Nurses' Knowledge, Attitudes, and Skills towards Psychiatric Patients' Safety

Saida El Sayed Hassan Ibrahim El-Azzab[1]&Azza Mohamed Abd El-Aziz[2].

1-   Lecturer of Psychiatric/Mental Health Nursing, Faculty of Nursing, Beni-Suef University, Beni-Suef, 62511, Egypt
2-Lecturer of psychiatric nursing, Faculty of Nursing, Assiut University,Assiut,Egypt
CorrespondingAuthor: Saida El Sayed Hassan Ibrahim El-Azzab

Abstract:*Psychiatric nurses are responsible for working with large numbers of patients who suffer from serious mental health conditions in ways that promote recovery and ensure safety from harm by access useful information about the health and safety of each person. The aim was to assess the nurses' knowledge, attitudes, and skills towards psychiatric patient safety. A cross-sectional exploratory research design was adopted to carry out this study. It was conducted at 6 psychiatric inpatient hospitals located in cities in Egypt, involving 350 psychiatric nurses. Socio-demographic characteristics sheet, psychiatric patient safety skills scale, and patient safety attitudes, skills and knowledge scale. This study results revealed that while 79.7% of the studied nurses had sufficient knowledge. 53.4% of the s studied nurses stated that they had competent skills towards the psychiatric patients' safety. The study concluded that the studied nurses have sufficient knowledge, and competent skills yet a negative attitude was detected towards the safety of psychiatric patients. There were positive relationships between nurses' attitudes, knowledge, and skills regarding patients' safety. The findings support that nursing staff needs more meetings and conferences to provide them with up-to-date information, to improve their knowledge, attitudes, and skills on how to deal with psychiatric patient safety.*

Keywords:*Psychiatric nurses, Attitude, Knowledge, Skill, Patient safety*

I.   Introduction

The patient well-being is the primary priority of health care providers, and they face challenges to provide quality and safe care in changing conditions **(Lamontagne, 2010).**A widely used definition of patient safety is provided by the WHO, in which the patient's safety is defined as the absence or preventable harm to a patient during the practice of healthcare **(World Health Organization, 2009).** Safety is defined as the identification and associated management strategies of risks, is a discourse that legitimizes inefficient and immoral nursing practices and eclipses meaningful treatment within psychiatric inpatient settings **(Lupton, 2013).**

In psychiatric care, it's necessary to make sure that patients are safe and accident-free **(Fairlie & Brown, 1994)**, and to provide effective care, an important part of it, is a safe environment. When an unplanned injury or complication resulting in disability, death, or prolonged hospital stay occurs and is caused by health care measures rather than the patient's disease, the term 'adverse event' is used **(Johnstone, 2007; and Zaugg &Wangler, 2009).** The most common adverse events are medication errors, injury due to medical care, hospital-acquired infection and patient falls **(Iedama, 2009).**

Significance of the Study

Nurses who provide quality care in psychiatric settings play an important role in ensuring the safety and well-being of patients **(Patel & Jakopac, 2012).** Psychiatric nurses are familiar with behavioral abnormalities in patients with schizophrenia, bipolar disease, and dementia. In acute psychiatric wards, nurses commonly notice patients for predictors of escalating behavior **(Mackay, Paterson & Cassells, 2005),** allowing them to intervene previously in a negative event. Similarly, psychiatric nurses control the environment (tone, pace, activity level), trying to create a therapeutic environment that may prevent patient behavioral escalation **(Loucks et al., 2011).** Some mental illnesses of patients are so severe that they will always need protection or sanctuary from the stresses of life and nurses are to care for them putting, these stresses in their own life in order to ensure patient safety. In psychiatric settings, a continuity of care is most important and the elementary objectives of care range from total immunity to complete mental care **(Keltner, Bostorm & McGuinness, 2011).**

Nurses working in mental health inpatient care settings, the safety discourse frames the nature of care providing, informing identification of risks posed by the patients in their care and the interventions utilized to manage these risks. Nursing practices aimed to maintain inpatient safety from an ineffective and harmful environment for both patients and nurses; however, their continued use is legitimized by formulating and activating safety value. The safety is a significant component of inpatient psychiatric nursing care, its framing and use must shift in order to create environments that are perceived as truly safe and to support meaningful therapeutic engagement and treatment **(Slemon, Jenkins & Bungay, 2017).**

As the largest professional group in the health care system, nurses have an important role in enhancing the quality of patient safety by using their safety skills to identify safety problems and implement solutions to improve patients' care, treatment and their healthcare environment **(Milligan & Dennis, 2005).** Equipping nurses with attitudes, skills, and knowledge to improve patient safety is very important to improve patient care (**Schnall et al., 2008**). The nurses' responsibility for the psychiatric patient safety makes them in direct contact with patients. The safety management, including the promotion of a safe environment and positive risk-taking, are core aspects of the mental health nurses. Strategies for enhancing patient safety have been formulated and applied in order to provide good quality care.

Aim
The study was aimed at assessing the nurses' knowledge, attitudes, and skills towards psychiatric patients' safety.

Research Hypothesis
- It's supposed that the nurses have a sufficient knowledge, positive attitudes, and competent skills regarding psychiatric patients' safety.
- There are positive relationships and statistically significant differences between nurses' knowledge, attitudes, and skills regarding psychiatric patients' safety.

II. Methods
Design:
A cross-sectional exploratory research design was adopted in the conduct of this study, in order to explore psychiatric nurses' knowledge, attitudes, and skills regarding psychiatric patient safety. It helps the researchers to describe and document aspects of a situation as it naturally occurs. As well, this design helps to establish a database for future research.

