

RESEARCH ARTICLE

Challenges of Discharge Management Performed by Psychiatric Nurses: Aggregate Nursing Challenges by Meta Synthesis

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Abstract

This study utilized meta-synthesis methods to identify issues in discharge support for nurses as perceived by psychiatric nurses and to obtain suggestions for building support that will improve discharge support practice. The Central Journal of Medicine Web, PubMed, and CINAHL or MEDLINE were searched. Eight articles met the eligibility criteria for primary and secondary screening and were reviewed by two researchers to identify challenges in discharge support for nurses, as perceived by psychiatric nurses. Nine concepts were formed regarding the difficulties of discharge support for psychiatric nurses, suggesting a need to change nurses' attitudes and awareness of discharge support. However, all articles reviewed in this study were from Japan, and the issues in discharge support as perceived by psychiatric nurses may reflect the socio-cultural background of Japan. Therefore, it is necessary to conduct joint research with other countries in the future to build support in line with the socio-cultural background of Japan.

Keywords: Psychiatric Nurses, Discharge Support, Challenges, Meta-Integration.

1. Introduction

Psychiatric reforms in many countries have shifted the focus of patients' lives from inpatient to community care to break away from the closed nature of psychiatric care. According to trends in mental health and welfare¹), the number of psychiatric beds in Australia and other countries drastically reduced in the 1960s and 1970s. This was followed by a decrease in the number of psychiatric beds in Finland and the UK in the 1980s. Psychiatric reforms in Australia¹) have included adopting a GP system, in which family doctors provide primary care from a catchment area system and referrals to specialists when necessary, increased government expenditure to improve community care, and the development of staff for community care. In Finland, it is mandatory to participate in a two-day workshop every six months

to reform mental health care. In the UK, psychology graduates practice cognitive-behavioral therapy and collaborate with other professionals to facilitate the transition to community care. However, in Japan, as expressed in the statement, "The hundreds of thousands of mentally ill individuals in our country have the misfortune of being born in this country in addition to the misfortune of suffering from this disease"²), the situation is different. Compared to other developed countries, psychiatric beds in private hospitals account for 90% of the total, and the number of patients in seclusion rooms and physically restrained patients is over 20,000 per day³). The situation continues to run counter to the transition to the community, and even when examining countries, there is a lack of alignment in promoting mental health reforms. Creating an environment of community care

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is crucial. It is widely acknowledged that discharge support from healthcare professionals, particularly psychiatric nurses, is pivotal in facilitating the transition of patients from inpatient to community care. This situation may affect the ability of psychiatric nurses to provide discharge support, as they may be critical players in the patient's transition from inpatient care to the community. However, it cannot be said that psychiatric nurses have sufficiently examined the cases they perceive as their challenges in providing discharge support. Therefore, this study aimed to use meta-integration methods to clarify the issues psychiatric nurses consider in discharge support and to create primary data for constructing an educational program to improve discharge support practice skills.

2. Research Methods

The Clinical Question (CQ) was, "What challenges do psychiatric nurses perceive in supporting nurse discharge?"

2.1 Systematic Review Protocol

In conducting the meta-synthesis, the systematic review (SR) protocol was developed based on the approach of the Joanna Briggs Institute (JBI) Qualitative Assessment and Review Instrument⁴). This review was conducted using the following inclusion and exclusion criteria:

2.1.1. Inclusion Criteria

Inclusion criteria were as follows:① Participants or individuals: nurses on psychiatric wards;② Phenomena of interest: psychiatric nurses' perceptions of discharge support issues for nurses;③ Context: psychiatric hospitals;④ Type of study design: qualitative study without limitation of traditions and methodologies.

2.1.2. Exclusion Criteria

Concerning the evaluation items for qualitative research by the JBI, the following exclusion criteria were used:① the purpose of the study was not clearly stated, ② the selection method of the participants was not clearly stated, ③ the data collection and analysis methods were not clearly stated, ④ the relationship between the subjects and researchers and ethical considerations were not described, ⑤ the analysis process was not clear, and ⑥ the results were not presented. This study also excluded cases in which the CQs were not presented.

