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# **Between possibilities and challenges**

Nurses' experiences of caring for persons with mental health problems in Kurdistan, Iraq  
– a qualitative study

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## SAMMANFATTNING

**Bakgrund:** Mental ohälsa är ett växande globalt problem i hela världen och avståndet är många gånger stort mellan behov och tillgång till ekonomiska resurser i vården. Sjuksköterskor arbetar patientnära och spelar en viktig roll i att lindra lidande och i att patienterna kan återfå sin hälsa. Att belysa sjuksköterskors roll i och erfarenheter av att arbeta med personer med mental ohälsa kan ge information om de olika utmaningar de möter och hur de ska hanteras. **Syfte:** Syftet med studien var att beskriva sjuksköterskors upplevelser av att vårda personer med mental ohälsa inom ett psykiatriskt sjukvårdssammanhang i den kurdiska delen av Irak. **Metod:** Sju semi-strukturerade intervjuer genomfördes med totalt åtta sjuksköterskor på två olika psykiatriska sjukhus. För att analysera data användes kvalitativ innehållsanalys. **Resultat:** Fyra teman identifierades: *Mellan möjligheter och utmaningar*, *Holistiskt synsätt*, *Strävan efter jämlikhet* och *Vårdande relationer*. Sjuksköterskor i psykiatrin i den kurdiska delen av Irak möter olika utmaningar. Organisatoriska utmaningar samt de fördomar och den ojämlikhet som patienterna utsätts för är en del av dessa utmaningar. Sjuksköterskorna har mycket omvårdnadskunskap och strävar efter ett personcentrerat bemötande gentemot patienter och familjer. **Slutsats:** Resultatet visar att sjuksköterskor behöver ett arbetsklimat som är inkluderande och lyhört för sjuksköterskans tankar och problem. Sjukhusledningen bör involvera sjuksköterskan i sjukhusets utveckling, uppmuntra till samarbete mellan olika professioner och erbjuda kompetensutveckling. Detta för ökad arbetstillfredsställelse och en personcentrerad miljö.

**Key-words:** Nurses' experiences, mental health problems, mental illness, person-centered care, Kurdistan, Iraq

## ABSTRACT

**Background:** Mental health issues are a growing global problem and there is a big gap between the need for mental health care and the financial resources allocated to this health care sector. Nurses work closely to patients and play an important role in alleviating suffering and in the recovery of the patient. Highlighting the nurses' role and experiences of working with persons with mental health problems can give information of how to address the different challenges they meet. **Aim:** The aim of this study was to describe nurses' experiences of caring for persons with mental health problems in a psychiatric care setting in the Kurdistan region of Iraq. **Method:** Seven semi-structured interviews were conducted with a total of eight nurses working at two psychiatric hospitals. Qualitative content analysis was used to analyze the data. **Findings:** Four main themes were found: *Between possibilities and challenges*, *Holistic view*, *Striving for equality* and *Caring relations*. Nurses in psychiatric settings in Kurdistan region of Iraq face different challenges related to organization, prejudice and inequality. They have a lot of knowledge about nursing and aim to meet patients and families with a person-centered approach. **Conclusion:** The findings show that nurses need the work environment to be open to nurses' thoughts and concerns. Management should involve nurses in the development of the hospital, encourage collaboration and provide on the job training. This would increase the job satisfaction and contribute to a person-centered atmosphere.

**Key-words:** Nurses' experiences, mental health problems, mental illness, person-centered care, Kurdistan, Iraq

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## **INTRODUCTION**

Nurses work close to patients and have an important role in their recovery and rehabilitation. During our undergraduate nursing studies we have become aware of the challenges that the psychiatric part of health care is facing worldwide. We have learned that mental health issues are a growing global problem. A public health seminar at Red Cross University College of Nursing with teachers from a Kurdish nursing college in Kurdistan region of Iraq attracted our interest in health care in the Kurdistan region. This was the starting point for our study. With this special interest in Kurdistan and psychiatric care we wanted to highlight the nurses' experiences of working with mental health problems in this setting.

## **BACKGROUND**

### **Mental health and caring**

Health is a multidimensional concept (Wiklund, 2003). Caring science describe health from the patients perceived health/suffering rather than illness/lack of illness. Health is something relative and could be described as a person's perception of soundness, freshness and well-being. Wiklund (2003) further means that a person can experience lack of health without clinical signs of illness as well as having a sense of health and well-being while having a chronic disease. Health is defined in the World Health Organization (WHO) constitution of 1948 as: "A state of complete physical, social and mental well-being and not merely the absence of disease or infirmity" (World Health Organization [WHO], 1998).

Human beings have a body and within this body feelings and thoughts are present (Skårderud, Haugsgjerd & Stänicke, 2010). From the very first day to the last people are interacting with each other in different context such as historical, cultural and geographical. Different feelings help people to cope with the variety of situations they will be subjected to during their lives. How well one cope with sorrow and suffering is individual but a well-known fact is that good, strong relationships helps coping with psychological pain. If the ability to cope with suffering in ones life does not exist – a fine line might be crossed and result in mental illness. In psychiatric care it is common that the mentally ill person is in denial of his/her illness. Denial means that the person will not seek help – with a deteriorating social and economic situation as a result. It is of great importance in the care of these patients to include the family members and other close relations (Skårderud, Haugsgjerd & Stänicke, 2010). According to Skårderud, Haugsgjerd and Stänicke (2010) family members and close relations are often the ones that suffer most from the mental health problems of the patient. The cause of mental illness can be both biological and psychosocial but also economic factors can contribute to mental health problems (Skärsäter, 2014). The symptoms and experiences can vary depending of gender, age and context. Nurses meet patients with mental illness or symptoms of mental health problems in both psychiatric and somatic settings. The nursing care of patients with mental health problems involves different types of interventions. Mostly the aim of the interventions is to strengthen the feeling of control over ones' life and the ability to cope with the illness. From an ethical point of view it is an important part of the nurses' role to try to eliminate discrimination, prejudice and alienation related to mental illness (Skärsäter, 2014).

