

**MENTAL HEALTH NURSING CHALLENGES  
OF THE MANAGEMENT OF PATIENTS WITH  
ALCOHOL ADDICTION DISORDER**

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## Abstract

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<p>Abstract</p> <p>The purpose of this thesis was to strengthen professional skills of mental health nurses to have a better understanding and improvement in the care and management of mental health patients with alcohol addiction disorder. The thesis was commissioned by a service home for mental health patients with alcohol addiction disorder. The aim of the thesis was to describe the challenges faced by nurses in the management of mental health patients with alcohol addiction disorder.</p> <p>A qualitative approach was used in this thesis. Data were collected via semi-structured interviews based on the four main themes. Participants consisted of five psychiatric nurses. All responses were recorded, transcribed, and coded according to the various themes.</p> <p>Findings show that aggression and violence are highly faced by mental health workers. Nurses experience of increased workload and burnouts was highly connected to insufficient human resources and the behaviour of patients. Also, findings show that it is even more challenging to work with mental health patients who have alcohol addiction disorder and other diseases at the same time as they have one disease overlooking the other.</p> <p>Implementation of violence education and training will help in improving clinical skills in risk assessment and measures to prevent or reduce violence rates. Intervention programs should be introduced aiming at reducing employees' stressors. Resources should be channelled towards recruiting more psychiatric nurses to reduce workload and improve the quality of care delivered to mental health patients with alcohol addiction disorders.</p>		
<p>Keywords</p> <p>Mental health, nursing, alcohol addiction, disorder</p>		

Tiivistelmä

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<p>Tiivistelmä</p> <p>Tämän opinnäytetyön tarkoituksena oli vahvistaa psykiatristen sairaanhoitajien ammattitaitoa, jotta alkoholiriippuvuushäiriöistä kärsivien mielenterveyspotilaiden hoito ymmärrettäisiin paremmin ja parannuksia hoitoon voitaisiin tehdä. Opinnäytetyön tilasi alkoholiriippuvuushäiriöistä kärsivien mielenterveyspotilaiden palvelukoti. Opinnäytetyön tavoitteena oli kuvata sairaanhoitajien kohtaamia haasteita alkoholiriippuvuushäiriöistä kärsivien mielenterveyspotilaiden hoidossa.</p> <p>Opinnäytetyössä käytettiin laadullista lähestymistapaa. Tiedot kerättiin puolistrukturoidulla haastattelulla neljän pääteeman mukaan. Osallistujat koostuivat viidestä psykiatrisesta sairaanhoitajasta. Kaikki vastaukset nauhoitettiin, aukikirjoitettiin ja koodattiin eri teemojen mukaan.</p> <p>Tulokset osoittavat, että mielenterveystyössä työntekijät kohtaavat paljon aggressiivisuutta ja väkivaltaa. Sairaanhoitajien kokemus lisääntyneestä työmäärästä ja työuupumisesta liittyi suuresti riittämättömiin henkilöstöresursseihin ja potilaiden käyttäytymiseen. Lisäksi tulokset osoittavat, että on vielä haastavampaa työskennellä mielenterveyspotilaiden kanssa, joilla on alkoholiriippuvuushäiriö ja muita sairauksia samaan aikaan, kun on yksikin lisäsairaus, niin se vaikuttaa koko tilanteeseen.</p> <p>Väkivaltakasvatuksen ja -koulutuksen toteuttaminen auttaa parantamaan kliinistä osaamista riskinarvioinnissa ja toimenpiteissä, joilla ehkäistään tai vähennetään väkivaltalukuja. Interventio-ohjelmia olisi otettava käyttöön vähentämään työntekijöiden stressiä. Resursseja tulisi kanavoida useampien psykiatristen sairaanhoitajien palkkaamiseen työmäärän vähentämiseksi ja alkoholiriippuvuushäiriöistä kärsiville mielenterveyspotilaille toimitettavan hoidon laadun parantamiseksi.</p>		
<p>Asiasanat</p> <p>Mielenterveys, hoitotyö, alkoholiriippuvuus, häiriö</p>		

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## 1 INTRODUCTION

Psychiatric practitioners and nurses deliver a wide range of mental healthcare services which include for instance, examination and diagnosis, management of chronic and acute mental illness and related disorders, prescription, and provision of psychotherapy. (Delaney, Drew & Rushton 2019) However, research on mental health patients with co-occurring mental and addictive alcohol disorders reveal the negative effects of these co-occurring mental and addictive alcohol use disorder on the course of illness and treatment trajectory, thereby posing multiple challenges for the nurses. Such negative outcomes and challenges could be seen in the form of, poorer medication compliance, higher psychiatric severity, relapse and rehospitalization, unstable housing. It also poses behavioural challenges which pose as a threat to the safety and security of nurses. Such behavioural challenges include anger management, aggressiveness, impulsivity, disruptive behaviour, and problems with affective regulation amongst others. (Rush & Koegl 2008.) In the same light, Arunogiri & Lubman (2015) also note that, patients with anxiety disorders and co-occurring alcohol used are most likely to pose a diagnostic challenge.

As noted further by Rush & Koegl (2008), comorbidity is also high across addictive substance use disorders and other disorders, thereby posing another challenge for nurses. In the same vein, Carter, Fisher & Isaac (2013), also note that, comorbidity is common amongst anxiety, mood and alcohol disorders and as such constitute a burden that affects both the individual, his family and the public health. Comorbidity here refers to a situation where the same individual is affected by multiple medical conditions such as alcohol addiction and other disorders of mental illness at the same time over a long period of time. Comorbidity was understood and identified as a challenge to both the clinical care and public health since the late 20<sup>th</sup> century. Moreover, a good number of historiographies has since the 1950s, drawn attention to the challenges faced by mental health nurses as members of the care profession (Borsay & Dale 2015). And although nurses are considered as an important resource in the promotion of mental health and care for the mentally disordered, it is worthy to note that, nurses have also been understood to be liable to episodes of mental illness as result of difficult nature of their job (Borsay & Dale 2015).

In this regard, the aim of this thesis is to describe the challenges faced by nurses in the management of mental health patients with alcohol addiction disorder. The purpose is further to strengthen professional skills of mental health nurses to have a better understanding and improvement in the care and management of mental health patients with alcohol addiction disorder. This thesis will further create an awareness of the existing challenges and their manifestations thereby, supporting the mental health and professional wellbeing

of psychiatric nurses especially newly graduate nurses and students with little or no experience in psychiatric nursing care. The results and further recommendations can also go a long way to assist professionals in the field of mental health nursing to develop or come up with new strategies on how to cope with these challenges, thereby improving on the overall well-being of both psychiatric nurses and mental health patients with alcohol addiction disorders.

## 2 DEFINITION OF CONCEPTS OF MENTAL HEALTH NURSING AND ALCOHOL ADDICTION DISORDER

This section defines the basic concepts used in this study. It also reviews background literature in relation to the aim of the study.

### 2.1 Mental health nursing

As noted by Manwell, Barbic, Robert, Durisko, Lee, Ware & Mckenzie, (2015) there has been a lack of consensus on the definition of mental health. For instance, World Health Organization defines mental health as “more than the absence of mental disorders”. It further states that, mental health has to do with a state of wellbeing where individuals can recognize their capabilities, are able to work productively while coping with the normal everyday life stress and still contribute to the society (World Health Organization (2020). On the other hand, Manwell et al. (2015) define it as a state of being that also has to do with the psychological, social or biological factors that contribute to the mental state of a person and his ability to function well within the environment. While others have extended the definition of mental health to include both the emotional, intellectual, and spiritual development, physical health, feelings of self-worth, positive self-perception, and intrapersonal harmony. However, mental health problems vary from one individual to the other and are common. As WHO (2020) further notes, over 450 million people are suffering from a behavioural or mental problem and almost a million people tend to commit suicide each year. Depression, schizophrenia, alcohol use disorders as well as bipolar disorder are some of the ten prominent causes of disability globally.

Nurses constitute the main providers of care and treatment of patients with mental health illness. They are the major group of professionals offering mental health care in both specialist and primary health services in most countries. In this regard, mental health nursing can be defined as the provision of social and health care services for the mentally disordered. It entails providing treatment, offering comfort and support, rehabilitating patients in the community. (Borsay & Dale 2015.) In the same vein, the Finnish Mental Health Act 1116/1990, states that mental health nursing entails promoting the mental wellbeing and personal growth of individuals and their ability to survive independently. It also goes a long way to include, the health care and social services put in place to cater for individuals going through a medically diagnosed mental health disorder or mental illness. (Holmberg 2018.)

Even-though caring for the mentally disordered is an issue that affects every society, the concept was not well comprehended until the 18-century when the rise of the private mad-house initiated a new institutional locus of concern and care. Mental health nursing seems to be neglected in the history of nursing. (Borsay & Dale 2015.) In fact, it was only later in the late 18<sup>th</sup> century that mental illness was recognized as an issue requiring treatment and care. During this period, private and public asylums centres as well as buildings for the sole purpose of sheltering patients with mental illness were constructed. Persons with mental illness were taken from their homes to receive treatment and care in these institutions. As such, the need for these treatments necessitated the development and establishment of these institutions and hence mental health nursing. Henceforth, mental health nursing has since evolved from a poorly understood concept to a highly specialized domain of health care. (Jones, Fitzpatrick & Rogers 2016.)

However, a good number of historiographies has since the 1950s, drawn attention to the challenges faced by mental health nurses as members of the care profession. Other health workers have also shared their personal experiences as nurses, from being a patient, and later attempts to resume a career after receiving treatment for mental health illness. Most do so anonymously, which points to the difficulties and stigma they encountered. Today, even though nurses are considered as an important resource in the promotion of mental health and care for the mentally disordered, it is worthy to note that, nurses have also been understood to be liable to episodes of mental illness. Stress resulting from difficult patients such as patients with alcohol addiction disorder for example, has been identified as one of the main twentieth-century challenges for mental health care nurses. (Borsay & Dale 2015.)

## 2.2 Alcohol addiction disorders

“Anything any person does more often than is thought reasonable from the reference point of the describer simply implies that the person is “addicted” to the behaviour in question” (Don et al. 2010, viii). According to American psychiatric association (2020), addiction is a complicated condition, a brain disease, demonstrated by uncontrollable substance use regardless of the harmful consequence. Persons with addiction have a strong dependence on the use of a certain substance or substances, such as drugs or alcohol to the extent that their lives depend on it. They are aware of the harmful effect of excess consumption, yet they stick to the substance. Patients with a substance use disorder are prone to distorted body functions, thinking and behaviour.



