

Experiences of Patients in Acute and Closed Psychiatric Wards: A Systematic Review

Willem Nugteren, RN, MSc, Yvonne van der Zalm, RN, MSc, Thóra B. Hafsteinsdóttir, RN, PhD, Cokky van der Venne, RN, MA, Nienke Kool, RN, PhD, and Berno van Meijel, RN, PhD

Willem Nugteren, RN, MSc, is Student, Faculty of Clinical Health Sciences, Utrecht University, Utrecht, and Nurse, Parnassia Psychiatric Institute, The Hague & Research Group Mental Health Nursing, Inholland University of Applied Sciences, Amsterdam, the Netherlands; Yvonne van der Zalm, RN, MSc, is Student, Faculty of Clinical Health Sciences, Utrecht University, Utrecht, Nurse, Rivierduinen, Oegstgeest, and Researcher, Research Group Mental Health Nursing, Inholland University of Applied Sciences, Amsterdam, the Netherlands; Thóra B. Hafsteinsdóttir, RN, PhD, is Associate Professor, Department of Rehabilitation, Nursing Science and Sport, Brain Center Rudolf Magnus, University Medical Center Utrecht, Utrecht, Associate Professor, Faculty of Health Care, University of Applied Sciences Utrecht, Utrecht, and Associate Professor, Nursing Science Program, Faculty of Clinical Health Sciences, University Medical Center Utrecht, Utrecht, the Netherlands; Cokky van der Venne, RN, MA, is Researcher, Parnassia Psychiatric Institute, Parnassia Academy, The Hague, and Researcher, Research Group Mental Health Nursing, Inholland University of Applied Sciences, Amsterdam, the Netherlands; Nienke Kool, RN, PhD, is Researcher, Parnassia Psychiatric Institute & Research Group Mental Health Nursing, Inholland University of Applied Sciences, Amsterdam, the Netherlands; and Berno van Meijel, RN, PhD, is Professor, Department of Health, Sports and Welfare/Cluster Nursing, Mental Health Nursing, Research Group Mental Health Nursing, Inholland University of Applied Sciences, Amsterdam, Professor, Department of Psychiatry, Amsterdam & VU Medical Center, Amsterdam, and Professor, Parnassia Psychiatric Institute, Parnassia Academy, The Hague, the Netherlands.

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Author contact:

w.nugteren@parnassia.nl, with a copy to the Editor: gpearson@uchc.edu

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Background

People with acute psychiatric disorders, who can no longer be treated in the community, generally are admitted to an (acute) inpatient ward. These admissions may be either voluntary or involuntary, depending on whether or not the admission is forced by law. The total rates for both voluntary and involuntary admissions to a clinical setting vary considerably between European countries, with a median of 568 per 100,000 residents. In the Netherlands, with 17 million inhabitants, the number of involuntary admissions was 80 per 100,000 residents in the year 2009 (WHO World Mental Health Survey Consortium, 2013). These figures suggest that there is a large group of patients being confronted with inpatient psychiatric care, whether or not by forced admission.

PURPOSE: To obtain insight into the patients' experiences during treatment in an acute, closed psychiatric ward.

DESIGN AND METHODS: A systematic literature search was conducted in the databases Medline, Embase, CINAHL, and Cochrane.

FINDINGS: Ten articles were selected. Four main themes emerged from the literature: (a) the inappropriate use of the ward rules, (b) nurses' lack of time for interacting with patients, (c) the feeling of humiliation, and (d) the involvement of significant others.

PRACTICE IMPLICATIONS: Nurses can use the findings of this systematic review to improve quality of care in acute psychiatric units.

Many patients experience their admission and stay on an inpatient ward as very burdensome or even negative. Studies have shown that between 10% and 50% of voluntarily admitted patients in fact feel coerced to and during admission (Katsakou & Priebe, 2006; Katsakou et al., 2011; Kjellin, Hoyer, Engberg, Kaltiala-Heino, & Sigurjonsdottir, 2006; Schoevaerts, Bruffaerts, Mulder, & Vandenberghe, 2013). Patients may experience the acute psychiatric wards as a hostile environment. Besides being confronted with coercive measures applied to themselves, these patients may also witness the seclusion or restraint of other patients (Iversen, Hoyer, & Sexton, 2007). They might also witness aggression between other patients, become the victim of aggression, or become aggressive themselves (Woods & Ashley, 2007). These experiences are

often experienced as frightening and traumatic (Frueh et al., 2005).

