



Sustainability of a person-centered ward atmosphere and possibility to provide person-centered forensic psychiatric care after facility relocation



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ABSTRACT

Objective: This longitudinal study aims to assess the sustainability of staff perceptions of ward atmosphere and their possibility to provide person-centered forensic psychiatric care after relocation to new hospitals that aimed to provide supportive work conditions for the staff to be able to perform care of high quality.

Methods: In this study we only present the result for the repeated measures, that is, only the individuals that performed both the questionnaires at baseline and at the three follow-ups. Data were collected prospectively between 2010 and 2016; before (baseline) and after relocation of the forensic psychiatric clinics to new buildings, i.e., after six months (follow-up 1), after one year (follow-up 2) and after two years (follow-up 3), respectively. Data were obtained by employing structured validated questionnaires.

Results: The main findings of this study display an improvement in the staff assessment of a person-centered atmosphere from baseline to follow-up 3 in the domains of safety, everydayness and community where safety was evaluated the highest. No sustainable significant changes were found concerning staff's assessment of the support for them to provide person-centered care.

Conclusion: The findings show sustainability of person-centered ward atmosphere in forensic psychiatric care according to staff's assessment after relocation from traditional health care facilities to evidence-based designed premises. In this study the increased staff perception of the possibility to provide person-centered care in the new facilities could not be revealed as sustainability over the two years of follow-up.

1. Introduction

Forensic psychiatry is often regarded as the part of psychiatry that deals with patients and problems at the interface of the legal and psychiatric system. Several definitions of it exist, partly reflecting its complexity.¹⁴ Forensic psychiatry seems to differ from one country to another due to different legal and mental health systems, respectively. In spite of that, forensic psychiatry has several goals shared across countries, such as assurance of treatment for severely mentally ill people who become delinquent, giving evidence to courts in cases when the offender's mental responsibility is in question, In addition, working effectively at the interface of the law and psychiatry, and, in so doing, working well with other clinical and non-clinical professionals in the field, and preventing relapse of offenders with mental disorder.²¹ In Sweden, patients in forensic psychiatry are individuals who, in connection with prosecution due to criminal acts, have been sentenced to compulsory forensic psychiatric treatment.⁷ As such, in Sweden,

forensic psychiatric hospitals are facilities that welcome these patients who due to their mental disorder lack criminal responsibility for their actions and are considered dangerous to public safety. A main goal of the forensic psychiatric care is to rehabilitate the patients to re-enter society and its content derives from different Swedish justice.²⁹ The number of forensic patients in Sweden was 1463 in the year of 2008²⁷ and 1456 in the year of 2010⁷ distributed among approximately 30 facilities. The majority of these facilities are specific forensic psychiatric facilities but some are only for outpatients, and some are incorporated in the general psychiatric facilities among the country, i.e., a few beds in a general psychiatric unit are reserved for forensic psychiatric patients. In this context the care atmosphere in the forensic psychiatric facilities might be an important factor supported by the physical environment. There is evidence that physical environment and architectural design can create a positive outcome and an increased sense of well being among patients staying in the health and medical facilities.^{2,16,33} In addition to the patients, the staff is another crucial group

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using the healthcare facilities, and must be considered as well when studying the outcome of the transition to new generation facilities.²² In Sweden new modern forensic psychiatric clinics have been built but seldom with a conscious ambition of how the new physical premises could support quality of care. A database from the UK suggests evidence for factors under the control of architects that can make significant differences to patients satisfaction, quality of life, treatment times, levels of medication, displayed aggression, sleep patterns, and compliance with regimens among many other similar factors.¹⁷ One study³² demonstrated, for example, the effect of views through windows on the rate of recovery from surgery.

The physical healthcare environment is a part of the staff's workplace, with an effect on job satisfaction, and the staff's sense of well being, which in turn has been shown to influence the ward atmosphere in terms of performance, productivity and quality of the care provided.¹⁹ How the architecture and physical healthcare environment affects healthcare professionals is, however, sparsely investigated.³⁰

Hospitals are complex systems and it is difficult to isolate the impact of a few single factors such as patients' and staff's perception of the environment. While patient care and patients' well being remain the primary objective⁶; Ulrich et al., 2004) effectiveness, care atmosphere and psychosocial work environment for staff also are important factors believed to contribute to care and well-being. To what extent these factors contribute is, however, unknown.