The Frame of Work:
The frameworks clarify key factors influencing patient safety (**Vincent, 2006; Runciman, Merry & Walton 2007; and Brown et al., 2008).** These are often described as systems' schemes that refer to postulate relationships between organizations, human factors, errors, and safety consequences. Figure (1) is a simple form of this type of model.
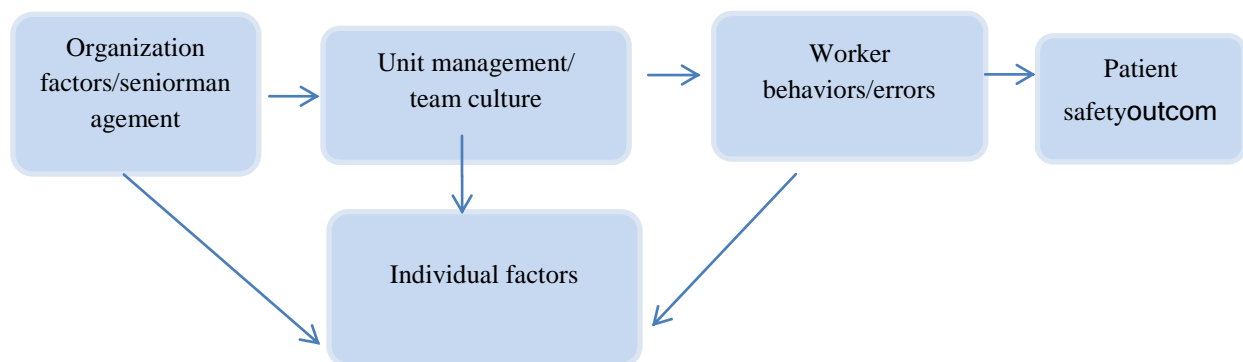
Setting:
The setting for this study was 6 psychiatric inpatient hospitals located in Beni-Suef, El-basia, El Sharkia (two-hospitals), 10th of Ramadan, and El-khanka cities of Egypt. These hospitals admit patients from the geographical areas for which they were responsible. Although all of the hospitals have been often no charge, only two private hospitals were charged, admitting adult patients with mixed diagnoses. The admissions were both voluntary and coerced by law for both sexes of psychiatric patients.

Sample:

According to, **Guest, Bunce and Johnson (2006)** when there is no new data or no new themes are emerging; this means that the researchers reached the saturation level. In the current study, the researchers reached the saturation degree with 350 nurses, who volunteered to take part in the study and work during theday, and had worked in the different wards (female & male) for a minimum of two months, were included in the study.

The Tools were used for Data Collection:

1- A Socio-demographic Characteristic Sheet for the Studied Nurse. It was developed by the researchers. It consists of 11 items seeking nurses' information on the personal background for psychiatric patient safety, such as; age, gender, marital status, total professional experience and professional experience in psychiatric nursing, professional qualification, level of education and nurses perception regarding psychiatric patient safety.

2- Patient Safety Attitudes, Skills and Knowledge (PS-ASK) Scale: Developed by **Schnall et al. (2008),** it was adopted by the researchers in Arabic format in order to suit the studied nurses' language and their level of understanding after being revised by a panel of experts in the field of psychiatry and psychiatric nursing for the content validity**.** It consists of 13 items in two separate scales: attitudes, and knowledge.

-Patient Safety Knowledge Sub-Scale: It consists of 4 items, to assess general knowledge related to patient safety. Responses were measured on a 5-point Likert scale ranging from 1 = Not knowledgeable, 2=A little knowledgeable, 3 = Somewhat knowledgeable, 4 = Knowledgeable, and 5 = Very knowledgeable**.** The scale scores are ranging between 4 and 20 points, the cut point is 60%, this is meaning that 4-12 insufficient knowledge, and 13-20 sufficient knowledge. Test-retest reliability of the patient safety knowledge sub-scale revealed a correlation coefficient of 0.86 using Pearson's (r) test, indicating good reliability

-Patient Safety Attitudes Sub-Scale: It consists of 9 items. It was used to measure nurses' attitude regarding patient safety**.** Responses were measured on a 5-point Likert scale ranging from 1 = Disagree strongly, 2 = Disagree slightly, 3 = Neutral, 4 = Agree slightly, 5 = Agree strongly. Items 1, 2, 3, 4, 7 are reversely coded. The scale scores are ranging between 9 and 45 points, the cut point is 60%, and this means that 9-27 negative attitude and 28-45 positive attitudes. Test-retest reliability of the patient safety attitudes' sub-scale showed a correlation coefficient of 0.89 using Pearson's (r) test, indicating good reliability.

3- Psychiatric Patient Safety Skills Scale: Developed by the researchers through a relevant literature search and consultation with experts in the field of psychiatry, psychology, and nursing, it was used to measure nurses' skills regarding patient safety, and consists of 13 items. Responses were measured on a 5-point Likert Scale ranging from 1 = Not competent, 2 = Somewhat competent, 3 = Competent, 4 = Proficient, and 5 = Expert. The scale scores are ranging between 13 and 65 points, the cut point is 60%, this is meaning that 13-39 insufficient skills and 40-65 sufficient skills. Test-retest reliability of the patient safety knowledge scale revealed a correlation coefficient of 0.88 using Pearson's (r) test, indicating good reliability.

Field of Work

The necessary legal permissions were obtained from the relevant administrative departments in six hospitals, and acceptance to fill in the research tools was in the form of a written consent from each nurse participant in the study. Nurses were informed about the study by the researchers, and questionnaires were administered to 350 nurses, who volunteered to take part in the study. The questionnaires were distributed to the nursing staff, those who were present in researchers' visits. Voluntary participation and confidentiality were assured. The tools used in the study were administered by the researchers and fitting the sheets took about 30-40 minutes. Collection of data took place in the period from the beginning of July to the end of November 2017.

Statistical Analysis

The statistical analysis of the data in the questionnaires was conducted through using the Statistical Package for Social Sciences (SPSS) software, version 22. Descriptive data were described as a percentage or frequency, and significance was determined using the Pearson's (r) test. Differences with p-values <0.05 were considered significant and p-values <0.01 highly significant.