According to Frueh, due to the confrontation with violence or aggression, admission to an acute ward can result in a post-traumatic stress disorder (PTSD) (Frueh et al., 2005). However, often the formal criteria for PTSD are not met, in spite of patients experiencing the events in the ward as severely stressful.

The burden of the patients can also be the result of staff's behavior. When staff or associated authority figures are involved in insensitive, inappropriate, neglectful, or abusive actions, this is referred to as "sanctuary harm." These stressful events invoke in consumers a response of fear, helplessness, distress, humiliation, or loss of trust in psychiatric staff (Frueh et al., 2005).

Besides these negative experiences, patients may also have positive experiences, for example, when patients offer mutual support by helping and coaching each other, or when the ward itself is experienced as pleasant as it contributes to the patient's rehabilitation (van der Schaaf, Dusseldorp, Keuning, Janssen, & Noorthoorn, 2013).

Several qualitative studies have been published about patients' experiences concerning admission and stay in psychiatric hospitals. However, as far as we know, no systematic review of literature exists that summarizes the findings of these studies.

The aim of this systematic review is to provide an overview of the scientific literature on patients' experiences during their admission and stay in an acute, closed psychiatric inpatient ward. The following research question is central: How do patients experience their hospital admission and stay in an acute, closed psychiatric inpatient ward?

Methods

Design

A literature review was conducted following the PRISMA statement for reporting systematic reviews (Moher, Altman, Liberati, & Tetzlaff, 2011).

Search Strategy

In November 2013, we conducted a literature search using the databases Medline, Embase, PsycINFO, CINAHL, and Cochrane. Two sets of keywords were combined. The first set of keywords referred to the setting and patient population (e.g., "mentally ill persons"; "mental disorder"; "hospitals, psychiatric"). The second set of keywords referred to the patients' experiences (e.g., "experience"; "perspective"; "coercion"; "physical restraint"). Both Mesh/Thesaurus and free search terms were used. The literature search was conducted

in close collaboration with a librarian. The full strategy is available by contacting the first author.

Inclusion and Exclusion Criteria

All found references were first screened on title and abstract using the following inclusion criteria: (a) English or Dutch language, (b) patients with psychiatric disorders above 18 years of age, (c) the study focused on patients' experiences in an acute, closed psychiatric ward, (d) both qualitative and quantitative research design, and (e) published between 1993 and 2013. Research conducted in a forensic psychiatric setting was excluded from this review, given the specificity of these treatment settings.

Procedures

Two researchers (WN; YZ) screened all titles and abstracts independently for inclusion and exclusion. When consensus could not be obtained, these articles were discussed until consensus was reached. In case of doubt, the article was provisionally included in this first selection round to be studied in full-text version. In the second selection round, all full-text articles were studied and screened according to the criteria mentioned above. The reference lists of the full-text articles were examined for relevant cross-references.

Search Outcome

A total of 1,498 articles were found in the selected databases after removing duplicates. All these articles were screened for relevance for our research question, based on title and abstract, applying our inclusion and exclusion criteria. This resulted in 28 possibly relevant articles. After reading the full-text articles, 10 (i.e., two mixed-methods and eight qualitative papers) were ultimately found to be relevant to the research question and included in this review. During cross-referencing, no new articles were found. Reasons for exclusion of the full-text articles are summarized in Figure 1.

Quality Appraisal

The methodological quality of the articles was assessed. Since none of the articles had an exclusive quantitative design, we used the Critical Appraisal Skills Programme (CASP) for qualitative research for our purpose of quality appraisal (Hannes, Lockwood, & Pearson, 2010). The results of this quality appraisal are summarized in a table, which can be obtained by contacting the first author.