Additionally, to select articles that fulfilled the CQs, this article excluded, ⑦ the participants were not psychiatric nurses, ⑧ there was no description of

discharge support, ⑨ there was no description of discharge support issues, ⑩ there was no description of discharge support issues perceived by psychiatric nurses themselves, ⑪ that were not qualitative studies, and ⑫ review articles.

2.2 Database Research

A comprehensive literature search was conducted using the Central Journal of Medicine Web, PubMed, and CINAHL/MEDLINE databases. The search terms were "psychiatric nurse" and "discharge support," "psychiatric nurse" and "community transition support," "ward nurse" and "discharge support," "ward nurse" and "community transition support." Moreover, a manual search was conducted to check whether any target studies corresponded. The search criteria were only those studies that described issues related to discharge support for nurses captured by psychiatric nurses; no other search criteria were set to conduct an exhaustive search (date of the last inspection: December 13, 2023).

The literature identified in the exhaustive search underwent independent initial screening by two researchers. Articles that did not align with the study's clinical questions based on their titles and abstracts, or those with similar themes and authorship, were considered duplicates. Thus, they were subsequently excluded from the eligible literature. In the secondary screening, two researchers independently read the complete text of selected articles that met the criteria. Both researchers compiled the results, and in cases of disagreement, a third opinion was sought to determine which articles to be selected.

2.3 Method of Analysis

The following procedure was used as a method of meta-integration concerning the JBI meta-aggregation approach⁴), which aimed to build evidence for practice⁵). As a result of the search and selection, the literature targeted for integration was analyzed with a focus on the issues that psychiatric nurses identified as challenges in providing discharge support. The analysis targeted the description of the results. First, the extracted studies were read and compared, and specific details describing the challenges in discharge support were extracted. The researcher's content descriptions, categorized and subcategories, were used as verbatim as possible. After removing the issues in discharge support for psychiatric nurses in the target literature as research results, they were compared, similarities and differences were examined, and categories were extracted by integrating the results.

The categories were then compared and analyzed, and the synthesis results were consolidated into a concept. Furthermore, we classified the issues that psychiatric nurses perceive in discharge support as nurse factors and multidisciplinary factors and then examined the relationships between the concepts. Multiple psychiatric nursing researchers and practitioners, including co-researchers, reviewed the selected studies to ensure their validity.

2.4 Ethical Considerations

Every effort was made to protect the copyright of the literature covered in this study, and two researchers extracted the results to ensure that the content of each article was not compromised. No conflicts of interest existed in this study.

3. Result

3.1 Literature Search Results

The results of the literature search are shown in Fig.1.

A total of 564 articles were retrieved from the Central Journal of Medicine Web, 429 from PubMed, and 26 from CINAHL and MEDLINE. The manual search yielded two articles. Duplicate references and references that met the exclusion criteria established for this study were removed. Finally, eight references that the researchers confirmed to meet the eligibility criteria were included in the analysis.

3.2 Overview of the Target Literature

Details of each of the included literature are given in Table 1.

