scene. For a long time afterwards, I was afraid of walking in the corridor*."

Nurses, especially females working in male wards, in addition to physical injuries and psychological harms, are also subjected to sexual (verbal and nonverbal) abuse by patients with mental disorders. A participant stated:

"*They say obscene things to the female staff, they touch them, and they attack them*."
(male, No. 1).

The physical injuries and sexual harms not only cause fear and constant concerns for nurses and their families, but also lead to community misunderstanding. Thus, the performance of nurses gradually decreases and work-family conflicts develop. As regarding to family conflicts, a head nurse of a psychiatric ward with 20 years of experience stated:

"*When a patient punched me in the mouth and I got a black eye and a bruised face… my little girl panicked. It also disturbed my family and social life; people think I have gotten into a fight which is embarrassing. I can't even talk to my wife. I'm not in the mood to spend time with my daughter*".
(male, No. 8)

1.2. Care and Management Threats. It was derived from two subcategories of "internal problems", and "management problems". Nurses spend a lot of time daily solving ethical problems in their workplace. They face numerous challenges such as "repeated punishment and reprimand from managers", "job stress", "legal complaints of patients or their families", "lack of training and awareness", "lack of resources and equipment", "shortage of human resources", "lack of inter-professional cooperation", "lack of motivational factors", and "high workload", which necessitate the availability of high-level managers who would be able to better organize the challenges. Also, according to the participants, there are many problems in care, organization and management (from the operative level to top level), including inappropriate organizational

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culture, and shortcomings in staff training, risk management, leadership, and team-work. Participants considered these issues as the causes of stress and stated that they cause a reduction in the quality of care, as well as dissatisfaction, lack of motivation and finally quitting the job. Regarding the lack of motivation and quitting the job, a participant stated:

"*A lot of our colleagues changed their jobs. They left; it's not easy for them to tell where they work. It's a pity. But they can't even tell where they work, no matter how successful they are. They're embarrassed*." (male, No. 8)

Regarding the shortage of human resources, he stated:

" *Whatever building you go to, there's a guard at the door (but) we don't have a guard here. If a patient runs away, I will be responsible, seriously?! Am I a guard*?"

Also, a nurse with 5 years of experience stated:

"*There is only one nurse for at least 30 patients at nights and evenings. We are not able to handle the ward, especially if one patient gets agitated*." (female, No.6).

Managers in the top position of organizations and in leadership role, act and try to encourage and respect the subordinates. However, in this study, nurses working in psychiatric settings complained about managers' behavior as one of the main causes of tension in the workplace, and complained about their neglect of nurses' problems or lack of support, respect and efforts to solve their problems.

A nurse with 5 years of experience in a men's ward in relation to the managers' behavior stated:

"*In the workplace, especially when you're novice, the seniors put a lot more work pressure on you. It causes so much tension and stress in your mind, you keep telling yourself: oh! my God what's going to happen now. Well it's really annoying!* " (female, No. 5)

A head nurse regarding to lack of risk management stated:

"*The safety of emergency room must be considered as a top priority, since it hosts patients with awful conditions. However, mostly, it isn't done at all. For example, the power cords are left unattended; a chance to hurt others and escape*!" (female, No. 2)

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2. Ethical Dilemmas. It was derived from "unfavorable conditions for patients" and "non-compliance to professional ethics". Unfavorable patient conditions and lack of appropriate treatment lead to nurses' dissatisfaction with their caring roles and moral conflict. However, they have to override unfavorable patient conditions and the principles of beneficence, or participate in it even though they disagree. Considering that unresolved moral conflicts cause tension, it indicates the importance of this issue.

2.1. Unfavorable Conditions for Patients. It was derived from "lack of a support system", and "inadequate therapeutic and non-therapeutic facilities".

Patients with mental disorders have frequent referrals due to inadequate treatment and equipment. This imposes high financial costs on the families and hospitals, and wastes time. Also, stress and psychological burnout of the family due to long-term care of patients with chronic mental health difficulties often lead to loss of family support. In addition, after deinstitutionalization and returning of patients to their families, it is rarely possible to find an institution or association that covers and supports the patients and their family. Also, there is no home-visit by any psychiatric team, because, according to the participants, nurses do not feel secure to visit the patients at home. As a result, patients are kept in hospitals. Participants expressed concerns about the high probability of harms to patients (including sexual, physical, financial) due to hospitalization in inappropriate wards, prolonged hospitalizations, and lack of support by the families (e.g. not discharging them from the hospital). The head nurse of a men's psychiatric ward regarding to the consequences of patients not having family support stated:

"Some cases are chronic. Their families do not visit them anymore. These cases must be referred to the chronic ward. But there is no bed for them. Right now, we have a patient, the welfare organization of the province "X", and the head of the welfare council "X" cannot support him. But this patient is not mentally ill. They're keeping him among 40 people with mental health disorders. He'll have many more problems soon." (male, No. 8)