## **Mental health problems - A growing concern for nurses**

In low- and middle income countries depression will be the most important cause of Disability Adjusted Life Years (DALY's) lost in 2020. DALY measures the disease burden expressed as the number of years lost due to ill health, disability or early death (Lindstrand et al., 2006). Poor health related to non-treated mental disorders has a serious economic impact on people and societies (WHO, 2013). The International Federation of Red Cross and Red Crescent Societies (IFRC), other Non-Governmental Organizations (NGOs) all over the world as well as WHO are addressing mental health issues (International Federation of Red Cross and Red Crescent Societies, n.d.; <http://www.mentalhealthngo.org/index.html>). Unipolar depressive disorder is estimated to count for the majority of DALY's lost worldwide in 2030. Health systems in many countries neither have the adequate focus nor resources to deal with the increasing mental health problems. In low- and middle income countries more than 75% of the population with mental health problems, do not receive adequate treatment (WHO, 2013). There is a big gap between the need for mental health care and the financial resources allocated to this health care sector (WHO, 2010).

Stigmatization and discrimination of persons with mental illness lead to marginalization of these persons (WHO, 2013). Human, social and cultural rights as well as the right to best possible standard of health, is denied this group according to WHO. The marginalization also affects their caretakers (Sabri Piro & Abdulrahman Rahim, 2013). Sabri Piro and Abdulrahman Rahim (2013) conclude that the financial situation of the caretakers has a great impact on the quality of life of the caretakers. Saber Kareem and Kamil Ali (2014) also comment that quality of life of caretakers is severely affected and that health care providers should address this fact with a holistic mindset when making health care plans for mentally ill patients.

## **Mental health situation in Kurdistan region of Iraq**

In Iraq the mental health practice dates back to 10th century (Al-Salihy & Twana, 2013). Baghdad was a center for medical students from many parts of the world. What is said to be the first hospital for mental health problems was established here at that time. During the 1970s an initiative was taken to build the first hospital for mentally ill in the Kurdish region of Iraq. Decades of war and sanctions in Iraq has resulted in a declining health care system (Al-Salihy & Twana, 2013).

The Kurdish population is the biggest ethnical group without a state and consists of around 25-30 million Kurds (Svenska FN-förbundet, 2013). The population is mainly divided between Turkey, Syria, Iran and Iraq. During the last ten years of autonomy in Iraq the Kurdish people have had much focus on creating and finding their identity as Kurds (Dr. Vian Afan Naqshbandi, personal communication, 1 April 2015). Focusing on finding their identity and enjoying their autonomy has overshadowed some problems in society and among these the mental health of the population (Dr. Vian Afan Naqshbandi, personal communication, 1 April 2015). Today The Kurdistan Regional Government is facing severe economic challenges. Economic growth has contracted with several percent units over the last few years. Syrian refugees, Internally Displaced Persons (IDP) together with the impact of the crisis related to Islamic State (IS) has put investments and development at stall (The World Bank, 2015).

As a part of Iraq, the region of Kurdistan has been affected by violent conflicts through decades and still is. This has resulted in a society with a high level of emotional distress but also a society that need healthy citizens who can contribute to rebuild the country (Médecins Sans Frontières [MSF], 2013). One of the challenges when working with mental health problems is that it is generally, less understood and less visible than physical illness. Psychiatric care also has less resources than health care sector working with physical health. Lack of knowledge about and the stigma associated with mental health problems is also a big issue. It is therefore of big importance that public awareness of these issues increases (MSF, n.d.). Médecins Sans Frontières (MSF) stated in 2011 that there was as few as four psychiatrists per one million residents in Iraq, which is way below what is needed.

### **Earlier research**

Earlier research in the field of psychiatry in Kurdistan region of Iraq has mainly focused on war-related mental health problems with focus on post-traumatic stress disorder (PTSD) and with a lack of nursing perspective. There are also studies focusing on the mental health care system in Kurdistan region of Iraq (Al-Salihy & Rahim, 2013), but these are more from a governmental and structural point of view. A search in EBSCO for articles of nurses' experiences of mental health care in Kurdistan region of Iraq did not give any result. Although there are some studies with a focus towards nursing and the quality of life of caretakers (Saber Kareem & Kamil Ali, 2014; Sabri Piro & Rahim, 2013), there is still a need for more research on the subject.

## **Person-centered care**

Person-centered care was used as a concept to describe and analyze nurses' experiences of caring for persons with mental health problems. Person-centered care has been described by McCance, Tanya, McCormack, Brendan, Dewing (2011) as an approach to build and maintain therapeutic relationships between the multidisciplinary professionals caring for the patient as well as between professionals and patient and the patient's significant others. Person-centered care is according to McCance et al. built on humanistic values such as mutual respect, trust and by sharing a collective knowledge.

The concept of person-centered care differs from the concept of patient-centered care. In person-centered care, health care professionals use a holistic view to see the whole person and not only the patient behind the disease or the one who receives treatment (Ekman et al., 2011; Olsson, Jakobsson, Ung, Swedberg & Ekman, 2013). Seeing the patient rather than the person might result in neglecting patients' individuality, their context, strength, wishes, dreams and rights as human beings. Nurses have knowledge of the need and how to communicate with patients in a person-centered way but the culture of the care environment does not always promote this or even have the knowledge of the benefits.

