Enhancing safety in forensic units: insights from South African psychiatric nurses

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ABSTRACT

This qualitative study delves into the perspectives of psychiatric nurses in South Africa regarding safety enhancements in forensic units. Working in forensic units is linked to safety concerns due to frequent incidences of interpersonal violence and the nature of patients admitted to such units. As such, the need to explore measures to address safety concerns arose. In-depth interviews and reflexive thematic analysis revealed a consensus among nurses on the importance of various interventions, including improving security measures, enhancing the physical environment, fostering collaboration among staff members, increasing staffing levels, and garnering support from management. Notably, support from management emerges as a crucial factor in facilitating open discussions and sustained engagement in safety improvement initiatives. The study underscores the pivotal role of management support in realizing safer forensic units. The findings offer valuable insights applicable to forensic units in psychiatric settings globally, where safety concerns for both personnel and patients persist.

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Introduction

This paper reports on insights from South African psychiatric nurses regarding measures to enhance safety in forensic units. Forensic units are considered complex working environments within mental health facilities due to the nature of the patients that are cared for. The patients in forensic units are admitted for various crimes they committed, including rape, murder, and malicious property damage; however, due to mental health challenges, they cannot continue with the trial. According to Halter (2022), forensic psychiatric-mental health is a specialty within mental health that involves providing psychiatric mental health care and understanding of the criminal justice system. In these units, psychiatric nurses play a pivotal role in caring for patients who may be potentially violent.

Although, working in mental health settings is linked to a great exposure to interpersonal violence, the experience could be worse in forensic units (Mokoena-de Beer et al., 2024). Consequently, the impact of exposure to interpersonal violence is immeasurable resulting in safety concerns for those working in such units (Thwala & Mokoena-de Beer, 2023; Maddinesh et al., 2024). There is scarcity of studies conducted in South Africa regarding measures to enhance safety in forensic units. The current studies focus on the exposure to interpersonal violence, the types of violence, and the impact thereof with little focus on how to enhance safety (Mokoena-de Beer et al., 2024; Thandavathu et al., 2024; Thwala & Mokoena-de Beer, 2023). Thus, the need to solicit the perspective of nurses working in forensic units arose regarding measures to ensure safety arose. The study used an exploratory design to obtain insights from the psychiatric nurses to address safety concerns in forensic units.

The paper is organized in the following manner: The subsequent section, following the introduction, comprises a comprehensive analysis of existing literature that investigates both theoretical and empirical research, aiming to clarify the relationship between theory and practice. The third section provides an overview of the research methodology. Based on the analysis and findings of the
study, the authors proceed to provide discussions and implications. In conclusion, this paper summarizes the key points, offers recommendations, proposes potential areas for future research, and acknowledges any limitations.

**Literature Review**

**Classification of patients admitted to forensic units in the South African context**

Patients admitted in forensic units in the South African context are referred to as state patients. The *Mental Health Act No. 17* of 2002, under Chapter VI, regulates the admission of such patients into the forensic units. State patients are concurrently classified through a court directive in terms of section 77(6) (a) or 78(6) of the *Criminal Procedure Act*. These are patients who may have committed serious crimes but are not mentally fit to stand trial. The seriousness of the crimes they have committed is an indicator of the potentially violent nature of these patients. As such, they are presumed to be potentially dangerous by the psychiatric nurses including other members of the multidisciplinary team.

**Interpersonal violence as a threat to the safety of nurses in forensic units**

The World Health Organization in Daher (2003) defines violence as: “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or has a high likelihood of resulting in injury, death, psychological harm or maldevelopment or deprivation”. Psychiatric nurses in forensic units are most likely to experience interpersonal violence, which is directed at them, other members of the multidisciplinary team and other patients. Interpersonal violence in mental health settings is a growing concern and may be worse in forensic units. Recent data from a study by Bekelepi and Martin (2023) revealed that professional nurses are more likely to experience physical violence (56.2%) than nonprofessional nurses indicating the high risk of exposure for psychiatric nurses. Thus, Interpersonal violence could result in physical and or psychological harm. In addition, Thwala and Mokoena-de Beer (2023) found that interpersonal violence experienced by psychiatric nurses in forensic units results in psychological harm and threatens their safety. While psychiatric nurses working in forensic units require both psychiatric mental health and forensic nursing skills, these may not be enough to ensure safety in these units.

