

Challenges Experienced by Psychiatric Nurses in Caring for Mental Health Patients in The Middle Eastern Islamic Cultural Context: A Narrative Review

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Abstract

This narrative review explores the challenges experienced by psychiatric nurses in caring for mental health patients in the Middle Eastern Islamic cultural context through the lens of Leininger's transcultural nursing theory. Accordingly, three main types of challenges have been noted to dominate the literature, and are discussed. These challenges include workplace violence, psychosocial discomfort, and personal skills and organizational resource limitations. This review also discusses the mitigation measures of these challenges, which require significant input from healthcare systems management, drawing on the need to facilitate a smooth acculturation transition based on organizational values, especially for expatriate nurses. Nevertheless, it is also apparent that psychiatric nurses already employ various coping strategies, such as finding meaning in one's self.

Keywords: *nursing care; mental health; Islamic culture, cultural competency, Middle East.*

Introduction

Culture and religion are intertwined concepts that serve as a foundational ground upon which various aspects of life sprout.(1–3) These two concepts strongly rule the sphere that encloses diverse social issues and concepts, including social norms and values, political and economic status, as well as health behaviors and practices. Most Middle Eastern countries are characterized by robust intercultural settings, predominated by the Islamic Culture with its heavy impact on the health and well-being of patients and their caregivers.(4) Indeed, culture can strongly influence how society perceives and understands health and well-being, including causes of diseases, help-seeking attitudes, and treatment trajectories.(1,5) For instance, society's perceptions of concepts, such as the Cartesian dualism of body and mind

and the reductionism approach to health, are central to beliefs and norms held by the Western culture.(6)

Pieces of empirical evidence have shown significant variations in the perceptions, understanding, and care for mental health issues across the dominant cultures in the world, including Islamic, Scandinavian, Asian, Western and African worldviews.(7–11) A comparative analysis of the different cultures puts the Islamic culture at the central position with a critical influence on the dynamics of mental healthcare practices, including prayers, fasting (and dietetics) and religious celebrations.(12) The Islamic cultural landscape in the Middle Eastern context is characterized by dense reverence for tradition, faith, and social norms, which have a strong influence on the care environment.(13) These

concepts may positively or negatively impact the therapeutic and care relationships between nurses and their patients.(13)

With the many, yet divergent pieces of empirical evidence in the area, this narrative review seeks to present a comprehensive view of nurses' perceptions and coping strategies for caring for mental health patients. Mental health has been put on focus as one of the most critical and sensitive health matters, with diverse beliefs and notions influencing its care practices. Moreover, the care for mental health patients has been a thorn in the flesh for many mental health nurses for diverse reasons that need a critical review to inform policy adjustments.

The Middle Eastern Islamic Cultural Context

An overview and understanding of the unique sociocultural setup and layout of the Middle Eastern Arabic countries would provide a mirror upon which the core aspects of life are mirrored, such as social relationships, health practices/behaviors, and therapeutic relationships. Middle Eastern countries have different political and socioeconomic statuses, as well as traditions, beliefs, and some social norms. However, they still come together under the large umbrella of Islamic religion and culture. By sharing the same denominator built on the Quran teachings, most natives of these countries tend to share basic principles of compassion, hospitality, and community, some of which are reflected in the architectural designs in art and religious symbols.(14,15) With the Arabic language being the dominant language in the region, Middle Eastern societies again share some aspects of social care and celebrations pertinent to key religious holidays like Eid.(13)

Out of its density in the area, the rich Islamic religion injects significant influence in healthcare practices, and pieces of empirical evidence have demonstrated the same. For instance, a scoping review conducted by Mahmood(12) and colleagues noted that three key Islamic concepts and ideas have been deeply ingrained in healthcare, including "attitude and character of healthcare

professionals, clinical decision making, and holistic spiritual care." Critical comparative analyses have shown that the other cultures, such as the Western culture the Greenlandic societies, researchers have reported relatively lower levels of stigma in mental healthcare than the Islamic culture.(10,11)

The intricate integration of the Islamic culture into healthcare, notably psychiatric care, makes it hard for nurses to offer care services smoothly. Unfortunately, the burden is probably heavier among the expatriate nurses who have to deal with double challenges, i.e., acculturation and the routine difficulties of dealing with mentally ill patients. These challenges are thus examined through the lens of Leininger's (16) transcultural nursing theory, which viewed transcultural nursing as:

...a substantive area of study and practiced focused on comparative cultural care (caring) values, beliefs, and practices of individuals or groups of similar or different cultures to provide culture-specific and universal nursing care practices in promoting health or well-being or to help people to face unfavorable human conditions, illness, or death in culturally meaningful ways.

Therefore, exploring these challenges would open opportunities to improve wellbeing among the mental health nurses, which would reciprocate on patients' optimal care and outcomes.

