# Original Article

# The Perspectives of Psychiatric Nurses in Turkey on Malpractice: A Qualitative Study

Hilal Altundal Duru[1*], Mualla Yılmaz[2], Serpil Yılmaz[3]

**Abstract**

**Background:** lawsuits related to malpractice are increasingly common in medical fields, though less frequently in psychiatric clinics. However, this does not imply that malpractice is absent in these settings. Mental health nurses play an important role in preventing malpractice cases experienced within clinics.To our knowledge, there are no existing studies on the experiences and awareness of mental health nurses regarding malpractice cases.

**Aim:** This study aims to explore the perspectives of psychiatric nurses in Turkey on malpractice.

**Methods:** A qualitative research design was employed for this study, conducted in Turkey. Purposeful sampling was used to select mental health nurses for inclusion in the sample. Data were collected from 31 nurses through in-depth interviews and analyzed thematically.

**Results:** Two main themes emerged:. (1)Feeling and thoughts which included the meaning of malpractice, factors contributing to malpractice, individuals responsible for malpractice, nurses' feelings related to malpractice, and the impact of malpractice on patients. (2)Malpractice experiences which coveredtheme the nurses' experiences with situations that could lead to malpractice.

**Conclusion:** Mental health nurses exhibitedinsufficient awareness of malpractice, although those who were graduate students showed better awareness. Mental health nurses should develop and integrate clinical standards to prevent malpractice, incorporating these standards into their routine care. Nurses should also accept their responsbilities by adhering to professional standards and documenting their observations and communications. [*Ethiop. J. Health Dev.* 2024; 38(1): 00-00]

**Keywords:** Malpractice, mental health, nursing role, psychiatric nursing, qualitative methodology

## INTRODUCTION

The World Medical Association (WMA) defines malpractice as harm caused by a professional's "failure to perform standard practice", "lack of skills" or "failure to treat the patient by neglect"[1]. Malpractice can arise from the application of incorrect procedures, negligence or improper execution of the correct procedures.Typically these issues fall into two catagories: negligence and abuse of power. Health professionals can abuse their power in various waysover a vulnerable patient,including sharing information without patient consent, abusing or threatening the patient, engaging in a sexual relationship with the patient, using restraints unnecessarily, commiting sexual abuse[2-5].

In Turkish culture, malpractice refers to harmful and inappropriate practices by health professionals. The absence of standard practices, coupled with lack of skills or practices can lead to paitent harm. There is a risk of malpractice in eny environment where patient is provided and such cases are referred to as malpractice in Turkey. In addition, mental health nurses in turkey do not recieve education on malpractice specfic standard for psychiatric clinics.The lack of a specific standard for psychiatric clinic in Turkey paves the way for malpractice. Without mental health legislation, malpractice in psychiatry clinics may become more severe[3, 6].

Studies have indicated that lawsuits are more frequently in other medical fields than in psychiatric clinics[3, 7-10]. However, this does not indicate that no malpractice occurs in psychiatric clinics. The lower incidence of malpractice cases in these psychiatric clinics are pursued less often can be attributed to several factors: difficulties in the classifiying of psychiatric disorders, challenges identifying the origins of psychiatric diseases, the lack of descriptive standards of service, reservations of the patients regarding disclosing their situation in court, issues related to finding conclusive evidence or witnesses, the relatively low risk of diagnosis and treatment methods for psychiatric diseases compared to the risk in other medical fields, the inability of patients to adequately defend themselves, unclear rights of patient and employees, and a lack of errors reportedby health professionals[11]. As far as we can ascertain, there is no systematic review or research article specifically addressingthis area. While psychiatric malpractice has beenmentioned in a few review articles, including two of focused on mental health nurses, In addition, a retrospective study about malpractice situations faced by psychiatrists was mentioned. Therefore, there is a large gap in the literature regarding the malpractice situations experienced by nurses in psychiatry clinics. Based on the literature findings, it is crucial to explore the perspectives of psychiatric nurses on malpractice in Turkey[12-16]. Therefore, there is a large gap in the literature regarding the malpractice situations experienced by nurses working in psychiatry clinics. Based on the existing literature findings, it is crucial to assess the perspectives of psychiatric nurses on malpractice in Turkey.

