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Factors Affecting the Quality of Nursing Care in Community Mental Health Centres: A Qualitative Study

Toplum Ruh Sağlığı Merkezlerinde Hemşirelik Bakım Kalitesini Etkileyen Faktörler: Nitel Çalışma

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ABSTRACT Objective: Community mental health practices play a significant role in mental illness prevention. It is critical for nurses who play critical roles in the protection, growth, and rehabilitation of community mental health to deliver high-quality care. Nurses face challenges due to issues and limitations at the community mental health center. Also this situation can be impact on the quality of care. This study was planned to examine the factors affecting the quality of nursing care in community mental health centers. **Material and Methods:** The study was conducted with 12 volunteer nurses using a phenomenological research design, which is a qualitative research design. Interviews were conducted individually and face-to-face. The data were analyzed using Colaizzi's phenomenological analysis method. **Results:** In the analysis of the data, 4 categories (challenges with care and treatment, deficiencies at the community mental health center, views on the benefits of community mental health center, and recommendations for improving the quality of health care) and 13 main themes (medications, physician, communication, psychiatry service, equipment, team, space and equipment, functionality, communication, treatment and care, social aspects, team, social activities, and facilities and equipment) were identified. **Conclusion:** The study thoroughly evaluated the factors affecting the quality of nursing care in community mental health centers and suggested potential solutions.

Keywords: Community mental health sevrices; psychiatric nursing; qualitative research

ÖZET Amaç: Toplum ruh sağlığı uygulamaları ruhsal hastalıkları önlemede önemli bir yer tutmaktadır. Toplum ruh sağlığının korunması, geliştirilmesi ve rehabilitasyonunda önemli roller üstlenen hemşirelerin kaliteli bakım sunması oldukça önemlidir. Hemşireler toplum ruh sağlığı merkezindeki sorunlar ve sınırlamalar nedeniyle zorluklarla karşılaşmaktadır. Ayrıca bu durum bakımın kalitesini de etkileyebilir. Bu çalışmanın amacı; toplum ruh sağlığı merkezlerinde hemşirelik bakım kalitesini etkileyen faktörleri derinden incelemek için planlanmıştır. **Gereç ve Yöntemler:** Bu araştırmada nitel araştırma deseni olan fenomenolojik araştırma tasarımı kullanılmıştır. Bu nitel araştırma 12 gönüllü hemşire ile yapılmıştır. Görüşmeler bireysel olarak ve yüz yüze gerçekleştirilmiştir. Veriler, Colaizzi'nin fenomenolojik analiz yöntemi kullanılarak yapılmıştır. **Bulgular:** Verilerin analizinde 4 kategori (bakıma ve tedaviye ilişkin yaşanan zorluklar, toplum ruh sağlığı merkezindeki eksiklikler, toplum ruh sağlığı merkezinin faydalarına yönelik düşünceler ve sağlık bakım kalitesinin artırılmasına yönelik öneriler) ve 13 ana tema (ilaçlar, hekim, iletişim, psikiyatri servisi, araç-gereç yönünden, ekip yönünden, alan ve donanım, işlevsellik, iletişim, tedavi ve bakım, sosyal yönden, ekip, sosyal etkinlik ve imkân ve donanım) saptanmıştır. **Sonuç:** Bu çalışma toplum ruh sağlığı merkezlerinde hemşirelik bakım kalitesini etkileyen faktörleri derinden incelemiş ve geliştirilebilecek çözüm önerilerini ortaya koymuştur.

