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# Understanding the Consumers' Experiences of Safewards: A Qualitative Exploratory Study

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## ABSTRACT

Safewards is a model and set of interventions with demonstrated effectiveness in reducing conflict and containment which are associated with negative consumer experiences within inpatient mental health settings. Safewards has been widely adopted internationally as a way of enhancing safety and reducing restrictive practices. Despite this, consumers' experiences of Safewards and its effect on their personal safety are less understood and therefore require further exploration. This qualitative exploratory study sought to explore consumers' experiences of Safewards in acute inpatient mental health units. The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was used for reporting purposes. Fifteen consumers across two sites participated in semi-structured focus groups. Thematic analysis generated four themes: (1) engaging consumers in Safewards, (2) consumers supporting each other, (3) interacting and communicating and (4) access, availability and expectations. Participants expressed positive views about Safewards and wanted to be more involved in its day-to-day application. Enhanced consumer involvement in Safewards was associated with improved safety and wellbeing for consumers within acute inpatient mental health units. These findings have the potential to influence practice towards improving the consumers experience of Safewards. This requires an exploration of ways to harness informal consumer supports, recognising that consumers need to spend meaningful time with nurses to feel safe and acknowledging that all forms of restrictive practice have an impact on consumers within acute inpatient environments.

## 1 | Introduction

Consumers' experiences of acute inpatient mental health units can be traumatic (Cutcliffe et al. 2015; Cutler et al. 2020; Schmidt and Uman 2020). In response, models of care such as Safewards have been established to improve the level of safety within these environments (Bowers 2014; Dickens et al. 2020; Fletcher et al. 2017). The evidence for Safewards consists of demonstrated effectiveness in reducing restrictive practices such as seclusion and restraint, and in reducing conflict events (Dickens et al. 2020; Fletcher et al. 2017). However, there is a significant gap in the literature about the consumers' experiences of Safewards (Mullen et al. 2022). Therefore, further exploration of how Safewards interventions impact on consumers' experiences within acute inpatient mental health units is required (Kennedy et al. 2019; Mullen et al. 2022).

## 2 | Background

Safewards is a model with six 'originating domains', highlighting factors that contribute to safety and conflict within acute

inpatient mental health settings (Bowers 2014). These originating domains link to the 10 Safewards interventions aimed at addressing conflict, improving safety and reducing restrictive practices (Bowers 2014); see Tables 1 and 2. The effectiveness of Safewards has been demonstrated through reductions in conflict events (Bowers et al. 2015; Dickens et al. 2020) and restrictive practices, also referred to as containment measures (Mullen et al. 2022; Ward-Stockham et al. 2022), including seclusion (Bowers et al. 2015; Fletcher et al. 2017), restraint (Lickiewicz et al. 2021) and forced sedation (Stensgaard et al. 2018).

Safewards has demonstrated improvements in the unit atmosphere relating to how consumers interact and experience safety (Cabral and Carthy 2017). Safewards was also able to refocus practice towards personal recovery through improvements to the 'therapeutic milieu' (Cabral and Carthy 2017), and help consumers feel safer, more connected and more positive about their hospitalisation (Fletcher, Buchanan-Hagen, et al. 2019). While these are desirable outcomes, a deeper exploration of consumer's experiences of Safewards interventions is required (Kennedy et al. 2019; Mullen et al. 2022) to provide further insights into the potential for Safewards to improve personal safety and mitigate traumatic experiences (Cutcliffe et al. 2015; Cutler et al. 2020; Fletcher, Buchanan-Hagen, et al. 2019; Schmidt and Uman 2020).

One qualitative study has highlighted the strong influence nurses have on consumers' experiences of safety (Cutler et al. 2020). Through individual interviews, consumer participants were asked about the meaning of safety within acute inpatient units. Consumers reported that having nurses physically present, responsive and caring, and who spend time listening helped them feel safe (Cutler et al. 2021). Similarly, consumer participants in another qualitative study described a predictable and supportive environment and good communication from nurses as helpful for feeling safe (Pelto-Piri et al. 2019). Witnessing unpleasant events and feeling powerless due to actual or perceived hierarchical structures adversely impacted their safety (Bjorkdahl et al. 2024). Therefore, more understanding of how Safewards interventions may facilitate these imperatives outlined in the literature is required (Kennedy et al. 2019; Mullen et al. 2022).

Evidence to date suggests consumers feel safer when nurses engage therapeutically (Harrington et al. 2019; Pelto-Piri et al. 2019), and the quality of these interactions are pivotal (Cutler et al. 2020).

**TABLE 1** | Safewards interventions.

| Intervention | Description | Purpose |
|---|---|---|
| Mutual help meeting | Patients offer and receive mutual help and support through a daily, shared meeting | Strengthens patient community, opportunity to give and receive help |
| Know each other | Patients and staff share some personal interests and ideas with each other, displayed in unit common areas | Builds rapport, connection and sense of common humanity |
| Clear mutual expectations | Patients and staff work together to create mutually agreed aspirations that apply to both groups equally | Counters some power imbalances, creates a stronger sense of shared community |
| Calm down methods[a] | Staff support patients to draw on their strengths and use/learn coping skills before the use of PRN medication or containment | Strengthen patient confidence and skills to cope with distress |
| Discharge messages | Before discharge, patients leave messages of hope for other patients on a display in the unit | Strengthens patient community, generates hope |
| Soft words | Staff take great care with their tone and use of collaborative language. Staff reduce the limits faced by patients, create flexible options and use respect if limit setting is unavoidable | Reduces a common flashpoint. Builds respect, choice and dignity |
| Talk down[b] | De-escalation process focuses on clarifying issues and finding solutions together. Staff maintain self-control, respect and empathy | Increases respect, collaboration and mutually positive outcomes |
| Positive words | Staff say something positive in handover about each patient. Staff use psychological explanations to describe challenging actions | Increases positive appreciation and helpful information for colleagues to work with patients |
| Bad news mitigation | Staff understand, proactively plan for and mitigate the effects of bad news received by patients | Reduces impact of common flashpoints, offers extra support |
| Reassurance | Staff touch base with every patient after every conflict on the unit and debrief as required | Reduces a common flashpoint, increases patients' sense of safety and security |

From: Fletcher, Hamilton, et al. (2019) page 3.
[a]Referred to as calming methods.
[b]Referred to as talk through.

