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THE WEIGHT OF COMPASSION: EMOTIONAL LABOR IN MENTAL HEALTH NURSING

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Abstract:
Redundancy, the inclusion of multiple independent elements to perform a task, is fundamental to enhancing the reliability of complex systems. A notable example is NASA's Apollo 10 mission, where redundancy enabled mission continuity despite a fuel cell failure. However, incorporating redundancy involves balancing reliability goals with constraints such as cost, weight, and size. This paper explores a redundancy allocation model focused on optimizing system reliability for systems composed of multiple independent subsystems arranged in parallel. Each subsystem is built from identical components, and the system's overall reliability is determined by the product of individual subsystem reliabilities. The model seeks the optimal number of components per subsystem to meet a defined reliability target, using rational parameters to represent component failure probabilities and required system reliability. This approach provides a structured framework for designing resilient systems while effectively managing limited resources.

Keywords: *Redundancy, Reliability, Optimization, Complex Systems*

Introduction

The term „limit setting" created in psychoanalytical theory where it centered on setting up the guidelines of the therapeutic relationship and used to be employed to guide treatment **(Sharrock & Rickard 2002),** where it focused on establishing the rules of the therapeutic relationship and was employed to guide treatments towards enhancing patients" sense of self **(Bloch & Harari, 2001).** The use of the term has since developed to include "modifying behavior and engaging patients in treatment". "Use of limit setting should be focused firstly on patients" safety, as it should prevent a patient from the dangerous consequences of their unsuitable behaviors such as another patient" violent reactions". "It can likewise be used in order to enhance patients" feelings of protection and containment through enabling them to reestablish their behaviors in a more socially acceptable and suitable way" **(Keltner & Hogan, 2003; Varcarolis & Halter, 2009; and Maguire, 2011).**

"In practice, this term is greatest frequently used by nurses to describe interventions designed to restrict or prevent disruptive behavior" **(Vante & Fagermoen, 2007).** "The limit setting can be also significant in patients" adjustment to unit rules and routines". "It is used with patients rely on acting-out or manipulative behaviors in fulfilling their requirements. Additionally, it can be helpful in managing explicit and hidden sexual behaviors as well as the disapproval of participation in the care plan" **(Keltner & Steele, 2015)**.

"The limit setting additionally protects the psychiatric/mental health nurse from burnout" (**Langley & Klooper**, **2005**), maintaining personal stability; hence promoting a quality relationship. Importantly, to

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keep suitable limits, psychiatric/mental health nurses must solely do things in the relationship they are comfortable with. As found by **Scanlon (2006),** "each psychiatric/mental health nurse should practice within their own scope of practice"."The healthy limits are those constraints that are set to make sure mentally and emotionally you are stable" **(Cleantis, 2017).**"Healthy limitations are essential aspect of self-care in all factors of our lives"**(Nelson, 2016).** "The setting limits help to avoid burnout and stay in this job longer" **(Bernstein-Yamashiro & Noam, 2013).** "This is important because it indicates that properly-set restrictions can help someone find more fulfillment and less stress in their work life, which accounts for a large part of a working person‟s day-to-day responsibilities and stress" **(Selva, 2018).**

"Limit setting is also used to describe a therapeutic strategy utilized in the care of patients that have difficulty setting limits on their own behavior, e.g., patients‟ with cognitive impairment or personality disorder". In the psychiatric setting, "it is the communication of boundaries and expectations within the relationship between patient and staff". "The establishment of boundaries provides structure, sense of caring, and can provide sense of relief and greater sense of control for the patient". They are vital to the maintenance of a therapeutic professional relationship between the patient and the staff and minimize manipulation and secondary gains for the patient.

"Limit setting does not ensure behavioral change but it does set parameters for acceptable behavior and gives the patient the best chance to change reactions and behavior if he/she has the skills and is willing to do so"**(Sharrock & Rickard, 2002).**

Significance of the Study

Limit setting is a "professional, multifaceted and diversified skill requires proficient, knowledgeable and experienced nurses to employ, in order to achieve its main objectives". Unfortunately, studies and the literature about the limit setting in the psychiatric fields were few, which highlighted the importance of this study in revealing psychiatric nurses and patients‟ perspectives as well as their information toward the use of the limit setting. This study was aiming to explore psychiatric patients' and nurses' perspectives of limit setting strategies in psychiatric hospital."Psychiatric nurses follow rules to set limits on patients‟ inappropriate behavior to direct physical and verbal interventions and regulate psychiatric unit interaction". "Rules are concrete tools for assessing the flexibility or rigidity of the ward social system because the approach in which they are applied and the relative importance involved to them indicates the responsiveness of nursing managements toward patients‟ needs". The process of the limit setting should be provided as a professional by the nurse and received therapeutically by the patient, so the patient considered a vital participant of the technique.

