



Challenges and interventions in well-being among nurses in Psychiatric inpatient care: Literature review

Ranjana Tripathi and Parbat Prasai

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Supervisor (Arcada):	Pauleen Mannevaara
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<p>Abstract:</p> <p>The purpose of study is to do a literary review about the nurses working condition in psychiatric care ward and different factors affecting the nurse wellbeing in those work setting which are known to be a nursing field with different challenges with mentally sick patients. In the background, concepts of wellbeing are introduced. It also aims on finding and discussing on possible interventions to ensure the wellbeing of nurse. The research questions are (1) what are factors affecting nurse's wellbeing in psychiatric care ward? (2) what is possible intervention necessary to ensure wellbeing of nurse in psychiatric ward? Authors have used the human-to-human relationship model by Travelbee as main nursing theory and the Value fulfillment theory a non-nursing theory as a supporting theory as theoretical framework. Literature review is conducted in this study with 17 Articles using qualitative content analysis through inductive approach. Inclusion and exclusion criteria have been used where articles within 10 years from 2011 to 2021 with complete articles and free articles were included which were providing the normal situation of the population not focusing on any particular group of people. Sources of the articles used were PubMed, Science Direct and EBSCO. The findings from the literature review provides many factors affecting the wellbeing of nurses working in psychiatric care ward with many insights with evidence and suggestions for enhancement of nurses. The conclusion of study emphasizes primarily on establishing the good therapeutic relationship among patient and nurse empowering nurses with their personal skills with support of organizational improvements and the de-escalation of violence as second priority which emphasize on good arrangement of security and safe working environment providing well maintained and equipped facilities. The research had own limitations bounded by short time frame and reliance on literatures by other writers in the field, yet it sheds some light on the subject.</p>	
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TABLE OF CONTENTS

1	INTRODUCTION	7
2	BACKGROUND	8
2.1	Wellbeing.....	8
2.1.1	<i>5 major types of well-beings</i>	8
2.2	Psychiatric nursing	10
2.2.1	<i>Intervention for psychiatric Nurse Wellbeing</i>	11
3	THEORITICAL FRAMEWORK	13
3.1	The Human-to-Human Relationship Model by Joyce Travelbee.....	13
3.1.1	<i>Nurse-patient Relationship Phases</i>	14
3.2	The value fulfillment theory of wellbeing.	15
4	AIM OF RESEARCH AND RELATED RESEARCH QUESTIONS	17
5	METHODOLOGY	18
5.1	Literature review.....	18
5.2	Data collection.....	20
5.3	Inclusion and exclusion method	20
5.4	List of articles in the research.....	21
5.5	Data analysis.....	23
5.6	Ethical consideration	24
6	FINDING OF THE STUDY	26
6.1	Factors affecting well-being nurse.....	26
6.1.1	<i>Factors affecting subjectively.</i>	27
6.1.2	<i>Organizational and management related factors</i>	29
6.1.3	<i>Nurse personal competency factor</i>	30
6.2	Interventions for Nurse wellbeing	31
6.2.1	<i>Personal skill development</i>	32
6.2.2	<i>Organizational and management related measures</i>	33
6.2.3	<i>Work environment factor</i>	34
6.3	Summary of findings.....	36
7	Discussion	37
7.1	Relevance of Nursing theories in the research.	39
8	CONCLUSION	40
9	LIMITATIONS AND STRENGTH	41

10	RECOMMENDATOIN.....	42
11	REFERENCES	43

FIGURES

Figure 1 Phase of nurse patient relationships Source Pokorny(2014).....	14
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TABLES

Table 1 Showing data source and searches	21
Table 2 Factors affecting nurses wellbeing	27
Table 3 Solutions for nurses wellbeing	31

FOREWORD

We the authors of this research would like to thank our supervising teachers for their guidance and kind support , Pamela Grey for her kind guidance and support for our work. We would like to thank our individual supervisor Pauleen Mannevaara for her very active support and guidance in this work. We thank our friends who were also providing guidance by sharing the ideas how they planned their work and revealing their creativity which helped us to enhance our ability in our learning process. Finally we thank our family members for their patience and support during this work.

1 INTRODUCTION

Nurse wellbeing has not received considerable attention which has affected the patient care in different work settings. The focus of this study is focused on psychiatric nurse in the hospital ward and explore on factors affecting the nurse wellbeing, challenges emerging in implementing the care related tasks as well as identifying the possible interventions to enhance the nurse wellbeing. Promotion of wellbeing and enhancing the appropriate working environment is discussed a lot, little consideration and actions has been dedicated on their individual health. (Chung, et al., 2020)

Authors of this research work received motivation as they personally stumbled with the challenges with mentally ill patients. Many situations are confusing and stressful to deal and practice professionally with such patients due to many limitations. These factors raised many questions in authors mind compelling authors to choose the topic. Authors are also aware that their experience can be only a friction of reality which may or may not represent the picture of whole case in broad scale. The attempted has been made to make the work free from biased views by conducting objective and independent study.

Introduction chapter is introducing the topic or subject of this research whereas background chapter throws light on aspects like well-being, Psychiatric nursing, and Interventions for wellbeing etc. Nursing theory of Travelbee describing human to human relationship is presented which reflects on nurse patient relationship and value fulfillment theory on wellbeing is presented to address the wellbeing aspect and challenges. The aim of the research is shortly discussed with the main research question which are key elements for guiding and investigating in the research process in every step onwards. Methodology chapter describes the process how data and articles have been collected and introduces the articles used in the study while in content analysis authors describes how data are analysed and condensed. In the finding chapter the main findings are presented with conclusion. Discussion chapter tries to describe the findings from different angles like the guiding theories introduced in theoretical framework, and also personal view of author. The limitations and strength of the study are discussed in conclusion chapter. In the recommendation chapter, recommendations are mentioned on the issues to be address.

2 BACKGROUND

In this section, we discuss about the basic information about our study which are relevant in care of psychiatric nursing consist its historical background in short, current situation, competence development in profession, roles, and wellbeing.

2.1 Wellbeing

According to World health organization, wellbeing does not indicate absence of disease rather it indicates the complete combination of good physical, mental and social being (Kim, 2012). In other words it can be understood as a positive result for an individual, society and workplace as well as it clarifies how people's life is going in different atmosphere they are involving. Wellbeing is related to the experiences of health, happiness and prosperity. Wellbeing includes good mental health and life satisfaction. It is also related to their inner state including physical and psychological health. Studying and finding the indicators of the people's total wellbeing is however practically challenging as it is not only related to certain small dimension. (Mental Health Foundation, 2015)

2.1.1 5 major types of well-beings

Every-individual pursuits to feel happy, live healthy life, maintain good social relations with certain purpose and well-being is concept including these elements within.

Wellbeing in simpler way experiencing good overall health, inner contentment, good social connection, financial satisfaction in the job carrier building up a combination of feeling well in life that fulfills purpose by giving satisfaction and controlling stress.