Ethical Consideration

Nurses who participated in the study were informed about the study aim by the researchers. The questionnaires were administered to 350 nurses, who volunteered to take part in the study. Necessary legal permissions were obtained from the relevant administrative departments. The acceptance to fill in the research tools was in the form of a written consent of each nurse participant. They were also assured that the information given will be used only for research purpose and that they have the right to withdraw at any time without giving any reason.

III.   Results
Table (1): Socio-demographic characteristics of the studied sample (n = 350)

Items	No	%
Age (in years)		
< 25	136	38.9
25 - < 35	162	46.3
35 - < 45	38	10.8
45 +	14	4
Gender		
Male	147	42
Female	203	58
Level of Education		
Diploma	203	58
High Diploma	116	33.1
Bachelor	31	8.9
Work experience (years)		
2moths -5 years	195	55.7
6-10 years	85	24.3
11-15 years	27	7.7
More than 15years	43	12.3
Psychosocial working situation at present		
Very good	59	16.9
Good	195	55.7
Neither good nor bad	65	18.6
Bad	27	7.7
Very bad	4	1.1
In-service education on psychiatric patient safety		
Yes-during education	93	26.6
Yes-following graduation	187	53.4
Yes-special interest	65	18.6
No	5	1.4
Nurses' perception regarding their psychiatric patient safety knowledge		
Sufficient	188	53.7
Insufficient	140	40
None (no answer)	22	6,3
Attitudes towards psychiatric patient safety		
Yes, I always pay regard to patient safety	293	83.7
No, I sometimes behave unsafely for patients	57	16.3
Have the nurses ever been subjected to any unethical behavior about psychiatric patient safety?		
Yes	285	81.4
No	65	18.6
Can the unsafe behavior of the psychiatric patient be prevented by the nurse?		
Yes, largely	196	56
Yes, partly	127	36.3
No	27	7.7
Should the nurse be punished for unsafe behaviors in caring for the psychiatric patient?		
Yes	277	79.2
No	27	7.7
None (no answer)	46	13.1

The characteristics of the study sample of nurses, as described in the table (1), summarize nurses' level of education, years of working experience, and their perception of psychiatric patient safety. A total of 350 staff nurses were enrolled in the study. As for age, the majority (85.2%) of the nurses were less than 35 years. More than half of the nurses were females (58 %) and with either a diploma (58%) or higher diploma level of education (33.1 %). Considering work experience, 55.7% of the subjects had work experience ranged from 2 months to than 5 years. Concerning nurses' knowledge of psychiatric patient safety, 53.7% had sufficient knowledge, and 53.4% of them had education on psychiatric patient safety following graduation. The majority (81.4%) was subjected to unethical behavior about psychiatric patient safety during their work, while 56% of them stated that unsafe behaviors for psychiatric patient can be largely prevented by the nurse, and 79.2% of the nurses agreed that, they should be punished for unsafe behaviors in caring for the psychiatric patient.
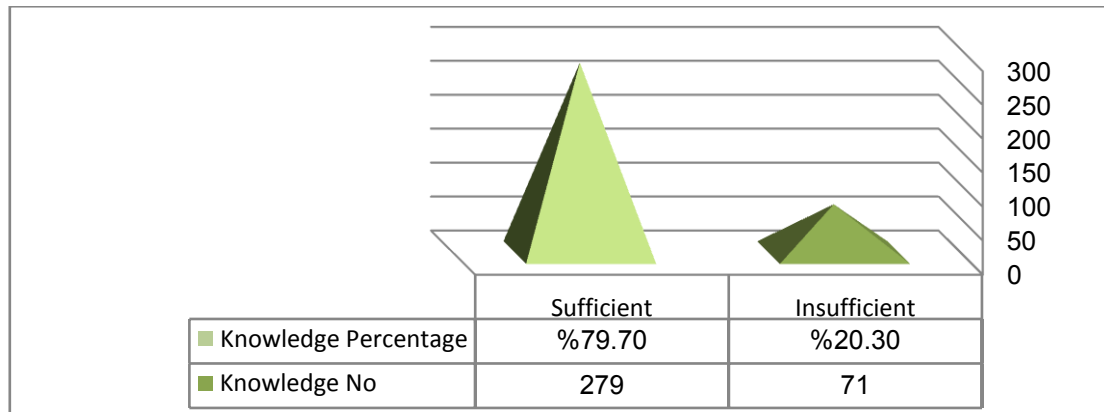
Figure (1): Knowledge regards patients' safety among the studied nurses (n=350).

	Sufficient	Insufficient
Knowledge Percentage	%79.70	%20.30
Knowledge No	279	71

Concerning the nurses' total knowledge regarding psychiatric patients' safety, figure (1) states that (79.7%) of the studied nurses had sufficient knowledge towards the psychiatric patients' safety.

Table (2): Nurses' knowledge regarding patients' safety (n=350).

