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PSYCHIATRIC CARE DURING COVID-19 PANDEMIC: A QUALITATIVE STUDY

COVID-19 PANDEMİSİNDE PSİKİYATRİK BAKIM: NİTEL BİR ÇALIŞMA

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Abstract

Introduction: There have been changes in the delivery of nursing care during the COVID-19 pandemic. Psychiatric care has also been affected by these changes.
Objective: This study was conducted to examine the thoughts and experiences of nurses regarding the psychiatric care they provided during the COVID-19 pandemic.
Methods: One of the qualitative research methods, the case study method, has been utilized in this study. Research sampling consisted of 11 volunteer nurses working in psychiatric settings within the center of Antalya, Turkey. Research data were obtained via Personal Information Form and Semi-structured Interview Form designed to hold personal in-depth interviews. The descriptive analysis method was employed in the analysis of qualitative data.
Results: 90.9% of the participants were female and their mean age was 42.09. Six main themes and 18 subthemes were identified concerning the psychiatric care provided during the COVID-19 pandemic. Findings showed that pandemic conditions negatively impacted psychiatric care. Group activities in psychiatric care decreased, the need for individual training and follow-up of COVID-19 symptoms increased, and nurses had difficulty in their caregiver roles. Although the care burden of nurses increased, the number of staff working in psychiatric settings decreased.
Conclusion: Due to the pandemic conditions, the regulations made in the psychiatric setting (mask, distance and hygiene rules, use of protective equipment, training, etc.) adversely affect the quality of psychiatric care. To assure the continuity of psychiatric care during the COVID-19 pandemic, it is suggested to enhance the motivation of nurses, reconstruct the activities in accordance with pandemic conditions, rehabilitate the physical conditions of the institutions, and increase the time spent with the patients.
Keywords: Psychiatric care, Psychiatric nursing, Psychiatric setting, COVID-19 pandemic, Qualitative study

Özet

Giriş: COVID-19 pandemisinde hemşirelik bakımının sunulmasında değişiklikler olmuştur. Psikiyatrik bakım da bu değişikliklerden etkilenmiştir.
Amaç: Bu çalışma, COVID-19 pandemisi sürecinde verilen psikiyatrik bakımı hemşirelerin bakış açısıyla değerlendirmek amacıyla yapılmıştır.
Yöntem: Çalışmada nitel araştırma yöntemlerinden durum çalışması yöntemi kullanılmıştır. Araştırmanın örneklemini Antalya il merkezindeki psikiyatri kliniklerinde/birimlerinde çalışan ve araştırmaya katılmayı kabul eden 11 hemşire oluşturmuştur. Araştırmanın verileri Kişisel Bilgi Formu ve bireysel derinlemesine görüşmeler yapmak amacıyla oluşturulmuş Yarı Yapılandırılmış Görüşme Formu aracılığıyla elde edilmiştir. Kalitatif verilerin analizinde, betimsel analiz yöntemi kullanılmıştır.
Bulgular: Katılımcıların %90.9'u kadın olup, yaş ortalamaları 42.09'dur. Betimsel analiz sonucu, COVID-19 pandemisi sürecinde verilen psikiyatrik bakım ile ilgili altı ana tema ve 18 alt tema belirlenmiştir. Çalışmadan elde edilen bulgular, pandemi koşullarına göre yapılan düzenlemelerin psikiyatrik bakımı olumsuz yönde etkilediğini göstermektedir. Psikiyatrik bakımda grup aktiviteleri azalmış, bireysel eğitim ihtiyacı ve COVID-19 semptomlarının takibi artmıştır. Hemşirelerin bakım yükü artmasına rağmen psikiyatrik ortamlarda çalışan personel sayısı azalmıştır.
Sonuç: Pandemi koşulları nedeniyle klinik işleyişinde yapılan düzenlemeler (maske, mesafe ve hijyen kuralları, koruyucu ekipman kullanımı, eğitim verme vb.) psikiyatrik bakımın niteliğini olumsuz yönde etkilemektedir. Pandemi koşullarına göre düzenleme yaparken aynı zamanda psikiyatrik bakımın sürekliliğini sağlayacak planlamalara ihtiyaç vardır. Pandemi sürecinde verilen psikiyatrik bakımın sürekliliğini sağlamak için hemşirelerin motivasyonlarının artırılması, etkinliklerin pandemi koşullarına göre yeniden yapılandırılması, kurumların fiziki şartlarının iyileştirilmesi ve hastalarla geçirilen zamanın artırılması önerilmektedir.