As noted by Hellman & Room (2015), addiction is an inner mental condition rather than physical. Reviews on brain imaging indicate changes in the locations of the brain that correlate to behaviour control, memory, judgment, learning, and decision making. These harmful changes in the brain are as a result of the excess consumption of substances due to addiction. The changes can lead to intoxication which is an extreme pleasure or calmness, high or increased senses caused by the substance. Intoxication symptoms vary for each substance. With time, patients with addiction can build up tolerance, which implies that, they require larger amounts of the substance in order to feel the effects. Some patients with addictive disorders can be conscious of their problem but are unable to put a stop to it even if they are willing to. Addiction may lead to further health complications for the patient as well as challenges to the care givers at work and problems with friends and family members. Addiction to alcohol and drugs remain the leading cause of premature death and preventable illnesses. (American psychiatric association 2020.)

Alcohol is a depressant of the central nervous system and its effects vary according to the dose. As noted by Levounis, American Psychiatric Association, Zerbo, and Aggarwal (2016), the initial effects of alcohol (blood alcohol level, BAL = 20–99 mg%) will first lead to relief of anxiety, disinhibition, feelings of confidence, increased talkativeness and euphoria. The later effects (BAL = 100–200mg%) would lead to impairment of judgment and reaction time, ataxia and increased emotional outbursts. While the later effects (BAL > 200 mg%) would lead to obvious intoxication, manifested in the form of vomiting, nausea, severe dysarthria, marked ataxia, hypothermia and amnesia. More so, recent ingestion of alcohol would lead to severe clinically consequences such as psychological changes or problematic behaviours including mood liability, inappropriate aggressive or sexual behaviours, impaired judgment that developed shortly or during, alcohol ingestion. Other reactions include slurred speech, unsteady gait, incoordination, coma or stupor, memory impairment and nystagmus. These effects are further compounded by alcohol addiction.

Alcohol addiction or substance dependence can be defined as a neurobiological disorder in which repetitive alcohol consumption dysregulates the usual circuitry of reward, motivation, and adaptive behaviours. This causes neuroplastic changes in the brain, and manifest as a compulsion to find and drink alcohol, a loss of control to limit intake, and continue use regardless of the negative consequences, as well as constant vulnerability to relapse even after a prolonged period of sobriety (Douaihy, & Daley 2014). In the same light, Maars, (2012) further adds that, alcohol addiction is a maladaptive and repetitive use of alcohol by a person, or a mental health patient, leading to mental and physical damage to

health as well as major life impairments. Alcohol addiction disorders are portrayed by unsuccessful desire or effort to control or reduce alcohol consumption, cravings and recurrent use of alcohol leading to failure or inability to fulfil major everyday life obligations, recurrent consumption of alcohol even when it is physically hazardous, withdrawal, tolerance and continue use of alcohol notwithstanding evidence of psychological and physiological problems. (Maars 2012; Levounis & Herron 2014.)

In the same light, Levounis & Herron (2014) further note that, alcohol use disorders can also be disastrous in both intoxications, leading to aspiratory difficulties and respiratory depression, accidents, falls, aggression. It can also lead to withdrawals, leading to delirium tremens, disinhibition, lethal risk-taking behaviours such as life-threatening violence to name a few. Treatment and care of patients with alcohol addiction disorders as well as relapse into heavy consumption of alcohol pose significant challenges in mental health nursing. (Maars 2012.) Treatment generally involves different modes, which include individual psychotherapy, counselling, medication management. Some patients require several periods of treatment before they can achieve sobriety (Levounis & Herron 2014.) Psychiatry remains the major medical speciality that treats addiction. According to widespread statistics, 30 to 60% of patients with alcohol addiction disorder have a dual mental health diagnosis (Levounis & Herron 2014; American Psychiatric Association 2020; Zerbo & Aggarwal 2016).

### 3 NURSING CHALLENGES IN THE MANAGEMENT OF MENTAL HEALTH PATIENTS WITH ALCOHOL ADDICTION DISORDERS

The management of mental health patients with alcohol disorders include challenges for nursing work such as patients' challenging behaviours, patients' comorbidity, treatment strategies and patients' poorer medication compliance, and nurses' increased workload and burnouts as noted in the reviews of (Langan 2010; Sher & Vilens 2010; Doran 2013; McCune, Paton & Touquet 2015; Levounis et al. 2016)

#### 3.1 Patients' behavioural challenges

Psychiatric nurses encounter a lot of demanding and stressful events posed by mental health patients with alcohol addiction disorders such as dealing with aggressive and violent patients. Violence is a complex problem and there are numerous risk factors causing it. Although literature does not indicate some of the mental illness symptoms or labels, there is no single risk factor that is a cause of violence. Dealing with patients with challenging behaviours in mental health nursing is regular. Working with people at a time when their mental health is suffering because of their mental illness is distressing and people deal with this expressed distress in various ways. Violence against healthcare workers is an occupational hazard that is facing the nursing carrier which accounts for as many as all other injuries combined in all other professions (Langan 2010). Aggression and violence are highly faced by healthcare workers especially those working with mental health patients with alcohol addiction disorders. (National Nurse 2012; Massachusetts Nurse Advocate 2019; McPhaul & Lipscomb 2011; Itzhaki, Bluvstein, Bortz, Kostistky, Filshinsky & Theilla 2018.) Studies have also shown that 50 percent of nurses working in a psychiatric and emergency department witness violence such as being pushed, kicked, or even spit on, and that more than 25 percent had experienced more than 20 incidents of violence. More than 70 percent experienced verbal abuse such as being cursed or harassed. Also, it has been proven that the rate of violence to mental health nurses has been estimated to be 10 per 100 employers per year, which is far greater than in many high-risk occupations. (National Nurse 2012.)

Violence has a negative impact on the healthcare givers physical, mental health, quality of care provided and as such a negative impact on their day-to-day work. Nurses are more prone to experience depression twice higher than an average individual due to the nature of their jobs with mental health patients. The aggressive behaviours of mental health patients are contributing factors of stress in healthcare environments. Emotional distress including anger, anxiety, depression, fear for violence in the future, frustration, confusion,

and disappointment. Being scared when coming to work the following day after being a victim of violence leads to depression. Psychiatric nurses are a subject to workplace violence which contributes to stress and feelings of powerlessness when someone is experiencing personal stress. (Nguluwe, Havenga & Segane 2014; Itzhaki et al. 2018.) Because of aggression experienced by nurses, they turn to use avoidance techniques to cope with their stress. Literatures reviews that these coping mechanisms especially poor coping techniques can cause great impact on the nurse's mental wellbeing, such as depression and anxiety. Student nurses who practice using avoidance techniques are prone to psychological trauma. The way individuals handle stress and challenges in life has a psychological influence in their health and mental wellbeing, especially psychiatric nurses working with mental health patients with alcohol addiction disorders. (Nguluwe et al. 2014; Itzhaki et al. 2018; Alhadi & Tumah 2019.)

Restriction or controlled nature of the wards in the mental health units also triggers violent behaviours in mental health patients. Living behind locked doors and not being able to leave the ward on their own contributes to such behaviours as such psychiatric nurses are thus exposed or victims of aggression and violence caused by mental health patients with alcohol addiction disorders. (Nguluwe et al. 2014.) Lack of skills by unexperienced nurses can exacerbate aggressive behaviours. This can be seen in student nurses during their clinical training with little or no experience and makes them at a higher risk of assault. (Alhadi & Tumah 2019.)

### 3.2 Nurses' increased workload and burnouts

Relapses and rehospitalisation are common among mental health patients with alcohol disorders there by increasing the workload of nurses. Nurses must put in extra efforts to care for them by lifting and cleaning up their mess which is often exhaustive and subsequently leads to burn outs, more sick leave, and longer working hours as some nurses are forced to do long shifts when others are absent as a result of sick leave. The pressure that comes with lack of resources or staffs, increased patient acuity and assignment ratios, shift rotations, long working hours also contribute to job related stress and thus contributes to substance use and may also lead to reduced professional quality of life. Evidence has shown that organizational factors such as shortage of staffs are more stressful than even the challenging behaviours (violence) pose by mental health patients. (Storey, Collis & Clegg 2012.)

Also, workplace related stress has a great impact on healthcare workers lives at home in one way or the other. Workplace related stress, violence, not having enough staff or burn-out lives a negative impact on caregivers' family. There are usually feelings of negativity, yelling or being angry towards family members after a stressful working day. And not being able to share what you are going through with family members even makes the situation worse and such individuals turn to alcohol or drugs as a coping mechanism.

(DeKeseredy, Kurtz & Sedney 2019, 12-13; Itzhaki et al. 2018.) More so, nurses and caregivers spend considerable time in monitoring the behaviour of patients with extreme intoxication and those that have been assaulted or receive injury. (McCune, Paton & Touquet 2015.) For instance, mental health patients with alcohol addiction disorder are most likely to experience alcohol epilepsy. Alcohol epileptic syndrome has been identified as the most common neurological disorder amongst patients with chronic alcohol intoxication. Patients experiencing alcohol epileptic syndrome are often in a life-threatening state which require urgent hospitalization and intensive care. The recovery process of such patients is often slow as they cannot immediately cope on their own thereby increasing the workload of nurses. (Sher & Vilens 2010.)

### 3.3 Comorbidity

Comorbidity refers to the re-occurrence of addictive disorders. It also refers to a situation where the same individual is affected by multiple medical conditions such as alcohol addiction and other disorders of mental illness at the same time over a long period of time. (Carter et al. 2013). In the same light, Levounis et al. (2016) note that, co-occurring psychiatric disorders are very often in patients with alcohol use disorders. Most diagnosed include, mood disorders such as major depressive disorder and bipolar disorder, anxiety disorders such as social phobia and generalized anxiety disorder, as well as posttraumatic stress disorder. As Levounis et al. (2016) further note, patients with other psychiatric disorders and alcohol use disorder tend to have a more serious, complicated and difficult-to-treat course and may lead to resistance to treatment as compared to patients with just a single diagnosis. Comorbidity was understood and identified as a challenge to both the clinical care and public health since the late 20th century. Sometimes it is difficult for practitioners to determine if the signs and symptoms portrayed by the patient are due to psychiatric co-occurring illnesses or substance induced. Sometimes some patients are diagnosed with multiple medical comorbidities which are related to alcohol use disorders often requiring a multidisciplinary and cooperative team which is not easy to coordinate and manage and is time constraining. Nowadays, the management of mental health patients with alcohol addiction disorder is even more complex because recurring disorders.

As further illustrated by Help Guide (2020) “co-occurring disorders affect each other” and mental health problems increase simultaneously with alcohol abuse. Alcohol abuse can worsen anxiety and depressive symptoms. It is even more difficult to recognise a dual diagnose as it takes considerable time to be able differentiate between a what might be an alcohol addiction disorder from what might be a mental health disorder. Co-occurring disorders are more common amongst mental health patients with alcohol addiction disorder because alcohol has a negative effect on other medications. It interacts with mood stabilizers, anxiety medications, antidepressants making these medications less effective in the management of symptoms and hence delay treatment and subsequently re-occurring disorders.

