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Research Article

Examining the Attitudes and Experiences of Nurses Working in a High Security Forensic Psychiatry Unit from a Psychiatric Perspective

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Abstract

Aim: This study aims to examine the approaches, attitudes, and experiences of nurses working in a High Security Forensic Psychiatry Unit (HSFPU) towards psychiatric disorders, conditions, and treatments and to reveal the associated factors.
Material and Method: This cross-sectional study was conducted with nurses working at Elazığ Fethi Sekin City Hospital HSFPU who agreed to participate in the study. The participants filled out the Nurses' Attitudes Towards Forensic Psychiatric Patients Scale (NAFPPS) along with a questionnaire including various variables.
Results: Thirty-two nurses (22 females (68.80%), 10 males (31.20%)) were included in the study. Twenty-two nurses (31.20%) did not have sufficient knowledge of the Penal Code of Türkiye 32 (PCT 32). The psychiatric disorder that nurses found easiest to predict was bipolar spectrum disorder (43.80%), while the one that nurses found most difficult to predict was schizophrenia spectrum disorder (62.50%). The illicit substance that caused the most difficulty in nursing care was methamphetamine for 19 nurses (59.40%). Nurses' command of psychiatric terminology was not at the desired level. Twenty-three nurses (71.90%) thought that antidepressants caused addiction. Almost all of the nurses (96.90%) thought that antisocial and borderline personality traits make nursing care difficult. According to regression analysis, working duration in HFSPU predicts NAFPPS willingness to provide care subscale (constant $p<0.001$; working duration in HFSPU $p=0.039$), while NAFPPS willingness to provide care subscale predicts routine learning of psychiatric diagnosis in nursing care (constant $p=0.048$, NAFPPS willingness to provide care $p=0.037$).
Conclusion: This study demonstrated that nurses' knowledge and experience levels regarding psychiatric treatment practices were quite high, but not at the desired level regarding forensic and psychiatric terminology. It was suggested that the necessary improvements would be provided through in-service training including psychiatric nursing, forensic psychiatric nursing, psychiatry, psychology, and social services.

Keywords: Nurse, nursing care, forensic nursing, psychiatric nursing, forensic psychiatry

INTRODUCTION

In Türkiye, cases who were diagnosed with a psychiatric disorder or were thought to have a psychiatric disorder and were involved in a crime were hospitalized in forensic psychiatry inpatient units within mental health and disease hospitals in the past. In 2005, within the framework of European Union harmonization laws, it was decided that the judicial procedures and, if necessary, the treatment of cases diagnosed with psychiatric disorders involved in crime would be carried out in High Security Forensic Psychiatry Units (HSFPU). As of 2015, HSFPUs started to provide services under the City Hospitals (1,2).

Cases are accepted within the scope of articles 32 of the Penal Code of Türkiye (PCT 32), 57 of the Penal Code of Türkiye (PCT 57) or 74 of the Code of Criminal Procedure (CCP 74) in HSFPUs. PCT 32 is about mental disorders. A penalty shall not be imposed on a person who, due to mental disorder, cannot comprehend the legal meaning and consequences of the act he has committed, or if, in respect of such act, his ability to control his own behaviour was significantly diminished. However, security measures shall be imposed for such persons. PCT 57 includes "Security

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Measures Specific to Mental Cases". It evaluates the hospitalization for treatment purposes (PCT 32/1 or PCT 32/2), discharge and post-discharge process of cases who were mentally ill at the time of involvement in a crime. The case must admit to HSFPUs for follow-up and treatment to be checked at certain intervals. The duration of this follow-up is determined by the health board. Cases where the necessary decision cannot be determined within the scope of PCT 32 are observed. CCP 74 includes "Stationary Mental Examination". If strong indications of suspicion are present, which tend to show that the suspect or the accused committed the criminal conduct; then in order to clarify whether the suspect or the accused is mentally ill, and if so, the duration of the illness, and whether this affected his actions, the Justice of the Peace in Criminal Matters during the investigation phase, and the trial court during the prosecution phase, may order the suspect or the accused to be stationed in a public medical centre upon the proposal of the expert, after hearing both the public prosecutor and the defence counsel. The period of the stationary mental examination shall not exceed three weeks. If this period is not sufficient, upon the motion of the public medical centre, a ruling may be made and the additional terms not exceeding three weeks each may be given; the sum of the terms shall not exceed three months. The purpose of keeping the case under observation is to determine whether there is criminal liability within the scope of PCT 32. Although rare, involuntary, also known as compulsory, hospitalizations are carried out in HSFPUs. Article 432 of the Turkish Civil Code (TCC 432-437) includes the "Involuntary Hospitalization Decision" (1).