Anahtar Kelimeler: Toplum ruh sağlığı hizmetleri; psikiyatri hemşireliği; nitel araştırma

To lead a healthy life as a biopsychosocial person, these 3 building blocks of the human being must be in a mutual interaction and balanced relationship. Disruption of this equilibrium may result in physical and mental problems. People with mental illnesses frequently feel inconsistency, inappropriateness, and inadequacy in their emotions, thoughts, and behaviors to varying degrees. The term community mental

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health refers to psychiatric treatment and care for the individual and the environment in which s/he interacts. Community mental health practices play a significant role in mental illness prevention. The primary goal of these services is to protect mental health by avoiding the occurrence of mental illness and delivering it to the public (primary prevention), providing early diagnosis, treatment, and care of mental illnesses (secondary prevention), ensuring the continuity of rehabilitation and care of mental illnesses, and establishing an infrastructure to achieve this (tertiary prevention).[1-3]

Community mental health is a multidimensional movement that encompasses behavioral and social scientific methods and may reach everyone in society. Only a diverse team advocating for new health care can realize this multidimensional movement. Community mental health nurses (CMHN) working close to individuals and families are members of the mental health team in a community mental health center (CMHC).[2,3]

A CMHN is a specialized mental health and disease nurse who delivers on-site preventative, therapeutic, and rehabilitative mental health practices specific to individuals, families, or groups. A CMHN has a significant mission that includes duties, authorities, and responsibilities like improving mental health, preventing and treating mental problems, observing and defending patient rights, counseling, health education, case management, evaluating the patient, ensuring the patient's participation in treatment meetings, coordinating with other professionals and institutions, designing the care plan, planning and implementing improvement activities involving the individual in this process, physical intervention (like weight, waist circumference control), drug applications and evaluation, etc.[4,5]

The CMHCs were first opened by the Ministry of Health in 2008. They consist of a team of different professionals such as psychiatrists, psychologists, social workers, and nurses.[6] These facilities seek to promote the functional recovery and quality of life of patients suffering from mental illnesses and also integrate them into everyday life, society, and worklife.[7,8] Various studies show that these centers provide significant benefits to patients and their families and thus to the welfare of society.[9,10] Concerning the interruption of CMHC services, issues such as a lack of training, inadequate salaries, high staff turnover, burnout, or a lack of desire have been noted.[11] Practices implemented by the CMHN team that have not received proper training may cause serious issues and degrade service quality.[1,12] Any of the unpleasant experiences might have a detrimental impact on the provision of nursing services. It is critical for nurses who play critical roles in the protection, growth, and rehabilitation of community mental health to deliver high-quality care.[13]

The viewpoints of nurses working in mental health centers on enhancing the quality of services given in these centers were explored in depth in this study, and their suggestions for improving the quality of service are presented.

MATERIAL AND METHODS

STUDY DESIGN

A qualitative study approach called phenomenological research was utilized to investigate the factors influencing the quality of nursing treatment in CMHCs. This design was selected because it enables a great deal of flexibility in expressing a novel phenomenon from the participant's point of view while presenting rich data and outlining their experience.[14] A descriptive phenomenological technique was used to thoroughly analyze and comprehend the perspectives of nurses working in CMHCs on enhancing the quality of service offered. This method is concerned with disclosing the essence of the event under inquiry and conveying the experience "just as it presents itself, without addition or subtraction".[15-17]

STUDY GROUP

The study was conducted between 15 October and 15 December 2022 in 2 CMHCs in a province in southern Türkiye.

The criterion sampling method, one of the purposeful sampling methods, was used to determine the study group of the research. Criterion sampling is the creation of a sample from people, events, objects, or situations with the qualities specified for the prob-

lem.[18,19] The sample comprised psychiatric nurses working at CMHCs who met the inclusion criteria and agreed to participate in the study. Inclusion criteria were working at a CMHC for at least 1 year and volunteering to participate in the study. Nurses refusing to participate in the research and working for less than one year were excluded. In all, 12 nurses from 2 CMHCs in the country's southern region were asked to be interviewed, and all of them agreed to take part in the study.

The sample size was determined according to data saturation, and a total of 12 participants were interviewed accordingly.[14] The study was reported following the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines (Table 1).[20]

DATA COLLECTION TOOLS

Nurses working in the Community Mental Health Centre were interviewed. An in-depth individual interview method was used in the study. The interviews were conducted in a suitable environment using a voice recorder. The form used in the interviews is a semi-structured interview form created by the researchers based on the literature with qualitative research method and revised after consulting three experts. Seven main questions and sub-questions about the factors affecting the quality of health care were used in the interviews.

