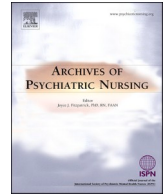


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Experiences of nurses providing care to hospitalized patients with acute mania in Türkiye: A phenomenological study

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ABSTRACT

The main purpose of this study was to determine the experiences of nurses who care for hospitalized patients experiencing an acute manic episode. This qualitative study was carried out with 15 nurses working in a psychiatric ward in Türkiye. Data were collected through semi-structured in-depth individual interviews and focus-group interviews in which the face-to-face interview technique was used. Two main themes emerged from the analysis of the qualitative data: (1) the difficulties experienced and (2) the most effective elements of care. Under the first main theme, the following sub-themes emerged: difficulties in setting boundaries, safety concerns, difficulties in managing the patient's demands, inability to choose the appropriate word(s), and the "emotional whirlwind" experienced. The second main theme, on the other hand, included the following sub-themes: meeting basic needs, ensuring treatment compliance, encouragement to engage in physical activity, and having a sufficient number of qualified personnel. The study revealed that the nurses had difficulties in caring for their manic patients. On the basis of these results, it is recommended that nurses be given counseling and training on setting boundaries, ensuring safety, managing the patient's demands, coping with their own emotions, and communicating better. In addition, the study identified the importance of nursing interventions to meet patients' basic needs, encourage them to engage in physical activity, and ensure treatment compliance, and the importance of there being an adequate number of qualified personnel. These results may help students and other nurses in terms of assessing and setting priorities in cases needing acute psychiatric care.

Introduction

Bipolar disorder is a chronic emotional disorder characterized by hypomanic, manic, and depressive episodes, but with the possibility of normal moods during periods of remission (American Psychiatry Association, 2013). Studies show that the lifetime prevalence of bipolar disorder is at least 4–5 % in the general population (Blanco et al., 2017; McCormick et al., 2015; Rowland & Marhawa, 2018). In Türkiye, however, there are only local studies and no field studies on the epidemiology of bipolar disorder (Binbay et al., 2011; Gültekin et al., 2014). Binbay et al. (2012) reported the prevalence of bipolar disorder I according to the DSM-IV diagnostic criteria as 0.92 %. Akkaya et al. (2012) found that patients diagnosed with bipolar disorder and consult major psychiatry wards in Türkiye had mostly experienced manic episodes and that, in 65 % of these episodes, symptoms of psychosis

(delusions and/or hallucinations) were observed.

It is vital to bring patients' symptoms under control as soon as possible when they are experiencing the manic or depressive episodes that occur in bipolar disorder (Daggenvoorde et al., 2015). A manic episode, which lasts for an average of four-to-six weeks, is a condition that requires acute psychiatric care (Goossens et al., 2020; Testerink et al., 2019). According to the DSM-V criteria for a manic episode, during this period, individuals may experience "an excessively elevated, sometimes irritable, exuberant, or expansive mood, along with increased speed of thinking and speech, hyperactivity, increased self-esteem, decreased need for sleep, increased goal-directed activity, distractibility, grandiose feelings and delusions, psychomotor agitation, and psychotic (delusions and/or hallucinations) symptoms, as well as significant impairments in social/occupational functioning and relationships" (American Psychiatry Association, 2013). Symptoms may

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worsen and it may become difficult to prevent the patient from harming themselves or others if a timely medical response is not initiated (Goossens et al., 2020; Gottlieb et al., 2019; Miskowiak et al., 2018). Acute manic episodes thus require urgent and intensive care.

Nurses, as part of the medical team, have significant responsibilities, including maintaining the life functions of the patient, ensuring that they comply with treatment, and protecting the patient and their environment from possible injury and damage during an acute manic episode which requires hospitalization (Daggenvoorde et al., 2015; Testerink et al., 2019). It is especially important that an episode be brought under quick control, that the safety of patients and those in their environment be ensured, and that a therapeutic relationship be established with patients, especially those in an agitated, aggressive and/or impulsive state (Goossens et al., 2020). It has been emphasized in the literature that patients need intensive nursing care during an acute manic episode and that this care should be tailored to the patient (Daggenvoorde et al., 2015; Pan et al., 2022). Bringing the symptoms under control in a short time through appropriate nursing interventions in addition to medical treatment can have a positive influence on the course of the disease and reduce its ultimate cost (McCormick et al., 2015).

