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Nurses' influence on consumers' experience of safety in acute mental health units: a qualitative study

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Abstract

Aims and objectives To explore how nurses influence the perceptions and experience of safety among consumers who have been admitted to an acute mental health unit. Background Safety is a priority in acute mental health inpatient units, yet consumers do not always experience acute units as safe. Despite being primary stakeholders, little is known about what safety means for consumers in acute mental health units. Design A qualitative descriptive study informed by naturalistic enquiry was conducted and is reported using the COREQ checklist. Methods Fifteen consumers with experience of mental illness participated in semi-structured individual interviews. These interviews explored what safety meant for them during their acute mental health unit admissions. Thematic analysis was used to analyse the data. Findings: The theme Influence of Nurses reflected that the way nurses engaged in acute mental health units had a profound impact on participants' sense of safety. Three sub-themes emerged: i) Availability: "It's about nurses spending time with you" ii) Being responsive: "They would listen if you had a concern" iii) Caring: "Little acts of kindness". Conclusions These findings challenge the dominant discourse around safety in mental health organisations, in which nursing practice is often oriented toward the management of risk, rather than the promotion of safety. The findings demonstrate that, through their clinical practice, nurses can enhance consumers' feelings of safety in the acute mental health unit. Relevance to clinical practice: Nurses play a key role in providing care within acute mental health units. It is vital that the behaviours and actions nurses can enact in order to promote feelings of safety among consumers in this setting are enabled at individual, unit and organisational levels.

Keywords

qualitative, units:, health, mental, acute, study, safety, nurses', experience, influence, consumers'

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Nurses' influence on consumers' experience of safety in acute mental health units: A qualitative study

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ABSTRACT

Aims and objectives: To explore how nurses influence the perceptions and experience of safety among consumers who have been admitted to an acute mental health unit.

Background: Safety is a priority in acute mental health inpatient units, yet consumers do not always experience acute units as safe. Despite being primary stakeholders, little is known about what safety means for consumers in acute mental health units.

Design: A qualitative descriptive study informed by naturalistic enquiry was conducted and is reported using the COREQ checklist.

Methods: Fifteen consumers with experience of mental illness participated in semi-structured individual interviews. These interviews explored what safety meant for them during their acute mental health unit admissions. Thematic analysis was used to analyse the data.

Findings: The theme Influence of Nurses reflected that the way nurses engaged in acute mental health units had a profound impact on participants' sense of safety. Three sub-themes emerged: i) Availability: "It's about nurses spending time with you" ii) Being responsive: "They would listen if you had a concern" iii) Caring: "Little acts of kindness".

Conclusions: These findings challenge the dominant discourse around safety in mental health organisations, in which nursing practice is often oriented toward the management of risk, rather than the promotion of safety. The findings demonstrate that, through their clinical practice, nurses can enhance consumers' feelings of safety in the acute mental health unit.

Relevance to clinical practice: Nurses play a key role in providing care within acute mental health units. It is vital that the behaviours and actions nurses can enact in order to promote feelings of safety among consumers in this setting are enabled at individual, unit and organisational levels.

Keywords: consumers, mental health, nurses, psychiatric nursing, qualitative descriptive, qualitative study, patient safety, quality and safety, therapeutic relationships, nurse-patient relationship

What does this paper contribute to the wider global clinical community?

- Recognition that enhancing safety for consumers admitted to acute mental health units means more than managing risk.
- Raises awareness of the impact nurses can have on consumers' perceptions and experience of safety in acute mental health units.
- Provides an understanding that nurses enhance consumers' perception and experience of safety by being available, responsive and caring.

1. INTRODUCTION

Safety in mental health services is a priority internationally (Mascherek & Schwappach, 2016; National Health Service, 2016; National Mental Health Commission, 2019; Shields, Stewart, & Delaney, 2018). Despite its priority status, safety in mental health care is an under-explored area (Dewa et al., 2018). Little is known about consumers' perspectives of safety (D'Lima, Crawford, Darzi, & Archer, 2017). There is evidence, however that consumers in acute units do not always feel safe (State of Victoria, 2019; Stenhouse, 2013). An Australian survey found that less than one quarter (23%) of consumers and carers *always felt safe,* while some 6% *never felt safe* when accessing mental health services (National Mental Health Commission, 2019). All mental health professionals have a responsibility to enhance safety for consumers (Australian Commission on Safety and Quality in Healthcare, 2018). However, nurses have a central role as they comprise more of the mental health workforce than all other disciplines combined (Australian College of Mental Health Nurses, 2019; World Health Organization, 2018). Many of these nurses work in adult acute mental health inpatient units (acute units) (Australian Institute of Health and Welfare, 2019). The acute unit setting presents unique challenges in respect to safety (D'Lima et al., 2017). The aim of this paper is to explore how nurses influence the perceptions and experience of safety among consumers who have been admitted to an acute mental health unit. In this paper, the term 'consumer' is used to describe people who have received mental health services. The term 'patient' is used in participants' quotes as this is the language they used.

