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Re-hospitalization process of patients with severe and persistent mental disorder from the viewpoint of nurses in the Psychiatric Wards: a qualitative study

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Abstract

Introduction: Re-hospitalization is one of the challenges and basic problems among patients with severe mental disorders. Considering the limitations of the performed studies in Iran about the process and reasons of re-hospitalization in patients with severe mental disorders in the psychiatric ward, this qualitative study was conducted with the aim of "explore of the process of re-hospitalization in patients with severe and persistent mental disorders from the viewpoint of the nurses in psychiatric ward".

Materials & Methods: This qualitative study was conducted with the participation of 14 nurses working in the psychiatric hospitals of Ahvaz city (south Iran) in the years 2011-2012, who were selected via purposive sampling. Semi-structured interviews were used for data collection, which were continued until achieving data saturation and emerging themes. Inductive content analysis was used to analyze the data.

Results: The main concept that emerged from this study is "discontinuity of care process" that can be described in three sub-categories: 1-Drug disruption at home, 2- Family status as the relapse factor, and 3- Deficient therapeutic system. Each of these themes has subgroups, too.

Conclusion: The process of caring for the patients with severe mental disorders, is a permanent, unit and holistic. Therefore, programming for follow-up patients into their families and social networks is essential factor in this process. It was revealed that treatment and care of the patients with chronic mental disorder could be very effective after release.

Keywords: Re-hospitalization, Psychiatric patients, Qualitative study, Nurses.

Introduction

Mental disorders and substance-related disorders are considered as the prevalent, disabling, and expensive disorders. It is estimated that 450 million persons have been inspired by mental and neurological disorders, or by behavioral problems, worldwide. The studies show that one from five persons experiences a mental disorder in a year(1).Among the population of people with mental disorders, there is a subgroup of people with severe mental disorders. According to the definitions, severe mental disorders defined as mental, behavioral, or emotional diagnostic disorders which are consistent with the fourth criteria of the Diagnostic and Statistical Manual of Mental Disorder (DSM-IV) and resulted in functional disorders of the person, which interferes with life activities or restricts them(2). Severe mental disorders are specified by remission periods with the absence of distinct signs and by remission periods with acute symptoms and disorder in mental-social functions(3). These disorders are a group of very disabling disorders that can influence the person and include major depression, bipolar

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disorders, and schizophrenia, which have very severe complications both for the patients and for one's relatives. They need permanent changes in their lifestyles, because there is not a definite known treatment for most of these disorders(4).

The signs of these disorders lean to be appear during one's life apart from receiving or not receiving the related treatments. Therefore, patients with severe mental disorders face challenges and different problems in their daily lives and during the treatment process which one of the major problems is the relapse of the disorder and the re-hospitalization of these patients(4, 5).

Re-hospitalization in psychiatric wards is among the major problems and complications related to mental health and it has been a basic challenge in patients with severe mental disorders, which has affected the rehabilitation process of patients and can appear due to many reasons (5-7). Moreover, re-hospitalization is a principal social problem because of its relation to issues such as availability of services, quality of services, organized cares, and its costs. Besides, it is one of the ways of analyzing treatment, care, and efficacy of costs in taking care of the patients with severe mental disorders(5, 7, 8).

In fact, re-hospitalization is a sign of improper treatment of the patient that results in direct and indirect cost on the patient, family, and society. As the cost for re-hospitalization of psychiatric cases is more than the first hospitalization. In addition, patients who experience re-hospitalization, have more duration of staying in the hospital than other patients. This situation prepares more burdens on the person and the family(8, 9). Most people with severe and persistent mental disorder become hospitalized at least once during their lives. Researcher wrote that people with severe mental disorders are always in danger of re-hospitalization(5, 7, 8). The studies show that in the first six months after release, 38% of the patients refer to an institution mainly hospital, again. In addition, Rangel based on Anthony et al.'s study wrote that about 35 to 50 percentages of the patients with severe mental disorders are hospitalized again after one year and 65 to 75% are hospitalized again after five years in psychiatric wards(7). In addition, the re-hospitalization portion in psychiatric wards is reported differently in various researches and it has the ratio of about 14%, 16%, 20% to 30%, and 45 to 53% of the whole cases of psychiatric hospitalizations(5, 9).