**TABLE 2** | Safewards: six originating domains.

| Domain | Description |
|---|---|
| Patient community | Highlights the importance of interactions and relationships formed between consumers and how this can translate into support |
| Patient characteristics | Refers to individual characteristics of patients that may influence safety |
| Staff team | Recognises the influence of staff on conflict and safety and communication styles. Inconsistencies or practice variations or a breakdown of team work can lead to conflict and threaten safety |
| Outside hospital | Considers stressors relating to home or family and the impact on conflict and safety |
| Regulatory framework | The impact of restrictions such as enforced detention on conflict and safety is acknowledged |
| Physical environment | Acknowledges the impact of physical structures and aesthetics on conflict and safety |

*Note:* Bowers (2014).

Enhanced consumer safety also aligns with recovery-oriented (Solomon, Sutton, and McKenna 2021) and trauma-informed practice (Isobel et al. 2021), two important evidence-based approaches within contemporary mental health service provision (Lakeman et al. 2023; Lorien, Blunden, and Madsen 2020; Santangelo, Procter, and Fassett 2018; Wilson et al. 2021). Recovery-oriented and trauma-informed practice share Safewards' goal to minimise retraumatising experiences arising through conflict (Bowers 2014; Isobel et al. 2021; Mullen et al. 2022). However, there is currently limited literature that links these evidence-based approaches, both of which are critical in reducing restrictive practices, to the consumer's experiences of Safewards interventions (Isobel et al. 2021; Kennedy et al. 2019; Mullen et al. 2022).

### 2.1 | Aims

The aims of this study are to explore the consumers' experience of Safewards within acute inpatient mental health units. This will enhance understanding of how Safewards can meet consumers' needs and mitigate traumatic experiences within these settings, as identified in the literature.

## 3 | Method

### 3.1 | Study Design

This study used a qualitative exploratory method which is particularly suited to exploring how people feel and experience particular situations where little is known about the research topic (Colorafi and Evans 2016; Ewart et al. 2016). An exploratory qualitative method also enables participants to freely express their views without being bound by a particular conceptual framework of enquiry, resulting in a more natural perception of experiences (Colorafi and Evans 2016; Hunter, McCallum, and Howes 2019). A partnership with a consumer advisor was also established across all stages of the study design and procedure, including data collection, analysis and interpretation of findings (Byrne, Stratford, and Davidson 2018). This ensured active consumer involvement, as well as assisting consumer participants to feel more comfortable about sharing their experiences within the focus groups.

### 3.2 | Setting

This study was conducted in two public and regionally located adult acute inpatient mental health units in Australia, Victoria and New South Wales. Both units were adjoined to other inpatient mental health units located within a general hospital. One unit consisted of 22 beds, the other 35 beds. Staffing consisted of between 3 and 10 nurses rostered per shift. Both units had adopted Safewards with one unit commencing in 2015, the other in 2018. Staff at each site had received recent face-to-face training in Safewards. The units were identified through professional networking, conference presentations, service information literature, websites or other publications.

In preparation for this study, key leadership staff at each site approved a site visit by the first author to confirm current Safewards activity. A formal fidelity assessment was not conducted. Formalised Safewards fidelity tools have been used in previous studies (Bowers et al. 2015). However, limitations in the validity of such measures led the authors to use a narrative-based approach to establishing fidelity (Mullen et al. 2022; Pelto-Piri et al. 2024). These site visits confirmed the use of a range of displays aligned with Safewards interventions visible to consumers in each unit, including clear and mutual expectations (CME), discharge messages (DM), talk through (TT), know each other (KEO) and soft Words (SW). Calming methods (CM) was provided in both units and the first author attended mutual help meetings (MHMs) within both units. Verbal examples of communication between staff based on Safewards interventions such as positive words (PW), bad news mitigation (BNM) and reassurance (R) were also apparent across a number of staff handover meetings attended by the first author in both units.

### 3.3 | Participants and Recruitment

#### 3.3.1 | Recruitment

The first author met with key leadership staff from each unit to gain support for the study and determine a process for participant recruitment. Flyers with study information about the study to inform potential participants were made available at each site. Unit staff introduced the study to potential participants. The first and fourth author approached and invited those consumers who expressed interest to unit staff. Participant information sheets were provided and the voluntary nature of participation was explained before obtaining written consent and arranging the focus groups.

#### 3.3.2 | Ethics

Ethics approval was granted for this study by the relevant ethics committees governing the two study sites prior to undertaking site visits.

## 4 | Procedure

### 4.1 | Semi-Structured Focus Groups

Focus groups were selected as the preferred method of data collection to enable participants to freely express their views and convey their own experiences within a group setting (Adler, Salanterä, and Zumstein-Shaha 2019; Belzile and Öberg 2012). This results in a more involved discussion that can evoke the immediate opinions of all participants and reveal issues that may not have otherwise surfaced (Adler, Salanterä, and Zumstein-Shaha 2019; Belzile and Öberg 2012; Tausch and Menold 2016). A facilitators guide was co-developed with the consumer advisor for the focus groups consisting of open ended questions aimed at eliciting participant experiences of Safewards. This guide served as a prompt for facilitators and allows a high degree of reflexivity as facilitators responded specifically to what participants were saying; see Appendix S1. Focus groups were conducted by an experienced mental health nurse and PhD candidate, and a consumer advisor with mental health lived experience. The involvement of a consumer advisor to co-facilitate the interviews assisted to build rapport with participants (Happell et al. 2016). The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was used for reporting purposes (Tong, Sainsbury, and Craig 2007). A description of the focus groups is provided in Table 3.

### 4.2 | Data Analysis

Data from the audio recordings were professionally transcribed. The first and last authors used Braun and Clark's (2022) six-step method of thematic analysis to independently analyse data. Braun and Clark's (2022) six-step method is considered an appropriate method of analysis to use within an exploratory qualitative method (Hunter, McCallum, and Howes 2019). Audio recordings and 180 pages of transcript were repeatedly reviewed to gain familiarity (Step 1). NVIVO was used to assist in organising codes and initial themes (Step 2). Codes were collated and reviewed in an iterative process to identify similarities and collate them into emerging themes (Step 3). These themes were further reviewed against the coding by both authors with any discrepancies resolved via negotiation (Step 4). Further analysis was conducted to refine and name the final themes before being confirmed by the research team via a process of consultation (Step 5) (Braun and Clark 2022).

