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Critical Cases Faced by Mental Health Nurses and Assistant Nurses in Psychiatric Hospitals in Greece

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Abstract
Background: Psychiatric Nurses and nurses' assistants working in an inpatient unit experience a significant number of critical cases. A small number of studies have explored which patients' problems nurses perceive as 'critical case or incident' and particularly which interventions they choose.
Aim: The aim of the research was 1. To identify the clinical problems that mental health nurses and assistant nurses characterize as critical 2. To report the main nursing interventions 3. To investigate the main person involved in the critical incident.
Material-Method: Critical incident technique was used as a method of data collection. Content analysis was carried out in order nurses' information to be categorized into subcategories. The sample consisted of 35 mental health nurses and nurses' assistants who work in psychiatric acute inpatient wards.
Results: Nurses identified ten types of critical incidents. They noted violence (verbal, physical) by patients and psychotic symptoms to be the most critical situations. Nurses were the main person involved in these incidents. The study also described eight nursing interventions used by nurses when faced with critical events.
Conclusions: The findings indicated that mental health nurses and assistant nurses working in acute inpatient wards are called to confront a variety of critical incidents in their every day practice. Further research is necessary to identify in-depth nursing interventions and decision-making used in these situations.

Key words Mental health nursing, critical incidents, nursing interventions

Introduction

Mental health nurses work in an area particularly stressful and demanding. Especially, nurses in acute inpatient psychiatric wards confront multiple critical incidents. The concept of critical incidents is the subject of numerous studies in the last years (Higgins et al, 1999).

Research has shown that critical incidents are considered both the situations provoked by patients and the clinical matters related with nurses' everyday work (O'Connor and Jeavons, 2003). Example of situations that are created by the patient are the violent episodes or the attempts of suicide. Main themes that have been searched are the maltreatment of children, the death of a patient or a colleague,

or the critical clinical situations in cardiologic departments (Burns and Harm, 1993).

A small number of researches have been realized in order to investigate the type of critical incidents, that nurses face in their work. These researches concerned mainly nurses working in general clinics (Appleton, 1994).

Very few researches included mental health nurses and data has been presented in combination with nurses of general departments. It was pointed out in previous research that nurses who work in different departments face also different critical incidents (O'Connor and Jeavons, 2003).

Moreover, in one research only, critical incidents were combined with nursing interventions (Ryan and Bowers, 2005).

In Greece nursing profession deals with numerous significant problems; thus, it is an open field for future research. It has to be noted that in the last few years even though new outpatient and rehabilitation units have been created, the patient imports in the psychiatric hospitals do not appear to have changed significantly (Madianos et al, 2000). This means that the mental health nurse is still called to face psychiatric patients in crisis.

In the present research, given the fact that in Greek psychiatric hospitals an overlap between nurses' duties and assistant nurses' duties is evident (primarily due to important lack of personnel), the two teams were not separated.

Aims

The aims of the present study was:

1. To explore the clinical incidents that the nurses and the assistants of nurses characterize as 'critical';

2. To record the main nursing interventions;

3. To reveal the main person involved in the critical incidents.

Method

The Critical Incident Technique – CTI was chosen in order to collect the most critical behavioral problems of psychiatric patients in an inpatient unit (Rosenal, 1995, Norman et al, 1992). This technique is described as a collection of direct observations of human behavior aiming to facilitate the potential solution of practical problems. This technique was used widely in nursing research during the past few years O'Connor and Jeavons, 2003, Mitchell, 2001). It is based on systematic, inductive and open type recording of oral or written information from the research sample (Norman et al, 1992). The advantage of this method is that it allows the description of facts in direct relevance with the reality, through the recording of the personal perception of subjects for the incident.

Although it is dependent on respondents' recollections, the objective is not the precise description but the incident's gravity as it pertains to each individual nurse(Mitchell, 2001). The more usual form of description is that of written critical incidents reports, from the individuals of the study and the return of these reports to the researcher for further analysis (Parker et al, 1995). In the present research this process was slightly modified.

Prior the data collection, assurances were given to nurses concerning confidentiality and anonymity. The purpose of the study was explained and essential information was given.

The nurses were given a blank page with only the purpose of the research written on it and then they were asked to submit the freely written critical incidents to the researcher. Furthermore, the nurse could possibly give an oral presentation of the critical incident.

Given the fact that the population under study was not familiarized with this technique, the researchers considered the recording of information in an individual's interview and the immediate oral presentation from the

researcher herself, to be a critical essentiality. The researcher managed to transfer the precise nurses' words ensuring thus, the directness of observations.