When psychiatric nurses realize the mistakes they have made during the nursing interventions, the quality of care provided to patients will improve. this recognition

[1] Nursing Department, Faculty of Health Science, Çankırı Karatekin University, Çankırı, Turkey
[2] Nursing Department, Faculty of Nursing, Mersin University, Mersin, Turkey
[3] Nursing Department, Faculty of Health Science, Hitit University, Çorum, Turkey
***Corresponding Author E-mail:** hilalaltundalduru@karatekin.edu.tr

can lead to faster patient recovery, shorter hospitalization periods, and a decrease in recurrent hospitalizations. Additionally, among the team members, a supportive and healthy therapeutic environment amoung team members is indispensable for recovery, where errors can be reported without fear, and both the patient and theirfamilies are regareded as important stakeholders[9,12,13,17,18].

Nurses can mitigate their liability by adhering to professional standards and documenting their observations and communications. Accurate documentation is necessary to justify clinical decisions and to provide an adequate defenseif needed[19]. Currently, there is no standardized approach preventing malpractice in psychiatry clinics in Turkey. In this context, it is important to develop clinical standards for the prevention of malpractice in psychiatry clinics. In this regard, psychiatry team members should be educated about psychiatric malpractice and their awareness should be increased. Given their crucial role in Psychiatric setting, nurses must conduct risk assessments, identify potential risks, determine appropriate management strategies, and actively participatein the development of clinical standards for malpractice prevention[12,13,18].

## METHODS

A qualitative descriptive approach was used in this research. The aim of this study was to determine the perspectives of psychiatric nurses in Turkey on malpractice. This approach defines a phenomenon (action or experience) from the individuals' perspectives and provides a comprehensive summary of an event is provided in everyday terms[20]. The report of this study followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines. The COREQ which consists of items specific to reporting qualitative studies, was developed to promote explicit and comprehensive reporting that covers necessary components of study design [21].

### *Participants*

This study was conducted between November 2017 and February 2018 with nurses in the adult psychiatric clinics of the institutions providing inpatient services in Mersin, Turkey. A total of 48 mental health nurses worked in these clinics. Purposeful sampling was used to select mental health nurses for inclusion in the sample. The inclusion criteria consisted of voluntary participation and at least six months of experience working as a nurse in psychiatric clinics. As a result of the purposeful sampling and inclusion criteria, 10 onurses did not meet the requirements and were excluded. To determine the sample size for qualitative studies, a sampling approach is used that requires researchers to continue collecting data until sizes adequate for the saturation point is reached[22]. There is no specific number to definesthe sample size in qualitative research. Additionlly , since the goalof qualitative researchers is to describe the phenomenon and ensure data saturation, the repetition of responses is considered the stopping point of the research[23-26]. The data reached saturation for the 31 nurses.

Thirty one mental health nurses participated in the study. The mean age of nurses was 39±6.63 and all of them were female. The mean duration of registered nurse was 17.9±8.3 and the mean duration as mental health nurse was 3.48±3.97 (see Table 1).

Table 1. **The characteristics of the participants**

| Nurse no | Age | Gender | Education | Duration as registered nurse (years) | Duration as mental health nurse (years) |
|---|---|---|---|---|---|
| N1 | 35 | Female | Master's | 12 | 4 |
| N2 | 31 | Female | High school's | 14 | 3 |
| N3 | 33 | Female | High school's | 12 | 2 |
| N4 | 30 | Female | Bachelor's | 9 | 4 |
| N5 | 38 | Female | Bachelor's | 12 | 1 |
| N6 | 36 | Female | Bachelor's | 14 | 6 |
| N7 | 28 | Female | Associate's | 9 | 2 |
| N8 | 36 | Female | Associate's | 17 | 1 |
| N9 | 54 | Female | Associate's | 36 | 20 |
| N10 | 33 | Female | Bachelor's | 9 | 1 |
| N11 | 44 | Female | Bachelor's | 27 | 2 |
| N12 | 47 | Female | Bachelor's | 30 | 2 |
| N13 | 39 | Female | Bachelor's | 11 | 4 |
| N14 | 36 | Female | Bachelor's | 13 | 1 |
| N15 | 26 | Female | Master's | 3 | 3 |
| N16 | 42 | Female | High school's | 23 | 2 |
| N17 | 43 | Female | Bachelor's | 23 | 1 |
| N18 | 34 | Female | Bachelor's | 12 | 2 |
| N19 | 43 | Female | Associate's | 24 | 7 |
| N20 | 42 | Female | Bachelor's | 24 | 2 |
| N21 | 43 | Female | Associate's | 23 | 2 |
| N22 | 37 | Female | High school's | 15 | 5 |
| N23 | 40 | Female | Associate's | 20 | 2 |
| N24 | 42 | Female | Bachelor's | 23 | 1 |