In reporting the results, participant quotes will be identified through the use of abbreviations: For example, Focus Group 1, Participant 1 will be stated as FG1P1.

**TABLE 3** | Description of focus groups.

| Focus group | Participants | Duration |
|---|---|---|
| 1 | 4 | 67 min |
| 2 | 3 | 52 min |
| 3 | 3 | 58 min |
| 4 | 4 | 52 min |
| 5 | 3 | 47 min |
| Total participants | 18 | |

*Note:* No demographic information was collected from participants.

## 5 | Results

Results are summarised into four main themes: (1) engaging consumers in Safewards, (2) consumers supporting each other, (3) access, availability and expectations and (4) interacting and communicating. The four themes are presented below without interpretation or conceptualisation as consistent with a qualitative exploratory research design (Hunter, McCallum, and Howes 2019; Smith and Wu 2012).

### 5.1 | Theme 1: Engaging Consumers in Safewards

Some participants reported that they had attended the mutual help meeting (MHM) and read messages on the discharge messages tree (DM) but were not necessarily familiar with the concepts behind them. Similarly, some participants were unaware of the intention of know each other (KEO) or had no opportunity to complete a profile. One consumer reflected on the benefits of staff KEO profiles with the following comment:

> ... gives you a little bit of a mutual...understanding of each other...it breaks down that barrier. They're not just that person that's going to medicate you and tell you what to do....
>
> FG2P2

Participants believed the profile of Safewards could be improved and more consumer involvement would be welcomed. It was thought a formal orientation upon admission would allow consumers to derive more benefit:

> I really think any information pack when you come in here...this is what our facility has to offer...you see the tree...of encouragement to show you people's experiences here.
>
> FG2P2

CM was known to most participants. The equipment was usually locked in the office or within a cupboard visible to consumers within the unit, which did pose some challenges for accessing the equipment. Participants understood that CM was a strategy for self-soothing and agreed that it was highly beneficial for managing distress and conflict:

> I like it because I like to fidget...I was using a fidget cube yesterday because just the repetitive movements...are self-soothing.
>
> FG1P1

### 5.2 | Theme 2: Consumers Supporting Each Other

Participants described how consumers provide strong support for one another despite this not always being encouraged by staff:

> I suppose they don't encourage you to mingle together because everybody's got problems here...but maybe they (consumers) relate to each other in a different way.
>
> FG2P3

Consumers provided emotional support to one another through a shared understanding of similar experiences. This support was different to what staff may offer, because of the added insight:

> ...you get that support from others...you can somewhat relate to...being around people and talking to people makes me feel safe.
>
> FG1P1

and

> I think it's fantastic...how we all come together and support one another...It's comforting to have that because it is quite a daunting place to come....
>
> FG2P2

Participants described the MHM as helpful in bringing people together, sharing experiences and facilitating a sense of community:

> ...for me, it's always been a steady way...of...getting to know the patients....
>
> FG1P4

However, the MHM was regarded as not suiting everyone and was not the only way consumers supported each other:

> It depends on the people...if I went to one of the meetings, I'd probably be uncomfortable because I don't want the attention.
>
> FG1P1

Although experiences of KEO varied, participants believed it could build connections and trust between staff and consumers. Differing views were expressed about its impact on safety, however personal connections were considered important in reducing conflict:

> ...it would make me feel like I've got somewhat of...a human (connection)...having connections is nice...I feel like connection can have some relevance to safety....
>
> FG1P1

Participants felt that reading uplifting messages on the DM tree was encouraging and promoted safety:

> ...I've only read maybe six or seven...and half of them were beautiful, made sense for me. It was inspiring...I think it's a very positive thing....
>
> FG3P3

It was suggested that messaging within DM could be broadened to encourage anyone to place a message at any time. Some participants also noted the therapeutic benefit of writing a message in itself:

> Because you're getting stronger...its maybe a way of feeling that I'm getting stronger by writing...I got drawn to the tree and I'm like, wow, that's great....
>
> FG2P1

Overall the consumer's clearly valued the mutual support that occurred as a result of Safewards interventions. There was also a significant degree of support that occurred between consumers beyond what was provided from these interventions.

### 5.3 | Theme 3: Interacting and Communicating

Participants described the approach of nurses as pivotal to their experience. This theme focused on the importance of respectful communication and being treated with kindness and compassion. The tone and language used, and genuine listening, were also identified as important:

> ... not speaking to you in a respectful way....doesn't make you feel safe and it doesn't make you feel like you can open up and talk to people. Someone that's respectful and is listening to you...you feel listened to...you feel heard.
>
> FG1P1

Participants also appreciated positive language that identified their strengths and abilities, rather than always focusing on the problems and issues. This could improve engagement and connection between consumers and staff, and minimise stigma:

> ...if you've got people that are commenting on things that are good about you, that helps you feel better about yourself...it makes me feel safe because you've got someone saying nice things about you.
>
> FG1P1

Participants conveyed that interactions can sometimes feel quite superficial, task based and risk focused. Interactions that

facilitated a personal connection beyond completion of a clinical task were helpful for feeling safe:

> ...some people take it too clinically...it's operational... watching and observing...you're observing them rather than being a real person to them....
>
> FG2P3

Communicating in a flexible and respectful manner was also considered important, particularly relating to restrictions or handling requests. Some participants felt overwhelmed by the restrictions and thought that this could be mitigated by the approach taken by staff. One participant made recommendations about the role of clear communication and ensuring a personable approach to de-emphasise power differentials and reduce potential conflict:

> ...the key thing in communication and relating with each other...I think is a huge key that can help resolve conflict very quickly.
>
> PG3P3

In relation to BNM, participants emphasised the importance of handling bad news with understanding and compassion in order to feel safe and supported:

> If you've got someone that is willing to be compassionate and somewhat understanding, it's very helpful. It makes you feel...like safe and welcome.
>
> FG1P1