In the same light, Pierre (2018) also notes that, “the combine effects of having alcohol use disorder along with another mental illness are uniformly negative”. Just like Help Guide (2020) noted in its reviews, Pierre (2020) also notes that, it is challenging to determine if a mental health patient with active alcohol use disorder has another serious mental health problem or not. This is because, a situation of a possible dual disorder is further complicated by the fact that, the psychiatric symptoms of mental health patients with alcohol use disorders and those of mental health patients with other non-alcohol use disorders are the same for example, anxiety, insomnia, manic behaviours, depression, psychosis. The difference between these two must first be established before treatment can be successful. As such, diagnostic false negative or false positive can lead to inappropriate treatment and impossible expectations for the recovery process.

### 3.4 Treatment strategies and patients’ poorer medication compliance

The uncertainty on which treatment strategy is suitable for mental health patients with alcohol addiction disorder also pose a huge challenge to psychiatric nurses. This is because, as noted by Sher & Vilens (2010), Alcohol addiction treatment is based on a two-step approach which includes detoxification and withdrawal, and then further interventions to ensure abstinence. However, there is substantial uncertainty on what treatment strategy is best for patients in the post detoxification stage. A "drug-free" 12-step approach is advocated by some nurses, while others claim that other psychosocial approaches in combination with appropriate non-addictive pharmacotherapies or the 12-step approach may enhance treatment outcomes. In the same light, Sher & Vilens (2010) further note that, the present use of pharmacological agents clearly shows limited reliability and efficacy in pharmacological attempts at the treatment of alcohol dependence or alcoholism. Hence, calls on research on drugs to focus on the development of new medications with advanced, long-term efficacy and reliability as well as minimal side effects.

This challenge is further compounded by poorer medication compliance on the part of the patients. Poorer medication compliance here is defined as “a case in which a person’s behaviour in taking medication does not correspond with agreed recommendations from health personnel” (Semahegn, Torpey, Manu, Assefa, Tesfaye & Ankomah 2018, 3). This can be either unintentional or intentional and include quitting from taking a medication even before the course of therapy is complete, taking less or more of a medication than initially prescribed or not taking a dose at the right time. Mental health patients who are going through major psychiatric disorders such as alcohol addiction disorders are most likely to be non-compliant to their medication. Naturally, major psychiatric disorders such as alcohol addiction disorders, affect patients’ insight and reasoning skills which can have a negative effect on medication adherence. Such patients with non-adherence to medication can trigger worsening health conditions and complications and hence re-hospitalization, relapses of symptoms, poor psychosocial outcomes, reoccurrence of other disorders, ineffectiveness of the next treatment, and subsequently poor quality of life (Semahegen et al. 2018.)

In the same light, Doran (2013) notes that, often, mental health patients with alcohol addiction disorders are aggressive and may refuse to take their medication or spit out the medication when the nurses are not around, and the tablets are only found later, on the floor or in the toilet. These account most often for poorer medication compliance and subsequently resistance and deteriorating health condition. In this situation, nurses are faced with ethical dilemmas because as nurses, they must ensure that, the patient takes it medication rightly but at the same time, you cannot force a patient to take medication if he she does not want to. As Doran (2013) further notes, mental health patients have the right to consent to their treatment, and in case of involuntary medication, adult patients have the right to either refuse or accept medication.

On the other hand, even though, some mental health patients with alcohol addiction disorders who are aware of their rights can outrightly refused to take medication, there are also many risk factors which may account for medication nonadherence in the long run for each patient. These include patient's inability to agree or come to terms with their diagnosis, having several comorbid illnesses, particularly alcohol use disorders, having allergies or worse side effects to medications, and having a bad relationship with the nurses. On the other end, good support and encouragement for recovery, and good counselling and education on the side effects of the medication and why the medication is a necessity may also be helpful. (Monaco 2019.)

#### 4 DESCRIPTION OF COMMISSIONING ORGANIZATION

The thesis is commissioned by a service home for mental health patients with alcohol addiction disorder. It is located East of Helsinki. The company is a private company that provides care for all ages in services such as mental health, substance abuse rehabilitators, developmental and disabled and housing services for the elderly. The company was founded in the late 2000 and provides care for over 12000 Finns. It has more than 400 care and service homes in Finland with over 13000 employees. The service home has over 20 Nurses that consist of 3 registered nurses, over 10 practical nurses and 3 care assistants, 2 registered nursing students and 2 practical nursing students and 1 social worker.

The goal of the service home is to offer the mental health patients with alcohol addiction disorders the opportunity to live actively in an accessible, homely, and safe living environment with care provided by professional staffs 24 hours a day. The commissioning organization is not mentioned in this thesis due to confidentiality reasons. The service home offers services for adults with mental health problems and physically disabled persons. The service home has 3 units. In each unit has 13-17 residents of ages less than 65, both male and female. Even though the clients are usually less than 65 years does not necessarily mean they leave the service home once they turn 65, but rather live the rest of their lives there. The purpose of the organization is to strengthen the customers operational capacity and social relationships. Their everyday life is built on the implementation of individual rehabilitation plans, strengthening of their everyday skills, participate in the decision-making about their care plan.

In addition to guidance and support, the daily activities are determined by listening to and appreciating residents. The residents receive professional and goal-oriented support. The registered nurse is responsible of the planning, implementing, and evaluating client-centred patient care, administration work, role modelling, crisis assessment, providing leadership and clinical knowledge to all members of the multidisciplinary team, and being available for peer supervision (Dahlenburg & Allwood 2020).



## 5 THE PURPOSE OF THESIS, AIM AND RESEARCH QUESTION

The aim of this thesis is to describe the challenges faced by nurses in the management of mental health patients with alcohol addiction disorder.

The purpose of the thesis is to strengthen professional skills of mental health nurses to have a better understanding and improvement in the care and management of mental health patients with alcohol addiction disorder. In addition, the results can be used to create an awareness of the existing challenges and their manifestations and how these factors can adversely impact the mental health and wellbeing of psychiatric nurses especially newly graduate nurses and students with little or no experience in psychiatric nursing care. Identifying these challenges faced by nurses in the management of mental health patients with alcohol disorders will help in promoting early recognition of the challenges such as burnout and depression. And as such, supports the mental health and professional wellbeing of psychiatric nurses. The results and recommendations can also go a long way to assist professionals in the field of mental health nursing to develop or come up with new strategies on how to cope with these challenges, thereby improving on the overall well-being of both psychiatric nurses and mental health patients with alcohol addiction disorders.

Research question:

1. What kind of challenges nurses encounter in the management of mental health patients with alcohol addiction?

## 6 DESCRIPTION OF THE THESIS PROCESS

### 6.1 Qualitative research approach

A qualitative research is a research which generates words rather than numbers and is aimed at understanding the experiences and attitudes of patients, healthcare workers or the community. The method is aimed to answer questions about 'why', 'what' or 'how' of a phenomenon and the findings are usually not arrived at statistically as in quantitative research which deals with numbers as a data for analysis. (McCusker & Gunaydin 2015.)

As Saldana (2011) further notes, qualitative research is a blanket term that is used to define a wide range of methods and approaches to the study of natural social occurrences. The data or information gathered and analysed is predominantly but not entirely non quantitative in nature, comprising of textual materials which includes interviews, documents and field notes, visual materials like video recordings, photographs, artifacts, to name a few. (Saldana 2011.) As opposed to quantitative research, qualitative research is subjective, based on people's experiences and explanations of social events (Daba-Buzoianu & Duduciuc 2017). In the same vein, Morse, (2012) notes that, qualitative research places the individual in the picture and pays attention to description of the individual's emotional self and experiences.

The research topic, (nursing challenges of the management of mental health patients with alcohol addiction disorder) is therefore suitable for qualitative research because it is subjective, aimed at describing social events. The authors hope that, the qualitative data, collected with the interview, will allow respondents to give insights into the subject under study and enable professionals in the field of mental health nursing to have a deeper understanding of the challenges of the management of mental health patients with addiction disorders.

### 6.2 Interview and participants

According to Brinkmann & Kvale (2015, 5), "Interview is a conversation that has a structure and a purpose". However, Merriam, & Tisdell (2015), define interview as a method in which a researcher engages in a conversation with a participant with the sole focus on questions pertaining to a research study. The primary purpose of an interview is to obtain a unique type of information. Interviews can be self - administered, face to face verbal interviews, open or close ended questionnaires, mails to name a few. They can also be structured, semi structured or unstructured, and can be used for a wide range academic research and analysis. (Virginia Tech 2018.)

Interviews are generally most effective in a qualitative study. They are design to retrieve a richer source of data from a limited number of people. Interviews help respondents and researchers to deepen their understanding, as well as explain and explore opinions, behaviors, phenomenon, experiences to name a few (Virginia Tech 2018).

In this study, interviews are carried out in the form of semi structured open-ended questions. Semi structured open-ended questions are defined as a qualitative research technique that obliges the researcher to have a list of questions which are implemented flexibly, thereby allowing the respondents to determine the direction of the interview (Edwards 2016). This implies, the interviewer can actively listen to what the respondent says during the interview and then use the response to change, modify or ask new questions that are relevant to the experiences of the respondents. This allows the respondents to give in-depth information on the subject under study.

The participants in this study consists of five psychiatric nurses working with mental health patients with alcohol addiction disorders. Inclusion criteria has been utilized to carefully select these participants. The criteria of selection entails identifying respondents based on specified criteria. As noted by Lapan et al. (2011), qualitative research samplings are different from those of quantitative research such as systematic and random strategies meant to generalize and extend results because, qualitative research questions tend to focus on processes, interpretations, contextual descriptions, meanings and explanations assign to activities, behaviors and events. As such, qualitative research questions are purposive and targeted.

The interviews were conducted in Helsinki in October 2020 in collaboration with the commission organization. The commission organization had already been informed at the beginning of the project and had given the authors the permission to work with them (Appendix 2). The nurses at the psychiatric unit were asked two weeks prior to the interview date if they are willing to participate in the study. The inclusion criteria were that the nurses were caring for patients with alcohol addiction disorders. The informants consisted of five psychiatric nurses working in the mental health unit in a service home in Helsinki. They were between the ages of 25 and 40 and had 1 to 8 years working experience in psychiatric care. Some of which were registered nurses with bachelor's degrees, final year registered nursing student and practical nurses.

