***EDITORIAL DEBATE***

***Nursing in psychiatric inpatient wards: plus ça* change*, plus c'est la même chose***

Professor Dinesh Bhugra, on becoming the President of the United Kingdom’s Royal College of Psychiatrists in 2008, described many inpatient units as ‘*unsafe, overcrowded and uninhabitable’* to the point that he ‘*would never use them, and neither would [he] let any of [his] relatives do so’* (Observer, 2008). However, there will always be need for some inpatient provision for people with mental health difficulties and nurses are key to whether admissions to such units aid or obstruct patient recovery.

 In 2010 a literature review on nurse and patient activities and interaction on psychiatric wards found that patients spend a lot of their time apart from both staff and other patients (Sharac 2010). Only 50% of staff time, at best, was spent in contact with patients and the amount of contact with patients declined with increasing seniority of the staff member. There was also some evidence that increasing the number of nurses did not increase time they spend with patients. Rather, the time that staff spend with other nurses was increased with higher staffing levels.

Despite the low level of nurse-patient interaction another review found that staff-patient interaction was the most frequent antecedent for violence and aggression on psychiatric wards, accounting for 39% of total incidents; limiting patients’ freedoms, placing a restriction on them or denying a patient’s request was the most frequent predictor, accounting for 25% of all incidents (Papadopoulos et al 2012). While one should exercise caution before coming to a causal conclusion, Bowers and colleagues (2012) found that a higher numbers of qualified staff on psychiatric wards was associated with higher rates of conflict and containment incidents. This is in stark contrast to the extensive literature for general hospital wards, which links higher staffing levels to reductions in adverse events (Griffiths et al 2016).

Sharac *et al* (2010)concluded that in spite of initiatives to improve the quality of inpatient nursing care, low levels of activity and social engagement for patients had remained a stable feature of psychiatric inpatient care over the previous 35 years, the period covered by the review. Eight years on from Sharac’s conclusions, the two editorials published in this issue would appear to agree that in many psychiatric inpatient care settings little has changed in the intervening years. Where the editorials differ is in their explanation of the problem. Cutcliffe and McKenna (2018) point to what they perceive as the erosion of communication and interpersonal skills training linked with shorter clinical training hours for students, shorter stays in hospital for patients and trainers who are out of touch with clinical practice. In contrast Sookoo (2018) calls for increased attention to theory which would enable the evaluation of the outcomes of core nursing interventions, such as therapeutic nurse-patient relationships, and so enable nurses to compare the impact of changes in care practices over time.

The Safewards trial (Bowers et al 2015) showed both the potential for intervention to create more therapeutic environments in psychiatric inpatient settings but also the significant challenges involved in undertaking a rigourous evaluation. What seems clear is that delivering positive therapeutic nursing care to this vulnerable group of people is not easy and that it is often not done. It is equally clear that problems are longstanding. While the authors of these editorials look back to more positive experiences in their own past, they also admit that they may be accused of viewing this past through *rose tinted glasses*. As Sookoo (2018) puts it, perhaps *“The point may be that in the years since the 1970s, treatment has improved but care has not moved on at all.”*

This journal has recently published a special issue on the impact of nursing (Griffiths & Norman 2018). It is worth repeating one of our messages: the benefits of nursing are often unrecognised but equally, they are sometimes unrealised. Both editorials published in this issue of the *International Journal of Nursing Studies* (Cutcliffe & McKenna 2018; Sookoo 2018) recognise that much needs to be done if patients are to properly benefit from the potential of nursing in inpatient mental health care settings. While, there may well be many positive examples across the world to counter the pessimistic picture painted in these editorials, the positive impacts of nursing should not be assumed.

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