Participants agreed that reassurance following an incident in the unit helped them feel safe and could mitigate further distress. Some participants reported positive experiences of being provided reassurance. One participant reflected on their experience of witnessing an incident and the impact this can have:

> it's a negative experience...it can trigger experiences like memories that are negative. It's like you're in a negative headspace when you're trying to get better and someone's not checking on you to make sure that you're somewhat okay, it's not nice.
>
> FG1P1

Some participants also appealed to staff to avoid normalising or dismissing incidents with other consumers, when providing reassurance and that this was important in helping consumers feel safe. For example, one participant felt dismissed and invalidated by the response of a nurse following an incident with another consumer:

> ...I had an incident, and I told a nurse that I was uncomfortable...I was met with 'he's just not well', it's like I understand that he's not well, but I feel uncomfortable and it's kind of your priority to make sure people feel safe in here. But I was just met with he's just not well. It's like that's the whole reason why we're all in here... because we're not well.
>
> FG1P1

Nurses communicating with respect, kindness and compassion helped consumers feel comfortable and safe. A disrespectful or dismissive response was regarded as humiliating and potentially triggering, particularly for those with a history of trauma. This provides useful insights into the importance of respectful communication and how it links with consumer safety.

### 5.4 | Theme 4: Access, Availability and Expectations

When asked about their overall experience of hospitalisation, many participants expressed the importance of accessing and spending time with staff and in particular with nurses. Having clear communication about the expectations within the unit was also considered important by consumers and impacted consumers' experiences. This drew attention to the way in which nurses contribute to safety beyond Safewards and its interventions:

> If you've got staff that will sit with you while you're having a moment, it's very helpful because you feel less alone...just having someone there while you're not feeling the greatest is very helpful.
>
> FG1P1

Participants felt that nurses were instrumental in making the unit feel safe and had confidence in their ability to manage conflict and diffuse situations. Nurses were regarded as skilled in noticing the needs of consumers and knowing when consumers needed follow-up:

> ...they're good at diffusing arguments. Also allowing people to vent at certain times...and then if someone goes off and hides in their room and cries, they come and check.
>
> FG4P1

However, participants observed nurses to be overwhelmed, with limited time to devote to consumers' needs. Nurses were often completing other tasks leading to difficulties accessing them when needed:

> Nurses are so overwhelmed and given so much work... they have to...do the blood pressures...all the checks...I don't know how they manage to get done what they do....
>
> FG3P3

This was illustrated by the varying experiences around accessing essential items including the CM equipment. Some found this straight forward while others found it stressful to approach busy nurses. Consequently, they often felt like a burden:

> I think it can be a bit daunting for some people because you've got to...ask the nurse and...(it's) out of your control and some people don't like asking for things.
>
> FG1P1

A system where consumers could access items including the CM equipment themselves was suggested by some participants.

In line with the purpose of CME, participants considered it important that they be informed about the expectations within the unit, including what to expect from staff and what was expected of them. Being informed via the application of CME had the potential to impact on their overall sense of safety and comfort by reducing the likelihood of anxiety and distress:

> Know what you are able to ask for as well, what expectations...(what's) realistic...(what) you might expect....
>
> FG2P2

and

> ...it's the not knowing that gives me anxiety. But if I know, I relax...that's a big one....
>
> FG2P1

Many participants were not familiar with the CME poster, or aware of information relating to the unit routine, which they often obtained from other consumers. It was felt that this information could be communicated more effectively on arrival and throughout their admission making conflict less likely. Participants also felt that when restrictions or 'rules' are applied inconsistently or without explanation, it reinforced the power imbalance and lead to further consumer conflict and distress.

Overall, being able to receive emotional support from nurses was highly valued and helped participants feel safe. Nurses providing this support was inconsistent.

## 6 | Discussion

The results of this study highlighted the consumers' experiences of Safewards in two acute inpatient mental health units. It raises questions about the visibility and accessibility of Safewards for consumers, and how involved they are in its day-to-day application. The level of awareness and involvement in Safewards varied among participants, highlighting the need to improve the impact of Safewards by increasing consumer engagement. Participants believed Safewards interventions could be beneficial, but improved orientation and involvement in Safewards was needed to realise these benefits. This finding supports previous research showing that consumers value Safewards interventions, particularly MHM, DM and KEO (Fletcher, Buchanan-Hagen, et al. 2019).

CM was well known and used to good effect by some participants, reflecting the results of one previous study (Fletcher, Buchanan-Hagen, et al. 2019), albeit with obstacles around accessing equipment. Some participants described accessing equipment as difficult, potentially increasing frustration and the likelihood of conflict. Considering alternative models of accessing CM equipment may circumvent difficulty in accessing staff and mitigate the distress experienced by some participants.

Participants expressed strong support for each other. KEO, MHM and DM played a part in facilitating this support and in forming connections. A previous study (Fletcher, Buchanan-Hagen, et al. 2019) found these interventions promoted a 'sense of community', while others have attributed Safewards to improvements in 'patient cohesion' (Cabral and Carthy 2017; Maguire et al. 2018). Hesitation from some consumers about the MHM in this study, and reported previously (Price et al. 2016), may relate to a reluctance to engage in something that is perceived as controlled by staff. It may also relate to a lack of recognition by staff or some consumers about the value of informal support provided between consumers. The MHM may facilitate this support, although informal levels of support potentially play a greater part. Safewards potentially reinforces the idea of control and supervision through staff driven structures. This in turn perpetuates a power imbalance which is inconsistent with accepted contemporary approaches seeking to maintain consumer autonomy. Notwithstanding the need to address consumer vulnerabilities, further discussion is needed about the comfort consumers find from other consumers and how this can be harnessed to mitigate the distress associated with being in hospital. This informal peer connection is also more critical in light of the challenges expressed by participants about accessing nurses and reported in the literature previously (Fletcher, Buchanan-Hagen, et al. 2019; Mullen, Isobel, et al. 2020).