Data were collected via semi-structured interviews. The interview could not be conducted by both authors because one of the authors was doing her clinical training out of Helsinki and because of distance could not make it to the interviews, in which only one person had to conduct the interview. All participants were provided with a schedule via phone calls

and face to face contact prior to the interview and a briefing of what the interview was about. The time and venue of the interview was negotiated with each participant according to their various schedule and as suitable to them. All the interviews were recorded with the consent of the participants using two-audio tape recorders. A total of five in-depth interviews were conducted and the author asked the participants the following questions (Appendix 1) based on the four different themes. The interviews lasted between 11 to 23 minutes. Four interviews were conducted at the premises of the commissioning organization in a quiet room and the fifth interview was conducted via skype. The first interview was conducted on 2 October 2020 at 4pm and lasted for sixteen minutes, the second interview on 2 October 2020 at 8pm and lasted for twelve minutes, the third interview on 3 October 2020 at 7am and lasted for eleven and the fourth interview on 4 October 2020 at 7am and lasted for twenty minutes while other workers who had morning shifts were having coffee in the kitchen. The fifth interview was conducted on 6 October 2020 at 4pm and lasted for twenty-three minutes via skype because the interviewee was on a one-week sick leave and could not come to work. During the interview, the author introduced the thesis topic and brief the participants on the interview guide questions. The interview was then led by the participant's and further questions were asked based on the participant's responses. All responses were recorded and data from the audiotaped interviews were then forwarded to the other student who could not take part in the interviews. The said student proceeded further to transcribed four of the interviews while the student who administered the interview transcribed the last interview. At the end, we realized a total of 9 pages, font size 11, line spacing 1.5 of transcribed data. The data was later sorted and coded according to the various themes (Appendix 3).

### 6.3 Data analysis

Data was conducted and analysed through deductive and inductive reasoning. Deductive content analysis is an analytical method that seeks to test existing concepts, theories, models, or hypotheses with new data from a new environment (Kyngäs & Kaakinen 2020). This is suitable for this research as recent findings from a new context will be used to compare with existing knowledge on the challenges of the management of mental health patients' with alcohol addiction disorders. As noted by Graneheima, Lindgren & Lundman (2017) the deductive approach allows researchers to test the collected data against the implications of existing explanatory models about the subject under study. In the same vein, Sandström, Willman, Svensson & Borglin (2015) noted that, deductive content analysis is profitable when a priori supposition exists about a phenomenon which implies that, the structure of the content analysis is based on that previous knowledge.

This further makes the approach suitable for this thesis because, the research is qualitative, based on grounded reviews of the challenges of the management of mental health with alcohol addiction disorders. And it makes it easier to compare the findings with the reviews of literature.

On the other end, the inductive approach is a qualitative method of content analysis used by researchers to develop theory and come up with themes. It implies that, the themes, and patterns of analysis are from the data. (Bowen, 2006.) The purpose of this approach is to reduce extensive and diverse raw text data into a short, summary format and to establish clear connections between the summary findings obtained from the raw data and the research objectives (Thomas 2006). The approach is suitable for this thesis, because the research is qualitative and based on open ended interviews. It therefore allows the researchers to reduce extensive raw text data into a short summary format and facilitate the establishment of clear connections between the summarised findings and the research objectives.

The organisation phase of the deductive and inductive content analysis involves grouping matrix development in which all the data are examined for content and coded for correspondence to the exemplified themes. The categorization or grouping matrix can then be considered as valid if the groupings represent the concept adequately and if they capture what was expected. (Elo, Kääriäinen, Kanste, Pölkki, Utraiainen & Kyngäs 2014.)

Coding entails classification of ideas, topics, themes, types of people, activities, issues, and other categories that are important in the study. Coding may range from more conceptual and concrete to more abstract and can either be open or close. (Lapan et al. 2011; Sutton & Zubin 2015, 3). With coding, researchers can review the material, make notes and headings in the text while they read. The process often demands for repeated reading of the text or material, and thereafter, the notes and headings are transcribed by the researcher onto a coding sheet. This process is followed by grouping the data and reducing the number of categories by merging similar headings into wider categories. It is believed that researchers generate knowledge and increase understanding of the material through this process. (Hall 2020.)

In this research, the analysis started with the transcribed texts being read several times to gain extended understanding of the text. The text was then guided by codes describing different aspects of the content. The codes were further sorted into the exemplified themes based on how different codes were linked to each other. Each theme was named from which subthemes were derived (Appendix 3).

## 7 FINDINGS

### 7.1 Behavioural challenges

All nurses brought out the issue that mental health patients with alcohol addiction disorder have challenging behaviours. They expressed their experiences of violence by describing the different forms of violence they experienced while working with such category of patients. Findings in this thesis revealed that behavioural challenges especially in the form of violence which includes loudness, physical threatening, sexual behaviour, and cooperation difficulties were more common when working with mental health patients with alcohol addiction disorder.

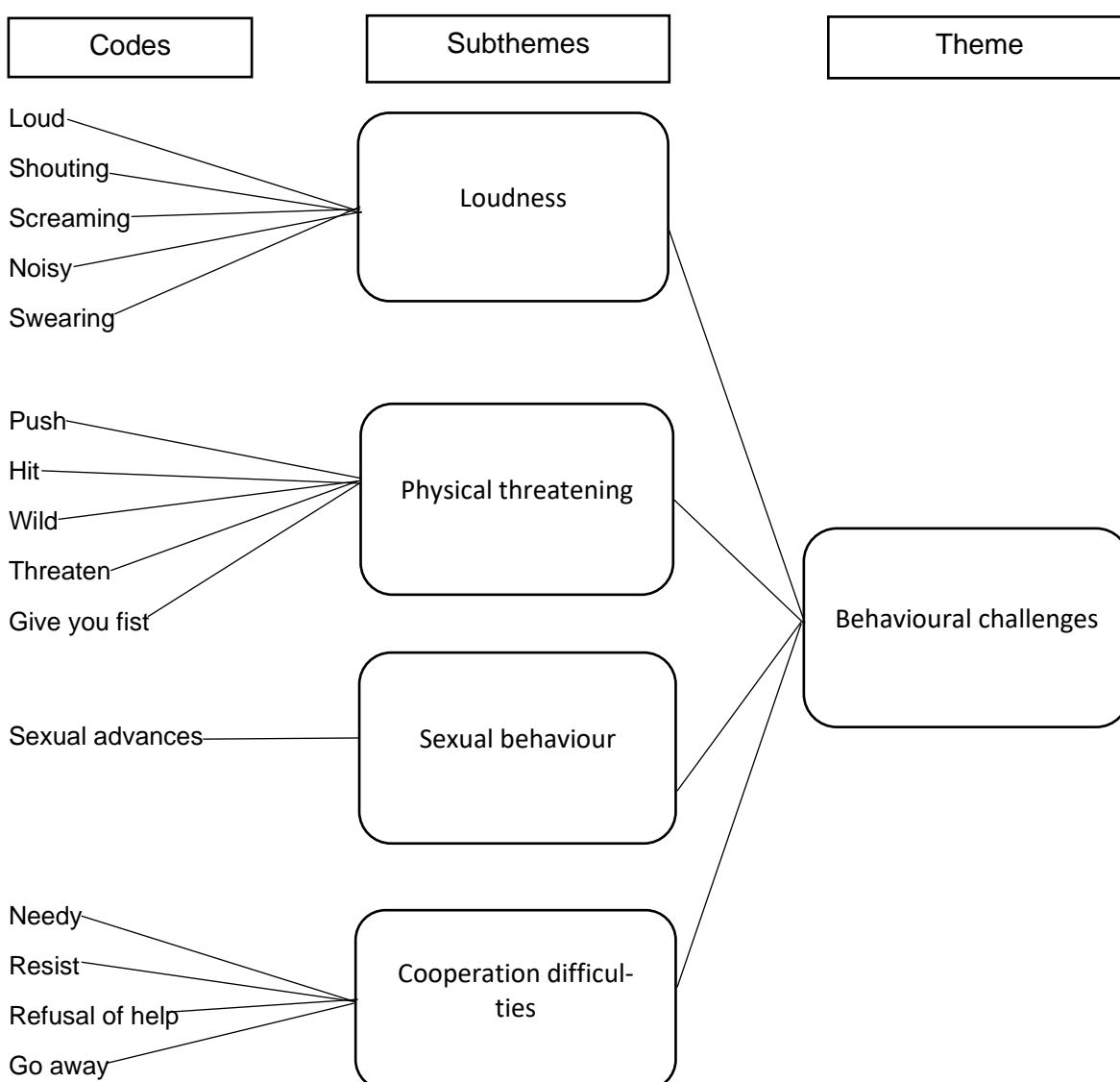


Figure 1. Nurses experience of behavioral challenges

Various forms of **loudness** were experienced by the psychiatric nurses, which are loud, shouting, screaming, noisy, swearing.

One of the participants describes their behavioral challenges as:

*“They can be sometimes quite wild and loud. Noise is another issue, when one person starts shouting, the other person follows and then the next and the whole place becomes so noisy.” (Respondent A)*

**Physical threats** were very common as all the participants had witnessed either one form of physical threat while working with mental health patients with alcohol addiction disorders. Some of the physical threats experienced by nurses are push, hit, wild, threaten, give you fist. One of the participants explains:

*“They can be sometimes quite wild and loud. They can push or hit you while you are helping them.” (Respondent A)*

The **sexual behavior** experienced by nurses is sexual advances. One participant explained that they could sometimes talk to caregivers in an inappropriate manner that is not acceptable or sometimes to another resident as a participant who has experienced such behaviors explains:

*“They can talk in a way that he is sexual to you.” (Respondent D)*

**Cooperation difficulties** was common when working with mental health patients with alcohol addiction disorders. Some of the difficulties include, needy, resist, refusal of help, go away. One participant describes their behavior as follows:

*“That is one of the situations and they like continuously need something, like continuously need food, continuously need help. They kind of resist, and they do not understand that you are trying to help them and some really resist you really hard.” (Respondent B)*

## 7.2 Increased workload and burnouts

All interviewees noted that, working with mental health patients with alcohol addiction disorder increases workload and burnouts and it is tiring both physically and mentally. They all noted that such patients are difficult to manage. They justify this on grounds that mental health patients with alcohol addiction have the tendency to all start shouting at once, as

well as many of them demanding for attention at the same time which is difficult to manage. They also brought out the issue of limited staff and subsequently increase workload and burnouts because a nurse will have to take care of more patients than is required since they do not have enough workers. They also noted that sometimes their colleagues are absent, and they have to fill in and work for longer hours which is very exhausting.