Questions in the semi-structured interview form;

1. What difficulties do you face while providing treatment and care to patients?

2. What would you like to have in the CMHC where you work?

3. What kind of facilitators would you like to have in the CMHC where you work?

4. What kind of deficiencies do patients express in the institution where you work? What are the deficiencies you observe?

5. What can be done to improve the quality of nursing care in CMHCs? What affects the quality of nursing care?

6. What do you think about the benefits of CMHCs for patients?

7. What do you think about the addition of an inpatient section to CMHCs? What might be the effects of this situation on the care burden of patients' relatives?

8. Do you have any information about CMHCs abroad? What have you heard so far?

The duration of the interviews in the study varied according to the statements of the nurses but lasted approximately 35 to 45 minutes.

DATA ANALYSIS

The 7-stage analysis procedure devised by Colaizzi for phenomenological investigations was utilized to analyze the qualitative data acquired from the interviews.[15] The interview materials were initially reviewed separately and repeatedly by 3 researchers to reveal what was explained in the data, and they selected, reorganized, and expressed the remarkable expressions in the interview texts in general terms. Then, they identified and analyzed data in the statements. They formulated and confirmed the meanings by discussing them until they agreed and identified the themes as main and sub-themes and organized them using straightforward expressions. The research findings were presented to the participants, and the appropriateness of the information was improved. In addition, the participants' remarks were added, and the reader was allowed to check the interpretation and analysis of the data.[21,22]

ETHICAL CONSIDERATIONS

This research was supported by the Gümüşhane University Scientific Research and Publication Ethics Committee (date: December 27, 2022, no: 2022/7). Informed consent was obtained from the participants before the interviews. Recordings and transcripts were stored on a password-protected device. The study was conducted following the 1964 Declaration of Helsinki and the ethical standards of the National Research Committee.

RESULTS

Ten participants were married, eight were women, and seven had more than ten years of work experience. The mean age of the nurses was 36.00±7.94 (minimum 27, maximum 49). The demographic and

TABLE 1: Combined criteria for reporting qualitative research (COREQ).

Research team and reflexivity			
Personal Characteristics			
Number	**Characteristics**	**Guiding questions**	**Explanations**
1	Interviewer/facilitator	Which author/authors conducted the interview or focus group?	The 2nd author conducted the interview.
2	Credentials	What were the credentials of the researcher? e.g., Ph.D., MD	1st author: Ph.D. 2nd author Ph.D.
3	Occupation	What was their occupation at the time of the study?	1st author: Dr. faculty member, psychiatric nursing 2nd author: Ph.D. Psychiatric nurse
4	Gender	What was the sex of the researcher?	2 researchers: Female
5	Experience and education	What experiences and educational level does the researcher have? published qualitative studies in international journals.	The 1st author has taken qualitative courses, conducted qualitative research, and The 2nd author has received training in qualitative research.
Relationship with participants			
6	Relationship status	Was there a relationship between the researcher and the participants before the training?	There was no relationship before starting the study.
7	Interviewee's information about the interviewer	What did the participants know about the researcher, e.g. personal goals, and reasons for doing the research?	The participants were aware that the researcher had a Ph.D. in mental health and diseases and was interested in the field of community mental health.
8	Interviewee characteristics	What characteristics of the interviewer/facilitator were reported? e.g. bias, assumptions, reasons, and interests in research	At the beginning of each interview, the participants were informed about the purpose and objectives of the study.
Study design			
Theoretical framework			
9	Methodological orientation and theory	What methodological orientation was identified to support the study, e.g. discourse analysis, ethnography, phenomenology, content analysis	This study was phenomenological
Sample Selection			
10	Sampling	How were the participants selected? e.g. purposive, convenience, consecutive, snowball	The criterion sampling method, one of the purposive sampling methods, was used.
11	Approach method	How were the participants reached? e.g. face-to-face, telephone, mail	Face-to-face interviews were conducted with the nurses in the Community Mental Health Centre before the study. The time of the interviews was scheduled by the nurses who agreed to participate in the study
12	Sample size	How many participants were there in the study?	12 nurses were included in the study.
13	Exclusion	How many people refused to participate or dropped out? Reasons?	No nurses refused to participate in the study.
Setting			
14	The setting of data collection	Where were the data collected? e.g. home, clinic, workplace	Detailed information is given in the data collection section of the study.
15	Presence of non-participants	Was there anyone else other than the participants and the researchers?	Apart from the researchers, a nurse working at the relevant Community Mental Health Centre was an observer.
16	Description of the sample	What are the important characteristics of the sample? e.g. demographic data, date	Nurses who agreed to participate in the study and who had been working in a community mental health center for at least one year were included in the study.