Studies have found that nurses' experiences with patients during an acute manic episode affect the quality of the nursing care they give (Daggenvoorde et al., 2015; Hummelvoll & Severinsson, 2002). Although there is research that provides evidence-based information regarding nursing care in bipolar disorder (Crowe et al., 2016; Durgu & Dulgerler, 2021; Gumus et al., 2015; McCormick et al., 2015), the number of studies specifically focused on nursing care for acute manic episodes is limited (Daggenvoorde et al., 2015; Hummelvoll & Severinsson, 2002). There is as yet no study in Türkiye that explores the experiences of nurses working with patients going through manic episodes. The main purpose of this study was to determine the thoughts and feelings of nurses caring for hospitalized patients in this condition. The secondary purposes of the study were to function as a guide for the types of nursing care that can be provided to patients experiencing episodes of acute mania, and to collect information for use in potential future studies.

Materials and methods

Design

This study adopted a phenomenological design, one of the qualitative research methods, to collect interviews in the psychiatry ward of a public hospital in Türkiye in 2020. The phenomenological method is used to determine the common experiences, perspectives, perceptions, and emotions of individuals about a specific phenomenon or set of phenomena and to explain how they experience these. Interviews are a flexible format, and they offer researchers the chance to interact with the participants of a study, probe their responses more deeply, and in this way, reveal and understand their experiences of phenomena and how they interpret them (Creswell & Poth, 2016). *Semi-structured interviews were first conducted with the nurses individually. After the analysis of the data from these interviews, focus-group meetings were held to test the accuracy of the findings obtained.*

Participants

The study was performed with 15 nurses working in the psychiatric ward who volunteered to participate. The inclusion criteria were being primarily responsible for patient care and taking an active role in it, and agreeing to participate in the study. Sample selection was not carried out and all the nurses who volunteered were included. All 15 nurses who were individually interviewed also participated in the focus group.

Ethical considerations

Approval to perform the study was obtained from the university's Ethics Committee (2019/19th session, Approval No. 19/441) and written permission was also received from the psychiatry ward. The nurses taking part were informed about the subject and purpose of the study and explained that their participation was based on a voluntary basis. They were informed that their identities would not be disclosed to anyone else and that they could withdraw at any stage. It was made clear that the results would only be published scientifically and that no information that could identify them individually would be made public. Their permission was obtained to audio-record the interviews.

Data collection forms

The data were collected using a sociodemographic information form and a semi-structured interview form.

Sociodemographic information form

The nurses were asked five questions about their sociodemographic characteristics in order to collect data about their gender, age, education level, number of years of employment as a nurse, and number of years of employment in the psychiatric ward.

Semi-structured interview form

The semi-structured interview form was prepared by the researchers to assess participants' experiences. The structure and content of the form was based on the literature (Daggenvoorde et al., 2015; Testerink et al., 2019; Wright et al., 2012) and the researchers' own clinical observations.

The form contained four specific questions intended to reveal the participants' experiences, as well as their thoughts and feelings, and how they went about solving any problems that they encountered:

1. What experiences have you had while caring for the hospitalized patients with acute mania?
2. How does caring for a patient who is hospitalized due to acute mania affect you?
3. What do you do about the problems experienced by a patient during an acute manic episode?
4. What is the most effective nursing care to provide to hospitalized patients with acute mania?

Data collection

Semi-structured interviews

The research proper began after the necessary clinical and ethics committee permissions for the study had been obtained. The researchers first conducted face-to-face semi-structured interviews with individual nurses. These interviews took place in an interview room located in the psychiatry ward and lasted approximately 35–40 min each. During the interviews, a "Do Not Disturb: Interview in Progress" sign was placed on the door to ensure that they were not interrupted. At the beginning of each meeting, the nurses were given a brief overview of the study, and it was explained that audio recordings would be made. The questions in the sociodemographic information form and the semi-structured interview form were read out loud one by one and the nurses were asked to answer these. While the first author (EÖ) was conducting the interviews, the third author (GS) ensured that an audio recording was being made and transcribed what the nurses said verbatim. The interviews were concluded when different nurses began to make similar statements to those made by their colleagues in previous interviews; that is, when data saturation was reached.