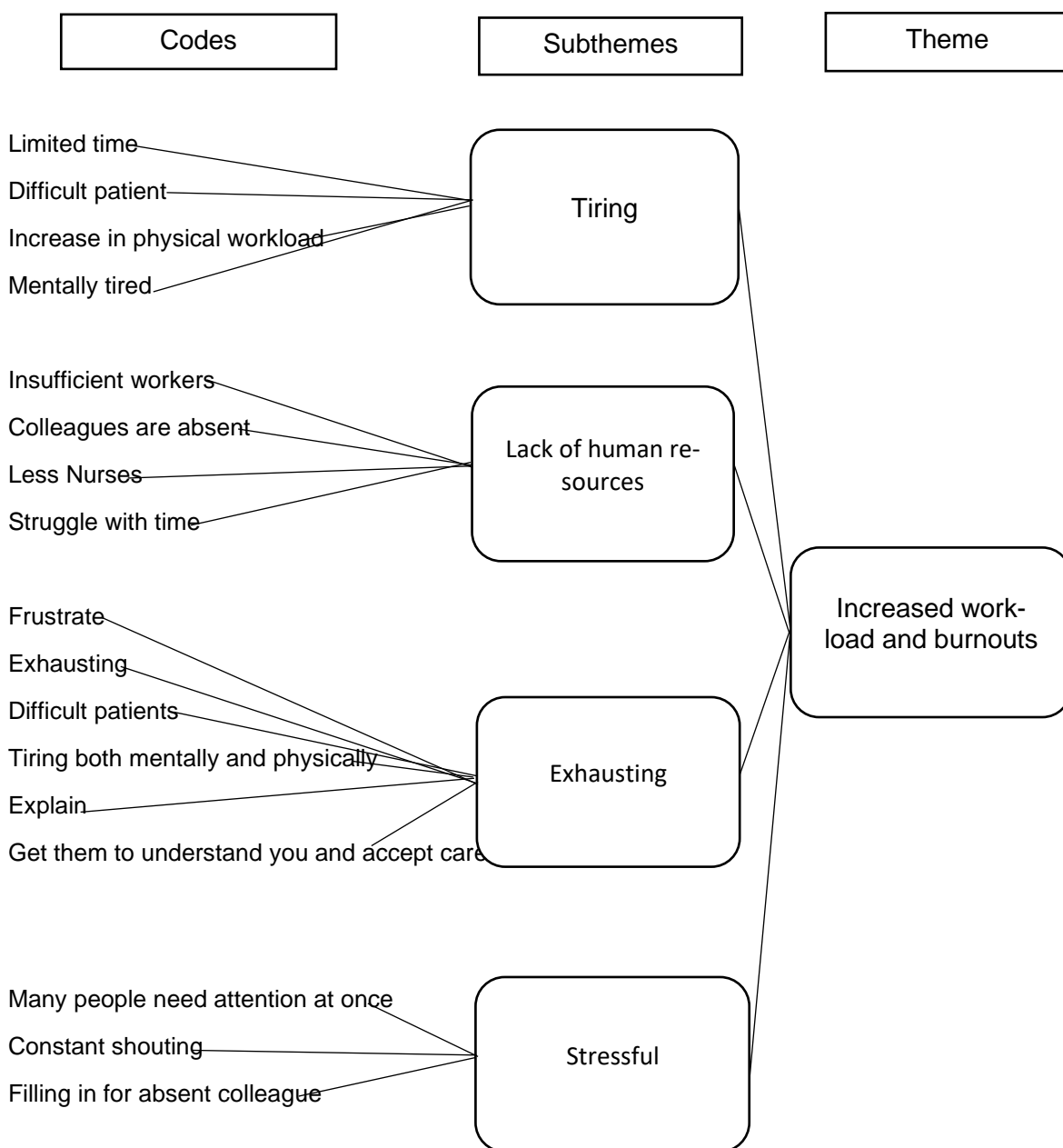


Figure 2. Increased workload and burnouts



For instance, one of the nurses describes the situation as follows;

*“When one is shouting and the other is also shouting, many other people needing our attention at the same time so it’s difficult to manage and you are stress, and you feel like the time is not even enough. Not enough time to take care of the patients under your care in the morning. And you know, there is not enough workers. ... Its tiring, it makes you tired, when there is so much noise, you cannot absorb, you feel like frustrated, even if you try your best, it’s not welcoming. I have to fill in because my colleague is absent and it’s so exhausting.” (Respondent A)*

### 7.3 Comorbidity

All the nurses brought out different comorbidity challenges encountered in the management of mental health patients with alcohol addiction disorders. One of the respondents noted that, the occurrence of alcohol addiction disorder and other disorders simultaneously can influence the patient to eat something that is harmful to his or her health. One of the respondents also noted that explanations are never enough for these categories of patients. In fact, you have to explain, and re-explain yourself several times but still they do not get it. While two nurses noted that, it is even more challenging to work with mental health patients who have alcohol addiction disorder and other diseases at the same time as they have one disease overlooking the other. More so, they show anxiety, restlessness and are sometimes aggressive as well as they are others that show psychotic behaviours which makes it challenging to manage.

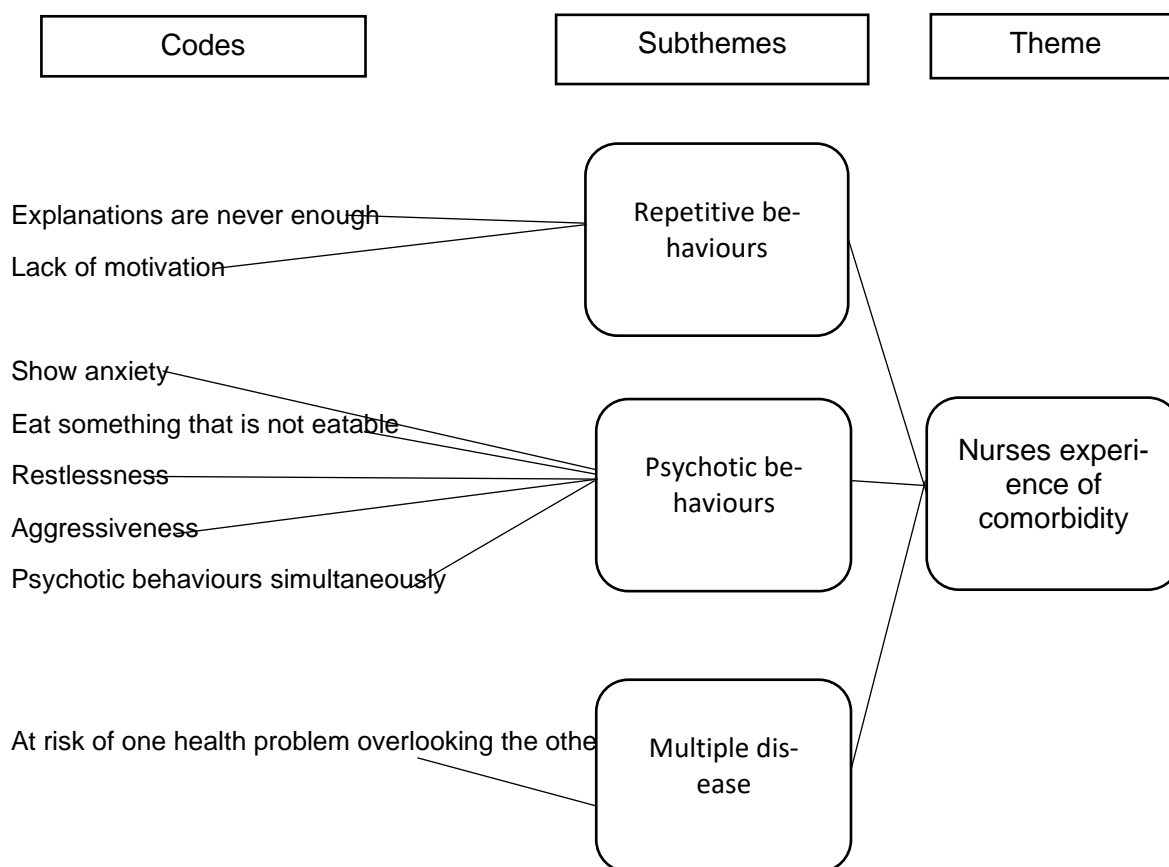


Figure 3. Nurses experience of comorbidity

The participant further describes the situation as follows;

*“most of the patients that we have with this mental health disorder, also have diabetes, things like heart diseases, high blood pressure problems, high cholesterol, and when they have that they are always at risk of having one problem overlooking the other so it's not just their mental disorders. these are the things that make situations worse.” (Respondent D)*

#### 7.4 Different treatment strategies, poorer medication compliance

Four of the nurses pointed out that mental health patients with alcohol addiction disorders are challenging with regards to treatment strategies and medication compliance. They noted that, mental health patients with alcohol addiction disorder pose difficulties in terms of injection or administering insulin especially those who have diabetes in addition. Sometimes they portray total resistance and refusal to take medication completely which result

consequently to worsening health situations. They also noted that sometimes the medication does not even help.

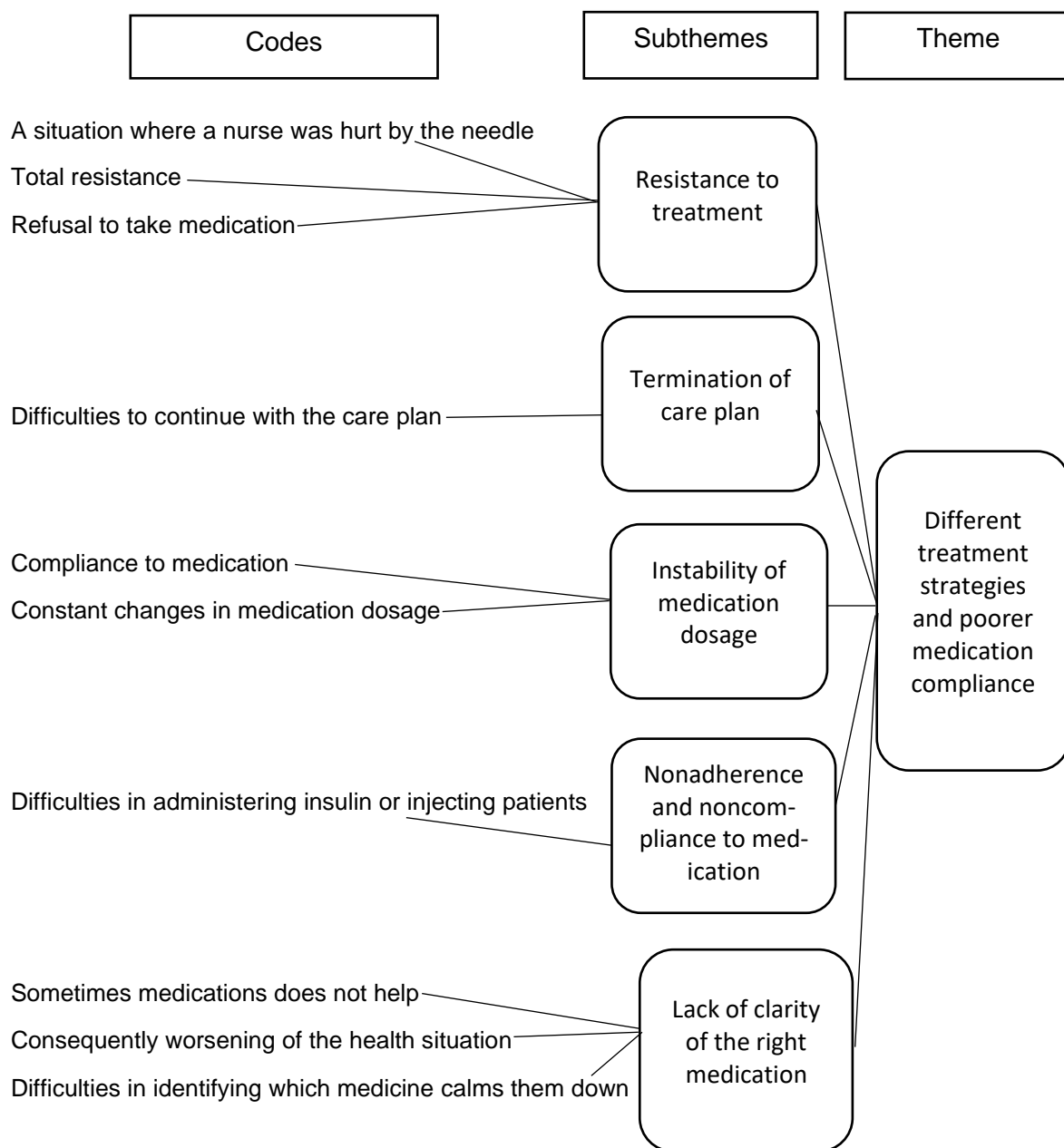


Figure 4. Different treatment strategies and poorer medication compliance

One of the participants describes the situation as follows;