TABLE 1: Combined criteria for reporting qualitative research (COREQ) *(contunied)*.

Data collection			
17	Interview guide	Were questions, prompts, and guidelines provided by the authors? Were they tested in a pilot study?	Detailed information is given in the methods section.
18	Repeat interviews	Were repeated interviews conducted? If yes, how many?	No
19	Audio/visual recording	Was audio recording or visual recording used to collect data in the research?	Interviews were recorded with a voice recorder
20	Field notes	Were field notes taken during and/or after the interview or focus group?	All nurses' responses and researcher observations were recorded.
21	Duration	How long were the interviews or focus groups?	Each interview lasted between 35 and 45 minutes.
22	Data saturation	Was data saturation discussed?	Data saturation was discussed.
23	Transcripts returned	Were transcripts returned to participants for comment and/or correction?	No
Analysis and findings			
24	Number of data coders	How many data coders coded the data?	2 researchers and a third individual coded the data.
25	Description of the coding tree	Did the authors describe the coding tree?	The titles and subtitles in the results section represent the final coding tree.
26	Derivation of themes	Were the themes predetermined or derived from the data?	Themes were derived from the data.
27	Software	If any, what software was used to manage the data?	The data were analyzed manually.
28	Participant control	Did participants provide feedback on the findings?	No
Reporting			
29	Quotations provided	Are participant quotes cited to illustrate themes/findings? Is each quote identified, e.g. participant number	Yes. Participant quotes are cited to illustrate themes/findings. e.g. participant number.
30	Data and findings consistent	Was there consistency between the data presented and the findings?	Yes
31	Clarity of main themes	Are the main themes clearly presented in the findings?	Yes
32	Clarity of minor themes	Is there a description of the different cases or a discussion of minor issues?	Yes

occupational characteristics of the women involved in the study are presented in Table 2.

Categories, themes, and sub-themes were obtained in the analysis of the data obtained from semi-structured interviews (Table 3).

CHALLENGES WITH CARE AND TREATMENT

Medications

According to the interview data, it was determined that nurses had difficulty in giving/administering medication to patients.

"We have difficulty in giving oral medication, patients refuse to take medications. They do not want to get injections." (P1).

Physicians

According to the interview data with the nurses, they experienced problems because there were no permanent psychiatry physicians in the CMHC, and they had to go to hospitals for outpatient services, which is due to the insufficient number of psychiatry physicians in the country.

"There are issues since the facility does not have a permanent doctor..." (P2).

Communication

Interview data showed that nurses had difficulties communicating with patients and their families.

"I have communication problems with patients and their relatives. Continuity of care plans is disrupted." (P4).

Psychiatry Service

Nurses report having difficulties because the psychiatry services in nearby hospitals or those affiliated with the CMHC are inactive, and there are no inpatient services.

"We are having difficulties because the psychiatric service at the hospital with

TABLE 2: Characteristics of the nurses.