A participant stated about the patients' sexual needs and the possibility of harming other patients:

"*The law does not have a solution for a person with hyper-sexuality. Merely*

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medicine. What can be done? For a person who's been here for three months. He'll relieve himself with any newcomer or whomsoever he wishes to."(Male, No. 9)

Participant No. 3 raised the issue of non-pharmacological treatments such as occupational therapy:

"*We don't have any occupational therapy in the afternoons. In summer from morning to 8 or 9:00 p.m., it is a long time. They've got nothing to do. So, they get bored and make the ward a mess*. "(Female)

Traditional separation of psychiatric patients from physical patients is one of the reasons for increased stigma, in addition to lack of rapid access of patients to specialists and various facilities. In particular, most of the psychiatrists in Iran face shortage of diagnostic and therapeutic equipment such as a CT scan machine. Thus, patients lose a lot of time waiting for their turn. In addition, despite human resources shortage, one staff has to spend his useful work hours outside of the psychiatric ward in order to take care of patients during the diagnostic and therapeutic procedures. Also, hospitals have inadequate facilities for the welfare, spiritual, and religious affairs of patients (e.g. cigarettes, worship, etc.) due to inadequate budget allocation. Therefore, psychiatric centers are not in accordance with milieu therapy standards in terms of physical space, relationships, and therapeutic activities. Conflict of care conditions with milieu therapy standards cause dissatisfaction and stress in nurses. One participant about dissatisfaction with nursing care and medical treatment approaches stated:

"*We are not happy with ourselves, because we really do not do anything for patients*". (male, No 5)

Similarly, with regard to shortage of diagnostic and therapeutic equipment, he added:

"*We have to refer patients to another center due to shortage of diagnostic and therapeutic equipment. So, not only time will be wasted, but also, one staff will spend a long time outside, in spite of shortage of human resources*" (male, No, 5)

One participant raised the issue about the lack of facilities:

"*The patients don't even have a place to do their prayers. How is this addict patient supposed to be provided with a cigarette? We recruit most of the stuff here from charity. We do it out of our own pocket*." (male, No 9)

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Additionally, for the majority of participants, the ethical problem arose from doubts about the benefits of their services for patients; they were particularly concerned about the use of seclusion and restraint to punish patients.

Regarding the doubts about the benefits of their services, a head nurse said:

"*In my opinion, the reason is most of the patients' restraints happen due to overcrowding and lack of enough nurses. Because he can't keep the patients busy, so, one of them gets bored; one of them becomes aggressive… or even, it maybe because of the patients' incompatibility with that department. But we have to do it*". (Male, No.7)

Regarding lack of doing interventions appropriately,

"*Unfortunately, the patients here do not receive counseling, occupational therapy, or timely visits. Nothing! They only pay for the bed. We can't do anything either. We complained to the doctor several times, the doctor insulted us, and said that it is not our responsibility. We only have to follow the orders. It's annoying*". (female, No.6)

2.2. Non-compliance to Professional Ethics: It was derived from "lack of principle of beneficence and non-maleficence", "lack of respect for dignity", and " non-compliance with patient's rights". The experiences of participants in this study indicated that they did not comply to ethical codes. Participants talked about not visiting and not spending enough time for consultation, examination and interviewing the patients by physicians, psychologists and nurses, disrespecting the patients, not respecting the patients' rights, and even causing harm to patients.

Regarding the lack of respect for patients' dignity by the nurses, a head nurse stated:

"*It is a shame how they treat and disrespect the patients, they think that mentally ill patients do not understand anything...*" (Female, No. 2)

Also, a head nurse of a male ward said:

"*The patient keeps swearing, it's a shame the nurse gets nervous, or he aggressively attacks or beats the patient*" (Male, No. 9)

Obviously, multi-tasking due to shortage of human resources reduces accuracy, and increases medical errors, as participant No. 4, with 7 years of experience in a women's ward, stated:

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"*A patient needs electroconvulsive therapy; I don't know how many electroconvulsive therapies I write. We may not report its frequency, or may report it incorrectly*."

Discussion

Nurses in psychiatric wards encounter two main challenges of "professional threats", and "ethical dilemmas". They are exposed to comprehensive individual, familial, and social harms, as well as internal ward harms, and management problems. In addition, they experience challenges related to inadequate therapeutic and non-therapeutic facilities, lack of a support system, lack of principle of beneficence and non-maleficence, lack of respect for dignity, and non-compliance to patient rights in psychiatric centers and the society.

Limited number of qualitative studies are available on the challenges encountered by psychiatric nurses in Iran.

