

# Patients' descriptions of nursing interventions supporting quality of life in acute psychiatric wards: A qualitative study

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## Abstract

**Background:** People with mental disorders suffer from impaired quality of life (QoL). In psychiatric hospital wards nurses are in a close relationship with patients and have good opportunities to support patients' QoL. Still, relatively little is known about patients' perceptions related to nursing interventions by which nurses can support the QoL of patients with severe mental illness. **Objectives:** To explore patients' perceptions of nursing interventions in supporting patients' QoL in acute psychiatric inpatient settings.

**Design:** Explorative descriptive study design.

**Settings:** The study was conducted in seven acute 24-h psychiatric wards of general hospitals in Southern Finland.

**Participants:** Thirty-five inpatients diagnosed with schizophrenia, schizotypal disorder or delusional disorder.

**Methods:** The data were generated through semi-structured interviews and processed by means of qualitative content analysis.

**Results:** Five main categories of patients' perceptions of nursing interventions were identified to support QoL from patients' descriptions: empowering interventions, social interventions, activating interventions, security interventions and interventions to support physical health.

**Conclusions:** Impaired QoL of patients with severe mental illness can be supported in acute psychiatric wards through nursing interventions. However, we are not sure how effective these interventions are. Thus, research on the effectiveness of nursing interventions to support patients' QoL is needed.

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**Keywords:** Nursing interventions; Psychiatric nursing; Quality of life

## What is already known about the topic?

- Patients with schizophrenia often suffer from impaired QoL.
- A number of treatment guidelines emphasises the importance of maximising patients' QoL.

- However, there is a gap in the research regarding how nurses take patients' QoL into account in psychiatric nursing.

## What this paper adds?

- It provides an understanding of nursing interventions to enhance the QoL of patients with schizophrenia.
- It confirms that QoL can be enhanced from patients' point of view by nursing interventions.

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- A holistic model of care is needed to enhance patients' QoL.

## 1. Introduction

Recent international studies have shown that patients with schizophrenia suffer from impaired quality of life (QoL), compared with general population and many other disease groups (Ponizovsky et al., 2003; Bobes and Carcia-Portilla, 2006). Schizophrenia, the prevalence of which is approximately 1% of the population (Mueser and McGurk, 2004), is characterised by deficiencies in social and cognitive skills as well as in skills for daily living (Katschnig, 2000). The illness stigmatizes sufferers and leads to discrimination (Sartorius, 1997; Graf et al., 2004). Patients with schizophrenia are also at high risk of committing suicide (Ponizovsky et al., 2003). Further, findings have shown that patients with schizophrenia have only few social relationships (Albert et al., 1998) and often caring professionals may be the most important people in their network (Borge et al., 1999). The conditions of their lives are worse (Evans et al., 2007) and unemployment (Crowther et al., 2007) and homelessness (Folsom and Jeste, 2002) rates are higher compared to the healthy population.

Currently, QoL is a widely used outcome measure in psychiatric care, and widely demanded by patients, families, professionals and institutions (Bobes and Carcia-Portilla, 2006). Clinical practice guidelines related to schizophrenia also emphasise the importance of maximising patients' QoL (Finnish Psychiatry Association, 2001; NICE, 2002; APA, 2004). Moreover, in the literature views have been expressed that interventions specifically designed to improve QoL may be needed (Katschnig, 2006; Hansson, 2006). However, there is no agreement regarding the definition of QoL and whose perspective should be taken into account in its measurement (Holmes, 2005; Moons et al., 2006). Nevertheless, many instruments have been developed and used increasingly as outcome measures in clinical studies (Katschnig, 2006).

Recent studies have shown that psychoeducation (Pekala and Merinder, 2002), psychosocial rehabilitation (Browne et al., 1996; Yildiz et al., 2004), cognitive behavioural group treatment (Kingsep et al., 2003), and new antipsychotic drugs (Lönqvist, 2006) may have a positive effect on patients' QoL. Attention has also been paid to effective symptom management (Fahy et al., 1999) and social support (Bechdolf et al., 2003; Eack et al., 2007). Further, good nurse–patient relationship appears to have a direct impact on the patient's QoL (Megens and Van Meijel, 2006).

Nurses have good opportunities to support positive changes in patients' QoL (Northway and Jenkins, 2003; Clark, 2004). However, there is a gap in the research on psychiatric nurses' interventions to support QoL (Clark, 2004; Megens and Van Meijel, 2006). There is a need to support the QoL of patients with psychiatric disorders whose

perspectives may often be neglected in research (Wood and Pistrang, 2004) or care (Johansson and Lundman, 2002). This information will add useful evidence to support the improvement of patient-centred psychiatric care and focus on those interventions which are perceived the most helpful from an individual patient's point of view. In this study the attempt is to gain a more profound understanding of nursing interventions to enhance psychiatric patients' QoL from the patients' point of view.

## 2. The study

### 2.1. Aim and design

The aim of the study was to examine patients' perceptions of nursing interventions in enhancing patients' QoL in acute psychiatric inpatient settings. The following research questions were addressed:

1. What do patients perceive as being the most important nursing interventions for improving their QoL?
2. What changes do patients propose to improve their QoL?

An explorative descriptive study design was used as little was known about the phenomenon of interest (Polit and Beck, 2004).

### 2.2. Setting and participants

This study was conducted in seven acute 24-h specialized psychiatric wards of general hospitals in Southern Finland. The wards provide treatment for patients who cannot cope with daily practice in outpatient care due to the severity of their disturbed behaviour. Patients were recruited if they met the following inclusion criteria: age 18–65, diagnosis schizophrenia, schizotypal disorders or delusional disorders according the Finnish version of the ICD-10 criteria (WHO, 1992), symptomatically stable condition evaluated by the staff, able to speak Finnish, and competent to give written informed consent to participate in a research interview. Seventy-eight patients met the inclusion criteria, of whom forty-three refused to participate. This left us with 35 patients to be interviewed for the study. Patients interviewed consisted of 20 men and 15 women. Mean age was 41 years (S.D. 11.2; range 19–62 years), 46% were single and 60% were retired. Patients had 1–26 previous admissions to psychiatric hospital (mean 7 admissions, S.D. 6.8). The patients interviewed had been hospitalised for varying lengths of time at the time of the interview (mean 30 days, S.D. 28.2, range 2–123 days).

### 2.3. Data collection

The interviews took place on the hospitals' wards from November 2005 to May 2006. The nurses on the study wards

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