Participants	Age	Gender	Marital status	Education level	Work experience	Work experience at CMHC
P1	30	Female	Married	Undergraduate	5 years	1 year
P2	28	Female	Married	Post-graduate	6 years	2 years
P3	48	Female	Married	Undergraduate	29 years	9 years
P4	28	Female	Single	Undergraduate	7 years	6 years
P5	49	Female	Married	Associate degree	30 years	1 year
P6	39	Male	Married	Undergraduate	15 years	10 years
P7	31	Male	Married	Post-graduate	10 years	2 years
P8	31	Female	Married	Undergraduate	9 years	4 years
P9	39	Female	Married	Ph.D.	14 years	7 years
P10	27	Male	Married	Undergraduate	6 years	2 years
P11	38	Female	Married	Undergraduate	14 years	8 years
P12	44	Male	Married	Undergraduate	22 years	12 years

CMHC: Community Mental Health Center.

TABLE 3: Factors affecting nursing care quality in community mental health centers.

Categories	Themes	Sub-themes
1. Challenges with care and treatment	A) Medications	A1) Difficulties caused by patients' refusing to get medication or injections
	B) Physician	B1) Lack of permanent psychiatrists in the institution
	C) Communication	C1) Communication problems with patients and their relatives
	D) Psychiatry service	D1) The psychiatry service of the affiliated hospital is out of service
2. Deficiencies at the community mental health center	A) Equipment	A1) Lack of sports equipment in the institution, lack of sufficient materials for activities such as music and theatre
	B) Team	B1) Lack of dieticians and occupational therapists in the institution and an insufficient number of psychologists
	C) Space and equipment	C1) Lack of central heating
		C2) Insufficient number of rooms in the institution
		C3) Lack of suitable space for activities such as theatre and music
3. Views on the benefits of community mental health center	A) Functionality	A1) Assisting patients in improving their functioning
		A2) Improving the quality of life
		A3) Preventing or minimizing disability
	B) Communication	B1) Gaining communication skills
		B2) Establishing friendships with patients in the community mental health center
	C) Treatment and care	C1) Ensuring effective treatment
		C2) Supporting patients in the care
	D) Social aspects	D1) Ensuring participation in social activities
		D2) Supporting effective coping with stress
4. Recommendations for improving the quality of health care	A) Team	A1) Regular in-service training for team members
		A2) Increasing the number of personnel (doctors, nurses, dieticians, occupational therapists, and occupational therapists)
		A3) Permanent psychiatrists in the institution
		A4) Increasing the number of nurses and therefore the number of home visits
	B) Social activity	B1) Ensuring the support of other institutions for social activities
		B2) Allocating more budget for social activities
	C) Facilities and equipment	C1) Being close to inpatient units
		C2) Increasing the number of rooms and providing necessary tools and equipment

which we are affiliated is closed. Patients have to go to different regions, especially during the attack phase, which indirectly causes the therapy to be prolonged." (P9)

DEFICIENCIES AT THE COMMUNITY MENTAL HEALTH CENTER

Equipment

An individual engaging in exercise minimizes his/her tensions, reinforces his/her confidence in his/her body image, feels fit, and is proud of having achieved a goal. In this context, CMHCs should be equipped with sufficient tools and equipment for exercise activities. Nurses stated that sports equipment for exercise was insufficient.

"It would be very good if there were sports equipment, unfortunately, it is not enough..." (P1)

Nurses added that there were not enough tools and equipment for activities like occupational activities, music, and theatre.

"Patients complain about a lack of tools and equipment for vocational activities... It would be great if there were a variety of musical equipment and instruments." (P6).

Team

Interviews with nurses showed that there were deficiencies in terms of team. Especially the insufficient number of doctors and nurses, and the lack of dieticians, occupational therapists, and occupational therapists are emphasized by the nurses.

"I think the lack of an occupational therapist and a permanent doctor are important deficiencies..." (P6)

"Lack of full-time specialist doctor in the institution and the insufficient number of psychologists is a negative situation for patients." (P8)

"There should be more health professionals (occupational therapist, dietician, full-time doctor)." (P7)

Space And Equipment

According to the interview data, CMHCs are not sufficient in terms of space and equipment. Problems such as a lack of a central heating system and an insufficient number of rooms were emphasized.