Anahtar Sözcükler: Psikiyatrik bakım, Psikiyatri hemşireliği, Psikiyatri kliniği, COVID-19 pandemisi, Nitel çalışma

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INTRODUCTION

China State Office of World Health Organization reported pneumonia incidences with unknown causes from Wuhan city of China on December 31, 2019. A novel coronavirus was defined on January 5, 2020. Termed as COVID-19, this virus that surrendered whole world has evolved into a pandemic in a short span of time (1). COVID-19 pandemic has an ongoing global impact on a wide range of domains such as health, economy, education and social life. One of the most important domains among them is health.

Within the domain of health another area impacted from COVID-19 pandemic is psychiatric care. Pandemic has led to a direct effect on psychiatric care on a global scale (2). It was reported that pandemic situation initiated a great number of challenges to help Chinese patients manage their primary psychiatric disorders in a safe manner (3). In India there was a reported decrease in the number of patients hospitalized in psychiatric setting, administered ECT, treated outpatient and offered consultation liaison service. It was stated that psychotherapies, psychological practices and similar psychiatric treatments and care practices that are outside the scope of telemedicine services were also impacted from quarantine process (4).

Despite the heterogeneity of global health systems, there are attempts to adapt the service of mental health services in line with COVID-19's demands (5). Due to the effects of COVID-19 pandemic on psychiatric care, several practices have been introduced. In Italy, patients with a negative COVID-19 test result can receive care in psychiatric settings while patients with a positive COVID-19 test result but not exhibiting severe symptoms are treated in a designated unit. Within the scope of COVID-19 pandemic measures, health personnel were educated about the use of personal protective equipment. Social mental health practices continue by observing social distancing. House visits are banned except emergency conditions. Telemedicine practices and distance psychosocial interventions are supported (6). In Massachusetts the need to increase the number of beds in psychiatric settings, became more apparent. In various hospitals psychiatric departments were opened to offer treatment for acute psychiatric patients infected with coronavirus but displaying mild symptoms (7). In Lombardy, a region of Italy, number of total personnel in psychiatric settings, was reduced to provide healthcare for patients diagnosed with COVID-19 and clinics were reformatted (2).

Maintaining routine practices in psychiatric departments result in various risks. Because of the activities conducted in common use areas, patient population and need to form close contact to offer care and treatment services, it becomes harder to implement COVID-19 measures. Frequent observation, group therapies, collective eating, social activities in a psychiatric care unit are some of the practices that necessitate close contact (7). During a day patient may interact with healthcare personnel to receive care and treatment and also with other resident patients to socialize. That situation may lead to breaking certain social distancing rules. Yet among acute-mania and psychotic patients failing to achieve behavior- regulation, it is a challenge to explain social distance and put patients into isolation. Aside from such factors; shared rooms and bathrooms, difficulty of certain psychiatric patients to practice self-care could also prevent achieving full hygiene (7,8).

As the primary care giver in psychiatric settings, psychiatric nurses help the individuals, family or society attain better mental health, prevent mental diseases or cope with existing mental problems. Offering care to people inflicted with physical, intellectual and mental problems psychiatric nurses provide extensive and individual-oriented psychiatric care (9,10). It is considered that nurses providing psychiatric care during COVID-19 pandemic bear responsibility in

taking, implementing and controlling virus-preventive measures as well as informing the patients. In relevant literature studies basically focusing on an analysis of psychiatric care given during COVID-19 pandemic are mostly related to sharing clinical experiences and a review of existing literature (2,6-8,11). There is not yet any research analyzing from the viewpoint of nurses the psychiatric care offered during COVID-19 pandemic. Thus, the aim of this study is to analyze psychiatric care given during COVID-19 pandemic from the viewpoint of nurses working in psychiatric settings.

MATERIAL AND METHOD

Design: This qualitative study was designed to analyze the psychiatric care offered during COVID-19 pandemic in line with the thoughts and experiences of nurses. In the study, case study method -being one of the qualitative research methods- was employed. In the study, holistic multiple case study pattern was adopted to integrate a wider viewpoint to the analyzed situation. In multiple case studies, it is tried to understand how the phenomenon performed in different environments (12). In the holistic multiple case study, more than one case that can be holistic on its own is handled and then compared with each other (13). In this study, nurses working in different psychiatric settings were included in order to provide the holistic multiple case condition. These settings are three different psychiatric clinics, alcohol and substance abuse center and daycare hospital.