2. BACKGROUND

In line with global trends, the Australian mental health system provides the majority of treatment in the community for people with mental illness (Australian Institute of Health and Welfare, 2019). Consumers who are clinically assessed as unable to be safely cared for in the community, however, may be admitted to an acute unit for inpatient treatment. Admission to an acute unit can be voluntary, but if deemed necessary, involuntary admission can be enforced via mental health legislation (Davis, Juratowitch, Lamont, & Brunero, 2019). Common reasons for admission to an acute unit are to ensure a consumer's safety or the safety of others (Slemon, Jenkins, & Bungay, 2017). Upon admission to an acute unit, consumers rightly expect to feel safe (Stenhouse, 2011).

In the Australian mental health system, 'safety' is synonymous with 'risk', and a risk averse approach is a central tenet of the model of care (Crowe & Deane, 2018) . As a result, admission is often oriented toward risks to physical safety such as suicide, self-harm, substance misuse or aggression (Berzins, Baker, Brown, & Lawton, 2018). While many consumers describe feeling physically safe in acute units, others describe their emotional and psychological safety as being compromised in this setting (Isobel, 2019). Indeed, limited focus is given to consumers' emotional or psychological safety needs in acute units (Stenhouse, 2013).

Nursing strategies that are primarily oriented toward physical risk do not adequately address consumers' broader safety needs (Slemon et al., 2017). Literature describing nurses' perceptions of safety in acute mental health report that nurses perceive their role as mainly risk management (Downes, Gill, Doyle, Morrissey, & Higgins, 2016). Higgins et al. (2016) found that 95.7% of mental health nurses routinely assessed low frequency, high impact risks, such as suicide, self-harm and

violence, while fewer than 34% assessed common risks to consumers, such as sexual vulnerability, financial exploitation and social isolation. Although accepted as a key part of their role, nurses perceive practices aimed at managing high impact risk as limiting their ability to form therapeutic relationships with consumers (Slemon et al., 2017).

The need to feel safe is important for consumers in acute units (Wyder, Bland, & Crompton, 2016). Being in an acute unit can be frightening, and prevailing risk oriented practices have been described as heightening risk for consumers and hindering their recovery (Perkins & Repper, 2016). Wyder et al. (2018) found that when consumers felt safe in an acute unit, their experience of recovery was enhanced. Alternately, when consumers felt unsafe, their recovery was likely to be disrupted (Muir-Cochrane, Oster, Grotto, Gerace, & Jones, 2013). This highlights the importance of ensuring consumers within an acute unit feel safe. The complex nature of consumers' perceptions of being safe requires a better understanding (Clancy, Happell, & Moxham, 2015). Consumers have had little opportunity to articulate what safety in acute units means for them. Understanding the consumers' perspective of safety can enable a broader safety discourse, beyond a focus on risk, to inform nursing practice in this setting.

3. METHODS

3.1 Design

This study took a qualitative descriptive approach to address the research question. Qualiatitve descriptive approaches are particularly useful where detailed descriptions are required (Sandelowski, 2000) or where there is a lack of research on the topic area. The qualitative descriptive methodology was informed by the principles of

naturalistic inquiry (Sandelowski, 2000), whereby researchers seek to understand participants' real-life experiences (Guba & Lincoln, 1982). Naturalistic inquiry aligns with the qualitative descriptive approach as findings are presented in a way that uses the actual words of participants to describe their experience (Sandelowski, 2000).

This approach yielded a large volume of data across three distinct themes. This paper explores one of those themes in-depth. The theme, *Influence of Nurses*, describes the nursing actions and interactions that participants described as impacting their experience and perceptions of safety. The remaining themes of *Supportive Environment* and *Personhood* are reported separately, due to the volume of data and disparate nature of issues being described (Authors own). These other two themes describe the influence of environmental factors and recognition of personhood had on consumers experiences and perceptions of safety. The consolidated criteria for reporting qualitative research (COREQ) checklist for qualitative studies was used to guide the reporting of findings (Supplementary File 1).