Nurses play a role in the care and treatment processes of forensic psychiatry cases in HSFPUs. There is no standardization in terms of treatment and care services in these units and nurses who are defined/specialized as forensic psychiatric nurses are not assigned. Therefore, the treatment and care services for forensic psychiatric patients are carried out by nurses who have received almost no training in forensic psychiatric nursing. Lack of forensic psychiatric training is reflected in the practices of nurses working in these units and affects their attitudes towards cases (3-5). Our aim in this study is to examine the approaches, attitudes and experiences of nurses working in a HSFPU towards psychiatric disorders and treatments and to reveal the associated factors.

MATERIAL AND METHOD

This cross-sectional and descriptive study was conducted at Health Sciences University Elazığ Fethi Sekin City Hospital HSFPU between 15/09/2024 and 15/10/2024. The universe of the study consisted of 38 nurses working in this unit. The study was conducted with 32 nurses who agreed to participate in the study, excluding those who were absent from their institutions due to reasons such as leave, illness, and change of place of duty for training purposes. The inpatient capacity of Elazığ Fethi Sekin City Hospital HSFPU is 100.

The survey draft was created by researcher with six years of experience in psychiatry practice. The survey was administered face to face. Leading and sensitive questions were avoided. The survey language is Turkish. The Nurses' Attitudes Towards Forensic Psychiatric Patients Scale (NAFPPS) was administered to all participants.

NAFPPS was developed by Baysan-Arabacı and Çam (3) in 2009 to determine the attitudes of nurses towards forensic psychiatric patients. It consists of 25 items: positive (items 3, 4, 7, 10, 14, 15, 16, 17, 20) and negative (items 1, 2, 5, 6, 8, 9, 11, 12, 13, 18, 19, 21, 22, 23, 24, 25). In the validity and reliability study of the scale, the content validity index was found to be 0.69, the Cronbach Alpha internal consistency coefficient was 0.86, the intra-cluster correlation coefficient was 0.86, and the stability coefficient determining the consistency between pre-test and re-test was 0.69. In the factor analysis, it was determined that the scale consisted of four sub-dimensions: "social distance (items 14, 15, 16 and 17)", "willingness to provide care (items 7, 10, 11, 12, 13, 19 and 20)", "trust (items 8, 9, 18, 21, 22, 23, 24 and 25)" and "feeling threatened (items 1, 2, 3, 4, 5 and 6)". NAFPPS was prepared as a five-point Likert-type scale. According to the nurses' agreement or disagreement with each statement, each positive item is scored from 1 to 5 from "completely disagree" to "completely agree", and the negative items are scored vice versa. The highest score that can be obtained from the scale is 125, and the lowest score is 25. A high score indicates a positive attitude towards forensic psychiatric patients.

There was no age or gender limit. The participants answered all questions completely and harmoniously. Therefore, no data were excluded from the study. According to the sample size analysis (population size 300; population proportion 99%), 15 or more measurements/surveys are needed to have a confidence level of 95% that the real value is within ±5% (margin of error) of the measured/surveyed value.

Ethical approval was obtained from the Fırat University Non-invasive Research Ethics Committee and the 1964 Declaration of Helsinki was complied with (Clinical Trial Number: 2024/12-16; Date: 11/09/2024). All participants provided informed consent.

All analyses were performed using IBM SPSS Statistics version 26.0. Descriptive statistics and continuous variables were given as mean±standard deviation and categorical variables were given as frequency and percentage. The Chi-square test and Fisher's exact test were used to compare the categorical data between the groups and genders. Compliance with normal distribution was determined by the Kolmogorov-Smirnov test and Mann-Whitney U test was used for non-normally distributed variables. Linear regression analysis, binary logistic regression analysis and Spearman correlation analysis were used. A p value of less than 0.05 was set as statistical significance.