Population and Sampling: Research population consisted of nurses working in psychiatric settings in Antalya city center and registered to the online announcements and cooperation platform (WhatsApp group). There were 31 nurses on the online platform. Nurses working in psychiatric settings in Antalya city center were contacted via the online platform. Moreover, they were invited to participate in the study upon contacting their clinical head nurse. After informing about the research objectives, nurses were invited to participate in the study. Personal in-depth interviews were conducted with the 11 nurses accepting to participate in the study. One interview was held with each participant. The interviews lasted around 30 minutes.

Features of the psychiatric settings that participants work in: Psychiatric settings within Antalya city center are psychiatric clinics, alcohol and drug-addiction centers, community mental-health center and daycare hospital. Before the outbreak of COVID-19 pandemic too, various activities such as (social hour, occupational therapy, group activities and group meetings, trainings etc.) were already practiced in these settings to continue a therapeutic milieu. In psychiatric clinics and alcohol and drug-addiction centers, patient rooms were for two residents minimum and it was allowed to receive attendants / visitors.

Data Collection Tools and Procedure: Research data were collected via personal in-depth interviews. Before the interview, participants were asked to complete Personal Information Form created by the researchers related to sociodemographic features and their occupation in psychiatric settings. Next, through Semi-structured Interview Form (Figure 1) personal in-depth interviews were held. The Semi-structured Interview Form was created in line with the relevant literature (2,6-8,11). Interviews were held between October and November 2020. Interviews were conducted online by the researcher and lasted around 30 minutes. Interviews were terminated when data saturation was reached.

Semi-structured Interview Form

1.Opening question: What do you think psychiatric care is?
2.If you compare current situation with the situation before COVID-19 pandemic, what do you think about psychiatric care you provide during COVID-19 pandemic?
3.In COVID-19 pandemic, was there any change in your departmental work procedure? If yes, in which areas did the change occur?
4.If you compare current situation with the situation before COVID-19 pandemic, did any changes occur because of COVID-19 pandemic in the activities you practice to continue a therapeutic milieu? If yes, how did these changes happen?
5.Are there any practices followed in your department in relation to social distance, mask and hygiene protocols that emerged due to COVID-19 pandemic?
6.If you were asked to associate psychiatric care given in COVID-19 pandemic with something, what would it be? Why?
7.Closing question: Do you have any suggestions related to psychiatric care given in COVID-19 pandemic? If yes, what are they?

Data Analysis: Data obtained from Information Form were reported by percentage values. Data obtained from Semi-structured Interview Form were examined via descriptive analysis. Before descriptive analysis, interviews were analyzed at first. Later, two researchers worked independently and firstly they formed themes and next, by comparing the themes, they acquired common themes. To evaluate reliability of the research, two specialists drew a comparison across the themes and expressions. To examine the agreement across themes, Kappa value was computed in SPSS software program. There was perfect agreement among coders (0.91) (14). Moreover, to enhance research validity and reliability, direct quotations from participant expressions were listed in Findings. As a holistic multiple case study design was used, the statements of the participants were compared with each other in order to determine the effect of different psychiatric settings on psychiatric care. It was determined that only one sub-theme differed according to the psychiatric settings.

Research Ethics: Prior to conducting the research, ethical approval was received from Akdeniz University, Clinical Research Ethics Committee-KAEK-748 /23.09.2020 and informed consent of the participants was taken.

Validity and Reliability of the Research: A series of applications were carried out in order to ensure the validity and reliability of the research. In order to ensure the internal validity (credibility) of the research, the interview form was prepared in line with the relevant literature (2,6-8,11). Informed consent was obtained from the participants while collecting the data. The purpose and method of the research were explained, and it was informed that audio recordings would be taken during the interviews. In this way, it was aimed that the participants would respond more sincerely. The inclusion criteria of the study for external validity (transferability) were reported. In addition, the research process was reported in detail. For internal reliability (confirmability); two researchers worked independently to uncover the themes. Two independent researchers coded the themes and the Kappa value was calculated. Participant statements were given directly without comment. In order to ensure external validity (consistency), all evidence in the research process, such as data collection tools and analyzed data, will be retained for seven years to be presented as needed (13,15,16).

RESULTS

Participants of research were 90.9% females. The ages of the participants ranged from 33 to 52. 72.7% of the participants had a total working year of 10-20 years and about

half of the participants had been working in a psychiatry setting for 1-5 years. 72.7% of participants had undergraduate diploma and 54.5% had received training on psychiatric care. In terms of employed psychiatric settings, 72.7% of the participants had employed in a psychiatric department (Table 1).