Usually, our positive thinking as well as negative thinking has direct impact in our well-being. Our thoughts and emotions, activities and what we perceive are the grounds from where well-being is formed. If we are connected through a positive and purposeful relationship, we are more effective in society while feeling disconnected, like losing a job, breaking up with a partner, or despising something can have negative occupational wellbeing. The dimension of wellbeing is broad and can be many aspects and

classifications within it As wellbeing is a broad concept, it can be divided in five major segments for the convenience of study in the following way. (Davis, 2019)

Emotional wellbeing :Wellbeing can be described as a balance between positive and negative emotions to match our experience and satisfaction with the world (Tchekmedyian & Heber, 2006). The person's ability to conquer stress, control emotions. Excluding negative emotions and replacing them with positive emotions with love for self and others. It includes persons knowledge and ability to use techniques and resources for mind relaxations and remaining firm during the time of crisis and challenges. (Davis, psychology today, 2019)

Physical wellbeing represents the potential of a person to improve his physically fit and health condition by doing many healthy habits including exercise, a healthy diet among other things (Davis, psychology today, 2019). Physical wellbeing is the capability to perform physical tasks and to participate in social functions that is not affected by physical difficulties or bodily discomfort or factors related to a physiological lifestyle (Capio, et al., 2014).

Social wellbeing refers to the human ability to feel a sense of belonging to society, participate, cooperate, and maintain good relationships with it. Every person has a feeling of being a part of it and contributes to it. So having a good cooperation and maintaining good connectivity and human relation can be seen as social wellbeing. Similarly, Our ability to follow a path for achievement of our purpose in our professional life is known as workplace well-being (Davis, 2019).

An individual's workplace wellbeing is determined by various factors, such as safety, work environment, relationships among workers, professional skill development, etc. Workers are important strength of businesses or organizations, as they are key factors of effective running of operations (international labour organization, 2021).

Societal wellbeing is also called quality of life or social welfare (Alliin, 2007). It can be thought of as a person's ability to participate in progressive societies, a lively tradition, and friendly social situations (Davis, 2019).

Higher level of well-being seems to have direct impact on an individual in many ways like good work performance and maintaining good mutual relations in workplace. They are more cooperative in such environment. It also contributes to good immune system and people with higher wellbeing are physically with longer life expectancy. Considering their health, they usually do not have problems with sleep. They can cope with problems in better way finding better solutions. They have low cardiovascular mortality (positive psychology centre, 2021).

2.2 Psychiatric nursing

According to American psychological association defines psychiatric nursing as a Nursing field implementing holistic care to individuals with psychological disorders or behavioral problems promoting their physical and mental well-being. According to American psychological Association, "*psychiatric nurses not only provide physical care but also socialize and communicate with their patients to create a safe, comfortable environment that promotes positive change.*" (American psychological Association, 2021).

Historically, mental health nursing emerged due to the need for nurses to operate in hospitals and asylums, catering to the vast number of patients before the advent of psychotropic drugs and the subsequent closure of those facilities. For instance, it was estimated during the 1940s that there was approximately one nurse in the hospital for every 135 psychiatric patients. Their function was primarily to help doctors care for such people, and the asylum or hospital itself trained the nurses in many instances. Mental health nursing was the last field of expertise in nursing profession requiring the least amount of knowledge and experience (D & T, 2014).

2.2.1 Intervention for psychiatric Nurse Wellbeing

In present time many developed nations around the world including European countries are confronting with serious lack of nurse in the health care sector. The decreasing numbers of new nurses entering the field while increasing amount of aging working population have made the situation worser and made their demand very high with the challenge of ensuring the standard of quality care. Conditions like nurse shortage, high performance pressure, limited time pressure are quite common. Therefore, to function in such challenging situation psychologically wellbeing is necessary to function effectively. Factors related to psychological wellbeing are also related to certain physical and social condition too. Satisfaction with payment may affect their task positively while dissatisfaction may cause negative affectivity leading to negative emotions, and stress developing anxious and irritating nature in nurses causing psychological problem hindering their overall health and increase in use of health care. In many cases burnout of nurse can be taken as indicator of such crisis. (Heijden, et al., 2017)

It seems more challenging to be mental health nurse rather than other specified nurses as there are more different responsibility to fulfill in psychiatric nursing. Working as a mental health nurse seems less desirable career than another specified nurse. Nurses should give more time in order to know what they are going through, to know they are progressing or not. To know about their condition nurses should be focus on patient behavior and to identify the problem and changes. It is not simple as we try to treat other patient like giving medicines, try to diagnose by sending laboratory samples. (Rebecca, 2015)

There should be an urgent paradigm change in intervention to address the situation needed for the mental health promotion for nurses which has not been addressed for many years by the decision makers causing the problems like increasing rate of workforce burnout due to physical and emotional exhaustion, disinterest towards job unhealthy lifestyle resulting even in suicide. The rate of depression, anxiety and suicide in nurse is higher than us population in the national study by Melnyk and associates. The job turnover has also created negative influence and risks in patient care and safety. The WHO classifies

burnout as “occupational phenomenon” with an immediate need to address. (Melnyk, et al., 2021)

To sum up, wellbeing is directly related to individual physical, mental, social wellbeing. Wellbeing includes good mental health and life satisfaction. Physical wellbeing, emotional wellbeing, social wellbeing, workplace wellbeing and societal wellbeing are the major kinds of wellbeing. From the aspect of workplace wellbeing, nurses are the one whose wellbeing is very likely to be affected while caring to the patient, especially the mental wellbeing during the long period of service.

3 THEORITICAL FRAMEWORK

In this step of our study, we are presenting the theories for the research and going to discuss in the background and relevance to our research. Two models or theories are presented here the Main Nursing theory is Human-to-human Relationship model by Joyce Travelbee which gives importance for in understanding the relationship between patient and nurse more as human-to-human relationship in the patient care. It emphasizes in building therapeutic relationship in patient care and psychiatric care in our research. The second non-nursing theory but relevant in our study is Value fulfillment theory by Valerie Tiberius which gives emphasis in achieving the goal maintaining the values to suit the need of the particular situation on challenging time giving the priority to the ethical and moral values. Authors have realized that aspects like management of patient aggression and the use of force for maintaining peace and security in psychiatric care are such difficult ethical areas which need to be addressed maintaining the nursing principles and morals to optimum level in the best practical way possible. The need of two theories is felt as authors realized that the moral and ethical challenges in psychiatric care are different then the regular nursing where patients are mentally healthy. Authors have felt that trying to view and find solutions in complex matters with limitation or bounded to only a certain principle and angle may prove to be narrow and biased as a result a supportive theory is used for exploring and addressing the issues from broad prospect.