Knowledge Items	Not knowledge able		Little knowledge able		Somewhat knowledge-able		Knowledge-able		Very knowledge-able	
	No	%	No	%	No	%	No	%	No	%
1- Defining the characteristics of high reliability organizations.	6	1.7	11	3.1	37	10.6	205	58.6	91	26
2- Distinguishing among errors, adverse events, near misses, and hazards.	17	4.9	65	18.6	76	21.7	106	30.2	86	24.6
3-Defining the key dimensions of patient safety culture.	11	3.1	12	3.4	50	14.3	167	47.7	110	31.5
4- Summarizing the published evidence about the relationship between nursing staffing.	9	26	18	5.1	72	20.6	184	52.6	67	19.1

Table (2) clarifies nurses' knowledge regarding patients' safety as defining the characteristics of high reliability organizations, 58.6% of the studied nurses were knowledgeable, while 30.2% that were knowledgeable in relation to distinguish among errors, adverse events, near misses, and hazards, and 47.7% of the sample revealed that defining the key dimensions of patient safety culture. Concerning summarizing the published evidence about the relationship between nursing staffing, 52.6% of the studied nurses were also knowledgeable about this item.
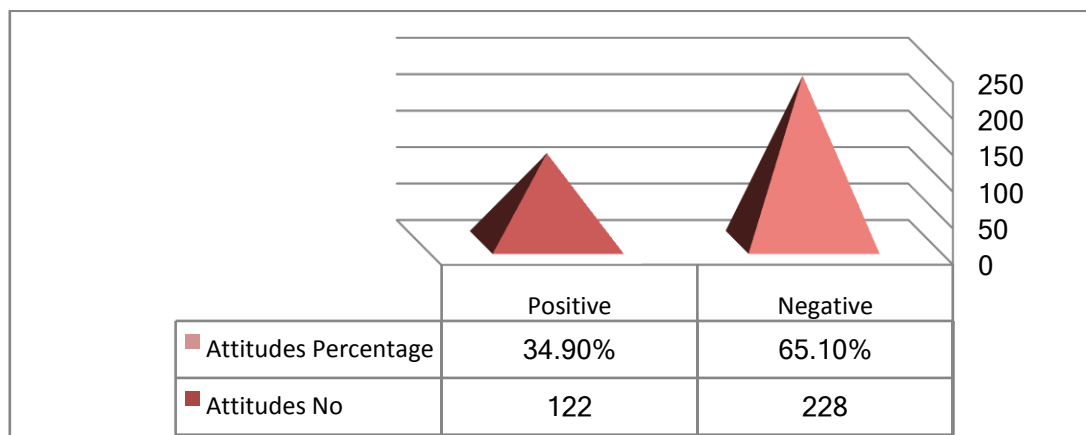

Figure (2): Attitudes regarding patients' safety among the studied nurses (n=350).

|	Positive	Negative
Attitudes Percentage	34.90%	65.10%
Attitudes No	122	228

As regards the studied nurses' total attitudes towards psychiatric patients' safety, figure (2) that (65.1%) of the studied nurses had negative attitudes towards the psychiatric patients' safety.

Table (3): Nurses' attitudes towards patients' safety (n=350).

Attitude Items	Disagree strongly		Disagree slightly		Neutral		Agree slightly		Agree strongly	
	No	%	No	%	No	%	No	%	No	%
1-If there is no harm to the patient there is no need to report an error.	48	13.7	174	49.7	46	13.2	61	17.4	21	6
2- Only nursing staff can determine the causes of clinical errors.	84	24	173	49.4	49	14	28	8	16	4.6
3- Most errors are due to things that nursing staff can't do anything about.	68	9.4	199	56.9	62	17.7	17	4.8	4	1.2
4- If I saw an error, I would keep it to myself.	86	24.6	100	28.6	80	22.8	51	14.6	33	9.4
5- Learning how to improve patient safety is an appropriate use of time in nursing educational programs.	6	1.7	19	5.4	50	14.3	165	47.2	110	31.4
6- Nursing staff should routinely spend part of their professional time working to improve patient care.	94	26.9	111	31.7	55	15.7	35	10	55	15.7
7- The culture of health makes it easy for staff to deal constructively with errors.	88	25.1	205	58.6	37	10.6	14	4	6	1.7
8- There is a gap between what we know as "best care" and what we provide on a day to day basis.	100	28.6	95	27.1	35	10	70	20	50	14.3
9- Existing reporting systems do little to reduce future errors.	67	19.1	184	52.6	72	20.6	18	5.1	9	2.6

Table (3) shows nurses' attitudes towards psychiatric patients' safety as47.2% of them slightly agreed on "learning how to improve patient safety is an appropriate use of time in nursing educational programs". More than quarter, (28.6%) mentioned that they slightly disagreed on that "if I saw an error, I would keep it to myself". As well, 31.7 % of nurses slightly disagree on that **"**nursing staff should routinely spend part of their professional time working to improve patient care".

However, almost half of the nurses disagreed slightly (49.4%) that "only nursing staff can determine the causes of clinical errors". As well, 49.7% of the studied sample disagreed slightly that "no need to report an error if there is no harm to the patient", and (52.6 %) of nurses also slightly disagreed that "existing reporting systems do little to reduce future errors", and that "most errors are due to things that nursing staff can't do anything about**"** (56.9%), and "the culture of health makes it easy for staff to deal constructively with errors" (58.6 %).

	Competent	Incompetent
■ Skills Percentage	53.40%	46.60%
■ Skills No	187	163
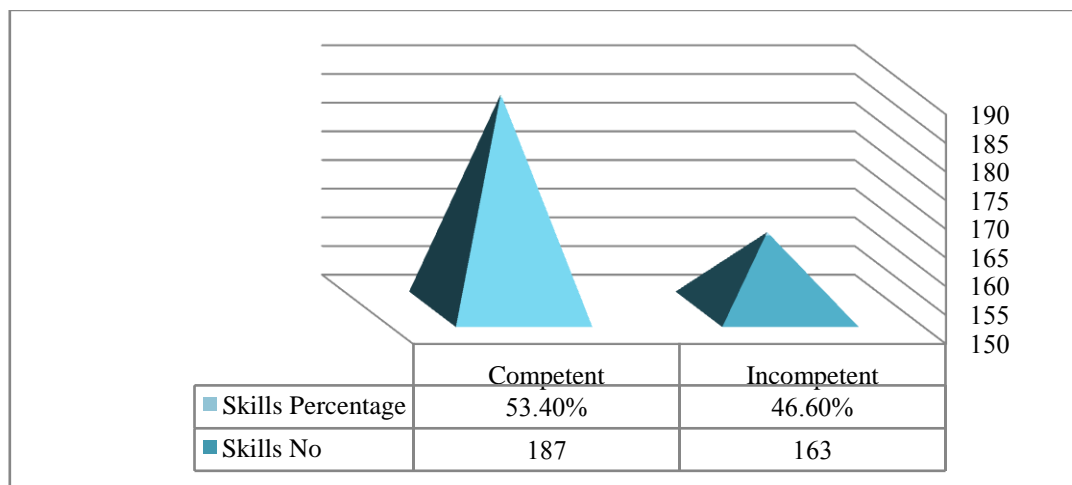
Figure (3): Skills regarding patients' safety among the studied nurses (n=350)

