A Qualitative Study of Nursing Care for Hospitalized Patients with Acute Mania

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ABSTRACT

Patients with a bipolar disorder and currently experiencing acute mania often require hospitalization. We explored patient problems, desired patient outcomes, and nursing interventions by individually interviewing 22 nurses. Qualitative content analysis gave a top five of patients problems, desired patient outcomes and nursing interventions, identified as most important in the interviews. We then conducted three focus group meetings to gain greater insight into these results. Intensive nursing care is needed, fine-tuning on the patient as a unique person is essential, taking into account the nature and severity of the manic symptoms of the patient.

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Bipolar disorder (BD) is a chronic, complex psychiatric disease characterized by (hypo)manic episodes alternating with depressive mood episodes, mixed episodes, and euthymic mood episodes (American Psychiatric Association, 2000). In the Netherlands, the disease has a lifetime prevalence of 1.3 % (de Graaf, ten Have, van Gool, & van Dorsselaer, 2012). In a significant percentage of such cases, the BD poses a huge social and occupational burden for both the patient and the family (Abood, Sharkey, Webb, Kelly, & Gill, 2002; Simon, 2003).

The evidence-based treatment of BD is described in guidelines, such as the Canadian Network for Mood and Anxiety Treatments (CANMAT) (Yatham et al., 2013) and the Dutch Guideline (Nolen et al., 2008). These guidelines state that, although pharmacotherapy forms the cornerstone of disorder management, the inclusion of psychosocial interventions and the incorporation of chronic disease management involving a healthcare team are also required. The explicit involvement of the patient and carers in the treatment and management processes with the aim of empowering the patient is also recommended (Nolen et al., 2008).

The treatment of patients with a bipolar disorder is a long and intensive trajectory involving a variety of professional disciplines (Lam, Hayward, Watkins, Wright, & Sham, 2005; Miklowitz, George, Richards, Simoneau, & Suddath, 2003; Scott et al., 2006). Hospitalization during an acute, severe manic episode is often necessary. During such an episode, protection of the patient and carers stand central along with prevention of patient exhaustion and possible damages such as broken personal relationships, loss of work and income etc. (Ogilvie, Morant,

& Goodwin, 2005). Intensive nursing together with pharmacotherapy is often required during hospitalization for such a manic episode.

When Goossens, van Achterberg, and Knoppert-van der Klein (2007) reviewed the literature on the nursing of patients with a bipolar disorder, a total of 25 articles could be identified. Only one of these articles concerned the care for patients hospitalized for a manic mood episode—an older, qualitative study by Hummelvoll and Severinsson (2002). The aim of that study was to gain insight into nursing staff perceptions of patients experiencing acute mania and how these perceptions influenced the care provided. Interviews with six nurses highlighted the need to understand the individual patient and changing needs of the patient but also the need for nurses to effectively work together as a team. Also found to be important was having knowledge of the specific disorder, keeping in contact with the patient, being clear about ward permissions and rules, and maintaining the measures needed to guarantee safety.

The other articles included in the review by Goossens et al. (2007) were mostly descriptions of standard nursing practices for hospitalized patients with a bipolar disorder. These descriptions provide insight into the daily nursing interventions used with such patients. As important items are described: limit setting, constant observation in a structured environment, the protection of the patient to minimize the risk of damage, and pharmacological treatment (Brenners, Harris, & Weston, 1987; Buckwalter & Kerfoot, 1982; Gartside, 1980; Strong, 2004). Setting clear, consistent, and firm limits using an otherwise supportive approach is described by Buckwalter and Kerfoot (1982) and Cole (1999).

Hem, Nortvedt, and Heggen (2008) conducted a qualitative, ethnographic study. They concluded that setting limits is a difficult task, especially in the nursing care for psychotic and/or manic patients: the personal boundary of a patient is crossed sometimes. It it complicated to be good helpers in the eyes of the patient—to be seen as helpful, respectful and trustworthy people.

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Hospitalization of patients experiencing acute mania usually entails admission to the closed ward of a psychiatric hospital. Patients in a manic state are often quite disruptive, which makes it difficult to regulate their behavior and handle them in the current condition. The nursing team must also ensure the safety of the other patients on the ward.

In literature there is a lack of evidence-based knowledge about the domain of nursing care for patients in a manic state. Current nursing practice in this domain appears to draw on mostly tradition and experience. The aim of the present study was therefore to map the relevant patient problems, desired patient outcomes, and nursing interventions that manifest themselves during the hospitalization of patients experiencing acute mania.