## **STATEMENT OF THE PROBLEM**

Nurses work close to patients and families and have an important role in the recovery and rehabilitation of persons with mental health problems. In person-centered care, nurses and other health care professionals use a holistic assessment to see the whole person and not only the patient behind the disease or the one who receives treatment. Little is known about how nurses experience their role in psychiatric settings in Kurdistan, Iraq. Therefore it is important to describe nurses' experiences of caring for persons with mental health problems in this care setting.

## **AIM**

The aim is to describe nurses' experiences of caring for persons with mental health problems in a psychiatric care setting in the Kurdistan region of Iraq.

## **METHOD**

### **Design**

In this empirical, qualitative study, data was collected through semi-structured interviews with nurses working in two psychiatric hospitals. A qualitative study with interviews is suitable when the researcher want to study participants' lived experience of specific phenomenon (Henricson & Billhult, 2012). Therefore this design was chosen for this study, as it would give the nurses the possibility to express with their own words, the experiences from caring for persons with mental health problems.

### **Setting**

The study was conducted at two psychiatric hospitals in the Kurdistan region of Iraq. Both hospitals are under the responsibility of the Ministry of Health. The staff at both hospitals consists of nurses, psychologists, social workers and doctors. One of the hospitals also has physiotherapist and a sports teacher. The nurses in these hospitals have different levels of education. Both hospitals have home teams that visit discharged patients in their homes. In one of the hospitals the nurses work closely together with other professions.

Hospital 1 – mainly treat male chronically ill inpatients but also has a forensic part. The interviews were made with nurses working in a smaller ward which receives patients, with recent onset or repeated mental health problems, admitted for a shorter period of time. The ward has both female and male patients and has capacity for approximately 16 patients. Inpatients in this ward have shared bedrooms and can move freely within the ward and go to the nursing office if they need anything from nurses. Family members are staying together with the patients in their rooms. Outpatients that need support with their medication or injections can also come for help or treatment. A part of the ward is situated close to the entrance and is used as a walk through passage. Nursing- and medical students visit the ward on a regular basis. Nursing students also have their lectures and seminars in the building and use the ward as a passage to the lecture rooms. The hospital is situated in the center of the city.

Hospital 2 – treat female chronically ill inpatients. The hospital has capacity for approximately 46 patients. Apart from shared bedrooms there are a number of activity rooms and a large dining hall with tables and chairs enough for all patients to eat together. Outside there is a basket court used for outdoor gymnastics. Members of the patient's family can come

and visit as often as they like but not stay overnight. Patient's and family meet in a special room. The hospital is situated on a high hill with a view over the mountains in all directions.

## **Preparations**

When the decision had been taken about the topic for this study the search for a suitable gatekeeper commenced (Polit & Beck, 2004). Two Kurdish professors had earlier visited the Red Cross University College and a contact was established with one of them via email one year before the scheduled starting date of data collection. This professor became gatekeeper A. Information and project plan was sent to gatekeeper A, who then confirmed the possibility to conduct the study. Gatekeeper A helped us get access to the site but also made important introductions (Polit & Beck, 2004). Further gatekeeper A gave us contact information to the manager of Hospital 1 who was contacted via email and telephone (Polit & Beck, 2004). The manager gave us oral and written consent to perform the data collection during three weeks. Gatekeeper A introduced us to teachers responsible for the psychiatric curriculum in the college of nursing (Polit & Beck, 2004). One of these teachers joined us for the first visit to Hospital 1 and presented us to some of the staff there and another teacher later became gatekeeper B who helped us contact Hospital 2. An oral consent to perform the study at Hospital 2 was received.

## **Sample**

Nurses in a psychiatric setting were meant to be interviewed but during preparations for the study it was difficult to know which participants would be available and how many. During the first week visits were made to Hospital 1 to understand which participants were available. The writers had casual interactions with staff at the hospital in order to get familiar with the setting. A teacher from the nursing college presented the nurse who became the first participant. Snowball sampling was used which was an efficient and convenient way to find participants (Polit & Beck, 2004). The first participant further made introductions to other participants. By being introduced suitable participants for the study were accessible.

In Hospital 2 the administrative head nurse recommended two nurses that were willing to participate in the study.

Together with the method of snowball sampling two different inclusion criteria were used to select nurses for interviews – 1) spoken language and 2) profession. Only Sorani- or English speaking nurses were to be interviewed. Nurses with a master degree, nurses graduated from

nursing college and institute nurses with diploma were interviewed. College nurses have a four-year education and institute nurses have a two-year education. All three levels of education and both men and women were represented among the interviewees. Ages ranged from 23 to 57 and working experience from the psychiatric hospitals ranged from two weeks to 10 years.

Data saturation principles decided the size of the sample (Polit & Beck, 2004). The amount of questions and the quality of the answers are factors that determine how fast saturation is reached (Polit & Beck, 2004). With the questions that were used for the interviews and the answers that were received, seven interviews with eight nurses were sufficient to reach saturation.

