

Article

Nurses' Recognition for Care for Patients in Psychiatric Wards

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Abstract: Coronavirus disease 2019 (COVID-19) has spread rapidly worldwide and it has been a widespread concern. Japan had some problems in psychiatric wards such as long hospital stay. The purpose of this study investigated recognition of nurses in psychiatric wards for future care. We conducted questionnaire research for psychiatric nurses and they described recognition of nursing in free description. Qualitative analysis was performed on description. Results showed that six categories were chosen like "Increase of stress and fatigue caused of infection control," "Negative effects to body and mind of patients," "Effects to nursing care in psychiatric nursing," "Differences of attitude toward infection control in the hospital," "Cognition for social movement related to Coronavirus," and "New awareness by Coronavirus infection and future." These results suggest the following, 1) some kind of supports will be needed for nurses' stress for infection control, 2) supports or interventions for palliate of patients stress like limitation of prolonged quarantine, limit of visiting or home stay overnight, 3) integrated leaderships to cognition and behavior for infection control in a hospital.

Keywords: COVID-19; Psychiatric Ward, Nurse, Recognition

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1. Introduction

Coronavirus disease 2019 (COVID-19) has spread rapidly worldwide, and it has been a widespread concern. It affects peoples' lives and their mental health. Health care workers are at high risk of COVID-19 infection. Shanafelt et al [1] showed the risk of anxiety and other negative mental health reactions among the workforce. Studies from China and Singapore showed the psychological impact of the current crisis [2] [3]. Worldwide, the COVID-19 was spread in several psychiatric hospitals. [4] [5]. In Japan, the number of infected patients are increasing in 2020 and 2021 year, and there have been some problems in psychiatric medicine such as the number of inpatients in hospitals compared to other countries. The ministry and Health Laver in Japan have recommend to discharge [6], however, patients' discharge and living in community is not progressing. In these situations, we focused on how nurses in psychiatric wards recognize nursing in the coronavirus woe.

2. Materials and Methods

The participants were 56 nurses in psychiatry wards in two hospitals in Western Japan (Table 1). We conducted a cross sectional questionnaire research. In the questionnaire, there were some quantitative psychological test and a qualitative question about the feeling in nursing in corona virus woe. "How do you feel or think in nursing in Coronavirus woe?" In this research we use "recognition" including feelings and thoughts. The researcher put the questionnaire in an envelope and passed them to a head nurse in two hospitals. A head nurse passed the questionnaire to nurses who could answer it. After

about two weeks the researcher collected the questionnaire, and analyzed only the question as free description. This study was approved by the ethical board of Daiichi University of Pharmacy.

We conducted qualitative analysis by Tanizu [7] which involved creating codes, subcategories and categories. Free description were edited into the shortest statement without losing meanings as codes, and similar codes coded into subcategories and similar subcategories into categories. To maintain reliability, categorization and coding were validated independently by researchers. Inconsistencies were discussed and negotiated until an agreement was reached.

Table 1. Background of participants.

Item	Number	Percentage (%)
Gender	Male: 19	34
	Female: 37	66
Age	20 year : 6	20 year : 11
	30 year: 7	30 year: 13
	40 year: 29	40 year: 52
	50 year: 11	50 year: 20
	60 year: 3	60 year: 5
Experience year as a Nurse	Mean: 18.2	

3. Results

We chose codes, subcategories, and categories (Table 2). We showed a subcategory < >, and a category “ ”.

Table 2. Categories about recognition for nursing in psychiatric wards

Code	Subcategory	Category
<ul style="list-style-type: none"> • We had difficulties such that the price of goods were high and we couldn't use them as usual. 	1) Stress from lack of goods	1. Increase of stress and fatigue caused of infection control
<ul style="list-style-type: none"> • All staffs work on prevention infection. • We worry about cluster occurrence. • I felt difficulties and effort to behave with consciousness of infection control. • It is hard to prevent infection. 	2) Difficulty of infection control	
<ul style="list-style-type: none"> • Strengthening and limitation of infection prevention increases stress. • Not keeping up with the measures for prevention strength/fatigue, • I felt fatigued by changing information. • We tend to propose business instead of nursing. • We were fatigued physically by coping with infection control. 	3) Increase of stress and fatigue	
<ul style="list-style-type: none"> • I am always anxious about bringing virus in the hospital. • I pay attention to risk of bringing virus in. • I pay attention to self-hygiene on a holiday. 	4) Concerned about infection in private time	