Three specific research questions were posed for this purpose:

1. What problems do nurses identify for patients hospitalized in a manic mood state and what are the specific signs and symptoms of these problems?
2. What desired patient outcomes are identified for the nursing of patients hospitalized in a manic mood state?
3. What interventions are used by nursing staff during the care for patients hospitalized in a manic mood state?

METHODS

A qualitative research methodology was selected to map the experiences of the nurses in our study (Holloway & Wheeler, 2002). Semi-structured interviews were first conducted with the individual nurses. Focus group meetings were then held to deepen our understanding of the interview results. According to Dutch legislation, formal approval of the ethics of the study was not needed from the Netherlands Central Committee on Research Involving Human Subjects (www.ccmo.nl). However, the Scientific Research Committees from the mental health organizations participating in the current study did provide approval. All of the participants signed an informed consent form prior to the start of the study.

Data Collection

Recruitment of Participants

Nurses working on six wards from four mental health organizations in the Netherlands were asked to participate in the study. The managers of the nursing teams working on these acute mental health wards were informed about the study and then asked to approach the nurses in their teams to inform them about the study and ask them if they would be willing to participate.

To participate in the study, the nurses had to be involved in the daily nursing care for patients and play an active role in the formulation of nursing care plans. Five nurses per ward from two wards agreed to participate, also six nurses from another ward—all these wards are part of different organizations. From three wards, part of another organization but spread within a single geographic region, two nurses per ward participated.

A total of 22 nurses thus agreed to participate in the present study.

Semi-structured Interviews

The semi-structured individual interviews were conducted by the first author (TD) between December 2011 and May 2013. A topic list derived from a list used in a prior study of what nurses do when caring for outpatients with a bipolar disorder (Goossens, Beentjes, de Leeuw, Knoppert-van der Klein, & van Achterberg, 2008) was used to guide the interviews (see Table 1).

Information on all personal data being kept anonymous was provided prior to the start of the study and again prior to the start of each interview.

With the aid of the topic list each nurse was asked to describe their experiences with patient problems, desired patient outcomes, and nursing

Table 1
List of Topics, Used in Semi-Structured Interviews with Individual Nurses.

Organizational topics	Nursing care topics
Employments position	Organization of treatment and/or nursing care
Level of education	Top Five patient problems, desired outcomes, and nursing interventions
Organization of the nursing team and the multidisciplinary team	Vision on the nursing contribution to care; vision on use of nursing care plans
Level of specialization within the team	Communication with other caregivers for patient
	Evaluation of nursing care

interventions used when caring for patients with acute mania. Each nurse was also asked to formulate his or her top five list for each of the above (i.e., patient problems, desired patient outcomes, nursing interventions). The interviews were audio recorded and transcribed verbatim.

Focus Group Meetings

Following our analyses of interview data three focus group meetings were held to deepen our understanding of what was found. The nurses who participated in the interviews were invited to participate in the focus group meetings, which were held in September–October 2013.

Prior to the start of each focus group meeting, the rules and requirements for maintaining anonymity were explained along with the aim of the focus group meeting. The participants were explicitly invited to share all of their thoughts on a particular topic. The focus group meetings were led by the first author (TD) while the third author (PG) wrote the statements made per item on a flip chart for all to see.

At the start of each focus group meeting, the participants were given the overall top five list of patient problems, desired patient outcomes, and nursing interventions obtained from the analysis of the individual interview data. The participants were asked to articulate the signals and symptoms of specific patient problems; state which indicators were used to evaluate the attainment of desired patient outcomes; and which activities were performed as part of specific nursing interventions.

During the focus group meetings, the authors regularly checked to see that they had understood the information provided by the participants correctly. They also checked that the discussion of each item was judged to be complete by the group. All of the focus group meetings were audio recorded.

Data Analysis

Individual Interviews

In a qualitative content analysis (Hsieh & Shannon, 2005), the transcripts of the individual interviews with the nurses were read and re-read. Those text fragments concerned with patients problems, desired patient outcomes, and nursing interventions were then coded. The first interview was coded individually by the three authors who then compared their codings and discussed any discrepancies until consensus could be reached. An initial list of patient problems, desired outcomes, and nursing interventions was obtained in this manner. Two authors (TD, BG) coded the remaining 21 interview transcripts. Finally, a hierarchical list of patient problems, desired patient outcomes, and nursing interventions was put together by assigning points to the problem, outcome, and intervention judged to be most important by the participant per interview five points; the problem, outcome, and intervention judged second most important four points; and so forth. By summing the results across interviews, the top five patient problems, desired outcomes, and nursing interventions could be identified for more detailed discussion in the focus group meetings.

Focus Group Meetings

The audio tapes from the recorded focus group meetings were listened to by the first author to check if all mentioned statements,