*"Most of our patients with this mental disorder take medicine quite well, just the fact that sometimes, knowing which medicines will calm them down, especially with the anxiety, where there is screaming and then confusion, just to have a good balance with them can be hard. We have patients whose medicines are always being*

*changed, the dose increase, the dose reduces. So, to get their medications stabilise so that they can function not normally but at least being functional, can be really really hard.” (Respondent D)*

## 8 DISCUSSION

### 8.1 Discussion of the findings

The aim of this thesis is to describe the challenges faced by nurses in the management of mental health patients with alcohol addiction disorder. The purpose of the thesis is to strengthen professional skills of mental health nurses to have a better understanding and improvement in the care and management of mental health patients with alcohol addiction disorder. Findings regarding **behavioural challenges** experienced by nurses working with mental health patients with alcohol addiction disorder agrees with studies conducted by Nguluwe, Havenga & Segane (2014) on violence experienced by nurses working in acute psychiatric wards at Gauteng hospital that disclosed some challenging behaviours experienced by psychiatric nurses. Also, other studies show that aggression and violence are highly faced by healthcare workers especially those working with mental health patients with alcohol addiction disorders. (National Nurse 2012; Massachusetts Nurse Advocate 2019; McPhaul & Lipscomb 2011; Itzhaki, Bluvstein, Bortz, Kostistky, Filshtinsky & Theilla 2018.)

Findings indicate that, working with mental health patients with alcohol addiction disorder **increases workload and burnouts** and it is tiring both physically and mentally. It further indicates that, mental health patients with alcohol addiction disorders are difficult to manage. They have tendency to all start shouting at once, as well as many of them demanding for attention at the same time. More so, working with mental health patients with alcohol addiction entails a lot of work. Some alcohol intoxicated patients get so weak that they require a lot of help like bedridden patients. These issues are further compounded by limited staff and subsequently increase workload and burnouts because a nurse will have to take care of more patients than is required since they do not have enough workers. Sometimes work colleagues are absent and other nurses have to fill in and work for longer hours which is very exhausting.

These go a long way to confirm with the reviews of literature which stated that, relapses and hospitalization are common among mental health patients with alcohol disorders there by increasing the workload of nurses. Nurses must put in extra efforts to care for them by lifting and cleaning up their mess which is often exhaustive and subsequently leads to burn outs, more sick leave, and longer working hours as some nurses are forced to do long shifts when others are absent as a result of sick leave. More so, nurses and care givers spend considerable time in monitoring the behaviour of patients with extreme

intoxication and those that have been assaulted or receive injury. (McCune, Paton & Touquet 2015.) However, most of the increased workload and burnouts during the findings were attributed to insufficient human resources and the behaviour of such patients, whereas, in the literature review, most of the increased workload and burnout were attributed to relapses and hospitalization as well as alcohol epileptic syndrome. Worthy to note is the fact that, there is increased workload and burn outs which might be justified by different reasons or in relation to specific settings.

Findings show that, the occurrence of alcohol addiction disorder and other disorders simultaneously can influence the patient to eat something that is harmful to his or her health. Explanations are never enough for these categories of patients. Further findings also show that, it is even more challenging to work with mental health patients who have alcohol addiction disorder and other diseases at the same time as they have one disease overlooking the other. More so, they show anxiety, restlessness and are sometimes aggressive as well as they are others that show psychotic behaviours which makes it challenging to manage. These are in confirmity with the reviews of Levounis et al. (2016) who noted that, co-occurring psychiatric disorders are very often in patients with alcohol use disorders. Most diagnosed include, mood disorders such as major depressive disorder and bipolar disorder, anxiety disorders to name a few. Hr also added that, nowadays, the management of mental health patients with alcohol addiction disorder is even more complex because recurring disorders.

Findings prove that, mental health patients with alcohol addiction disorders are challenging with regards to **treatment strategies and medication compliance**. They are challenging in terms of administering insulin or any injection, especially those who have diabetes in addition. More so, sometimes they portray total resistance and refusal to take medication completely which makes it difficult to continue with the care plan or evaluate their overall health condition and subsequently result to worsening health conditions. This is also in accord with the reviews of literature which stated that, often, mental health patients with alcohol addiction disorders are aggressive and may refuse to take their medication, which account most often for poorer medication compliance and subsequently resistance and deteriorating health condition.

Further findings also prove that, the situation is further compounded by patients who are aware of their rights, as they can out rightly say it to you that they do not want to take the medications and you cannot force them. This is in confirmation with the reviews of Doran (2013), who stated that, mental health patients have the right to consent to their treatment,

and in case of involuntary medication, adult patients have the right to either refuse or accept medication.

On the other end, the findings also reveal that, most mental health patients with alcohol addiction disorder do not have a problem with medication compliance. In fact, the main challenge lies in the treatment strategy. Most especially, in the lack of clarity on the right medication to use or the difficulties in identifying which medication would calm the patients. And also, constant changes in the medication dosage of some patients and the fact that sometimes even the anxiety medication does not work. These also go a long way with the reviews of Sher & Vilens (2010) which stated that, the present use of pharmacological agents clearly shows limited reliability and efficacy in pharmacological attempts at the treatment of alcohol dependence or alcoholism. Hence, calls on research on drugs to focus on the development of new medications with advanced, long-term efficacy and reliability as well as minimal side effects.

## 8.2 Ethical Consideration

Ethics in research involves the protection of dignity of subjects and publication of information in the research. The major ethical issues in conducting research are informed consent, beneficence-Do not harm, respect for anonymity and confidentiality, respect for privacy. (Fouka & Mantzourou 2011.) In this thesis, ethical consideration was considered in every aspect during the thesis process. Approval was obtained from the commissioning organization and informed consent was gotten from all participants and the commissioning agreement can be seen in (Appendix 2) without identification of the organization, because it was agreed in the beginning of the thesis process for confidentiality reasons.

With respect to the data collection methods, we as researchers, had to exercise patients and work according to schedule of our interviewees. Approval had been obtained from the commission organisation and the participants were aware of the nature of our research. We tried to make the interview process comfortable as much as possible by letting the participants choose a date and time that was comfortable for them and no pressure was put on the participants. The authors did not reveal the identities of the participants and data was stored and maintained only for as long as is necessary for the completion of the thesis. Data were treated confidentially. However, we were not able to pre-test our interview questions because as noted by Hurst, Arulogun, Owolabi, Akinyemi, Uvere, Warth & Ovbiagele (2015), pretesting in qualitative research requires administering the same interview questions in the same manner to a similar group of participants who share the same

characteristics with the participants in the research. This would require obtaining a commission agreement and informed consent of participants from a similar healthcare organisation to the one we used in this research which is nearly impossible in our situation because we did not have the time and the resources to go through all of that.

More so, the participants comprised of registered and practical nurses working with mental health patients with alcohol addiction which to us were a good choice. However, we think that the data was not well saturated because the interview was conducted in English which is not the first nor official language of the participants. Perhaps, the participants would have provided us with more information if the interview were conducted in Finnish as Finnish is the official language used at the unit.

Before conducting the interview, we thought carefully about our interview questions and the order in which they appear. We even sought further assistance from our research supervisor to review the interview questions and we received some tips on how to present the questions and keep them simple and straight to the point. This is because as students, we were not very experience in this aspect, and we needed like a third party who is like an expert in conducting research to have a look at it. We also thought about the interview protocol. We agreed that we will first introduce ourselves to the participants, then we state our goals and then we get into the interview and offer to answer any questions in case they need clarity in any aspect. The participants had ample time to answer the questions but within the interview, the interviewer tries to sway the participant to give us just the answers we wished to hear. This was done to ensure that we collect useful data. The interviews were recorded and were transcribed right after the interview and analysed.

With regards to the organisation phase, it was quite easy to create and analyse the themes, given that the research was largely deductive. The themes emanated from the theoretical reviews of the challenges of the management of mental health patients with alcohol addiction disorder. The inductive approach was further utilised to create sub themes from the data and reduce extensive raw text data into a short summary format which facilitate the establishment of clear connections between the summarised findings and the research objectives. The deductive approach made it easier for the researchers to then compare recent findings with previous reviews on the subject under the research. There were also overlap between data. Shouting and screaming by patients was cited by most participants as examples of behavioural challenges and at the same time as what constitute or leads to increased workload and burnouts.

With respect to interpretation, we endeavoured to ensure that the information from the participants was accurately represented in the data. Direct quotations of the participants



were extracted from the original text without editing and used to justify some of the findings and analysis. The original text transcribed from the interviews of participants have also been attached as an appendix and quoted text within the research can be verify from the appendix. The research has also been made very easy for the readers to evaluate. The reader can already see the coherence in the presentation of the work from the table of content even without reading through the thesis. The participants, sampling method and data analysis have been described in detail under the research process. All quotations have been marked accordingly and the themes cover the data. The four main themes come from the reviews of literature on the challenges of the management of mental health patients with alcohol addiction disorders while the sub themes emerged from the collected data and can well be verified from the original text which has been attached as an appendix.

