



Experiences and Daily Life Attitudes of Women With Severe Mental Disorders: Integrative Review of Associated Factors



Juliana Reale Caçapava Rodolpho ^{a,*}, Luiza Akiko Komura Hoga ^a, Jéssica Reis-Queiroz ^a, Milena Temer Jamas ^b

^a University of São Paulo, School of Nursing, Cerqueira Cesar, São Paulo, SP, Brazil

^b São Paulo State University, Faculty of Medicine of Botucatu, Department of Nursing

ABSTRACT

Objective: The objective is to identify the factors that influence the experiences and daily life attitudes of women with severe mental disorders (SMD).

Method: A search for studies published from 2000 to 2014 was conducted in electronic databases. All relevant primary studies were screened using integrative methods. Findings were synthesized thereafter.

Results: Fifteen articles were included. A total of 21 factors were identified as being associated with experiences and daily life attitudes of women with SMD. These factors consisted of the following five categories: strengths and limitations regarding self-care behavior and healthcare delivery, unmet healthcare needs, psychosocial vulnerabilities underlying SMD, gains and challenges of motherhood, and adoption of coping strategies.

Conclusions: Healthcare providers can greatly contribute to improving the quality of healthcare for women with SMD, but several barriers need to be overcome.

© 2015 Elsevier Inc. All rights reserved.

Millions of people are affected by mental disorders (MD) worldwide [World Health Organization (WHO, 2013)]. The burden of disease and disability attributable to MD in the affected individuals and their family members is great (WHO, 2010a). Severe mental disorders (SMD) result in serious functional impairments, which substantially interferes with or limits one or more major life activities. SMD are defined as mental, behavioral, or emotional disorders, excluding developmental and substance disorders. SMD include, but are not limited to, disorders such as schizophrenia, schizoaffective disorders, bipolar affective disorder, obsessive-compulsive disorder, posttraumatic stress disorder, and major depression (U.S. Department of Health and Human Services, 2012).

Gender differences have an impact on mental health and the experience and course of women's MD (Andrade, Viana, & Silveira, 2006; Judd, Armstrong, & Kulkarni, 2009). A range of studies have been indicated that women are disproportionately affected by mental health problems and that their vulnerability is closely associated with domestic violence and sexual abuse, socioeconomic disadvantage, low income and income inequality, low or subordinate social status. Pressures created by their multiple roles as wife, mother, and carer of elderly relatives also need to be taken into account to understand the risk factors for mental illness and the consequences for women and their families (McKay, 2010; WHO, 2006, 2013).

In this context, women's mental health has been recognized as a serious public health (Andrade et al., 2006; Davidson, 2012). Depressive disorders account for close to 41.9% of the disability from neuropsychiatric disorders among women compared to 29.3% among men globally. Women are at increased risk of violence from an intimate and are over represented among the population of highly comorbid people who carry the major burden of psychiatric disorder (WHO, 2006).

Evidence also suggests that stressful life events and reproductive health problems are closely associated with SMD. SMD increases the risks of problems related to sexual behaviors (Soares & Carvalho, 2009; UNFPA, 2008). Gender-related health concerns, such as sexually transmitted diseases, unplanned pregnancies, lack of screening tests for breast and cervical cancer more strongly impact women affected by SMD (Lyon & Parker, 2003; UNFPA, 2008). Negative experiences suffered by women during pregnancy, childbirth, puerperium, and motherhood increase their susceptibility to MD (Birch, Lavender, & Cupitt, 2005). MD following childbirth and motherhood, including postpartum depression, is estimated to affect about 13% of women within 1 year of delivery (WHO, 2006).

In Latin American and Caribbean countries, the prevalence of SMD among women has been high (Kohn & Rodriguez, 2009). Data from selected epidemiological studies collated by Kohn and Rodriguez, (2009) showed that the prevalence of SMD in women was 12.6% for major depression, 5.5%. While more than 80% of the burden provoked by MD worldwide occurs in people living in low- and middle-income countries, a significant gap is recognized in research to measure and describe the problem, and in strategies, policies and programs to prevent mental disorders in developing countries (Collins et al., 2011; WHO, 2013, 2014).

* Corresponding Author: Juliana Reale Caçapava Rodolpho, RN, MSN, Nurse, PhD Candidate, University of São Paulo, School of Nursing, 419 Avenida Dr. Enéas Carvalho de Aguiar ave, Cerqueira Cesar, 05403-000, São Paulo, SP, Brazil.

E-mail addresses: jureale@usp.br (J.R.C. Rodolpho), kikatuca@usp.br (L.A.K. Hoga), jessicagreis@usp.br (J. Reis-Queiroz), milena14enf@yahoo.com.br (M.T. Jamas).

Less attention is paid to the psychiatric care of women suffering with SMD. Their values, preferences, and personal care needs are not adequately identified, approached, and considered in the provision of healthcare (Drake, O'Neal, & Wallach, 2008). Such women are not recognized as people requiring special support, especially in developing countries. Consequently, they are stigmatized and suffer discrimination in mental healthcare facilities, and adequate treatment is not provided to them (McKay, 2010; WHO, 2013). Women with SMD often have their human rights violated, and they may live in inadequate hygienic conditions, suffering physical and sexual abuse, and receive harmful and degrading treatments in healthcare settings (WHO, 2013). They may underreport mental illness symptoms because of fear and stigma (Davidson, 2012).