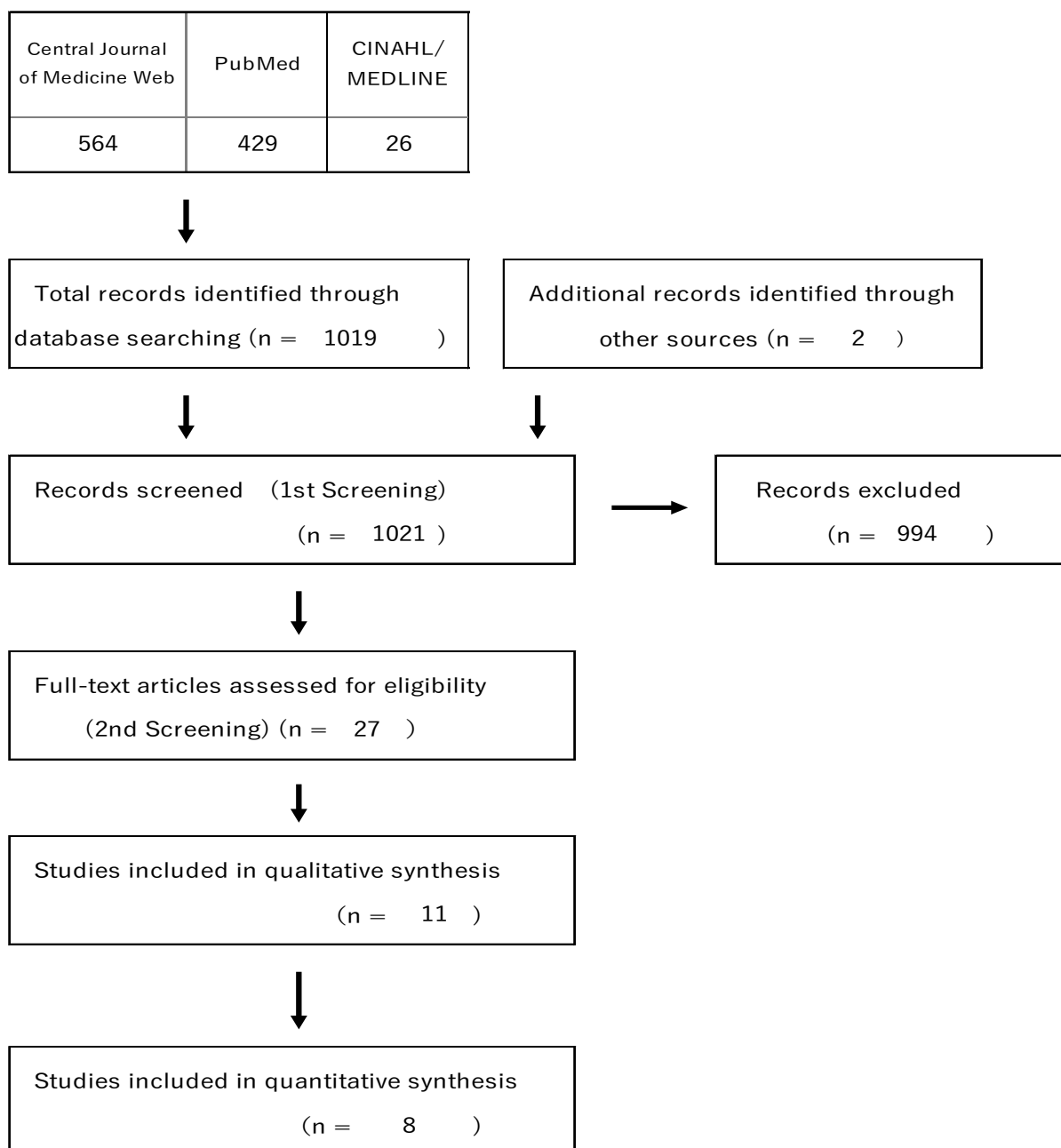


Figure1. Literature Search Flowchart

Table 1. Details of subject literature

No	Author, Year of publication	Type	Subjects	Design	Data collection method	Analysis Method	Nursing Challenges
1	Tanaka, R., et al... 2013	proceedings	nurse : 22	qualitative study	Questionnaire (Free text: The validity of the questionnaire content was reviewed among the researchers.)	Content analysis (Berelson,B)	Insufficient cooperation, insufficient explanation to family, insufficient discharge coordination, Differences in perception, Unclear direction of discharge, insufficient knowledge of nurses, Difficulty in acceptance by facility, insufficient information sharing with family, insufficient education to family, Familiarity, Lack of motivation of nurses, Difficulty in nursing development
2	Kondo, M., et al... 2014	proceedings	nurse : 8 (Nurses who currently provide or have provided pre-discharge visitation guidance) *Includes one nursing manager who acts as facilitator	qualitative study	interview	Content analysis	1. Acute Care Unit [Nurses' Current Situation [Nurses' Thoughts] Thoughts on Pre-Discharge Home Visiting Guidance [Relationship to Nursing Motivation] Nurses' dilemma about visiting guidance [Insufficient nurses' recognition] Insufficient recognition of pre-discharge visitation guidance [Insufficient knowledge of nurses] Insufficient knowledge of reimbursement 2) Factors that make home-visit difficult [Factors on the part of the health care provider] Characteristics of acute care nursing, discrepancies in evaluation criteria 3) Difficulties in providing home visitation guidance [Insufficient manpower] Lack of nursing staff, lack of male nurses 4) Practice of home-visit guidance [Securing time for guidance] Securing time for visiting guidance 2. Chronic Care Unit 1) Current situation of nurses [Insufficient recognition by nurses] Insufficient recognition of reimbursement [Insufficient knowledge of nurses] Insufficient knowledge of pre-discharge visiting guidance 2) Difficulties in providing home visit guidance [Insufficient manpower] Insufficient nursing staff
3	Hayama, S., et al... 2015	proceedings	nurse : 21	mixed study	interview	NA	<ul style="list-style-type: none"> Emergency wards focus on acute care nursing and care. When a patient is in poor condition, there is no time to think about what happens after discharge, and it is difficult to get a complete picture of the patient. It is difficult to have an image of what to expect after discharge. The challenge is to apply knowledge as experience.
