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PROMOTION OF NURSES' WORK SAFETY IN PSYCHIATRIC UNITS

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Abstract

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The purpose of this thesis is to find out the various ways and methods that can be used to promote nurses' work safety in psychiatric units. The research question was; how can nurses' work safety be promoted in psychiatric nursing?

The method of data collection was systematic literature review which means conducting a literature search, selecting data significant to the research question, description and analyzing of the data selected. This review was based on books, articles and journals from Laurea University of Applied Science's library, previous conducted studies, web search and electronic search through Laurea's electronic database NELLI. The primary search collected 614 articles using the keywords "nurses work safety", "promotion of safety", "psychiatric units", "nurses in psychiatric" in combination with "mental health". For articles to fit in the inclusion criteria they had to be in English, full text articles and published after 2000. A total of eleven studies were selected for this review and were analyzed through a qualitative inductive process.

Findings revealed four main aggregations that can promote nurses safety in psychiatric units, which includes Integrated risk appraisal method, Active work place analysis, Effective training, and Administrative involution. Integrated risk appraisal method contains clinical interventions, Bio-Psycho-Social model, biological model, psychological model, and social model, Active work place analysis contains assured care programs and participation rule, Effective training entails management roles and productive safety measures while Administrative involution entails working unit checks and Peril control interventions.

Trustworthiness and ethical issues have been considered throughout the study. There was insufficient data concerning nurses' work safety in psychiatric nursing hence more research would be recommended on this topic.

Keywords: Work safety, nurses safety, safety promotion, psychiatric units,

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1 INTRODUCTION

In psychiatry units, the responsibilities of nurses seem demanding compared to other field of nursing. This relates to work safety of nursing staffs. Psychiatric nurses' rate of injury in psychiatric units due to violence is very high, giving rise to great concern to psychiatric nurses who address this issue as a workplace health hazard. Some patients' mental illnesses are so severe that they will always need protection or sanctuary from stresses of life and nurses are to care for them putting these stresses into their own life in order to ensure patient safety. In psychiatric units, a continuity of care is most important and the basic goal of care range from total immunity to full psychiatry care (Keltner, Bostorm & McGuinness 2011).

Workers' safety has been widely discussed but little insights have been put for the psychiatric units in hospitals. Safety culture cuts across all organizations and more so should be implemented in all departments of a health care center. The needs of both the patient and the nurses are the top most priority; therefore this study will focus on the promotion of nurses' safety in a psychiatric ward (Varcarolis 2013).

The safety of nurses from harm and sicknesses inflicted at the place of work are essential to nurses themselves in addition to the patients they care for. The existence of healthy and relaxed nurses is important to providing attentive observation to patients and considerate care. There are many strains at nursing field that may cause harm and diseases to the health care providers. Examples include; different qualities and features of the organization, the changes that are transpiring both outside the organization and all over the health care sector. (Hughes 2008).

Nurses that provide care within psychiatric wards play an important role in ensuring the safety and well-being of patients. Initially, nurses within psychiatric wards used to provide inpatient care, but their roles have expanded to include working within the community. The generalist psychiatric nurse and the specialist nurse (clinical nurse specialist) are the two types of psychiatric nurses. For both of these nurses, their roles and scope of practice are immensely guided by the standards of care and the practice acts in nursing. As a mandatory requirement, nurses working in psychiatric wards have to have relevant knowledge in mental health issues and applicable theories. Within the hospital, nurses can work within the outpatients unit, specialist unit, psychiatric wards and psychiatric intensive care unit. On the other hand, psychiatric nurses can work in the community in areas such as prison, residential centers, and community health care centers (Patel & Jakopac 2012).

The purpose of this thesis is find out the various ways and methods that can be used to promote nurses' work safety in psychiatric units.

The guiding research question is as follows:

How can nurses' work safety be promoted in psychiatric units?

2 DEFINITION OF KEY CONCEPTS

Prior to the beginning of the research topic, the main concepts which were; Nurses safety, work safety, safety promotion and psychiatric units, are defined below.

2.1 Work Safety

Work safety is also referred to as occupational safety; it is described as an area concerned with safety, health and welfare of individuals at work place. The health care area continues to lead all other industry sectors in occurrence of nonfatal workplace assaults with 48% of all nonfatal injuries from violent acts against workers taking place in this sector. Workplace violence is defined as violent acts, including physical assaults and threats of assault, directed toward individuals in a workplace (Allen & Delaney 2014).

A number of studies show that violence often occurs during times of a lot of activity and interaction with patients, such as at meal times, during visiting hours and patient transportation. Assaults may take place when service is denied, when a patient is unwillingly admitted, or when a health care worker tries to set limits on eating, drinking, or tobacco or alcohol use. Workplace violence varies from offensive or threatening language to homicide. Examples of things that may compromise work safety are violence which includes Threats such as ; verbal threats, threatening body language, and written threats, Attacks varying from slapping and beating to rape, homicide, and the use of weapons such as firearms, bombs, or knives (The National Institute for Occupational Safety and Health (NIOSH) 2002).

2.2 Nurses Safety

The safety of nurses from injuries and illnesses inflicted at workplace is essential to nurses themselves as well as to the patients they serve. Nurses' safety has a direct impact on the patients due to the fact that nurses are the largest regulated healthcare provider in the health sector, representing almost one half of all healthcare workers. It is important that workplace situations should empower employees to optimize work performance hence improving the employee safety and maintenance (Heather et al. 2014).

The American Psychiatric Nurses Association (2008), which is the largest professional organization for psychiatric nurses, recognizes that the nurses' safety is normally at risk to violence in the workplace, and this has become a persistent occupational concern for all registered nurses and for psychiatric nurses in particular. It further explains that there are many issues that compromise nurses safety such as; nonfatal assaults on nurses, the underreporting of violent incidents, the physical and emotional health consequences of violence. Individual nurses

should identify factors that may influence patients to becoming violent, and report all incidents of violence.

Since nurses' work safety in psychiatry has been seen to be an issue of great concern, nurses are also advised to work on their-selves to ensure safety as safety measures are been organized for a better working environment especially on the issue of violence and assault. According to the article nurse together (Howard 2013), nurses should on a day to day basis learn how to manage ones time and identify what they can control, and work on them to improve one's welfare. When welfare is improved, it's the first step to nurses' work safety.

2.3 Safety Promotion

Psychiatric nurses must observe a greater emphasis on self care. Safety promotion of nurses can be enhanced by implementation of a proper design of healthcare settings, a culture that prioritize the health and safety of the healthcare team through its policies and values hence reducing risks such as injuries to the staff and providing the essential support to perform important duties. The physical environmental plays a significant role in promoting the safety of nurses (Anjali 2006).

Promotion of safety can also be seen as the advancement and upkeep of the physical, mental and social well-being of workers. This includes decreasing work-related injury, illness and disability by addressing the physical environment. Decreasing physical job hazards can also ease the pressure employees may feel in the workplace (Workplace mental health promotion 2015).

Employees who work in an environment that is recognized as physically safe will feel more secure and involved. Higher levels in the confidence of the safety promotion at work results in lower rates of psychological anguish and mental health problems. Safety is promoted through decreasing hazards, involving nurses in trainings, response to incidents, and the opportunity to have significant participation into the workplace policies and practices (Canadian Centre for Occupational Health & Safety 2014).

Failure to safeguard and promote safety results in workplaces that are likely to be more dangerous. Not only could employees be injured or develop illnesses, those who do not see their workplace as physically safe will feel less secure and less involved(Canadian Centre for Occupational Health & Safety 2014).