The establishment of limits provides an organization, a sense of caring, and can provide a sense of assistance and a better sense of control on the patient behavior. They are necessary to the maintenance of a therapeutic professional relationship or alliance between the patient and the staff and minimize manipulation and secondary gains for the patient. The limit setting does not ensure behavioral change; merely it does set out parameters for satisfactory behavior and gives the patient the greatest opportunity to change behavior.

"The limit setting helps to defend the patients from stressful behavior and enhance the patients‟ feelings of safety and containment". So it is necessary to explore psychiatric patients' and nurses' perspectives about the limit setting strategies.

Aim:

This study was aiming to explore psychiatric patients' and nurses' perspectives of the limit setting strategies in psychiatric hospital.

Research Question

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What are the perspectives of nurses and patients regarding limit setting strategies at psychiatric hospital?

Subjects and Methods

Design: A descriptive design was used in this study.

Setting: Thestudy was held at the Inpatient Departments of Psychiatric Hospital. It is Governorate hospital. It is affiliated to the General Secretariat of Mental Health (the Ministry of Health) at Beni-Suef Governorate, Egypt. The mental health service in this hospital provides free services for rural and urban for all age groups. Care is provided by a multidisciplinary team, psychiatrists, nurses, social workers and psychologists. The hospital has three floors, the first floor for the hospital‟s administrative offices and pharmacy; the second floor for male, and critical departments, the third floor for the female department and ECT room. The hospital has 130 beds, 97 patients, 67 nurses. It contributes care to inpatients and outpatient mental services for of both sexes and all types of mental illness.

Subjects: A convenience sample of available 50 nurses and 50 patients, which were agreed to participate in this study from the previously mentioned settings who met the following inclusion criteria:

1- **Inclusion criteria for nurses:**

Nurses, who were involved in the direct care of patients, have at least six months of experience and willing to participate in the study.

2- **Inclusion criteria for patients with psychiatric disorders:**

Subjects recruited in this study were in-patients with psychiatric disorders at Mental Hospital at Beni-Suef Governorate, according to the “Diagnostic and Statistical Manual of Mental Disorders” ("DSM-IV") edition and correspondence to the patients‟ sheets. At least the duration of illness 2 years, patients had insight about their illness, their age were above 18, both genders, and agreed to participate in the study**.**

Tool for Data Collection: composed of two parts:-

Part I: The Limit Setting Rules to Deal with Psychiatric Patient: Developed by the researchers, it included twentysix items. It is the same for patients and nurses. Where the reply was rated on a four-point Likert scale for each item, Strongly agree “3”; Agree “2”; Disagree “1”; Strongly disagree “0”. The total scores ranging from 0 to 78 it summed-up of the items and divided by numbers of them, giving a mean score. It‟s classified as the following: Less than 60% = inadequate perspectives about limit setting; 60% or more = adequate perspectives about the limit setting.

Part II: Socio-demographic Data Sheet: Was constructed by the researchers, it included two parts:

1- Socio-demographic and Clinical Characteristics of the Patient: It included six items concerned with sociodemographic characteristics of the studied patients such as age, gender, diagnosis, duration of illness, duration of staying in the hospital, and numbers of admissions.

2- Socio-demographic and Qualifications Characteristics for the Nurse. It included nine items concerned with socio-demographic characteristics of the studied nurses such as age, gender, qualifications, educational level, years of experience, the workplaces, attended workshops/training in psychiatric nursing, attended training in communication skills, and rules of dealing with the mental patient.