3.2 Sample and recruitment

Fifteen consumers were interviewed after responding to a promotional flyer emailed to mental health consumer networks and community organisations across the Greater Sydney region of New South Wales, Australia. Greater Sydney is a large and diverse geographic area with a population of over 5 million people which includes inner city, metropolitan, outer metropolitan areas and regional areas (Australian Bureau of Statistics, 2019). A single region was selected to facilitate travel for the researcher to conduct face to face interviews. Acute mental health services are delivered in both public and private hospitals across the region.

The flyer provided information about the purpose of the study and the research team. It invited participants to attend an interview to explore what safety meant for them during their admission(s) to an acute unit.

Potential participants received an information sheet outlining their rights, the purpose of the study, the process, and the risks and benefits of participating. Consumers were eligible to participate if they self-reported at least one admission to an acute mental health unit. Those who were an inpatient of an acute unit at the time of recruitment, unable to converse in English, or aged less than 18 years were excluded. All potential participants were contacted by telephone prior to the interview to confirm they met the inclusion criteria and establish a relationship. No potential participants refused to participate or dropped out before the interviews were conducted.

3.3 Data collection

Data were collected using semi-structured, individual interviews conducted at a venue convenient to participants. Participants were interviewed once, with most interviews (n=10; 66.6%) undertaken in participants' homes, although some (n=5; 33.3%) were conducted in community facilities or coffee shops. After completing a demographic information sheet, interviews began with an open-ended grand tour question: 'Thinking about your admission to an acute mental health inpatient unit, what did safety mean to you?' As participants gave detailed accounts of their experiences, the interviewer used prompt questions to focus on the meaning embedded in their experience, such as: 'Based on the experiences you've just described, what did safety mean to you?'. During the first 3 interviews the researchers assessed whether the questions and prompts were clear and gathering relevant information. As no participants sought clarification around questions, and

the information was deemed relevant, these questions and prompts were used in all interviews. All interviews were conducted by one researcher (NC), a female registered nurse with postgraduate qualifications and extensive mental health nursing experience.

Interviews were digitally recorded and transcribed verbatim by the researcher (NC). Interview transcripts were not returned to participants because the interviews sought to capture their views at one point in time. Field notes and memos were made as soon as possible after each interview to record non-verbal observations and reflections on participants' responses. By the fifteenth interview, repetition of ideas became apparent (Lincoln & Guba, 1986), and data saturation was considered to have been reached.

3.4 Data analysis

Data were analysed using the six-step inductive thematic analysis approach developed by Braun and Clarke (2006). The researcher (NC) initially familiarised herself with the data through multiple readings of transcripts and listening to the audio files. Open codes were then generated to describe the content. These were highlighted on the transcript and then extracted onto a spreadsheet for review and confirmation by the research team. Subsequently, codes were grouped together and given a brief description to identify the preliminary themes and sub-themes. The individual coded extracts and entire data set were revised and reviewed until consensus was reached within the research team on the final themes and sub-themes. Data analysis culminated in three themes and sub-themes being defined and named according to their distinctive features. Direct quotes are used to demonstrate the participants' voices.

3.5 Ethics

This study was approved by the University of Wollongong Human Research Ethics Committee (HE14/140). All participants gave written consent prior to data collection. The interviewer's mental health nursing expertise enabled clinical judgment to determine an individuals' capacity to consent. All participants demonstrated the capacity for informed consent. The interviewer's (NC) mental health nursing expertise and interpersonal skills allowed her to support participants should they experience strong emotions, delusions, and/or hallucinations during the interview. No adverse events occured during the interviews. Psuedonyms have been used to maintain participant anonymity. All participants received a gift voucher in recognition of the time taken to participate.

3.6 Rigour

The principles of rigour described by Lincoln and Guba (1986) were applied to this study. Prolonged engagement in the project, supported by peer debriefing established credibility. Descriptions of the research purpose, setting and process, and the use of participants' own words through verbatim quotes established transferability. Confirmability was shown through a clear audit trail and reflexivity by the researcher.

4. FINDINGS

Ten (66.6%) of the fifteen participants were female. Participants' ages ranged from 23 to 56 years (mean age=39 years). Almost half (n=7; 46.6%) of the participants reported having five or more previous admissions to an acute mental health unit. Most participants (n=13; 86.6%) reported having at least one involuntary admission. Participants' longest reported acute unit admission ranged from three days to five

months. The duration between participants' most recent discharge to being interviewed was less than three years for most (n=13; 86.6%), and for others was six and eight years respectively (n=2; 13.3%).