2.4 Psychiatric Units

Psychiatric units are wards specializing in the care of acute psychiatric patients. A multi-professional team of psychiatrists, physician specialists, psychiatric nurses, psychiatric social workers, occupational therapists, psychologists, substance abuse staff, and other medical personnel work hand in hand in these units. Incorporating psychiatric units in general hospitals allows many voluntary patients to be treated in early stages of the disorder, with a high percentage of recoveries (Beer 2007).

Psychiatric units provide the nursing care involved with the prevention and cure of mental disorders and their consequence. The common psychiatric symptoms in patients include; addictions and substance abuse, Alzheimer's disease, anxiety disorders such as phobias and panic, psychotic disorders which include schizophrenia and, mood disorders which may be divided into depression and bipolar disorders(Boyd 2008). Stuart (2013) explains that, Psychiatric units are specialized in the nursing practice constrained to promoting mental health through the assessment, diagnosis and treatment of human responses to mental health problems and psychiatric disorders.

3 PURPOSE STATEMENT AND RESEARCH QUESTIONS

The purpose of this thesis is to find out the various ways and methods that can be used to promote nurses' work safety in psychiatric units.

Research Question:

How can nurses' work safety be promoted in psychiatric units?

4 SYSTEMATIC LITERATURE REVIEW

The research methodology implemented for this research is a systematic literature review, we read and analyzed materials and literature related to nurses' safety in psychiatric nursing. Literature was searched across a range of health care settings in the electronic databases and books.

Systematic literature review is the comprehensive study and interpretation of literature that relates to a particular topic. When you embark on a literature review you identify a research question then pursue to answer this question by searching for and analyzing related literature using a systematic approach. A systematic literature review aims to identify comprehensively and track down all the existing literature on a topic, while describing a clear, comprehensive methodology (Aveyard 2010, 6).

Systematic literature review has always been used in the health literature. This study concurs with Hemingway (2009) in his explanation that performing a thorough systematic review is far from easy. It needs careful scientific consideration at setting up, detailed and lengthy searching, as well as considerable attention to methodological detail and analysis before it truly deserves the name 'systematic' (Hemingway 2009).

While conducting the literature review, we followed the five steps explained by (Med 2003), firstly, the problem to be addressed was framed and it had to be clear, unambiguous and structured before the beginning of the work. Secondly, relevant work was identified. The search for studied was widespread with multiple resources and had no language restrictions.

Thirdly, there was assessing of quality studies in relevance to the study. Fourthly summarizing the evidence which included data synthesis by exploring the differences between studies and combining their effects. Finally, the interpreting of findings by using the high quality studies in relevance to the study (Med 2003).

4.1 Literature search

The following databases were searched systematically and selected from publications of health journals: NELLI; Sage journals, Google scholar, Ebrary, Emerald journals, Science direct, Ebsco, ProQuest. The process included literature search, screening, selection of data, and data analysis.

As per explained in the (table 1) below, the titles were analyzed for relevance of the study in accordance to the research question. While searching the data, the operators OR and AND

were used, and the terms were; Nurses work safety+ psychiatric nurses, Nurses work safety + mental health, Psychiatric nurses + safety promotion, Psychiatric units + promotion of nurses work safety.

Table 1. Database showing corresponding number of articles and combination terms used in the literature search.

Database	Nurses work safety + Psychiatric units	Nurses work safety + mental health	Psychiatric nurses + safety promotion	Psychiatric units + Promotion of nurses work safety
EBSCO (CINAHL)	30	26	30	30
Sage journals	30	25	27	6
Emerald	27	30	18	26
ProQuest	3	20	3	6
Google Scholar	20	25	30	35
Ebrary	28	15	25	30
Science direct	15	17	27	10
Com- bined	153	158	160	143

Total: 614

4.2 Data screening

We selected and screened articles based on a set of inclusion and exclusion criteria. The literature search was narrowed to articles published from 2004 to present so as to use the most recent article and the relevant ones to research topic. The publications were to be free, clear, full texts and in English language. They had to be also scientific and theoretical books, journals, article and national reports. Publications that did not conflict with the previously mentioned exclusion criteria were therefore accepted as the data for analysis.

Table 2. Tabularized Illustrating The Inclusion And Exclusion Criteria

Inclusion	Exclusion
Articles published after 2000	Articles published before 2000
Articles/journals in English language	Articles/journals not in English language
Clear and full text articles	Not clear and neither full text articles
Studies relevant to this study	Non relevant studies to this study