Participants appreciated staff, and in particular nurses, who were responsive and available, seeing this as a sign of respect. They also valued being able to spend time with nurses, which helped them feel safe. Previous research has highlighted the importance of therapeutic engagement, availability and responsiveness of nurses, and consumer safety in acute inpatient mental health units (Cutler et al. 2020). Despite this being a high priority for consumers, the imperative for this is not strongly reflected in the Safewards model or it is interventions, aside from reference to the importance of staff presence within the Patient Community domain to prevent conflict between consumers (Bowers et al. 2014). This is a critical point in the ongoing use of Safewards, and more discussion is needed to reconcile the lack of attention to this consistently valued consumer preference.

Safewards has been shown to facilitate mutual respect through CME and the MHM (Fletcher, Buchanan-Hagen, et al. 2019). The CME framework provides an opportunity to address concerns around nurse availability raised in this study and those reported elsewhere (Cutcliffe et al. 2015; Mullen, Isobel, et al. 2020). However, more work is needed to link CME with staff availability and consumer safety. CME in itself does not enable the priority to engage with consumers or create an expectation about nurse availability and responsiveness. This also requires meaningful partnerships with the lived experience workforce, and both an individual and organisational commitment to drive nurses' availability to consumers for substantial periods of time. This is a perennial issue raised by both consumers and nurses (Cutcliffe et al. 2015; Fletcher, Hamilton, et al. 2019; Lakeman et al. 2023; Mullen, Isobel, et al. 2020; Terry and Coffey 2019).

While it was also considered helpful for participants to know what is expected of them and what to expect from nurses (Fletcher, Buchanan-Hagen, et al. 2019), certain conditions are required for CME to function as intended and to be impactful. Firstly, an ongoing and regular review of CME is required to ensure that consumers feel involved in their development, and improving awareness and ownership. Secondly, CME requires both consumers and nurses to 'live' by the expectations on a day-to-day basis. Thirdly, more awareness is needed around restrictive processes that perpetuate consumer reliance on nurses, for example in accessing essential items such as a towel or food which are locked away. This study highlighted the frustrations associated with locked doors, rationing of hospital resources and limiting access to everyday items. Finally, organisational expectations and task-based approaches impacting on the availability of nurses also needs addressing. All this is reflective of the challenges associated with Safewards implementation as previously reported (Knauf, O'Brien, and Kirkman 2023; Mullen et al. 2022; Ward-Stockham et al. 2022). Inconsistent implementation methods and fidelity measures adds further uncertainty to the effectiveness of Safewards (Ward-Stockham et al. 2024).

A possible solution to these challenges lies in the sharing of responsibility, where consumers are given the opportunity to co-lead the implementation and ongoing application of Safewards. Arguably, this may reduce the likelihood of conflict through increased nurse accountability and because power and responsibility are both shared. The need for greater consumer involvement in Safewards has been previously highlighted (Knauf, O'Brien, and Kirkman 2023) and greater consumer leadership at an organisational level is needed to see Safewards meet the consumer's needs around personal safety (Byrne et al. 2019; Kennedy et al. 2019).

Participants highlighted the influence of nurses on the experiences of consumers' within acute inpatient units and the fundamental impact that interactions with nurses have on consumers (Cutler et al. 2020). Participants agreed that the SW intervention could assist them to feel safe and improve their overall experience through respectful, compassionate and genuine interactions with nurses. This was also regarded as a strategy to minimise the negative impact of any power differential experienced by participants. While both positive and negative experiences were reported in this study, there was a belief that the use of respectful language via SW could be improved. To achieve this, conflicting reports in the literature about the acceptability of SW among staff needs to be investigated and resolved (Davies et al. 2020; Fletcher, Hamilton, et al. 2019; Higgins et al. 2018).

PW is another Safewards intervention aimed at enhancing communication through 'positive appreciation'. While PW was originally intended to be used between staff (Bowers 2014), participants felt this could improve engagement and connection between nurses and consumers, as it helped consumers feel safe. PW has the potential to reduce stigma, instil hope and optimism and improve the recovery experience. Therefore, expanding the use of PW to include interactions with consumers is indicated. Bringing consumers into the nurse–nurse handover conversation to apply PW is an ideal opportunity for this to occur (Mullen, Harman, et al. 2020; Mullen, Isobel, et al. 2020).

Participants believed BNM and R could promote safety, stressing the importance of being vigilant about the possibility of receiving bad news and the need to provide reassurance. Participants also warned against normalising incidents when providing reassurance. This tendency to minimise adverse events may reflect reduced sensitivity to conflict, a phenomenon previously reported as a result of exposure to trauma in the workplace (Chachula and Varley 2022). This is an important finding, as it impacts on the effectiveness of nurse interactions, the efficacy of this intervention and the safety of consumers.

Participants also felt that interactions with nurses tended to be superficial, task-based or risk-focused, rather than always being meaningful (Lakeman et al. 2023; Terry and Coffey 2019). This is problematic because meaningful interactions with consumers reduce the likelihood of frustration and conflict and improves personal safety (Cutcliffe et al. 2015; Cutler et al. 2020; Lakeman et al. 2023). Clear structures exist within SW, PW, R, BNM and CME interventions to enhance the consumer experience during nurse–consumer interactions. However, results of this study suggest that Safewards training needs to focus on the intent behind these interventions rather than merely what the intervention involves. More discussion is also required about the organisational expectations placing pressure on nurses to complete set 'tasks' and how meaningful time spent with consumers is prioritised. Interestingly, Safewards has been associated with reducing task-based nursing (Higgins et al. 2018).

These findings support the view that consumers' experiences can be enhanced through Safewards. While this does address a previous gap in the literature (Mullen et al. 2022), more work is required to align Safewards with the consumers experience of greater safety. In this way, Safewards appears to have the potential to facilitate recovery orientated and trauma-informed approaches (Cutler et al. 2020; Isobel 2019; Mullen et al. 2022). However, a consumer-focused approach to Safewards is required to support these evidence-based approaches and to have an impact.

Discussion is needed about increasing the level of consumer autonomy and responsibility (Mullen et al. 2022) in enhancing the routine application of Safewards and potentially mitigate the challenges associated with nurse availability. Nursing leaders need to collaborate with identified members of the consumer workforce to find ways of sharing responsibility and facilitating more direct consumer involvement in Safewards. This would require a philosophical shift and relinquishing of power and control to view consumers as equals. Something that has proved challenging within acute inpatient mental health units to date (Cutcliffe and Happell 2009; Cutler et al. 2020; Mullen et al. 2022).