### 8.3 Trustworthiness

The topic of this research focuses mainly on mental health which is a very familiar area of nursing to us. Mental health nursing is one of the core areas of nursing and we have studied mental health extensively within our nursing programme. Not with standing, the authors avoided being bias and maintained originality. Authenticity, fair and balance view of all perspectives was used within the thesis. (Lapan et al. 2011.) With respect to credibility, the authors used several reliable academic databases when writing the framework. Information used in this thesis process came from up-to-date and reliable sources. Authentic citations were used according to school guidelines to avoid plagiarism and to give a clear vision to where the original data are gotten from with all sources listed in the reference list. Primary data was also gotten through the administration of open-ended interviews. The original text of the participants was extracted and cited as direct quotations within the findings and analysis to maintain the originality of the research.

With respect to confirmability, the authors aim to consider all views of the data equally and to bring out the answers in an original form. Our experience in analysing this data stem from our knowledge from previous research work and related reviews. Also, preliminary findings will be shared with participants to verify and correct any misrepresented information to be certain of the accuracy of the researcher`s findings and minimise any form of bias on the part of the researchers. The participants comprised of registered and practical nurses, some of whom have several years of experiences working with mental health patients with alcohol addiction disorders. Open ended interviews questions were administered, and their responses transcribed. The original transcribed version of the responses

which serve as evidence of the interviews have been attached as an appendix to this research. As such, the findings should be consistent in case other researchers wish to repeat the same research.

#### 8.4 Limitations and recommendations for further studies

The research in this thesis was conducted only in English language and all articles used were written in English and this must have caused limitation in that articles on mental health nursing challenges with alcohol addiction disorder patients that were mainly in Finnish and other languages were never exploited due to language barriers. The search terms used in finding suitable articles might have not been the best. Also, articles that were not full text had to be excluded. Furthermore, the study population was small (5 nursing participants) and were mainly female nurses. Including male nurses could have explored gender differences in the study. The final limitation is that interviews were conducted only in English and this might have caused some limitations in providing relevant information needed in this thesis because English was not the participants' mother tongue.

Another limitation in this research was our inability to pre-test our interview questions. This would have required obtaining a commission agreement and informed consent of participants from a similar healthcare organisation to the one we used in this research. This was nearly impossible in our situation because we did not have the time and the resources to go through all of that.

Further studies could focus on the extent to which mental wellbeing of psychiatric nurses caring for mental health patients with alcohol addiction disorders are threatened by factors such as behavioural challenges, increased workload and burnouts, comorbidity and different treatment strategies and poorer medication compliance and how these threatening factors could be improved on.

## 9 CONCLUSION

This thesis has been on mental health nursing challenges of the management of mental health patients with alcohol addiction disorder. From the introduction, emphasis has been placed on the fact that Psychiatric practitioners and nurses deliver a wide range of mental healthcare services. However, research on mental health patients with co-occurring mental and addictive alcohol disorders reveal the negative effects of these co-occurring mental and addictive alcohol use disorder on the course of illness and treatment trajectory, thereby posing multiple challenges for the nurses.

Based on these introductory notes, the aim of the thesis has been to describe the challenges faced by nurses in the management of mental health patients with alcohol addiction disorder. The purpose has been to further strengthen professional skills of mental health nurses to have a better understanding and improvement in the care and management of mental health patients with alcohol addiction disorder.

Major concepts such as mental health nursing, alcohol addiction disorders have been defined and described. The major themes which constitute the framework of analysis in the research have also been reviewed. It stated that, behavioural challenges, increased workload and burnouts, comorbidity, treatment strategies and poorer medication compliance are some of the challenges of the management of patients with alcohol addiction disorders.

The procedures used in completing this research have been provided and justified, with major focus on the method used and the thesis process in general. The commission organization which serves as a case study has also been presented and described with emphasis to provide answers to the aim and research question of the research which is to find out what kind of challenges nurses encounter in the management of mental health patients with alcohol addiction. Information from the commission organization has been meant to allow the researchers to triangulate with the reviews of literature on the major themes which constitute the framework of analysis in this research.

Findings show that aggression and violence are highly faced by healthcare workers especially those working with mental health patients with alcohol addiction disorders. Nurses experience of increased workload and burnouts is highly connected to insufficient human resources and the behaviour of patients. Findings also show that, it is even more challenging to work with mental health patients who have alcohol addiction disorder and other diseases at the same time as they have one disease overlooking the other. Also, patients who are aware of their rights, can out rightly refused to take medications and you cannot

force them which makes it difficult to continue with care plan and subsequent worsening of health condition. Also, the lack of clarity on the right medication to use or the difficulties in identifying which medication would calm the patients. And also, constant changes in the medication dosage of some patients and the fact that sometimes even the anxiety medication does not work constitute some of the major challenges.

Violence education and training should be implemented to help in improving clinical skills in risk assessment and measures to prevent or reduce violence rates. Psychiatric wards need to improve, develop, and communicate to staffs as to how important reporting violence is, as it will improve on the developmental and implementation of preventive measures with the management of mental health patients with alcohol addiction disorders. Training and education should be introduced on developing nurse's communication skills to show caring and empathy

The managers could reduce workload and burnout by hiring more staffs and by providing employees with flexible schedules such as flexible working hours. Resources should be channelled towards recruiting more psychiatric nurses to help curb with the workload and improve the quality of care delivered to mental health patients with alcohol addiction disorders. Also training on how react to threatening situations when working with mental health patients with alcohol addiction disorders should be made available for psychiatric nurses.

Symptoms of mental health patients with alcohol addiction disorder should be monitored every two to four weeks to detect early changes in characters and communicate monitoring findings to healthcare specialist team so that care management strategies can be modified, and dosage can be increase as tolerated and thus better outcomes. Anxiety disorders should be managed first with nonpharmacologic therapy and stepwise approach should be used to get the anxious patient to participate. Cognitive limitations should be addressed by being more concrete and using simple concepts through repetition.

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## APPENDICES

### Appendix 1. Interview guide questions

Research question: What kind of challenges nurses encounter in the management of mental health patients with alcohol addiction disorder?

- a) What kind of behavioral challenges do you encounter in the course of your work with the mental health patients with alcohol addiction disorder?
- b) Can you describe some of the challenges encountered because of comorbidity of the mental health patients with alcohol addiction disorder?
- c) What about challenges related to treatment strategies and poorer medication compliance of the mental health patients with alcohol addiction disorder?
- d) In a literature it is described that working with the mental health patients with alcohol addiction disorder can increase the workload and burnouts – what do you think about this? Can you describe what is the situation in your workplace?
- e) Can you describe any other challenges you encounter in the course of your work with mental health patients with alcohol addiction disorder?

## Appendix 2. Commissioning agreement


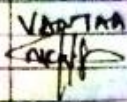
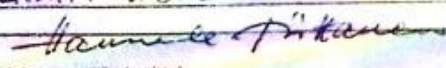


## OPINNÄYTETYÖN TOIMEKSIANTOSOPIMUS

TOIMEKSIANTAJA	
Toimeksiantaja	
Aputoimimi tai yksikkö	
Toimeksiantajan yhteyshenkilö	
Lähtöosoite	
Postinumero ja -toimipaikka	
Y-tunnus	
Toimipisteen kotikunta	helsinki
Puhelin	
Sähköposti	
OPINNÄYTETYÖN TEKIJÄ(T)	
Nimi ja opiskelijanumero	Nora Akhanoba 1801808
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Nimi ja opiskelijanumero	
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Suoritettava tutkinto	
Puhelinnumero	
Sähköpostiosoite	
Nimi ja opiskelijanumero	
Koulutusala	
Suoritettava tutkinto	
Puhelinnumero	
Sähköpostiosoite	
OHJAAJA(T) – LAHDEN AMMATTIKORKEAKOULU	
Ohjaava opettaja	Hannele Tiittanen
Koulutusala	Sosiaali- ja terveysala
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Sähköposti	hannele.tiittanen@lab.fi
Ohjaava opettaja	
Koulutusala	
Puhelin	
Sähköposti	
OPINNÄYTETYÖ	
Opinnäytetyön aihe	Mielenterveyshoidon haasteet alkoholisoituneiden potilaiden kanssa. Mental health nursing challenges with alcohol addiction disorders patients



TOIMEKSIANTOSOPIMUKSEN EHDOT	
Ohjaus	Ammattikorkeakoulu vastaa opinnäytetyön ohjauksesta. Ammattikorkeakoulu ja opettaja eivät ole konsulttivastuussa työstä. Toimeksiantaja sitoutuu antamaan opiskelijan käyttöön opinnäytetyön tekemiseen tarpeelliset tiedot ja antamaan tarvittavaa asiantuntijaohjausta.
Dokumentointi	Ammattikorkeakoulun opinnäytetyöt ovat julkisia. Työstä laaditaan opinnäytetyöhöjeen mukainen kirjallinen esitys. Se julkaistaan digitaalisessa muodossa (ja arkistoidaan) avoimessa Theseus-verkkopäättelypalvelussa. Opiskelija antaa Theseuksessa opinnäytetyölleen verkkopäättelyyn ennen työn tallennusta. Muista menettelyistä sovitaa erikseen.
Oikeudet	Opinnäytetyön tekijänoikeudet kuuluvat tekijälle. Toimeksiantaja saa rinnakkaisen käyttöoikeuden työn tuloksiin opinnäytetyön valmistuttua. Sopijaosapuolet voivat sopia muista opinnäytetyön tuloksia koskevista oikeuksista. Ammattikorkeakoululla on jatkuvasti voimassa oleva oikeus käyttää tuloksia omassa opetus- ja TKI-toiminnassa.
Keksinnöt	Jos opinnäytetyön tekijä on osallisena keksintöön, joka patentoidaan, mainitaan hänet yhtenä tekijöistä. Mahdollisesta keksintökorvauksesta sovitaa enkeen noudattaen Lahden ammattikorkeakoulun keksintötoimintaa koskevia ehtoja.
Työsuhde	Mahdollisesta työsuhteesta tai opinnäytetyön tekemisestä maksettavasta palkkiosta toimeksiantaja ja opinnäytetyön tekijä sopivat erikseen. Mikäli opiskelijalla ei ole työsuhdetta toimeksiantajaan, hän on Lahden ammattikorkeakoulun taatunmavakuutuksen piirissä.
Opinnäytetyön julkisuus	Opinnäytetyön esitys on julkinen. Työn tekijä ja toimeksiantaja maantävät yhdessä esityksen sisällön siten, ettei esitys loukkaa salassapitosopimusta. Työ on julkinen heti, kun se on arvioitu. Opinnäytetyön on oltava avoimesti saatavissa.
Luottamukselliset tiedot	Ohjaavilla opettajilla ja opinnäytetyöntekijöillä on salassapitovelvollisuus toimeksiantajan liike- ja ammattisalaisuuksiin nähden. Julkaistaviin opinnäytetöihin ei sisällytetä salassa pidettävää aineistoa. Toimeksiantajan liike- tai ammattisalaisuudet anonymisoidaan tai jätetään työn tausta-aineistoon erilliseen liitteeseen, jota ei julkaista. Kun opiskelija jättää opinnäytetyön arviotavaksi ammattikorkeakoululle, hän toimittaa sen myös toimeksiantajalle. Toimeksiantaja varmistaa, että opinnäytetyö ei sisällä salassapidettävää aineistoa. Mikäli toimeksiantaja ei 14 vuorokauden aikana vaadi muokkauksia opinnäytetyöhön, on opiskelijalla oikeus julkaista työ Theseuksessa.
Salassapitosopimus	Toimeksiantajan niin vaatiessa käytetään erillistä opinnäytetyön liiteaineiston salassapitosopimusta, jossa opinnäytetyön liitteiden salassapito perustellaan ja salassapitoaika määritellään. Salassa pidettävälle tiedolle on oltava lakiin perustuu sopimus.
Vastuut	Sopijaosapuolet ovat vastuussa toisilleen sopimusrikkomuksen aiheuttamista välittömistä vahingoista. Vastuun syntyminen edellyttää tahallaan tai törkeällä huolimattomuudella aiheutettua vahinkoa.
<input type="checkbox"/> Työelämä maksaa opinnäytetyön tekemisestä opiskelijalle tai ammattikorkeakoululle. <input checked="" type="checkbox"/> Opinnäytetyö ei sisällä salassa pidettävää aineistoa. Yrityksen tiedot ei saa julkaista. Muut selvitykset opinnäytetyön kustannuksista, tekijänoikeuksista, aikataulusta ja muista erikseen sovitusta yksityiskohdista voidaan liittää tämän sopimuksen liitteeksi. Liitteitä yhteensä ____ sivua.	
Tällä sopimuksella toimeksiantaja ja opiskelija sopivat, että opiskelija suorittaa opinnäytetyöksi määrätyn tutkimuksen tai kehittämistyön toimeksiantajalle. Osapuolet sitoutuvat noudattamaan toimeksiantosopimuksen ehtoja.	
<b>ALLEKIRJOITUKSET</b>	
OPISKELIJA	Nora Akhanoba
Paikka ja päiväs	22.5.2020 Helsinki