Figure 1. Flow chart of study selection process

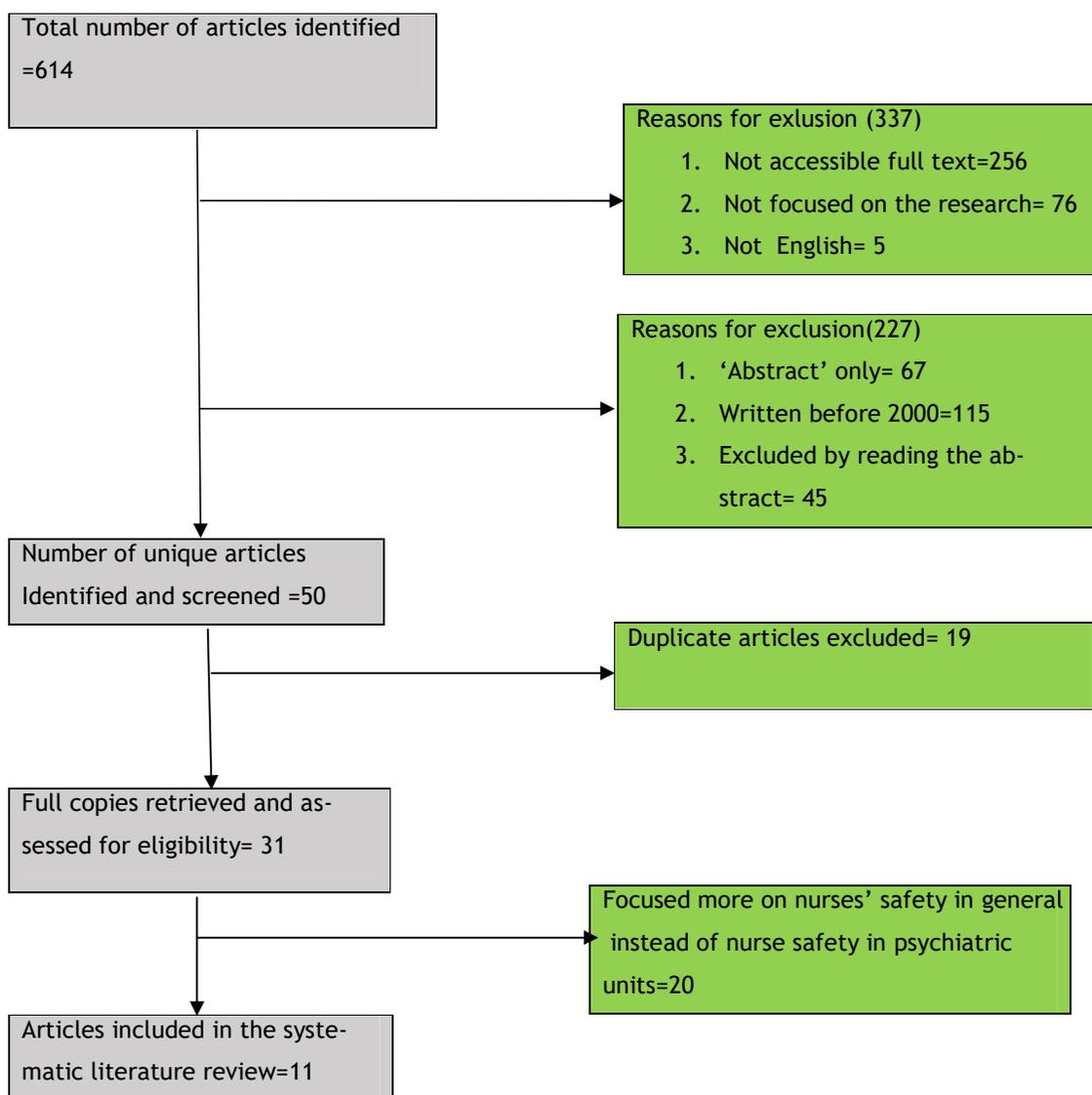


TABLE 3: List Of Selected Literature

No.	Author & year of publication	Publication	Title of the article
1	MacCulloch T, Shattell M, 2009	researchgate.net	Clinical Supervision and the Well-Being of the Psychiatric Nurse
2	Hanrahan NP, Aiken LH, McClaine L, Hanlon AL, Alexander L 2010.	Journal of US national library of medicine	Relationship between Psychiatric Nurse Work Environments and Nurse Burnout in Acute Care General Hospitals
3	Abderhalden C, Needham I, Dassen T, Halfens R, Haug HJ, Fischer JE, 2008	The British journal of psychiatry	Structured risk assessment and violence in acute psychiatric wards: randomised controlled trial
4	Fiorillo, Calliess A., Sass I., Henning., 2012	John Wiley & Sons	How to succeed in psychiatry: A guide to training and practice. Pg 283
5	Polacek MJ., Allen DE., Damin-Moss RS., Ann Schwartz AJ., Sharp D., Shattell M., Souther J., Delaney KR., 2015	Journal of the American Psychiatric Nurses Association. SAGE	Engagement as an Element of Safe Inpatient Psychiatric Environments
6	Dombeck M, 2006	MentalHelp.net	The Bio-psycho-social model
7	Anderson A, West SG, 2011	Journal of US national library of medicine	Violence Against Mental Health Professionals: When the Treater Becomes the Victim
8	Yeager et al 2005	Registered nurses association of Ontario	Nursing Best Practice Guidelines; Environmental Considerations for Promoting Safety
9	World health organization 2007	WHO library	Nurses in mental health
10	the journal.ie, 2015	the journal.ie	Psychiatric Nurses Return To Work After Unit Made Safe
11	Engel GL., revised, 2013	Nursing Planet	Biopsychosocial model

After thorough reading through the eleven selected research articles as illustrated in the table 3 above, it was conclusively discussed on the contents of data extraction form, that is, the article's title, authors, publications, data code and extracted data. It was also ensured that the articles selected answered directly to the research question.

4.3 Data extraction

Data extraction is the process by which researchers acquire the needed information about study characteristics and findings from the included studies. Data extraction requirements will differ from review to review, and the extraction forms should be modified to the review question. The main objective of extracting data is to extract findings from the selected studies since the search engine gave many broad articles. This is in order to enable later data to be synthesized and interpreted (CRD's guidance for undertaking review in healthcare 2009). This was put into consideration while extracting data for analysis in this research.

After studying the eleven selected research articles, the three authors of the thesis discussed and agreed on the contents on the data extraction form ; for example the article's title, authors, publication details, data code, extracted data. For the principle of trustworthiness and simplicity, data extraction was done independently in three stages in search of a concise, clear and simple data without modifying its original meaning.

4.4 Data analysis

The data collected was analyzed using qualitative content analysis. This is commonly used for nursing research; however its trustworthiness has not yet been systematically evaluated. Qualitative content analysis is among the few methods presently available for analyzing data (Schreier 2012).

Qualitative data analysis can be defined as evaluation of data categorically or at least in part inductively. In most cases it is applied to the data through close reading (Morgan 1993). Patton (2002) defines qualitative content analysis more broadly by explaining that is a data analysis method that includes techniques in which the data are analyzed exclusively qualitatively, without the use of counting or statistical techniques.

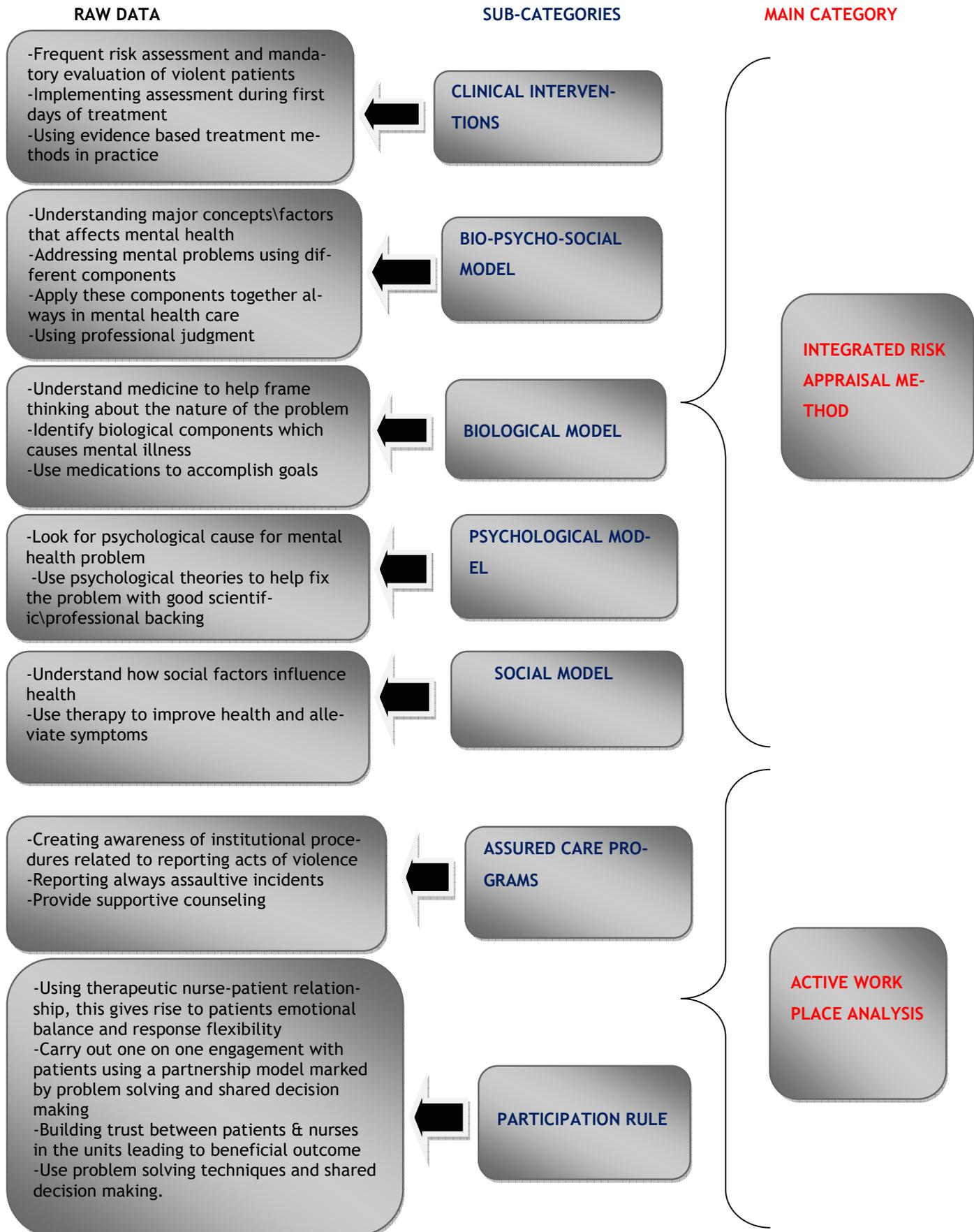
Qualitative content analysis can be used in either an inductive or a deductive way. In this research deductive analysis was applied. In deductive content analysis, theory is developed and tested systematically in order to include an extensive range of cases that illustrate patterns and not one dominant topic. Deductive content analysis process comprise of three main stages: preparation, organization, and reporting of results (Kääriäinen 2014 et al.). The findings of this research were analyzed as per the three steps.