After the individual interviews were completed, the researchers analyzed the data and determined the categories and themes that had emerged.

Focus-group meetings

Two focus-group meetings were conducted with all the participants to verify the themes that had been identified and to discuss them with the participants. At the beginning of each meeting, the purpose of the group meeting and a set of rules to be used to maintain the nurses' anonymity were explained. The focus-group meetings were led by the first author (EÖ), while the third author (GS) took notes and audio-recorded the interview. In these meetings, the questions asked in the individual interviews and the answers given by the participants to these questions were read out, but no further questions were asked. The codes, categories, and themes that had been created by the researchers on the basis of the answers given in the interviews were discussed. Any points that were unclear were clarified, and participants were asked if they had anything they wanted to add. Each meeting was concluded when data saturation was reached, and both meetings lasted an average of 50 min.

Data analysis

The data were transcribed word-for-word by the researchers after each individual interview. Colaizzi's (1978) phenomenological interpretation method was used in the data analysis. First, each researcher analyzed the data independently. In the first stage, the written data were examined, and all statements determined to be significant were encoded. Then, the researchers collaborated in pairs to work on the data. After this, all researchers worked together and reached a common opinion on the themes. In this way, the attempt was made to identify the most appropriate codes, categories, and themes. Also, the accuracy of the data was tested by two psychiatric nurses, both of whom had doctoral degrees. Afterward, the results obtained from the data were shared during the focus-group meeting with the nurses, and they were asked whether the findings reflected their own points of view. After the nurses had confirmed that this was the case, the themes were finalized.

In preparing the study to be published, it was first translated from Turkish to English by a bilingual professional expert translator. Then, two different experts back-translated the text from English into Turkish. These translations were reviewed individually by all researchers and then collectively, before the final version was approved.

Mean and standard deviation were used in the analysis of the sociodemographic data of the participants.

Rigor of the study

The rigor of this study was ensured by applying the criteria of credibility, transferability, dependability, and confirmability (Sandelowski, 1986). For credibility, the methods of prolonged engagement, persistent observation, and member-checking were employed. The researchers were familiar with the nurses, inpatients, and clinical culture due to the use of the psychiatry ward as a practice environment for undergraduate students. They had previously had opportunities to observe both patients and nurses during clinical practice. Thus, prolonged engagement and persistent observation had been experienced. In addition, member-checking was used during the focus-group meetings, and the participants were asked whether the study findings accurately reflected their own thoughts and feelings. In order to apply the study findings to other contexts and studies (transferability), the results and materials have been explained in detail. For dependability, the purpose, process, and findings of the study were shared with two researchers with doctorates in psychiatric nursing. These researchers examined the results obtained and reached a consensus with the authors. For confirmability, the audio recordings were transcribed, contemporaneous notes were meticulously maintained, and quotations from the participants' statements were included. The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was used to report the study (Özden et al., 2022).

Results

The mean age of the nurses participating was 33.93 ± 3.71 . The mean duration of employment in the psychiatric ward was 5.87 ± 3.58 years while the mean time passed since the nurses had entered the profession was 13.00 ± 4.87 years. All the participants had bachelor's degrees and were female.

Two main themes emerged in analyzing the data obtained from the interviews with the nurses, each of which could be divided into a number of sub-themes. The findings regarding these themes and sub-themes are presented in Table 1 below.

Theme 1: Difficulties experienced

The nurses reported having the most difficulty in setting boundaries, ensuring safety, managing the continuous and seemingly unending demands of the patients, and choosing the appropriate word(s)/sentence(s) while providing care to patients with acute mania. In addition, the nurses stated that they experienced many different and rapidly changing emotions while providing care.

Sub-theme 1.1: Difficulties in setting boundaries

The majority of the nurses stated that they had difficulties in setting boundaries with regards to the provocative behaviors of their patients with acute mania. These behaviors included speaking very loudly in the ward, shouting to and at other patients, and especially, engaging in sexually explicit behaviors. One nurse said:

"I have a hard time setting boundaries. Especially if it's a male patient, he may stand very close, he may make sexual comments, and I have to constantly warn him off" (Participant 15, 26 years old).