| | | | | | |
|---|---|---|---|---|---|
| N25 | 55 | Female | Associate's | 35 | 7 |
| N26 | 40 | Female | Master’s | 20 | 2 |
| N27 | 45 | Female | Associate's | 28 | 2 |
| N28 | 40 | Female | Bachelor’s | 11 | 1 |
| N29 | 41 | Female | Associate's | 13 | 2 |
| N30 | 33 | Female | Master’s | 8 | 1 |
| N31 | 43 | Female | Bachelor’s | 25 | 13 |

Age: x±sd=39±6.63
Duration as registered nurse (years): x±sd=17.9±8.3
Duration as mental health nurse (years): x±sd=3.48±3.97
N: Nurse; x: mean; sd: standard deviation

***Setting***
Individual in-depth interviews were conductedin a luminous interview room, allowing the researcher and the nurses, and individuals could express themselves comfortably.

***Data collection***
Data were collected through individual face-to-face in-depth interviews, as this technique facilitates the gathering of detailed information about emotions, thoughts, and experiences. Since this study is a qualitative descriptive study, no specific training was provided to the nurses. However, nurses in Turkey training on “medical and psychatric” during their studies or internships. The personal information form that include sociodemographic characteristics such as age, gender and experience working as a nurse. The semi-structured interview form (see Figure 1) collected through interviews with nurses using an individual in-depth interview technique. There are a total of four questions[3-5, 8, 11].

Figure 1**. Semi-structured interview form**

| | |
|---|---|
| Interview questions | Could you explain your thoughts, feelings, and opinions regarding malpractice? |
| | Are there any cases of malpractice which you or your colleague have experienced in the clinics where you work? Could you explain it if you have one? |
| | What can be the cases of malpractice in psychiatric clinics and who is responsible for them? |
| | What kind of responsibilities falls on nurses in preventing the malpractice cases experienced in psychiatric clinics according to you? |

The semi-structured interview form was reviewed four faculty members with expertise in psychiatric nursing and qualitative research to obtain their feedback. Since no changes were made to the form after this preliminary practice, this five mental health nurses were also included in the study. Voice recorders were used for one-on-one and face-to-face interviews with mental health nurses, and field notes recorded were taken. The interviews lasted between 20-60 minutes. Nurses who met the inclusion criteria were informed about the study’s objective and their consent was obtained. No repeat interviews were conducted, and transcripts werenot returned to participants for comment and/or correction. The interviews were conducted in Turkish and latertranslated into English.