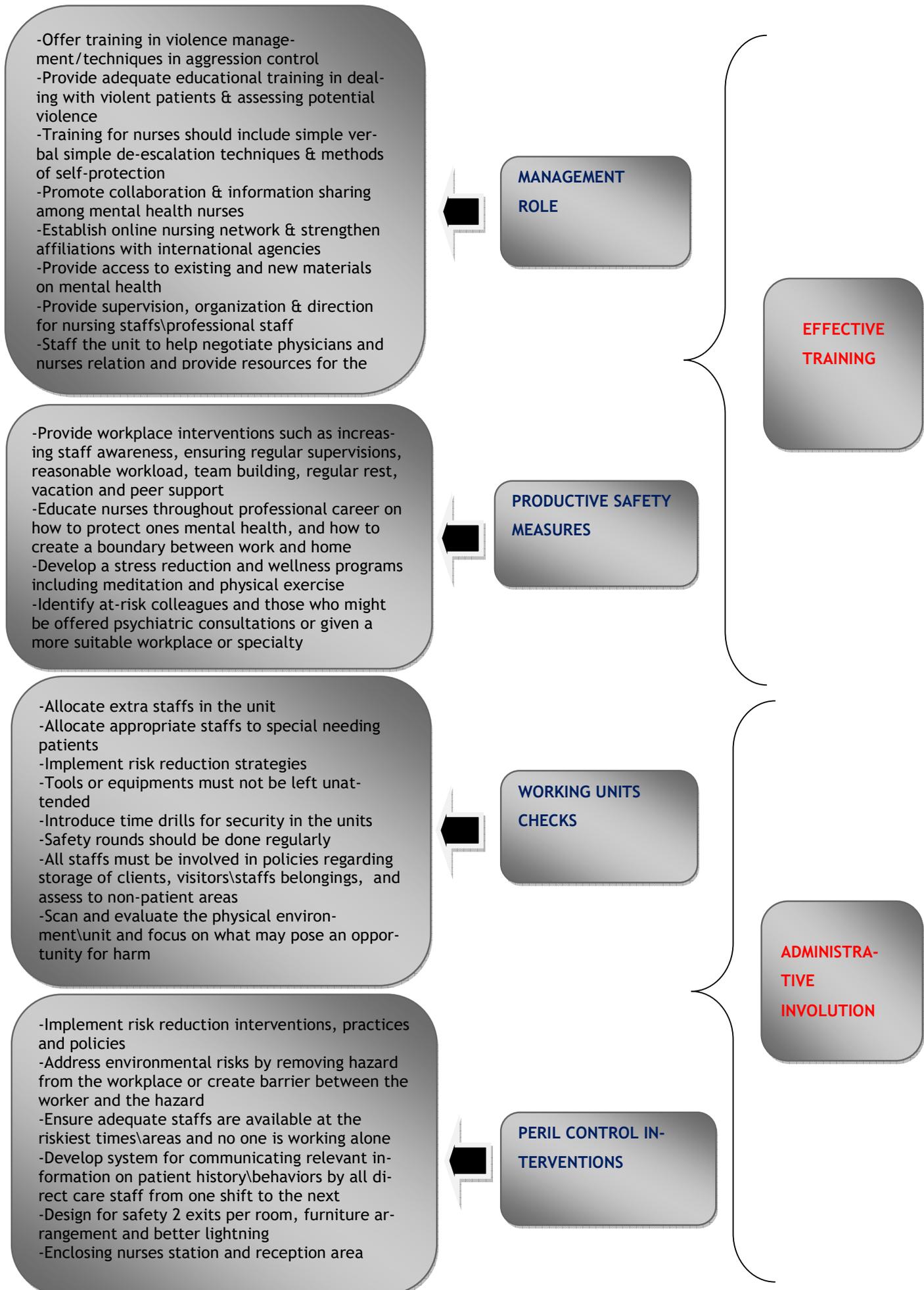
The preparation stage involved collecting appropriate data for content analysis, making sense of the data and selecting the components for analysis. The organization phase which is also referred to as generic analytic cycle included open coding, categories and abstraction (Elo &

Kyngäs 2008). In the deductive content analysis, this thesis was analyzed in consideration to (Polit & Beck 2012), which explains that the organization stage should include classification matrix development, where all the data are evaluated for content and coded for communication or presentation of the identified categories.

The research data was then put under a categorization matrix, in order to sufficiently represent the concepts. In terms of validity, the categorization matrix accurately captured what was intended. In the reporting phase, results are described by the content of the categories explaining the facts using a selected approach, either deductive or inductive (Schreier 2012).

Figure2. Main themes and categories on how nurses' work safety can be promoted in psychiatric units



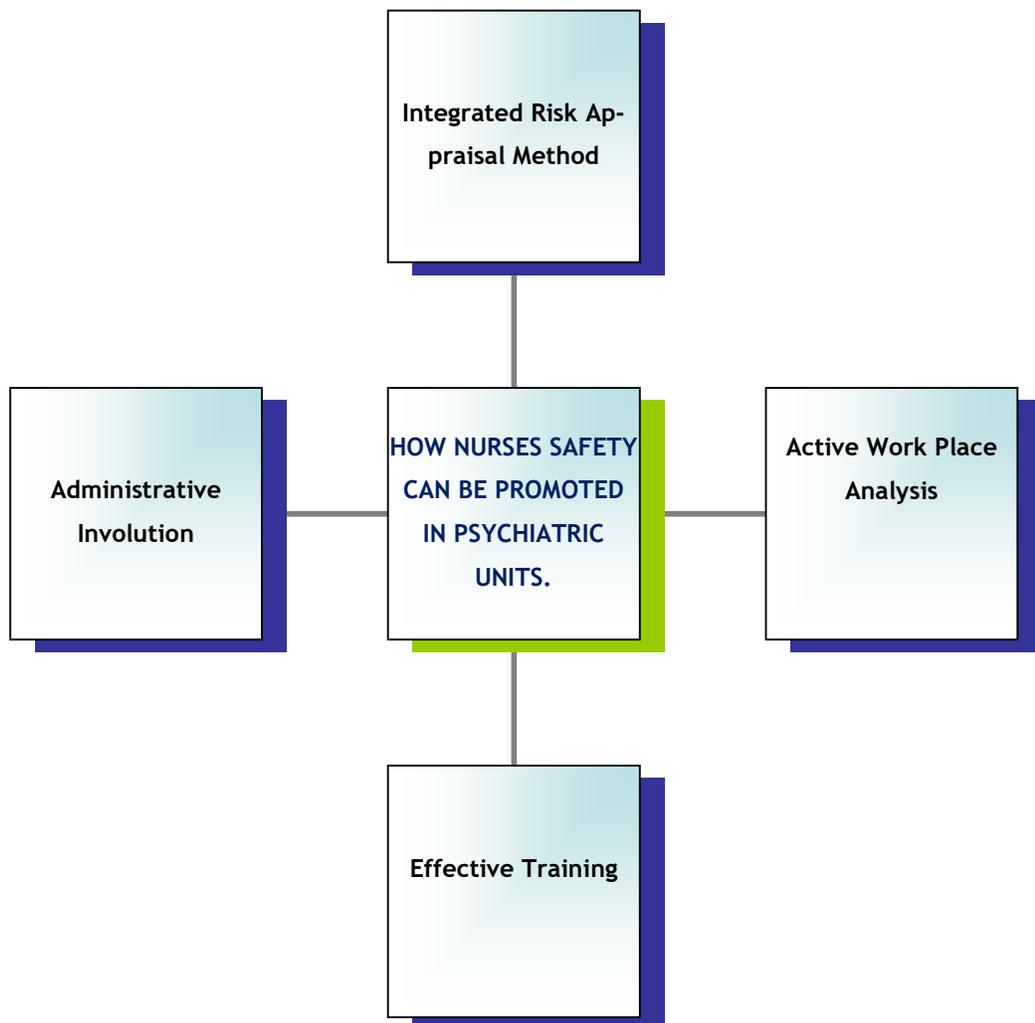


5 FINDINGS

This section of the thesis was carried out by 11 research articles pertaining to the purpose statement and research questions. The findings are related to how nurses' work safety can be promoted in psychiatric units, and the data results are divided into 4 main aggregations.