4	Nakano, A 2015	proceedings	nurse : 6 (Nurses who have been involved in supporting the discharge of patients in their charge in closed wards in the past two years)	qualitative study	interview	qualitative inductive analysis	<ul style="list-style-type: none"> [Problems with the hospital ward system] Many issues to which nursing should direct its efforts, inadequate work flow, lack of time for patient involvement, lack of effective conferences in the ward, and few experienced discharge support staff. [Issues with the education system for the nurse in charge] Anxiety about the content of support. [Insufficient cooperation with the support team] Lack of autonomy of the nurses, awareness of their own discipline as nurses, lack of interest in the activities of other professions, nurses in charge not expressing their thoughts and feelings
5	Horikoshi, M 2016	proceedings	nurse : 5	qualitative study	interview	qualitative inductive analysis	<ul style="list-style-type: none"> [Nursing-related difficulties] Nurses are not competent, inability to establish a nursing plan, narrowing of perspectives, primary rather than team-based, nurse-centered discharge support, chronic environment that makes it difficult to discharge, misalignment with hospital policy
6	Kobayashi, K., et al... 2017	article	nurse : 9 (Nurses with opportunities to be involved in discharge support)	qualitative study	interview	qualitative inductive analysis	<ul style="list-style-type: none"> [Physicians and PSWs are mainly involved and nurses are not involved] Nurses are not involved. [Insufficient knowledge of discharge support as a nurse] I do not know the information necessary for discharge support, and cannot make plans or give advice for discharge support. [Insufficient information sharing among nurses and between multiple professions] Insufficient information sharing among nurses, and lack of multidisciplinary and care conferences with discharge support in mind. [The role and function of the primary care system is not being fulfilled] Insufficient involvement as primary caregiver, responsibility of primary caregiver
7	Ooba, N., et al... 2020	article	nurse : 5 (Nurses with experience providing discharge support to long-term hospitalized patients)	qualitative study	interview	qualitative inductive analysis	<ul style="list-style-type: none"> [Role awareness] Temperature differences among nurses, changing nurses' own awareness
8	Fukuura, Y., et al... 2022	article	nurse : 20	qualitative study	interview	Modified Grounded Theory approach (M-GTA)	[Frustration of not being able to be involved in discharge support] I don't know what my role is in discharge coordination.

Although the review was not initiated for a single country, all articles that met the eligibility criteria for this study referred to the challenges of discharge support for nurses as perceived by psychiatric nurses in Japan. Eight eligible references by year were conference proceedings conducted between 2013 and 2016. Original papers were found only from 2017 onward. More than 60% of all the articles (5 of 8) were conference proceedings, and only three were

original papers. Regarding study design, one study was a mixed quantitative and qualitative study (No. 3); however, only the results of the qualitative study were extracted.