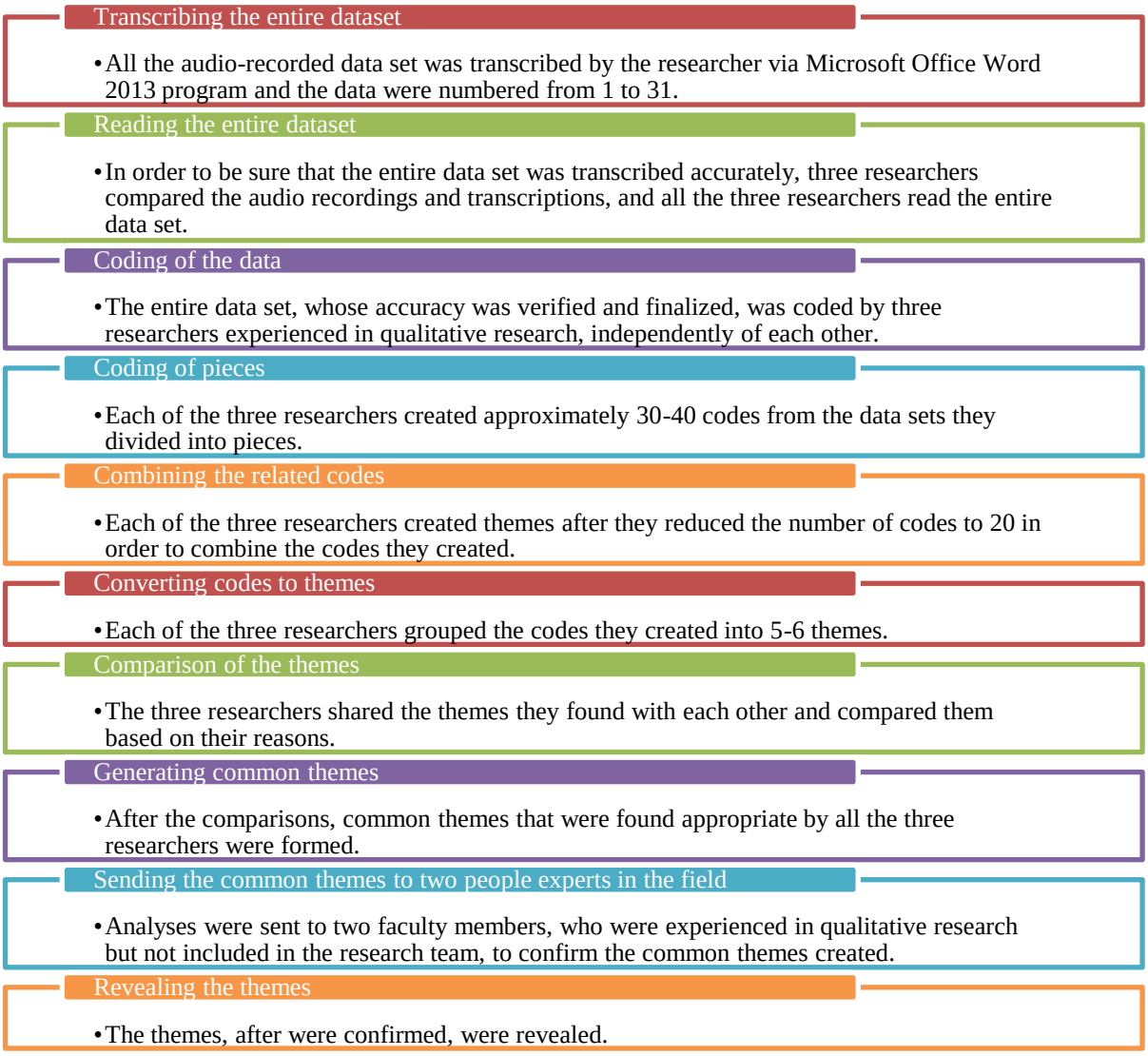
***Data analysis***
In the data evaluation process, all recorded interview were transcribed verbatim by three researchers. Computerized algorithms were not used in the data analysis the recordings were manually transcribed. Raw data were obtained by combining the transcripts with the observation notes. After transcription, interview texts were sharedall researchers for their feedback Nurses’ sociodemographic variables were analyzed for means, standard deviation and frequuencies. The analysis was conducted researcher conducted the analysis independently,considering the field notes during this process. Transcripts were returned to participants for comment or correction.

Inductive thematic analysis was employed to analyze the nurses experiences related to malpractice, encompassing stages of open coding, category creation, and abstraction[27]. The data obtained from the interview form were evaluated using thematic analysis, which included the following steps: (1) familiarization with the data; (2) generating initial codes; (3) searching for themes; (4) reviewing themes; (5) defining and naming themes; and (6) producing the report (see

Figure 2)[28]. Initially, the researchers performed the analysis independently, followed by discussions to consolidate themes and subthemes. During the thematic analysis, the transcripts were read several times to gain a comprehensive understanding of the data. After carefully reviewing the raw data, the researchers processed the data (coding of meaningful concepts and themes) was accomplished. Codes were assessed, related to the phenomenon and classified as conceptually similar codes. Subthemes were combined to create themes, and for each topic discussed,individual responses were evaluated separately by the researchers. The researchers critically evaluated and discussed the data, reaching a consensus on the thematic statements that best described the findings.

After compliting the interviews, the researcher provided a training session titled "Malpractice situations faced by nurses in psychiatry clinics" to the nurses.

Figure 2. **Data analysis procedures**




***Ethical Considerations***

Institutional permissions were obtained from the institutions where the study was conducted, and the ethics committee approval was received from the related university of Clinical Research Ethics Committee approval (decision no 2017/261 dated 22.09.2017). In order to address ethical considerations, before starting the study, individuals who volunteered to participate in the study were first informed about the study, and their written and verbal consent was obtained.