"There are no activity spaces in the facility and the facility is not close to inpatient institutions." (P12)

"*Physical conditions should be improved; rooms should be rearranged." (P10).*

VIEWS ON THE BENEFITS OF COMMUNITY MENTAL HEALTH CENTER

Functionality

In CMHCs CMHCs, services like mental education, mental social skills training, and cognitive behavioral therapy are provided to patients, and mental education and home visits are provided to the families of patients. These services aim not only to alleviate symptoms but also to reintegrate patients into society and reduce hospitalization rates.[23] Accordingly, nurses stated that CMHCs are very beneficial for patients and increase their functionality.

"Active participation of patients in the community enables them to increase their living standards." (P3).

"It is very important for patients to get out of the house and make friends, which is possible in community mental health centers." (P4)

Communication

According to the nurse interviews, patients attending CMHCs were able to communicate more effectively.

"Individual interviews enable patients to cope with the difficulties they face in life and live comfortably in the community and make their lives easier." (P6)

"Social skills and communication skills of patients are improving." (P10).

Treatment and Care

According to the interview data, all nurses believed that CMHCs play a significant role in maintaining treatment and care continuity.

"On-site interventions reduce hospitalization rates and patients become more social and conscious individuals." (P3)

"Organization and continuity of treatment is very important. Treatment compliance improves because patients are followed up on in their daily lives." (P7)

Social Aspects

Interview data show that nurses believe that attending the CMHC increases the social functionality of patients.

"Providing information on health reports, medication follow-up, home visits, and salary issues facilitates the lives of patients." (P6).

"It facilitates the individual lives of patients by restoring their lost skills." (P7).

RECOMMENDATIONS FOR IMPROVING THE QUALITY OF HEALTHCARE

Team

According to the interview data, nurses emphasized that it is important to have a well-equipped team and enough nurses to improve the quality of health care at the CMHC.

"I can list factors like the doctor allocating more time, having the same doctor in the institution, not changing the doctor, not changing the team constantly..." (P5)

"Not assigning staff, particularly nurses, to other places can increase the quality of health care..." (P4)

"Ensuring a sufficient number of physicians, nurses and psychologists..." (P2).

Social Activities

Interviews with nurses showed that nurses taking part in more social activities would contribute to improving the quality of health care.

"There should be activity instructors, a painting teacher, and a painting workshop; I believe that all of these things would improve the quality of health care." (P11).

"There should be a gym, dining hall, theatre, music hall, and equipment to improve their skills." (P5).

Facilities and Equipment

Nurses believe that improving CMHCs in terms of facilities and equipment will improve health care quality.

"If there was an inpatient psychiatry service in the hospital we are affiliated with, the quality of care could be higher." (P7).

"Being close to a place with an inpatient unit would be quite good..." (P5).

"Contribution of other institutions for social activities." (P9).

DISCUSSION

This study was conducted to determine the factors affecting the quality of nursing care in CMHCs. The factors affecting the quality of nursing care in CMHCs were discussed in four categories.

CHALLENGES WITH CARE AND TREATMENT

CMHN are expected to have acquired skills and abilities such as assessment, coordination, defending patient rights, defense, referral, education, rehabilitation, home visits, crisis intervention, physical assessment, and monitoring of drug applications. Furthermore, CMHN use their professional skills and equipment to achieve their objectives of coping with patients' problems, fulfilling psychological functions, providing social support, protecting health, and maintaining well-being.[13,24]

CMHN use a care coordination model to improve care planning, continuity of care, and access to non-health services. It has been well-documented that they suffer from high levels of work-related stress and face numerous challenges when providing community care.[25] Relevant studies report that working with patients with complex needs who receive involuntary treatment, have high caseloads, and respond to crises exhausts them.[26] In this study, nurses mentioned similar difficulties.