In this study six main themes and 18 subthemes were designated on the psychiatric care given in COVID-19 pandemic (Table 2).

Table 1. Participants' Features

Participants' Demographic Features	**n**	**%**
Age		
33-35	4	36.3
36-45	3	27.4
45-52	4	36.3
Work experience (year)		
10-20 years	8	72.7
21 years and over	3	27.3
Psychiatric Setting Work experience (year)		
1-5 years	5	45.5
6-10 years	2	18.2
11 years and over	4	36.3
Gender		
Female	10	90.9
Male	1	9.1
Education Level		
Associate degree	2	18.2
Undergraduate	8	72.7
Graduate	1	9.1
Employed Psychiatric Settings		
Psychiatric department	8	72.7
Alcohol and drug-addiction center	2	18.2
Daycare hospital	1	9.1
Receiving Training on Psychiatric Care		
Yes	6	54.5
No	5	45.5

1.Views on the Psychiatric care

9/11 of the participants used the theme of offering holistic care and 2/11 used the theme of care-giving through psychiatric nursing skills by a specialist (forming empathy, building a therapeutic milieu).

It must be analyzed holistically with respect to mental, cognitive and physical aspects. Nursing care should be offered in line with the physical and mental needs of a patient thus I guess, it has a wide range and there is a lot of options to do. (P1, Theme-offering holistic care)

It is the way we approach in accordance with the feelings, emotions and current situation of patients. (P4, Theme - offering holistic care)

I think it means assisting and supporting patients' medical treatment or aside from chemical treatment, helping the patients in both their rehabilitation process and treatment outside of hospital. (P8, Theme- offering holistic care)

I think it refers to a psychiatric service offered to individuals facing challenges and difficulties in leading their life in a time they need most by skilled specialists working in a psychiatric setting after making essential planning. (P11, Theme- care-giving through psychiatric nursing skills by a specialist (forming empathy, building a therapeutic milieu).

I think it refers to listening to their problems so as to conduct activities together with patients. (P10, Theme-care-giving through psychiatric nursing skills by a specialist (forming empathy, building a therapeutic milieu).

Table 2.

Table 2. Themes and Subthemes on the Psychiatric Care given during COVID-19 Pandemic

MAIN THEMES	SUBTHEMES	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11
Views on the Psychiatric care	Offering holistic care	√	√	√	√	√	√	√	√	√		
	Care-giving through psychiatric nursing skills by a specialist (forming empathy, building a therapeutic milieu)										√	√
Views on the Psychiatric care given in COVID-19 pandemic	Facing difficulty in care-giver role	√				√	√				√	√
	Increasing personal trainings and monitoring COVID-19 related symptoms	√			√							
	Decreased group activities (occupational activities, group meetings, trainings etc.)	√	√	√		√	√	√	√	√	√	
Changes in the operation of psychiatric settings in COVID-19 pandemic	Decreasing in the number of working personnel and patients	√	√	√	√	√	√	√	√	√	√	√
	Arranging patient rooms and common-use areas	√	√	√	√	√	√	√	√	√	√	√
	Limiting attendant shift and patient visits	√		√	√	√	√	√	√	√	√	√
Measures taken against COVID-19 pandemic in Psychiatric settings	Providing personal training on social distance, mask and hygiene	√	√	√	√	√	√	√	√	√	√	√
	Wearing protective equipment (mask, shield, suit etc.), using disinfectant and putting warning signs (visual banners)	√	√	√	√	√	√	√	√	√	√	√
	Supporting patients' self-care	√	√	√	√	√	√		√	√	√	√
	Observing social distance	√	√		√	√	√	√		√	√	√
Recommendations for psychiatric care during COVID-19 pandemic	Enhancing employees' motivation and increasing the number of working nurses	√	√					√				
	Restructuring the activities in accordance with pandemic conditions and increasing the time spent with patients			√	√	√	√	√	√	√		
	Improving the physical conditions of institutions	√				√						
	COVID-19 test before admitting to the clinic										√	√
Metaphors related to the psychiatric care given in COVID-19 pandemic	Care in an unpredictable nature		√									√
	Care based on mask, distance, hygiene triology and restricted care	√		√	√	√	√	√	√	√	√	

2.Views on the Psychiatric care given in COVID-19 pandemic

9/11 of the participants used the theme of decreased group activities (occupational activities, group meetings, trainings etc.), 5/11 used the theme of facing difficulty in care- giver role and 2/11 used the theme of increasing personal trainings and monitoring COVID-19 related symptoms. All of the participants who stated that they had difficulties in their caregiver role were nurses who cared for patients hospitalized in psychiatric clinics for acute reasons.