Figure (3) displays the total nurses' skills regarding psychiatric patient safety. It illustrates that (53.4%) of the sample had competent total skills towards the psychiatric patients' safety.

Table (4): Nurses' skills regarding patients' safety (n=350).

Skills Item	Not competent		Somewhat competent		Competent		Proficient		Expert	
	No	%	No	%	No	%	No	%	No	%
1- Attend regular meetings in the department to discuss patient safety issues.	8	2.3	10	2.9	98	28	145	41.4	89	25.4
2- Patients are allowed to express their feelings and thoughts to prevent agitation.	1	0.3	5	1.4	92	26.3	175	50	77	22
3- Patients participate in their care plan to relieve frustration and stress.	2	0.6	15	4.3	62	17.7	173	49.4	98	28
4- Use good observation of the patient (when giving medication, in the bathroom, and using the personal tools). This gives an opportunity to achieve safety in the department.	10	2.9	12	3.4	70	20	170	48.6	88	25.1
5- Communication and interaction between the patient and nursing staff and another patient to behave in a safe manner.	9	2.6	34	9.7	90	25.7	127	36.3	90	25.7
6- Prevents the patients from hurting themselves and others.	21	6	46	13.1	87	24.9	100	28.6	96	27.4
7- Use isolation technique is sometimes as a punishment for some patients.	75	21.4	55	15.7	92	26.4	75	21.4	53	15.1
8-Using the isolation method or adhering to the frequent destructive behavior of patients in their safe rooms.	98	28	87	24.9	55	15.7	55	15.7	55	15.7
9- Participate as a team member in identifying the cause of the unsafe behavior.	122	34.9	75	21.4	75	21.4	40	11.4	38	10.9
10- Supporting and advising a peer who must decide how to respond to an error.	12	3.4	50	14.3	125	35.7	100	28.6	63	18
11- Accurately entering an error report.	24	6.9	80	22.9	98	28	78	22.2	80	22.9
12- Maintain the safety and therapeutic milieu for care.	35	10	90	25.7	88	25.2	75	21.4	62	17.7
13- Practice safety guidelines for your workplace.	60	17.1	70	20	75	21.4	86	24.6	59	16.9

Table (4) shows the nurses' skills related to psychiatric patients' safety. It revealedthat41.4% of the studied nurses were proficient in attending regular meetings in the department to discuss patient safety issues. Patients are allowed to express their feelings and thoughts to prevent agitation was reported by50% of the sample, whereas 49.4% of the studied nurses were proficient in that patients participate in their care plan to relieve frustration and stress.

As well, 48.6% of nurses revealed being proficient using good observation of the patient, when giving medication, in the bathroom, and in using the personal tools as this gives an opportunity to achieve safety in the department. Communication and interaction between the patient and nursing staff and another patient to behave in a safe manner, 36.3% of the nurses showed proficiency in this skill; while practicing safety guidelines for their working place, was evidenced to be proficient by24.6% of the nurses. Concerning preventing the patients from hurting themselves and others, 28.6%of the studied nurses had proficient skills in this item.

However, 26.4% of the studied nurses showed competency in explaining that using the isolation technique is sometimes as a punishment for some patients, 35.7% in supporting and advising a peer who must decide how to respond to an error, and 28% of the nurses in accurately entering an error report, had competent skills.

As for, maintaining the safety and therapeutic milieu for care, 25.7% of the studied nurses had somewhat competent skills. In addition, 34.9% of the sample predefined that participating as a team member in identifying the cause of unsafe behavior**,** and 28% in the use of the isolation method or adhering to the frequent destructive behavior of patients in their safe rooms hadn't competent skills.

Table (5): The relations between knowledge, attitudes, and skills regardingpatients' safety, and socio-demographic characteristics among the studied nurses.

Socio-demographic Items	Knowledge		Attitudes		Skills	
	r	p	r	p	r	p
1- Age (years)	0.124	0.02*	-0.014	0.789	-0.013	0.809
2- Gender	0.109	0.041*	-0.005	0.927	-0.015	0.773
3- Level of education	0.175	0.001**	-0.081	0.128	-0.021	0.697
4- Work experience	0.164	0.002**	-0.079	0.141	-0.047	0.378
Psychosocial working situation at present	0.082	0.124	-0.032	0.549	-0.015	0.784
5- Education on psychiatric patient safety	0.094	0.079	-0.003	0.949	0.009	0.869
6- Nurses' perception regarding their psychiatric patient safety knowledge	0.114	0.033*	0.008	0.88	0.018	0.737
7- Attitude towards psychiatric patient safety	0.089	0.098	-0.029	0.594	-0.006	0.918
8- Have the nurses' ever been subjected to	0.095	0.075	-0.05	0.354	-0.032	0.545

any unethical behavior about psychiatric patient safety?						
9- Can unsafe behavior for psychiatric patient be prevented by the nurse?	0.178	0.001**	-0.063	0.243	-0.013	0.809
10- Should the nurse be punished for unsafe behaviors in caring for the psychiatric patient?	0.112	0.036*	-0.081	0.133	-0.058	0.28

       * Significant at p < 0.05,   ** Highly significant at p < 0.01

The relations between nurses' knowledge, attitudes, and skills regarding psychiatric patients' safety, and socio-demographic characteristics are shown in the table (5). There were positive relations and statistically significant differences between nurses' knowledge regarding patients' safety and many items of socio-demographic data such as; age, gender, level of education, work experience in (years), nurses' perception regarding their psychiatric patient safety knowledge, and unsafe behavior for psychiatric patient that can be prevented by the nurse. The nurses agreed that they should be punished for unsafe behaviors of the psychiatric patient. However, there were negative relations and no statistically significant differences between the attitudes, and skills regarding patients' safety and most of these items of socio-demographic characteristics.