3.1 The Human-to-Human Relationship Model by Joyce Travelbee

The theory of Human-to-human relation consists of three main ideas which are namely Human Being, Suffering in Life and Hope. Travelbee has defined every human being as a unique and especial being in the world. In this human life which is ever evolving and changing and this phase of change in two human being forms two different roles of Nurse and patient. In her concept, suffering arises as transitory situation of mental, physical, and spiritual discomfort into intense pain, anxiety, and sorrow. The focus of nursing is mainly centered to provide relief in such physical and psychological or emotional misery or suffering. The third concept namely hope is a psychological state, desire or thought of

attaining relief as a goal what is achievable. Hope for such relief is dependent on factors like trust, courage and is leaning towards the future. (Jones, et al., 2007)

3.1.1 Nurse-patient Relationship Phases

As we see in the picture in figure 1, the Original Encounter is the First phase of nurse patient relationship where they have first impression of each other. Perceiving each other according to their roles. Emerging Identities is Understanding each other with unique individuals being leading to beginning of relationship. Empathy is Sharing of experience more dominantly as intellectual process with emotions to some lesser extent. Sympathy is defined as Willingness of nurse to remove the patient suffering and its cause. A disciplined combination of intellectual approach with therapeutic aspect of nurse’s inner self with supportive feeling and caring activities leading to sympathy. Rapport can be understood as a phase characterized where nurse want to remove the emotional grief and stress from the patient not on the basis of nurse and patient bounded by duty or rules but on the common ground of humanity. Nurse serves the purpose as one human being serving another human being accepting her uniqueness, dignity, with nonjudgmental approach. (Jones, et al., 2007)

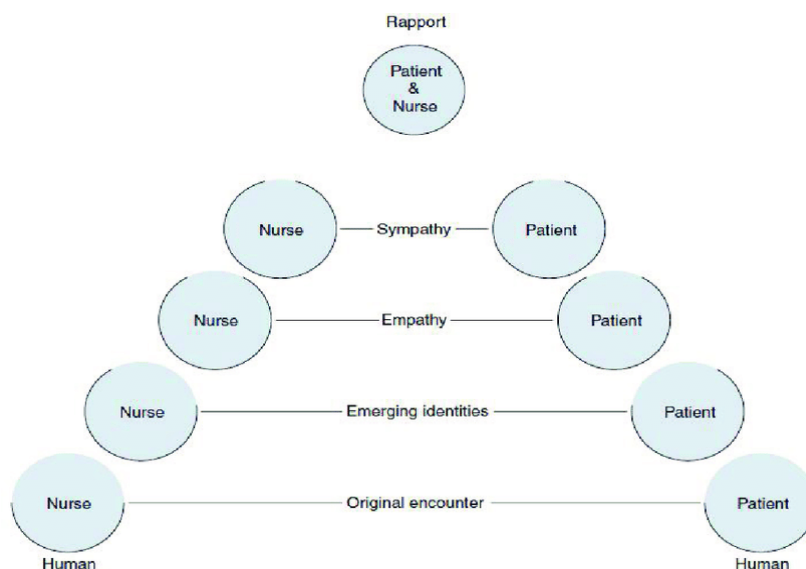


Figure 1 Phase of nurse patient relationships Source Pokorny(2014)

The theory incorporates patient and nurse into a bond into relationship with empathy and sympathy to rapport ensuring a close and deep understanding of patient in nurses which is central aspect of patient-oriented care. It presents many stages of relationship development from first encounter to more and more deeper understanding and finally matured state of willingness of removing patient suffering and their cause known as rapport. The challenges and problems in the nursing care related to both patients and nurse can indicate the failure in establishment of therapeutic relationship. Therefore, this theory is capable in providing ways in resolving problems and issues in our study with its unlimited boundary based on humanity.

3.2 The value fulfillment theory of wellbeing.

This theory supports the aspect of wellbeing in our research as supportive theory as it gives importance on living remaining close to our values. In our research it guides us in establishing values and morals in different steps and challenges which is why authors have presented this theory.

In general understanding well-being is defined as what is good for us. This theory by Tiberius gives more emphasis on living well and this itself is to succeed in consideration of our own values. This principle reiterates that the life with utmost value fulfillment in the current situation is the best life. Whatever action is good for us to do in present moment should be leading a life which is also close to the values which may even need some adjustment. The principle of meaning fulfillment makes well-being an objective, but the ideal is proportional to the person's evaluative outlook. Well-being is thus both ideal and psychological. Since an individual who changes as life goes on has many directions to an ideal future, applying the principles to reality is a great challenge. Here, a philosophy of well-being will assist us by defining the expectations of performance we can employ and the risks we should strive to avoid as we examine how well people perform and imagine how they might do better. (Tiberius, 2021)

There are many theories which seems to define well-being with principles limiting them in certain understanding that finally seems to exclude many realistic factors and aspects

in real life scenario in society. Defining wellbeing having to be inclusive which can provide insight on all aspects of life, sometimes there can be values and ideals being also close to real life challenges. (Tiberius, 2021)

4 AIM OF RESEARCH AND RELATED RESEARCH QUESTIONS

The purpose of this research and aim here is to identify the factors affecting the psychiatric inpatient care and finding out possible interventions which are effective considering both nurse and patients wellbeing maintaining the nursing values and ethics as much as possible. Therefore, on the foundation of the understanding that there are at least some factors in psychiatric ward which are affecting the overall wellbeing of nurse, we still want to explore into depth in identifying them and through our research through literature review we are going to recognize what measures can be taken as means or solution that can possibly be affecting their wellbeing positively. The formulated research questions in our studies are as follows.

1. What are factors affecting nurse well-being in psychiatric care ward?
2. What is possible intervention necessary to ensure wellbeing of nurse working in psychiatric ward?

5 METHODOLOGY

Writing methodology for this study will help readers to understand the validity of this data. As it is a qualitative study, the research methodology that will be used includes literature review and content analysis. For data analysis process the inductive content approach will be conducted. Twenty peer reviewed articles will be used in this context which were all systemically searched and selected from search engines of Lib guides platform. According to oxford learners dictionary, Methodology is defined as methods and concepts applied to work on specific task or activity (Oxford learner's dictionaries, n.d.). Research Methodology can be understood as systemic method for solving problems in finding relevant data and information. Such information is vital for conducting interpretation analysis to come into a conclusion and outcome of data. Therefore, research methodology is considered as a blueprint of scientific study and research. (Murthy & Bhojanna, 2009)

webster's international dictionary defines research as "careful and sensitive study or review in search for evidence and values or in a way a diligent exploration to achieve something." (Jharotia, 2015)

Methodology section is of great significance as it provides a researcher to solve the problem of research. It is giving us the research plan and strategy to use and what elements are to be avoided. In this study also authors have made attempt to provide readers the source of information which are from reliable source.

5.1 Literature review

Authors are conducting our research as a qualitative literature review to find the answers of our research questions. We after selecting the academic research works read them, look up the collected research writings and articles done on the field of our research and share the similar interest with us. Such studies and literary research works are relevant to present context representing the present scenario and some research in past. We have

selected specific time frame from which we are gathering those articles for our review and analysis. We are going to conduct a qualitative study in this research.