While Safewards aims to mitigate harmful effects associated with restrictive practices, the results of this study suggest there are limitations in how it influences therapeutic engagement, beyond basic communication principles. More work is needed to consider how Safewards can move beyond a mitigation role to one that drives nurses' availability and responsiveness so valued by consumers for creating a sense of safety (Cutler et al. 2020; Lakeman et al. 2023). Finally, exploring the role of Safewards in shifting the task-based dominance pervading nursing practice, to being more aligned with meaningful interactions that incorporate contemporary psychotherapeutic strategies is also required (Lakeman et al. 2023).

## 7 | Strengths and Limitations

Strengths of this study include the participation of consumers across two sites representing two differing jurisdictions within Australia, and the involvement of a consumer advisor throughout the study. This study took place within two acute inpatient mental health units reflecting local practices therefore limiting the generalisability of these results. There may also be differences between the two units in terms of approaches to training, leadership and culture that were not apparent in the combined data analysis.

## 8 | Conclusions

This study explored consumers' experiences of Safewards within two acute inpatient mental health units. Participants agreed that Safewards had therapeutic benefit and could assist consumers to feel safer and more supported. They felt that improved engagement and involvement in Safewards would enhance these benefits. Specifically, participants highlighted the value of consumers supporting each other and the importance of being able to access and spend time with nurses. This is a high priority for consumers in achieving safety, however this is not a clear feature of Safewards and more consideration is required. These results may help to enact practice changes to help mitigate traumatic consumer experiences reported in the literature. There is also a need to acknowledge some of the organisational barriers highlighted in this study and to consider innovative ways of partnering with consumers to improve consumer–nurse engagement and help drive Safewards and strengthen its capacity to enhance consumers' sense of safety.

## 9 | Relevance for Clinical Practice

Acute inpatient mental health units can incorporate consumer perspectives into the implementation and ongoing utilisation of Safewards. This study provides new insights into how this process can be undertaken and how consumers' experiences of Safewards can be enhanced. It is important to include greater consumer collaboration and give consideration to a more equal sharing of responsibility between nurses and consumers.

### Author Contributions

All listed authors meet authorship criteria according to the guidelines of the International Committee of Medical Journal Editors. All authors are in agreement with the manuscript.


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### Conflicts of Interest

The authors declare no conflicts of interest.

### Data Availability Statement

The authors have nothing to report.

### References


Adler, K., S. Salanterä, and M. Zumstein-Shaha. 2019. "Focus Group Interviews in Child, Youth, and Parent Research: An Integrative Literature Review." *International Journal of Qualitative Methods* 18: 1–15. https://doi.org/10.1177/1609406919887274.

Belzile, J. A., and G. Öberg. 2012. "Where to Begin? Grappling With How to Use Participant Interaction in Focus Group Design." *Qualitative Research* 12, no. 4: 459–472. https://doi.org/10.1177/1468794111433089.

Bjorkdahl, A., U. Johansson, L. Kjellin, and V. Pelto-Piri. 2024. "Barriers and Enablers to the Implementation of Safewards and the Alignment to the i-PARIHS Framework—A Qualitative Systematic Review." *International Journal of Mental Health Nursing* 33, no. 1: 18–36. https://doi.org/10.1111/inm.13222.

Bowers, L. 2014. "Safewards: A New Model of Conflict and Containment on Psychiatric Wards." *Journal of Psychiatric and Mental Health Nursing* 21, no. 6: 499–508. https://www.ncbi.nlm.nih.gov/pubmed/24548312.

Bowers, L., J. Alexander, H. Bilgin, et al. 2014. "Safewards: The Empirical Basis of the Model and a Critical Appraisal." *Journal of Psychiatric and Mental Health Nursing* 21, no. 4: 354–364. https://doi.org/10.1111/jpm.12085.

Bowers, L., K. James, A. Quirk, A. Simpson, D. Sugar Stewart, and J. Hodsoll. 2015. "Reducing Conflict and Containment Rates on Acute Psychiatric Wards: The Safewards Cluster Randomised Controlled Trial." *International Journal of Nursing Studies* 52, no. 9: 1412–1422. https://doi.org/10.1016/j.ijnurstu.2015.1405.1001.

Braun, V., and S. Clark. 2022. *Thematic Analysis A Practical Guide to Understanding and Doing*. Sage Publications, Great Britain.

Byrne, L., H. Roennfeldt, Y. Wang, and P. O'Shea. 2019. "'You Don't Know What You Don't know': The Essential Role of Management Exposure, Understanding and Commitment in Peer Workforce Development." *International Journal of Mental Health Nursing* 28, no. 2: 572–581. https://doi.org/10.1111/inm.12562.

Byrne, L., A. Stratford, and L. Davidson. 2018. "The Global Need for Lived Experience Leadership." *Psychiatric Rehabilitation Journal* 41, no. 1: 76–79. https://doi.org/10.1037/prj0000289.

Cabral, A., and J. Carthy. 2017. "Can Safewards Improve Patient Care and Safety in Forensic Wards? A Pilot Study." *British Journal of Mental Health Nursing* 6, no. 4: 165–171. https://doi.org/10.12968/bjmh.12017.12966.12964.12165.

Chachula, K. M., and E. Varley. 2022. "Perceptions and Experiences of Psychological Trauma in Nursing and Psychiatric Nursing Students: A Small Scale Qualitative Case Study." *PLoS One* 17, no. 11: e0277195. https://doi.org/10.1371/journal.pone.0277195.

Colorafi, K. J., and B. Evans. 2016. "Qualitative Descriptive Methods in Health Science Research." *HERD: Health Environments Research & Design Journal* 9, no. 4: 16–25. https://doi.org/10.1177/1937586715614171.

Cutcliffe, J., and B. Happell. 2009. "Psychiatry, Mental Health Nurses, and Invisible Power: Exploring a Perturbed Relationship Within Contemporary Mental Health Care." *International Journal of Mental Health Nursing* 18, no. 2: 116–125. https://doi.org/10.1111/j.1447-0349.2008.00591.x.

