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Care needs of adult patients in psychiatric inpatient settings based on the fundamentals of care framework: An integrative review

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ABSTRACT

Psychiatric inpatient units, designed for short stays, should support advanced person-centered care for individuals with acute mental disorders. The threshold for psychiatric hospital admission has risen, and patients present with increasingly complex care needs. Accurately identifying these needs is critical for individualized care planning and determining appropriate care levels. However, research on adult care needs in psychiatric inpatient settings remains limited. This integrative review aimed to identify, describe, and synthesize the care needs of adult psychiatric inpatients reported in the literature, using the Fundamentals of Care Framework. A systematic search of three electronic databases was conducted in January 2025. Methodological quality was assessed with the revised Mixed Methods Appraisal Tool (MMAT), and findings were narratively synthesized according to the review's objectives. Thirty-seven studies published between 1977 and 2024 were included. The core care needs centered on safety, emotional well-being, and being involved and informed. Notably, nurses and patients expressed differing views on psychosocial needs. Despite heterogeneity in existing research, findings suggest promising benefits for nursing practice. The divergence between nurses' and patients' perspectives underscores the need for holistic, collaborative care planning. Furthermore, the strong emphasis on safety among nursing staff reflects a risk-oriented culture that may overshadow other essential aspects of care. Further research is warranted to deepen understanding and inform evidence-based practices for adult psychiatric inpatients.

Introduction

Mental disorders account for a substantial proportion of the global burden of disease (Santomauro et al., 2021; Vos et al., 2020) and commonly have their onset in youth, often persisting in adulthood and requiring ongoing care (Solmi et al., 2022; Healy et al., 2025). Adults admitted to psychiatric inpatient services constitute a particularly vulnerable population, frequently presenting with complex care needs (Besson et al., 2025; Goldman et al., 2020).

Care needs are conceptually defined based on Virginia Henderson's (1966) basic human needs (Snowden et al., 2014, p. 225). They are important to explore in terms of their significance in guiding personalized interventions and recovery goals across different stages of treatment (Jandaghian-Bidgoli et al., 2025).

Complexity of care needs arises particularly in cases where patients exhibit lack of stability and autonomy, social functional difficulties, disruptive behavior, and require continuous support (Pirat et al., 2022). Contributing factors include the chronic nature of mental illness (Awara & Green, 2024), comorbid disorders (Barr et al., 2022), behavioral challenges (Jang et al., 2022), and social factors (Beckers et al., 2022). In addition to the burden of mental illness itself, psychiatric inpatients have a 2.2 times higher risk of death from all causes compared to those without mental disorders (Walker et al., 2015). This is understood to be associated not only with disease severity but also with deficiencies in healthcare delivery and unmet care needs (Liu et al., 2017). Many people with severe mental illness first present to care through emergency rooms, where unmet care needs are highly visible (Walter et al., 2021; Sethi et al., 2026; Saunders et al., 2023; Balfour & Carson, 2024).

The present study is situated within inpatient psychiatric care setting, which represents a subsequent phase in the care continuum. Inpatient care builds on emergency-initiated evaluations and ensures coordination and linkage with community providers to support

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continuity of care after discharge (Maoz et al., 2022). Psychiatric inpatient care is complementary to outpatient care (Perera, 2020) and remains a relevant part of the care continuum for many people suffering from serious mental health problems (Glick et al., 2011; Linnaranta, 2022). The primary task of psychiatric inpatient care is to examine and treat patients who need immediate care due to acute, complex and life-threatening mental illnesses (Caarls et al., 2019; Combs & Romm, 2007; Petrucci et al., 2014). In acute psychiatric inpatient settings, care is primarily oriented toward crisis stabilization, diagnostic clarification, initiation of indicated treatments, and timely transition to continuing care (Sharfstein, 2009).

Over recent decades, psychiatric inpatient care has undergone reforms marked by a substantial reduction in inpatient beds and consequently shorter hospital stays (Korkeila, 2021; Linnaranta, 2022; WHO, 2021, p. 78). As a result, admission thresholds have increased, and patients who are hospitalized now present with more severe and complex care needs (Golay et al., 2019; Mehta & Ram, 2021). Psychiatric inpatient care represents a critical setting for identifying and addressing care needs. However, growing evidence indicates that missed care and unmet care needs are prevalent in inpatient psychiatric settings (Kohanová et al., 2024). Research indicates that psychosocial and relational aspects of care are among the frequently missed elements of care (Ball et al., 2014; Kalisch et al., 2009). It has been recognized that inpatient psychiatric care may not be aligned with patients' needs (Shields & Beidas, 2022). Studies have shown that unmet care needs are associated with reduced quality of care, poorer patient outcomes, and treatment noncompliance (Kohanová et al., 2024; Vijverberg et al., 2020; Rens et al., 2020; Galderisi et al., 2020; Shields et al., 2023). In addition, unmet care needs may affect patients' engagement with post-discharge care (Shields et al., 2023), and add to consecutive readmissions, contributing to demands on health care systems with resource deficiency (Schmidt et al., 2020).

In psychiatric hospitals, patients expect to receive high quality, safe and individualized nursing care (Hopkins et al., 2009). Addressing the fundamental care needs of patients is imperative for their overall well-being and recovery, and failing to meet these needs could result in substandard care and potential harm (Ingstad et al., 2023; Pavedahl et al., 2024). How care needs are recognized and met is essential for patients' perceptions of quality of care and care outcomes (Kwame & Petrucka, 2021). Although person-centered, recovery-oriented care is increasingly recognized as best practice in mental health treatment (Melillo et al., 2025; Payne et al., 2024; Damsgaard & Angel, 2021), their implementation in inpatient settings remains inconsistent and challenging (Shewen & Adams, 2024) particularly in the context of organizational constraints (Solomon et al., 2021).

Nurses represent a major professional group in inpatient psychiatric settings and have primary responsibility for comprehensive assessment, care planning, implementation of interventions, and evaluation of patient outcomes (Johnson et al., 2024; RCN, 2024; Toney-Butler & Thayer, 2026). At its core, nursing care is grounded in principles and practices that guide nurses in delivering compassionate, effective, and person-centred care (McCormack & McCance, 2016; Blaszko Helming et al., 2022; Benner, 1982). Central to this approach is the recognition and fulfilment of fundamental human needs (Henderson, 1964; Kitson et al., 2010), which underpin all aspects of care. The Scope and Standards of Practice for Psychiatric Mental Health Nursing guideline emphasize holistic, patient-centered nursing care and provides essential advice that support nurses in addressing care needs (American Nurses Association & American Psychiatric Nurses Association, 2022). Despite the authoritative statements related to professional nurse performance (American Nurses Association & American Psychiatric Nurses Association, 2022; Feo et al., 2018) there is indication that psychiatric nursing practice is suboptimal when pace of work is intense, direct care time is short and little time is devoted to nurse's assessment (Abt et al., 2022).