Table (6): The relations between knowledge, attitudes, and skills regarding patients' safety among the studied nurses.

	Attitudes		Skills	
	r	p	r	p
Knowledge	-0.031	0.567	0.021	0.689
Attitudes	1			
Skills	0.188	0.000**	1	

       * Significant at p<0.05,   ** Highly significant at p<0.01

The relation between nurses' knowledge, attitudes, and skills regarding psychiatric patients' safety is shown in the table (6). It demonstrates that there was a positive relationship between attitudes, knowledge, and skills and there was a highly statistically significant difference between nurses' skills and attitudes regarding patients' safety.

IV.   Discussion

The nursing staff has played an essential role in the mental health since well-trained nurses (with both theoretical knowledge and practical experience) can perform assessments, provide assistance as to clinical and psychosocial aspects of individuals, as well as help develop health policies in their own country **(Oliveira, Júnior & Furegato, 2016).**In the area of psychiatric nursing care is seen as vital in the delivery of safe care **(Page, 2004).** Improving patient safety is serious to enhance health care delivery **(Kohn, Corrigan& Donaldson, 2000).** Accordingly, **The National Health Service (2013)** mentioned that, besides aspects of patient safety that overlap, several core aspects are exclusive, making patient safety in mental health care an issue of its own. Hence, the purpose of the current study was to assess the knowledge, attitudes, and skills of nurses regarding psychiatric patients' safety.

1-Nurses' Socio-demographic Characteristics:

The study results summarized descriptive data which included nurses' level of education, years of working experience, and their perception of psychiatric patient safety. For the majority of the nurses, their age was less than thirty-five years. More than half of the nurses were females and with either diploma or higher diploma level of education. More than half of the subjects had work experience ranged from two-months to five years. Concerning nurses' knowledge of psychiatric patient safety, more than half had sufficient knowledge and nearly more than half of the nurses had education on psychiatric patient safety after graduation. This finding goes in line with that of **Windle, Krenzischek and Mamaril (2007),** who reported that the psychiatric research identified the importance of safety practices in organizational management as a structure which diminishes adverse events. These include nursing staff, competence development, adequate orientation, and training. However, **Leape(2009)** highlighted that the organization should also have sophisticated procedures of competence**.**

The majority of the sample revealed that "have the nurses ever been subjected to any unethical behavior about psychiatric patient safety", while more than half of the studied sample stated that unsafe behaviors of the psychiatric patient can be largely prevented by the nurse. Finally, more than three-quarters of the nurses agreed that they should be punished for unsafe behaviors in caring for the psychiatric patient. This finding was congruent with those studies conducted by **Wakefield, Attree and Braidman (2005)**;and **Kanerva, Lammintakanen and Kivinen (2013)**,who explained that the psychiatric inpatient care is important

to note unsafe practices, in all areas of care so they can be eliminated. Therefore, this information is needed for the conception of patient safety and which factors constitute it in the psychiatric inpatient setting**.**

The relations between nurses' knowledge, attitudes, and skills regarding patients' safety and socio-demographic characteristics revealed positive relations. As well, statistically significant differences were detected between nurses' knowledge regarding patients' safety and many items of socio-demographic data such as; age, gender, level of education, work experience, nurses' perception regarding their psychiatric patients' safety knowledge, unsafe behavior of the psychiatric patient that can be prevented by the nurse. In addition, the nurse agreed that they should be punished for unsafe behaviors in caring for the psychiatric patient.

2- Nurses' Knowledge Regarding Psychiatric Patients' Safety:

The results of the present study stated that more than three-quarters of the studied nurses had sufficient knowledge towards the psychiatric patients' safety. This may be due to the staff nurses, especially psychiatric nurses, have a lot of readings and attend seminars, and conferences in this field. These findings explained nurses' knowledge related to patients' safety as defining the characteristics of high-reliability organizations, these were nearly three-fifths of the studied nurses, while less than one-third of the studied sample stated distinguishing among errors, adverse events, near misses, and hazards, and nearly one-half of the sample revealed that defining the key dimensions of patient safety culture. This finding was congruent with those studies conducted by **Brickell and McLean (2011); and Dormann, Sonst and Müller (2015)** who explained that adverse drug events, errors at the interfaces of care and communication errors are common in both areas**.** Nurses shouldn't attend to psychiatric patients alone without knowing and understanding these factors of violence, they should be ready to intervene using the aforementioned interventions.

More importantly, psychiatric wards must be checked for dangerous tools and equipment, patients might use for assaults towards themselves and the other, they must be eliminated, and visitors must be checked in and out of units in order to promote a safe working environment. In cooperation from the psychiatry administration and management to help psychiatric nurses strategies the implementation of these methods to enhance the safety of the psychiatric working unit will be a safe place for mentally sick patients **(Rodah, Monicah & Laureta, 2015).** It's very important for nurses to be equipped with the knowledge to deal with the psychiatric patient's problems, especially with the safety ones.