***Research team, reflexivity and rigor***

The research team consists os three female researchers, including PhD student and faculty members (Professor and Associate Professor) on a nursing faculty in the department of mental health and psychiatric nursing. All reseahers have prior experience as nurses or supervisors in hospital settings and are trained in qualitative research.

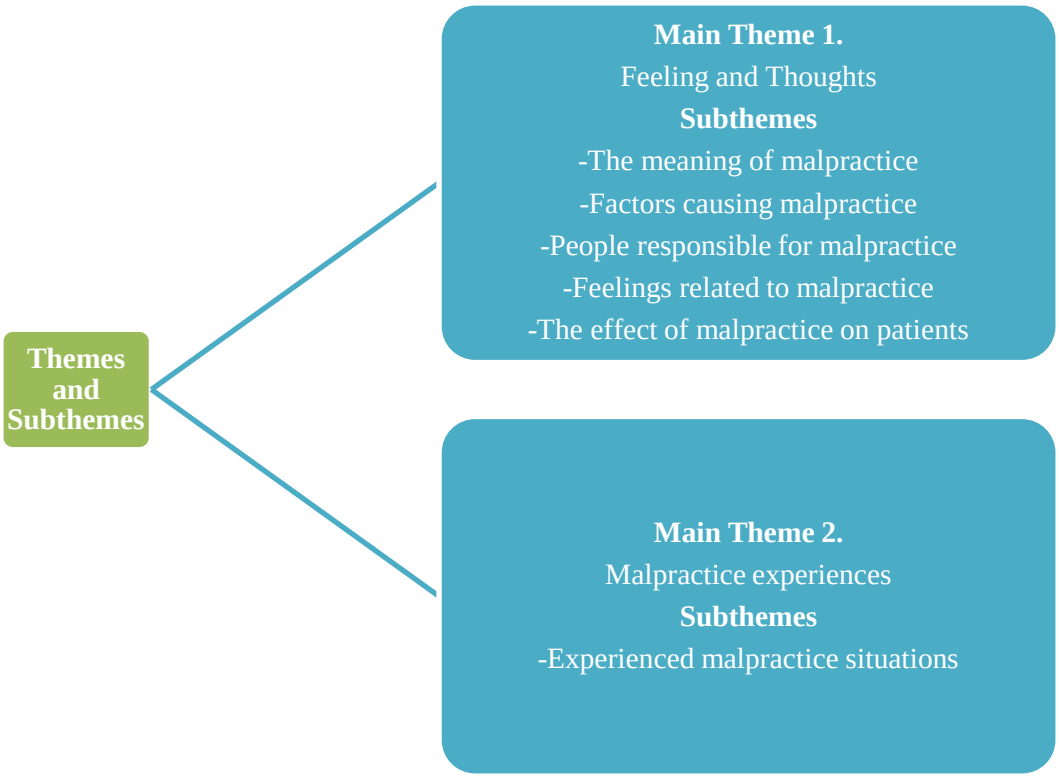
At the beginning of the interviews, the researchers assured participants that they could freely express their views, empasizing that every perspectivewas valuable. A consistent approach was maintained by using the same voice recorder and interview form were across all interviews, which were conducted by a single researcher. . Interviews were concluded once saturation

was reached. To enhance credibility, participant opinions are presented with explanatory notes in the result section.

Thematic analysis identified two main themes: (1) feeling and thoughts and (2) malpractice experiences (see Figure 3).

## RESULTS

Figure 3. **A summary of the themes regarding nurses' experiences and awareness of malpractice**




**Theme 1. Feeling and Thoughts**

Mental health nurses expressed their feeling and thoughts regarding malpractice under the topics of the meaning of malpractice, factors causing malpractice, people responsible for malpractice, feelings related to malpractice and the impact of malpractice on the patients.

***Subtheme 1. The meaning of malpractice***

Half of the mental health nurses described the malpractice as unintentional harm, improper practices that necessitate legal processes to ensure patient safety. The other half indicated that they were unfamiliar with the term. Three nurses stated that they did not know the legal dimension of malpractice, and explained that occurrences are oftenkept secret. Almost all nurses emphasized that patients in psychiatric clinics are particularly at risk for, malpractice, especially concering medication administration.