The traditional institutional layout, which is used in most forensic psychiatric clinics, consists of long double-loaded corridors with single-bed rooms. This layout is designed primarily to be an effective workplace for staff rather than to be habitable for patients.¹⁵ The characteristics of these traditional environmental design features in forensic psychiatric clinics may contribute to confusion and disorientation through the lack of reference points, and due to monotony of architectural designs and composition, such as long corridors, multiple doors and lack of windows.²⁴ In contrast, when constructing new generation clinics attempts are made to integrate noise reduction, supportive features and finishes and access to both natural daylight and outbuildings environments to stimulate the senses, according to evidence-based design.² This has been linked to better outcomes such as reduction in aggression and disruptive behavior, improved sleep, improved orientation, increased social interaction and an increase in the general sense of well-being.⁸ That is, a focus on creating hospitals that helps patients to recover in a safe environment, and support the staff by offering good working conditions. As such, implementation of new models and methods for health care, such as building new facilities, to achieve better patient and staff outcomes is dependent on the physical environment of the health care architecture in which the health care is provided. Thus, decisions concerning healthcare architecture are critical because it affects people and work processes for many years and requires a long-term financial commitment from society.¹²

Forensic psychiatric care creates challenging work situations for the nursing staff that may be reflected in how they perceive the psychosocial work environment and the ward atmosphere. The psychosocial work environment is related to the staff's possibility to provide good care, including organizational and work characteristics as well as the support from the physical environment. The ward atmosphere, on the other hand, reflects the milieu where the care takes place and how relations between patients and staff can be developed. In a study by³¹ it was hypothesized that ward atmosphere could be perceived differently by different categories of staff depending on variances in duties, responsibilities and level of education. They found no differences between nurses and nurse assistants concerning perception of the psychosocial work environment and the ward atmosphere, but data showed that several ward atmosphere dimensions were positively associated with overall nursing staff's perception of the psychosocial work environment in terms of empowering leadership, role clarity and organizational climate. Improvement in the ward atmosphere could therefore be a way to accomplish improvements in the working

conditions for the staff. If other factors such as number of professional years, age of staff and level of education might be contributing factors to provide a person-centered forensic psychiatric care still remains uncovered.

The implementation of a person-centered approach in health care has been shown to have a positive effect on staff engagement with their work and their job satisfaction.^{1,18} However, due to claims of productivity and effectiveness, hospitals often create a culture where flexibility, cohesion and trust are promoted instead, in order to achieve success.³ These factors are believed to have a positive influence on teamwork and the possibility of providing good care.

Greater sustainability in healthcare is frequently demanded but seldom assessed. Sustainable healthcare describes a system that is environmentally, economically and socially viable indefinitely, that works harmoniously both with the human body and the non-human environment, and which does not cause any significant unfair or disproportionate effects which may hinder the functioning, development or viability of the healthcare system itself.³⁴ Levels of cooperation, job satisfaction, and burnout can be seen as social sustainability. In addition, perception of ward atmosphere and possibility to provide person-centered care can be seen as indicators of care sustainability, and are of particular importance to staff in forensic psychiatric care. Sustainability is a new concept in psychiatry. It looks at how services can be more responsive not only to economic factors but also to environmental and social factors.²⁶ The purpose of the forensic psychiatric hospitals is to rehabilitate or habilitate patients, by improving their psychiatric health and their functioning, in order to enter or re-enter into the society.⁷ Due to a neglect in decades of the need of renovation in combination with an increased attention to the importance of supportive physical health care environments, Sweden is facing a large hospital building boom in the forensic psychiatric care where inappropriate, old, and worn out buildings need to be replaced by new ones. These new hospitals will remain in place for many decades. This offers an opportunity to study if new forensic psychiatric hospitals, with an improved hospital design of the physical environment, can help to increase the possibility to deliver a person-centered care in a supported physical environment over time. It is a global ambition to work for a sustainable environment on all levels, which also includes health care comprising both the physical and psychosocial environmental aspects. This longitudinal study aims to assess the sustainability of staff perceptions of ward atmosphere and their possibility to provide person-centered forensic psychiatric care after relocation to new hospitals that aimed to provide supportive work conditions for the staff to be able to perform care of high quality. The person-centered approach was implemented in the old facilities during a two-year quality improvement program, before relocation. The reason for setting up this study was to explore if staff and patients' outcomes would improve after relocation to new facilities designed to support person-centered care. A person-centered approach in care planning and treatment has been used worldwide for many years. However, exploring the physical environments possibility to support person-centered care is scarcely assessed before, and not at all in forensic psychiatry.

2. Methods

2.1. Settings

A prospective longitudinal study was designed to measure the impact of physical and psychosocial environment for both patients and staff, after relocation to new facilities for forensic psychiatric care.

This study was conducted in close interaction between staff and managers at three forensic psychiatric hospitals in the county of Västra Götaland in the western part of Sweden; one urban, and two rural facilities. The design of the three old facilities faced both latent implicit and explicit architectural drawbacks, including the following: a series of standardized traditional single-patient rooms, called back-to-back, were laid out on both sides of a hallway in all three hospitals. The

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