The study findings summarized that more than one-half of the studied nurses "the published evidence about the relationship between nursing staff". The result goes in line with **Nieva and Sorra (2017),** who stated that improved safety requires that healthcare systems have access to information that supports learning from experience to strengthen the systems that prevent both errors and mitigate the impact of errors that occur. In addition, the staff's knowledge is important for psychiatric patients' safety. Similarly, **Inventor, Henricks and Rodman (2005); and Chiovitti (2008)** who reported that the knowledge about the treatment, and how to provide information**,** knowledge of medications and the management procedure**.**

This finding was congruent with those studies conducted by **Miller, DeRosier and Ballot (2009)** who declared that the role of inpatient care staff is part of the concept of patient safety. The effective team, the performance of which is determined clinical and environmental signals and the transfer of information among the staff is important**.** The sharing of information among the staff may provide a better quality of care and more safety practice for the patient.

3- Nurses' Attitudes towards Psychiatric Patients' Safety:

The result of the present study reported that most of the studied nurses had negative attitudes due to that nurses don't conceptualize the importance of safety for psychiatric patients, abuse of human rights, and they may lack supervision in their care provide for patients. The nurses' concepts about psychiatric patients affect their attitude about patients need for safety. This explanation agrees with **Higgins et al. (2015),** who declared that limited studies exist on how nurses conceptualize 'risk', how they engage with assessment or safety planning, or how they resolve the tensions.

The nurses' negative attitude may be related to the misunderstanding of the concept of the safety, but the understanding of the safety-related attitudes and perceptions are very important for the protection of the patient and others. This explanation was supported by **Nieva and Sorra (2017),** who reported that a safety culture assessment delivers an organization with a basic understanding of the safety-related perceptions and attitudes of its managers and staff. The safety culture measures can be used as diagnostic tools to recognize areas for improvement. Because there are many potential preliminary points for improvement efforts, a safety culture assessment can help an organization identify areas that are considered more problematic than others.

The finding of the present study revealed that nearly one-third of the studied sample disagreed slightly about "if I saw an error, I would keep it to myself", slightly less than half of the studied nurses declared that "only nursing staff can determine the causes of clinical errors", and stated that "no need to report an error if there is no harm to the patient". More than half of nurses stated that "existing reporting systems do little to

reduce future errors". These findings clarified that nurses disagreed with any thought or action that hurt psychiatric patients and any harm not to be silent about it, and these are positive aspects of patients' safety. These study findings are confirmed by **Safarpour et al. (2017),** who clarified that the evaluation of nursing attitudes towards the reporting of errors is very significant because attitudes can affect behavior.

4- Nurses' Skills Regarding Psychiatric Patients' Safety:

The results of the current studyrevealed that more than one-half of the samples had competent skills towards the psychiatric patients' safety. The findings indicated that more than one-quarter of the studied nurses had proficient skills to prevent the patients from hurting themselves and others. These results agreed with those of **The Finnish Centre for Occupational Safety (2012)** which explained that professional experience and skills are the foundation of good and safe work practices.

The present study results showed that nearly two-fifths of the studied nurses have proficient skills such as, attending regular meetings in the department to discuss patient safety issues. This is mean that they need up-to-date, their performance for psychiatric patient safety. This finding goes in line with that of **Slade (2007),** who stated that the nursing staff education, many staff members, both clinical and lay (e.g., security), don't have adequate training regarding patient safety. Training in psychiatric patient care can improve the general understanding and care, as well as improve patient safety. In this respect**, Ilan and Fowler (2005)** who clarified that training program emphasizing patient safety**.**

The present study results showed that nearly half of the studied nurses have proficient skills such as patients are allowed to express their feelings and thoughts to prevent agitation, patients participate plan to relieve frustration and stress, use good observation of the patient when giving medication, in the bathroom, and using the personal tools, this gives an opportunity to achieve safety in the department. Moreover, almost one-quarter of the studied nurses had somewhat competent skills for maintaining the safety and therapeutic milieu for care. These findings were in agreement with **Yeager, Saveanu and Roberts(2005); and Mills, DeRosier and Ballot(2008)** which reported that, psychiatric field studies noted the significance of a safe physical environment in which the chances for patients to hurt themselves are reduced by removing or replacing non-breakable hardware and weight testing them. Blocking access to sharp substances and potentially harmful items, those that can be, for example, broken and used to stab or be used as anchors is likewise important. Implementing weekly safety rounds to identify potential components that can be used to cause harm is essential. This may be due to that the environment is a critical issue in healthcare for the psychiatric patient and staff safety.

These results agreed with those of **The Finnish Centre for Occupational Safety (2012)**, which reported that safety culture means prioritizing safety and health, clear and high-level goals and responsibility, intentions, openness and trust, safe working practices always and everywhere, proficient skills and competence, continuous enhancement of working environments.

These study findings are confirmed by **Fisher (2007)** who reported that the importance of a safe environment is helping patients to form a therapeutic alliance with staff and the care to be effective**.** A safe environment is also important for nursing staff to have an opportunity to observe the unit **(Steward, Bowers & Warburton, 2009).** This can diminish incidents of aggression and violence (**Fairlie & Brown, 1994).** As well **Vieta et al. (2017)** who stated that the removal of all objects that may be potentially hazardous and maintenance of an optimal, safe distance to respect the patient's personal space should also be undertaken.

The findings of study clarified that more than one-third the studied nurses had proficient skills in communication and interaction between the patient and nursing staff and another patient to behave in a safe manner, and slightly less than a quarter are practicing safety guidelines for your working place. These findings were in line with the study done by **Quirk, Lelliott and Seale (2005)** who reported that when communication works, patients can also seek help and protection when they perceive a threat to their safety.