RESULTS

Sociodemographic, Training, and Psychometric Scale Characteristics of Nurses

Thirty-two nurses (22 females (68.80%), 10 males (31.20%)) were included in the study. Mean age was 37.53±6.57 years (minimum 29 years, maximum 54 years; 25th 32.00 years; median 37.00 years; 75th 43.00 years). Twenty-nine nurses (90.60%) were university graduates, while three nurses (9.40%) were high school graduates. Nursing duration was 15.37±7.55 years (minimum 6 years, maximum 36 years; 25th 10.00 years; median 14.00 years; 75th 20.00 years); mean working duration in the psychiatric inpatient unit was 5.31±2.71 years (minimum 1 years, maximum 14 years; 25th 3.00 years; median 5.00 years; 75th 6.75 years); mean working duration in HSFPU was 4.37±1.66 years (minimum 1 years, maximum 7 years; 25th 3.00 years; median 5.00 years; 75th 6.00 years). There was only one male nurse (3.10%) with a master's degree in psychiatric nursing. There were no nurses with a master's degree in forensic psychiatric nursing. While four nurses (12.50%) were working in day shift, 28 nurses (87.50%) were working in night shift. There were no nurses with first-degree relatives who had a severe mental disorder (SMD). There were three nurses (9.40%) with second-degree relatives who had a SMD. In total (n=32), NAFPPS total was determined as 64.56±11.82 (minimum 44.00, maximum 86.00; 25th 55.00; median 60.00; 75th 77.25), NAFPPS social distance as 8.68±3.49 (minimum 4.00, maximum 15.00; 25th 6.00; median 8.00; 75th 12.00), NAFPPS willingness to provide care as 24.65±5.03 (minimum 16.00, maximum 35.00; 25th 21.00; median 24.00; 75th 28.75), NAFPPS trust as 16.12±4.10 (minimum 10.00, maximum 22.00; 25th 12.00; median 16.00; 75th 20.00) and NAFPPS feeling threatened as 15.09±2.17 (minimum 10.00, maximum 21.00; 25th 14.00; median 14.00; 75th 16.00) (Table 1).

Table 1. Sociodemographic, training, and psychometric scale characteristics of nurses

Parameters	Female (n=22) mean±SD (mean rank) & n	Male (n=10) mean±SD & n	p
Age (years)	38.63±6.10 (18.50)	35.10±7.23 (12.10)	0.199[a]
Education (university/high school)	21/1	8/2	0.164[b]
Nursing duration (years)	16.90±6.73 (18.89)	12.00±8.51 (11.25)	0.129[a]
Working duration in the psychiatry (years)	5.13±3.02 (15.61)	5.70±1.94 (18.45)	0.533[a]
Working duration in the HSFPU (years)	4.09±1.84 (15.20)	5.00±0.94 (19.35)	0.076[a]
Shift (day shift/night shift)	4/18	0/10	0.149[b]
Second-degree relatives with SMD (yes/no)	1/21	2/8	0.164[b]
NAFPPS total	63.13±12.39 (15.18)	67.70±10.34 (19.40)	0.290[a]
NAFPPS social distance	8.04±3.53 (14.70)	10.10±3.10 (20.45)	0.113[a]
NAFPPS willingness to provide care	24.40±5.52 (15.80)	25.20±3.96 (18.05)	0.650[a]
NAFPPS trust	15.40±4.22 (14.82)	17.70±3.49 (20.20)	0.123[a]
NAFPPS feeling threatened	15.27±2.07 (16.75)	14.70±2.45 (15.95)	0.531[a]

*p<0.05; Mann-Whitney U testa and Fisher's exact testb were used in statistical analysis; SD: standard deviation, HSFPU: high security forensic psychiatry unit, SMD: severe mental disorder, NAFPPS: nurses' attitudes towards forensic psychiatric patients scale

Nurses' Experiences and Attitudes on HSFPU Processes and Procedures

There were 25 nurses (78.10%) with sufficient knowledge regarding CCP 74, 27 nurses (84.40%) with sufficient knowledge regarding PCT 57, 22 nurses (68.80%) with sufficient knowledge regarding PCT 32, and 12 nurses (37.50%) with sufficient knowledge regarding TCC 432-437.