Literature review is an important method or aspect in research which has basically two parts. The first is the final and ready outcome of the review by researcher as a final draft of thesis work and the second is the activity or process reviewing the articles and materials. Literature review requires lots of reference which are concerned with the theory. A researcher identifies the problem through literature review and is an influential factor for determining the research topic and methodology. Therefore, it is a determining force of our direction of our study and a ground for research study and exploration. (Ridley, 2012, pp. 1-2) There are many steps during the literature review like determining the purpose of study which means what type of research it is going to be in how extensive level, after that is examined what are included and excluded in the study, why the research is done. After that we focus on the study to whom it is related as an example people, case studies, surveys etc. whether study is done on individuals or groups as units of analysis. Sampling strategy, types of data collection (qualitative or quantitative), management of data meaning the classification, referring, and indexed etc. Approaches of analyzing data, time frame of data collection, ethical issues, justification of study and many more precise steps fall under the literature review (Hart, 2005, p. 49)

As our study is Qualitative research, which can be understood as a type of investigation in society where we focus on human experience and their living. Many different methods and approaches go together in this kind of study while sharing the similar purpose and aims to achieve, describe the clear picture of process and happenings experienced by people individually or collectively in community and culturally. The main essence in qualitative approach is to examine people's actions, emotions and perceptions and such elements what makes up the basis of their lives. The basic of qualitative research is its interpretive approach in the context to the existing reality of present society and narration of human experience including changes and conflicts. In this type of study research must understand the context very clearly and be careful in choosing context. The scenario or the setting of the individuals and their nature and behavior must be realistic and natural depending on the context. Researchers use great deal of information and details which they later analyze, narrate, and make interpretation and therefore researched individual

are close to researcher with equal status as part of human existence. Researchers are reflective in the study. (Holloway & Wheeler, 2010, p. 3)

5.2 Data collection

In the process of collecting data, we have used lib guide as a main resource for articles search. Many materials were taken using different Academic database of which we are provided access by Arcada. They are ABI, EBCSO, PubMed, Sage, Science Direct, research pages from ResearchGate are also used. We also made search from internet using google to access relevant articles which seemed to be from the reliable source and part of scientific study. The authors of this research formulated keywords for finding the most relevant articles and information for the study. The keywords used for search were “well-being of psychiatric nurse” “psychiatric nurse and challenges” “psychiatric care and nurse role” “current situation of psychiatric in patient care” etc. we found one relevant article for our topic in PubMed, but we further found 5 more articles which were suggested as similar or relevant articles.

5.3 Inclusion and exclusion method

In the process of selecting articles, only full text articles are included and materials available as fragmented part like only abstracts were excluded. Freely available materials from various reliable databases are included while articles for sale were excluded. Data from 2011 to 2021 are included and older articles from databases were excluded. Data of normal population which provides realistic picture of the issues in the society are included without focusing on specific gender, race, religion, and community. Studies focusing on specific people that does not fully represent the whole picture of research problems are excluded. Articles from reliable scientific databases were included which had peer review otherwise excluded. Articles in English language have been included and other languages are excluded.

Table 1 Showing data source and searches

No.	Keywords	PubMed	Science direct	Sage	Cinahl	Academic search Complete EBSCO
1.	psychiatric nurse or mental health nurse wellbeing AND challenges or barriers or difficulties AND intervention	381	267	380	29	401
	Final article chosen from inclusion and exclusion criteria mostly relevant to the research questions.	5 7,8,9,10,11	6 12,13,14,15,16,17			6 1,2,3,4,5,6

5.4 List of articles in the research

Following the criteria based on inclusion and exclusion, following 17 articles are selected in the list which are helpful and relevant to provide solutions to our research questions. Initially there were 20 articles from databases which after the strict observation during the process of content analysis reduced to this number 11 articles then authors again started searching and analysing new articles and 6 more articles were added in the list making altogether 17 articles in total.

1. Berry Katherine, Haddock Gillian, Kellett Stephen, Roberts Chris, Drake Richard, Barrowclough Christine. Feasibility of a ward-based psychological intervention to improve staff and patient relationships in psychiatric rehabilitation settings. Authors: Source: British journal of clinical psychology (September 2016) pages 236-252.
2. Jacobs K. Ngako, Elsie S.J. van Rensburg, Sanah M.L. Mataboge. Psychiatric nurse practitioners' experiences of working with mental health care users presenting with acute symptoms Source: Department of Nursing Science, University of Pretoria, South Africa. Published: May 2012.

3. Campbell. Vashti L.S, Foley. Holly L, Vianna. Kevin W, Brunger. Fern Preventing violence against nurse in inpatient psychiatric Source: Psychiatric Quarterly (jun2019) vol.90 issue 2 page 413-420.
4. Fleury. Marie-josee, Grenier. Guy, Bamvita. Jean-Marie, Chiocchio. Francois. Associated and mediating Variables related to job satisfaction among professionals from mental health teams. Source: Psychiatric Quarterly (jun2018) Vol 89 issue 2 Page:399-413.
5. Papadopoulos C, Ross J, Stewart D, Dack C, James K, Bowers L. The antecedents of violence and aggression within psychiatric in-patient settings. Source: Acta Psychiatrica Scandinavica (Jun 2012) Vol 125 issue 6 Page 425-439.
6. Wood Stephen, Stride Chris, Threapleton Kate, Wearn Elizabeth, Nolan Fiona, Osborn David, Paul Moli, Johnson Sonia. Demands, control, supportive relationships, and Well-being among British mental health workers.. Source: Social psychiatric & psychiatric Epidemiology (oct 2011) Vol 46 issue 10 page: 1055-1068.
7. Hironori yada, Hiroshi Abe, Ryo Odachi, Keiichiro Adachi. Exploration of the factor related to self-efficacy among psychiatric nurses. Source: PubMed (NCBI resource), published 2020.
8. Allie Slemon, Emily Jenkins, and Vicky Bungay. Safety in psychiatric inpatient care: The impact of risk management culture on mental health nursing practice. Source PubMed , published in 2017 October.
9. L Bowers, RMN PhD. Safe wards: a new model of conflict and containment on psychiatric wards. Source NCBI Resource (PubMed) published on 2014 august.
10. In OK Sim, Kyoung Min Ahn, Eun Jeong Hwang. Experiences of Psychiatric Nurses Who Care for Patients with Physical and Psychological Violence: A Phenomenological Study. Source: International Journal of Environmental Research and Public Health. (PubMed) Published: July 2020.
11. Michal Itzhaki, Irit Bluvstein, Anat Peles Bortz, Hava Kostistky, Dor Bar Noy, Vivian Flishtinsky and Miriam Theilla. Mental Health Nurse's Exposure to Workplace Violence Leads to Job Stress, Which Leads to Reduced Professional Quality of Life. Source: frontiers in Psychiatry (PubMed) Published: February 2018.

12. Lene Lauge Berring, Liselotte Pedersen, Niels Buus. Coping with violence in mental Healthcare settings: patient and staff member perspectives on de-escalation practices. Source Elsevier Archives of psychiatric nursing (list available at Science Direct) published year 2016.
13. Hasan Al-Omari, Abdallah Abu Khait, Hanan Al-Modallal, Eman Al-Awabdeh, Shaher Hamaideh. Workplace violence against nurses working in psychiatric hospitals in Jordan Source Elsevier archives of psychiatric nursing (content list available at science direct) Published : August 2019.
14. Gabriele d’Ettorre, Vincenza Pellicani. Workplace violence towards Mental Healthcare workers Employed in psychiatric wards. Source: Oshri Safety and Health at Work (list available at Science direct) . Published September 2017.
15. Francisco AlBurquerque-Sendin, Angelica Viana Ferrari, Daiana Priscila Rodrigues-de-Souza, Paula Paras-Bravo, Juan Francisco Velarde-Garcia, Domingo Palacios-Cena. The experience of being a psychiatric nurse in south Africa A qualitative systematic review. Source: Elsevier, Nursing Outlook (available online at Science Direct) Published year 2018.
16. Perrene Dale Joubert, Raisuyah Bhagwan, An Empirical study of the challenging roles of psychiatric nurses at in-patient psychiatric facilities and its implications for nursing education Source: Elsevier Internal journal of Africa Nursing Science. Published: August 2018.
17. Michiyo Ando, Masashi Kawano. Responses and results to Ethical problems by psychiatric Nurse in japan Source: Elsevier Archives of psychiatric Nursing: Published year 2016.