Considering these cases and the limitations of the performed studies of our country about the process and reasons of re-hospitalization in patients with severe mental disorders in the psychiatric ward, this qualitative study was conducted with the aim of representing the process of re-hospitalization in patients with severe and persistent mental disorders from the viewpoint of the nurses in psychiatric ward in order to have better programs for reducing the re-hospitalization process by recognizing this complicated process and its related factors from the viewpoint of caregivers.

Materials and Methods

This qualitative content analysis study was conducted during the years 2011 to 2012. Qualitative content analysis is commonly used in nursing; therefore, a content analysis approach was employed to analyze the data. Through content analysis, it is possible to distill words into fewer content-related categories(10).The

participants were 14 nurses of four psychiatric hospitals in Ahwaz city (Iran), with a BSc degree or higher in nursing, who were selected by using purposeful sampling.

Audio-recorded, face-to-face, semi-structured interviews were used for data collection. The key question was: "What is your experience about patient re-hospitalization in this ward?" Follow-up questions based on the participants' answers were used to better understand their experiences. All of the recorded interviews were listened carefully during the next 24 hours and transcribed. The duration of interviews was between 30 to 50 minutes. The interviews were conducted by the first author in Persian language, which were then translated into English. The data collection and analysis preceded concurrently using inductive content analysis approach. For this purpose, the interviews were transcribed verbatim. After reading the interviews several times, they were divided into meaning units, and after condensation, the condensed meaning units were abstracted and labeled with codes. The codes, based on similarities and differences, were classified into sub-categories and specific categories. Finally, based on the underlying main idea of the interviews, themes were extracted. Data collection continued until data saturation and themes emergence.

To verify the validity (credibility) of the data obtained, the following measures were adopted: 1- prolonged engagement and meetings with the participants, 2- repeated reading of the interviews and drowning in the data, 3- using comments and suggestions of the colleagues to verify categories and 4- finally, returning the coded interviews with some of the participants to attain the consensus among the researchers and the participants in the codes.

Ethical considerations

The Ethics Committee of Ahvaz Jundishapur University of Medical Sciences approved the study (ETH-387). Formal authorization was obtained from College of Nursing and Midwifery of Ahvaz Jundishapur University of Medical Sciences and the hospitals for both the sampling and the study. Both the purpose and method of the research were described for the participants, and informed consent to participate in the study was received from all of them.

Results

The participants in the study were 14 nurses with an age range of 25-53 years, work experience in nursing from 7 months to 29 years, and experience in the psychiatric wards of 7 months to 26 years.

The main concept of this study is "Discontinuity of care process", a phenomenon which caused patient re-hospitalization and shows the main state of the care of patients with severe mental disorders in the present therapeutic system. A state, which follows the disorder relapse and repeated hospitalizations, which is one of the principal challenges of the cares of these patients. Some of the participants mentioned that:

> «… Most patients who return here, are all repetitious cases» (Participant No. 8).
>
> «… They return, the majority return and become chronic» (Participant No. 5).

This discontinuity of care process has different reasons based on the viewpoint of participants that are placed in three categories including 1- "Drug disruption at home", 2- "Family status as the relapse factor", 3- "Deficient therapeutic system". Each of these themes also has different sub-categories and minor classes.

1- Drug disruption at home

"Drug disruption at home" is considered as an effective factor for the return of the disorder and

re-hospitalization of patients with severe mental disorders. It has a principal role in the resultant treatment of the patients from the viewpoint of participants. So, participants believed on the "effect of the drug on relapse of the disorder" and emphasizing on the "importance of consuming drugspermanently" in the patients with severe mental disorders:

"…Untilthey're here, we give their medicine on time. By the time they go home, especially those with lower social segment and economical rank, with problems like not having money to buy drugs, till the drug effect is in their bodies, their function is well;when the effect of the drugsdisappears, relapse will occur" (Participant No. 6).

"… If their use of drug disrupts, they will return, most of them return" (Participant No. 5).