<ul style="list-style-type: none"> • I have been tired because I can't release stress on a holiday. 		
<ul style="list-style-type: none"> • Patients might feel crippled since they couldn't sleep at night. • Continuation of infection prevention like mask or washing hands may be a stress. • Patients couldn't meet their families and friends. • Patients live in hospital feeling crippled. 	<p>5) Stress of patients due to limits in hospitalized life</p>	<p>2. Negative effects to body and mind of patients</p>
<ul style="list-style-type: none"> • It seems to take much time to recover from their sickness because of sense of obstruction in society. • I feel that the health level of patients is lower than that of last year. • I feel psychological distance between a patient and me. 	<p>6) Long-time negative effects to patients</p>	
<ul style="list-style-type: none"> • Voice is hardly heard for elderly far from ear with masks. • The other person's expression is hard to understand with mask. • Patients and nurse have difficulty mutually communicating with mask in psychiatric nursing. 	<p>7) Obstacle to communication with patients by mask</p>	<p>3. Effects to nursing care in psychiatric nursing</p>
<ul style="list-style-type: none"> • Patients understand the states of Corona and we are grateful for patients' understanding. • It is hard for us to get understanding and cooperation from patients at chronic wards in psychiatry. • I wonder if a patient with mental disease may follow a rule of not leaving their room. • It may be hard for us to get cooperation of infection prevention countermeasures. 	<p>8) Differences by degree of cooperation depending on comprehension</p>	
<ul style="list-style-type: none"> • Moving to life after discharge is difficult because patients couldn't have a chance of meeting face-to-face and had a sleepless night. • Nurses had difficulty seeing how patients live at home because they can't stay overnight. • Patients couldn't or had a hard time to have relationships with families. • Nurses had a hard time to see relationships between a patient and family members or support power. 	<p>9) Difficulty of discharge support because of being hard to see family relationships</p>	
<ul style="list-style-type: none"> • Thinking or consciousness for infection improves whole hospitals. • Nurses thought explanation about infection control does not convey well to patients or staffs. • Nurses couldn't perform unified measures, because there were various ways of receiving explanation. • Nurses have impression that adaptation to infection control of patients was better than that of staffs. 	<p>10) Differences of cognition for infection control among staffs</p>	<p>4. Differences of attitude toward infection control in the hospital</p>
<ul style="list-style-type: none"> • Nurses felt difficulties for cooperation in a hospital to perform infection control. • There are differences of business burden in each department. • Nurses had difficulties about getting understanding of infection control by non-medical staffs. 	<p>11) Difficulties of cooperation with each department for infection control</p>	

<ul style="list-style-type: none"> • Psychiatry nurses work such that they get in touch on mental problems. • There is a cultural climate such that nurses are conscious for other staffs mutually and support each other. 	12) Compassion of psychiatric nurses mutually	
<ul style="list-style-type: none"> • Nurses had difficulty to talk around people as medical staffs. • Nurses felt sad that medical staffs disliked in nursery school in TV. 	13) Prejudice to health care workers	5. Cognition of social movement related to Corona-virus
<ul style="list-style-type: none"> • Nurses felt that people became irritable, since people around get out when I sneeze with hay fever. • I was often worried about visits and attendants in pediatrics. 	14) Overreaction of people to infection	
<ul style="list-style-type: none"> • Nurses felt that people get a new social rule like disinfection, mask and temperature measurement. • I think that it is better for people to get along with Coronavirus without overreacting. • I would like to get along with Coronavirus like any other illness. • PR or enlightenment activities are needed for people to get along. 	15) Necessity of coping with Coronavirus for future	
<ul style="list-style-type: none"> • I felt unequal such that only accepting hospitals of Coronavirus patients have great burden. • Single department psychiatry didn't accept corona virus patients. • Infection controls were different by hospitals. 	16) Difference of accepting burden or infection control in each hospital	
<ul style="list-style-type: none"> • I felt that interaction with people was very precious. • I became grateful for everyday life. 	17) Awareness of importance of everyday life	6. New awareness by Corona infection and future
<ul style="list-style-type: none"> • I felt that infection prevention is important since there is not corona virus patient. • I recognize that protecting my health lead to protecting other people who I am related to. • To protect patients' and staff's safety is important, through requiring changes in easier and harder parts. 	18) Importance of protection of patients, staffs, and myself from infection	
<ul style="list-style-type: none"> • I have to take leading role to improve knowledge and skills in nursing. • Relax of nursing standards such that nurses in community can cooperate in order to make up for the shortage of human resources. 	19) Importance of sending out information for social outreach about medicine	

Nurses need many goods for infection control, however they couldn't use them as usual. They have to pay attention not only for patients with mental illness not to be infected, but also for themselves. So subcategories like 1) <Stress from lack of goods>, 2) <Difficulty of infection control>, 3) <Increase of stress and fatigue> and 4) <Concerned about infection in private time> were selected and integrated into a category <**Increase of stress and fatigue caused of infection control**>.