5.5 Data analysis

The goal of content analysis is to structure and extract meaning from the collected information and to draw a meaningful conclusion from it. Researcher must choose whether it gives wide information on the surface or focused on deep analysis. The whole analytical process. Identifying an important and unexplored problem and then presenting it in a concise form is very vital in content analysis. The research method decreases the amount of

text gathered, defines, and groups categories and seeks some interpretation of it. This categorization makes it easier to understand the main point of the analysis. The researcher seeks to "remain faithful" to the text in every way and to gain authenticity. Those categorized concise data. Researchers have freedom to analyze and evaluate the article and information thoroughly or separate them into smaller units. In this process researcher must be guided by his aim and research question formed from problem. (Bengtsson, 2016, pp. 8-14)

The finding of materials meeting the criteria was a interesting yet extensive task for both authors. Searching of article was combinedly performed by both authors reading first oneself then sharing each other which helped authors to decide combinedly on using article as material of this research. In the searching process the keywords for the search were saved. Authors shared their opinions on articles and performed the task of inclusion and exclusion. Finally, 15 articles were chosen for research which were relevant for the subject according to both authors. After having all articles carefully read, we went further on reading and coding. In this stage we had to remove four articles and 6 more articles were included. In the next process themes and subthemes were drawn from the articles and again authors felt the need of replacing few articles and replace them with the relevant articles with ultimately 17 articles. The active participation and discussion was conducted between both authors with the research questions as our central focus. The task was divided in such a way that one author was more active in searching and selecting articles while other more active in writing and analyzing them. However, all the materials have been carefully read, and examined by both authors equally before reaching any decision on change. In the step-by-step process, authors have finally placed categories as themes and subcategories as subthemes of their findings in the table 1 and 2 in the finding section.

5.6 Ethical consideration

During the search of data for our study authors have received the academic guidelines from tutors which supported authors in presenting ideas and knowledge avoiding the plagiarism and maintaining the reliability of the information and data used. Through the proper guidance we were able to receive required data from the database provided by Arcada University of Applied Science. We follow guidance of our educational institute

Writing Guide 2018, Version 3.0 (3.10.2018). Utmost honesty has been maintained in the research and does not contain any bias towards any group, community, authors are aware of the norms and rules and research ethics are followed.

During our research study we follow the guideline and ethical principles drawn up by Finnish national board on research integrity, tenk. We ensure that human is not harm at any way in our research process. Ethical review was done before our research study begins. (TENK, 2012)

6 FINDING OF THE STUDY

Finding has been sought out after the close study of the selected articles and the outcome of the research has been kept in the table with main category and subcategory. Information relevant for answering our research questions are presented in two tables separately. The challenging factors for nurse well beings which are discovered in our study of articles are mentioned in the in table 2 presented as main categories with their subcategories in the table. Secondly, we solutions which came as findings are presented in table 3.

6.1 Factors affecting well-being nurse.

The findings of the study divided into sub themes and themes have been presented below under three different main themes. Among them are factors which are related to psychological stress, fear caused by insecurity and its impact on nurses' performance is discussed. Secondly, work environment and management related factors are presented and explained followed by the competency factor of nurse for coping the challenges are presented. Every factor has been marked with numbers of article in the paragraph which authors have used as source.

Table 2 Factors affecting nurses wellbeing

Main Theme: Factors affecting nurse wellbeing			
Main category	Factors affecting Subjectively	Organizational and management related factors	Nurse personal competency factor
Sub-category	Personal Safety issue, fear, and guilt. (2,10) Emotional and psychological exhaustion (2,10, 12,13,14,15,16) High Stress (1) Anxiety and depression 6 Stress caused by Violence against nurse (9,11,12,13, 14) Lack of proper communication with patient (3,7) sense of powerlessness by recollection of bad memories) 12 Nurse roll loss (7) Post aggression symptoms in nurse (14,11) Moral distress (2,15) Ethical and moral challenges (2,17) Pointing for misconduct (17) Lack of job satisfaction and career regret (10,17)	High labour turnover (6, Insufficient human resource (6, 10) Excessive administrative work (6) Structured and institutionalized practice of power over patient excessively (5) High job demand (6) Inadequate facilities (15,16) Lack of security from patient (15) Inaction and Ignored state of nurse (17) Shortage of staff (2) Restricted rights in the event of violence (10) Bad Conflict management (4)	Lack of therapeutic relationship with patient (2,8) Lack of proper training and skill development. (3 ,4, 16,11)
Source articles	2,3,7,8,10,11,12,14,15,16,17	6,5,10,15,16	2,3,4,8,16,11

6.1.1 Factors affecting subjectively.

In psychiatric care hospitals violence and aggression are common where health care workers are attacked in their career frequently. Patient aggression is regarded as one of factor affecting health workers wellbeing as they have both physical and psychological impact on them. The real cost of such incident is very high not only personally for the nurse but for the workplace as well as society in big scenario (3). Significant number of uncooperative patients, events of violence and use of drugs create high job demand ultimately creating work burden and stress impacting on overall wellbeing on nurse. In the

study, many factors related to nurse wellbeing are found which were psychologically affecting them were mainly stress, anxiety, moral distress and safety issues caused by patient aggression and violence. Such factors also seem to create moral and ethical confusion in nurses during time to act and have been found to increase mental pressure with sense of guilt decreasing their self-esteem and psychological health (17). A study shows that many of nurses faces verbal abuse where 71.9% reported being verbally abused in last 12 months and 27.5% of facing physical violence in past 12 months and 37% of workers reported that they are worried. Majority of them reported of witnessing physical violence during last 12 months (13). Nurses working for longer period of time in psychiatric units had experienced violence and aggression which developed depression in them. Exposure to verbal and physical violence are very common in such work settings which are associated with reduced life satisfaction (7). In a study higher number of violent behaviors were displayed against female psychiatric workers (14). Psychiatric nurse seems to meet the criteria of post-traumatic stress disorder from the exposure of violence in the workplace (3) In another study the finding states that exposure to such violence had no effect on professional quality of life in nurse but still states that the stress caused by the fear and anticipation of such violence is mainly affecting their wellbeing. The exposure to such verbal and physical violence can create poor interpersonal relationship with patients (11). In the study conducted in psychiatric ward 26% of nurses have faced serious assault in working period, many seriously injured, fractures and even permanent disability. Apart from that 10% of health workers in those settings who were assaulted had significantly post-traumatic stress with the numbers of women higher than male counterparts. The study suggests the need to intervene and looking for possible ways to prevent such psychological challenges. In many instances psychiatric nurses were aware of that violence situations have to be handled in calm and professional manner but in the face of the challenging moments they lost their temper unable to control their emotions which later brought regretting emotions in them. Psychiatric nurses also felt stressed about the heavy workload and deterioration of the work environment (10).