All of the nurses accompanied the psychiatrists on visits. All of the nurses were familiar with the forensic hospitalization processes of the cases. However, 14 nurses (43.80%) did not routinely learn the psychiatric diagnosis of the case during nursing care.

There were 20 nurses (62.50%) who thought that the nurse-to-patient ratio was adequate. There was only one female nurse who was not happy working at HSFPU (Table 2).

Table 2. Experiences and attitudes of nurses on HSFPU processes and procedures

Parameters	Female (n=22)	Male (n=10)	p
Is the nurse-to-patient ratio adequate? (yes/no)	14/8	6/4	0.844[a]
Sufficient knowledge regarding CCP 74 (yes/no)	15/7	10/0	0.044*[a]
Sufficient knowledge regarding PCT 57 (yes/no)	17/5	10/0	0.101[a]
Sufficient knowledge regarding PCT 32 (yes/no)	14/8	8/2	0.355[a]

*p<0.05, Fisher's exact testa were used in statistical analysis; HSFPU: high security forensic psychiatry unit, SD: standard deviation, CCP: code of criminal procedure, PCT: penal code of Türkiye

Nurses' Experiences and Attitudes Regarding Psychiatric Conditions, Disorders, and Treatments

The psychiatric diagnosis that caused the most difficulties in nursing care was schizophrenia spectrum disorder for 11 nurses (34.40%) and bipolar spectrum disorder for seven nurses (21.9%). The psychiatric disorder that the 20 nurses (62.50%) had the most experience in nursing care was bipolar spectrum disorder. The most common psychiatric disorder accompanying insomnia was bipolar spectrum disorder for 16 nurses (50.00%) and schizophrenia spectrum disorder for 10 nurses (31.30%). The most common psychiatric disorder accompanying agitation was schizophrenia spectrum disorder for 13 nurses (40.60%) and bipolar spectrum disorder for eight nurses (25.00%). Based on nursing observations, the most easily predicted psychiatric disorder diagnosis was bipolar spectrum disorder for 14 nurses (43.80%) and schizophrenia spectrum disorder for eight nurses (25.00%). Based on nursing observations, the most difficult psychiatric disorder diagnosis to predict was schizophrenia spectrum disorder for 20 nurses (62.50%). The illicit substance that caused the most difficulty in nursing care was methamphetamine for 19 nurses (59.40%). There were 25 nurses (78.10%) with experience in nursing care of methamphetamine psychosis. Twenty-six nurses (81.30%) did not know what extrapyramidal system side effects meant. Twenty-eight nurses (87.50%) knew what delusion meant, while all of the nurses (100.00%) had sufficient knowledge about hallucination. Eleven nurses (34.40%) did not know what hypomania/mania meant. Twenty-three nurses (71.90%) thought that antidepressants caused addiction. The most common antidepressant side effect experienced by ten nurses (31.30%) was sedation. All nurses (n=32) knew that benzodiazepines cause addiction. Thirty-one nurses (96.90%) thought that antisocial and borderline personality traits made nursing care difficult. All nurses (n=32) had experience of restricting agitated patients, administering haloperidol, biperiden, chlorpromazine, zuclopenthixol acuphase, zuclopenthixol depot intramuscularly. All nurses (n=32) thought that patients with suicide and homicide phenomena should be closely monitored. Four of the nurses (12.50%) had experience of life-threatening psychiatric conditions (such as neuroleptic malignant syndrome, malignant catatonia) (Table 3 and 4).

The sociodemographic characteristics, attitudes and experiences of nurses who thought the nurse-to-patient ratio was adequate and those who did not were similar (p>0.05).

The sociodemographic characteristics, attitudes and experiences of nurses with and without sufficient knowledge regarding PCT 32 were compared. Those with sufficient knowledge of PCT 32 had higher working duration in the psychiatry (p=0.001) and working duration in the HSFPU (p=0.002). Those who did not have sufficient knowledge regarding PCT 32 also did not have sufficient knowledge regarding CCP 74 (p=0.001), PCT 57 (p=0.001), and purpose of biperiden use (p=0.010). Those who did not have sufficient knowledge about PCT 32 (p=0.005) and mania/hypomania (p=0.017) were not willing to learn the psychiatric diagnoses of the cases they care for. Nursing duration was higher in those with experience in delirium nursing care (p=0.023).