In recent years, the importance of providing holistic and patient-centered care has gained significant attention within the healthcare field. One framework that has emerged to support this approach is the Fundamentals of Care Framework (Feo et al., 2018) developed by the International Learning Collaborative (ILC) in 2008 in response to failure to provide fundamental care to patients in advanced healthcare systems (Kitson, 2018). The term ‘fundamental care’ represents the outcome achieved by establishing a nurse-patient relationship, addressing patients' fundamental needs, and taking the care context into account. (Feo et al., 2018). Fundamental care encompasses the contextual environment, leadership influence and nurse-patient relationship in providing high quality care (Ottonello et al., 2023). The FoC Framework emphasizes the integration of physical, psychosocial and relational care. The 12 domains of the framework can be viewed as aspects of fundamental nursing care, and monitoring nursing performance within these domains can be measured using nursing-sensitive indicators (Mainz et al., 2023). The framework outlines three interrelated dimensions for high-quality fundamental care delivery (Kitson, Marshall, et al., 2013). The Context of Care dimension relates to a care context (Mudd et al., 2020) that either supports or hinders achieving the nurse-patient relationship and integration of care. The Relationship dimension encompasses establishing a trusting nurse-patient relationship. The Integration of Care dimension relates to integrating and fulfilling a patient's physical and psychosocial needs as well as the importance of the nurse-patient relationship in assessing and addressing these needs. (Kitson et al., 2019.) Fig. 1 summarizes the framework.

Limited research has been conducted to understand the care needs of patients in psychiatric inpatient settings diagnosed with a mental disorder. A previous review by Frauenfelder and colleagues (2011) examined how well the North American Nursing Association-International (NANDA-I) classification described the adult inpatient nursing care. The reviewed 39 journal articles included 21 phenomena recognizable in NANDA-I nursing diagnoses and 43 phenomena that were not covered by the classification. The most frequently described phenomena were ‘aggression’, ‘psychopathological symptoms’ and ‘auto-aggression’(Frauenfelder et al., 2011).

The purpose of this integrative review was to identify, systematically describe and synthesize identified care needs of adult patients (18 years and over) with a mental disorder in psychiatric inpatient settings through the Fundamentals of Care Framework. Understanding the specific care needs of psychiatric inpatients enables the development of tailored care plans, which can lead to better outcomes. The Fundamentals of Care framework conceptualizes care as the integration of physical, psychosocial, and relational dimensions, an approach that aligns with the core objectives of acute psychiatric inpatient care. Timely assessment and systematic identification of fundamental care needs support symptom stabilization and facilitate effective discharge planning (Xiao et al., 2019).

In addition, insights into the specific needs of inpatients may improve understanding of the workload of psychiatric mental health nurses and help optimal nursing resource allocation. Due to the high prevalence of complex care needs of psychiatric inpatients (Hudon et al., 2022; Perron et al., 2024) and an underrepresentation of the topic in the literature, we believe that a synthesis of care needs of adult patients in psychiatric inpatient settings is relevant.

Aims

The integrative review was registered in PROSPERO (CRD42023399826). This review aims to address the following research questions:

1. What care needs of patients in psychiatric inpatient settings have been identified by nurses?
2. What care needs of patients in psychiatric inpatient settings have been identified by patients?

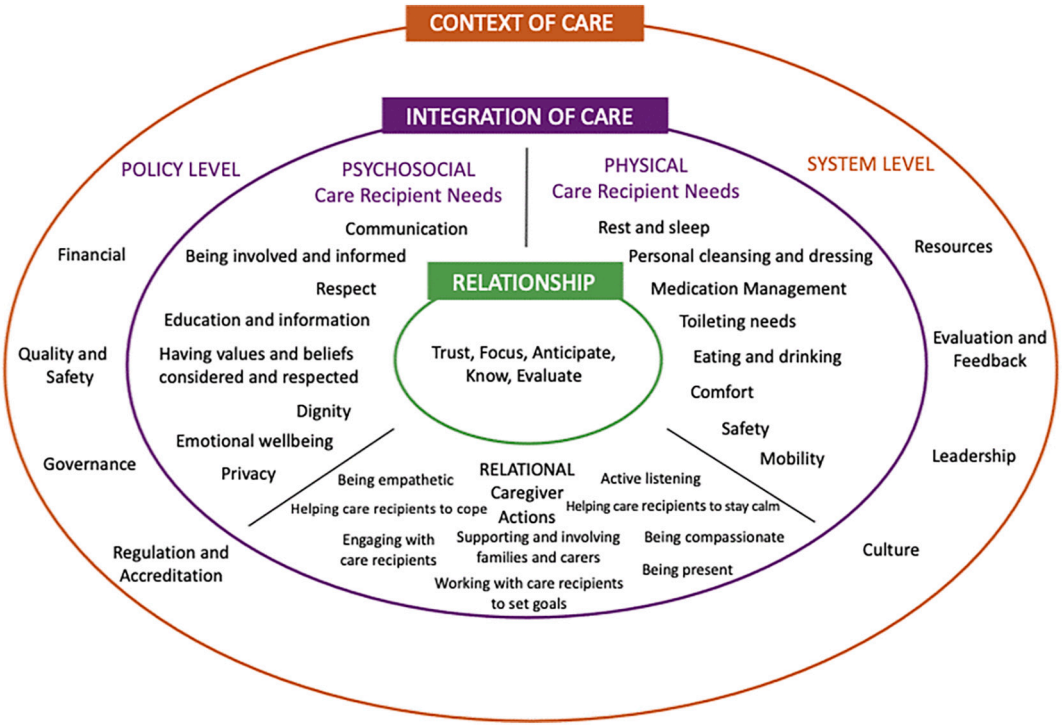

Fig. 1. The Fundamentals of Care Framework
Image obtained from https://ilccare.org/the-fundamentals-of-care-framework/
Content within image derived from 1) Kitson, Conroy, et al. (2013). Reclaiming and Redefining the Fundamentals of Care: Nursing's Response to Meeting Patients' Basic Human Needs. School of Nursing, The University of Adelaide, Adelaide, South Australia. Available from: https://digital.library.adelaide.edu.au/dspace/bitstream/2440/75843/1/hdl_75843.pdf; and 2) Feo et al. (2017). Toward a standardized definition for fundamental care: A modified Delphi study. Journal of Clinical Nursing, 27, 2285–2299. doi:https://doi.org/10.1111/jocn.14247

Methods

We chose the integrative review (IR) methodology based on the five-stage process proposed by Whittemore and Knafl (2005). Integrative review enables examining the research topic broadly (de Souza et al., 2010; Hopia et al., 2016) and allows the inclusion of studies with diverse methodologies (Whittemore & Knafl, 2005). The review process comprised of problem identification, systematic literature search, data evaluation and critical appraisal, data analysis, and presentation of synthesized results.