Data Extraction

The characteristics of the included studies are summarized in Table 1. The following characteristics for each study were

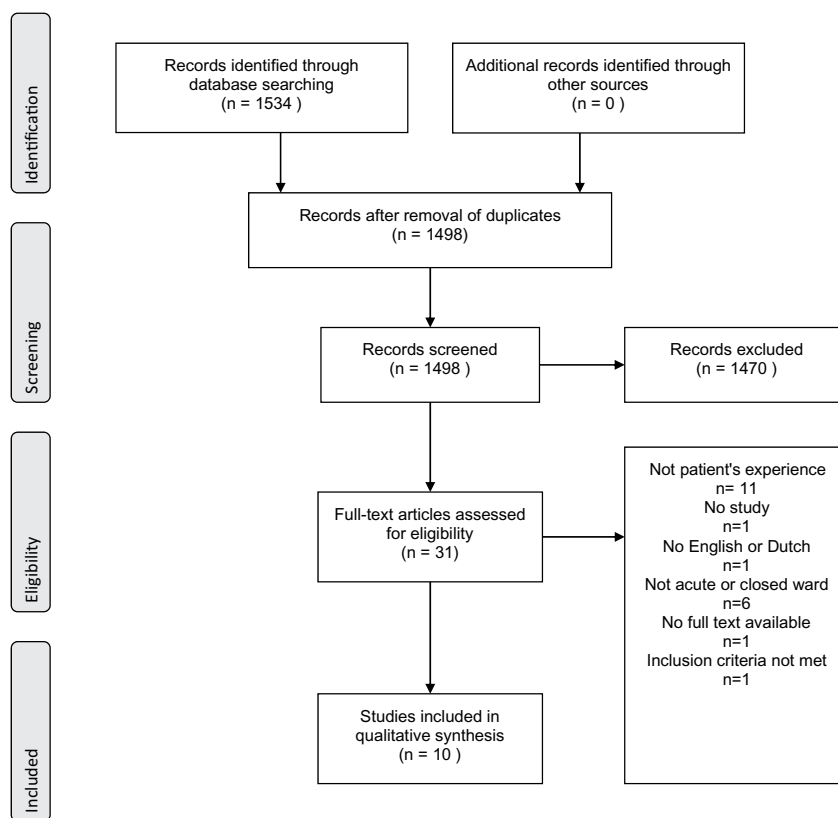


Figure 1. Flow Diagram

described: authors, year, country, hospital setting, design, sample, diagnosis, data collection, and themes.

Results

The results of this literature review will be presented in two parts (i.e., firstly, the mixed-methods studies, and secondly, the qualitative studies).

Mixed-Methods Studies

A mixed-methods study was conducted by Svindseth, Dahl, and Hatling (2007) on patients' experiences of humiliation during the process of admission to two acute wards of a psychiatric hospital in Norway. One hundred two voluntary and involuntary admitted patients completed two questionnaires (i.e., the Admission Experience Survey [AES] and the Cantrill Measure Ladder [CML]). The AES is used to collect information about the patients' reactions to various negative events during the process of admission. The CML is a visual analog scale that is used as a single measure for perceived humiliation. In the quantitative part of the study, the researchers found that involuntary admitted patients reported more humiliating experiences than voluntary admitted patients.

Multivariable analyses only showed a significant association between the feeling "the admission was not right" and a high humiliation score. Furthermore, six patients took part in a qualitative semi-structured interview the results of which supported the quantitative findings. Patients stated that they experienced a lower degree of humiliation if doctors and healthcare workers reacted in a rational and explanatory manner.

Alexander (2006) conducted a mixed-methods study on a closed ward in the United Kingdom. The aim of the study was to explore the patients' responses to ward rules. Thirty patients completed two questionnaires: the Hospital-Hostel Practices Profile, which was used to discover what staff and patients actually believed the operational rules were in the ward; and the Ward Atmosphere Scale, which measures the atmosphere and ideology of the ward. The semi-structured interviews focused on the information given by staff about the ward rules and how they were applied. The findings of this study show that the patients expressed feelings of fear, anxiety, and anger because they were unsure about the length of stay and confinement to the ward. These feelings particularly emerged when staff was not able to provide a therapeutic environment where patients could discuss their feelings. Therefore, patients felt ward rules were enforced to them,