3.3 Challenges of Discharge Support for Nurses as Perceived by Psychiatric Nurses

The synthesis results in the target literature are listed in Table 2.

Table 2. Psychiatric Nurses' perceptions of the Challenges of Discharge Support for Nurses

Factors	Item	Concept	Combined Result	Category / Article number				
Nursing Factors	Lack of practical skills	lack of knowledge	methodology is not understood	lack of knowledge of nurses / 1				
			awareness is lacking	nurses' dilemma for visiting guidance / 2				
			the whole picture of the patient cannot be grasped	lack of knowledge of reimbursement / 2				
		insufficient practical ability		lack of information needed to support discharge	role is not understood	lack of information needed to support discharge / 6		
					insufficient practical ability	lack of awareness of pre-discharge visit guidance / 2		
					insufficient practical ability	difficulty in getting a complete picture of the patient / 3		
				insufficient practical ability		knowledge cannot be translated into practice	role is not understood	unsure of their role in discharge coordination / 3
							unable to provide nursing care	challenges in applying knowledge as experience / 3
							unable to provide nursing care	difficulty in nursing development / 1
				insufficient practical ability		unable to provide nursing care	unable to provide nursing care	unable to establish a nursing plan / 5
							unable to provide nursing care	narrowing of viewpoints / 5
							unable to provide nursing care	unable to plan or advise / 6
							unable to coordinate	lack of discharge coordination / 1
							unable to coordinate	insufficient explanation to family / 1
							unable to coordinate	insufficient information sharing with family / 1
insufficient practical ability		unable to coordinate	unable to coordinate	insufficient education for families / 1				
			the focus is not on the patient	nurse-centered discharge support / 5				
			Insufficient involvement	insufficient involvement as primary / 6				
Physical challenges	not having the time	lack of personnel	lack of personnel	primary responsibility / 6				
			lack of personnel	not involved as a nurse / 6				
			lack of personnel	shortage of Nursing Staff / 2				
		no time due to the large amount of regular nursing work		no time due to the large amount of regular nursing work	no time due to the large amount of regular nursing work	lack of male nurses / 2		
					no time due to the large amount of regular nursing work	lack of experienced discharge support personnel / 4		
					no time due to the large amount of regular nursing work	thoughts on pre-discharge visiting guidance / 2		
					no time due to the large amount of regular nursing work	securing time for visiting guidance / 2		
					no time due to the large amount of regular nursing work	many issues to which nursing power should be directed / 3		
					no time due to the large amount of regular nursing work	insufficient coordination of my work / 3		
		not having a common understanding		conflicts with other professions	not having a common understanding	insufficient time to engage with patients / 3		
					not having a common understanding	nurses' territoriality / 4		
					not having a common understanding	not uniform among nurses / 7		
		not suitable		not suitable	not suitable	primary rather than team / 5		
					not suitable	characteristics of acute care nursing / 2		
					not suitable	focus on acute care nursing and care / 3		
Psychological challenges	no sense of accomplishment	a lack of motivation	a lack of motivation	chronic environment that makes it difficult to discharge patients / 5				
			a lack of initiative	habituation / 1				
			lack of confidence	lack of motivation among nurses / 1				
Multi-professional Factors	Lack of practical skills	lack of collaboration	information is not shared	lack of initiative of nurses / 4				
			information is not shared	anxiety about the content of support / 4				
			information is not shared	lack of cooperation / 1				
		lack of collaboration		information is not shared	lack of collaboration	unclear discharge direction / 1		
					lack of collaboration	insufficient information sharing as nurses / 6		
					lack of collaboration	insufficient as a conference / 6		
		no interest in other professions		could not express their opinions	no interest in other professions	lack of interest in activities of other professions / 4		
					could not express their opinions	the nurse in charge does not express his/her thoughts / 4		
					could not express their opinions	discrepancies in perception / 1		
		Physical challenges	not having a common understanding	not having a common understanding	not having a common understanding	discrepancies in evaluation criteria / 2		
					not having a common understanding	misalignment with hospital policy / 5		
					not having a common understanding			