The FoC Framework provided a conceptual structure for this review, and it allowed to situate the results into a larger body of nursing knowledge (de Souza et al., 2010; Melillo, 2020; Russell, 2005). The FoC Framework has been used in past studies assessing patient care experiences (Olsson et al., 2024), clinical practice (Muntlin et al., 2023; Parr et al., 2018), and nursing education (Alderman et al., 2018).

Search strategy

To identify relevant studies, a search strategy was built together with a health sciences information specialist. The original search was run in August 2022 and updated using the same search strategy in January 2025 across the databases: Ovid MEDLINE®, the Cumulative Index of Nursing and Allied Health Literature (CINAHL), and PsycINFO. The search strategy included Medical Subject Headings (MeSH) -descriptors and free text. An example of the final search terms for CINAHL were as follows: (MH "Nursing Diagnosis") OR (MH"NANDA Nursing Diagnoses+") OR (MH "Saba Clinical Care Nursing Diagnoses+") OR nurs*diagnos* OR ("patient need*") OR ("need* of patient") AND (MH "Mental Disorders+") OR psychiatric*patient* AND (MH "Inpatients") OR (MH "Hospitalization+") OR inpatient* or hospitaliz* or hospitalis*.

Complementary to the search in the electronic databases, the reference lists of included articles were checked to locate additional studies. The databases, search terms and number of citations are displayed in Table 1.

Eligibility criteria

Population

Studies were required to include a data sample that identified participants as adult patients (18 years and older) with mental disorders. Studies including children and adolescents in the data sample were excluded based on differences between pediatric and adult care (Castillo & Kitsos, 2017).

Phenomenon of interest

In this review, no limitations were placed on the type of care needs of patients. However, care needs had to be identified by patient(s) and/or nurse(s) in psychiatric inpatient settings. Papers reporting care needs of patients in the psychiatric emergency department settings and psychiatric rehabilitation units as well as outpatient care settings were excluded, since they were not part of the care need assessment processes of the acute inpatient setting. The inclusion and exclusion criteria are displayed in Table 2.

Context

Studies were eligible if they had been conducted in an inpatient psychiatric setting, involving hospitalized adults diagnosed with psychiatric disorders.

Study design

This review included primary research articles published in peer-reviewed journals. To be eligible, studies had to be conducted within

Table 1
Databases, search terms and number of citations.

Database	Search terms	Number of citations
First search: Ovid MEDLINE January 2025	1 nursing diagnoses psychiatric inpatient {Including Related Terms} 2 limit 1 to five stars 3 exp. Nursing Diagnosis/ or nurs* diagnos*.mp. 4 exp. Mental Disorders/ or psychiatr* patient*.mp. 5 3 and 4 6 exp. Inpatients/ or inpatient*.mp. 7 exp. Hospitalization/ or hospitaliz*.mp. 8 6 or 7 9 5 and 8 10 2 or 9	182
Second search: Ovid MEDLINE January 2025	1 exp. Mental Disorders/ or psychiatr* patient*.mp. 2 exp. Inpatients/ or inpatient*.mp. 3 exp. Hospitalization/ or hospitaliz*.mp. 4 2 or 3 5 (patient* adj2 need*).mp. 6 care need*.mp. 7 exp. Needs Assessment/ or need* assessm*.mp. 8 6 or 7 9 1 and 4 and 8 10 5 and 9 11 nursing diagnoses psychiatric inpatient {Including Related Terms} 12 limit 11 to five stars 13 exp. Nursing Diagnosis/ or nurs* diagnos*.mp. 14 exp. Mental Disorders/ or psychiatr* patient*.mp. 15 13 and 14 16 exp. Inpatients/ or inpatient*.mp. 17 exp. Hospitalization/ or hospitaliz*.mp. 18 16 or 17 19 15 and 18 20 12 or 19 21 patient need*.mp. 22 (patient* adj2 need*).mp. 23 20 and 22 24 care need*.mp. 25 exp. Needs Assessment/ or need* assessm*.mp. 26 24 or 25 27 14 and 18 and 26 28 22 and 27	64
Third search: CINAHL January 2025	S1 (MH "Nursing Diagnosis") OR (MH "NANDA Nursing Diagnoses+") OR (MH "Saba Clinical Care Nursing Diagnoses+") S2 nurs* diagnos* S3 S1 OR S2 S4 (MH "Mental Disorders+") S5 psychiatric* patient* S6 S4 OR S5 S7 (MH "Inpatients") S8 (MH "Hospitalization+") S9 inpatient' or hospitaliz' or hospitalis* S10 S7 OR S8 OR S9 S11 S3 AND S6 AND S10 S12 S3 AND S6 AND S10	183
Fourth search: CINAHL January 2025	S1 (MH "Nursing Diagnosis") OR (MH "NANDA Nursing Diagnoses+") OR (MH "Saba Clinical Care Nursing Diagnoses+") S2 nurs* diagnos* S3 S1 OR S2 S4 (MH "Mental Disorders+") S5 psychiatric* patient* S6 S4 OR S5 S7 (MH "Inpatients") S8 (MH "Hospitalization+") S9 inpatient* or hospitaliz* or hospitalis* S10 S7 OR S8 OR S9 S11 S3 AND S6 AND S10 S12 S3 AND S3 AND S10 S 13 (MH "Nursing Diagnosis") OR (MH"NANDA Nursing Diagnoses+") OR (MH "Saba Clinical Care Nursing Diagnoses+") S 14 nurs*diagnos* OR ("patient need*") OR ("need* of patient") S15 S13 OR S14 S16 (MH "Mental Disorders+") S17 psychiatric*patient* S18 S16 OR S17 S19 (MH "Inpatients") S20 (MH "Hospitalization+") S21 inpatient* or hospitaliz* or hospitalis* S22 S19 OR S20 OR S21 S23 S15 AND S18 AND S22 S24 S15 AND S18 AND S22	135
Fifth search: APA PsycInfo January 2025	1 nursing diagnoses psychiatric inpatient {Including Related Terms} 2 limit 1 to five stars 3 exp. Nursing Diagnosis/ or nurs* diagnos*.mp. 4 exp. Mental Disorders/ or psychiatr* patient*.mp. 5 3 and 4 6 exp. Inpatients/ or inpatient*.mp. 7 exp. Hospitalization/ or hospitaliz*.mp. 8 6 or 7 9 5 and 8 10 2 or 9	139
Sixth search: APA PsycINFO January 2025	1 nursing diagnoses psychiatric inpatient {Including Related Terms} 2 limit 1 to five stars 3 exp. Nursing Diagnosis/ or nurs* diagnos*.mp. 4 exp. Mental Disorders/ or psychiatr* patient*.mp. 5 3 and 4 6 exp. Inpatients/ or inpatient*.mp. 7 exp. Hospitalization/ or hospitaliz*.mp. 8 6 or 7 9 5 and 8 10 2 or 9 11 patient need*.mp. 12 (patient* adj2 need*).mp. 13 10 and 12 14 care need*.mp. 15 exp. Needs Assessment/ or need* assessm*.mp. 16 14 or 15 17 4 and 8 and 16 18 12 and 17	62
All		**765**

the context of a psychiatric inpatient unit. Only articles written in English, Swedish, or German were considered, and both an electronic abstract and full-text version had to be accessible. Studies employing qualitative, quantitative, or mixed-methods designs were included. We did not set year limitations nor inclusion criteria for the quality of the studies to gain a comprehensive insight into the phenomena in question.