### **Data collection**

Semi-structured interviews were conducted with the nurses. Semi-structured interviews makes it possible to understand the lived experiences of the participants (Danielson, 2012). The basis for the semi-structured interviews was an interview guide with five open-ended questions (appendix 1). Semi-structured interviews with open-ended questions are useful when the researcher want to cover a specific topic but still let the respondent talk freely and allow respondents to include their own descriptions and details (Polit & Beck, 2004). The places for the interviews were chosen by each participant and according to what room was available at the time (Danielson, 2012). Each interview started with a short presentation of the study and the writers. The time frame of the interview was explained. Interviews lasted for between 15-45 minutes. Interviews were held in Sorani or English according to the participant's wish. At the end of each interview the interview was summarized together with the participant (Danielson, 2012). After the first interview had been transcribed the interview guide was slightly changed to better capture the essence of the nurses' experiences. The order of the questions or words used, were sometimes changed during the interviews in order to follow the participants concerns (Danielson, 2012). Two different recorders were used to ensure safety and quality of the recordings during the interviews. A total of eight nurses were interviewed in seven interviews as two of the nurses wanted to be interviewed together. Six of the interviews were recorded and one was written down by taking notes in a notebook as the nurses declined to be recorded. The recordings of interviews in Sorani were first translated into English. Recordings in English, the ones translated from Sorani and the notes were transcribed

verbatim the same day as the interview was held and marked with date, place and nurses education level (Polit & Beck, 2004).

### **Role of the researcher**

In qualitative studies – awareness about the researchers’ impact on the research process is important (Priebe & Landström, 2012). Reflecting on pre-understanding enhances the researchers’ awareness about the impact his/her presence can have on the result of the study. The writers are undergraduate nursing students from Sweden, with experience from clinical practice in a Swedish context – four weeks of which in psychiatric care. One of the writers is to some extent familiar with the cultural context and is fluent in Sorani. The writers have different professional background besides of the nursing education, which can help broaden the understanding of the phenomena described by the participants and add different perspectives. Another way of being reflexive is by being transparent about how decisions has been made during the research process and how the data has been collected (Priebe & Landström, 2012). In qualitative studies the researcher is the tool for collecting data but is also interacting with the data (Henricson & Billhult, 2012). This makes reflexivity important in order to understand how the researcher is affecting the data that is being collected according to Henricson and Billhult (2012).

### **Data analysis**

Qualitative content analysis as described by Graneheim and Lundman (2004) was used to analyze the data. Interviews were transcribed from recordings the same day as interviews were held. Interviews in Sorani were transcribed by the Sorani speaking writer and other interviews were split between writers for transcription. Each transcribed interview was read through one at a time – and individually – and meaning units were marked line by line. The marked meaning units were compared and discussed between writers to assure the connection between meaning units and the aim of the study. Before the data analysis started some patterns of meaning was already found in the data. Patterns were further confirmed when digging deeper into the data. A total of 190 meaning units were analyzed. Each meaning unit was condensed into a condensed meaning unit to get the core of the content and then given a code – a label. The code was used as a tool to find new ways to approach the data and find both explicit and implicit patterns (Graneheim & Lundman, 2004). Codes and condensed meaning units were not mutually exclusive and could fit into more than one theme and therefore sub-themes and themes were used as the method to analyze the data further

(Graneheim & Lundman, 2004). Eight sub-themes were found which were grouped into four themes. Excel was used to organize the meaning units, condensed meaning units, codes, sub-themes and themes as the software gives good possibilities to sort, group and evaluate the content (table 1). A check was made to see that sub-themes had quotes from all nurses.

Table 1. Example of the content analysis process

Meaning unit	Condensed Meaning unit	Code	ID	Sub-theme	Theme
We don't need to do the same thing with all the patients. All patients unique. Every patient unique.	All patients are unique	Knowledge about patients individuality	2	Seeing the whole person	Holistic view
It's important to understand how the solution is for the patient. What the solution is. So knowledge and education about how the solution is to psychological problems.	Important to know what is best for the patient and how to deal with mental illness	Knowledge; special training	6	Seeing the whole person	Holistic view
We should understand how patient behave. How patient feel.	Understanding the patient	See the patient	3	Seeing the whole person	Holistic view

## Ethical aspects

The Swedish Research Council (2002) has four principles that should be regarded when doing scientific research. The first principle concerns information. In this study, the writers informed the participants about the aim of the research and the width of their participation. The second principle concerns informed consent. Before each interview the writers asked the participants if they wanted to participate, it was clearly expressed that participation is voluntary and that they can stop their participation at any time. The third principle concerns confidentiality. Writers made sure that no data can be linked to participants or patients that they talked about and that all information has been handled in a confidential way. The fourth principle states that the collected data of scientific research cannot be used in a commercial or non- scientific way (Swedish Research Council, 2002).

An ethical approval was applied for and received from the ethical committee in The Red Cross University College well in advance of the data collection period (Danielson, 2012). Once arrived in the Kurdistan region of Iraq an ethical approval was also applied for and received from the Directorate of Health in Erbil. Oral consent to perform the study was given from the directors of both hospitals.

## FINDINGS

The aim of this study was to describe the nurses' experiences of caring for persons with mental health problems in a psychiatric care setting in the Kurdistan region of Iraq. Eight sub-themes were found, grouped into four main themes: *Between possibilities and challenges*, *Holistic view*, *Striving for equality* and *Caring relations*. The nurses in this study express that they have a holistic approach and see the person behind patients and patients' families and relatives. They recognize their own professional competence but call for more knowledge of how to approach and interact with persons with mental health problems. Lack of resources, professional collaboration and rigid policies are obstacles to successful change or improvements. The nurses are aware of their moral responsibility to cherish the principle of the equal value of human beings and their role to fight prejudice.