Allekirjoitus	
<b>OPISKELIJA</b>	Stella Nikulu
Paikka ja päiväs	VARTIA 29.05.2020
Allekirjoitus	
<b>OPISKELIJA</b>	
Paikka ja päiväs	
Allekirjoitus	
<b>OPISKELIJA</b>	
Paikka ja päiväs	
Allekirjoitus	
<b>OHJAAJA</b>	Hannele Tiittanen Lahden ammattikorkeakoulu
Paikka ja päiväs	Lahti 9.6.2020
Allekirjoitus	
<b>OHJAAJA</b>	Lahden ammattikorkeakoulu
Paikka ja päiväs	
Allekirjoitus	
<b>TOIMEKSIANTAJA</b>	
Paikka ja päiväs	29.05.2020 Helsinki
Allekirjoitus	

Tätä sopimusta on tehty kolme (3) samansisältöistä kappaletta, yksi (1) opiskelijalle, yksi (1) toimeksiantajalle ja yksi (1) ohjaajalle. Kopio sopimuksesta toimitetaan jokaiselle opinnäytetyön tekijälle. Sopimuksen kopioista vastaavat opinnäytetyön tekijä/tekijät. YAMK-opiskelijoiden ei tarvitse toimittaa lomaketta ohjaajalle.

Sopimus perustuu ammattikorkeakoulun hyväksymään opinnäytetyösuunnitelmaan ja se astuu voimaan allekirjoitushetkellä.

Päivitetty 22.11.2017

## Appendix 3. Coding

Table 1. Behavioral challenges

Original phrases	Codes	Subthemes	Theme
<p><i>" They can be sometimes quite wild and loud. They can push or hit you while you are helping them. Noise is another issue, when one person starts shouting, the other person follows and then the next and the whole place becomes so noisy" (Respondent A)</i></p>	<p>Loud, shouting, screaming, noisy, swearing</p>	<p>Loudness</p>	<p>Nurses experience of behavioral challenges</p>
<p><i>"That is one of the situations and they like continuously need something, like continuously need food, continuously need help. They kind of resist and they do not understand that you are trying to help them. They always threaten and sometimes, its physical like give you fist, and some really resist you really hard." (Respondent B)</i></p>	<p>Wild, push, hit, threaten, give you fist</p>	<p>Physical threatening</p>	
<p><i>"When the other patient becomes loud, the other becomes loud and so on and its stressful" (Respondent C)</i></p>	<p>Sexual advances</p>	<p>Sexual behaviour</p>	
<p><i>"They become aggressive and they can hit people. They can be aggressive, and they start to shout, they can be also very, how do u call it? Where there are swearing. They kind of start screaming and shouting and they can swear so badly. They can talk in a way that he is sexual to you" (Respondent D)</i></p>	<p>Needy, resist, refusal of help, no go away.</p>	<p>Cooperation difficulties</p>	



<p><i>“They can also refuse help sometimes, like no go away and stuffs like that and when you try to touch them, they can become a bit more aggressive” (Respondent E)</i></p>			
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Table 2. Increased workload and burnouts

Original phrases	Coding	Subthemes	Theme
<p><i>“When one is shouting and the other is also shouting, many other people needing our attention at the same time so it’s difficult to manage and you are stress and you feel like the time is not enough. Not enough time to take care of the patients under your care in the morning. And you know, there is not enough workers. ... Its tiring, it makes you tired, when there is much noise, you cannot absorb, you feel like frustrated, even if you try your best, it is not welcoming. I have to fill in because my colleague is absent and it’s so exhausting.” (Respondent A)</i></p>	<p>Many people needing attention at once, constant shouting, filling for absent colleague</p> <p>Frustrate, exhausting, difficult patients, tiring both mentally and physically, explain, get them to understand you, and accept care</p>	<p>Stressful</p> <p>Exhausting</p>	<p>Increased workload and burnouts</p>
<p><i>“I think in my own experience also, the workload just increases and the duration of the</i></p>	<p>Insufficient workers, colleagues are absent, less</p>	<p>Lack of human resources</p>	

<p><i>work increases also with patients that are difficult. We always have to explain, and then get them to accept the care, then if they resist too much then it also takes time. The physical workload already increases but then mentally you are also tired like dealing with patients and getting them to understand you". (Respondent B)</i></p> <p><i>"When one patient becomes loud, the other becomes loud and so on and its stressful. You have to find a way to make them relax. It could be exhausting sometimes." (Respondents C)</i></p> <p><i>"Even if you have three nurses, it is still a lot when patients have to shout and sometimes when I think about it, it is like, should I come to work or not. You are thinking would the shouting be there again? And sometimes it continues for days, for weeks. It is tiring both mentally and physically" (Respondent D)</i></p>	<p>nurses, struggling with time, staffing</p> <p>limited time, increase in physical workload, mentally tired</p>	<p>Tiring</p>	
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<p><i>"I can definitely say that many in our place is suffering from burnout like everyone has pain. If we do not come to work, they cannot get anyone to come to work and others will suffer even more. Although they have physiotherapy, normally when their care with physiotherapy ends normally it is the nurse that continues the work and we don't get any more staff for that, it's just a lot of work around here. For example, when the alcohol addiction makes their body so weak that when they need a lot of help to the point of being like bedridden patient." (Respondent E)</i></p>			
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Table 3. Comorbidity

Original text	Coding	Subthemes	Themes
<p><i>"if they have alcohol disorder and other disorders, they might eat something that is not eatable, something that might put them in danger like for example detergents. It always come along with other challenges" (Respondent A)</i></p>	<p>Have Eat something that is not eatable, they show anxiety, restlessness, aggressiveness, and psychotic behaviours simultaneously, suicidal thoughts</p>	<p>Psychotic behaviours</p>	<p>Comorbidity, reoccurrence of other disorders</p>

<p><i>“Repetitive of their behaviours, even though you already repeat your explanation, many and many explanations would not be enough, you always have to explain it gain for them to understand, that is even if they understand.” (Respondents B)</i></p>	<p>Explanations are never enough, lack of motivation</p>	<p>Repetitive behaviours</p>	
<p><i>“When they have these behavioural disorders plus their diseases, it is so challenging to manage it. They show anxiety, they show restlessness, sometimes they are aggressive, and others that show psychotic behaviours and it’s so challenging to manage.” (Respondent C)</i></p>	<p>At risk of one health problem overlooking the other</p>	<p>Multiple diseases</p>	
<p><i>“most of the patients that we have with this mental health disorder, also have diabetes, things like heart diseases, high blood pressure problems, high cholesterol, and when they have that, they are always at risk of having one problem overlooking the other so it's not just their mental disorders. these are the things that make situations worse” (Respondent D)</i></p>			

<p><i>“When the clients themselves acknowledge that they cannot recover from it, it causes a bit of more challenges to take care of them like if they lose the motivation for everyday activities, sometimes they have like suicidal” (Respondent E)</i></p>			
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Table 4: Different treatment strategies and poorer medication compliance

Original phrases	Coding	Subthemes	Themes
<p><i>“there has been a situation where the needle came to the, if they have diabetes and you can’t take care of them, it’s difficult to administer the insulin or inject the, that can be challenging. Sometimes when we give them this anxiety medications, it helps sometimes, sometimes it does not help”. (Respondent A)</i></p> <p><i>“when they totally resist like the whole medicine taken, they just spit it out. They kind of think that we want to hurt them with medicine or needles or anything that comes their way and if they do not take their medicines then, they will</i></p>	<p>Difficulties in administering insulin or inject patients</p> <p>A situation where a nurse was hurt by the needle, total resistance, and refusal to take medication</p>	<p>Nonadherence and noncompliance to medication</p> <p>Resistance to treatment</p>	<p>Different treatment strategies and poorer medication compliance</p>

<p>worsen their health.” (Respondent B).</p> <p>“Most of our patients with this mental disorder take medicine quite well, just the fact that sometimes, knowing which medicines will calm them down, especially with the anxiety, where there is screaming and then confusion, just to have a good balance with them can be hard. We have patients whose medicines are always being changed, the dose increase, the dose reduces. So, to get their medications stabilise so that they can function not normally but at least being functional, can be really really hard. The injection is the problem” (Respondent D).</p> <p>“If they constantly refuse to take medication it will be really hard to continue with the care plan, and also how to evaluate their overall condition.” (Respondent E)</p>	<p>Sometimes medication does not help. Consequently, worsening of health situation, difficulties in identifying which medicine calm them down remains an issue</p> <p>Compliance to medication, constant changes in medication dosage</p> <p>Difficulties to continue with the care plan</p>	<p>Lack of clarity on the right medication to use</p> <p>Instability of medication dosage</p> <p>Termination of care plan</p>	
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