The majority of violence and aggression in psychiatric care setting faced by nurses is found to occur during the process of interaction with patients. Most often nurses seem to look around patient's activities and behaviors rather than their mood and psychological state. Patients' emotions are not carefully observed. As such the gap in proper

understanding with patient and absence of therapeutic relation is formed resulting in violence against nurse and among other patients as well (5). In the self-evaluation of their own wellbeing Psychiatric nurses pointed out experienced fear of being injured from psychiatric patient and felt helpless at the situation. Improper psychological preparation for the job seems to affect the nurse overall wellbeing of staff (1). Personal safety, negative emotional reactions towards workers from patients also seem to affect nurse mental health impacting also on patient care negatively (2).

6.1.2 Organizational and management related factors

The feeling of being in unsafe area where people including patients, doctors and management staff are not displaying respectful behavior have generated feeling of uneasiness in nurse. Insufficient human resource also created more burden on nurses. Participants further pointed on ineffective management of such emotional factors like stress, fear and safety with low self-dignity which were affecting mental health adversely (2). Improper conflict management among staffs in the work setting also hinders the job satisfaction of workers and deteriorate the good working environment. Good conflict management among workers are missing in many workplaces which is directly associated with job satisfaction. Clear goals, strategies and practices are missing to ensure the satisfiable job environment for workers (4). Unsafe work environment in mental healthcare wards seemed to have reduced the life satisfaction of the nurses (11). Due to long established practices like limiting the patient's freedom with measures like containment and excessive use of power and calming them with medication were not very helpful. They were proved to be counterproductive making those patient more aggressive and violent. Instead of applying the strategy to create more interaction and therapeutic relationship, exercise of authority and power have only created distance and uneasiness among nurses and patient (5). The effectiveness of mental health service has direct relation with the job demand with proper level of control and supportive relationship with management have positive impact on wellbeing of nurse while higher job demand, Shift working, insufficient number of nurses with excessive administrative work with large number of uncooperative patients have negative impact on nurse's wellbeing. Prevalence of silence on challenges and different issues are harmful psychologically to nurses (6) Apart from the above-mentioned risks and safety issues of aggression, the systemic review made on south

African countries the problems were related to improper infrastructure to provide safety, health resources, training support and protection (15).

6.1.3 Nurse personal competency factor

Lack of proper communication skill in dealing can affect nurse ability to handle the violence and aggression related to patient resulting in stress and fear (3). Similarly Proper training on establishing good relationship and managing conflict is another factor lacking which results in stress and dissatisfaction in nurses. Nurses have to adopt skills of neutralizing violence by experience they see, and they face by being sensitive to them even in minor cases. They can make personal effort and participate in such trainings actively whenever available and actively enhance their skills and knowledge (4). Nurses in many incidents lack the ability and practice of observing the patients deeply into their emotional pattern of psychological state rather than their outer activities which can bring sudden unanticipated series of anger and aggression towards them. Lack of good record with observation on patient's inner state creates confusion between patient and nurse as the need of patient is not understood (5). The uncertain condition of patients in such setting create uncertainty in psychiatric care setting which increase anxiety in them. Psychiatric nursing is full of uncertain situation compared to non-psychiatric nursing which influences the judgmental power of nurse also mentioned as self-efficacy. Lack of good communication among health care workers and organization results into "Nurse Roll loss" meaning nurse loss of confidence and importance in taking the responsibility (7). Although the interpersonal theory and human to human relationship theory can be seen as one of the core theories in the mental health caring sector however in the real practice the methods adopted by nurse are dehumanizing the patient in the name of safety in interventions which are causing feeling of regrets in nurses. According to report by Happel and Koehn (2010) 87% of psychiatric nurses felt the feeling of guilt after the intervention (8). A commonly faced problem by psychiatric nurse is that patients deny themselves of having any kind of mental illness and showing behaviors which are not predictable becoming a cause of distress for professional. Despite of their full preparedness, there have been always places and works to be performed to develop the ways for psychiatric patient care (16).

6.2 Interventions for Nurse wellbeing

Interventions regarding the problems are presented under the main themes each factor described briefly with the number of source article in the end justifying the subthemes presented in the finding chart for readers convenience.

Table 3 Solutions for nurses wellbeing

Main theme: Solutions for wellbeing for psychiatric nurse			
Main Category	Nurse personal competency development	Organizational and management related Factor	Workplace environment factor
Sub- category (With supporting article number as in list)	<p>Proper understanding of the field through trainings (9, 4, 16)</p> <p>Self-efficacy and good judgmental power (7,17)</p> <p>Verbal and nonverbal skills as intervention (12)</p> <p>Ability to create positive and therapeutic relationship with patient (2,7,10)</p> <p>Good therapeutic relationship with patient (1,8)</p> <p>Psychologically informed ward and patient focused intervention (1)</p> <p>compassionate and person-centred care. (1)</p> <p>Therapy to cope with challenge (2)</p> <p>Improvement of nurse technical and emotional skills (10)</p>	<p>Positive Patient to patient interaction (5)</p> <p>Policy for Nurse-patient positive interaction (5)</p> <p>Good Controlling and supportive relationship for wellbeing (6)</p> <p>Well-equipped and well maintained infra structure (9)</p> <p>Proper risk management strategy (2,8)</p> <p>Proper training for risk assessment of violence (10,14)</p> <p>Competency and skill development through organizational support (2)</p> <p>Intervention programs and trainings for stress reduction (11)</p> <p>Proper mentoring of Nurse skills (2)</p> <p>Encouraging environment, emotional support (2,10)</p>	<p>Sufficient human resource (2,6)</p> <p>Positive interaction practice 5</p> <p>De-escalation measures learned from past experiences (3,12)</p> <p>Creativity for safe environment (12)</p> <p>Intervention to improve staff-patient relationship (1)</p> <p>Staff-patient interaction (5)</p> <p>Effective teamwork (4)</p> <p>Consulting and interactions among the health care team (17)</p> <p>Improvement on moral Efficacy (17)</p>
Source articles	1,4,7, 8, 10,9,11,12,17	2, 5,6, 9, 11,14,16	1,3, 2,4,5,6,12,17

6.2.1 Personal skill development

In the findings psychiatric nurses are found in position where they need to be giving more focus on patient center care and compassionate attitude toward their work and patient. psychiatric nurses should be able to identify the patient aggressive behavioral pattern, patient's poor motivation, selfcare deficit and social withdrawal. Training program for developing interpersonal skills and behavior management practices can be used in violent conditions which give positive outcome on mental health workers in problems like psychological distress, feeling of insecurity and coping confidence. 68.4% of nurses stated that 1 day program workshop can be helpful for violence coping (1). Psychiatric nurses needed therapy, emotional support from management nurse's education- training and learning contains skill of working to help the psychiatric nurses to cope with challenges of working and unacceptable sexual behavior. Nurses pointed out that need of opportunity for training and learning process should be easily available (2). Nurses are found in need of receive sufficient trainings and education on prevention and management of the patient assaultive behavior. Trainings for the staff in the management of violence and aggression is viewed with great importance among psychiatric nurses because of its role in building confidence and ability which is required. The amount trainings for violence management are always in high priority in psychiatric care for improving safety and promoting with the mutual support among staffs. Therefore, even such trainings are also considered as method of violence prevention. Increasing the judgmental ability of patient and environment is necessary to empower nurses. Such ability is discussed as Self-efficacy which can be improved by establishing the positive relation with patient with close observation of gesture of the patient like the expression and mood of patient face expressing certain emotion (7).