The correlation between various variables was examined by controlling the effect of age. No significant correlation was found between nursing duration, working duration in psychiatry, working duration in HSFPU and NAFPPS total and subscales (p>0.05).

According to linear regression analysis, working duration in HFSPU predicts NAFPPS willingness to provide care (R=0.367, R square=0.134, Durbin-Watson=1.216, F=4.660, 95.0% CI=14.873-24.705; constant p<0.001; working duration in HFSPU p=0.039).

According to binary logistic regression analysis, NAFPPS willingness to provide care predicts routine learning of psychiatric diagnosis in nursing care (Beginning block, -2 log-likelihood=43.860[a], overall p=0.025; Block one, -2 log-likelihood=38.380[a]; Cox & Snell R^2=0.157; Nagelkerke R^2 0.211; Hosmer and Lemeshow Test p=0.297, constant p=0.048, NAFPPS willingness to provide care p=0.037).

The parameters that can be used to predict having sufficient knowledge about PCT 32 were examined using binary logical regression analysis. The significant variables were examined one by one using binary logistic regression analysis. After various modelling, a model was created using 'routine learning of psychiatric diagnosis in nursing care' and 'working duration in HFSPU' (Beginning block,

-2 log-likelihood=39.760[a], overall p=0.001; Block one, -2 log-likelihood=23.709[a]; Cox & Snell R^2=0.394; Nagelkerke R^2 0.554; Hosmer and Lemeshow Test p=0.485, constant p=0.079). The 'routine learning of psychiatric diagnosis in nursing care (p=0.023)' and 'working duration in HFSPU (p=0.018)' contributed significantly to the model.

Table 3. Experiences and attitudes of nurses regarding psychiatric disorders and conditions

Parameters	Female (n=22)	Male (n=10)	p
The most difficult psychiatric diagnosis for nursing care (bipolar spectrum disorder/ schizophrenia spectrum disorder/intellectual disability/personality disorder/substance use disorder)	3/8/5/4/2	4/3/1/0/2	0.255[a]
Having much experience in nursing care (bipolar spectrum disorder/schizophrenia spectrum disorder/intellectual disability/ substance use disorder)	14/5/1/2	6/3/1/0	0.706[a]
The most common psychiatric disorder accompanying insomnia (bipolar spectrum disorder/schizophrenia spectrum disorder/ personality disorder/substance use disorder/anxiety spectrum disorder/depression spectrum disorder)	10/8/0/2/1/1	6/2/1/1/0/0	0.550[a]
The most common psychiatric disorder accompanying agitation (bipolar spectrum disorder/schizophrenia spectrum disorder/personality disorder/substance use disorder)	6/10/3/3	2/3/1/4	0.422[a]
The most easily predicted psychiatric disorder (bipolar spectrum disorder/ schizophrenia spectrum disorder/anxiety spectrum disorder/intellectual disability/ personality disorder/substance use disorder)	10/6/1/3/0/2	4/2/0/3/1/0	0.449[a]
The most difficult psychiatric disorder to predict (bipolar spectrum disorder/ schizophrenia spectrum disorder/anxiety spectrum disorder/ personality disorder/ substance use disorder)	1/13/1/3/2	1/7/0/2/0	0.714[a]
The most difficult illicit substance for nursing care (no experience/methamphetamine/ cannabis/heroin)	7/11/2/2	2/8/0/0	0.362[a]
Experience in nursing care of methamphetamine-induced psychotic disorder (yes/no)	16/6	9/1	0.273[a]
Sufficient knowledge regarding delusion (yes/no)	18/4	10/0	0.149[a]
Sufficient knowledge regarding mania/hypomania (yes/no)	15/7	6/4	0.652[a]
Experience of nursing care of delirium (yes/no)	15/7	3/7	0.044*[a]

*p<0.05, Fisher's exact testa were used in statistical analysis

Table 4. Experiences and attitudes of nurses regarding psychotropic medications and side effects