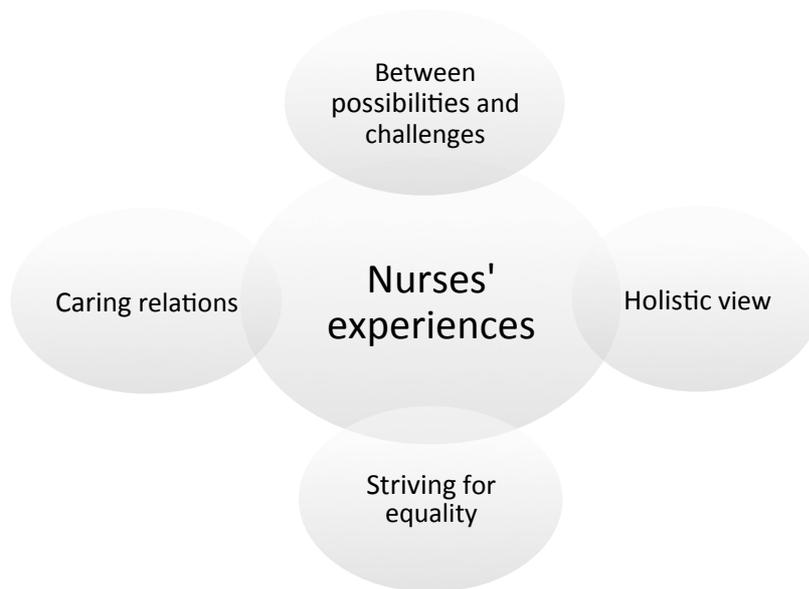


Figure 1. Nurses experiences - overview of themes

### **Between possibilities and challenges**

The nurses felt that their work situation is depending on their own professional competence, collaboration and management. The nurses have a lot of competence but more specific knowledge, better collaboration and management is needed in the daily work.

## Professional competence

The nurses in this study have a lot of knowledge about how to approach and care for persons with mental health problems but feel they are lacking professional competence in empowering them, educating families and acting in a proper way in difficult situations. The nurses know that persons with mental health problems is a complex group with many different needs. The nurses expressed that the lack of preparedness and routines for how to act in difficult situations creates feelings of helplessness among the nurses. This puts high demands on the management to provide specific competence – for nurses to be better prepared for difficult care situations according to the nurses.

*“I think it is really something different from other wards. // They who are working here I think they should need so much training. Special training. Because they are special patients.”*

(Nurse 2).

The nurses described their own competence of factors such as a health-bringing environment, which has a positive effect on patients’ recovery. It was stated by the nurses that there is a need for hospitals with separate wards for different types of mental health problems. Hospitals should also have different activities for patients, for example physical training according to the nurses.

*“The psychiatric hospital must be a special area. For patient can feel better. // I would like to make a big psychiatric hospital with sport area – like football, tennis and volleyball.”*

(Nurse 6).

## Management

A couple of the nurses with experience in working in teams expressed the importance of collaboration. They express that they alone will not have all the knowledge about the patient and discussing the patient with other professionals will complete the picture. They also mention joint documentation as a condition for person-centered care.

*“...when you treat psychiatric patient you have to include the patients will. Both the will of the patients but also the ones who work here but our doctors they don’t...”* (Nurse 5).

The need for enhanced collaboration between nurses, doctors and other professionals was expressed and stressed by most of the nurses. Lack of collaboration creates frustration and distress and reduces the job satisfaction. Collaboration between professionals puts the patient

in the center and improves the work environment according to the nurses. It was stated by the nurses that it is important for management to involve all professionals to achieve a collaborative environment. The nurses expressed the need for dedicated and well-educated staff. Nurses should be able to decide themselves the hospital and clinical area for employment according to the nurses of this study. They also highlight that additional resources should be allocated for on the job training. More knowledge is needed to be able to give evidence-based care and for preparedness for how to approach aggressive patients according to the nurses.

*“Yes, it’s difficult, working with them is difficult.// ... sometimes we’ve been hit, sometimes they’ve called us names. It’s very difficult.”* (Nurse 4).

Some of the nurses mentioned the difficulties in implementing new routines such as documentation. Difficulties relate to their lack of authority. They express that they have ideas and visions to improve the work environment but not the means to implement them, which creates frustration.

## **Holistic view**

In order to provide good nursing care it is important to have a holistic view according to the nurses. This includes seeing the whole person behind the patient, their basic needs and working close to family and relatives.

### **Seeing the whole person**

The nurses highlighted the importance of seeing patients as unique individuals. This enables the nurses to adapt the care according to persons’ needs. Seeing the whole person is also important in order to discover physical signs of disease in patients with mental health problems. The nurses mention that some persons with mental health problems have difficulties to deal with daily routines. The nurses ask patients about nutrition, sleep and other basic needs according to the patient and the situation. If the patient’s basic needs has not been satisfied the nurses express that it is difficult for them to care about the patient in a therapeutic way. One of the home team nurses explained:

*“Also we look at the place where the patient sleeps. Is it clean? How often does the patient take a shower etc?”* (Nurse 4).

Seeing the whole person is necessary according to the nurses in order to identify patients' knowledge about their condition. With this insight the nurses can adapt the patient education to each individual, in order to empower them. Most nurses were convinced of the importance of patient education but still felt that their routine for educating patients was not sufficient.

### **Working close to family and relatives**

Educating the family about the patient's condition was expressed by the nurses as one of the most important tasks. The nurses need to explain what the condition means and the importance of compliance with medication and other treatment. The role of family in the recovery and well-being of the patient was stressed by nurses who try to build a relationship with family and relatives and work together with them for the benefit of the patient.

*“Well, family is very important. We often bring them here to our room and talk to them without patients about how to behave with the patients, what they shouldn't say and not to upset them also.”* (Nurse 5).

