

Critical Incidents in Psychiatric Inpatient Units of a Tertiary Care Hospital in South India—A Retrospective Analysis based on Psychiatric Nurses' Perspective

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ABSTRACT

This study aimed to enlist the incidents in psychiatric inpatient units of a hospital, which were experienced as 'critical' by staff nurses who were working in that area. A mixed approach was used here. The critical incidents were collected using Critical Incident Data Extraction Schedule (CIDES), a researcher-made, content-validated data extraction instrument. Clinical records (n=104) were retrieved from Medical Records Department and were evaluated using the CIDES. The most commonly reported critical incident was 'patient abscond/escape (40%)' following which is the 'physical violence (34%)'. Critical incidents were usually reported during second shift (37.5%) and from the wards (42.3%). Evaluation of critical incidents and nurses' experience will give the opportunity to learn about the incidents, important strategies to be adopted and the possible constraints that could arise.

Keywords: *Critical incidents, Abscond, Suicide*

INTRODUCTION

Nurses who work in psychiatric units face a lot of work related stress. It is much stressful for those who work in acute inpatient psychiatric wards since they have to confront with multiple critical incidents.^[1] Critical incidents are the situations provoked by patients and the clinical matters related with nurses' everyday work.^[2,3] The most commonly reported critical incidents created by the patients are violent outbursts, abscond, self-harm and suicidal attempts.

Researches describe the prevalence of aggressive episodes vary widely^[4,5,6] with typical estimates around 10-15% of admissions. A range of factors have been associated with inpatient aggressive incidents, including: age^[5,7,8] gender,^[9] previous psychiatric admission^[5,7,10];

involuntary admission^[7,11]; and duration of stay^[12,13,14] and setting-related factors.^[11,15] Increased rates of inpatient aggression have also been associated with several diagnostic groupings, including: schizophrenia and acute psychoses^[5,13,15,16]; mania^[15,16]; and personality disorder^[14,17]; while lower rates have been reported among patients with depression and adjustment disorder.^[10,15] The risk for patient aggression in acute psychiatric wards differ from a community and other psychiatric settings.^[17]

In addition to aggression, there have been attempts to synthesize the absconding research literature. Incidents of absconding remain a significant concern, with social, economic and emotional costs.^[18] Literature suggests that incidents of absconding from the mental health setting can be high, with rates of reported incidents of up to 35%.^[19] An increased risk of absconding has been associated with: being younger, male or single; admitted as an involuntary patient; having substance use problems^[19]; or a diagnosis of personality disorder or schizophrenia.^[20,21,22] The risk associated with patient absconding include risk of suicide and self harm, risk of aggression and violence, risk of self-care neglect or death and risk of loss of confidence.^[18]

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Direct self-harm has been described with deferent terms, including deliberate self-harm, self-injury, attempted suicide, self-mutilation, or para-suicide.^[23,24] The risk for repetitive self-harm and suicide is greatest in the first two years after the first episode of self-harm and this risk may persist over a period of several years.^[25] Nurses working in an acute mental health settings have a high chance of experiencing a patient suicide or suicide attempt.^[26,27] The occurrence of an inpatient suicide or suicide attempt is indisputably a tremendously stressful and upsetting experience for nurses.^[28]

A small number of researches have been realized in order to investigate the type of critical incidents, that nurses face in their work. Very few researches included mental health nurses and data has been presented in comparisons with nurses of general departments. In India, the specialized nursing services are limited in scope and thus it is an open field for research.

AIM & OBJECTIVES

The present study aimed at exploring the incidents in psychiatric inpatient units of a tertiary care hospital, which were reported as 'critical' by staff nurses working in those areas. Based on this the following objectives were formulated; 1) to assess the types of critical incidents reported by staff nurses from psychiatric inpatient units, 2) to explore the clinical, personal and environmental correlates to those critical incidents and 3) to explore the experience of psychiatric nurses with those critical incidences.

METHODOLOGY

A mixed approach using systematic, inductive and open type evaluation of the written information from the clinical records of those patients whom the nurses reported to have involved in a critical incident. This was performed with reference to the incident records maintained by the staff nurses in each of the psychiatric inpatient units. The incident reports maintained for the previous 10 years were checked and were included in the present study. There were 156 critical incidents that the researchers could identify from the incident records. Those clinical records corresponding to the incidents were traced from the Medical Records Department (MRD) using its Inpatient Register (IP) Number. These clinical records were evaluated for the critical incidents and the details of which is being recorded in it. The details of the critical incidents were collected in terms

of the items given in a Critical Incident Data Extraction Schedule (CIDES).

Critical Incident Data Extraction Schedule (CIDES):

CIDES is a researcher-made, content-validated data extraction instrument. It consists of items on 1) Socio-demographic profile and 2) Clinical profile of the patient whom was reported to be involved in an incident, 3) Type of the incident, 4) Location of the incident including the type of inpatient unit from which it is being reported, and 5) experience and records of the nurses specific to the incidents. CIDES provided a structural approach to evaluation of the records on the critical incidents in the clinical records.