From the eight studies analyzed, 47 categories were synthesized, resulting in 21 synthesis results. The integration resulted in seven concepts for the nurse factor: two for the lack of practical skills, three for physical challenges, and two for psychological challenges. The multidisciplinary factors, resulted in two concepts, of which lack of practical skills and physical challenges were grouped into one concept. From the following text, “ “ indicates the result of the concept, and < > indicates the integration result.

3.3.1 Nursing factors

The following are nursing factors that psychiatric nurses consider challenging when providing discharge support.

3.3.1.1 Lack of Practical Skills

In the “lack of knowledge” category, it was confirmed that <methodology is not understood> in discharge support. A situation in which the methodology is not understood can easily develop into a situation in which the <role is not understood> or <awareness is lacking>. However, situations where <the whole picture of the patient cannot be grasped> can be considered an issue that arises before discharge support can be provided. The concept of “insufficient practical ability” confirmed that <knowledge cannot be translated into practice> regarding discharge support. In situations where discharge support is provided mainly by nurses and <the focus is not on the patient>, not only will psychiatric nurses be <unable to provide nursing care>, but they will also be <unable to coordinate> the discharge of patients and their families, which is expected to result in <insufficient involvement>.

3.3.1.2 Physical Problems

In the concept of “not having the time,” it became clear that there was a <lack of personnel> to provide discharge support and that there was <no time due to the large amount of regular nursing work>. In the concept of “not having a common understanding,” the pride in the professional identity of nursing professionals led to <conflict with other professions>, and even between nurses, there was a dilemma of <not having a common understanding> regarding discharge support. In addition, depending on the severity of the patient’s symptoms, they perceived the environment as <not suitable> for providing discharge support and consciously determined the suitability and instability of discharge support.

3.3.1.3 Psychological Problems

In the concept of “no sense of accomplishment,” nurses

felt that their issues were <a lack of motivation> to provide discharge support and <a lack of initiative> in providing discharge support. In the concept of “lack of confidence,” it became clear that they were <anxious> about providing discharge support.

3.3.2. Multi-professional Factors

The following are multi-professional factors that psychiatric nurses consider as issues for multiple professions, including nurses when providing discharge support:

3.3.2.1. Lack of Practical Skills

In the concept of “lack of cooperation,” it was confirmed that nurses thought that <information is not shared> with other professionals in discharge support. In addition, even before information sharing was possible, it was confirmed that there was <no interest in other professions> and that nurses <could not express their opinions> to other professions.

3.3.2.1. Physical Problems

In the concept of “no common understanding,” it was felt that there was <not having a common understanding> with other professions regarding the direction of discharge support.

4. Discussion

4.1. Target literature

In this study, we conducted a meta-integration method to organize the issues of discharge support for nurses as perceived by psychiatric nurses to create basic materials to construct support. Considering that the target literature in this review was only Japanese papers, potentially, the results of this review are characteristic issues strongly influenced by Japan’s socio-cultural background instead of common issues in discharge support for nurses as perceived by psychiatric nurses worldwide. Therefore, this point must be considered. In Japan, studies have focused on psychiatric discharge support. However, most articles focused on patient or family factors as obstacles to discharge support⁶⁻⁷⁾. With only eight articles in this review addressing issues perceived by psychiatric nurses themselves, it suggests—though not conclusive—that the lack of progress discharge support within Japanese psychiatry may stem from a prevailing belief in Japanese society or among medical professionals, including nurses, that patient or family factors are the primary obstacles. It is necessary to consider this, including nurses’ thoughts and approaches when providing discharge support.

4.2 Issues in Discharge Support for Nurses as Perceived by Psychiatric Nurses

Since all the literature covered in this review was from Japan, the focus of the study was psychiatric care in Japan.