Sub-theme 1.2: Safety concerns

The majority of the nurses reported that their patients could become very quickly agitated when care was being provided to them. The nurses stated that they thus had difficulties in ensuring the safety of the patient, themselves, and other patients. One nurse expressed the difficulty she had in dealing with an angry patient in the ward as follows:

"The patient's anger got much worse. He tried to hit me as I was trying to move the chairs away from him. I caught his hand twice just as he was about to. I find it very difficult to stop them when they are aggressive." (Participant 3, 37 years old).

"These patients can get angry very quickly and shout at and fight with the other patients. When you're also thinking about other patients, you really have a hard time." (Participant 6, 35 years old).

Some of the nurses reported having difficulties in protecting the patient experiencing an acute manic episode from physical or verbal attacks by other patients:

"One patient used to sing loudly at night and wake the others. Disturbed patients would also yell at him or attack him. It's very hard here to protect the patient from other patients." (Participant 12, 31 years old).

Table 1

Themes and sub-themes obtained from the interviews.

Theme	Sub-theme
1. Difficulties experienced	1.1. Difficulties in setting boundaries
	1.2. Safety concerns
	1.3. Difficulty in managing the patient's demands
	1.4. Inability to choose the appropriate word(s)/sentence(s)
	1.5. Emotional whirlwind
2. Most effective elements of care	2.1. Meeting basic needs
	2.2. Ensuring treatment compliance
	2.3. Encouragement to engage in physical activity
	2.4. Having a sufficient number of qualified personnel

Sub-theme 1.3: Difficulty in managing the patient's demands

The majority of the nurses reported having difficulties in dealing with the continuous and seemingly unending demands of manic patients who were experience a high level of grandiosity.

“One of my patients wanted to do sports during the night shift after other patients went to bed. I let him do this without disturbing the others. Then, we played the chess together at his request. Then he wanted to sing loudly and asked me to sing along with him. These requests seemed to never end.” (Participant 9, 34 years old).

“I often experience this with patients. They turn the volume of the television up all the way, especially when there's music playing, and try to sing along loudly. When I tell them they should lower the volume, instead of turning it down, they want me to dance with them and insist on this.” (Participant 13, 31 years old).

“Some of our patients don't like the hospital food and demand that I order food. Meals are arranged taking into account the needs of the patients. However, some patients with mania insist on having foods that are higher in calories. When we tell them that we can prepare a meal for them in the kitchen, they insist on having a different meal.” (Participant 10, 32 years old).

Sub-theme 1.4: Inability to choose the appropriate word(s)

The nurses stated that they had difficulty in choosing the words or phrases that would not agitate the patients while working with this patient group.

“A patient of mine who was experiencing a manic episode made a patient with a diagnosis of depression cry in a ‘good morning’ meeting. At that moment, I didn't know what to say to either patient.” (Participant 8, 35 years old).

A nurse who had once tried to stop a patient from speaking stated: “...My patient constantly talked about his ‘projects’ during the discussion. He was breathless from excitement. I had to think for a while about what I could quickly say to stop him. I wasn't quick enough.” (Participant 11, 31 years old).

Sub-theme 1.5: Emotional whirlwind

The nurses reported that they experienced emotions such as happiness, joy, sadness, anger and rage while at work, that these emotions could change quickly, sometimes occurred almost simultaneously, and were sometimes as volatile as those of the patients.

“I am extremely uncomfortable when a male patient sees me as a sexual object and speaks with me in a sexual context. I experience intense anger at that moment. I both regret and pity the patient when I think this behavior originates from his illness.” (Participant 14, 30 years old).

“I try to exclude my emotions, thinking that he is sick, but feelings emerge inevitably. You feel anger the most. You also feel anger at his lack of boundaries. Also, I can't help myself from feeling sorry for the patient. I get sad because I also have a child.” (Participant 1, 40 years old).

“It bothers me a lot when he stands too close to me, and you inevitably get angry. I try to control it, but I usually have this feeling. I try to suppress it because I have to act professionally” (Participant 7, 35 years old).

“I try and be empathetic: how tiring all of this is, who can know what he feels inside, what he is going through? I think how tiring it must be for the patient to feel and think these things. I feel sorry that I can't do anything.” (Participant 5, 37 years old).