The promotion of nurses' work safety in psychiatric units simply explains the ways\methods that can be used to promote nurses' work safety and contains also preventions, interventions and possible ways to stop\limit the violence and assault nurses encounter while caring for their mental patients. Safety promotion is so important because workplace violence threatens the safety of nurses and the study already reflects the rates of violence\assault towards mental health staffs as very common to nurses, physicians and advance practice nurses (Anderson & West 2011).

Figure3. How Nurses Work Safety Can Be Promoted In Psychiatric Units.



5.1 Integrated Risk Appraisal method

Integrated risk appraisal method has been proven effective and low cost in the safety promotion for nurses in psychiatric units (Abderhalden et al. 2008; Anderson & West 2011).

Anderson & West (2011), stated that certain factors trigger aggressive violence and assault of patients towards nurses\staffs, thereby compromising nurses safety. These factors include history of past violence, history of Hotheadedness, History of Neurological Impairment, history of past Mental Illness, history of military service & weapon training, Young Adulthood\Male Gender, Low Intelligence, Substance Abuse, command Hallucination, persecutory delusion, incompatible treatment, Impulsivity, homicidal, suicidal, depressed & hopeless, access and movement of weapons, low Global Assessment Of Functioning Score.

According to Anderson & West (2011), Wayne Fenton, a schizophrenia expert was murdered in his office by a 19years old schizophrenia patient as a result of assault, this assault could have been avoided if the expert has identified and appraised the factors of violence of this patient before attending to him alone. Reflecting to this incident, risk appraisal method is essential for nurses\staffs to identify and prevent violence before they occur.

Integrated risk appraisal method helps nurses identify factors of violence and actions that triggers patients' aggressive and assaultive behaviors especially during the first days of treatment by using a slide rule visual analogue scale which has an empirical data score between 0(low risk) and 12(high risk) to appraise risk of mental ill patients, it can be implemented at least twice daily by nurses working in psychiatric units, so to evaluate patients level of violence factors. (Abderhalden, Needham, Dassen, Halfens, Haug and Fischer 2008). Based on the results gotten from the Integrated risk appraisal using the scale, certain interventions\prevention measures can be used by nurses to intervene in the situation to prevent assault by the patient followed by compulsory evaluations. These measures are clinical interventions and Bio-Psycho-Social model (biological, psychological and social) which are explained below.

5.1.1 Clinical Interventions

This has to do with direct observation of patients in order to improve health using structured care plan. They consist of medical, psychological and social models.

Findings shows that after using the risk assessment scale to identify patients level in factors of violence such as substance abuse, command hallucinations, persecutory delusion, uncompactable treatment, impulsivity, feeling homicidal, suicidal, depressed and hopeless, access and movement of weapons, and low global assessment of functioning, history of past violence, history of hotheadedness, history of neurological impairment, history of past mental

Illness, history of military service & weapon training, young adulthood\male gender and low intelligence, clinical interventions are implemented to treat and improve mental health conditions. By using these clinical interventions, violence and assault towards nurses are prevented from occurring. More so, nurses need to understand the Bio-Psycho-Social model when using clinical interventions. (Abderhalden, Needham, Dassen, Halfens, Haug and Fischer 2008; Anderson & West 2011). For more understanding on clinical interventions, Bio-Psycho-Social model is explained below.

5.1.2 Bio-Psycho-Social Model

This model is interdisciplinary which presume that mental health and wellness are caused by a composite connection of biological, psychological and social factors. They are used as a part of clinical intervention by professional mental health physicians\nurses as a guide to assess a patient generally thereby treating mental problems caused by some certain factors. The model is usually used together i.e. biological, psychological and social when managing mental health problems. Bio-Psycho-Social model explains how the state of mind, body and environment connects in causing disease leading to mental illness and also provides various ways to treat and improve mental health (Dombeck 2006; Engel 2013).

5.1.3 Biological Model

This model refers to the fact that pathogens like germs and toxins causes' illness leading to mental problems like depression which can be treated medically\physically by using anti-depressant, antipsychotics and physical exercise (Dombeck 2006; Engel 2013).

5.1.4 Psychological Model

This model reflects on potential psychological causes for a mental health problem like negative thinking, emotional upheaval, lack of self control, which leads to mental disturbance and the individual can portray symptoms of suicidal thoughts that can be treated by cognitive behavioral therapy (Dombeck 2006; Engel 2013).

5.1.5 Social Model

This illustrates how different social factors such as religion, socioeconomic status, culture, poverty, and technology can influence health. As a result of the influence of these different social factors, the individual can experience a sense of social withdrawal leading to substance abuse, depression and feeling hopeless, this can be treated by social rhythm therapy (behavioral therapy), (Dombeck 2006; Engel 2013).

In conclusion, the use of Bio-Psycho-Social model in clinical interventions has been proved to improve/treat mental ill patients when used together but must be carefully and importantly handled with good assessment. When this is done, nurses will encounter lesser risk of violence/assault which makes the unit safe (Dombeck 2006; Engel 2013).

5.2 Active Work Place Analysis

As mentally ill patients population grow so will the huge risk of mental healthcare staff being victim of violence/assault in work place (psychiatric units) possible. Active work place analysis helps identify existing effects and impacts these violence and assaults has towards nurses thereby limiting safety in the units. In other words, to promote nurses safety in psychiatric units, active work place analysis must be implemented. These analyses must be carried out by unit supervisors in the working environment. Some studies perceive violence to nurses to include verbal abuse or threatening behavior while others see it as damage to property and self-harm. Mental health staffs that at daily bases stay longer with patients are at greater risk of violence and assault (Anderson & West 2011).

Looking into the effect and impacts of these violence and assaults to nurses, in some cases mental health staff suffer minor injuries which may result to sick leaves from work to minor duty performance while few percentage of staff experience multiple or life-threatening injuries like lacerations, bruises, fractures and loss of consciousness. According to the study statistics as a result of these assaults, almost half of staffs took some time off from work, exactly more than half needed one year of full recovery, while other staffs are diagnosed of having posttraumatic stress disorder (PTSD) like startle response, changes in sleep, and increased body tension. Adding to the above effect and impacts of these violence and assaults to nurses in psychiatric units, one study also shows that only few percentages of physically assaulted staffs reported these incidents, followed up and given supportive counseling while half of them had no knowledge of any measure handling such situations (Anderson & West 2011).

Active work place analysis should be carried out in intervals in the unit according to the supervisors plan so to promote safety. This is achieved by not only analyzing these effects and impacts of violence to nurses but to also provide insured care programs and participation rule that can be able to provide these nurses with the help and safety they may need. Insured care programs and participation rule are discussed below (Anderson & West 2011).

5.2.1 Assured Care Programs

Assured care programs are provided for reporting and documenting violent attacks to nurses and also include possible treatment support and counseling to this effect. One study shows that only few percentages of physically assaulted staffs reported incidents and were followed up and given supportive counseling while half of them had no knowledge of any care program handling these situations (Anderson & West 2011).