Nurses felt influence of infection control to patients and nursing. Prolonged hand-washing and mask, or limitation visiting and staying home overnight seemed to be great stresses. Subcategories like 5) <Stress of patients due to limits in hospitalized life>, 6) <Long-time negative effects to patients> were selected and integrated into a category

“Negative effects to body and mind of patients.” As for nursing to patients, mask or social distance seemed to be obstacles for communication. There are differences in ability to understand the new rule like social distance. Moreover, nurses couldn’t get information of patients’ family and relationships among them. Then subcategories like 7) <Obstacle to communication with patients by mask>, 8) <Differences by degree of cooperation depending on comprehension>, or 9) <Difficulty of discharge support because of being hard to see family relationships> were selected and integrated into a category **“Effects to nursing care in psychiatric nursing.”**

There are various kinds of occupations in the hospital including medical staffs or non-medical staffs, and nurses felt differences of cognition among them. Also there were differences of cooperation in each department in the hospital for infection control. Although they felt these differences, they were considerate of each other. Then subcategories like 10) <Differences of cognition for infection control among staffs>, 11) <Differences of cooperation with each department for infection control>, or 12) <Compassion of psychiatric nurses mutually> were selected and integrated into **“Differences of attitude for infection control in the hospital.”**

Also, nurses had cognition for social movement. Some nurses experienced prejudice in everyday life and felt overreaction for infection and need coping with corona virus for the future. They also felt that particular hospitals had the burden of accepting positive patients. In the present study, one is an accepting hospital and the other is not. Subcategories like 13) <Prejudice to health care workers>, 14) <Overreaction of people to infection>, 15) <Necessity of coping with corona virus for future>, or 16) <Difference of accepting burden or infection control in each hospital> were integrated into **“Cognition of social movement by Corona virus.”**

Lastly, nurses found new thinking of importance of everyday or families. They recognize the role of nurse for society. Subcategories like 17) <Awareness of importance of everyday life>, 18) <Importance of protection of patients, staff and myself from infection>, or 19) <Importance of sending our information for social outreach about medicine> were selected and integrated into **“New awareness by Corona infection and future.”**

4. Discussion

1) Increase of stress and fatigue caused of infection control

Nurses worried about cluster occurs and tried to prevent infection. Nurses felt insufficiency of goods in treatment and worked for infection control. These nurses’ stress supports previous studies. In a Chinese explanatory study, the psychological problems of health care workers, especially women, nurses with low educational background, low professional title, and staff in the epidemic prevention and control positions are relatively serious [8]. Another study showed that a considerable proportion reported the need for professional guidance from psychologists and more support from their leadership [9]. Also, flexible working hours and the utilization of psychosocial and psychological help without stigmatization seem to be important measures [10]. Support from organization system like goods or leaderships and psychological care will be needed.

2) Influence of nursing in psychiatry wards

Patients felt <Stress due to limits in hospitalized life>. Prolonged wash hands and mask and various limitations are great stresses for patients. Patients with mental disorder have some symptoms and are not so stable, these limitation might force their stress. It supports Brooks *et al.* [11] that patients were likely to experience anger and frustration due to quarantine, and Iasvoli *et al.* [12] that patients perceive a higher level of distress due to the prolonged quarantine than that perceived by the general population. Some kind of palliation of patients’ stress will be needed.

Nurses felt <Obstacle to communication with patients with mask>. In mental health nursing, a patient is cured through therapeutic communication. It is difficult for a patient to see facial expression of nurses and hard to hear from nurses by mask. Some patients with mental disorder can't express well their intention, non-verbal communication is very important. Gao, et al [13] said that therapeutic interaction between nurses and patients is essential. Mask or full PPE (personal protective equipment) may be an obstacle to communication. Some kind of ingenuity to understand facial expression and promote communication will be needed.

About <Difficulty of discharge support because of being hard to see family relationships>, nurses had difficulty seeing how patients live at home. As shown in the introduction section, long-time hospitalization was a serious problem. By the influence of Coronavirus, adjustments for discharge may be difficult and the discharge is postponed, resulting in long-term hospitalization. In these days, there are some techniques of connecting patients and family members like Zoom, nurses can use these techniques for progress of support of discharge.

3) Organizational policy and future

As for hospital organization, nurses in the present study had difficulties of cognition for infection control among staffs or difficulties of cooperation with each department for infection control. Gao et al. [13] showed that prompt and effective contingency planning and policy making at the national and institutional level, targeting human resource management and infection control, can introduce changes and alternative options for nursing care in a pandemic. Integrated leadership will be needed. Lastly nurses found new recognition such as importance of daily life or people around them, these findings support Okabayashi [14] such that nurses found dilemma in that a greater weight is placed on them rather than patient care and got opportunity to consider the nursing that they perform. It may be important to look back on their nursing, and progress for the future.

5. Conclusions

Nurses in a psychiatric ward felt stress for infection control, influence for nursing for patients like obstacle of communication, interpersonal care, and delay of discharge. They need to cope with these problems for the future.

Patents

There is no patent.

Author Contributions:

MA: Conceptualization, investigation, data analysis

HaK: Investigation, data analysis

HiK: Conceptualization, investigation

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MA have data and managed.

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