Discharge coordination is defined as a management process⁸⁾ that involves integrating the environment, individuals, resources, the social security system, and community resources based on the patient and family's preferences, aiming to achieve patient self-determination. In psychiatry, discharge support is positioned as assistance to facilitate patients' smooth transition from hospital to community life and ensure subsequent stability in the community⁹⁾. Medical professionals need to view people with mental disorders as ordinary persons in the community and for ordinary persons to see themselves as residents and build a mutually equal relationship of support¹⁰⁾. Even today, the practice of nurse-centered discharge support (No. 5), as described in the literature included in this review, persists alongside the outdated paternalistic view of nursing¹¹⁻¹²⁾, which remains prevalent among psychiatric nurses in Japan. There is a need for change so that nurses can provide assistance that focuses on the patient's potential¹³⁾, emphasizing the importance of transitioning to nursing practices that empower patients to make their own decisions¹⁴⁾.

In Japan, following the enactment of the Mental Health Act, there has been slow but steady progress in the functional differentiation of wards, improvement of hospital amenities, reduction in hospital beds, and promotion of community care. The number of short-term inpatients with high turnover of admission and discharge is increasing due to advances in treatment techniques in psychiatric care and the development of community care¹⁵⁻¹⁶⁾. In Japan, the state of psychiatric care and that of psychiatric nurses has been discussed. However, the reality is that, as revealed in this review, the situation has not changed, even if we compare the oldest situation of nurses in 2013 (No. 1) with the latest current situation in 2022 (No. 8). Research on discharge support by psychiatric nurses in Japan is increasing. However, most studies focus on patient or family factors as obstacles to discharge support, with few addressing the challenges nurses or other medical professionals face. It cannot be denied that this lack of awareness and the tendency to attribute causes to others may constitute obstacles to discharge support. Although this is not necessary, as mentioned in the literature reviewed in this review (No. 7), it can be said that Japanese psychiatric nurses first need to

change their awareness and attitude¹³⁾.

This review created the concept of a "lack of common understanding" for nursing and multiprofessional factors. Regarding nursing factors, there was a variation in enthusiasm among nurses when it comes to providing discharge support (No. 7). Concerning multi-professional factors, it was observed that doctors and mental health and welfare workers were predominantly involved, whereas nurses were not as prominently engaged (No. 6). It is expected that nurses will not reach a common understanding of discharge support, not only among themselves but also among other professions. It has also been reported that nurses lack initiative in discharge support and have territorial consciousness as nurses and a lack of interest in the activities of other professions (No. 4). Simultaneously, the ambivalent psychological aspects of nurses can be seen. These include the dilemma of not being able to be involved in discharge support (No. 2) and frustration (No. 8). Regarding discharge support policies, psychiatric nurses stated that not only do they differ from the policies of other professions but also from the hospital's policies (No. 5). However, when we look back at the awareness and attitude of nurses regarding discharge support, including the fact that nurses do not do what they should do¹⁷⁾, it is easy to imagine that this situation could occur. During this review, the concept emerged that there is often too much regular nursing work to "have the time" to dictate discharge support. Previous studies have also indicated that approximately 60% of surveyed nurses expressed similar concerns¹⁸⁾. It cannot be denied that nursing work is demanding, but a demanding environment is not the only problem. This perception of discharge support by nurses limits their opportunities to learn about the medical situation and the actual conditions in the area. Consequently, they may feel less inclined to address these needs, potentially narrowing the scope of nursing care to focus solely on hospitalized patients and providing assistance¹⁹⁾.