Before the pandemic we had occupational therapies and with the patients, we held occupational therapies three to four times a week; but now we can't do them any longer. Because all the materials used in occupational therapy are shared items and they touch them all the time and sit side by side so we stopped such trainings and other trainings as well (P3, Theme-decreased group activities)

We can no longer conduct our activities and we can't stick to our weekly activity program. Unfortunately we can't conduct the kind of activities with materials. Our occupational therapies are now disrupted. (P7, Theme-decreased group activities)

When wearing protective equipment and mask and keeping social distance, therapeutic communication with the patients can be a real challenge. Patient has difficulty in recognizing the nurse or feelings as there is a barrier in between. Keeping social distance can be restrictive both for us and for the patient alike. With protective equipment, it is hard for us to manage eye contact or read the facial expression of the patient. We don't know if the patient is in pain, anxious, how the effect is and how to perceive the effect and respond appropriately. (P1, Theme - Facing difficulty in care-giver role)

Despite the decrease in occupational activities, the number of personal trainings offered to patients climbed. (P1, Theme - Increasing personal trainings and monitoring COVID-19 related symptoms)

The difference with the past is such; we question our patients more before hospitalization. We monitor if there are any COVID-19 symptoms and indicators. The moment patients are hospitalized, we work hard to detect symptoms and indicators again. (P4, Theme - Increasing personal trainings and monitoring COVID-19 related symptoms)

3.Changes in the operation of psychiatric settings in COVID-19 pandemic

11/11 of the participants used the theme of decreasing the number of working personnel and patients, 11/11 used the theme of arranging patients rooms and common-use areas, and 10/11 used the theme of limiting attendant shift and patients visits.

In the past we had thirty beds but now fifteen beds. Patient number decreased. Our patient number decreased to prevent single hospitalization, isolation and contact. (P1, Theme - arranging patients rooms and common-use areas and decreasing the number of working personnel and patients)

We arranged common-use areas and restaurant hall. Some of the changes were distancing the tables, distancing the sitting areas and ventilating the clinic much frequently (P1, Theme - arranging patients rooms and common-use areas)

We limited attendant shift. We had already banned the visits. Normally visit hour was from one to one thirty, but that is no longer possible (P6, Theme-limiting attendant shift and patient visits)

Unless needed most, we no longer admit attendants and visitors from outside. (P10, Theme - limiting attendant shift and patient visits)

Changes related to the number of working personnel emerged. Because there was need for staff in COVID unit and we had to transfer our clinic personnel to COVID unit. (P10, Theme -

decreasing the number of working personnel and patients)

4.Measures taken against COVID-19 pandemic in Psychiatric settings

11/11 of the participants used the theme of providing personal training on social distance, mask and hygiene; 11/11 used the theme of wearing protective equipment (mask, shield, suit etc.), using disinfectant and putting warning signs (visual banners); 10/11 used the theme of supporting patients' self-care, and 9/11 used the theme of observing social distance.

Upon admitting the patients to the clinic for stay, we give instructions on social distance, mask usage and hygiene. If they violate the rules, we talk to them again. (P3, Theme - personal training on social distance, mask and hygiene)

We wear masks, shield, gown and bonnet as we start the treatment. (P6, Theme - wearing protective equipment (mask, shield, suit etc.), using disinfectant and putting warning signs (visual banners).

In all areas inside our clinic, in common-use areas of the patients and alongside both corridors, we have placed COVID-19-related signs. (P1, Theme- wearing protective equipment (mask, shield, suit etc.), using disinfectant and putting warning signs (visual banners))

I can say we are more control obsessed now and we always ask them if they wash hands and take a shower regularly. We often remind them the hygiene and call their families to bring extra clothes. (P9, Theme - supporting patients' self-care)

We warn them verbally to observe distance. (P7, Theme-observing social distance)

5.Recommendations for psychiatric care during COVID-19 pandemic

7/11 used the theme of restructuring the activities in accordance with pandemic conditions and increasing the time spent with patients; 3/11 used the theme enhancing employees' motivation and increasing the number of working nurses; 2/11 used the theme of improving the physical conditions of institutions; and 2/11 used the theme of COVID-19 test before admitting to the clinic.