Psychiatric nurses in forensic units are faced with a dual role of creating a therapeutic, safe environment to provide care to patients who have committed crimes at the same time, maximizing security measures to ensure their safety and that of the patients they care for. This is referred to as therapeutic security, which entails providing care and treatment under secure conditions, ensuring the safety of both personnel and patients throughout the treatment process (Kennedy, 2022; Oates et al., 2020). Therefore, it highlights the need to balance the duties of a psychiatric nurse whilst ensuring safety in the forensic units. Safety and security are compelling concerns in forensic units. This study thus fills in some of the gaps in the evidence by reporting the results of a research project that sought to ascertain the perspectives of psychiatric nurses regarding safety measures in forensic units in the South African context.

**Research and Methodology**

The current study utilized an exploratory qualitative design to determine the perspectives of psychiatric nurses regarding measures to enhance safety in forensic units. Exploratory designs seek to understand the phenomenon rather than make conclusions (Ravitch & Carl, 2019). This study was guided by a constructivist theory, which allows reality to be constructed by those who perceive it; as such, the researchers engaged the psychiatric nurses to explore ways to address safety in their forensic units. According to Creswell and Poth (2018), constructivism focuses on the participants’ view of a situation and allows them to share their own view of reality as they experience it. In this case, participants had to explain or share their perspectives on improving safety in forensic units.

**The Study Context**

The study was conducted in a mental health facility located in the western region of Tshwane, Gauteng, South Africa. There are precisely two maximum-security forensic units, namely Unit 1 and Unit 2, in the mental health facility mentioned in this paper. These units are exclusively for males, so no females are assigned to work in them due to the safety hazards. Unit 1 has a carrying capacity of 40 beds and a staff consisting of 13 professional nurses, 4 enrolled nurses, 4 auxiliary nurses, and 5 social auxiliary workers. Social auxiliary workers support nurses in managing access control to maximum-security forensic units and ensuring a safe environment for staff, external stakeholders, and mental health care users in the unit. Unit 2’s original carrying capacity of 30 beds has been decreased to 25 beds due to resource limitations. Unit 2 consists of 9 professional nurses, 4 enrolled nurses, and 4 auxiliary nurses. However, there are no social auxiliary workers in this unit. The institution was selected because it is one of the limited mental health facilities in Gauteng, South Africa that offers forensic mental health services.

**Study Population and Sample**

The study’s population was male psychiatric nurses working in a forensic unit. Purposive, key informant sampling was used to select psychiatric nurses who could provide information that met the study’s conceptual requirements (Politi & Beck, 2018). The key informants had to be psychiatric nurses who had experienced interpersonal violence in forensic units and were willing to share their perspectives on safety in a psychiatric forensic unit (Creswell & Poth, 2018). The male psychiatric nurses gave informed consent to participate in this study. Data sufficiency governed the final sample size of 11 (n=11) participants, which was the point where the
participants’ description of safety in the forensic unit had rendered to no new information (Polit & Beck, 2018). Four participants (36.4%) were professional nurses, three (27.2%) were advanced psychiatric nurses, and four (36.4%) were enrolled nurses. Their ages varied from 27 to 59 years, and their forensic unit tenure spanned between three (3) and twelve (12) years. The participants had, on average, five years of experience in the forensic unit, as indicated in Table 1.

<table>
<thead>
<tr>
<th>Participant no</th>
<th>Age (years)</th>
<th>Level of education</th>
<th>Rank</th>
<th>Years of experience in the field</th>
<th>Years of experience in the acute forensic unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 1</td>
<td>29</td>
<td>Master’s Degree</td>
<td>Advanced nurse</td>
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<td>3</td>
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<tr>
<td>Participant 2</td>
<td>31</td>
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<td>Advanced nurse</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Participant 3</td>
<td>27</td>
<td>Bachelor’s Degree</td>
<td>Professional nurse</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Participant 4</td>
<td>33</td>
<td>Bachelor’s Degree</td>
<td>Professional nurse</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Participant 5</td>
<td>38</td>
<td>Higher certificate in Nursing</td>
<td>Enrolled nurse</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Participant 6</td>
<td>35</td>
<td>Higher certificate in Nursing</td>
<td>Enrolled nurse</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Participant 7</td>
<td>33</td>
<td>Higher certificate in Nursing</td>
<td>Enrolled nurse</td>
<td>7</td>
<td>3</td>
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<tr>
<td>Participant 8</td>
<td>57</td>
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<td>Professional nurse</td>
<td>23</td>
<td>12</td>
</tr>
<tr>
<td>Participant 9</td>
<td>41</td>
<td>Higher certificate in Nursing</td>
<td>Enrolled nurse</td>
<td>11</td>
<td>7</td>
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<td>Participant 10</td>
<td>45</td>
<td>Honours Degree</td>
<td>Advanced nurse</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>Participant 11</td>
<td>59</td>
<td>Honours Degree</td>
<td>Professional nurse</td>
<td>19</td>
<td>8</td>
</tr>
</tbody>
</table>