However, the nurses also stated that working with these patients is generally fun and they sometimes feel a sense of happiness:

“Working with these patients is more enjoyable and fun compared to a patient diagnosed with obsessive compulsive disorder or depression. The patient's own happiness seems to infect me as well. Nonetheless, when the patient doesn't obey the rules, disrupts the running of the ward, or argues with other patients, this pleasant mood immediately disappears and is replaced by anger. My feelings are very volatile, like

the patient's.” (Participant 2, 38 years old).

“There is a cheerful, joking, smiling person in front of you. I'm inevitably affected. However, when I remember that they're ill, I feel very sad.” (Participant 4, 37 years old).

Theme 2: Most effective elements of care

The nurses stated meeting basic needs, ensuring compliance to treatment, inducing physical activity, and working with a sufficient number of teams as the most effective elements in the nursing care of patients experiencing manic episodes.

Sub-theme 2.1. Meeting basic needs

The nurses participating in the study reported that they intervene when there were problems with self-care, eating and drinking, and sleep.

“They may not be able to pay attention to their self-care. For example, you need watch them closely. When they have difficulty eating, I sit across from them and eat with them. When we eat together, the patient in front of me eats.” (Participant 4, 37 years old).

“They skip their meals, so I'm with my patient at mealtimes.” (Participant 2, 38 years old).

The nurses reported that patients almost never slept, that they were very energetic, especially at night, and that attention thus needed to be paid to the patients' sleep hygiene in order to prevent them from napping during the day so that they could sleep at night.

“These patients' energy startles me sometimes. They sleep very little. I follow and record each patient very closely in terms of when they sleep.” (Participant 11, 31 years old).

Sub-theme 2.2: Ensuring treatment compliance

The nurses stated that patients with psychotic symptoms (delusions and/or hallucinations) and agitation in particular did not comply with the prescribed treatment, and that ensuring compliance to treatment is an important nursing task when caring for these patients.

“One of my patients was saying that he wasn't sick, but actually very healthy, and he didn't want to take his medication. I had a hard time managing this situation.” (Participant 8, 35 years old).

“One newly admitted patient with manic episodes was resistant to treatment, even though we tried everything. We as the treatment team had to train the patient and his family for many hours so that the patient would take their medication.” (Participant 6, 35 years old).

Sub-theme 2.3: Encouragement to engage in physical activity

The nurses noted that it is important to reduce the patients' stress levels in acute mania. They emphasized dealing correctly with the patient's energy in order to manage stress.

“These patients are very nervous and full of stress. They're on the verge of exploding. They are full of energy. They try to discharge it however they can. I think the most effective way to reduce these patients' stress is to lead them to engage in activities that require physical strength. Both we and the patient and are then happy.” (Participant 12, 31 years old).

“One of our patients in an acute manic episode was very energetic. He was getting aggressive when the other patients could not keep up with his energy. So, we created an activity and exercise plan with the patient. He was discharged with these exercises and started to bother the other patients less.” (Participant 5, 37 years old).

Sub-theme 2.4: Having a sufficient number of qualified personnel

Some of the nurses in the study expressed the view that having a sufficient number of staff present acts as a deterrent to prevent patients' aggressive behavior and outbursts; however, they emphasized that it is important that these personnel be adequately educated.

“Having other member of staff with me while reminding the patient about the rules of the ward stops the patient more quickly. But these members of staff may also use words that agitate the patient more. If this

happens, the importance of having a team made up of qualified personnel becomes very clear.” (Participant 1, 40 years old).

“In terms of what I’ve seen so far, I can say that the female manic patients are more likely to commit an assault because they’re more aggressive. As someone who has been assaulted several times by female patients, I usually approach them with the security team and the doctor, talk about how their aggression causes problems and try to resolve things. It’s safer that way. It is really important in these situations that the team is trained.” (Participant 14, 30 years old).

Discussion

This study was performed to determine the experiences of nurses who cared for hospitalized patients suffering an acute manic episode. The nurses participating in the study stated that they had various difficulties while giving care to these patients. One of these difficulties was setting proper boundaries. To set boundaries involves clearly expressing which behaviors are desirable and which are not, and focusing on the former. Ensuring that there are strong boundaries when a patient is having a manic episode is one of the most important nursing interventions (Goossens et al., 2020). Daggenvoorde et al. (2015) made the practice of setting boundaries one of the five most important nursing interventions in caring given to patients hospitalized due to acute mania. The results of their study support the results of our study, and it has also been reported elsewhere that nurses have difficulties in setting boundaries with patients experiencing acute manic episodes (Cleary et al., 2012; Daggenvoorde et al., 2015).