Cutcliffe, J. R., J. C. Santos, B. Kozel, P. Taylor, and D. Lees. 2015. "Raiders of the Lost Art: A Review of Published Evaluations of Inpatient Mental Health Care Experiences Emanating From the United Kingdom, Portugal, Canada, Switzerland, Germany and Australia." *International Journal of Mental Health Nursing* 24, no. 5: 375–385. https://doi.org/10.1111/inm.12159.

Cutler, N. A., E. Halcomb, J. Sim, M. Stephens, and L. Moxham. 2021. "How Does the Environment Influence Consumers' Perceptions of Safety in Acute Mental Health Units? A Qualitative Study." *Journal of Clinical Nursing* 30, no. 5–6: 765–772. https://doi.org/10.1111/jocn.15614.

Cutler, N. A., J. Sim, E. Halcomb, L. Moxham, and M. Stephens. 2020. "Nurses' Influence on Consumers' Experience of Safety in Acute Mental Health Units: A Qualitative Study." *Journal of Clinical Nursing* 29, no. 21–22: 4379–4386. https://doi.org/10.1111/jocn.15480.

Davies, B., J. Silver, S. Josham, et al. 2020. "An Evaluation of the Implementation of Safewards on an Assessment and Treatment Unit for People With an Intellectual Disability." *Journal of Intellectual Disabilities* 25, no. 3: 357–369. https://doi.org/10.1177/1744629520901637.

Dickens, G. L., T. Tabvuma, S. A. Frost, and SWSLHD Safewards Steering Group. 2020. "Safewards: Changes in Conflict, Containment, and Violence Prevention Climate During Implementation." *International Journal of Mental Health Nursing* 29, no. 6: 1230–1240. https://doi.org/10.1111/inm.12762.

Ewart, S. B., J. Bocking, B. Happell, C. Platania-Phung, and R. Stanton. 2016. "Mental Health Consumer Experiences and Strategies When Seeking Physical Health Care: A Focus Group Study. Global Qualitative." *Nursing Research* 3: 1–10. https://doi.org/10.1177/2333393616631679.

Fletcher, J., S. Buchanan-Hagen, L. Brophy, S. A. Kinner, and B. Hamilton. 2019. "Consumer Perspectives of Safewards Impact in Acute Inpatient Mental Health Wards in Victoria, Australia." *Frontiers in Psychiatry* 10: 461. https://doi.org/10.3389/fpsyt.2019.00461.

Fletcher, J., B. Hamilton, S. A. Kinner, and L. Brophy. 2019. "Safewards Impact in Inpatient Mental Health Units in Victoria, Australia: Staff Perspectives." *Frontiers in Psychiatry Frontiers Research Foundation* 10: 462. https://doi.org/10.3389/fpsyt.2019.00462.

Fletcher, J., M. Spittal, L. Brophy, et al. 2017. "Outcomes of the Victorian Safewards Trial in 13 Wards: Impact on Seclusion Rates and Fidelity Measurement." *International Journal of Mental Health Nursing* 26, no. 5: 461–471. https://www.ncbi.nlm.nih.gov/pubmed/28960739.

Happell, B., S. B. Ewart, C. Platania-Phung, J. Bocking, B. Scholz, and R. Stanton. 2016. "What Physical Health Means to Me: Perspectives of People With Mental Illness." *Issues in Mental Health Nursing* 37, no. 12: 934–941. https://doi.org/10.1080/01612840.01612016.01226999.

Harrington, A., H. Darke, G. Ennis, and S. Sundram. 2019. "Evaluation of an Alternative Model for the Management of Clinical Risk in an Adult Acute Psychiatric Inpatient Unit." *International Journal of Mental Health Nursing* 28, no. 5: 1099–1109. https://doi.org/10.1111/inm.12621.

Higgins, N., T. Meehan, N. Dart, M. Kilshaw, and L. Fawcett. 2018. "Implementation of the Safewards Model in Public Mental Health Facilities: A Qualitative Evaluation of Staff Perceptions." *International Journal of Nursing Studies* 88: 114–120. https://doi.org/10.1016/j.ijnurstu.2018.1008.1008.

Hunter, D., J. McCallum, and D. Howes. 2019. "Defining Exploratory-Descriptive Qualitative (EDQ) Research and Considering Its Application to Healthcare." *Journal of Nursing and Health Care* 4, no. 1: 1–8. https://eprints.gla.ac.uk/180272/.

Isobel, S. 2019. "'In Some Ways It all Helps but in Some Ways It Doesn't': The Complexities of Service users' Experiences of Inpatient Mental Health Care in Australia." *International Journal of Mental Health Nursing* 28, no. 1: 105–116. https://doi.org/10.1111/inm.12497.-

Isobel, S., A. Wilson, K. Gill, and D. Howe. 2021. "'What Would a Trauma-Informed Mental Health Service Look Like?' Perspectives of People Who Access Services." *International Journal of Mental Health Nursing* 30, no. 2: 495–505. https://doi.org/10.1111/inm.12813.

Kennedy, H., C. Roper, R. Randall, et al. 2019. "Consumer Recommendations for Enhancing the Safewards Model and Interventions." *International Journal of Mental Health Nursing* 28, no. 2: 616–626. https://www.ncbi.nlm.nih.gov/pubmed/30675756.

Knauf, S. A., A. J. O'Brien, and A. M. Kirkman. 2023. "An Analysis of the Barriers and Enablers to Implementing the Safewards Model Within Inpatient Mental Health Services." *International Journal of Mental Health Nursing* 32, no. 6: 1525–1543. https://doi.org/10.1111/inm.13188.

Lakeman, R., K. Foster, M. Hazelton, C. Roper, and J. Hurley. 2023. "Helpful Encounters With Mental Health Nurses in Australia: A Survey of Service Users and Their Supporters." *Journal of Psychiatric and Mental Health Nursing* 30, no. 3: 515–525. https://doi.org/10.1111/jpm.12887.

Lickiewicz, J., N. Adamczyk, P. P. Hughes, P. Jagielski, B. Stawarz, and M. Makara-Studzinska. 2021. "Reducing Aggression in Psychiatric Wards Using Safewards-A Polish Study." *Perspectives in Psychiatric Care* 57: 50–55. https://doi.org/10.1111/ppc.12523.