Nurses were asked to describe two or three clinical cases of patients in crisis and the interventions they chose to follow. Content analysis was applied and the data was coded in a variety of important themes. The reliability and the validity were ensured by the presence of a second independent researcher that confirmed the analysis of data. Also the help of an academic supervisor during the final presentation of the data was priceless.

Sample

Concerning the size of the sample, in the context of the Critical Incident Technique, the most important theme is the selection of the suitable individuals and the collection of as many as possible incidents. The size of sample does not constitute a restriction for the research and may vary (Woolsey, 1986). In the present study the sample consisted of 35 full-time nurses and nurses assistants, who worked 37.5 hours per week in three rotating shifts, in inpatient psychiatric wards. The only inclusion criteria were that the nurses should have a clinical experience in direct care of psychiatric patient.

Results

Demographic results

The final sample consisted of 13 men (37,1%) and 22 women (62,9%). The mean age was 35,74±6,81 years. Ten (28.5%) had completed a 4-year education in a Faculty of Nursing of Technological Educational Institute and 25 (71,4%) had a 2-year education in a Technical School of Nursing (table 1).

Critical incidents

The content analysis yielded ten types of incidents, from a total of 93 critical incidents reports: agitation, acute anxiety, persistent insomnia, exacerbation of psychotic symptoms, verbal violence to others, violence to property, physical violence to others, openly disturbed behavior, provocative attitude, and deliberate self harmful suicidal behavior (see Table 2). Nurses use numerous interventions in their effort to face effectively the critical incidents.

Table 1: Sociodemographic Characteristics (Total sample : 35)

Characteristics	N	%
Gender		
Male	13	37,1
Female	22	62,9
Education		
4 years of education	10	28,5
2 years of education	25	71,4
Mean age (in years)	x36.3±7.7	
Years of work	x11.1±7.2	

Table 2: Critical incidents and number of nurses reported the incident

Critical incidents	N
1. Agitation	7
2. Acute anxiety	8
3. Persistent insomnia	5
4. Openly disturbed behavior	6
5. Provocative attitude	5
6. Exacerbation of psychiatric symptoms	14
7. Verbal violence to others	19
8. Violence to property	7
9. Physical violence	14
10. Deliberate self-harm behavior	8

The analysis resulted in eight interventions:

1. Contact the psychiatrist on call,

2. Contact the chief nurse on call,
3. Give reassurance and support,
4. Limit setting
5. Detach of attention
6. Seclusion
7. Application of physical restrain
8. Medication administration (see Table 3).

Nursing interventions - Main person involved

The majority of persons involved in the critical incidents are nurses. Critical incidents have shown that nurses were asked to deal alone, with even aggressive patients. The doctors usually leave the ward without giving instructions for a probable patient's violent behavior (See Table 4).

Table 3: Nursing interventions and number of nurses implemented the intervention

Nursing interventions	N
1. Call psychiatrist on call	26
2. Call nurse on call	5
3. Reassurance – counseling	23
4. Limit setting	12
5. Detachment of attention	5
6. Seclusion	6
7. Physical restrain	19
8. Medication administration	15

Discussion

Nurses reported 40 cases of violent episodes (verbal, physical and violence to property). Violent events seem to occur frequently towards mental health nurses (Duxbury, 1999, Trenoweth, 2003). As a male nurse noted 'we nurses alone are called to face the most dangerous behaviors'.

Table 4: Main person involved

	N
Other patient	5
Nurse	22
Psychiatrist	5
Other professional	3
Relative or friend	8

Patient's psychotic symptoms were quite expected, given that the nurses work in acute inpatient units with a great number of patients' imports in a crisis (Anders, 2000). 'Hallucinations, delusions and all positive symptoms is everyday life for us nurses' said a female nurse having already worked for 10 years in the same ward.

Eight incidents of self-destructive behavior were reported. It has to be pointed out that these cases were deliberate on behalf of the patient and one incident had fatal outcome. Amongst all the cases recorded, these nursing reports were the most emotionally distressed (Slaven and Kisely, 2002). Even though nurses had intervened effectively, their quotes were characterizing the event as 'the worst that had ever happened in my career'.

Agitation and acute anxiety were also usual critical incidents. This finding was expected because previous studies have shown that anxiety disorders and intense stress appears with a high frequency (Priami and Plati, 1997, Cphen-Mansfield and Marx, 1990).

Patient's disturbed and provocative behavior, as noted from nurses' quotes, were rather stressful situations, considering the fact that nurses felt unable to confront them (Lowe, 1992). As a female nurse reported 'the patient used to remove all her clothes and I really did not have any idea how I could stop her. Finally, I was forced to restrain her although I believed that it was an incorrect intervention".