Study selection

After completing the search, duplicates were automatically identified by the Zotero-database and removed. Next, screening each title and abstract was conducted by the first and second authors. Disagreements between title and abstract and full-text screening were resolved by means of discussion and consensus. Full texts included were approved by the first and second authors. The screening and selection of relevant publications was guided by the PRISMA statement (BMJ, 2021). Fig. 2

TABLE 2
Inclusion and exclusion criteria.

Inclusion criteria		Exclusion criteria
Population	Adults (≥18 years) of age who have been admitted to a psychiatric hospital or inpatient psychiatric unit.	Children and adolescents (<18 years) of age, or non-psychiatric patients.
Setting	Studies focused on psychiatric hospital or inpatient psychiatric unit.	Studies focused on emergency department, outpatient or community-based settings.
Focus	Studies focused on the assessment of care needs by nurses and/or patients.	Studies that focus on medical or psychiatric inverventions without involving assessment of care needs by nurses and/or patients.
Study design	Empirical studies (quantitative, qualitative or mixed-method designs).	Systematic reviews, meta-analyses, literature reviews, commentaries or editorials.
Type of articles	Primary research articles published in a peer-reviewed scientific journal. Having an electronic abstract and full text available.	Secondary research articles. Not having an electronic abstract and full text available.
Language	Articles published in the English, German, Swedish or Finnish language.	Articles published in languages other than English, German, Swedish or Finnish.
Time frame	No time frame applied.	No time frame applied.

shows the selection process in a PRISMA flow diagram (Page et al., 2021).

Data extraction

To provide a holistic view of the data, we proceeded with extracting descriptive characteristics of each study: author(s), year of publication, country, study sample, and type of study and design. Descriptive characteristics of selected studies are displayed in Table 3. Example of the data reduction/abstraction process of the main categories based on the FoC Framework is dislayed in Table 4).

We developed a structured categorization matrix based on FoC Framework, and all the data were reviewed for content and coded for correspondence with the identified categories (Polit & Beck, 2004). Only aspects that fit the matrix of analysis were chosen from the data (Patton, 2002; Sandelowski, 1993, 1995). Data extraction and analysis were guided by the question: *what care needs of patients in psychiatric inpatient settings have been identified by nurses and patients?*.

Quality assessment

We analyzed the quality of the included studies using the revised Mixed Methods Appraisal Tool (MMAT), designed for the quality appraisal of various study type categories (Hong et al., 2018). The first author carried out the appraisal process independently by answering two screening questions and appraising each study in its' category based on five criteria. Detailed assessments for each study are found in Appendix 1.

Results

The initial search in August 2022 yielded 625 records and the updated search in January 2025 yielded 765 records. After removal of 391 duplicates, 374 titles were screened. After reading abstracts, 300 abstracts were excluded because they did not meet the inclusion criteria. Finally, 74 articles, all published in English, were read in detail. Statements reflecting care needs of adult patients in psychiatric inpatient settings were identified in 37 publications. Searching references lists of included did not yield additional articles. A Prisma flow diagram (Page et al., 2021) describing the selection process can be found in Fig. 2.

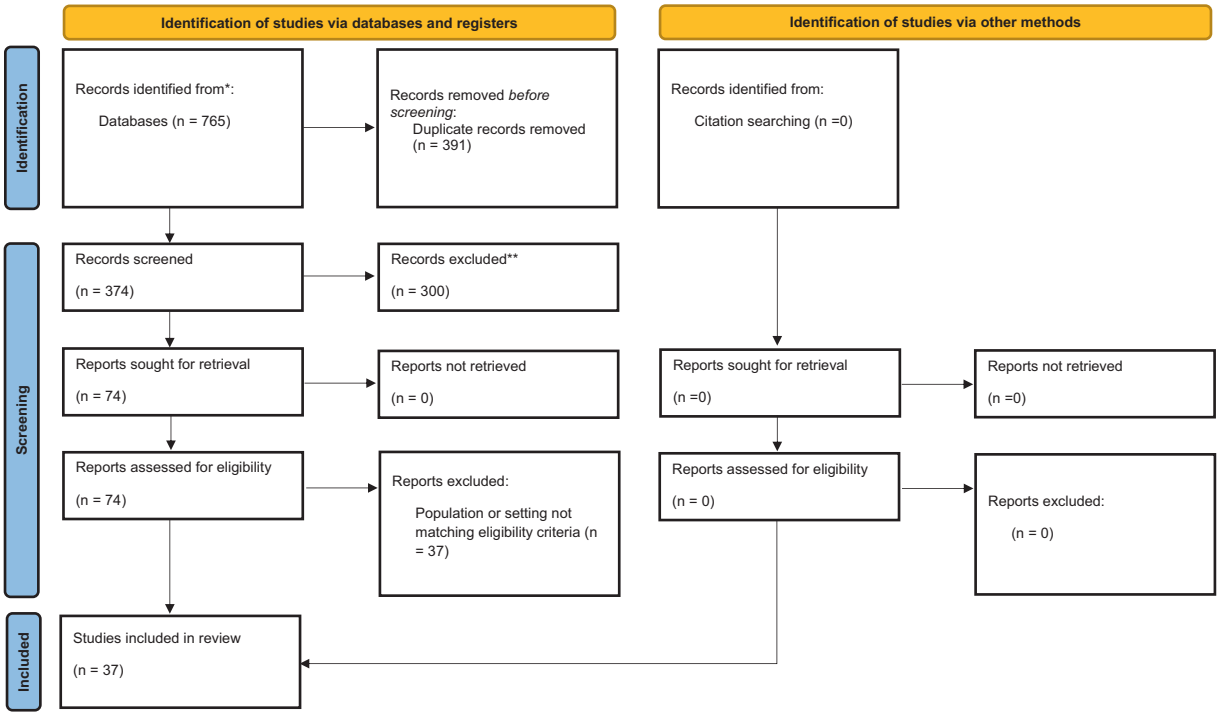

Fig. 2. PRISMA 2020 flow diagram for new systematic reviews which included searches of databases, registers and other sources
*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).
**If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.
Source: Page MJ, et al. BMJ 2021;372:n71. doi:https://doi.org/10.1136/bmj.n71.