Lorien, L., S. Blunden, and W. Madsen. 2020. "Implementation of Recovery-Oriented Practice in Hospital-Based Mental Health Services: A Systematic Review." *International Journal of Mental Health Nursing* 29, no. 6: 1035–1048. https://doi.org/10.1111/inm.12794.

Maguire, T., J. Ryan, R. Fullam, and B. McKenna. 2018. "Evaluating the Introduction of the Safewards Model to a Medium- to Long-Term Forensic Mental Health Ward." *Journal of Forensic Nursing* 14, no. 4: 214–222. https://www.ncbi.nlm.nih.gov/pubmed/30433910.

Mullen, A., G. Browne, B. Hamilton, S. Skinner, and B. Happell. 2022. "Safewards: An Integrative Review of the Literature Within Inpatient and Forensic Mental Health Units." *International Journal of Mental Health Nursing* 31, no. 5: 1090–1108. https://doi.org/10.1111/inm.13001.

Mullen, A., K. Harman, K. Flanagan, B. O'Brien, and S. Isobel. 2020. "Involving Mental Health Consumers in Nursing Handover: A Qualitative Study of Nursing Views of the Practice and Its Implementation." *International Journal of Mental Health Nursing* 29, no. 6: 1157–1167. https://doi.org/10.1111/inm.12756.

Mullen, A., S. Isobel, K. Flanagan, and K. Harman. 2020. "Involving Mental Health Consumers in Nursing Handover: A Qualitative Study of Consumer Perspectives." *Issues in Mental Health Nursing* 42, no. 8: 730–735. https://doi.org/10.1080/01612840.01612020.01853288.

Pelto-Piri, V., L. Kjellin, G. Backman, K. Carlsson, and A. Bjorkdahl. 2024. "Patient Responsiveness as a Safewards Fidelity Indicator: A Qualitative Interview Study on an Acute Psychiatric In-Patient Ward." *BMC Health Services Research* 24, no. 1: 922. https://doi.org/10.1186/s12913-024-11326-z.

Pelto-Piri, V., T. Wallsten, U. Hylen, I. Nikban, and L. Kjellin. 2019. "Feeling Safe or Unsafe in Psychiatric Inpatient Care, a Hospital-Based Qualitative Interview Study With Inpatients in Sweden." *International Journal of Mental Health Systems* 13: 1–10. https://doi.org/10.1186/s13033-13019-10282-y.

Price, O., P. Burbery, S.-J. Leonard, and M. Doyle. 2016. "Evaluation of Safewards in Forensic Mental Health." *Mental Health Practice* 19, no. 8: 14–21. https://doi.org/10.7748/mhp.2017.e1203.

Santangelo, P., N. Procter, and D. Fassett. 2018. "Mental Health Nursing: Daring to Be Different, Special and Leading Recovery-Focused Care?" *International Journal of Mental Health Nursing* 27, no. 1: 258–266. https://doi.org/10.1111/inm.12316.

Schmidt, M., and T. Uman. 2020. "Experiences of Acute Care by Persons With Mental Health Problems: An Integrative Literature Review [Systematic Review]." *Journal of Psychiatric and Mental Health Nursing* 27, no. 6: 789–806. https://doi.org/10.1111/jpm.12624.

Smith, G. D., and S. C. Wu. 2012. "Nurses' Beliefs, Experiences and Practice Regarding Complementary and Alternative Medicine in Taiwan." *Journal of Clinical Nursing* 21, no. 17–18: 2659–2667. https://doi.org/10.1111/j.1365-2702.2011.04008.x.

Solomon, B., D. Sutton, and B. McKenna. 2021. "The Experience and Meaning of Recovery-Oriented Practice for Nurses Working in Acute Mental Health Services." *International Journal of Mental Health Nursing* 30, no. 4: 963–974. https://doi.org/10.1111/inm.12851.

Stensgaard, L., M. K. Andersen, M. Nordentoft, and C. Hjorthoj. 2018. "Implementation of the Safewards Model to Reduce the Use of Coercive Measures in Adult Psychiatric Inpatient Units: An Interrupted Time-Series Analysis." *Journal of Psychiatric Research* 105: 147–152. https://www.ncbi.nlm.nih.gov/pubmed/30223184.

Tausch, A. P., and N. Menold. 2016. "Methodological Aspects of Focus Groups in Health Research: Results of Qualitative Interviews With Focus Group Moderators. Global Qualitative." *Nursing Research* 3: 1–12. https://doi.org/10.1177/2333393616630466.

Terry, J., and M. Coffey. 2019. "Too Busy to Talk: Examining Service User Involvement in Nursing Work." *Issues in Mental Health Nursing* 40, no. 11: 957–965. https://doi.org/10.1080/01612840.01612019.01635667.

Tong, A., P. Sainsbury, and J. Craig. 2007. "Consolidated Criteria for Reporting Qualitative Research (COREQ): A 32-Item Checklist for Interviews and Focus Groups." *International Journal for Quality in Health Care* 19, no. 6: 349–357. https://doi.org/10.1093/intqhc/mzm1042.

Ward-Stockham, K., C. Daniel, H. Bujalka, et al. 2024. "Implementation and Use of the Safewards Model in Healthcare Services: A Scoping Review." *International Journal of Mental Health Nursing* 33: 1–30. https://doi.org/10.1111/inm.13345.

Ward-Stockham, K., S. Kapp, R. Jarden, M. Gerdtz, and C. Daniel. 2022. "Effect of Safewards on Reducing Conflict and Containment and the Experiences of Staff and Consumers: A Mixed-Methods Systematic Review." *International Journal of Mental Health Nursing* 31, no. 1: 199–221. https://doi.org/10.1111/inm.12950.

Wilson, A., J. Hurley, M. Hutchinson, and R. Lakeman. 2021. ""Can Mental Health Nurses Working in Acute Mental Health Units Really Be Trauma-Informed?" An Integrative Review of the Literature." *Journal of Psychiatric and Mental Health Nursing* 28, no. 5: 900–923. https://doi.org/10.1111/jpm.12717.

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