Source: Authors

Data Collection Methods and Instruments

The psychiatric nurses were approached directly after approval from the head of the mental health facility to collect data. Data were gathered by using individual face-to-face interviews, which allowed for in-depth discussions with the participants. The interviews were conducted in a quiet private room place in the forensic units, considered as a natural setting where the psychiatric nurses experience the phenomenon under study. Furthermore, the interviews were triangulated by taking field notes of observations of the participants verbal and non-verbal communication behaviour made during the interviews (Singh et al., 2022). Approximately 30-60 minutes was the recorded time for the interviews which were audio-recorded with the permission of the participants. To ensure consistency, a central question was asked to all participants: “In your view, what can be done to improve safety in the forensic units?” Probing questions such as “in what way can safety be improved in forensic units?”, “what can be done to improve safety in forensic units?” were used to get the participants to obtain in-depth descriptions about their perspectives regarding measures to enhance safety in forensic units in which they worked at.

Data Analysis

Braun and Clarke’s (2022) reflexive thematic analysis method was used to analyse the data. The interviews were firstly transcribed verbatim and then analyzed thereafter. The following steps were employed to analyze the data: (1) the authors familiarized themselves with the dataset, which entailed reading and re-reading the data; (2) coding the data during which the authors systematically worked through the dataset to identify and code key concepts that emerged from the data; (3) identification of shared patterns of meaning form the data to generate the initial themes; (4) developing and reviewing themes, was achieved by checking if the themes make sense; (5) refining, defining and naming themes was done to ensure that each theme makes sense; and (6) writing up of the final themes, and producing scientific report. Finally, a consensus discussion meeting to agree on the themes was held with an independent coder who analyzed data independently.

Trustworthiness

The study’s trustworthiness was ensured by applying the four criteria for evaluating the quality of the study. To ensure credibility, in-depth interviews during data were conducted using open-ended questions allowing the authors to explore the phenomenon under study in-depth. The interviews were triangulated with the field notes on the observations the researcher made during the interviews to ensure meaning from the participants’ perspective is captured (Houser, 2023). Subsequent to that, the interviews were transcribed verbatim and were used as direct quotes to avoid making inferences about what the participants said. Detailed documentation of sources of data, thick descriptions of design decisions are detailed ensuring transferability (Fain, 2021). Dependability and
confirmability of the study were ensured by keeping an audit trail and document all phases of the study transparently (Adu & Okeke, 2022).

**Ethical considerations**

Ethical approval to conduct the study was granted by the Sefako Makgatho Health Sciences University Research Ethics Committee (SMUREC) (No. SMREC/H/13/328/2020: PG), and the mental health facility’s Chief Executive Officer (CEO) who authorized that the study could be conducted in accordance with the Gauteng Department of Health's Standard Operating Procedures. Furthermore, the authors demonstrated adherence to the ethical principle of autonomy by obtaining informed consent from the participants after allowing them to make an informed decision regarding their involvement in the study (Houser, 2023). In order to ensure confidentiality, the interviews with the participants were conducted in a private room and numerical codes were assigned to the participants rather than using their real names in writing up the results. Additionally, no information provided by the participants was associated with them in order to maintain confidentiality of the information they provided. Every participant was treated equally and impartially without prejudice or discrimination (Brink et al., 2018).

**Findings and Discussions**

The results of this study are presented below in two sub-sections. Firstly, the findings are presented. These findings are followed by detailed discussion.