Table 3
Descriptive characteristics of the included studies (n = 37).

Author(s) (year)	Country	Study sample	Type of study, study design
Brunt and Hansson (2002)	Sweden	24 patients	Quantitative descriptive, survey
Bueber et al. (1993)	China	30 patients	Quantitative descriptive, diagnostic interview
Burdick et al. (1994)	USA	60 patients	Quasi-experimental, interviews, chart review
Burlingame et al. (2006)	USA	60 patients	Quantitative descriptive, survey, partial replication study
Cleary et al. (2006)	Australia	200 patients	Quantitative descriptive, cross-sectional, survey
Cirakoglu et al. (2024)	Turkey	1 patient	Qualitative, case study
Coakley et al. (2012)	USA	125 patients	Quantitative descriptive, chart review
Curtis et al. (2007)	Australia	64 patient records	Quantitative descriptive, chart review
Davidhizar et al. (1991)	USA	60 patients	Quantitative descriptive, comparison of rating scales
Delaney et al. (2001)	Australia	59 patient records/ nurses	Mixed method, sequential design, survey, focus groups, chart review
Di Lorenzo et al. (2019)	Italy	106 patient records	Quantitative descriptive, retrospective chart review, observational analysis
Dodd and Wellman (2000)	UK	23 patients	Quantitative descriptive, non-randomized, pilot clinical development study
Ehmann et al. (1995)	Canada	71 patients	Quantitative descriptive, rating scale
Escalada-Hernández et al., 2015	Spain	690 patient records	Quantitative descriptive, cross-sectional, chart review
Escalada-Hernández and Marín-Fernández (2016)	Spain	624 patient records	Quantitative descriptive, prevalence study, secondary analysis of retrospective chart review
Fluttert et al. (2012)	The Netherlands	171 patient records	Quantitative descriptive, chart review
Frauenfelder et al. (2016)	Switzerland	1818 patient records	Qualitative descriptive, chart review
Frauenfelder et al. (2018)	Switzerland	424 patient records	Quantitative descriptive, cross-sectional, chart review
Green (1977)	USA	1 patient	Qualitative, case study
Grinshpoon & Ponizovsky, 2008	Israel	52 patients	Quantitative descriptive, cross-sectional, survey
Grinshpoon et al., 2008	Israel	52 patients	Quantitative descriptive, survey
Hosáková and Hosák (2015)	Czech Republic	244 patients	Quantitative descriptive, survey
Hätönen et al. (2008)	Finland	51 patients	Mixed methods, sequential explanatory design
Johnson et al. (1997)	Canada	12 patients	Qualitative, descriptive design, interview
Koslander and Arvidsson (2007)	Sweden	12 patients	Qualitative, descriptive design, phenomenographic, interview
Mohebbi et al. (2024)	Iran	174 patients	Quantitative, descriptive design, cross-sectional
Pavalonis et al. (1995)	USA	1 patient	Qualitative, case study
Prokofieva et al. (2016)	Greece	12 nurses	Qualitative, interview
Prokofieva et al. (2017)	Greece	35 patients	Mixed method, qualitative, interview, observation
Sanger et al. (1988)	USA	16 patients	Qualitative, interview, chart review
Shugar and Rehaluk (1990)	Canada	102 patients	Quantitative non-randomized, case-control study, retrospective chart review
Smith and Schultz (2005)	USA	1 patient	Qualitative, case study
Thomas et al. (1988)	USA	16 patients	Qualitative, descriptive design, interview, observation, chart review
Wiersma (2001)	The Netherlands	15 patients	Quantitative descriptive, cross-sectional, survey
Yalcinturk et al. (2018)	Turkey	16,073 patient records	Quantitative descriptive, retrospective chart review
Zauszniewski (1994)	USA	63 patients	Quantitative descriptive, survey
Åling et al. (2018)	Sweden	55 patient records	Quantitative descriptive, retrospective chart review

General overview

The included studies were from four continents, published between 1977 and 2024. Majority of the studies originated from the USA (10/37), Canada, Australia, and Sweden (each 3/37), Spain, Switzerland, Israel, Greece, the Netherlands, and Turkey (each 2/37), the UK, China, Italy, Czech Republic, Finland and Iran (each 1/37). Descriptive characteristics of studies are described in detail in Table 3.

In the studies included, the patients were described having mental and behavioral disorders, substance use disorders and somatic conditions. Information regarding care needs of adult psychiatric inpatients were gathered from nurses, patients, and patient records.

A range of instruments were used to assess care needs and aspects of patients' mental health, including mood, behavior, and functional status. The CANSAS (Campberwell Assessment of Need Short Appraisal Schedule) (Cleary et al., 2006; Hosáková & Hosák, 2015; Mohebbi et al., 2024), and the CAN (Campberwell Assessment of Need) (Grinshpoon & Ponizovsky, 2008; Grinshpoon et al., 2008) were used for assessing both met and unmet health and social needs across domains of life. Other instruments were a modified version of the Involvement Evaluation Questionnaire to assess basic needs (Cleary et al., 2006), the Nosie-30 measuring patient behaviors (Davidhizar et al., 1991; Ehmann et al., 1995), and the Pardue-Dick measuring nursing care needs (Davidhizar et al., 1991). Patients reported symptoms of anxiety using the Beck Anxiety Inventory (BAI) (Dodd & Wellman, 2000) and depression was reported by patients using the Beck Depression Inventory (BDI) (Zauszniewski, 1994). The PANSS (Positive and Negative Syndrome Scale) (Ehmann et al., 1995; Mohebbi et al., 2024) was used to measure symptom severity in individuals with schizophrenia. The Routine Assessment of Patient Progress (RAPP) -scale (Ehmann et al., 1995) and the Forensic Early Warning Signs of Aggression Inventory (FESAI) (Fluttert et al., 2013) were also used to assess care needs. Other instruments used in the studies were Guide for the Nursing Assessment of the Psychiatric Inpatient (Burdick et al., 1994); Cognitive Triad Index (Zauszniewski, 1994); Revised Allen Cognitive Test (R-ALC) (Davidhizar et al., 1991); Global Assessment of Functioning (GAF) (Ehmann et al., 1995); Clinical Global Impression (CGI) (Ehmann et al., 1995); Clinical Global Impression Improvement (CGI—I) (Ehmann et al., 1995); Hamilton Depression Rating Scale (HAM-D) (Mohebbi et al., 2024); Yong Mania Rating Scale (Mohebbi et al., 2024), and the World Health Organization Quality of Life Brief Version (WHOQOL-BREF) (Mohebbi et al., 2024).