The results of our research suggest that nurses working with this patient group should be supported with regard to setting boundaries. It was identified in this study that the nurses were concerned about ensuring the safety of the individual patient, themselves, and the other patient when caring for patients with acute mania. The nurses believed that such patients were capable of harming themselves and/or other individuals around them. Thus, the safety of the patients needs to be ensured, while at the same time also preventing others from being harmed by these patients. Certain behaviors that patients may engage in during acute manic episodes, such as self-mutilation, anger, violence, disobeying rules, excessive activity, or refusing treatment can give rise to anxiety in clinical staff and others in the patients’ environment (Atagün & Oral, 2021). Pan et al. (2022) found the prevalence of aggression in patients experiencing manic episodes to be 61.8 %; they suggested that appropriate and effective aggression management in acute psychiatric care should be improved for this population group. Studies also show that nurses working in psychiatric wards may be subject to verbal or physical violence (Konttila et al., 2020; Lu et al., 2019; Renwick et al., 2019). Standards and legal obligations have been set by the Ministry of Health in Türkiye for ensuring employee and patient safety in health institutions. In this context, providing safe and high-quality care, identifying risks, taking the necessary precautions, and reporting any incidents of violence are among the responsibilities of psychiatric nurses (Ministry of Health of the Republic of Türkiye, 2020; Turkish Republic Official Gazette, 2015). The present research has revealed the need for advice and training to be provided to nurses on initiatives to ensure patient and employee safety.

Another result of this study was that the nurses had difficulties in managing the patients’ continuous demands. When a patient is experiencing an acute manic episode, nurses often have to be able to keep up with the pace of their erratic and rapidly changing thoughts, feelings and behaviors. A patient whose flow of ideas is escalated may vocalize what they want in a continuous way, without pausing or responding to any interruptions (McCormick et al., 2015). Daggenvoorde et al. (2015) noted that patients often speak non-stop, cannot tolerate any interruptions or discrepancies, and want to perform their desired activities immediately while nurses are working with them. It was reported in the same study that manic patients were often anxious and agitated, easily came into conflict with the nurse, and became angry when their

demands were not met (Daggenvoorde et al., 2015). That nurses have concerns about their and their patients’ safety may play a role in them also having difficulties managing the constant demands of patients with acute mania.

The nurses in this study stated that they had experienced difficulties in finding the appropriate word(s) while giving care to patients. Cleary et al. (2012) stated that many nurses working in acute mental health units had interpersonal communication difficulties with their patients while providing therapeutic care. In a qualitative study performed with psychiatric nurses in Türkiye, the “nurse’s lack of knowledge” was identified as one of the elements that make it difficult to be a nurse in a psychiatric ward (Arslan & Buldukoğlu, 2021). Given that all the nurses in our study already had bachelor’s degrees, further professional in-service training, certification, and graduate programs can be recommended in order to enable them to improve their communication with psychiatric patients.

It was noted in this study that the nurses experienced emotions like happiness, joy, sadness, rage, and anger, sometimes almost simultaneously, and the researchers decided to name this the “emotional whirlwind”. No study exploring the emotions of nurses who care for patients experiencing manic episodes was found in the literature. Research indicates that factors such as caring for patients with severely maladapted emotions, thoughts, and behaviors, working in a locked or closed environment, and constantly observing and being on guard all lead to intense stress in psychiatric nurses, with burnout and compassion fatigue common in the long term (Arslan & Buldukoğlu, 2021; Turgari et al., 2019). It is thought that these emotional whirlwinds experienced by the nurses in the present could, on the one hand, eventually give rise to emotional burnout, but may, on the other, mean that the care given was more patient-oriented and that empathy was established when communicating with the patient. It is important that nurses are able to identify and manage their feelings.