Communication among us must be increased. That is because during that time patients seem to be a bit more depressive and withdrawn. Thus, I consider it is important for us to spend more time together, in terms of care, let it be their self-care or vital indicators or, psychiatric approaches; there is need for higher focus (P9, Theme- restructuring the activities in accordance with pandemic conditions and increasing the time spent with patients)

In my opinion some of the group activities should be continued. Programs should be regulated and by designing a model program, it should be sent to the Ministry of Health. (P5, Theme -restructuring the activities in accordance with pandemic conditions and increasing the time spent with patients)

As we can form individual and small groups, physical space and number of employees need to be improved. (P1, Theme-improving the physical conditions of institutions and enhancing employees' motivation and increasing the number of working nurses)

Patients, if possible, must either get COVID-19 test or not enter the clinic. If patients are tested it is always a peace of mind for us and non-risky for other patients and us alike. (P10, Theme - COVID-19 test before admitting to the clinic)

I think health employees should be supported by the authorities in charge because we must feel good if we are to provide a good care. Because one day we woke to a totally different world and our lives, the entire world changed… There is need to find something to keep our motivation high. (P2, Theme - enhancing employees' motivation and increasing the number of working nurses)

6.Metaphors related to the psychiatric care given in COVID-19 pandemic

Responses for the question on the metaphors related to the psychiatric care given in COVID-19 pandemic are metaphorical

analyses that refer to the hardships faced in psychiatric care during pandemic and have been categorized below two headings. These are; care in an unpredictable nature (hand-grenade with no pin, ghost Casper); Care based on mask, distance, hygiene triology and restricted care (foamy soap, dodgeball, long spoon, ghost, providing immediate care, offering training, patchwork, whistle in the wind, pumping a dry well). Metaphors shared by the participants are as depicted in Figure 2.

I can describe it as a hand-grenade with no pin because it is a full mystery from whom it can spread or from where it can emerge. (P11, Theme - Care in an unpredictable nature)

It is just like Casper the ghost appearing one time and disappearing out of nowhere, that's exactly how we are trapped in right now. We are in a fight with an invisible enemy and there is no certainty about which area we should provide care for. (P2, Theme - Care in an unpredictable nature)

A dodgeball. You are at the center, try to hit the objects, you keep a certain distance from everyone and you have to keep the distance but at the same time you have to enjoy yourself and create a fun environment and include everyone else in the game. After then, we are at the center, on one end of ball there is the doctor, our family, our private life, on the other end of ball we have patients, workplace, we are at the center and they try to hit us while we run away from them in a distanced manner. (P6, Theme - Care based on mask, distance, hygiene triology and restricted care)

It is an unfinished piece of work, like a patchwork. There is little from everything. We can no longer form holistic approach. To keep distance from the patient, not understanding what the patient is telling, seeing a mask that hides mimics are the reasons for many mishaps. (P7, Theme - Care based on mask, distance, hygiene triology and restricted care)

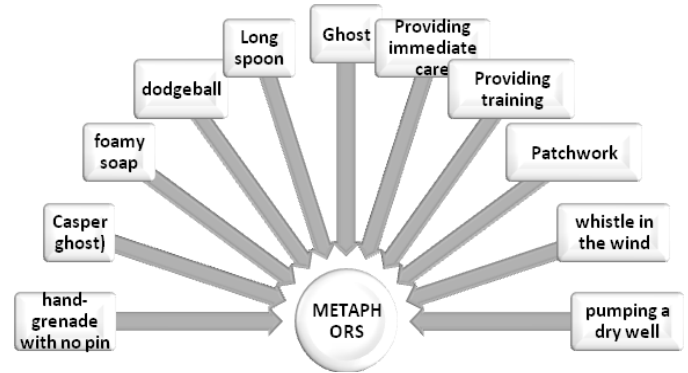

Figure 1. Metafors

DISCUSSION

In this study conducted to analyze psychiatric care offered in COVID-19 pandemic from the viewpoint of nurses' thoughts and experiences, we have obtained much valuable findings. Participants reported that during COVID-19 pandemic there was decrease in group activities, changes occurred in the departmental operations, and COVID-19 measures were implemented in their settings due to pandemic situation. Nurses stated that psychiatric care offered in that period aligned with the rules and yet care had an unpredictable nature and remained restricted. Participants suggested to reconstruct the psychiatric settings in accordance with pandemic conditions and to increase the time spent with patients.