The theme *Influence of Nurses* reflects the significant effect that nurses had on participant's experience of safety in acute units. Three sub-themes were identified that captured the ways nurses contributed to participants' experience of safety in acute units, namely by demonstrating; *availability* by spending time with consumers*; responsiveness* by listening to consumers' needs, *and caring* by displaying empathy and kindness.

4.1 Availability: "It's about nurses spending time with you"

For many participants, safety in the acute mental health unit meant nurses were physically present in the common areas where consumers spent their days, and were available to spend time with consumers. When asked what safety meant to her, Kristen explained *"It's not about giving someone medications and giving them a meal… it's about nurses spending time with you".*

Participants described that having nurses physically present meant they could connect with consumers on the acute unit: *"Some of the nurses would come and sit in the common area and watch TV with the patients… which I guess is funny, that they're getting paid to do that… but those guys knew much more about what the patients were doing and where they were at, than the dude standing with the clipboard who didn't actually speak to them" (Ellen).*

When nurses were not available to consumers, participants described feeling alone and without supervision, and as a result, their experience of safety was reduced. Diane reflected that *"There wasn't much nurse presence around, so you were… you*

just felt like you were on your own. They'd do their routine check around, but there was a lot of time in between with no-one around… just the patients".

The nurses' station was perceived by some participants to be a tangible barrier to nurses' availability.The nurses' station is a staff-only space from which consumers are generally excluded by locked doors and glass windows. Indie described feeling unsafe as a result of spending lengthy periods *"just trying to get the attention of nurses inside the nurses' station"*. Lisa described feeling her psychological safety was compromised when the nurses were *"hidden away"* in the nurses' station, resulting in her *"having to knock on that glass door to ask for anything,… even a tampon"*.

Another barrier to nurses' availability described by several participants, was perceived as nurses' "busyness". Alex described feeling unsupported, and therefore unsafe, in the acute unit because the nurses were too busy: *"You'd hope that hospital is somewhere you could feel safe and get support. In theory you can go and chat to the nurses, but they're really busy, and their hourly checks is the only time they're around".* Similarly, Brian felt nurses being too busy prevented them from being available for consumers: *"I guess that was the issue of safety... it's part of being assigned four or five patients to one nurse… I just felt like their* (nurses') *resources were very stretched, and they* (nurses) *were very stretched".*

Availability meant that nurses spent time with consumers, getting to know them and their individual needs. Nurses being available made consumers feel they were not alone, and this enhanced participants' perception of being safe.

4.2 Being responsive: "They would listen if you had a concern"

Safety also meant that nurses were responsive to consumers on the acute unit. Being responsive was demonstrated by nurses listening to consumers and making assertive efforts to assist. Nalini's perception of safety was enhanced when a nurse advocated for her: *"I'd been in* (hospital) *for ten weeks, and I wanted to go home for the weekend… and when my doctor said 'No', I was devastated, because I'd been there a long time. And she* (the nurse) *went and spoke to the doctor on my behalf. I still didn't get leave [laughs], but she was a tremendously big support… When she was on shift, I felt safer."* The ability to listen was seen by Gloria as a specialised skill for nurses working in mental health: *"Some of the nurses came across as clearly having an understanding of mental health. They were very patient, and they would listen if you had a concern".* Having someone who was willing to listen to him represented safety for Marlon: *"When I feel I don't have a voice, or people aren't hearing me, …. that is when I feel unsafe"*.

Not being listened to by nurses had a profound and negative impact on another participant's sense of safety on the acute unit: *"I approached the nurses' station to ask to talk to someone. I was crying. She* (the nurse) *ended up saying 'go away, you're hysterical, I don't want to talk to you'. And she absolutely wouldn't talk to me… I asked her if I could ring Lifeline because I needed someone to talk to….and she said, 'Don't be stupid, that's who you ring when you're not in here'"* (Olivia).

Joel described feeling desolate when he could not get a nurse to listen and help him: *"There was no 'go-to' person to discuss issues or problems with… I was just left to my own devices. A lot of the time I didn't even know who my so-called appointed nurse was for the day".* Jack withdrew, and felt unsafe when nurses would not take time to listen and find out what he needed: *"Some nurses were fantastic, but some*

were absolutely horrible. They wouldn't talk to me…weren't interested. If I had a concern, I wouldn't feel comfortable approaching them. I'd just keep it to myself until later, by which time it probably wasn't worth raising." Similarly, others stopped trying to communicate or get their needs met when nurses did not listen,: "*I've just given up on even trying to get medication, or talk to the nurses, because it's been too difficult to get their attention"* (Olivia).