Previous studies have also revealed that although nurses and other professionals recognize discharge coordination by nurses as necessary, they do not do so intentionally and face difficulties²⁰⁻²¹⁾. Nurses have difficulty holding conferences, communicating, and coordinating with other professionals²²⁾. A multidisciplinary team from medical and community facilities works together in psychiatric discharge support. Therefore, a discharge coordinator is needed to ensure that the team functions of the discharge

coordinator work well⁹). However, previous research on joint conferences between multiple professionals, including doctors, doctors, and nurses, has stated that there is no moderator or facilitator to discuss discharge. It has also been said that nurses question the necessity of conferences because of the possibility of conflicts of opinion with doctors¹⁸). Previous research has indicated that the motivation and enthusiasm of nurses influence the quality of nursing care provided during discharge support and are believed to determine the effectiveness of such support²³). A study investigating the appeal of psychiatric nursing noted that it compels nurses to reflect on the essence of nursing and the nature of humanity through direct human contact, encouraging their personal growth. This process naturally cultivates a counseling mindset, providing a moderate sense of satisfaction and accomplishment in nursing²⁴). Additionally, it highlights that nurses are actively involved with patients as the main actors²⁵⁻²⁶). Before psychiatric nurses judge that there is “no common understanding” or “no sense of accomplishment” regarding discharge support among themselves and other professions, they must first become critical persons in providing discharge support to patients. Further, there is a need to have the awareness and attitude to commit to discharge support actively. If they have this awareness and attitude, they will seek opportunities to improve themselves regarding discharge support. Thus, we believe that they will naturally begin to see clues to solving issues such as “lack of knowledge” and “lack of practical ability,” and practical ability.

In recent years, a psychiatric admission or discharge support premium has been established in Japan to promote the transition of mentally disabled patients from hospitalization to community²⁷). This measure aimed to conduct a new evaluation of admission or discharge support in psychiatric beds and review the existing assessment of discharge support. In particular, they were considering the effect of discharge adjustments implemented early in hospitalization for patients admitted to psychiatric beds. Specifically, a new evaluation system will be established for patients admitted to psychiatric beds who receive admission or discharge support based on comprehensive support management from the early stages of hospitalization. Eligible patients were hospitalized with factors that made it difficult to discharge them and who wished to recuperate at home. Facility standards require the placement of a full-time nurse or full-time mental health and welfare worker to provide admission

or discharge support, and a system for community transition is beginning to be established.

However, even if hospitals promote discharge and improve the local environment to encourage community transition and a system of collaboration between hospitals and the community is in place, psychiatric discharge support cannot be considered improved unless the awareness and attitude of medical professionals, especially nurses, who are the key players, also improves. In solving the issues surrounding discharge support for psychiatric nurses, it is necessary to use the results of this review as basic information and create an intervention program that leads to changes in awareness and attitude.

4.3 Research Limitations and Prospects

In this study, we conducted a meta-synthesis to organize the challenges psychiatric nurses face and create basic materials that will lead to support creation. Psychiatric nurses were aware of the challenges nurses face in discharge support. However, given that the target literature was limited to Japan, the review results were potentially heavily influenced by the socio-cultural background of Japan rather than the challenges faced by psychiatric nurses worldwide. In the future, based on the current state of psychiatric care in Japan, we need to work in cooperation with the government and others. This is to create an environment where the transition from hospitalization to discharge is smooth and psychiatric nurses can recognize the significance of discharge support. To this end, it is necessary to continue research to raise issues regarding the challenges faced by psychiatric nurses and psychiatric care.

Furthermore, referring to previous literature, we conducted a meta-synthesis based on the method and recommended criteria that best suited the research objectives. However, it is said that the interpretation of differences and contradictions between the findings of primary research papers and methods for analyzing primary research papers from a perspective different from primary research papers have not yet been clarified²⁸). Therefore, applying other methods and criteria may result in different meta-synthesis results. We believe quantitatively organizing the synthesis results will be necessary to use the results revealed in this study as evidence for clinical practice. Further, it is essential to examine, based on empirical data, the relationship between the analysis of practice structures and the background factors that affect them.

5. Conclusion

We used a meta-synthesis method to clarify the issues related to discharge support for psychiatric nurses. However, this study is a review specific to the issues of discharge support in Japan. Thus, there is a need to accumulate research to build support that considers Japan's socio-cultural background and issues of psychiatric care as a whole.

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