The nurses sometimes have to mediate between the patient and his or her family and relatives. They explained that they get the role of forwarding the patient's wishes and needs to them. If the patient does not want to see someone in particular, the nurse communicates this to the person.

### **Striving for equality**

The nurses highlighted the importance of their role in striving for equality by fighting prejudice and contributing to raise the awareness of mental health problems both towards family, relatives and others in society.

### **Raise awareness**

All the nurses kept coming back to the subject of prejudice that they meet in society related to mental health problems. They mentioned stigma and how it affects the persons with mental health problems and their families. It is common that they will be called shet (shet is Sorani for crazy) by family, relatives and others. The nurses pointed out that some people do not recognize mental health problems as a medical condition nor as diagnose however, they expressed that awareness about mental health problems is rising in society. Although several of the nurses seemed hopeful that this positive development will continue the situation is still very difficult for many persons. The nurses explained that there is shame connected to having

someone in the household who is mentally ill. According to the nurses some families will even hide their family member to avoid exposure to friends and neighbors, which means that the person with mental health problems will be prevented to seek help.

*“They don’t understand their problems that’s why some of them just accept them as crazy.”* (Nurse 2).

Raising awareness about mental health problems is an important role of nurses according to the nurses. It includes awareness in society, among patients’ family and relatives and the patients themselves.

*“And we should educate family, parents or other people in society.”* (Nurse 6).

Religious representatives also have an important role in spreading information and fighting prejudice according to the nurses. They told about patients having been to mullahs to talk about their mental health problems. According to the nurses, mullahs have recommended patients to seek help in the hospital and even accompanied persons with mental health problems to the hospital. Most of the nurses expressed that media – both TV and social media – also play an important role in spreading information about mental health problems.

That mental health problems are just like any other diseases is an important message to forward according to several of the nurses. They express that with raised awareness more persons can get treatment in time, which improves recovery.

### Importance of family and relatives

According to the nurses the family and relatives play a central role in the patient’s life. The nurses told about the importance to involve the relatives in the care of the patient and spread the knowledge about mental health problems.

*“There are good families and bad families. The family really affects the patients. I would say maybe 70-80% of the patients who come here have gotten ill because of families.”* (Nurse 5).

The nurses also explained the effects on family when having a mentally ill person in the household. The social welfare system does not cover all expenses families and relatives are exposed to. The nurses expressed that the economic burden on families and relatives can be significant and that the economic situation also has an impact on the recovery of the patient.

*“...as you know psychiatric patient is a burden on family. // ...when we talk about family having psychiatric patient – all family is sick. // ...but as you know a bad economic situation is also a factor of bad prognosis of patient.”* (Nurse 3).

The nurses also shared their visions for the future. As the family and relatives play such an important role for the recovery of patients with mental health problems – family interventions should be prioritized. Some nurses expressed a wish to see a special center for family advice.

### **Caring relations**

According to the nurses in this study good communication skills is needed when working in psychiatric care. They stated that a good approach and interaction as well as the ability to build trust are important qualities when building caring relations.

#### **Approach**

The nurses stressed the importance of a good approach towards patients. They believe it is important to be perceptive and sensitive when meeting the patients. The nurses explained that approaching patients with humour was used as a way to comfort the patient. Sometimes it is difficult to find a suitable way to approach the patient, at that time the nurse’s own behaviour is very important.

*“If the patient gets angry, it is easier if we are soft when we talk to them. The more calm we are – the more calm they become.”* (Nurse 7).

Some of the nurses explained that they try to understand what the patient may like in order to show interest and have something to talk about. Constructive relationship with the patient can be built with patience and the ability to keep calm however the patient’s mood is according to the nurses.

*“Working with mental illness is different from working with other diseases – you need a lot of patience.”* (Nurse 8).

#### **Building trust**

The nurses felt that a fundamental part of their work is to build a trusting relationship with the patient. The nurses told that through intimate and therapeutic conversations they could discover the needs of the person and hence what needs to be done in the moment. Interaction is a central part of the communication with patients according to the nurses. The ways of

interacting will vary depending on situation and patients' condition. But regardless of the circumstances the nurses thought it is important to prioritize talking with the patient as well as being a good listener.

*"Sometimes the patient wants to talk about private things with you. At that time it is important to be a good listener."* (Nurse 1).

According to the nurses, what makes the relation caring varies depending on each person's needs. The nurses stated that they use interaction as a way of calming a patient who is angry or upset. They explained that by using physical touch, like holding the patient's hand or giving a gentle pat on the back they can change the patient's mood. The nurses pointed out that when they have the patient's confidence, there is room in the interaction for the nurse to tell the patient what to focus on to get well. The nurses highlighted their close work with patients and that they are aware of the important role they play in the recovery of the patient. The importance of therapeutic talk was emphasized by the nurses as a way to build trust and give hope. The nurses experience that when they spend time and use the right words – even if it is just one word – it can be more efficient than medication.

*"To patient – making therapeutic talk is very important. Maybe more effective than medication..."* (Nurse 4).

Building trust was not only in relation to the patients but also a part of meeting worried relatives according to the nurses. They mention that they try to give hope through conveying a belief that better days can come.

## **DISCUSSION**

### **Discussion of method**

In qualitative studies trustworthiness can be discussed through the concepts of credibility, dependability and transferability (Graneheim & Lundman, 2004).

Before arrival to the Kurdistan region of Iraq, the amount of available participants and their background was unknown to us. After the first visit to Hospital 1, it was made clear that a suitable amount of participants with relevant background was accessible. This made the process continue without inconvenient disruption.