Being responsive meant that nurses listened to consumers and were assertive in their efforts to help meet their needs. Nurses being responsive meant consumers had someone to support them on the acute unit, and this made them feel safe.

4.3 Caring: "Little acts of kindness"

Many participants described an enhanced experience of safety when nurses demonstrated caring toward consumers. Caring was shown through nurses' expressions of empathy and kindness directed toward consumers. Marlon said: *"I could talk a lot about the little acts of kindness that have made me feel very safe"*. The need for nurses to make consumers in acute units feel cared about was highlighted by Ellen: *"I'm lucky I have great support and understanding from my family… But if you go into the psych wards… there are lots of people who have absolutely no-one. I think that's where nurses really need to step up and make them feel safe…make them feel like they have someone in their corner who understands and cares for them".* Nurses being caring made some participants feel seen, which made them feel safe: "*If* (nurses) *say something nice to you, it feels like they've noticed that you're there. That's emotional safety, isn't it?"* (Charles).

When nurses did not demonstrate caring, participants' sense of safety was diminished. Some participants tried to rationalise why nurses did not show caring

toward consumers. Fran considered that nurses' workload might be a factor: *"I'd like to see a nurse indicate that they care about the patients... but for some reason this isn't the case… Maybe because they're under too much pressure, there's all the other things to do, like manage the medication, and all the reports…"* Nurses' expressions of caring, conveyed through acts of kindness and empathy toward consumers, made participants feel valued and this made them feel safe.

5. DISCUSSION

The findings of this study add knowledge about nurses' influence on consumers' perceptions and experience of safety in acute units. This insight can inform both local clinical practice and broader health service policy. As such, this study provides a new understanding of the factors that could enhance or impede safety, rather than risk, from the perspective of consumers. Some of these relate to nurses' skills and attributes, but others relate to unit and organisational factors. Enhancing safety and instilling a culture of safety, rather than risk for consumers in acute units, requires each of these to be considered.

Other studies agree that consumers feel safer in acute units when nurses are present (Pelto-Piri, Wallsten, Hylén, Nikban, & Kjellin, 2019; Stenhouse, 2013). Our study revealed that spending time with consumers meant nurses were not just visible, but that they engaged with consumers in a therapeutic way. A common risk management practice in acute units requires nurses to be present at regular intervals to observe consumers. When nurses engage therapeutically with consumers during these observations, consumers' sense of safety is heightened (Harrington, Darke, Ennis, & Sundram, 2019). Conversely, when nurses conduct these observations without therapeutic engagement, consumers find the practice intrusive, dehumanising and distressing (Harrington et al., 2019). This suggests that when

nurses spend time with consumers, it is the quality of their engagement that enhances the consumers' sense of safety.

Findings from this study demonstrated that when nurses listened to consumers, the consumers' sense of safety was enhanced. Listening meant that nurses could be responsive to consumers' needs. Therapeutic listening is a fundamental skill for nurses, and is undertaken with the intent of building trusting, helpful relationships (Polacek et al., 2015). Being helpful is a purposeful interaction nurses have with consumers which builds trust, as a foundation for therapeutic relationships (Peplau, 1962). Others have found that when nurses in acute units are helpful, consumers feel safer (Wyder, Bland, Blythe, Matarasso, & Crompton, 2015). By enabling therapeutic relationships to be established, the time spent by nurses with consumers, and listening to them, enhances consumers' perception of safety (Henderson, 2014).

This study also showed that when consumers felt that nurses in acute units cared about them, their feelings of safety were heightened. Compassion, kindness and empathy are expressions of genuine regard for another person, which is consistent with caring (Straughair, 2019). Caring underpins authenticity in therapeutic relationships (Durkin, Gurbutt, & Carson, 2018). Therapeutic relationships are the means through which nurses influence consumers' perception and experience of safety in acute units. While nurses' availability and responsiveness facilitate therapeutic relationships in acute units, it is caring that provides the impetus.