Challenges Experienced by Psychiatric Nurses

Handling patients with mental health issues in unpredictable and complex environments puts psychiatric nurses in a precarious state due to the instability of their patients. Surprisingly, some researchers, including Alsyouf,(17) reported in a survey that more than 60% of the mental health nurses were satisfied with working at the psychiatric nursing care unit. Nevertheless, the majority of studies have reported a plethora of challenges facing the daily operation of psychiatric nurses, such as workplace violence, psychosocial and emotional discomfort, including stigma, and personal and organizational factors, such as skills and resource limitations.

Workplace violence

Violence against psychiatric nurses, which can be physical or verbal, and the threat of such violence put these nurses' lives in an uncomfortable state. Safety-related challenges have equally been reported.(18) Moreover, Studies have reported alarming rates of workplace violence in the mental care departments in Middle Eastern countries. For instance, a study conducted by Alharthi reported that more than 90% cases of psychiatric nurses have faced some form of violence in the psychiatric unit. Similarly, Alamri and colleagues(19) and Al-Kalbani(20) also reported figures of high incidences, 80.8% and 90.6%, respectively. According to many studies, verbal and physical violence are the most reported forms of violence faced by psychiatric nurses.(20,21)

Even though there are several factors implicated in the high incidences of workplace violence against psychiatric nurses, some proportion of the incidences can be explained by Leininger's Transcultural Nursing Theory. Accordingly, since many Middle Eastern countries, such as Qatar and Saudi Arabia have high number of expatriate nurses, (13,22) there are high chances of intercultural clash in views about mental illnesses, communication breakdowns, and overall weaknesses in the patients' holistic care approaches.(23) The cultural differences may critically hamper the provision of optimal patient care. Nevertheless, other reasons, such as the complex nature of the work environment and the unpredictability as well as emotional volatility among patients, also contribute massively to the high cases of violence.

Violence can critically affect the psychiatric nurses' overall well-being, including their physical and mental status. According to Basfr(24) and colleagues, many nurses have suffered various psychological challenges, anxiety, depression, and even post-traumatic stress disorder (PTSD) as a result of workplace violence. Alanazi et al.(25) also explain that many female psychiatric nurses are exposed to high chances of violence, which can hamper their comfort and ability to deliver care

services. As a remedy, some researchers have recommended the need for additional nurses while others assert the need for nurses' training to help them prevent or handle workplace violence in a culturally safe way.(26,27)

Psychosocial and emotional discomfort

There are several cases of psychosocial discomfort reported by psychiatric nurses in the line of duty in Middle Eastern countries. Many studies have painted a picture of emotional and psychosocial strain that encompasses instances of fear of potential attack and harm, depression, anxiety, and stress among psychiatric nurses.(24,28,29) Kargin and Aydin noted that many psychiatric nurses often handle mental patients who are aggressive and have suicidal notions, which makes nurses more scared.(30) According to some studies, constant exposure to negative experiences can, in the long run, expose these nurses to secondary traumatic stress and can significantly affect their ability to deliver quality services.(31)

Psychiatric nurses have to deal with a confusing state of unpredictability of the patients' fate. This state can amplify discomfort among these nurses and predispose them to other serious psychosocial challenges. Some studies have noted that handling patients who are almost always disturbed and unpredictable presents significant challenges in the care regime.(32) Moreover, Hasan and Tumah further noted that dealing with a high number of patients in the mental care unit is another burden.(32) Moreover, instances of stigmatization and negative attitudes have also been reported by some studies in the Middle Eastern Arabic counties.(21,33,34) For example, Rahmani et al.(33) reported that psychiatric nurses face negative and judgmental views from other staff members, which can exacerbate their state of mental discomfort.

Studies have also noted that the discomfort does not specifically sit within the individual nurses – there are instances when the challenges spread to the organizational level and the healthcare system as a whole. For example, Hamaideh established that a significant percentage of the distress faced by

psychiatric nurses comes from the organization systems, notably unethical conduct.(35) According to some researchers, such organization-based issues can escalate to depersonalization of the nurses, which can critically affect the nurse-patient relationships.(36)

Again, culture is ingrained in the psychosocial status and burden experienced by psychiatric nurses in the Middle Eastern Islamic context. According to some researchers, including Inocian et al.(37), some nurses with certain cultural backgrounds tend to experience more burden than others. The differences emphasize the need for cultural competency among psychiatric nurses in handling patients with mental illnesses. On the same point, Zaghoul et al. also stress the need for promoting cultural competency among the psychiatric nurses.(38)

Personal and organizational factors

Challenges faced by psychiatric nurses also come from personal and organizational factors such as inadequate skills to handle patients with mental illnesses and inadequate resources within the organization. An inadequate number of employees, for instance, can lead to burnout and stress.