The nursing taxonomy NANDA-I was used in eight studies (Burdick et al., 1994; Di Lorenzo et al., 2019; Yalcinturk et al., 2018; Åling et al., 2018; Escalada-Hernández & Marín-Fernández, 2016; Frauenfelder et al., 2018; Frauenfelder et al., 2016; Prokofieva et al., 2017), and the Chinese Psychiatric Classification System in one study (Bueber et al.,

Table 4
Example of the data reduction/abstraction process of the main categories based on the FoC Framework.

Integration of care: Physical Care Recipient Needs						
Meaning unit, phrase	Summarized meaning unit	Preliminary code	Goupf of codes/ Physical care needs	Subcategory/ Class	Generic category/ Domain	Main category
"Risk of absconding" (Frauenfelder et al., 2016) *"Elopement risk"* (Shugar & Rehaluk, 1990)	Patient is at risk of departuring from a safe or appropriate environment without the knowledge or consent of healthcare providers	Health-risk behavior	Risk for elopement attempt	Health management	Safety	Physical Care Recipient Need
Integration of care: Psychosocial Care Recipient Needs						
Meaning unit, phrase	**Summarized meaning unit**	**Preliminary code**	**Goupf of codes/ Psychosocial care needs**	**Subcategory/ Class**	**Generic category/ Domain**	**Main category**
"History of been abused" (Åling et al., 2018) *"Post-trauma syndrome"* (Frauenfelder et al., 2016) *"Post-trauma syndrome"* (Frauenfelder et al., 2018) *"Verbal, physical or sexual abuse"* (Sanger et al., 1988)	Patient is being at risk for weakened psychological functioning, resultant of a precipitating event	Psychological functioning	Risk for post-trauma syndrome	Coping/stress tolerance	Emotional wellbeing	Psychosocial Care Recipient Need

1993).

Quality appraisal

The included studies were assessed for their quality utilizing the Mixed Methods Appraisal Tool (MMAT) developed by Hong et al. (2018). Of the included articles, screening questions were met except for one study (Sanger et al., 1988), which did not have clear research questions. 11/37 articles met all MMAT quality appraisal criteria (see Appendix 1). Several articles did not specifically account for confounders in their final analysis.

Summarizing the identified care needs based on the fundamentals of care framework

We extracted a total of 251 phrases that described a physical care need and 225 phrases that described a psychosocial care need from the data. We did not identify phrases describing relational needs of patients. These extracted phrases were mapped to the Fundamentals of Care Framework (FoC) domains of physical and psychosocial care recipient needs. This was done by comparing the extracted phases to the FoC domain description.

Physical care needs identified by nurses and patients

We identified a total of 83 physical care needs from 41 classes and 7 domains. There were 68 physical care needs identified by nurses, and 15 physical care needs identified by patients. Of these, 13 physical care needs were identified by both nurses and patients.

We extracted 176 phrases that described a physical care need identified by nurses. The most common physical care need domain identified by nurses was *safety*, covering more than half of all the physical care needs identified by nurses (39/68). Out of the extracted phrases, 58% (102/176) were placed in this domain. The most common class within the safety domain was *violence*, that covered 18% of the extracted phrases (32/176). The three most common violence related care needs identified by nurses in the studies ($n = 37$) were 'risk for other-directed violence' (12/37), 'risk for suicidal behaviour' (9/37) and 'risk for self-directed violence' (7/37).

We extracted 75 phrases that described a physical care need identified by patients. Similarly, the most common physical care need domain identified by patients was *safety*, covering more than half of all the physical care needs identified by patients (10/15). Out of the extracted phrases, 72% (54/75) were placed in this domain. Within the safety domain the first most common class was violence, that covered 19% of the extracted phrases (14/75). The three most common violence related care needs identified by patients in the studies (n = 37) were 'risk for other-directed violence' (8/37), 'risk for self-directed violence' (6/37) and 'actual self-directed violence' (1/37). The care need 'risk for suicidal behaviour' was not reported by patients in any of the studies. The frequency of the physical care needs identified by nurses and patients are shown in Fig. 3.

Psychosocial care needs identified by nurses and patients

We identified a total of 71 psychosocial care needs from 32 classes and 8 domains. There were 52 psychosocial care needs identified by nurses, and 18 psychosocial care needs identified by patients. Of these, 16 psychosocial care needs were identified by both nurses and patients.

We extracted 146 phrases that described psychosocial care need identified by nurses. The most common psychosocial care need domain

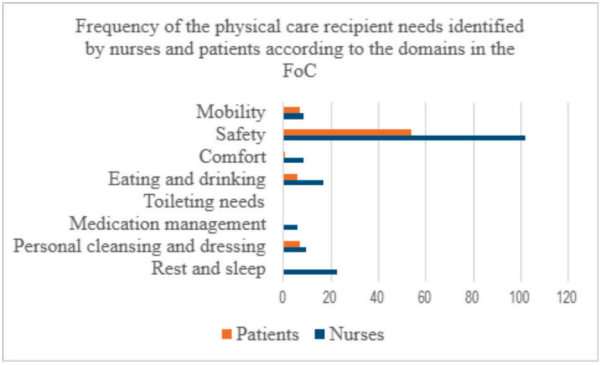

Fig. 3. Frequency of physical care recipient needs identified by nurses and patients according to the domains in the FoC Framework.

identified by nurses was *emotional wellbeing*, covering more than half of all the psychosocial care needs identified by nurses (31/53). Out of the extracted phrases, 66% (96/146) were placed in this domain. Within the emotional wellbeing domain, the first most common class was coping/stress tolerance, that covered 31% of the extracted phrases (45/146). The three most common care needs identified by nurses in the studies (n = 37) were 'anxiety' (12/37), 'ineffective coping' (8/37) and 'impaired mood regulation' (6/37).

We extracted 78 phrases that described a psychosocial care need identified by patients. The most common psychosocial care need domain identified by patients was *being involved and informed*, covering a quarter of all the psychosocial care needs identified by patients (5/18). Out of the extracted phrases, 36% (28/78) were placed in this domain. Within the *being involved and informed* domain the first three most common classes were health promotion, emotional loneliness and role performance, each covering 9% of the extracted phrases (7/78). Within the health promotion class, the care need 'readiness for diversional activity engagement' (7/37) was the most common, within the emotional loneliness class, the care need 'need for intimate relationships' (7/37) was the most common, and within the role performance class, the care need 'ineffective role performance' (7/37) was the most common. The frequency of the psychosocial care needs identified by nurses and patients are shown in Fig. 4.