The first identified challenge in the present study was "professional threats" that included "nurse harms" and "caring and management threats" that nurses face in psychiatric centers. Nurses are at risk of serious harms, but neither a preventive measure, nor any action is taken by any organization or institution to support them. Ahmadi and Eskandari (2018), Ramezani et al, (2012) and Zarea et al. (2012) confirmed the physical, and psycho-social nurse harms [18,19,27]. No study was found regarding the sexual harms, which may be due to the taboo of speaking about it in the Iranian culture. Therefore, further studies are required in this regard. Also, another identified harm was social-family harm, as stated by Ahmadi and Eskandari (2018). Other studies emphasized on social stigma as well. Most studies expressed job stress as one of the factors of work-family conflicts in nurses including the studies by Dargah et al, (2017) and Alhani and Mahmoodi-Shan (2018) [28,29]. Work and family are two main pillars of every person's life, each forming an aspect of human behavior, and every individual must create a balance between them; otherwise conflicts arise [30]. In other words, the conflict between work and family is the consequence of incompatibility between different roles of nurses. Conflicting demands at work and in the family create challenges for nurses. Work-family conflict is associated with a wide range of negative consequences such as decreased physical and psychological well-being, family and marital dissatisfaction [29-30], loss of organizational performance and commitment, irregular

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presence at work, and increased job dropouts [30]. In this study, the stress imposed on the family was also noted. However, there is no qualitative or quantitative study on the problems of the family of nurses working in psychiatric wards. Further studies are recommended in this regard.

According to the participants, care and management threats in the workplace such as shortage of human resources, heavy workload, multi-tasking, low salary, job insecurity, lack of specific scope of duties, and lack of managers' support were challenges that were rooted in management and decision-making, which were also discussed in studies by Sargazi et al, (2018) Carneval (2013), Taghavi Larijani and Fathi (2018), and Moradi et al. (2021) [16,31-33]. In a study by Ghamari-Zare et al, (2011) managers' performance in human resources management, planning, and clinical and technical organizations was poor [34]. On the other hand, friendly behavior of managers at the workplace would lead to trust in employees, and creation of a safe and friendly atmosphere [35]. Managers can increase nurses' productivity by appropriate organization of human resources, encouraging teamwork, and improving professional communication. In a negative organizational culture, nurses are not allowed to defend and protect patients' safety and rights. They are even punished at times for interference [36].

The second theme was "ethical dilemmas" derived from "unfavorable conditions for patients" and "non-compliance to professional ethics". The same was reported by Aydin and Ersoy (2017), and Ahmadi and Eskandari (2018) [2,18]. According to the participants, psychiatric hospitals continue to be traditionally run. Patient rights have not been taken into account by separation of psychiatric and general hospitals, lack of occupational therapy, counseling, and treatment environments, lack of medical-diagnostic care equipment, and lack of adequate facilities for patients' welfare, and recreational, spiritual and religious affairs.

Inadequate facilities and unfavorable conditions prevent patients from receiving appropriate care and treatment, and consequently lead to multiple hospitalizations. In addition, lack of proper selection of employees in terms of scientific competence and mental health in the specialized psychiatric wards, and poor supervision of managers, afflict nurses with moral distress. It leads to consequences such as dissatisfaction with work, and feelings of

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failure and worthlessness, and endangers the patients' health, as reported by Ahmadi and Eskandari (2018) and Shokati Ahmad Abad et al. (2012) [18,37]. Since nurses' competency in providing health services is directly related to the quality of care [39], managers, employers, and policy makers should carefully plan selection of nurses and assess their professional qualifications, and monitor them constantly. Given that factors such as individual characteristics [39,40], technical competency [41], emotional intelligence, experience and environment [40] have been considered effective in clinical competency, it is expected that all factors are considered before and during the recruitment of nurses.

There are many ethical challenges and dilemmas in clinical settings that cause moral distress in nurses [36]. The level of moral distress varies in different wards. Organizational factors such as managers' support, nurses' professional autonomy and having a specific job description are the determinants affecting the reduction of moral distress [42]. Ethics indicates the right direction like a compass, but does not give an exact definition of destination [43]. Professional ethics is one of the effective factors on the quality of care [44], but it is not observed in most psychiatric wards in Iran. More attention should be paid to professional and personal ethics [42].

Conclusion

Psychiatric nurses face "professional threats" and "ethical dilemmas". They encounter "nurse harms" and "care and management threats", and due to "unfavorable conditions for patients" and "non-compliance to professional ethics", they suffer from moral distress, burnout and demotivation; thus, nurses are vulnerable to psychiatric problems. It is necessary to periodically examine nurses' mental health, and select postgraduate psychiatric nurses who have specific psychiatric nursing knowledge and skills and are interested in psychiatric issues. Also, it is important to offer in-service training, and evaluate their competency objectively. It is necessary to promote human resources management, and employ managers who are expert at managing psychiatric issues. To sum up, it is necessary to monitor the quality of care and staffs' health objectively.

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Conflict of Interest

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