In this study, nurses referred to the most effective elements in caring for hospitalized patients with acute mania. One of these was to meet the patient’s basic needs, such as self-care, eating and drinking, and sleeping. The biological rhythms of patients with bipolar disorder deteriorate in the manic phases. An irregular biological rhythm causes problems in patients’ sleep patterns, eating habits, and social relationships (Gershon et al., 2016; Iyer & Palaniappan, 2017; Mondin et al., 2017). Patients cannot find time to eat because they are engaged in too much talking and activity, and they can spend days without sleeping due to their increased energy in the acute period (Atagün & Oral, 2021). Meeting the patients’ basic needs is of vital importance for them to have a healthy life (Çiftçi et al., 2015). The results of this research highlight the importance of nursing care in meeting the manic patients’ basic needs for nutrition, sleep, and personal hygiene.

Another effective element of care discussed by the nurses was treatment compliance. Patients in a manic episode may resist accepting their illness and adhering to treatment due to the symptoms they experience (Goossens et al., 2020). Non-compliance with treatment is one of the most common reasons why these episodes tend to recur in these patients (Demirkol & Tamam, 2016; Levin et al., 2016; Samalin et al., 2018). It has been reported in studies performed with patients with bipolar disorder that the rate of compliance to long-term psychopharmacological treatment varies between 12 and 64 % and the incidence of non-compliance is 41 % on average (Demirkol & Tamam, 2016; Samalin et al., 2018). Beentjes et al. (2016) observed, in the study they conducted with outpatients with bipolar disorder, that maintaining communication and empathizing with patients help to establish the therapeutic bond and ensure compliance with treatment. Psychiatric nurses have a major responsibility in ensuring such compliance (Goossens et al., 2020). The results of the present study further reveal the role of nurses in treatment compliance.

The nurses, who are themselves a vital part of providing effective care, emphasized the need to reduce the patient’s stress level, and they recommended engaging in physical exercise to do this. Studies have

noted that stress plays an important role in the course of bipolar disorder, and stressful life events damage the patients' social and biological rhythms (Lex et al., 2017; Suh et al., 2020). Although it has been stated in the literature that more research is necessary to better understand the effect of exercise on manic symptomatology (Malhi & Byrow, 2016; Thomson et al., 2015), in one qualitative study of patients with bipolar disorder some patients reported that exercising helped them to expend excess energy during mania (Wright et al., 2012).

The nurses in our study expressed the view that it is important to work with a sufficient number of qualified personnel while giving care to the patient with acute mania. Teamwork is important in psychiatric wards for the effective management of acute situations (Digby et al., 2020; Holmberg et al., 2017). Some studies performed in Türkiye noted that shortage of staff in psychiatric wards has a negative effect on nurses and makes their time at work more complicated (Arslan & Buldukoğlu, 2021; Ergun et al., 2017). The present study demonstrates the importance of educating all personnel in psychiatric wards, including allied health personnel and security staff, on how to approach manic patients, in addition to ensuring that there are adequate numbers of staff in the first instance.

Limitations

A limitation of this study is that it only investigated the experiences of nurses working in a single center. The findings should be interpreted accordingly. Any psychological and/or cultural differences between the nurses and the patients could not be assessed and evaluated. For this reason, the results of this study cannot be generalized to other national and international populations.

Conclusion and recommendations

It is well known that patients need intensive nursing care during acute manic episodes (Daggenvoorde et al., 2015; Pan et al., 2022). This study found that the nurses participating experienced difficulties in caring for manic patients. The nurses stated that they had the most difficulty in setting boundaries, ensuring safety, managing continuous and seemingly unending demands, choosing the appropriate words, and dealing with their own emotions. In line with these results, we recommend that these challenges be addressed through counseling, further training, and the sharing of the collective knowledge and expertise of experienced nurses and other members of staff. In addition, this study highlights the need to focus on how caring for patients who are experiencing acute mania can have an emotional impact on nurses. Further studies should be conducted to examine the physical and psychological effects of these difficulties on nurses.

The importance of nursing care in quickly managing the symptoms observed in patients during acute manic episodes should not be overlooked. The findings of this study have demonstrated that the most effective elements in the nursing care of these patients are meeting basic needs, ensuring treatment compliance, encouraging physical activity, and working with an adequate number of qualified personnel. These results may serve as a guide for students and nurses in terms of the kind of nursing care that can be applied in acute manic episodes.

CRedit authorship contribution statement

Study conception and design	EÖ, SM, TU, GS
Data collection	EÖ, GS
Data analysis and interpretation	EÖ, SM, TU, GS
Drafting of the article	EÖ, SM, TU, GS
Critical revision of the article	EÖ, SM, TU, GS

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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