Discussion

The aim of this review was to identify, systematically describe and synthesize identified care needs of adult patients with a mental disorder in psychiatric inpatient settings. To the best of the authors' knowledge, this is the first study to apply the Fundamentals of Care Framework in the psychiatric context. This review has highlighted the small number and heterogeneity of studies related to care needs of adult inpatients with mental disorders within the past four decades.

The concept of care need is fundamental to nursing practice (Kitson et al., 2014). However, our review of the literature indicates that while care needs are recognized in various forms, the concept itself is often insufficiently defined, operationalized, or integrated into research, highlighting a need for structured and standardized language that enhances the documentation of nursing care. This is in line with the literature that the taxonomy published by NANDA International (NANDA-I) has been shown to improve the quality of mental health nurses' documentation and clinical care (Ander et al., 2023).

We identified three types of care needs represented by actual-, risk-, and health promotion nursing diagnoses described in the studies. Actual nursing diagnoses indicated that patients' care needs were present at the time of nursing assessment. In addition, both nurses and patients identified risks to have the potential to develop into escalating events later.

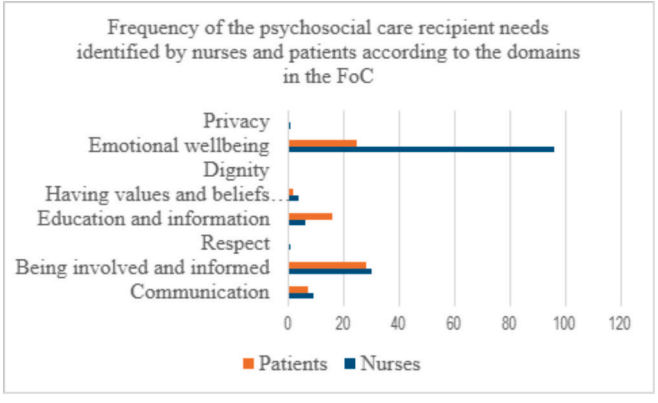

Fig. 4. Frequency of psychosocial care recipient needs identified by nurses and patients according to the domains in the FoC Framework.

Nurses and patients also identified patients' readiness for engaging in activities that promote wellbeing or health. This reflects that patients' care needs in psychiatric inpatient care settings are multifaceted and highlights the importance of a holistic approach to assessment and care planning, ensuring that both immediate and potential future needs, as well as opportunities for health promotion, are systematically addressed.

Our findings reflect the reality that psychiatric inpatient units are faced with significant patient safety challenges through the risk of patients harming themselves and both nurses and patients most frequently identified ~~s~~afety as the primary physical care need domain in psychiatric inpatient care, with violence being the most common class within this domain. For nurses, the most frequently reported violence-related care needs were '~~R~~risk for other-directed violence', 'risk for suicidal behaviour', and 'risk for self-directed violence'. These results are congruent with the results of the review by Frauenfelder and colleagues (2011). In their results, aggression and auto-aggression were among the most frequently described phenomena in inpatient psychiatry (Frauenfelder et al., 2011).

Patients similarly identified 'risk for other-directed violence' and 'risk for self-directed violence' but also reported 'actual self-directed violence'. Notably, 'risk for suicidal behavior' was not reported by patients. The lack of 'risk for suicidal behavior' in the patient's reported care needs is somewhat contradictory to the fact that suicidal behavior is a common factor for hospital admission (Nock et al., 2022). This might be explained by patients' willingness to disclose such risks (Friedlander et al., 2012; Hogge et al., 2022) or differences in how patients conceptualize suicidality. It is also important to note that in acute psychiatric settings, patients' self-described needs are not always concordant with treatment plans due to an interplay of symptom severity, insight level, cognitive disturbances, and social factors, all of which may influence symptom expression and treatment adherence (Oyetunji et al., 2025).

Within the FoC Framework, relational care – encompassing trust, respect, and effective communication - is essential for enabling patients to express sensitive or stigmatized concerns. This highlights the importance of developing approaches that facilitate open dialogue about suicidality and further research into how patients understand and communicate these experiences.

As Yerstein et al. (2024) emphasize, patient safety efforts in psychiatric inpatient care should extend beyond suicide prevention. Our findings indicate that safety risks also encompass adverse events identified as risk nursing diagnoses, such as risk for falls, self-neglect, and elopement attempts. The nurse's role is pivotal in adapting risk assessments and prevention of harm in psychiatric inpatients. In addition to risks for safety, the physical care needs dimension encompassed the physical symptoms of inpatients with mental disorders as well as the inability to carry out normal activities of daily living (ADL). This is in line with a recent study analyzing ADL scores in psychiatric hospitalizations (Dias et al., 2025) and draws attention to the importance of understanding psychiatric patients' dependency needs and optimizing resource allocation.

Increased patient acuity significantly challenges nursing practice in psychiatric inpatient settings, with greater demands on nurses' time and expertise (Triplett et al., 2017).

On the system level emphasis should be on adequate staffing, specialized training, and supportive work environments to maintain patient safety and quality of care. Developing and implementing acuity-based tools that enable objective assessment of patient complexity and care requirements is essential for optimizing workforce allocation and ensuring high-quality patient care. Overall, current acuity tools in psychiatric inpatient settings face limitations in usability and integration, with ongoing efforts to improve their reliability and functionality, particularly through electronic and automated systems that support clinical decision-making (Zipp et al., 2024).

Acute psychiatric inpatient units operate within strong organizational, legal, and regulatory imperatives that prioritize risk mitigation

and the prevention of adverse events (Edwards & Morris, 2024; Johnson et al., 2022; Slemon et al., 2017). Such environments generate well-documented structural and moral tensions for psychiatric nurses, who must navigate competing demands between organizational risk priorities and professional commitments to therapeutic, patient-centered care (Jansen, Hem, Danbolt and Hanssen, 2021; Jansen et al., 2022; Aljabery et al., 2024). According to Edwards and Morris (2024), nurses working in acute psychiatric inpatient units operate under significant cross-pressures, balancing organizational and regulatory imperatives for risk management with responsibilities to address other care needs of patients (Edwards & Morris, 2024).

Based on our review it seems that nurses are heavily focused on risks associated with patient safety. This risk-centric approach is probably driven by the inherent complexities of mental health conditions, and nurses prioritize identifying and managing these risks to ensure a safe environment for both patients and staff (Edwards & Morris, 2024; Ferguson, 2023). Yet the focus on risks can lead to several implications. On the one hand, it is essential for maintaining safety and preventing adverse events. Nurses are trained to assess risk factors, implement safety protocols, and monitor patients closely for any signs of escalation in behavior. This vigilance is a critical component of psychiatric care, as it helps mitigate potential crises and supports a structured environment conducive to recovery. On the other hand, an overwhelming emphasis on risks can inadvertently overshadow other important aspects of patient care, such as emotional wellbeing and the need for engagement in the therapeutic process. The FoC framework explicitly situates nursing practice within policy, regulatory, and organizational contexts (Kitson, Conroy, et al., 2013; Feo et al., 2017; Pene et al., 2025) that shape what care is possible in high-risk psychiatric settings.