Parameters	Female (n=22)	Male (n=10)	p
Sufficient knowledge regarding EPS side effect (yes/no)	5/17	1/9	0.393
Most frequent EPS side effect experience (no experience/tardive dyskinesia/ akathisia/dystonia)	17/2/2/1	9/0/0/1	0.516
Do antidepressants cause addiction? (yes/no)	18/4	5/5	0.064
The most common psychotropic side effect according to nurses' observations (sedation/constipation/nausea/dry mouth/sialorrhea/dystonia/palpitations/tremor)	7/0/1/6/4/2/1/1	3/4/0/1/0/1/1/0	0.077
Sufficient knowledge regarding the purpose of use of biperiden (yes/no)	12/10	8/2	0.168
It is recommended that the first dose of PP1M be administered to the deltoid muscle, and the second dose on day eight. Did you know this? (I have administration experience and I knew it/I have administration experience but I didn't know it)	3/19	0/10	0.220
PP3M needs to be shaken for 15 seconds before administration. Did you know this? (I don't have any administration experience/I have administration experience and I knew it/I have administration experience but I didn't know it)	19/2/1	9/1/0	0.790

*p<0.05, Fisher's exact testa were used in statistical analysis; EPS: extrapyramidal system; PP1M: paliperidone palmitate once-monthly injection; PP3M: paliperidone palmitate three-monthly injection

DISCUSSION

This study examined the experiences and attitudes of nurses working in a HSFPU regarding psychiatric disorders, treatment, and judicial procedures, and yielded important findings. It was shown that the nurses' knowledge of judicial procedures (e.g., CCP 74, PCT 57, PCT 32, TCC 432-437), psychiatric terminology, and psychotropic medications was not at the desired level. It was determined that the nurses' experiences regarding psychiatric disorders were consistent with the HSFPU characteristics. It was also concluded that the nurses' attitudes and experiences were not generally related to gender.

In Türkiye, hospitalizations under TCC 432-437 are mostly carried out in centres such as mental health hospitals (6). However, in rare cases where observation is carried out under CCP 74 and a PCT 57 decision is applied to the court, hospitalization may be required until the PCT 57 decision is reached (1). These hospitalizations are carried out involuntarily under TCC 432-437 (6). In other words, hospitalizations under TCC 432-437 are relatively rare in HSFPUs. It is thought that this is the most important reason why nurses are less familiar with the concept of TCC 432-437 compared to other judicial procedures including CCP 74, PCT 57, and PCT 32. It is also a striking finding that approximately one-fourth of the nurses do not have knowledge of CCP 74, PCT 57, and PCT 32 despite working in an HSFPU. The parameters associated with having sufficient knowledge about judicial processes were also investigated in this study. Those who had sufficient knowledge about PCT 32 were found to have longer working duration in psychiatry and HSFPU. Those who did not have sufficient knowledge regarding judicial processes and mania/hypomania were not willing to learn the psychiatric diagnoses of the cases.