Methods

- An official permission to carry out the study was obtained from the Dean of the Faculty of Nursing to the Director of the identified study setting to take permission to collect data.
- The study tool was submitted to a jury of five experts in the psychiatric nursing and medical field to test “content validity”.
- Cronbach alpha was used to test the internal consistency of the items to test the reliability for the parts; it was 0.85 for the psychiatric nursing, and 0.79 for the psychiatric patients „perspectives and information about limit setting.

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Actual Study:

The researchers developed and tested the content validity of the tool. They distributed the tool of the study, after a full explanation of the aim and the scope of the study, it distributed on an individual basis as the initial baseline assessment to explore "psychiatric patients' and nurses' perspectives" of the limit setting strategies. The researchers asked the nurses to fill the tools in the presence of them for any clarification. The researchers helped the patients who couldn"t fill the tools. The researchers visited the psychiatric Hospital from 10 a.m. to 2 p.m. two days per week (Saturday and Monday).

Data collection completed through interviewing with the nurses and patients at psychiatric hospital inpatients departments, each interview lasted for 15 - 30 minutes depending on the response of the interviewer. Data were collected throughout four months from the beginning of January to the end of April of 2019.

Ethical Consideration

An agreement from the nurses to contribute to the study was considered after explaining the purpose of the study. "Confidentiality of the collected data and the right to withdraw from the study at any time was guaranteed". The study nature didn't cause any harm to the entire patients or nurses.

Pilot Study A "pilot" study was carried out to assess the clarity and understandability of the study tool before introducing it to the nurses and patients. Additionally, to evaluate the feasibility of the study tool in terms of acceptability to the participants. It also applied to estimate the approximate time required for interviewing the participants as well as to find out any problem or obstacle that might interfere with data collection. The pilot study was conducted for 5 nurses and 5 patients; they were excluded later from the actual study. According to its results, no modifications were made.

Statistical Analysis:

Data were numbered and analyzed using "SPSS version 21 (the Statistical Package for the Social Sciences)". "Data of quantitative form were analyzed by mean and standard deviation (SD). Data of qualitative form were presented in the form of number and percentage". It was analyzed by "Chi-square" "χ^2" and "t" test to compare between psychiatric patients" and nurses" perspectives and information about limit setting. "If an expected value of any cell in the table was less than 5, the Fisher Exact test was utilized". $P < 0.05$ was considered as statistically significant and P-value <0.001 was considered highly significant.

Results:

Table 1 showed socio-demographic and clinical characteristic of the studied patients. It represented that the highest percentages of 72.0% of patients were males. Nearly one-half of the studied patients (48%) were in the age group ranging between 35 to less than 40 years, with Mean ± SD = 35.19 ± 11.54. It showed that 28% of the studied patients had schizophrenia, 22% had manic disorder. As well, the duration of illness for 34% of patients was ten years and more. As regard, the duration of stay in the hospital 28% was more than a year. Concerning the number of previous hospitalization, about one third of them (36%) were admitted four times or more.

Table 2 clarified the socio-demographic and clinical characteristic of the studied nurses. It revealed that 74% of the nurses were female; about half of nurses (50%) aged from 20 to 35, most of them (72%) had a diploma of nursing education, 60% had less than five years of experience in working at the psychiatric hospital. The majority of nurses (80%) had previous training/workshops about psychiatric nursing. Also, most of the nurses (66%) attended training in communication skills. As well, the majority of nurses (88%) did not have training about applying the rules of limit setting for the patient with psychiatric disorders.

Table 3 represented differences between psychiatric patients" and nurses" regarding their perception of the rules of the limit setting. It was noticed that there was highly statistically significant difference between

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patients and nurses perspectives regarding many items; there were approved guidelines for applying rules of the limit setting recognized and announced (t = 2.199, P = 0.030), the limit setting is used to punish patients for their unacceptable behavior (t= 2.189, P = 0.031), The limit setting reduces the patient's violent and aggressive behavior (t = 2.475, P = 0.015), clarifying what is inappropriate and expected behavior of the patient is very essential (t = 2.295, P =
0.024), and the rules of limit setting of the patient help feel the physical and emotional security (t= 2.193, P =
0.031).

Table 4 demonstrated a comparison between psychiatric patients and nurses‟ perspectives of limit setting strategies among the studied nurses. It revealed that about two third (61.5%) of the studied patient had inadequate perspectives of the limit setting. While about two third of psychiatric nurses (62.5%) had adequate perspectives about the limit setting strategies. There were highly statistically significant relation between psychiatric patients‟ and nurses‟ perspectives about limit setting strategies (X2= 5.769, P = 0.014).