**Findings**

The results are presented in the tables and direct quotes of the participants below, see Table 2. One overarching theme was identified as interventions to enhance safety in forensic units with the following sub-themes: (1) Improving security measures; (2) Enhancing the physical environment; (3) Fostering collaboration among staff members; (4) Increasing staffing levels; and (5) Garnering support from management. These results reveal that psychiatric nurses working in forensic units have their own perspectives about how their safety can be improved in forensic unit they work in.

<table>
<thead>
<tr>
<th>Overarching theme</th>
<th>Sub-themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving security measures</td>
<td>Enhancing the physical environment</td>
</tr>
<tr>
<td>Fostering collaboration among staff members</td>
<td>Increasing staffing levels</td>
</tr>
<tr>
<td>Garnering support from management</td>
<td></td>
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</tbody>
</table>

**Table 2: Summary of overarching theme and sub-themes emerging from the Data Analysis.**

Source: Authors

**Overarching theme: Interventions to enhance safety in forensic units**

The psychiatric nurses’ ways in which their safety and that of other patients in forensic units can be improved. The unfavourable and unsafe working conditions in forensic units are due to the day-to-day exposure to interpersonal violence. The participants alluded:

“Violent behaviour can happen there is an officer of the law or security to bring everything into control”. Participant 2

The psychiatric nurses are of the view that security needs to be improved in forensic units in order to guarantee their safety. One of the ways which security can be improved is by increasing visibility of security personal who will pay a vital role in improving safety in forensic units.

“I believe each and every unit in a psychiatric hospital let alone whether it’s forensic or not, should have a security officer always stationed in the ward. So that if something happens and we have to deescalate or handling aggressive patients, the security is nearby. We don’t have to call and be told that the security staff are still in another ward.” Participant 9

Security personnel visibility helps deescalate violent incidents in the forensic unit, which contribute to optimal mental health services being rendered by the psychiatric nurses and in turn improves safety. As currently the lack of security personnel in these units deters the work of psychiatric nurses. The participants said:

“Recommend more security officers in units where we cater service for state patients and support staff in teams of security who deals with security related matters so that we as mental healthcare professionals we can deal with mental related issues being therapy interview group therapy. Participant 6

“Support staff in terms of security who deals with security related matters so that we as nurses we can do our work”. Participant 9
“Security should be reinforced in a way that patients cannot easily access other patients or nurses when they become violent.”  
Participant 4

The presence of security personnel helps the psychiatric nurses feel more confident and safer, knowing that there are designated people assigned to deal with safety in the forensic units. The psychiatric nurses expressed the need to have trained security personnel since they are not trained dealing with security challenges posed by the patients who are presume to be dangerous

“Yeah I think there has to be security staff in all these wards, especially state patients’ wards. Because these people... they are patients here but then they are criminals. And we are not trained to be security staff, we are nurses. We are here to nurse them not to guard them. We’re not warders, we’re not police or security officers. We are just nurses. So there has to be security officers in all wards, at two or one. Just in case something happens. Because yes we are males but then at the end of the day we are nurses. So at least if maybe they can up increase the security with one or two officers in the wards, we gonna be more safe”. Participant 8

In addition to improving security in forensic units, the psychiatric nurses shared that the environment they work in should be structurally suitable to care for forensic patients. Thus, the psychiatric nurses have advocates for structural improvements in forensic units that will be suitable for both the nurses and the state patients, this includes identifying and removing potentially dangerous structures such as wire sprinklers for fire detectors. The participants uttered the following sentiments:

“I will recommend having to make the structure of the unit suitable for both the health workers and the state patients because there are cables in the isolation rooms, there are still bars in the isolation rooms.” Participant 6

“I think with regard to the state patient management number one I will recommend having to make the structure of the unit suitable for both the health workers and for our clients being the state patients”. Participant 3

Additionally, the structures require constant monitoring which will enable the psychiatric nurses to watch over the areas within the forensic unit, thus in turn improve security and safety.