*"I've never heard of it before. I heard it today. I mean, I just heard it; I don't have much information. Healthy practice is like the correct practice method." (N3).*

***Subtheme 2. Factors causing malpractice***

One third of the mental health nurses stated that factors contribuing to malppractice include inappropriate physical conditions for psyciatric care, lack of security personnel in clinics, lack of the safety of patient and nurse due to the poor physical conditions of clinic, poor working conditions, long working hours, insufficient observation of patient, and erroneous in-house policies cause malpractice.

*"Since there was no security at the door and one nurse is not enough for 22 patients, the patient ran away when the door opened. If the patient had harmed any people, the nurse would be held responsible for that; that is, it would not be considered that the nurse gave care to 22 patients there" (N1).*

***Subtheme 3. People responsible for malpractice***

Nearly all mental health nurses indicated that the entire healthcare team bears responsibility for the cases of malpractice. The nurses also expressed that they should not be held accountable for incidents like patient suicides, patient escapes, or sexual encounters amoung patients.

*"... but if it happens between patients, it has nothing to do with us. We warn the patient and inform the family; that is, we are not negligent in such a cases, as the patients' own sexual impulses are in that direction ..." (N28).*

A few nurses stated that nurses are not responsible for communicating with the patients and the doctors are responsible for the malpractice because the person who communicates with patients is the doctor.

*"Nurses cannot interview many patients… due to the high patients load, nurses often cannot allocate time for interviewing patients." (N3)*

***Subtheme 4. Feelings related to malpractice***

Two-thirds of the nurses who working in psychiatric clinics reported feeling very distressed about cases of malpractice. They experienced negative emotions such as guilt, sadness, anxiety, and fear; they questioned themselves and considered themselves rather incompetent.

*"You feel sorry for yourself and for the patient. I felt sorry for the patient, and I felt that we were incompetent. So, like I was wasting my time; I felt tiredness on my part." (N3).*

***Subtheme 5. The effect of malpractice on patients***

Most nurses state when malpractice occurred, especially if the institution will experience loss of many medical professionals, the institution may experience problems such as the loss of reputation, unreliability, financial losses, and lawsuits. Regarding the patients, malpractice may cause the loss of trust, worsening of their situation ,and prolonged hospital stays.

*"When we think in terms of the patient there would be results such as loss of trust, thinking that he/she would be harmed, being affected more negatively, or being unable to fully provide for their self-care and security..." (N2).*

**Theme 2. Malpractice experiences**

Mental health nurses described various experiences and situations. There are one subtheme under theme two.

***Subtheme 1. Experienced malpractice situations***

Mental health nurses reported experiencing many cases of malpractice in clinics. While almost of the nurses who participated in the study stated that the patients were misdiagnosed and exposed to the wrong treatment, they themselves did not administer the wrong treatment but witnessed that another health professional administerthe wrong treatment. Nurses stated that they experienced a case in which a patient escaped from the clinic, and the practices in such situations were to inform the patient family and record the case, making an official report. Mental health nurses stated that malpractice can be claimed in relation to many cases in clinics and, can occur during physical and chemical restriction. One-third of the nurses considered sexual intimacy between the patients or between the patient and health personnel as malpractice. A statement of a nurse was

*"If a doctor felt sexual intimacy with a patient, I will not interfere with that." (N13)* is a remarkable finding.

*"If the sexual intimacy with the patient is established by a personnel, -yes- it is malpractice."(N7)*
*"For example, the issue of which I am most upset is misdiagnosis and indifference of physicians. For example, a patient has previously stayed in many psychiatric wards and every time received different diagnoses, unfortunately" (N25).*

**DISCUSSION**

Mental health nurses defined malpractice as harming reluctantly or performing improper or incorrect practices; malpractice was also defined by some nurses as a mistake that is important, requiring a legal process to support patient security. Others, however, indicated that they had never heard of the word and did not know its meaning and did not know the legal dimension of malpractice, explaining that when malpractice occurred, it was kept secret and covered up. In previous study, many mental health nurses reported having an intermediate level of knowledge about the legal and ethical aspects of psychiatric nursing[29]. The mental health nurses unaware of the exact meaning of malpractice is thought to be related to the education levels of nurses, not having experience, not receiving in-service training, and not knowing the health policies of the institutions.