In addition to the clinical record review, the nurses who were presented during the time of the incidents were interviewed in person. Prior to the data collection, assurances were given to nurses concerning confidentiality and anonymity. The purpose of the study was explained in detail. The nurses were asked to write about their experience with the particular incident. Content analysis was applied and the data was coded in a variety of important themes.

RESULTS

The researchers could retrieve 104 clinical records from the MRD, with any report of critical incidents during inpatient stay. Based on the available data from the case records, the result is as follows;

1. Types of critical incidents: The types of critical incidents reported from inpatient psychiatric units of the hospital by nurses is being depicted in the Figure 1.

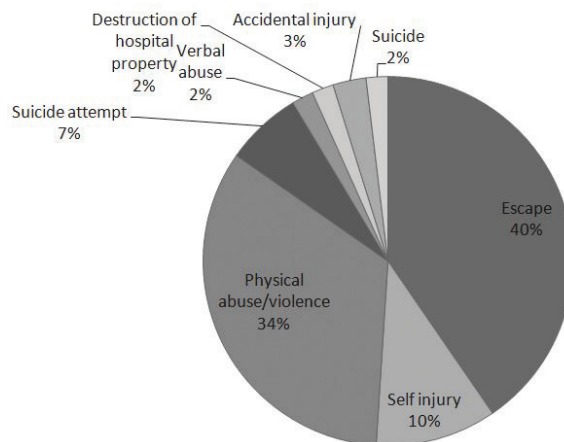


Figure 1: Distribution of type of critical incidents reported from Inpatient units

2. Characteristics of Patients who was involved in a reported critical incident: Most of patients were male (84.6%) and having family support (73.1%). Majority of the patients were Hindu in religion and only two (1.9%) foreign nationals were involved in any form of critical incident.

Table 1: Clinical profile of the patients who involved in a critical incident (s)

(n = 104)

Sl. No.	Variables	Frequency	Percentage	
1.	Type of admission	Voluntary	56	53.8
		Involuntary	23	22.1
		Reception order	16	15.4
		Criminal	9	8.7
2.	Psychiatric diagnosis in present admission	No	3	2.9
		Yes	101	97.1
3.	Past history of psychiatric illness	No	59	56.7
		Yes	38	36.5
		Not available	7	6.7
4.	Previous psychiatric diagnosis	No	60	57.7
		Yes	37	35.6
		Not available	7	6.7
5.	Family history of psychiatric illness	No	52	50.0
		Yes	38	36.5
		Not available	14	13.5
6.	Present history of Substance abuse	No	61	58.7
		Yes	41	39.4
		Not available	2	1.9
7.	Past history of Substance abuse	No	59	56.7
		Yes	43	41.3
		Not available	2	1.9

Patients who sought voluntary admission and treatment were more involved in critical incidents than those who sought involuntary admission. Most (97.1%) of them have been diagnosed to have a mental illness in the present admission and were in treatment for the same. Forty-one patients have a co-morbid diagnosis of substance abuse whereas 43 have a previous history of substance abuse.

3. Location of the incidents

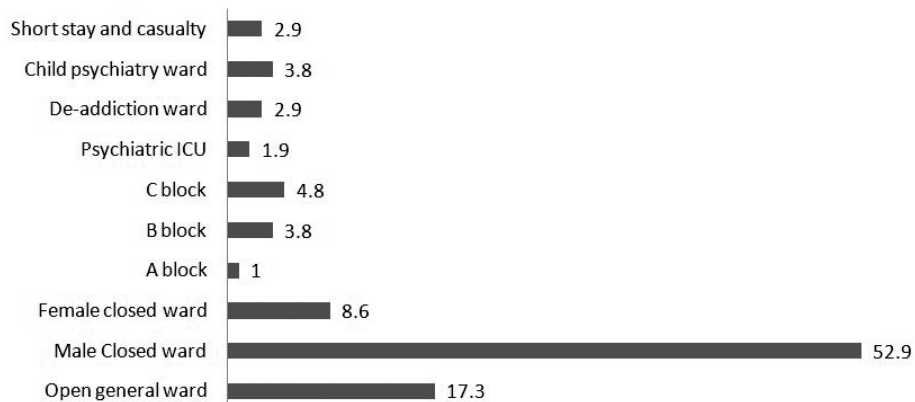


Figure 2: Type of the ward where patient admitted at the time of incident

More than half of the incidents were reported from Male closed ward whereas very few incidents were from A block, which is a paying patients' block.