A change in intervention is possible through clinical supervision of frontline workers for understanding their psychological understandings, moral commitments, and emotional control with technical mastery along teamwork skills which can be creative for effective structure of the ward in maintaining safety by reducing conflicts (9). Nurses building interpersonal relationship with patient result on experience of understanding patients'

emotions, anger, and ability to stay calm are the most important aspects while caring the psychiatric patients (10).

Work related stress can be decrease by intervention program which can enhance the nurses coping resources and can reduce burnout. In order to ensure good service for patients with required competency, nurses should be empowered with trainings on different kind of strategies which are helpful in reducing the stress and increase life satisfaction. The need of development of interpersonal skill for intervention is vital to have mental health of nurse (11). The common experience from the study mentions that patients were accepting the actions of the staffs as long as they acted in a foreseeable way. Thus, de-escalation can be a learning process and opportunity for developing relationship with patient, if applied with good strategies (12). Intervention to improve nurses' skills to know the aggressive patient can be included as an example talking with aggressive patients, discussing the treatment goals after the admission are found to be beneficial (14). Nurses need emotional support to avoid management stress and to protect their mental health. Different therapies can be used to understand their feelings (15). For the undergraduate nurse education on handling aggressive patient should be included in their nursing curriculum (16). Proper education about ethical problems, cultural differences can improve the coping ability of the nurses who are in moral distress (17).

6.2.2 Organizational and management related measures

Psychiatric nurses have insisted on the application of best practices and protocols. Failing in implementation of such practices are responsible for patient aggression and violence (3). While allocating mental health teams, policy maker needs to focus on team member rather than team composition and should provide positive teamwork environment (4). Nurses in psychiatric field of practice need to be aware of causes and factors which ignite violence with readiness to use intervention measures understanding the level of risks of violence. The management and work environment also have to be supportive and prepared for such measures. The leadership of nurse have to work on developing intervention in reducing such risks with their guidance, emotional support. Organizations need to provide proper encouragement for open communication for maintaining the wellbeing of

their staffs (13). Excessive exercise of power like containment and calming such patient using force or using high dose of calming medications needed to be replaced with different strategy like patient-nurse and patient-patient interaction with activities like helping them appreciate each other, listening to patient request and making such patients feel more individualized are seen effective (5). Addressing different challenges which have been seen as prominent now days like high job demand, excessive administrative work and problem with limited resource, Supportive relationship within the organization is extremely important where proper intervention is taken especially in order to provide psychological support to nurses (6). For all the staff and patient, there should be effective communication about the clear and certain policy about what can be done and what are restricted (9). Hospital managements should conduct work stress reduction intervention programs and promote strategies to reduce workplace violence to promote professional quality life (11). Training for mental health nurses influenced by patient violence and aggression can be supported by the organization which can change the nurse negative attitude toward the patient (14). This institutional support is needed for nurses to feel valued and for providing the necessary resources (staff, installations, and security) for safety environment and quality care to the patient. Management should give 100% support and motivation towards their staffs work despite of minor challenges and problems (15). Organizational support on ethical challenges is needed for addressing and recognizing ethical problems which also support improvement of moral efficacy (17).

6.2.3 Work environment factor

Improvement of intervention in patient care is possible by giving priority to improvement of relationship among staffs with frequent meetings and communication sessions on possible interventions. Such communication sessions prepare workers psychologically for the challenges and gives a mental prepared state which is also useful in building good nurse patient relationship and overall good working environment for nurses (1). Working environment with respectful behaviors towards psychiatric nurse is identified as solution to enhance the safe and burden free environment. Psychological and emotional reaction should be handled by creating nurturing environment among people with their respective

profession (2). In psychiatric patient care often, it would be secured environment by locked rooms, security cameras, plex glass walls and windows, 15 minutes bed check, chemical and physical restraints, administration of PRN medication. In building the safe environment for the nurses and other patients in psychiatric care units different measures are there as options like containment, setting the limit, using the nurse knowledge to handle with their experience, yet the proactive de-escalation was seemed to be most successful for addressing the violence, aggression, and stress among the working environments. The staff ability for good observation on patient behavior and ability to anticipate the situation beforehand is crucial (3). There should be re-evaluation of risk management strategies like Close observations, Seclusion, Door locking, Defensive nursing practice. These steps present a suggestion of a shift in perspectives on safety and risk management strategies. Though safety having a vital value in psychiatric care, with proper and genuine effort therapeutic relation have to be introduced more stopping the current practice of excessive and frequent use of power in psychiatric care setting. Using meaningful support and treatment for client should be focused with nurse role focusing more on patient centered care also ensuring safety measures. By involvement and encouragement of mental health team participation in decision making and team collaboration leads to less team conflict and increase job satisfaction (4). In good teamwork, staff support each other practically and psychologically, in sharing burden of facing challenging patients (9). Medical treatment and restrain are used as a critical method for managing violent patient (10). In order to create safe working environment, strategies like keeping certain distance, testing other's reaction, scanning the surrounding for dangers can be implemented increasing safety for staffs. Nurses hoped for better environment for both patient and staff by improving violence management training (12). The proper justification for patient on the safety measure like isolation and door looking should be explained providing the schedules of meeting with staffs and clarifying the process of making appointment to the psychiatrists which slowly brings understanding and positive behavior change in patients (14). Consulting among working nurses and understanding each other situations helps create supportive environment which reduce moral distress. Such consulting among staff and friendly environment can Improve moral efficacy to cope with moral problems increasing the effectiveness of intervention (17).

6.3 Summary of findings

In the research one of the main factors affecting wellbeing of nurse in psychiatric setting is mental stress caused by the experience of violence as an impact. It has been found to implant the fear and stress in nurses to approach such patients decreasing the human-to-human relation or hindering interpersonal process in patient care. Finding suggests that implementation of measures like close nurse patient relationship with good observation, patient centered care with proper interaction with patients can be useful in minimizing such problems. Findings point out that nurses have to look on their emotional state of mind while approaching rather than just what they are physically doing. Lack of clear goals and proper skills and competency and lack of good environment and organizational support seems to affect the wellbeing of nurse negatively resulting into reduced quality of patient care. Intervention needs really genuine and deep study of patients mind and activity with true interest bringing way for rapport in the patient care. This understanding of patient provides good anticipation of patient's possible action. Therefore, it is also a preventive means to stop violence and aggression and most important tool of de-escalation.