Mood disorders and psychotic disorders are among the psychiatric disorders most frequently hospitalized in HSFPUs due to involvement in crime (7). In the study conducted by Yıldız et al. (7) in the same clinic as this present study, Elazığ Fethi Sekin City Hospital HSFPU, between May 15, 2021 and June 30, 2021, it was shown that 61.8% of the cases were in the psychotic disorder spectrum, and 30.9% were in the mood disorder spectrum. Again, in the study by Kazgan-Kılıçaslan et al. (8), who examined the data of the same unit, Elazığ Fethi Sekin City Hospital HSFPU, between September 20, 2021 and October 20, 2021, it was shown that 45.3% of the cases were in the psychotic disorder spectrum, and 44.4% were in the mood disorder spectrum. It is seen that psychiatric disorder diagnoses other than mood disorders and psychotic disorders are relatively rare (~10.0%) and inpatient profile is also clearly reflected in the attitudes and experiences of the nurses. It was determined that the psychiatric disorders that the nurses have the most nursing care experience are bipolar spectrum disorder and schizophrenia spectrum disorder. Again, it was shown that the psychiatric disorders that nurses have the most difficulty in nursing care are these disorders. Half of the nurses stated that the psychiatric disorder in which insomnia is most common is bipolar spectrum disorder. Indeed, insomnia constitutes one of the diagnostic criteria in manic and hypomanic episodes of bipolar disorder (9). It is also seen that the nurses' experiences on agitation are consistent with the literature. Agitation is common in schizophrenia and bipolar spectrum disorders and disrupts the patient's treatment compliance (10). The nurses reported that they more easily predict the diagnosis of bipolar spectrum disorder, while it is more difficult to predict the diagnosis of schizophrenia spectrum disorder. Psychomotor agitation, insomnia, inflated self-esteem, grandiosity, increased amount of speech, laxity in associations, goal-directed activity, distractibility, and excessive involvement in activities probably make it easier to predict bipolar spectrum disorders. Negative symptoms in schizophrenia spectrum disorders including slow movement, lack of motivation, poor grooming, difficulty planning, reduced range of emotions, and becoming withdrawn make diagnostic prediction difficult (9). The increasing use of methamphetamine all over the world in recent years is also reflected in our findings. According to the 2023 World Drug Report, 36 million of the 296 million drug users in 2021 were methamphetamine users (11). It is known that approximately 40% of methamphetamine users have psychotic symptoms. These psychotic symptoms may be transient or permanent. Psychotic disorders due to methamphetamine use are associated with increased aggression (12,13). The judicial processes of these cases, who tend to violence and engage in crime, are also carried out in HSFPUs. This results in nurses encountering more users of methamphetamine than other illicit substances. Four out of five nurses included in this study had been involved in the nursing care of a patient diagnosed with methamphetamine-related psychotic disorder at least once, and three out of five reported that the substance they had the most problems with in nursing care was methamphetamine.

Nurses' command of psychiatric terminology and conditions is also one of the subjects of this study. It was observed that all nurses had sufficient knowledge about hallucination. It was thought that the widespread use of the concept of hallucination in the normal population was related to this result. Although bipolar spectrum disorder is one of the most frequently followed psychiatric disorders in HSFPUs, it was determined that the nurses' knowledge about mania/hypomania was not sufficient. Another important finding of this study was that two-thirds of the nurses thought that antidepressants caused addiction. It was observed that nurses had good experience with intramuscular injections, which are frequently used in psychiatry practice. In the study conducted by Baysan-Arabacı and Çam (3) on nurses working in psychiatry inpatient units, the NAFPPS total score was reported as 69.07±12.46. In this sense, the NAFPPS scores determined in this present study were found to be consistent with the data in the literature.

Additionally, a significant relationship was found between NAFPPS willingness to provide care and 'routine learning of psychiatric diagnosis in nursing care' and working duration in HFSPU.

In health services, individuals who do not have serious medical problems, exhibit nonspecific complaints and psychosomatic symptoms, are coercive, demanding, aggressive, and seek secondary gains are defined as 'difficult', 'heart sink', or 'hateful' patients. Antisocial and borderline personality traits are the most frequently detected personality patterns in these patients (14). The nurses who participated in this study also stated that antisocial and borderline personality traits made the process difficult during nursing care.

As of 2021, there are six HSFPUs in the provinces of Adana, Kayseri, Elazığ, Eskişehir, Bursa, and Ankara (1). The exact number of nurses working in these units is not known, but based on the number of nurses working in Elazığ Fethi Sekin City Hospital HSFPU, it is estimated to be around 250-300. The most important strength of this study is that it has examined for the first time the approaches of nurses working in HSFPUs regarding forensic cases, psychiatric disorders and conditions, psychotropic medications, and side effects. The limitation of this study is that it has addressed only one of the six HSFPUs. Its cross-sectional nature is another limitation. Longitudinal studies with larger samples are needed. Studies with larger samples may increase the generalizability of the results.

CONCLUSION

This study has demonstrated that nurses' knowledge and experience levels regarding psychiatric treatment practices are quite good, but not at the desired level regarding forensic and psychiatric terminology. It is suggested that the necessary progress will be made in this regard through in-service training in psychiatry. It is anticipated that the cooperation of units such as psychiatric nursing, forensic psychiatric nursing, psychiatry, psychology, and social services will maximize the benefit to be obtained from these in-service trainings.

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