Table (1): Socio-Demographic and Clinical Data of the Studied Patients (n=50)

Socio-Demographic Data	N	Percentage
Age		
- < 20	3	6
- 20 to < 25	5	10
- 25 to <30	7	14
- 30 to <35	9	18
- 35 to <40	14	28
- 40+	12	24
Mean ± SD	**35.19 ± 11.5 4**	
Gender		
- Female	14	28.0
- Male	36	72.0
Psychiatric diagnosis:		
- Schizophrenia	14 7	28.0 14.0
- Depression	11	22.0 20.0
- Mania	10	16.0
- Schizoaffective disorder	8	
- Substance abuse		
Duration of illness (in years):		
- < 2	3	6.0
- 2 - < 5	12	24.0 36.0
- 5 < 10	18	34.0
- 10 +	17	
Duration of stay in the hospital (in month)		

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- 1 - < 2 -2- < 4 - 4 - < 8 - 8 - < 12 - 12 +	8 7 11 10 14	16.0 14.0 22.0 20.0 28.0
Number of previous psychiatric hospitals - once - twice - thrice - four times and more	 8 10 14 18	 16.0 20.0 28.0 36.0

Table (2): Socio-Demographic Data of the Studied Nurses (n=50)

Socio-Demographic Data	N	Percentage
Age (years) - < 20 - 20 to <35 - >35	 13 25 12	 26 50 24
Mean± SD	**27.32 ± 22.4 5**	
Gender - Female - Male	 37 13	 74.00 26.00
Educational level - Diploma - Technician - Bachelor degree	 36 13 1	 72.0 26.0 2.0
Years of experience in - < 5. - 5 to 10. - 10 to <15. - >15.	 30 14 3 3	 60.0 28.0 6.0 6.0
Workplaces: Female‟s word Male‟s word	 14 36	 28.0 72.0
Previous training/workshops about psychiatric nursing: - Yes - No	 40 10	 80.0 20.0
Attended training in communication skills		

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- Yes - No	33 17	66.0 34.0
Attended training about apply rules of the limit setting with the mental patient.		
- Yes - No	6 44	12.0 88.0

Table (3): Difference between Psychiatric Patients' and Nurses' Perspectives of the Rules of Using Limit Setting Strategies.

Items	Patients		Nurses		t	P-value
	Mean	SD	Mean	SD		
1- There are approved guidelines for applying the rules of the limit setting recognized and announced.	2.180	0.825	2.500	0.614	2.199	0.030*
2- Explain the objectives of the limit setting for the patient before use.	2.000	0.808	2.120	0.799	0.747	0.457
3- The limit setting should be used to treat all patients who do not follow instructions.	1.880	0.918	2.080	0.752	1.192	0.236
4- The application of the limit setting of treatment hinders the establishment of a therapeutic relationship with patients.	1.400	0.808	1.440	0.929	0.230	0.819
5- The limit setting is used to punish patients for their unacceptable behavior.	1.580	0.971	2.000	0.948	2.189	0.031*
6- The limit setting reduces the patient's violent and aggressive behavior.	1.600	0.782	2.000	0.833	2.475	0.015*
7- Do not use the limit setting because they make patients feel humiliated.	1.280	0.991	1.260	0.853	0.108	0.914
8- The limit setting rules used as a tool for						

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treatment rather than retaliation or punishment.	2.140	0.969	2.040	0.925	0.528	0.599
9- The limit setting rules increase the aggressiveness and violence of the patient with psychiatric disorders.	1.420	0.950	1.580	1.090	0.783	0.436
10- Make the patient feel neglected and that the nurse has no heart or mercy.	1.400	1.050	1.480	0.909	0.407	0.685
11- The rules apply in front of other patients to teach them at the same time.	1.480	0.931	1.600	1.125	0.581	0.563
12- Using the strict behavior by the nurse is the best method of applying the limit setting.	1.320	0.913	1.600	0.756	1.670	0.098
13- Provide the limit setting rules of treatment for	1.680	0.891	1.880	0.895	1.120	0.266
patients as a form of treatment of mental nurses.						
14- Clarifying what is the inappropriate and expected behavior of the patient is very essential.	1.460	0.762	1.840	0.889	2.295	0.024*
15- Display the limit setting rules for the same situation on all patients.	1.540	0.908	1.700	0.814	0.927	0.356
16- Interpretation of the consequences of inappropriate behavior of patients and cause applying the rules of the limit setting	1.980	0.869	2.020	0.915	0.224	0.823
17- The use of the threat method is effective for patients to adhere to appropriate behaviors.	1.320	1.019	1.600	1.050	1.353	0.179