“Must have at least CCTV so that we can see when we are not with them” Participant 1

Apart from improving security and structural improvements, the psychiatric nurses mentioned that collaboration among members of the multidisciplinary team could be strengthened. They have underscored the significance of teamwork among themselves and other members of the multidisciplinary team. This practice promotes resilience and fosters a constructive work environment while also serving as a deterrent against potential violent behaviour exhibited by forensic patients. The participants echoed:

Because anything can happen to you if you’re not alert or if you don’t work together as staff members, anything can happen to any staff member anytime. So, we have to prevent such things by working together Participant 11

But anyway, you just have to be vigilant. Teamwork also... it builds strength. Participant 10

Yes, we work together with doctors because they are the ones who prescribe the medication. Participant 7

Collaboration could also be strengthened with other members outside the mental health team because of the potential danger of the patients admitted in forensic units. These include law enforcement personnel such as police who could work collaboratively with security personnel as interventions to improve safety. Most of it all also provide training with particular focus on managing interpersonal violence that threatens the safety of nurses in the forensic units.

So we need more staff members, assistance from police and more security personnel Participant 5

We also have the team in our hospital who are dealing with how to manage aggressive patients so every now and then we attend in-service training Participant 6

In order lessen the likelihood of being exposed to state patients' violent behaviour which threatens the psychiatric nurses’ safety, the psychiatric nurses have voiced the need to hire more staff members, such as security, and more male nurses in forensic wards. This will ensure that there is enough staff coverage thus improving their confidence about safety. The participants illuminated:

“So I believe one of the improvements that need to be done is to hire more nurses, more male staff. They must start employing security, have security in each and every ward.” Participant 3

“Patients will always be aggressive, so we need more staff members.” Participant 8

“The safety first is that we must have enough staff coverage—the staff must be aware of the patients behaviour; the manipulative behaviour”. Participant 1

“there’s a shortage of even nurses. So, we need more, more nurses. Participant 9

The involvement of the institutional management is expressed by the psychiatric nurses as one critical measure to improve safety of both staff and patients in forensic units. They have expressed a value for solutions that will help reduce violent situations in forensic wards and to take the issue of security personnel seriously in the wards. Involvement is viewed as a support measure as the
management will be up to date with safety and security challenges in forensic units and will take necessary steps to improve safety. The participants echoed:

In this case management needs to come to the picture and come with solutions. Participant 7

Number one, security has to be something that is taken very serious by our management... the possibility of security personnel it’s something that needs to be taken into consideration. And you can’t bring in one security in a unit that carries about 30-40 patients. Yes, there are staff members, but security has to be something that is taken seriously by the management’ Participant 5

Even the support from management, I think it counts a lot. Participant 8

Discussion

The aim of this study was to document the psychiatric nurses’ perspectives of to enhance safety in forensic units. Thus, the study provides insight into the interventions to enhance safety in forensic units in a South African context. The psychiatric nurses in this study highlighted the value of certain interventions to enhance safety in the forensic units. Interventions such as improving security measures; enhancing the physical environment; fostering collaboration among staff members; increasing staffing levels; and garnering support from management are essential to enhance safety in forensic units.

These findings align with existing literature emphasizing the need for multi-faceted approaches to safety in forensic psychiatric settings. Security in forensic units is an ongoing concern for nurses working in such units, thus nurses in this study reported that security could be improved to ensure their safety. This finding is consistent with the work done by Zhong and Wasser (2021), who argue that some forensic units are “high-security” facilities and therefore require the presence of security personnel to ensure safety. Enhancing safety in forensic units is considered as some form of security in such units this includes perimeter security (Kennedy, 2022). According to Lindow et al (2022) improving security creates a safer care environment and brings stability.

One of the key features in ensuring a safe environment in forensic units is ensuring that the built environment is safe. The participants of this study verbalised the need for structural enhancement of the physical environment to ensure improved safety in the forensic units. This include identifying potentially dangerous designs within the physical infrastructure and making necessary changes to minimise risks. However, Al Ishaq et al (2023) aver that the impact of physical design on safety has received poor attention to date. Thus, it is further highlighted that poor physical design of psychiatric units including physical layout and its characteristics contribute to safety events and feelings of insecurity in the units (Walker et al., 2023). Therefore, providing a well physical space is linked to reduced aggressive and impulsive behaviour which can contribute directly to improving safety in the forensic units (Al Ishaq et al., 2023). Technology came out as one of the important features of a well-structured forensic unit. The participants verbalised that in addition to structural enhancement, monitoring tools like use of cameras could one measure to enhance safety in forensic units. Thus, the findings of this study are consistent with the work of Georgiou et al. (2021), who alluded that the use of associated technology like CCTV and cameras ensures that any breaches in security are immediately identified and dealt with, in turn ensuring safety of those in the forensic units.