With the absence and limited awareness of care programs in psychiatry units, nurses feel unsafe and helpless leading to more percentage of staffs going for sick leaves and eventually not coming back to work. Therefore, with availability and awareness of assured care, nurses will be able to report violence and assault incidence towards them and thus receive support and counseling. With effective implementation of this, the effect of these violence and injuries will be decreased, nurses working in the units will be safe and well-being will be improved, thereby motivating them staying at work (Anderson & West 2011).

5.2.2 Participation Rule

In psychiatric units, supervisors must urge nurses to implement professional practice by participating in nurse-patient relationship. This participation simply means a sense of engaging clinically in nurse-patient relation to accomplish a sense of satisfaction as the patient recovers gradually. Nurses should constantly participate in a clinical relationship with patients in direct patient care, this is proven to help reduce assaults to nurses as they care for patients and according to Ware, Tugenberg, Dickey (2004) and Angell, Mahoney (2007) they found out that it is important for patients who are in treatment to feel a sense of personal connection with nurses caring for them.

Furthermore, Delaney and Ferguson (2014) recently prove that staffs participation in trusting, open, and therapeutic nurse-patient relationships could build new neural connections in the brain that support essential functions such as emotional balance and response flexibility. With this improvement on patients as a result of active participation of psychiatric nurses with patients, it can help reduce mental ill patients assaulting nurses and the safety of nurses can be promoted with constant implementation of this method. With clinical supervision and more

highlights in participation rule, nurses must act professionally by acting early enough and follow the process of participation during their intervention plans which are staffs-patient connection and conveying acceptance, tolerance, empathy, respect and understanding.

In conclusion, participation rule explains generally that the steps in promotion of nurses safety in psychiatric units i.e psychological and physical safety also includes involving their patients in care process too, this tend to bring about improved outcomes such as reduced aggression of patients in terms of safety in the unit (Polacek, Allen, Damin-Moss, Schwartz, Sharp, Shattell, Souther and Delaney 2015).

5.3 Effective Training

Lack of training of staffs in psychiatric units has a perverse effect on most especially nurses' attitude in handling and treating mental ill patients, therefore, nurses should be given more training on safety measures in the units concerning violence management and dealing with violent patients. Statistics shows that nurses with less experience and training are more likely to be victims of violence and assault in the work environment (Anderson & West 2011).

In as much as effective training is essential to promote safety of nurses in psychiatric units, there are important components these training must contain. Nurses training syllabus must contain knowledge in current evidence based journals and training materials in mental health which can guide them to achieve these safety measures. Evidence based training in mental health includes providing and using online nursing network, strong ties with high agencies such as WHO and ICN and formalize exchange of best practice (World health organization 2007).

Furthermore, nurses working in psychiatric units should be given consecutive lectures in aggression control, verbal de-escalation techniques and self-protection to promote their safety in the units (Anderson & West 2011). They must be trained also to carry out more restraint control, medication and seclusion in practice; this is more effective in long term by intervening through changing behavioral methods (Abderhalden, Needham, Dassen, Halfens, Haug and Fischer 2008; Anderson & West 2011).

These training must be arranged and carried out by the psychiatry management for its effectiveness. In psychiatry, the management plays a huge role in the safety promotion of nurses; therefore, effective training is divided into management role and productive safety measures.

5.3.1 Management Role

Findings show that skillful trained supervisors in psychiatry units are essential to promote nurses safety, this is because they keep-up high importance in reference to emotional stress and depersonalization. Therefore, the psychiatric management must not only provide training for nurses but also provide training for supervisors to importantly focus on nurses' safety in the units such as supervising, organizing and directing nursing staffs, professional staffs, maintain a safe and therapeutic environment for nurses and including helping negotiate physician-nurse relationship. With effective implementation of these training, there will be promotion of nurses' safety, quality inpatient environment and good patient outcomes (Hanrahan, Aiken, McClaine & Hanlon 2010).

5.3.2 Productive Safety Measures

As violence and assault has been seen to be the most common cause that compromises nurses safety in psychiatric units, certain factors can occur such as exhaustions from work and activities from personal life's leading to lack of sufficient sleep which creates instability in work experience and responsibility thereby causing certain mental challenges like depression (Hanrahan, Aiken, McClaine & Hanlon 2010).

Productive safety measures have been identified to be one of the measures that can help promote nurses safety. Along with effective training and managerial support, productive safety measures must be introduced by the psychiatric management to the units and implemented especially when these violence\assault pose a serious threat to nurses' wellbeing in the workplace and outside (Hanrahan, Aiken, McClaine & Hanlon 2010).

Productive safety measures helps reduce the high risk of psychiatric nurses developing mental health problems resulting from work and other personal related causes. These safety measures include; Maximized staff awareness, insure fair workloads , team work, regular rest and holidays for workers, insure frequent supervisions and peer support. Furthermore, psychiatric nurses in the workplace must be highlighted on how to protect their mental health and create limits between work and home; more so, also get generating stress reduction programs such as meditation and physical exercise (Fiorillo, Calliess and Sass 2012).

Lastly, nurses must be able to identify at-risk co-worker and those who might be given psychiatric help or a better work specialty as a result of signs of mental problems. These safety measures has been thus strongly suggested and highly effective (Fiorillo, Calliess and Sass 2012, pg 283).

5.4 Administrative Involution

Administrative in psychiatry should recruit and retain more nurses in psychiatric units, this has proven to ensure and promote nurses' safety in psychiatric units. According to evidence based journal (the journal.ie, 2015) which reviewed that nurses refuses to work until the psychiatric unit was made safe.

The safety request according to the psychiatric nurses was for administrative management to recruit extra nurses. Nurses further complained in this journal that 36 assaults has been made on staffs by patients with extremely challenging behavior as a result of staff shortage in the units during shifts, thus this outcome wasn't safe for nurses to begin work. Results also show that the night nurses are forced to work overtime because of low staffs and this might affect their daily well-being as well as their safety. However, nurses returned back to work as soon as this measure of more recruitment of staffs have been granted by the administrative (the journal.ie, 2015).

In addition, to ensure the maximum safety promotion of nurses working in the units, administrative must ensure the managers and supervisors engage in means on how to improve safety in the units these means are working unit checks and peril control interventions.

5.4.1 Working Unit Checks

In the psychiatry units, an effective weekly safety check must be carried out. Administrative must assign supervisors in the units to make sure these checks are done; these checks can also be done by nurses in the units. Safety checks include removing dangerous tools at the disposal of mental ill patients that may be used to hurt nurses such as glass wares. Also, work equipment left unattended must be removed and out of reach for patients such as stethoscopes, sphygmometer. Visitors coming into the units should be well checked so to ensure they do not give patients dangerous things that might be risky for health workers (Yeager et al. 2005).

Furthermore, safety cameras must be randomly maintained and in working condition in the units for cases of emergencies i.e. in cases of violence towards nurses. These safety procedure checks have been proven to promote nurses safety in the units (Yeager et al. 2005).

5.4.2 Peril Control Interventions

It is seen that work place assessment and control contributes to safety promotion in psychiatric units and also influences the way nurses carry out their daily tasks. Perils in other words are violence\assaults by patients in units with high numbers of mental ill patients. When the workplace is assessed in intervals and perils are identified that causes harm to nurses in the units, the administrative must immediately provide workplace violence prevention personnel that can first assess the perils in the workplace or create a barrier between the nurses and the perils such as enveloping nurses stations and reception areas, creating for safety two exits per room, and better furniture arrangement\lightening (OSHA 2004; The National institute for occupational safety and health (NIOSH) 2013).