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18- The nurse's behavior motivates the patient to behave better.	1.800	0.926	1.860	0.969	0.317	0.752
19- The rules of limit setting must be applied in a clear, simple and firm manner.	1.740	1.065	1.880	0.799	0.743	0.459
20- The rules of the limit setting are intended to show the patient acceptable and unacceptable behavior.	1.780	0.932	1.900	0.931	0.644	0.521
21- Use the rules of the limit setting to change the behavior of the patient that is disturbing or unsafe or destructive	1.920	0.877	1.860	0.783	0.361	0.719
22- Rules of the limit setting are part of the therapeutic relationship that nurses must develop and apply it in their care for patients.	1.920	1.007	2.060	1.038	0.684	0.495
23- Achieving consistency in the nursing staff's interactions reduces the patient's excitation and confusion.	1.820	0.850	2.140	0.926	1.800	0.075
24- The rules of the limit setting of the patient help to feel the physical and emotional security.	1.680	0.741	1.980	0.622	2.193	0.031*
25- Rules of the limit setting act as a useful tool in helping to reduce anxiety and depression.	1.600	0.857	1.720	0.948	0.664	0.508
26- The application of rules of the limit setting conduct to increase develops appropriate and correct behaviors.	1.880	0.824	2.020	0.685	0.924	0.358
Total Perception and Information	43.80	5.006	48.16	7.043	3.568	0.001**

* Statistically significant at P<0.05 ** highly statistically significant at P<0.01

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Table (4): Comparison between Psychiatric Patients and Nurses' Perspectives of Limit Setting Strategies

Variables	Inadequate		Adequate		χ^2	P-value
	N	%	N	%		
Psychiatric Patients	32	61.5	18	37.5		
5.769	0.014**	Psychiatric Nurses	20	38.5	30	62.5

* Statistically significant at P<0.05 ** highly statistically significant at P<0.01

Discussion

Limit setting is the action or process of intervening "that is frequently used by mental health nurses". There are evidence-based guidelines to assist nurses to set limits in a safe and effective manner (Maguire, Daffern & Martin, 2014). "Limit-setting involves establishing the parameters of desirable and acceptable behavior". The limit-setting refers to "all attempts to regulate patients" behavior, whether preplanned (such as the creation of hospital policies), responses to nondestructive situations (such as the enforcement of rules) or in response to disruptive or aggressive behavior (such as the use of restraint, seclusion, or verbal de-escalation techniques)" (Vatne & Holmes, 2006; Vatne &Fagermoen, 2007; Harwood, 2017). Limit setting is "generally recognized as a style used by an individual in order to set realistic and satisfactory limitations for other people, however, in the psychiatric field the concept is different".

In psychiatric settings, nurses frequently notice "patients for predictors of escalating behavior"(Mackay, Paterson & Cassells, 2005),"permitting them to intervene before in a destructive event". Likewise, "psychiatric nurses control the environment (tone, pace, activity level), trying to create a therapeutic milieu that may prevent patient behavioral escalation (Loucks et al., 2011; El-Azzab & Abd El-Aziz, 2018)."Nursing practice is patient driven and patient-centered. Patient satisfaction has been consistently advocated by nursing professionals to be an important indicator of the quality of nursing care delivery"(Berkowitz, 2016)."The patient perception is recognized as a central pillar of quality care and frequently included in healthcare planning and evaluation"(AlAbri& Al-Balushi, 2014).

Patient satisfaction is the patient's perception of care received compared with the care expected (Kvist et al., 2014; Chalise et al., 2018). "Patient's opinions are important because dissatisfaction suggests opportunities for improvement"(González-Valentín, et al., 2018). Limit setting strategies are focused on establishing the rules of the therapeutic relationship between nurse and patient. So the research question was what are the perspectives of nurses and patients regarding limit setting strategies at psychiatric hospital?