Collaboratively staff in the forensic units can enhance their own safety and that of others. The sentiments are shared by participants of this study who mentioned that collaboration with the members of the multidisciplinary team could help enhance safety in forensic units. The benefits of such collaborations are highlighted in the work of Sollied et al (2023), who alluded that collaboration within a team is essential to solve issues of safety which secures the environment and helps team members to re-establish safety in the units they work in. Furthermore, collaboration in forensic units brings about confidence and trust in other colleagues and solidifies a foundation of safety both physically and psychologically (Barr et al., 2019). It is highlighted in O'Sullivan et al (2020) that collaborations can be achieved through regular meetings with members of the multidisciplinary team helps the psychiatric nurses and the team to analyse the causes and antecedents of violence, thus provide a better understanding and paves ways in which safety can be addressed in such units. Additionally, information is exchanged in the units and between different professionals to enable safe handling of problematic patients who maybe threatening the safety of the personnel (Lindow et al., 2022).

Psychiatric nurses play an essential role in patient care in forensic units and therefore are resourceful in ensuring optimal care and safety. Psychiatric nurses in this study yearn to be supported in to ensure they continue to provide optimal care and enhance safety in the units they work in. they mentioned that more nursing personnel could be hired to enhance safety. These sentiments are shared in a study by Lindow et al (2022), where it is reported that efforts to bring in extra staff promotes safe care environment and brings stability in the forensic units. The allocation of such extra human resources prevents intensified unsafe incidents. The findings of this study also aligns with those of Kennedy (2022) who mentioned that the ratio of staff to patients plays an important role in ensuring safety in forensic units.

In this study, the psychiatric nurses expressed the need for support from management to enhance safety in the forensic units. They mentioned continuous engagement with management to seek solutions that will help ensure safety, and this include that managers need to be cognisant of the value security personnel bring in improving safety. These findings are consistent with recommendations made by Kennedy (2022), that there should be some form of engagement between staff and management inorder to deliberate on issues of safety in forensic units.
Conclusions

This study applied qualitative methods to obtain in-depth perspectives from psychiatric nurses regarding interventions to enhance safety in forensic units in South Africa. It is evident in this study that psychiatric nurses perceive their environment as unsafe due to interpersonal violence they experience whilst providing care. As a result, they identified interventions could help improve safety in such units. It would appear that, consistent with the literature that safety in forensic units is a primary concern for all psychiatric nurses and other members of the multidisciplinary team. The findings of this study identify a range of interventions to enhance safety such as improved security, structural enhancement of the physical environment, collaboration with other staff members, improve staffing as well as support from management. Whilst forensic units are understood to have high incident of interpersonal violence that threatens the safety of nurses and patients, the majority of participants in this study acknowledged that they lack skills needed to ensure safety hence the mention visibility of security personnel as a key factor to enhance safety.

This study’s findings are consistent with other studies conducted by Al Ishaq et al (2023); Kennedy (2022); O’Sullivan et al (2020) who identify ways in which safety can be improved in forensic units. However, documents the perspectives of South African psychiatric nurses. Psychiatric nurses in this study further yearn for support from management as it is in such engagements that solutions to enhance safety in forensic unit can be discussed. More still needs to be done to identify further interventions what are application to the varying context in forensic mental health nursing. As such, further research should include the management team and other members of the multidisciplinary team in forensic units to obtain their perspectives about interventions to enhance safety compare them with those of psychiatric nurses. The findings could be used in forensic units where the safety of personnel and other patients is in question and further identify other safety interventions. Additionally, it is necessary to conduct research in other mental health institutions in order to compare the results.

In addition to the strengths of the study mentioned above, there were limitations too. The study participants were only male psychiatric nurses; further studies should also include female psychiatric nurses who work in female forensic units as their perspectives could be different. This will help the study collect more information about measure to enhance safety in other forensic units. There is a need to conduct more research in additional mental health facilities and across Gauteng in order to compare the results as the current study was only conducted in one particular facility.

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Informed Consent Statement: Informed consent was obtained from all participants involved in the study.

Data Availability Statement: Data generated for this study is available from the corresponding author on reasonable request. The data is inaccessible to the public due to privacy concerns.

Conflicts of Interest: The authors declare no conflict of interest.

References


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