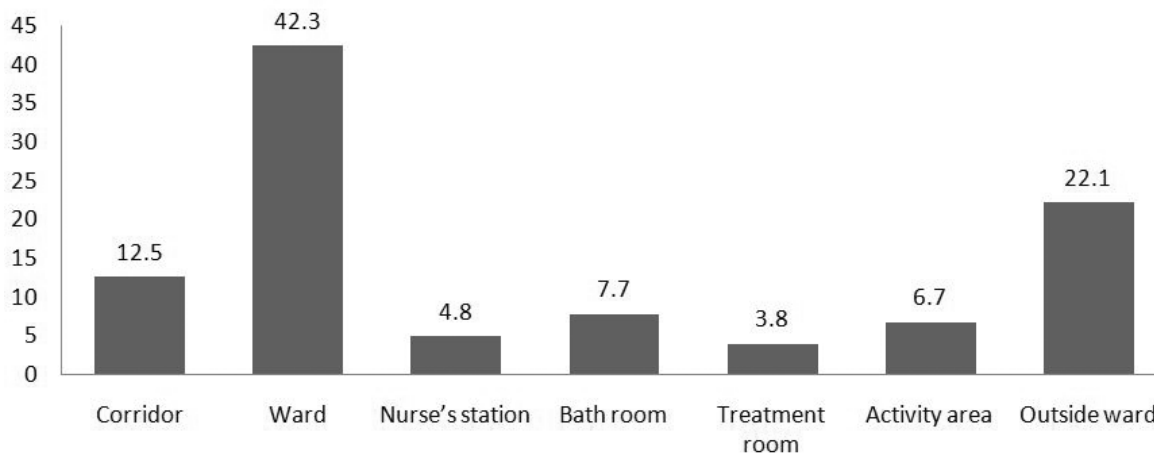


Figure 3: Distribution based on place at which incident occurred

4. **Nursing action with the critical incidents:** Table 3 shows that majority (48.1%) of the critical incidents were known to the nurses in the area, were reported immediately (<24 hours) after the occurrence of the incidents (85.6%) and were recorded appropriately in the case records (96.2%). It was reported that most of the incidents were during the second shift of the nurses (37.5%).

Table 2: Distribution based on nurses experiences with critical incidents

(n = 104)

No.	Variable	Frequency	Percentage	
1.	Nurse know about the incident	She/he discovered	50	48.1
		Was told by other patients	4	3.8
		Was told by other hospital staff	34	32.7
		Other	16	15.4
2.	Previous incidents reported	Yes	37	35.6
		No	67	64.4
3.	Attempts during present hospitalization	Yes	38	36.5
		No	66	63.5
4.	Precautions taken to prevent the incident	Yes	31	29.8
		No	73	70.2
5.	Reporting of incident	<24 hours	89	85.6
		>24 hours	15	14.4
6.	Nurse's record regarding incident	No	4	3.8
		Yes	100	96.2

DISCUSSION

Nurses reported 40% of the critical incident as patients' abscond in this study. Literature review gives an estimate of 34% cases with abscond in psychiatric inpatient units.^[18,19] Other directed violence is another major concern among patients with mental illness. This

may be associated with their psychotic symptoms such as delusions or hallucinations. Physical violence was reported to be 34% in this study. Non physical forms of aggression (E.g. Verbal threats) were reported about 2%.

The majority of the patients who were involved in any critical incident were males (84.6%) and never

married (50%), a reminder that severe mental illness require treatment under admission is a problem among males and those who do not have a supportive relationship. Overall, the patient sample was severely and acutely unwell, which is reflected in the high proportion of involuntary admissions (22.1%) including admission under reception order (15.4%) and the high rates of patients with a confirmed psychiatric diagnosis (97.1%). Substance use disorders, schizophrenia and related psychoses were the commonest psychiatric diagnoses reported to be associated with the critical incidents reported before^[1] in contrast to the present study findings. Overall, the clinical and sociodemographic characteristics of the present sample were very similar to those reported by Koukia E, Zyga S.^[2]

It was reported that most of the incidents were during the second shift of the nurses (37.5%) and were observed the nurses themselves (48.1%). The recurrence of the incidents is associated to the nurses inability to adopt preventive measures on time. The incidents were commonly reported from wards. About the nurses experiences shared through interview, the usual primary intervention was to call the physician and majority of them commented the lack of autonomy as the main problem in the management.

SUMMARY AND CONCLUSION

This paper is on the types of critical incidents that were commonly reported from the psychiatric inpatient units by nurses. The critical incidents and its clinical, personal correlates of the patient who is been involved in the incident also explained. Nurses' experience with the critical incidents and the strategies adopted by them to manage it also evaluated through focused interviews. Written critical incidents and corresponding interventions gave nurses the opportunity to explain the incidents, important strategies adopted and the constraints they faced. Nurses choose rather limited number of interventions when dealing with critical incidents.

The recommendations of the study is the future realization of a more in-depth interview concerning total interventions in every critical incidents, in order to analyze and clarify psychiatric nurses' actual role in the critical incident management.

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Conflict of Interest: Nil

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