Psychiatric care is an approach developing within an individual-oriented and healing centered model and this approach enables to form a therapeutic and professional relationship between the nurse and the patient (17). In our study, a vast majority of participants referred to psychiatric care as a holistic care. In addition, it is worth noting that psychiatric nursing skills such as building a therapeutic milieu and forming empathy have been expressed by two participants only. This is a vital finding since it demonstrates lack of

knowledge among the participants in relation to the link between psychiatric care and psychiatric nursing. 45.5% of the nurses reported not to have attended any training on psychiatric care, in-service training, certificate program etc. (Table 1). Added to that, participants have been employed for many long years. Due to the long interval after graduation, it is expected not to recall previously learnt knowledge and lack of field knowledge could be attributed not to have received field-specific training.

Hernández-Huertaa et al. (2020) argued that despite a good number of obstacles experienced in health service after COVID-19 pandemic, health professionals still managed to adapt to the process successfully (18). In an attempt to adapt to pandemic conditions, certain modifications have also been made in mental health services. Conducting psychiatric policlinic interviews via video conference or telephone is proof of the adaptation to pandemic (19). Likewise, in this study using of metaphors by the nurses to refer to care giving by following mask, distance and hygiene rules is indicative of their attempt to adapt.

The fact that physical conditions in inpatient departments are unfit (closed doors, poor ventilation system, multiple patients staying in one room, activities held in common use areas etc.) are some of the handicaps in fitting well with pandemic conditions. Furthermore, since mental health employees mostly lack adequate knowledge on the management of infectious diseases, there is lack of insight among patients, psychomotor excitation and limited awareness on the effective measures to prevent the spread of COVID-19, it can become harder to adapt to the process (18). In the psychiatric settings where the study was conducted, in the pre-pandemic period, the patient rooms were arranged for at least two people. In the common-use areas, patients were eating together, watching TV, chatting and social activities were being carried out. Within the scope of social activities, group activities were being carried out under the leadership of the nurse. Apart from group activities, nurses were having one-on-one interviews with patients during admission. During oral medication administration, patients were taking their water and standing in line at the nurse's desk to take their medication. Except for daycare hospital in these psychiatric settings, there was an attendant with his/her patients. The attendants were able to enter and exit the clinics without restrictions and make attendant changes. The relatives of patients were also able to visit patients at least twice a week. It is thought that the structure of the psychiatric settings and the factors related to the patients were reflected in the psychiatric care practices in the COVID-19 pandemic. In line with this argument some of the supporting findings are nurses' responses such as decrease in group activities during COVID-19 pandemic, facing difficulty in providing care-giver role, increased need of patients to receive personal training and using the metaphor of unpredictable and restricted nature of care in this process.

Participants in this study reported that during COVID-19 pandemic, operations in psychiatric settings changed in a myriad of dimensions. Fusar-Poli et al. (2020) stated that the number of personnel in psychiatric settings went down in order to provide care for patients diagnosed with COVID-19 (2). In the same direction, different research demonstrated that despite the exceeding workload of nurses (increase in personal trainings and self-care needs, wearing protective equipment, monitoring COVID-19- related symptoms etc.), the number of personnel working in the departments lowered. It is suggested that this factor might lead to burnout among nurses and affect psychiatric care negatively. Studies have revealed that during COVID-19 pandemic health employees experienced mental-psychological disorder (post-traumatic stress disorder, anxiety disorder, depressive disorder) because of elevated psychological stress and there was an accentuated rise in anxiety, stress and depression levels (11,20-23). In accordance with these

finding, nurses in this study reported to have experienced hardships in their care-giver role.

In this study other changes occurring in the operation of settings are arranging patient rooms, decreasing the number of patients, arranging common-use areas, limiting attendant shift and limiting patient visits. Similarly, Fusar-Poli et al. (2020) in their study stated that psychiatric settings were restructured (2). Madsen et al. (2020) reported that to minimize infection risk, they provided care via telephone, video and house visits (11). As for India, the number of inpatients were lowered and telemedicine services, treatment and care practices were impacted by quarantine process (4). All of these changes aimed to prevent the spread of COVID-19 infection. Compared to general population, psychiatric patients are more defenseless against respiratory infections (3). Although it is agreed that these measures are vital to prevent the spread of COVID-19 infection, it is also argued to cause negative effects on psychiatric care. Limiting patients' interaction with other patients is also listed as a factor affecting therapeutic milieu negatively. It is suggested that by complying with pandemic rules, activities should continue with fewer patients and interaction among patients should keep on so as to enhance patients' interaction and prevent a feeling of social isolation. It is also envisaged that communicating with relatives via methods such as video conference could be helpful for the patients. In this study nurses stated that during pandemic situation patients become more depressive and withdrawn. Nurses also reported that certain clinical activities should continue in line with pandemic rules so as to form and continue therapeutic milieu and this statement further evidences the gravity of this practice. Moreno et al. (2020) reported that designating the kind of psychiatric clinic practices that should be improved or stopped is of utmost importance to analyze the results of health and service usage extensively and continuously (5). Suggestion from Johnson et al. (2021) to manage infection control and therapeutic milieu in combination is a suggestion that holds true for this study as well (24).