Snowball sampling was used to find suitable participants. Being introduced by someone in the field helped establish trusting relationships with the participants (Polit & Beck, 2004). Polit and Beck also mention that snowball sampling can result in a limited selection of participants depending on the connections of the first participant. Our first participant was female and was working closer to the female nurses than the male nurses. This favored our access to female participants rather than male which might be considered as a weakness in the data collection. However, our first participant's deep knowledge about the research area helped us get a good basis for understanding of the phenomena that appeared in the interviews.

The participants in our study work in two different hospitals, have different level of education and different work experience as nurses. Both male and female nurses from different age-groups were interviewed. Including participants with diverse experience and background will strengthen the credibility of the study as they will give a broader and more varied view of the studied phenomena (Graneheim & Lundman, 2004; Henricson & Billhult, 2012).

The size of the sample was decided by the saturation of the data and the time available for the study. When interviews gave repetitive information and a pattern of meaning started to appear, the data collection was terminated (Polit & Beck, 2004). The time available for this study and the method of analysis allowed a relatively small number of interviews (Danielson, 2012). The short time may weaken the credibility but can however strengthen dependability (Graneheim & Lundman, 2004). If data is collected during a long period of time there is a risk of inconsistency in the data collection. Over time researchers will inevitably get new insight into what is studied which can influence the interviews (Graneheim & Lundman, 2004).

The technical equipment was tested thoroughly before the first interview but no test interview was performed which might be considered as a weakness. Instead the interview guide was slightly modified after the first interview. One of two overlapping questions was removed which could have affected the topics in the interviews. However, in semi-structured interviews with open ended questions, conversations will flow somewhat freely anyway and additional follow-up questions will always complement the interview guide as also is the case in this study (Danielson, 2012; Polit & Beck, 2004). Apart from the first interview the same five questions were asked for all participants. To strengthen the credibility, interviews and notes taken during interviews were transcribed verbatim the same day as the interviews had been performed (Danielson, 2012). One interview was not recorded and therefore the content could not be transcribed verbatim. This might have resulted in a loss of details. However, the notes from this interview were transcribed the same day. Because of the geographical distance to Hospital 2, the time spent there was rather short. This could have affected the relation between writers and participants and to some extent the participants trust in the writers. The participants had the option to choose what language to use during the interviews. This gave the writers a possibility to access the full meaning of the spoken words (Davies, 2008). Towards the end of each interview a short summary of the interview was presented to the interviewee. This way the participant could add important information (Danielson, 2012). A way of strengthening the credibility according to Graneheim and Lundman (2004) is to go over the captured essence of the interview with the interviewee.

In qualitative studies the writers pre-understanding will affect the findings (Henricson & Billhult, 2012). To increase the awareness of their impact of the study, the writers discussed and reflected on their different pre-understanding and position during the whole data collection and analysis.

Both writers have been equally involved in the process in order to get both writers' views and understanding of the findings. During the data analysis, if writers came to different conclusions, the unit was discussed until a mutual understanding was reached. The collaboration between the writers in the analysis and writers' different experience and background will strengthen the credibility (Polit & Beck, 2004). One of the writers knows Sorani and interviews in Sorani were first translated into English by the Sorani speaking writer. Some meaning or interpretation might have been lost or added as words were firstly filtered through one of the writers (Davies, 2008). Writers found some patterns in the data

during the data collection, which can have affected writers' ability to identify phenomena outside the pattern (Polit & Beck, 2012). The strength and relevance of the sub-themes and themes was crosschecked to make sure that each sub-theme had a solid base of meaning units from different interviews (Polit & Beck, 2012).

An important ethical aspect is to inform the participants about the study and ask them if they want to participate (Danielson, 2012). Nurses were asked if they agreed to participate in the study and the writers explained that they could drop out of the study at any time (Danielson, 2012). On one occasion the writers did not have the possibility to ask two of the nurses first and they were asked to participate in the interview by the head nurse. This might have created a feeling of compulsion and that they had to participate in the study. All nurses gave an oral consent to participate in the study before each interview but a written consent would have strengthened the ethical aspect of this study (Danielson, 2012).

In this study, the setting has been presented. The aim was to make a "thick description" in order to strengthen the transferability (Polit & Beck, 2004). The setting and premises for the choice of participants have been explained together with methods for data collection and how the data has been analyzed. The findings have been presented in a way which includes relevant quotations that show the participants' own words. The findings of this study are specific for this setting and may not be generalizable for other settings but explaining the process in a detailed way facilitates transferability and increases trustworthiness (Graneheim & Lundman, 2004).

## **Discussion of findings**

The aim of this study was to describe nurses' experiences of caring for persons with mental health problems in a psychiatric care setting in the Kurdistan region of Iraq. The findings show that the nurses believe it is important to work with a person-centered approach.

The nurses are aware of their own professional competence. However, they call for more knowledge as well as enhanced collaboration between different health care professionals in order to meet each patient on an individual level. To meet persons on their own level is fundamental in nursing care. A deeper understanding about the character of a human being is essential in order to care about persons on an equal and individual level (Svensk sjuksköterskeförening, 2014). This study show that nurses would like more guidance in different areas such as how to handle difficult situations and how to educate patients. Lack of

continuous training for nurses can prevent nurses from giving adequate care and result in a feeling of insufficiency (Andvig & Biong, 2014; Fioramonte, Farias Bressan, Monteiro da Silva, Luiz do Nascimento & Aparecida Buriola, 2013). In an article based on a report produced by WHO and the International Council of Nurses, Barrett, Boeck, Fusco, Ghebrehiwet, Yan and Saxena (2009) state that continuous education of nurses should be provided as on the job training and that nurse educators should be trained to be able to satisfy this need. In our study the nurses experience frustration when they do not have the means to implement their ideas and use the full potential of their knowledge. In a study describing Iranian nurses' experiences of working in psychiatric health care organizational issues are being described (Zarea, Nikbakht-Nasrabadi, Abbaszadeh & Mohammadpour, 2013). Authors point out that issues concerning organization, leave the nurses with feelings of frustration, hopelessness and creates dissatisfaction.