The results of the present study revealed that about two third of the studied patients had inadequate perspectives about the limit setting."While regarding psychiatric nurses perspectives about limit setting strategies", the result indicated that more than two third of had adequate perception about the limit setting with a highly statistically significant relation between psychiatric patients" and nurses" perspectives about limit setting. This result may be explained by that the limit setting "is a management that is frequently employed by mental health nurses, facilitates the growth of a therapeutic, caring and supportive relationships, it can also reduce patients" feelings of anxiousness and uncertainty". In addition to, the method in which nurses set limits encouragements patients" insights into the interactions and their emotional and behavioral responses. Limit setting is "likewise applied to identify a therapeutic strategy utilized in the care of patients that experience difficulty setting limits on their own behavior". In the setting of the psychiatric hospital, it is the communication of setting the limit and expectations within the relationship between patient and staff.

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These results were consistent with the results revealed by**El-Sayad (2018)** who found that "almost three quartersof the studied psychiatric patients stated that they have inadequate perception and information about limit setting technique and communicated their wondering expressions and hints during assessing their opinions". Also this result went in the same line with **Pope and Vasquez, (2011); and Pam (2018)**who displayed that "the violence toward psychiatric health care professionals occurs at a horrible rate, many critical care settings are not adequately trained to deal with this behavior".

In this respect **Nijman (2002); Roberton et al. (2011); Tishler, Reiss andDundas (2013)** reported that "in adequate patients perception and information and recommended for additional training for mental health professionals to facilitate the development of therapeutic, managing and supportive relationships between the psychiatric patients and nurses to improve patients‟ perspectives and information about the quality of care". This result was inconsistent with the study of **El-Sayad (2018)**found that "the psychiatric nurses working at a psychiatric hospital have insufficient perception and information concerning limit setting in which use of threats and authoritarian communication is nurses‟ style of application".

Regarding the rule of using limit setting, the finding of the current study represented statistical significant relation between patients and nurses perspectives regarding many rules as: there were approved guidelines for applying rules of the limit setting recognized and announcement, the limit setting was used to punish patients for their unacceptable behavior. The limit setting reduced the patient's violent and aggressive behavior, clarifying what was inappropriate and expected behavior of the patient was very essential, the rules of limit setting of the patient help to feel the physical and emotional security. The results of the study validated those reported by**El-Sayad (2018)** who "highlighted that the psychiatric patients noticed the limit setting technique as nurses‟ manner of punishment as well as embarrassment for them", and they had "negative experiences with limit settings that contributed to the enforcement of misconceptions and negative opinions about the limit setting". This means that the psychiatric patients had bad impression in the way that the psychiatric nurses related to them, and they needed more explanations about the use of limit-setting strategies. In line with the foregoing **Roberton, et al. (2011)** found that "limits can be set by nurses in techniques that were satisfactory or unaccepted by service users. One consequence of rejection may be that a service user behaves hostilely toward the nurse".

These results were consistent with **Pam (1994); Sharrock & Rickard, (2002)**who clarified that "in response to acting out, the therapist set limits on behavior and sets out the boundaries within which the person is expected to behave. "The therapist acts as a „firm but fair authority figure that sets standards and inculcates responsibility". "The client usually initially resists and resents the limits and may respond with anger because of the authoritative nature of the intervention".

This result contradicted the results of **Neale & Rosenheck, (2000)** who found that, "limit-setting is negatively associated with staff and client perceptions of the therapeutic alliance"**. Conclusion** According to the findings of the present study "it can be concluded that" most of the studied psychiatric patients had an inadequate perspectives about limit setting while more than two third of the studied nurses' had an adequate perspectives about limit setting, with a highly positive statistically significant difference between psychiatric patients‟ and nurses‟ perception about limit setting strategies in psychiatric hospitals.

Recommendations

- The psychiatric nurses should be provided with training about nurse-patient relationship, communication skills, and using of limit setting strategies.
- Concerning, patients with psychiatric disorders, they should have provided an explanation about limit setting strategies, which emphasizing its therapeutic purposes and consequences in order to modify misconceptions they acquired about limit setting.

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