These study findings are confirmed by **Sherwood (2015)**, who stated that safety in nursing practice constitutes protecting patients from harms arising from adverse events in care, such as poor communication in the handover, inadequate staffing or insufficient education on new technologies**.** As well, **Flewett (2010)** clarified that the traditional focus of clinical risk management in mental health care was located at the individual rather than at the organizational level and was therefore narrowly "considered the business of predicting and preventing dangerousness" of patients**.**

The skills of healthcare professionals are often associated with high quality of care and patient safety. These include communication, teamwork, and awareness of the situation, decision making and problem-solving **(Ahmed et al., 2014).** Communication includes written and verbal communication **(Scholefield, 2007),** and is a way to form a common understanding of the patient's condition and to decrease errors **(Undre, Arora & Sevdalis, 2009).**

The study results predefined that nearly one-fourth of the studied nurses had skills as using the isolation technique is sometimes as a punishment for some patients, on the other side this means that three-

fourths of the studied nurses had skills as using the isolation technique for patient safety, and this positive issue for psychiatric patient and more than a third are supporting and advising a peer who must decide how to respond to an error and more than quarter accurately entering an error report. In this respect, a study was done by **Borckardt, Grubaugh and Pelic (2007**) noted that psychiatric care experiences can recapitulate previous trauma. For example, restraint and seclusion can be frightening and cause adverse mental health consequences**.**

These findings were in line with that of a study done by **Baid and Hargreaves (2015)** highlighted the importance of nurses' skills in their clinical practice, especially in critical care settings, and the primary goal for nurses is to ensure high quality and safety**.** The code of ethics for nurses, **The International Council of Nurses (2006)** stated that all nursing professionals should be responsible for the implementation of safe practice in patient care.

The study findings revealed that near one-third of the studied nurses didn't have competent skills, in relation to participate as a team member in identifying the cause of the unsafe behavior. Perhaps, there are many other causes of unsafe behaviors, however, the nurse doesn't identify that threat to the patient safety, such as; the wrong dose, aggression, violence, suicide, and self-harm prevail in mental health**.** For, this the nurses used isolation method and seclusion to protect the psychiatric patient. This explanation is supported by scattered studies as those of **Bowers et al. (2010); Cullen, Nath and Marcus (2010); and DeSantis et al. (2015***)*, who stated that medication-related risks, such as drug mix-up or delivery of incorrect dose, are found in acute care and mental health**,** specific risks, such as aggression, violence, self-harm, and suicide prevail in mental health**.**

5- The Relations between Nurses' Knowledge, Attitudes, Skills, Regarding Psychiatric Patients' Safety:

The result of the current study described the relationship between knowledge, attitudes, and skills regarding patients' safety among the studied nurses. It demonstrated that there were positive relationships between knowledge, attitudes, and skills, and a highly statistically significant difference was detected between nurses' skills and attitudes regarding patients' safety. This means that attitudes, knowledge, and skills are very important aspects of the patient safety issue, may be due to that the nurses in Egypt have many conflicts in their thinking and work. This view is consistent with that of a study carried out by **Brasaite et al. (2016)** in which they explained that, the more knowledge that healthcare professionals, working in hospitals, had about the patient safety, the more positive attitudes and better skills with regard to patient safety. Interventions in the areas of patient safety knowledge seem to force health care workers perform better in practice, as well as to understand that successful to perform in their job must have competence derived from their knowledge, attitudes, and skills. With sufficient safety knowledge, healthcare professionals may seek to develop positive safety attitudes, and skills, because they have sufficient knowledge on how they should act in practice and how they should act to ensure patient safety.

These findings were explained a very recent study by **Chiovitti (2008)** who stated that the nursing staff requirements skills to provide reassurance, to help with disorder and self-care. As well as, **Grasso, Rothschild and Genest (2003)** who explained that knowledge about the treatment, and how to provide information knowledge of medications and the administration procedure. In this respect **Safarpour et al. (2017)** who denoted that the safety of the patient should be a priority for the health care providers. The theoretical reasons and learning experiences should be combined with the development of knowledge, skills, and attitudes for effective patient safety**.**

6- Limitations

The study was subjected to several limitations. First, the findings presented here only reflect the responses of a convenience sample of six large hospitals from the governorates in Egypt. So, the findings cannot be generalized to nurses all over Egypt and the world. Second, there are no documented, structured interview questionnaires to assess any aspect of psychiatric patient safety and to develop and measure the reliability and validity as they need a lot of time and effort. Third, making a cross-section sample needs more time to collect data. Lastly, lack of previous studies of quantitative design makes the theoretical part more difficult.

V.   Conclusion

The current survey provides a valuable insight into the contentious issue of nurses' knowledge, attitudes, and skills and contributes to the limited body of research about this issue in psychiatric inpatient settings. The findings of the study showed that the studied nurses have sufficient skills and knowledge, yet negative attitudes were detected towards the safety of psychiatric patients. Although positive relationships were found among nurses' knowledge, attitudes, and skills, there were statistically significant differences between nurses' skills, and attitudes regarding patients' safety.

VI.   Recommendation

- The nursing staff needs more meetings and conferences to provide them with up-to-date information in order to improve their attitudes, knowledge, and skills about psychiatric patient safety and how to deal with them.
- The schools and faculties of nursing leaders consider incorporating safety of patients into their curriculum; assessment of the effect of these educational programs will be needed in the psychiatric field.

Relevance Statement

This work is relevant to mental health nursing because it examines the nurses' attitudes, knowledge, and skills towards the safety of psychiatric patients. This cross-sectional study, research design provides the basis for developing high-quality nursing care and safety for psychiatric patients. It highlights the need for specific knowledge, attitudes, and skills for nurses to deal with the unsafe behaviors in psychiatric settings. This study finding also supports the nursing staff in their needs for more meetings and conferences to provide them with up-to-date information, improve their knowledge, attitudes, and skills about psychiatric patient safety, on how to deal with them. Improving the design of the working organizations is needed for making changes in all aspects of staff attitudes.

Declaration of conflicting interests:

The authors have declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

ORCID

Saida El-azzab ID https://orcid.org/0000-0002-8615-8591

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