Secondly, the personnel gives appropriate peril control interventions to be implemented in work place practice, the peril control interventions include creating systems for communicating important information on patient history and behaviors by all direct nurses from one shift to another, always make sure that adequate nurses are available when perils are high, and nurses should never work alone especially areas in the units where perils are in the highest (OSHA 2004; The National institute for occupational safety and health (NIOSH) 2013).

6 DISCUSSION

This research was set to identify the various risks psychiatric nurses encounter that affects their safety and wellbeing and also find out various ways\methods that can be used to promote nurses' work safety in psychiatry units. In the discussion we wish to discuss the various roles nurses play in the psychiatric units, their occupational safety and health and also safety culture at a work place

6.1 The role of nurses in a psychiatric ward

Mental health physicians (Nurses) working in acute residential units, community based crisis response teams, and private practice, undergo high load of stress when there are decreased resources, increased visual sense of the client population served, alongside high degree of individual duty and attributes. Therefore, the safety and well-beings (physical, emotional, social) of mental health physicians are being affected and needs the attention\support of clinical supervision in psychiatric units\areas (MacCulloch & Shattell 2009). In the community context for example, services from nurses or mental health physicians are a lot demanding as a result of the population of clients, their families, and wider communities. Nurses need to attend to clients, families and wider communities complex, personal, difficult, medical, social and ethical issues which concerns mental illness and actions that can cause threat to clients physically and emotionally.

Nurses' task in the psychiatric field requires making great assessment of clients' mental health. More so, if assessments and opinions are incorrect there are risks consequences to nurses and others present. Therefore, nurses take the encumbrance of the clients anxiety, fear, risk and frustration in other to keep the client safe, but as a result of these continuous encumbrance in the work field, nurses safety are compromised and they face high level of risk, stress and breakdown both emotionally, physically and socially (MacCulloch & Shattell 2009).

The main role of generalist nurses is that of delivering primary health care in the field of mental health. Their major requirement is that they have to be licensed registered nurses in order for them to qualify to deliver this type of care. Primary mental health care covers both physical and mental healthcare of patients either within the community or in hospitals these nurses engage in prevention programs within the community and day treatment centers making them to practice psychiatric nursing. Clinical nurse specialists are required to be master's degree holder's in the field of mental health nursing, in order for them to qualify to work in this field. Clinical nurse specialists tend to be advanced practice nurses and often have certain privileges (Robson, Haddad, Gray, & Gournay, 2012).

Generally, psychiatric nurses can choose the age group that they feel most comfortable working with that includes the elderly, the young or those with specific disorders. Psychiatric nurses play a role in ensuring that patients with mental illnesses recover or are able to cope with their mental health conditions. Other than having the required educational requirements, psychiatric nurses are required to have a positive attitude towards the care they give as this makes their practice to have more impact. They also have to develop healthy therapeutic relationships with their patients as this goes a long way in making the treatment program to be effective. Therapeutic relationships between patients and psychiatric nurses help patients in building their self-confidence, which encourages them to work harder towards overcoming the mental challenges that they face (Robson, Haddad, Gray, & Gournay, 2012).

Psychiatric nurses also provide psychotherapy interventions such as family therapy and cognitive behavior therapy that are all part of helping these patients to cope. The care that these nurses provide tends to be direct, that is: monitoring of the progress of patients, supervision of medication schedules for patients, and catering to the emotional needs of patients. The other responsibility that nurses in psychiatric wards have is that of educating the families of their patients about the condition of their patients, which helps in creating a supportive environment for patient recovery. Many of the patients hospitalized for mental health problems tend to pose as a danger to themselves and other members of society in which psychiatric nurses become responsible for their safety. Providing safe environments for these patients requires that these nurses make use of restraining techniques when necessary and also using monitoring devices for the protection of these patients (Boyd 2007).

Psychiatric nurses also have the role of providing social support to their patients encouraging them to join support groups that can help them cope with their mental disorders. Other social support areas that psychiatric nurses can influence to take up are them engaging in social and therapeutic activities Social activities that these nurses can help their patients to participate in include drama, sports arts and craft among other things. These psychiatric nurses need to participate in these activities so as to encourage their patients to take them up as these influences the element of trust (Schultz & Videbeck 2009).

According to (Patel 2012), in most instances, patients suffering from mental health problems tend to be violent. Psychiatric nurses have the responsibility of identifying the risk factors associated with the illness that a patient is suffering from and assess the times that a patient is a risk to themselves or to others. The only way that a psychiatrist can be able to conduct such as assessment is if they've been trained on how to identify and assess the risk factors of patients. In the event that a patient reacts in a violent manner, psychiatric nurses are supposed to respond with relative calm and not show any form of distress in such instances (Boyd 2007).

Assessment of the patients also includes psychiatric nurses being able to identify other health problems that their patients could be suffering from that might put their lives in danger. Therefore, these nurses have the responsibility of addressing the physical health needs of mental health patients because those diagnosed with these conditions have high rates of being physically ill. In the event that they diagnose their patients as having certain health problems, psychiatric nurses should also be able to make proper referrals and in good time, so as to save the lives of these patients. The implication of this is that psychiatric nurses should be able to provide a holistic recovery plan for their patients (Schultz & Videbeck 2009).

The role of psychiatric nurses also stretches to include them being responsible for the physical well being of their patients in areas such as hygiene and diet. These nurses have to ensure that their patients have proper diets and that the environments that they live in are clean. Additionally, psychiatric nurses also have to monitor the medical and non-medical treatments of their patients to ensure that the correct procedures are followed in the process of issuing care (Boyd 2007).

In conclusion, psychiatric nurses have to have proper training on how to deal with patients so as to make their recovery process to be fruitful. Other than provide mental care, psychiatric nurses should also be able to diagnose physical illnesses that their patients could be suffering from in order to make their care to be effective. The responsibilities of nurses should be applied irrespective of the areas that they are providing them from as required in nursing practice. The role of psychiatric nurses is very essential when it comes to patient care as the failure to take up these roles is likely to make the recovery process for patients to be ineffective.

6.2 Occupational safety and health

Occupational safety and health are the foundation of wellbeing at work. Occupational safety can be defined as the status of the work environment in terms of employee's safety and health. Whereas occupational health is seen as the employee's health in association to factors related with work and the work environment. Occupational health safety measures to sustain and promote the safety of work and working conditions, and the employee's physical and mental health (Finnish institute of occupational health 2014; Canadian Centre for Occupational Health & Safety 2014).

According to the ministry of social affairs and health in Finland (2012), the employer is obliged to promote safety and health of nurses and to maintain their working capacity. The purpose of the occupational safety and healthcare act is to develop the working environment and working conditions. This is done by ensuring and maintaining the working capacity of employees as well as to prevent occupational accidents and diseases and eliminate other hazards from work and the working environment to the physical and mental health of employees.

The Finnish institute of occupation health (2014) explains that, the employer is responsible to ensure safety during the planning of work, work premises and for the measures to be taken and for their costs. Employees must also ensure their own safety and that of other employees. When the concept of the workplace changes due to restructuring, a new approach and new information are needed. During re-structuring and in micro-enterprises occupational safety health issues are at risk of being neglected. Occupational safety and health promotes cooperation at the workplace, promotes interaction between the employer and employees. Cooperation makes it possible for employees to participate in and influence issues concerning safety and health at the workplace.

According to the Safety and Health Act, the employer must be engaged in many matters at the workplace. These comprise of cooperation, external employees, risk assessments occupational health services, work permits, information and training for employees, smoking, accidents, initiatives, induction training performance appraisals, people with alcohol or drug problems, investments, repairs and maintenance, quality systems, inspections and measurements, safety of machinery, electrical safety, chemical safety, radiation sources, ergonomics, fire and rescue issues, and equality issues (Finnish institute of occupational health 2014; Canadian Centre for Occupational Health & Safety 2014).