Organizations and management can play supportive role providing good emotional support, safety, adequate resources, and trainings. They can play vital role by developing clear goals and strategies with positively responsive attitude towards the workers suggestion. Organizations should make more effort on preparing good environment, strategy for implementation of therapeutic patient care rather than exercise power on patients in the name of risk control and safety. Lack of such support not only affect the quality of care in patient but also reduces life satisfaction of nurses with career regret. Empowering nurses with proper training, communication skills, building good relations and encouragement for respectful environment are needed as intervention.

7 DISCUSSION

The purpose and aim of the research, with the help of the articles based on evidence, backed by field research and literary reviews was to explore upon the challenges and difficulties faced by psychiatric nurses especially in psychiatric care wards influencing their wellbeing negatively. Exploring on the possible solutions which was pointed out by nurses working on those settings with the understanding emerging from their real-life experience was another aim of our research. The authors of this research have drawn out many such findings as solutions which would affect the wellbeing of psychiatric nurse positively and the quality of patient care equally with mutual growth in their wellbeing together.

After reviewing these articles many factors emerged which were responsible for nurse wellbeing especially subjectively or psychologically than physically although physical aggression and violence from patients were also frequent in such work setting. However, after reviewing those findings most of these factors were related to mental stress, panic, unsureness about the steps in challenging situations. Research mentioned in articles stated that those nurses who have experienced violence and aggression in their job for long time had problems like depression and anxiety later in their life. Personal safety, emotional and psychological exhaustion, lack of proper training, insufficient human resources, facilities without maintaining good standard of safety are some reasons which were hindering nurses to work with ease. On the other hand, the nature of psychiatric patient is abnormal and unexpected with different variations in their nature, some have been uncooperative and violent, many of them deny illness. These factors gave us the glimpse of certain void or gap between the relation of patient and nurse which makes the patient centered care difficult and as a result stressful negatively affecting nurse psychologically. It is difficult in many instances for nurses to perform their tasks on the foundations of nursing principles and values in psychiatric. Such situations introduce the practice of authority or use of force giving it a good name to justify such measures. In such cases The nurses have to develop ability to observe the patients very carefully being conscious of their subtle behavioral changes.

The finding of our study provides insight on choosing de-escalation only as secondary measures to resolve the challenges caused by violence and aggression by patient. Although the primary measure must be establishment of good nurse patient relationship as described by Travelbee, it is a very important in assuring the safety when situation goes far beyond the control. Nurses need competent on crisis assessment, intervention, stress management, identification of problem and psychological safety of self in this context. Proper amount of human resource along with good management of crisis are supportive factors for the nurse to address the ethical aspects as without proper competence and ability working in correct ethical principles seems impossible according to findings. Most of ethical issues occurs during the stressful situations when one loses controls over emotions in situation like emotional exhaustion and frustration during crisis. It even brings lack of harmony in teamwork as those who points out for work mate's wrong ethical conducts face the reaction of friends with anger and verbal violence creating stress for the good worker. Ethical problems have clear impact on nurses and other staffs including patients. If those problems are not solved, they can create the situation where nurse have to compromise with the service, they provide to patient, there can be frustrations, tiredness, and utter dissatisfaction. In many cases there can be disagreements among workers in health care setting. Therefore, determining the ethical challenges and resolving the problems can prevent the adverse effect on working nurses. It is only through good understanding, there will be clarity in actions which are necessary to resolve solving the ethical as well as other common problem this field.

Patients with symptoms like schizophrenia and aggressive symptoms have to be understood more clearly by nurses through proper training which findings of the study have mentioned it as self-efficacy or good judgmental power in nurse in evaluating the patients, their activities in different situation building foundation for safe and friendly environment with good teamwork among all the health care staffs. Another helpful and supportive solution is developing the vigilance in nurse which is important in foreseeing the violence and which can provide enough time and preparedness psychologically. Therefore, crisis management ability in the team can be seen as a factor promoting wellbeing as it reduces stress and feeling of insecurity.

7.1 Relevance of Nursing theories in the research.

The practice of using institutional authority on limiting patients creates distrust and negative emotions towards nurses and they are doomed to face the violent reactions of patients as they are the closest workers to approach them. This has been the primary cause of problem where the highest attention should be paid as it is related to the absence of therapeutic relationship when we see it in the light of Human-to-human relationship model by Joyce Travelbee. The results of our findings have mentioned that nurses need more preparations and training and gain experience with regular meeting and conference on personal skill development building good therapeutic relationship with patients limiting the use of containments, use of calming medications and use of force to limit patient's aggression. The use of such forces has been reported to create feeling of guilt and regret after such practice usually exercised in the name of de-escalation. Those nurses doing close observations of patients, providing proper time on patient, and giving patients time to participate different activities like reading, practice of realizing their mistake, were seen less aggressive and violent towards nurses and other patients as well. Therefore, steps introduced by Travelbee like original encounter, emerging identities, empathy, sympathy, and rapport are seemed to be very relevant to build up the therapeutic relationship with patients with reduction of process like De-escalation. The value fulfillment theory also goes side by side with such practice which gives emphasis on the optimum use of the established values in different dimensions of human life and in our case in nursing with implementation of values in nursing based on 6 Cs in nursing i.e., Care, compassion, competence, communication, and courage. This will not only promote patient's quality care but also nurse's personal wellbeing as well.

8 CONCLUSION

As conclusion, the research's aim was to do review on problems and challenges faced by nurse in psychiatric nursing ward and the impact of various factors in their wellbeing with possible solutions. When problems were classified for the reader's convenience, there were many factors found affecting nurse's wellbeing negatively including their own personal competence and ability to cope the challenges, patient posed challenges and team, management and institutional shortcomings including ethical challenges however in all situations the prominent element or aspect present was lack of good therapeutic relationship between patient and nurse due to those challenges or factors. The first priority for addressing challenges is the ability to establish the good therapeutic relation between nurse and patient and secondly proper strategy for De-escalation was found to be important for ensuring the safety as preventive measure or secondary measure for violence management in psychiatric inpatient care setting. Authors of this research have firm belief that this literature review can provide good insight to contribute for the upliftment of wellbeing of psychiatric nurses giving them encouragement and job satisfaction together with the quality patient care.

9 LIMITATIONS AND STRENGTH

As for limitation and strength, the exploration could have been more extensive with study of real people in different psychiatric work setting using different direct methods like survey, interviews in the current moment which would provide a fresh scenario. However, the strict time limitation and certain steps to achieve made it limited. The research itself being the first research experience for both authors have limitations in research skills however the learning process never stops in life and in our nursing profession in future. Authors have presented and studied recently made quality articles on the subject relevant to provide the central questions providing the concrete answers for them.

10 RECOMMENDATION

As we have known some challenge faced by nurses and intervention can be done as a solution. For specific challenges to find out for a psychiatric nurse can be done as a survey to the focus group of psychiatric nurses to get accurate results. As for the intervention for the challenges faced, the organization has the key role to make positive working environment for their staff. In the finding it was also not specified about what types of responsibility, protocols, principles should be changes by the organization as a solution. As nurse are responsible to give quality care to patient, similarly the organization should show equally responsible for their staff wellbeing. Nurses' wellbeing can be considered important as a patient wellbeing. Thus, the study recommends that the organization can introduce the new policy for the nurse's wellbeing.

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