Our review revealed that while both nurses and patients identified psychosocial care needs, their perspectives differed notably. Nurses most frequently emphasized the domain of emotional wellbeing, particularly within the class of coping/stress tolerance, identifying ‘anxiety’, ‘ineffective coping’, and ‘impaired mood regulation’ as the most prevalent needs. In contrast, patients reported their psychosocial care needs primarily within the domain of being involved and informed, with the most common classes being health promotion, emotional loneliness, and role performance. Within these, patients most often identified needs such as ‘readiness for diversional activity engagement’, ‘need for intimate relationships’, and ‘ineffective role performance’. Although nurses associate emotional wellbeing with difficulties in coping and stress tolerance requiring support for anxiety, patients linked this domain more to challenges in health management and risk-prone health behavior. These findings highlight a divergence in perceived care priorities between healthcare professionals and patients, underscoring the importance of incorporating both perspectives in care planning.

The Fundamentals of Care (FoC) Framework integrates physical, psychosocial, and relational dimensions of care. Our examination of the literature found that safety is classified as a physical need. However, it is important to note that violence-related risks also intersect with psychosocial and relational domains, potentially affecting therapeutic relationships (Overpelt et al., 2025). This underscores the need to examine how safety is conceptualized and addressed across all care domains.

Given that nurses and patients' perceptions on care needs may not be aligned, the nurses can face challenges in responding to patients' needs. Drawing back to the FoC Framework, we suggest that the context of care including both policy and system levels influences integration of care regarding how patients' care needs are recognized and addressed in psychiatric inpatient settings. Policy decisions at the governmental or organizational level influence the allocation of resources for psychiatric and mental health care. Adequate nurse staffing levels are essential for addressing patients care needs effectively (Zulfiqar & Zafar, 2025), whereas insufficient staffing can lead to increased workloads, burnout, and decreased quality of care (Li et al., 2024).

In examining the differences in care needs perspectives between nurses and patients, system-level factors can contribute to these disparities. For example, on a psychiatric ward with high patient-to-nurse ratios, nurses may not have the capacity to engage patients in discussions about their care preferences, resulting in patients feeling uninformed and disengaged (McAllister & McCrae, 2017). Or, if a hospital's quality metrics predominantly assess clinical risks, nurses may feel pressured to prioritize tasks that contribute to these metrics at the expense of fostering patient involvement. Furthermore, a strong emphasis on risk assessments within the psychiatric inpatient care may contribute to a risk-focused approach in nursing, influencing how care is delivered (Slemon et al., 2017).

Strengths and limitations

The strength of this review is the use of systematic analysis method, the FoC framework. It provides important insight into the current state of research on the topic. There are, however, some limitations. As an integrative review of peer-reviewed papers only, there is information in grey literature that we did not access.

Another limitation is that many of the studies used convenience sampling, which may not be representative of the population. During the full-text screening process we came across studies with a lack of clear definition of care need. We included those studies. Most of the articles did not use nursing taxonomy. Combining different methodologies and study designs may lead to problems with accuracy in this integrative review.

During the mapping of the care needs to the FoC framework, we encountered some challenges, as the analysis was made based on the care need descriptions in the study articles, which varied in level of abstraction and interpretation degree (Graneheim et al., 2017). For example, the data collected using questionnaires was presented in pre-existing categories (Cleary et al., 2006; Hosáková & Hosák, 2015; Mohebbi et al., 2024), whereas the data from patient records was documented in nursing taxonomy (Di Lorenzo et al., 2019; Frauenfelder et al., 2016; Frauenfelder et al., 2018; Yalcinturk et al., 2018; Åling et al., 2018). In the case studies, care needs were described in free text (Pavalonis et al., 1995; Smith & Schultz, 2005). The number of studies can be considered low since we wanted to include studies that described care needs in the inpatient psychiatric setting from the point of view of nurses and patients, and this includes all the research conducted over the past 40 years.

Relevance for clinical practice

Unmet care needs among psychiatric inpatients are associated with adverse outcomes, including increased emergency department visits, rehospitalizations, and heightened stress for nurses. This review, using the Fundamentals of Care Framework, identified safety, emotional wellbeing, and patient involvement as core care needs. Nurses particularly emphasized safety, suggesting a strong risk orientation in clinical practice. We need to identify and address the system-level factors that contribute to a risk-focused approach in psychiatric inpatient settings. Future research should explore whether integrating FoC alongside structured risk assessment processes may enhance relational and psychosocial care without compromising safety.

Differences between nurses' and patients' perspectives on psychosocial care needs highlight the necessity of a holistic, patient-centered approach that incorporates both viewpoints. Recognizing and addressing these care needs supports targeted nursing interventions and informs the development of acuity tools for psychiatric inpatient wards. Nurse managers play a crucial role in facilitating the delivery of fundamental care, which is essential for improving patient experiences and outcomes.

Conclusion

Psychiatric inpatients often present with complex physical and

psychosocial care needs, including risks of self-harm, suicide, violence, falls, and impaired daily functioning - conditions that require intensive nursing care and resources. Psychiatric-mental health nurses are essential in identifying these needs to ensure high-quality, fundamental care. The Fundamentals of Care (FoC) Framework and the concept of missed care highlight the need to balance physical, psychosocial, and relational care. When safety concerns dominate, psychosocial and relational needs may be overlooked, potentially compromising therapeutic relationships and patient outcomes. Adequate nurse staffing and ongoing education are critical to prevent missed care. Nurse leaders should promote patient-centered care and the integration of the FoC Framework to address the full spectrum of patient needs.

CRediT authorship contribution statement

Hannaliisa Apajalahti: Writing – review & editing, Writing – original draft, Project administration, Methodology, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Maria Ameel:** Writing – review & editing, Validation, Supervision, Methodology, Funding acquisition, Conceptualization. **Sanna Salanterä:** Writing – review & editing, Validation, Supervision, Methodology, Conceptualization.

Declaration of Generative AI and AI-assisted technologies in the writing process

During the preparation of this work the first author used Turku University Library's Volter database AI-assistant to search for international articles. After using this tool/service, the author reviewed and edited the content as needed and takes full responsibility for the content of the published article.

Declaration of competing interest

The authors declare no potential conflicts of interest regarding the research, authorship, and/or publication of this article.

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Appendix A. Supplementary data

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