Finally the nurses reported five incidents of persisting insomnia. In these cases, their

interventions should have been more specific than that of medication administration, on the precondition that they possessed the knowledge. As a female nurse reported 'the patient remained awake successive nights and it was obvious that medication was not enough. I told to him to relax and to lie down only in the evening hours but I wish I knew more explicit techniques'. The effectiveness of other interventions like relaxation techniques, has been supported by previous researches and underlines the importance of nurse's comment (Lushington and Lack, 2002).

The most frequent and usually the primary intervention, was to call the psychiatrist. From the analysis of nurses' comments it resulted that the main reason for this intervention was to receive the 'official' authorization of patient's restriction or of administering other medication. As a male nurse pointed out 'until the arrival of a psychiatrist the situation might have reached a critical point and somebody might have been in real danger'.

The majority of sample commented the lack of nursing autonomy as the main problem in the management of critical episodes like violence. Due to this limitation, when there is doubt of nurses' jurisdiction limits, the call of psychiatrist serves the undertaking of responsibility from the medical doctor (Duxbury, 1999).

Also even though nurses at the beginning of the interview reported that calling the nurse on duty is a usual practice in the particular hospital, in the analysis of reports only five nurses reported that they have informed her before their intervention, whatsoever. In these five reports, the psychiatrist on call was also called, further highlighting the nurses' limitations during the intervention. This fact has been the subject of other research (Howard and Greiner, 1997).

As was expected, the application of physical restrain and medication administration were equally usual interventions, while in the majority of incidents they followed after the call of the psychiatrist (Usher and Luck, 2004). Regarding the medication administration, this included also the cases where the psychiatrist had already given the directions and the nurse evaluated alone the necessity of administration e.g. in the cases of insomnia (Usher et al, 2001).

An important finding of the analysis of nurses' reports was the great number of nurses that used interventions like offering reassurance and support. Previous research has shown that nursing therapeutic communication and counseling composes the most essential piece of nursing role (Haddad et al, 2005).

A remarkable number of nurses reported the term "setting limits" as a nursing intervention. Setting limits to mental health patients has been also identified as a nursing intervention in another study(Lowe, 1992). In this research, due to the limited participation of the researcher in the process, we have to report nurses' comments for further clarification. A nurse reported that she said to the patient 'I will not repeat it again! Go immediately to your room' or a nurse has said 'come out immediately of the nursing office… I will speak to you later'. Conclusively, we can presume that what nurses mean by the intervention 'setting limits', is the constant, strict and nonnegotiable approach of the patient who exceeds the therapeutic boundaries or who creates agitation.

The detachment of patient's attention using distracting activities like listening to music, watching TV, reading aloud, in the phase of the crisis appeared to have a positive effect. Previous researches have confirmed the use of this technique from mental health nurses (Teasdale, 1995).

Patient's seclusion, normally in her room, in order to calm her down and to face the created stress, was reported as a separate intervention. Patient's seclusion as a method of control for her violent behavior and in general for disturbed behavior, has been also was confirmed by other studies (Latvala and Janhonene, 1998, O'Brien and Cole, 2004).

In the majority of incidents, the main individual involved was the nurse (Mitchell, 2001). The nurse's usual role in the case of a

violent episode (verbal or physical) or as the individual, who accepted the patient's reaction or stress, was that of the victim, as it appeared from the analysis of the report contents (Wittington, 1997, Wittington and Wykes, 1994). A male nurse reported that it feels as the 'expiatory victim'. However, as it appeared from the analysis of report contents, the nurses are those individuals usually resolving the crisis with their intervention.

The entanglement of the doctor or another professional was reported in less cases (Mitcell, 2001).

It is of note that in some cases the incident took place between patients, in which the nurse was forced to intervene. In certain incidents, the presence of a relative or a friend was the cause of patient's reaction. For this reason, the nurses were forced to ask the relative to leave or to forbid him visiting the patient, for a specific time interval.

Conclusion

Written critical incidents and corresponding interventions gave nurses the opportunity to describe incidents, important to them (Mitchell, 2001). Additionally, we managed to clarify in a first level the day-to-day clinical implications of caring for the psychiatric patients.

Surprisingly, we noticed that nurses choose a rather small number of interventions when dealing with critical incidents. The analysis of nurses' reports demonstrated a contradictory result. The most frequent intervention, was calling the psychiatrist on call, giving us the impression that nurses tend to leave the responsibility to the medical staff; while reassurance and counseling were almost equally chosen by nurses.

Future research concerning nurses' decision-making will clarify nurses' choices in critical incidents interventions. Therefore, the main recommendation of this study is the future realization of a more in-depth interview concerning total interventions in every critical incident, in order to investigate and elucidate mental health nurses' actual role in the clinical setting.

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