The inability to navigate some of the complex patients' needs due to inadequate skills or experience has been noted to contribute as a critical challenge in psychiatric care. Some researchers have noted that inefficient personal and professional skills significantly hinder the nurses' ability to handle work-related stress.(33) Moreover, cases of inadequate professional and personal skills can predispose these nurses to severe psychosocial discomfort.

Resource constraint is another limiting factor that negatively affects the well-being of psychiatric nurses. Psychiatric nurses who work in healthcare institutions that do not provide them with support and resources are prone to more distress as opposed to those who receive adequate support and assistance. Pieces of empirical evidence have pointed towards inadequacies in staff capacity building, support systems, and healthcare equipment.(18,34,39) The lack of necessary resources makes

psychiatric nurses feel unconfident and, overloaded, and unable to provide optimal care services.(40) Moreover, the structure and policy setup of an organization can also affect nurses negatively.(35) Accordingly, Alyousef et al. (39) express that healthcare organizations need to set clear job roles for nurses and provide them with supportive policies.

Coping and mitigation strategies

The challenges faced by psychiatric nurses, such as psychosocial burden, violence, and resource limitations, need serious consideration by the healthcare systems in individual Middle Eastern Countries to smoothen the care for patients with mental illnesses. However, at the same time, psychiatric nurses have also devised individual approaches to handling the burden. Regardless of the mitigation approach followed, there is a need to carefully address the burden of holistic care provision.

Harnessing a positive mindset among psychiatric nurses has been noted to improve their psychosocial wellbeing. Pieces of literature evidence have highlighted the significance of building a positive attitude towards the professional role of caring for psychiatric patients.(41) According to Alhadidi and colleagues, a positive attitude helps nurses acculturate to the patient's preferred mode of communication, thereby creating a harmonious environment without fear of assault. Moreover, establishing a preferred mode of communication between patient and nurse helps to create a sense of empathy and a genuine therapeutic relationship that earns the patients' trust and loyalty. Additionally, some researchers have recommended the need for mental health awareness among psychiatric nurses to boost their confidence and general skills in handling psychiatric patients.(39) This can be achieved through continuous training, urging professional development initiatives, and any other knowledge-oriented measures.

Training on preventive measures, communication approaches, and the use of protective equipment have been suggested to help psychiatric nurses overcome certain kinds of challenges on their duty.(27) On the same

note, Alyousef and Alhamidi(21) recommend implementing safety through training to help improve nurses' confidence when confronted with challenges.

Social support has also been recommended in the literature. Some researchers, including Zarea et al.(29) have expressed that social support systems can duly help psychiatric nurses to overcome challenges faced in the mental healthcare environment. Daily interactions, sharing experience and ideas on how to go about the common challenges have also been noted to help nurses overcome the burden experienced by the psychiatric nurses. Moreover, sharing experiences with peers has been shown, in other studies, to be universally crucial in helping clinical nurses overcome distress, anxiety, depression, fear, and occupational stress at work.(42,43) Social support can also reduce the negative feelings of loneliness.

Personal coping strategies have also been identified in the literature to help counter the challenges faced by psychiatric nurses. Some nurses opt to seek and find meaning in their lives as a way of overcoming the daily challenges in the care of their patients.(32) By seeking meaning in their personal lives, these nurses resort to self-affirmation, finding satisfaction in the challenging duties, and performing a daily reminder of their value and worth. Seeking and recognizing personal worth can improve their confidence and attitude toward their psychiatric roles. Nevertheless, Alhadidi et al.(41) assert that healthcare organizations have a role of creating a favorable environment where these nurses can find solace and regenerate energy towards their professional roles.

Even though nurses also have to undertake personal initiatives, such as reflective practice, to improve their wellbeing, much effort is needed from the management to provide a favorable work environment nurses and patients' wellbeing. For instance, Kargin and Aydin(30) recommend measures like security improvement, medical treatment, and emergency approaches to deal with the challenges. In addition, the healthcare systems

management needs to strengthen resource capacity within the institutions to reduce stress related to resource inadequacy. It is also the responsibility of the management to initiate and develop training programs for nurse.(31)

Conclusion

Psychiatric nurses face diverse challenges in the care of patients with mental health issues in the Islamic cultural context. Based on Leininger's transcultural nursing theory, this review construes that, while there are many possible causes of these challenges, a significant proportion of the causes sit in the communication differences employed by nurses. The difference in communication approaches holds a bearing on the therapeutic relationships and care trajectories. Despite the efforts made by nurses to cope with the challenges, literature evidence spotlights the need for healthcare systems to implement mitigation measures to ensure patients' and nurses' wellbeing.

Recommendations

There is a need for intervention-based studies to examine the role of acculturation in the safety and well-being of psychiatric nurses in caring for patients with mental health issues. This will help to inform conclusions regarding the cultural competency among psychiatric nurses in the Islamic cultural context for holistic mitigation approaches.

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