Sensitive strategies to address the needs of these women should be developed, implemented, and evaluated (Borba et al., 2011; Diaz-Caneja & Johnson, 2004; McKay, 2010). Data derived from empirical studies are considered to be critical elements to support appropriate planning, implementation, and evaluation of mental health public policies (WHO, 2013). An integrative review (IR) of the experiences and daily life attitudes of women with SMD and the factors associated may contribute to improve the quality of healthcare. IR has an international reputation in evidence-based practice. It is a type of review that can go beyond the analysis and synthesis of findings from primary studies, and allows exploiting other research dimensions, in order to integrate individual and contextual questions to solidify the complex aspects of healthcare (Soares et al., 2014).

REVIEW QUESTION AND GOALS

The goal of this IR was to identify the factors influencing the experiences and daily life attitudes of women with SMD.

METHOD

This research followed the integrative, systematic review process, which was considered the most appropriate for the review question. The IR is a broad type of research review method that allows for inclusion of empirical studies with diverse methodologies. It adheres to a systematic process to summarize and synthesize findings, with the intent to more fully understand a particular phenomenon (Whittemore & Knafl, 2005). The five-stage integrative review of the concept of integration proposed by Whittemore (2005) was used: (a) problem identification; (b) literature search; (c) data evaluation; (d) data analysis; and (e) presentation of the results. To direct the systematic literature search, a written search protocol was prepared.

Literature Search

Primary studies available in English, French, Portuguese and Spanish were included in this IR. This IR literature search was limited to studies published from January 1, 2000, to July 1, 2014 in order to select recent publications that may have more relevance to contemporary women's mental health issues in the provision of treatment and care than earlier studies. This limit was also established taking into account the WHO report 'Mental Health: New understanding, New Hope', published in 2001 (WHO, 2001). This report summarized the current knowledge on mental disorders and highlighted the need of transforming the understanding and treatment of MD, through comprehensive mental healthcare based on community-based mental health services.

The search strategy and subsequent decisions about inclusion and exclusion of studies were shaped by the review question (Soares et al., 2014). The following databases were explored: CINAHL, PubMed, PsycINFO, Sociological Abstracts, The Cochrane Library, The Joanna Briggs Institute (JBI) Database of Systematic Reviews and Implementation Reports, Scopus, Lilacs, Scielo, IBECs, and BDNF.

A search of the secondary databases was previously conducted to establish whether a review about the questions in this review has already been conducted. The JBI Database of Systematic Reviews and Implementation Reports and the Cochrane Library databases were examined to verify whether a systematic review about this theme had been published or was in progress. No similar systematic review protocols or final reports were identified.

The initial search strategy was performed through conjoined subject headings using the following Boolean strategy: 'attitude' or 'attitudes' or 'life experiences' or 'experiences' or 'needs' and 'mental disorders' or 'mentally ill persons' or 'mental health' and 'females' or 'women', and keywords 'attitude*' or 'experience*' or 'life experience*' or 'need*'. The reference lists of the included studies were also hand-searched.

The inclusion criteria were quantitative, qualitative, and mixed-method empirical studies published in peer-reviewed journals. This review considered studies that include the following outcome measures: all aspects related both directly and indirectly to the factors influencing the experiences and daily life attitudes of women with an SMD diagnosis.

The exclusion criteria of the study samples were as follows: studies consisting of women less than 18 years old, and women without a diagnosis of SMD. Articles which studied women diagnosed with an SMD with its onset in the puerperium were excluded. If a paper was found to focus on the opinions of women as well as their formal and informal network members, only the women's perspectives were considered.

A total of 15 empirical studies fulfilled the eligibility criteria and were included in this IR (Table 1). The search process is summarized in Fig. 1.

In Table 1, the data extracted from empirical studies are reported.

Data Evaluation

The methodological quality of the empirical studies was independently assessed by two reviewers using the Framework for Research Critique (Caldwell, Henshaw, & Taylor, 2011). This framework is an instrument consisting of 17 items, which include areas common to both qualitative and quantitative approaches plus areas that are specific to each research methodology.

The appraisal of mixed-methods studies addressed both the qualitative and quantitative features of this instrument. Items answered with 'yes' or 'no' included the following criteria: the comprehensiveness of the literature review, statement of philosophical background, rationale for undertaking research, appropriateness of research design and sample, validity, reliability or auditability of data collection, credibility/ability to confirm the data analysis, appropriateness of how the results were presented, comprehensiveness of discussions and conclusions, and the generalization or transferability of the study's findings. Articles that scored less than 80% (14 of 17 items or less) were excluded.

Methodological weaknesses included poor use of theory, not addressing a comprehensive and up-to-date literature review (qualitative and quantitative), not stating the philosophical background and the rationale for the choice of design not being evident, and not identifying the major concepts (qualitative). Nonetheless, these studies provided useful and credible findings, which are relevant to the topic of this IR.

Data Analysis

Articles were recorded on data coding sheets that consisted of the following subheadings: author, country, research design, setting, aim of the study, sample, data collection, and key findings regarding the factors associated with the attitudes and experiences of women with SMD. The results from quantitative, qualitative and mixed-method studies were described, compared item by item, and explored for similarities, differences and relationships between data (Whittemore & Knafl, 2005).

A narrative synthesis approach was used to synthesize both qualitative and quantitative evidence. This process involved the conversion of all data into narrative through qualitative analysis (Mays, Pope, & Popay, 2005). The quantitative findings were translated into narrative

Download English Version:

<https://daneshyari.com/en/article/314935>

Download Persian Version:

<https://daneshyari.com/article/314935>

[Daneshyari.com](https://daneshyari.com)