There are professional challenges and workforce issues faced by nurses in developing therapeutic relationships with consumers in acute units. The stressful nature of work in acute units can lead to a reduced capacity for caring (Foster, Roche, Giandinoto, & Furness, 2020). Similar to the findings of this study, Terry and

Coffey (2019) found that consumers perceived acute unit nurses to be preoccupied with tasks, leaving no time to talk to consumers. When nurses are too busy to therapeutically engage with consumers, consumers can feel frustrated and uncared for, thus increasing the risk of aggression (Stenhouse, 2011). The predominant focus on risk in acute units competes for nurses' time and attention. Seeing consumers as risks can lead nurses to seek to distance themselves from, rather than engage with, consumers (Felton, Repper, & Avis, 2018). Workload issues such as high nurse to patient ratios can also result in nurses needing to focus on tasks and crisis management (Kingston & Greenwood, 2020). Some consider nurses themselves to be a challenge, by unquestioningly adopting the dominant risk paradigm in mental health services (Lakeman & Molloy, 2018). Nurses can use the findings from this study to reorientate their practices and specifically focus on making themselves available and responsive to consumers.

Findings from this study show that nurses influence consumers' perceptions of safety in acute units through therapeutic relationships. Enhancing safety for consumers goes beyond managing risk and requires an investment in nursing knowledge, skills and self-care, as well as a review of the limitations posed by the dominant risk paradigm. Nurses' capacity to develop therapeutic relationships can be strengthened through education (Delaney, Shattell, & Johnson, 2017; Roviralta-Vilella et al., 2019), clinical supervision (Delgado, Roche, Fethney, & Foster, 2020), and engagement in programs that promote personal resilience (Foster et al., 2020). Nurses do not work in isolation in acute units, but as part of a multidisciplinary team. Good team relations can also support nurses to provide therapeutic care, and can be facilitated through positive workplace cultures supported by good management (Moisoglou et al., 2020).

Nurses spending time building therapeutic relationships with consumers is an investment in consumers' recovery (Keefe, Cardemil, & Thompson, 2020), leading to improved clinical outcomes and consumer satisfaction (Hartley, Raphael, Lovell, & Berry, 2020). Research exploring consumers' perceptions of *how* therapeutic relationships with nurses enhance consumers' recovery is ongoing, and will add to knowledge in this area (Chambers et al., 2019). It is clear from this study, however, that building therapeutic relationships with consumers in acute units enables nurses to influence not just recovery, but also consumers' perception and experience of safety. As such this study provides an important insight to inform local clinical practice and health service policy about the role and importance of nurses and the nursing role in the acute unit.

5.1 Limitations

This study has several limitations. Although participants had experienced admission in various acute mental health units, they were recruited from the Greater Sydney area that provides mental health services under a single state-based funding model and legal framework. As acute units in other jurisdictions may have elicited different experiences related to differences in funding, law and health policy, care should be taken in assessing the transferability of findings. As participants were reflecting on past experiences in acute units, some consumers' recollections may have been clouded by the passage of time. In line with the principles of qualitative research, participants were considered to be providing their interpretation of events as they recalled them (Lincoln & Guba, 1986). However, probing questions were used to fully explore their recollections. Additionally, as interview transcripts were not returned to participants, they did not have the opportunity to correct any interpretations. However, prolonged engagement of the primary researcher, the use of peer

debriefing and provision of direct quotations to support the analysis demonstrate credibility and confirmability (Lincoln & Guba, 1986).

Participants volunteered to participate in the study. Therefore, those who felt their safety had been either negatively or positively impacted during their admissions may have been more motivated to participate than those who had equivocal experiences.

6. CONCLUSION

Nurses have a substantial influence on participants' sense of safety in acute mental health units. Acute units are intended to be places of safety, but the focus of nursing care is often the physical safety of consumers and others. While managing risk is an important role for nurses in acute units, the dominance of this approach is at odds with what safety means for consumers. For consumers to perceive themselves to be safe in acute units, their psychological and emotional safety also needs to be addressed. Nurses can enhance consumers' perception and experience of safety in acute units by spending time with consumers, listening to them, and treating them with kindness and empathy. These nursing actions can be enabled by developing and supporting nurses' capacity to build therapeutic relationships with consumers.

7. RELEVANCE TO CLINICAL PRACTICE

This study supports nurses, managers, administrators, educators and other health professionals to understand the impact nurses have on consumers' perceptions and experiences of safety in acute units. These data highlight the need to challenge the dominance of risk-oriented approaches that undermine nurses' capacity to build therapeutic relationships with consumers, and instead promote models that enhance nurses' ability to spend time with consumers, listening and caring.

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