6.3 Safety culture

The safety culture of a company will establish the status of safety and health issues in the company. It is mostly attributed to the kind of approach that employers have toward safety. Safety measures can be developed by making compulsory changes. The company should have clear and high aims for developing safety and working conditions as well as promoting health and work capability of all employees (Finnish Centre for Occupational Safety 2012).

The Finnish Centre for occupational safety (2012) further explains that a no accident vision demonstrates that the company is dedicated to preventing accidents and cares about the employees. Employees must report harmful conditions and take note of them. Everyone has the right to get home from work in good health.

Safety culture means prioritizing safety and health, clear and high level goals and responsibility, intentions and strong commitment, openness and trust, safe working practices always and everywhere, professional skills and competence, continuous improvement of working environments (Finnish Centre for Occupational Safety 2012).

Expertise and professional skills are the foundation of good and safe working practices. Everyone should be responsible in developing the working environment. The company should provide for continuous and appropriate occupational safety training to its employees (Finnish Centre for Occupational Safety 2012).

7 Ethical Considerations

In qualitative research, ethical considerations are quite significant. Ethics in research involves the application of moral rules and efficient codes of conduct to the compilation and analysis of data about research topics. According to V. Lachman (2005) ethics refers to the study of right action and wrong action also known as morality. Morality sets guidelines for action that are supposed to form a coherent body of norms and values (Van der berg 2014).

The researchers pursued the guidelines of conducting a systematic literature review. Significant findings were assembled by the researchers, which covered the research question, the purpose statement, and the objective study. The thesis topic was agreed upon by the researchers and the supervisors responsible approved the topic. Upon approval of the thesis topic, there was a clearly laid out plan as to how to proceed on with the work and the tasks were distributed amongst the researchers. There was no conflict of interest during the division of the work. Each idea that was brought forth by the researchers was taken into consideration.

The Laurea University of applied sciences rules was considered during the data collection and writing of the thesis. Proper accuracy of information, referencing and quotations also had to be put into account during data collection and data analysis. The references for the data used has been acknowledged and documented in the reference page. Direct quotations from the source was done properly and accounted for as it was from the texts and according to the Laurea rules and guidelines. As the method used to conduct this study was a systematic literature review, there were no interviews conducted, no questionnaires nor field work perception included as part of the methodology thus the right of privacy and confidentiality of any participants was not taken into consideration.

7.1 Trustworthiness

Trustworthiness is a vital element in qualitative research that accesses by focusing on credibility, transferability and dependability. According to Coldwell & Herbst (2004) credibility refers to the extent to which the study was carried out & according to known and accepted research procedures. Transferability addresses whether the results would be useful to those conducting research in a similar setting or other settings (Thomas, Nelson & Silverman 2011). Dependability shows that the findings are logic and consistent.

The purpose of most researches is to provide information which is considered trustworthy. The trustworthiness of a research study is assessed as a degree of fit between the researchers question or purpose and the methods of study. (Gillen & Scaffa 2013) In this study trustworthiness, was established by following the appropriate methods of conducting a systematic literature review. Relevant data sources were used by the researchers, which included books, articles, and journals from Laurea University of Applied Sciences, web search and electronic search through Laurea's electronic database NELLI.

Ideal data for the study was obtained by focusing on key words related to our research study question, omitting materials not in connection with our study. The researchers selected the articles and carefully read the articles through, properly analyzing and evaluating the findings. All the books, articles, journals and web searches used in our study were all considered to be from reliable sources. Our study predominantly concentrated on nurse's safety in psychiatric units. The trustworthiness and credibility aspect of this study was effectively maintained.

7.2 Limitations

Despite the added advantage of a systematic review approach, we came across a number of practical problems throughout the process. These comprised of the searching, screening and synthesis stages. This research faced several limitations, for example there was inadequate results from most of the research databases, many articles were of great benefit but unfortunately they did not contain full text articles hence making it impossible to use in the collected data (see table 1 page 11). Despite the fact that the aim and purpose of this research were fulfilled, the research had shortcomings; there was lack of quality and evidence materials. It provided few articles with weak evidence to support the findings.

Systematic reviews need access to a wide range of databases and peer reviewed journals, which can be difficult and very expensive for non-academic researchers (Mallett et.al. 2012). Some of the website databases had relevant information but required a certain fee to be paid in order to have full access to the materials which we could not afford. By using certain combination of key words produced many literatures while others produced few cases were irrelevant hence consuming a lot of time and energy. Another disadvantage is that some articles were written based on a certain context or country hence they had very limited data.

There is some clear strength reinforcing this review. The first is that it was not restricted in one research area. Secondly, references from wide variety of research areas were researched; such as nurses' safety, psychiatric nursing, mental health care and nurses safety in psychiatric care.

7.3 Recommendations

There has been very few researches done on nurses' work safety in psychiatric units, hence it would be advisable if more researches could be conducted on this field. So many research has been done concerning patient safety hence it is also important to consider the healthcare workers in areas of health care where their wellbeing might be at risk. We considered psychiatric care as one of the areas where nurses' safety might be at stake since majority of the patients may be psychotic and aggressive. There is need for research to be done on the various ways nurses can use to restrain aggressive patient and how they can prevent themselves from being harmed while restraining patients.

7.4 Conclusion

As read earlier, the purpose of this thesis was to find out the various ways and methods that can be used to promote nurses' work safety in psychiatric units and the research question been answered was how can nurses safety be promoted in psychiatric units?

The findings were based on evidence based articles which few of them provided much information and others contained less. Based on the whole thesis analysis, psychiatric nurses do encounter high percentage of violence and assault in psychiatric units which result to injuries and other life threatening illness or physical damage that affects their safety in the units as well as their well-being outside the units. As a result of these high effects of violence towards nurses, nurses' work safety in psychiatric units has been seen as an issue of work place hazard.

As the findings reveal, the three researchers tend to agree that psychiatry administrative and management have a huge role in organizing the use of the safety promotion methods for nurses safety in the units, when the management identify and show concern on how to organize these safety methods, nurses are able to help by implementing them professionally. Looking back at the aforementioned ways\method nurses safety can be promoted in psychiatric units (Chapter 5), effective training for nurses on safety measures in the units concerning violence management and dealing with violent patients must be highly introduced by the administrative and management, nurses must be lectured with evidence based materials to carry out more restraint control, medication and seclusion in practice as well as aggression control, verbal de-escalation techniques and self-protection to promote their safety in the units. This method is highly effective because findings show that well trained nurses are less likely to be victims of violence and assault in the units.

In addition, recruitment and retaining of more trained professional nurses as an evidence study implies will help reduce work load for nurses especially the night nurses. They are more likely vulnerable to harm through violence because they are always with aggressive patients for a long time. Considerations must be made on how to implement the means of nurses documenting and reporting these assaults as well as their effects, they must receive certain counseling and health support to improve well-being and promote safety.

Lastly but not the least, clinical interventions must be compulsorily put into practice because it promotes nurses safety by helping nurses to be able to analyze factors of violence of aggressive mental ill patients by screening using the risk assessment scale to evaluate their level of violence through certain factors mentioned in (5.1), therefore they are able to know how dangerous or not these patients might be and construct plans on care.

Nurses should not attend to these patients alone without knowing and understanding these factors of violence, they must also be ready to intervene using the aforementioned interventions stated in (5.1.1, 2, 3, 4, 5). Most importantly, psychiatric units check for dangerous tools and equipment patients might use for assaults towards nurses must be eradicated, and also screening of visitors in and out of the units must be done to promote a safe working environment. With co-operation from the psychiatry administrative and management to help psychiatric nurses strategize the implementation of these methods on promotion of nurses' safety, the psychiatric working unit will be a safe place for nurses while caring for mental ill patients.

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