Almost all the nurses emphasized that the patients in psychiatric clinics are at risk for malpractice and that this risk was especially related to drug administration. A previous study, a significant rate (88.8%) of drug errors in psychiatric clinics, distraction of the nurse and poor communication among health personnel were the most common causes of drug errors[30]. The nurses stated that patients often received psychiatric care under unsuitable physical conditions,lacking security guard in the clinics, and there was no patient or nurse safety due to the poor physical conditions of the clinic. Ergun et al, (2017) stated that the physical conditions of psychiatric clinics in Turkey are not appropriate in terms of the physical environment and therapeutic setting[31]. Another study emphasized the importance of controlling the entrances and exits[32].

According to our study, other factors causing malpractice were determined as poor working conditions of nurses, long working hours, inability to observe the patient adequately, and incorrect in-house policies. In the studies reported that working under difficult conditions, long shift hours, working with patients who have mental disorders, excessive workload, distraction of the nurse, and poor communication among health personnel increase the rate of error of the nurses[30, 33, 34].

Nurses stated that the entire team was responsible for the malpractice; however the nurse was not responsible in such cases as suicide, escape from the hospital, sexual intimacy between patients, and communication with patients. In a previous study, mental health nurses stated that, because patients have mental illness, they can not do anything and that the doctor is responsible for the suicide attempt of the patient[35]. Hagen *et al.* (2017) found that, if the nurses have experience related to suicide, this causes them to deal one-to-one with the care of the patient and know the patient's emotional reactions, and this approachwas an important factor in preventing suicide or self-injuring behaviours of the patient[36]. In contrast, certain studies reported that mental health nurses were not only responsible for the drug administration but also should plan activities such as risk management and occupation[37, 38].

In this study, it was determined that in the case of malpractice experienced while working in clinics nurses felt negative emotions, such as guilt, sadness, anxiety, fear, and incompetence. Existing studies support this finding[35, 39]. Although nurses stated that their understanding of malpractice was insufficient and that they experienced negative emotions in the case of malpractice, they did not know their roles and responsibilities exactly, did not develop themselves, and did not consider themselves as responsible for some malpractice situations. There was rather a contradictory situation. Most nurses stated that, the institution may suffer losses in reputation, reliability, financial stability, and lawsuits, and compensation claims. regarding the patients, malpractice may cause the loss of trust, worsening of their condition and an increased duration of hospital stays. Several studies conducted on the issue indicated that psychiatric patients do not trust the psychiatric team[40]. Hence, it was thought that nurses prioritize the issues that the institution would experience in the case of malpractice and attach secondary importance to the quality of care provided for the patient.

Nurses stated that physical-chemical restriction, misdiagnosis, wrong or improper treatment, negative approaches and poor communication, sexual intercourse between patients or between a patient and a health professional, suicide, and patientself-harm and harm to others; are among the circumstances in which malpractice could occur in psychiatric clinics. Khankeh et al. (2014) stated that, the nurses sould gain certain experiences and learn how to communicate with the patients as their participation in the patient care within the clinic increases[41]. Additionally, Hallett et al. (2014) emphasized that, to ensure the safety of patients and personnel in psychiatric clinics, the team members should be trained in therapeutic communication techniques[32]. In a study with parallel findings to those of the present research, it was pointed out that, in psychiatric clinics, treatment-related errors were mostly caused by nurses. Additionally, health personnel do not take the errors seriously[30]. On the other hand, sexual assaults and rapes do occur in mental health inpatient units[42, 43]. When the themes are reviewed, the fact that nurses are not aware of their deficiencies and incompetence in their knowledge and awareness emerges as a serious concern.

**Limitations**

The results of this study can not be generalized to all mental health nurses because this study is qualitative in nature. The small number of participants may also be considered a limitation. Another limitation is that the use of voice recorders might have affected nurses' participation in the study. The study sample consisted of mental health nurses in Turkey, excluding those in other countries. In addition, a majority of mental health nurses had bachelor's degrees, which might affect the variety required in qualitative studies.

## CONCLUSIONS

The awareness of mental health nurses is inadequate and the awareness of nurses with a master's degree is better. Nurses with no awareness regarding malpractice are also not aware of their responsibility to prevent malpractice and attribute the responsibility to the other members of the team. Finally, qualitative research with a larger study group should be performed to evaluate the patient and nurse viewpoints together. There is no standard for the prevention of malpractice in psychiatry clinics in Turkey. In this context, as a result of this study, it has been proposed to develop clinical standards for the prevention of malpractice in psychiatry clinics. Based on the results of this study, it is planned to work with the health team in the psychiatry clinics to establish the proposed standards.

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