DEFICIENCIES AT THE COMMUNITY MENTAL HEALTH CENTER

A study conducted in a CMHC in the northwest of the country showed that the relatives of the patients were satisfied with the social activities carried out in the CMHC but found them insufficient. There are also problems in accessing resources and budgeting for social activity plans.[27] Wakida et al. argue that there are problems with access to mental health services and deficiencies and mental health professionals, and there is an insufficient number of psychiatry physicians and nurses in CMHCs.[28] In this study, the nurses emphasized the importance of increasing the number of the team and especially psychiatric physicians, and their permanent availability in the center all day, which is consistent with the literature.

VIEWS ON THE BENEFITS OF CMHC

CMHCs offer biological and psychosocial interventions to prevent hospitalization of individuals with severe mental health problems, minimize their disability and improve functioning. Furthermore, to maximize support for individuals and their families, coordination with other institutions and community service providers contributes to individuals' integration into society without hospitalization.[11] In another study comparing patients receiving services from CMHC, it was found that patients receiving services from CMHC were more active in social life.[29] In a study comparing patients receiving services from a CMHC with patients receiving standard treatment, patients were divided into 2 groups and observed for 2 years. The results showed that patients receiving services from CMHCs were highly compliant with the treatment, the rate of substance abuse decreased significantly, and the time spent in the hospital was less.[30] In this study, nurses working in CMHCs stressed the importance of these facilities to patients.

RECOMMENDATIONS FOR IMPROVING THE QUALITY OF HEALTHCARE

The satisfaction of patients and their relatives can be used to assess the quality and sufficiency of health services. Patient satisfaction is widely regarded as the most important indication of healthcare quality and outcomes.[31] Kilbourne et al. emphasized that to improve the quality of mental health services, the team delivering community mental health services should be large enough in both size and scope.[32] Han et al., found that hospitalization rates were lower in health centers with a high number of doctors and nurses providing mental health services to individuals in South Korea.[33] In this study, nurses emphasized that increasing the number of team members, particularly psychiatry physicians, and providing adequate tools and equipment for patients' social activities will improve healthcare quality and hence patient satisfaction, which is compatible with the literature.

LIMITATIONS

The main limitation of the study is that all participants were recruited from 2 CMHCs in a city in southern Türkiye. Also, the results depend on the participants and the setting in which the research was conducted, and the small group of participants is not representative of the population of nurses working in CMHCs.

CONCLUSION

In conclusion, this study presents preliminary evidence regarding the factors influencing the quality of nursing services provided by nurses working in CMHCs. Nurses and patients face challenges due to issues and limitations at the CMHC. This situation is regarded to have an impact on the quality of care. Nurses offered recommendations to fill the gaps to improve the quality of health care at the CMHC. Fixing deficiencies in the CMHC can help to improve care quality. It is suggested that plans be developed within the state to address these issues.

RELEVANCE FOR CLINICAL PRACTICE

Our findings are very important for nurses working in CMHCs. Considering the critical role of nurses who do not aim to improve the functional recovery and quality of life of patients with mental health problems, integrate them into daily life, society and work life, our findings provide very important information for nurses working in CMHCs. Nursing care services provided especially in CMHCs can affect the functionality of individuals, their quality of life and their existence as an individual in society. In this context, the quality of nursing services provided in CMHCs is very important. Our findings are of great importance in terms of showing the conditions that affect the quality of nursing services in CMHCs. The data obtained from the study can contribute to a better understanding of the shortcomings and failures in CMHCs and contribute to improving the quality of care provided by nurses.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: *Yasemin Yalçın Akman, Sevda Uzun;* ***Design:*** *Sevda Uzun;* ***Control/Supervision:*** *Sevda Uzun, Yasemin Yalçın Akman;* ***Data Collection and/or Processing:*** *Yasemin Yalçın Akman;* ***Analysis and/or Interpretation:*** *Sevda Uzun, Yasemin Yalçın Akman;* ***Literature Review:*** *Yasemin Yalçın Akman, Sevda Uzun;* ***Writing the Article:*** *Yasemin Yalçın Akman, Sevda Uzun;* ***Critical Review:*** *Sevda Uzun, Yasemin Yalçın Akman.*

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