Social isolation, exposure to pandemic discourses, decrease in face-to-face collaboration, decrease in seeking assistance, negative effects of COVID-19 exposure on physical and mental health are some of the challenges experimented in the attempts to offer optimal psychiatric care by preventing spread of COVID-19 pandemic (11). Hernández-Huertaa et al. (2020) argued that because of the changes inflicted by COVID-19 pandemic on offering mental health service, it is vital to make certain changes to provide acceptable service (18). Moreno et al. (2020) emphasized that COVID-19 pandemic could be a chance to improve mental health services and correct system failures of the past (5). Similarly participant nurses in this study suggested that in addition to adopted measures in relation to psychiatric care provided during pandemic situation, other recommendations are to enhance the motivation of employees, to reconstruct the activities in accordance with pandemic conditions, to rehabilitate physical conditions of the institutions in physical conditions, increase the time spent with the patients, to get COVID-19 test before admitting a patient to the clinic and to increase the number of employed nurses.

Strengths and Limitations

This study had some strengths and limitations. The participants from different psychiatric settings in the study enriched the data and provided the opportunity to evaluate the practices of different settings regarding psychiatric care in the COVID-19 pandemic. During the COVID-19 pandemic, different process management was carried out in various countries. For this reason, the results of the study were affected by the COVID-19 pandemic process management of the country in which it was conducted. In addition, the results of this study, which has a qualitative design, were limited to the participants from whom the data

were obtained, the statements of the participants and the psychiatric settings where the participants worked. In the case study, it is recommended to use data collection methods such as observation, interview, and document analysis. A limitation of this study is the collection of data only by interview.

CONCLUSION AND RECOMMENDATIONS

COVID-19 pandemic has immensely impacted all domains of health care service and services related to mental health also received its share from this pressure. In departments providing mental health service, it became essential to issue regulations with respect to pandemic conditions. In all departments multiple measures have been taken to stop COVID-19 infection. Despite the increased workload during this process, the number of employed personnel decreased due to transfers to COVID-19 clinics. Nurses failed to continue routine practices due to COVID-19 measures and increased workload and this reality led nurses to adopt negative views on psychiatric care. In addition, nurses who care for patients hospitalized for acute reasons had difficulties in their caregiver role in COVID-19 pandemic.

The therapeutic milieu, which forms the basis of psychiatric care, is a dynamic environment that enables patients to improve, improve their health and rejoin social life. All practices that help to build a therapeutic milieu are irrevocable factors in psychiatric care. Managing clinical practices by complying with mask, distance, and hygiene rules, making re-planning on the basis of the physical conditions of the departments, increasing the number of nurses, and enhancing employees' motivation are suggested practices to ensure that the best possible psychiatric care can be sustained. In addition, during the pandemic process, the importance of preparing psychiatric nurses for possible situations has emerged. Nurses must be prepared for difficult conditions in order to carry out psychiatric care properly. Any crisis can adversely affect the therapeutic milieu and psychiatric care. For this reason, it is recommended to increase the coping skills and crisis management skills of psychiatric nurses. Developing new strategies during a possible crisis is important for the effectiveness of psychiatric care. It is thought that both administrators and institutions providing nursing education have responsibilities in this regard. It is important for nursing students to provide the knowledge and skills to provide care in difficult conditions and to develop crisis management skills. In working life, these knowledge and skills need to be reinforced. In this context, it is considered important to develop policies by policy makers.

Ethical Considerations

Prior to conducting the research, ethical approval was received from Akdeniz University, Clinical Research Ethics Committee--KAEK-748 /23.09.2020) and informed consent of the participants was taken.

Conflict of interest statement

The authors report no actual or potential conflicts of interest.

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Author contributions

Concept: BŞA, İK, KB; **Design:** BŞA, İK, KB; **Data collection or processing:** BŞA, SÇ, AG; **Data analysis or Interpretation:** BŞA, SÇ, AG; **Literature research:** BŞA, SÇ, AG, İK, KB; **Writer:** BŞA, SÇ, AG

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