The nurses in our study also stress the importance of enhanced collaboration between the health care professionals. Beckett, Field, Molloy, Yu, Holmes and Pile (2013) argue that successful teamwork is necessary to improve the nursing care. Mutual respect between nurses and patients is fundamental in person-centered care. In nursing care the power relation between nurses and patients and their family and relatives need to be balanced in order for all persons involved to feel confidence, respect and as a part of the care (Svensk sjuksköterskeförening, 2014). The same respect need to exist between different professionals at the hospital and pervade the culture of work environment and management (Beckett et al., 2013). The findings of our study indicate that the nurses believe that these changes will increase the job satisfaction and the quality of care. McCance, McCormack and Dewing (2011) goes even further and says that person-centered care only can be performed by teams with therapeutic relationships built on "mutual respect and understanding". Nurses try to approach the patients with a holistic view aiming at seeing the person beyond his/her mental health problem. They emphasize the importance of seeing patients as individuals with different needs. When nurses try to see patients as persons with all the different aspects of a human being, the caring can be holistic and person-centered (Zolnierek, 2011). The findings show that a part of the holistic view is to include the patient's family and relatives. In a study concerning relatives of persons with newly discovered mental illness, Nordby, Kjønberg and Hummelvoll, (2010) stress the importance of nurses' attitudes towards relatives. The way nurses approach the family and relatives will impact to what extent the family and relatives

will take part in collaboration with nurses. With adequate information and support the nurse can make the situation manageable for family and relatives (Nordby, Kjøsberg & Hummelvoll, 2010).

Nurses meet stigma and inequality in their work with persons with mental health problems. They believe prejudice can be decreased through raised awareness among family, relatives and in society as a whole. Stigma together with lack of resources are the two biggest barriers to providing mental health care in countries worldwide (Barrett, Boeck, Fusco, Ghebrehiwet, Yan & Saxena, 2009). According to Barrett et al. nurses believe that educating society is needed to reduce stigma. Our findings show that nurses see themselves as important actors in raising awareness and advocate for persons with mental health problems. Other research also confirm that nurses play an important role in raising awareness and fighting the stigma in society (Cleary, Deacon, Jackson, Andrew, & Chan, 2012; Pearson, Hines-Martin, Evans, York, Kane & Yearwood, 2015).

In psychiatric care it is important to understand what needs to be done in the moment in order to address the patient's needs (O'Donovan, 2007). This understanding can be gained through "intimate conversations" with a holistic view. O'Donovan claims that the prerequisite for this process is that trust has been developed between nurse and patient. The findings show that the nurses are aware of the importance of a good approach and interaction along with the ability to build trusting relationships through interacting with the patients. A research made by Andvig and Biong (2014) confirms the findings and show that nurses use conversations to build trust. They further state that through trust the nurses can build an alliance with the patient who creates space for therapeutic talk (Andvig & Biong, 2014). In our study the nurses also highlighted the importance of creating hope, both to patients and their family and relatives. Nordby, Kjøsberg and Hummelvoll (2010) describe hope as an important part of the nursing care, which can improve the recovery process. Through person-centered communication nurses can help patients as individuals to express their needs and empower them to address their needs (O'Donovan, 2007).

## **Conclusion**

The findings of this study show that nurses need the work environment to be inclusive and open to nurses' thoughts and concerns. Management should involve nurses in the development of the hospital and work out policies that encourage collaboration between

nurses and other professionals. Nurses play an important role in raising awareness about mental health problems and to advocate equality in society. Nurses also need on the job training in order to develop special skills needed in mental health care settings. This would increase the job satisfaction and contribute to a person-centered atmosphere.

### **Clinical significance**

Hopefully this study can contribute to a broader understanding about nurses' experience of working with persons with mental health problems and address issues that affect the nurses' daily work. Organizational structure, role in raising awareness and important skills in nursing care in psychiatric settings can be understood from nurses' perspective. Studies like this can add knowledge about what nurses emphasize as important to develop nursing care.

### **Suggestion for further research**

To generate more knowledge in the research area of nursing care in psychiatric settings in Kurdistan region of Iraq, we suggest research that focus on the identity of the nurses. It would be of interest to know how nurses perceive themselves and if they are self-confident in their role as nurses. Further research could also include the view of society on nurses that are working with psychiatric care.

### **Writers contribution**

Throughout the whole process the writers have worked together. The interviews have been conducted together and all the data has been analyzed together. The verbatim transcription of the data collected was however made separately, where the material was split up between the writers. S.K made the transcriptions of the interviews in Sorani because of knowledge of the language. U.L made the tables in Excel because of good knowledge about the program. Sometimes parts of the text were written separately and in those cases they were read through together and necessary changes were made together.

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## **APPENDIX 1 – INTERVIEW GUIDE**

Age:

Gender:

Education:

Profession:

Number of years working in psychiatric setting:

1. Can you tell us about how it is working with patients that are suffering from mental health problems?
2. How would you describe the signs/symptoms of mental health problems?
3. What do you think is important when meeting and talking to patients with these symptoms?
4. Can you describe how people who are living with mental health problems are seen upon in society?
5. Can you describe from your own experience a difficult situation in relation to a patient?