But considering the importance of consuming drugs in the relapse of the disease and the complication induce by its disruption, the participant emphasized on the "necessity of the permanent use of drug" for these patients:

"… step by step that he/she doesn't receive drug during one week or 15 to 20 days, they returns again; his/herdisorder relapses.That's why they should consume psychiatric drugs; according to our psychiatrists, till the time they breath [for ever], based on the physician prescription, they must take drugs not to return here" (Participant No. 10).

Moreover, the participant 2 says:

"...Takingdrug for this patient is necessary, essential, and forever. Psychiatric patient should always take one's medicine" (Participant No. 2).

"Drug abruption causes" in patients was another issue to which the participants refer. They believed that the patient after release, refuse to use drugs due to different reasons. "Lack of family awareness" is among these factors:

"… Unfortunately whether their families can't make them changed,can't control them, or they do not know they should take drugs" (Participant No. 10).

"No signs period" is another factor involved in drug disruption by the patient after release. About this, the participants 10 and four says:

"When the psychiatric patients take some drug for one, two, or three months because they return to their normal state, thinks they are healthy and they do not want anymore, so, they do not take the drug" (Participant No. 10).

"…We see the patient some time says I am good, there is no need to take drugs, he/sheabrupt the drug at home or the family themselves think the patient is good, and there is no need to take drug" (Participant No. 4).

"Drug abruption due to side effects" is among the factors involved in this phenomenon. About this, the participant 2says:

"… Because of taking the psychiatric drugs; the patient becomes sedate, cannot work well andhe/she may sleep sooner. A woman for example is supposed to sleep at 8, so when would she give their children dinner, when would she do the dishes,…, Many patients for example do not take medicine, they say we took drugs but we fell asleep. We cannot do our work" (Participant No. 2).

And "Not having insight" is another factor for drug abruption in patients, which the comments of the participant five declare this issue:

"Most of them have insight, some have not, they do not believe they are ill, they go out and abrupt the drug consumption" (Participant No. 5).

2- Family status as the relapse factor

"Family status" is another reason for the relapse of the disorder according to the comments of the participants. Here are factors like lack of knowledge and the faulty familial structure as the cause of the relapse of the disorder of the patient. The role of "Lack of family's knowledge" in the relapse of the patient'sdisorder is described by some participants as below:

"… The family wait until the time the state of the patient becomes too critical; for example they will directly go to the emergency ward. Because their information is not usually complete, they do not know what to do" (Participant No. 8).

Another participant added:

"…The patient goes and returns after three months;why? Because when they go from here, they go out. The family do not support as they should, or they do not know what to do, do not have information about when the patient should take his/her drug, how should they behave toward this patient at home" (Participant No. 11).

"Economic problems of the family" is another factor involved in the relapse of the disorder related to the family's status:

"… Most psychiatric families referring here are financially very poor; it is very effective, they may even do not have the money for the physician visit. Now,most of our patients stay in the ward because no one would discharge them, that means financial state is very effective" (Participant No. 8).

Another participant says:

"The majority of patients return with the relapse of their disorders, they say no one buy drug for us, they have not bought our medicine" (Participant No. 6).

Other issues related to the family status which is considered as the factor for the relapse of the disorder is an "internal family structure" basedon the conversations of the participants. This structure is an impaired one, which did not pay enough attention to the patient, one's status, and following up one's treatment. Therefore, it prepares the return of the signs of the patient. The participant 11 about this issue says: "… I think most families do not have any priority to investigate the psychiatric patient because the cultural problems that we have in this region. Most are busy doing their business" (Participant No. 11).

Participant 8 believes:

"Usually those who return immediately, are not taken care well at home, some time they have given the drug to the patient him/herself, or they become indifference. They have not referred to the physician to reduce, to increase their drug, or to evaluate one's condition. They have not usually referred, it caused relapse and return to the ward" (Participant No. 8).

3- Deficient impaired therapeutic system

"Therapeutic system" is among the other factors involved in the relapse of the disorder.According to the participants, lack of facilities and impairments of the organization, the way of care, and its treatment,associates with the relapse of the disease. Participant eight states about this:

"…In my opinion, it just needs facilities.For example, you see a family which their economical status is lowandyou (in the care system) know this.You refer him/her to the hospital. For this patient with this economic status, you are not able to receive money for his/her drug or physician's visit, but, he/she will have a tendency to come in. Maybe many do not come any more because of financial issues" (Participant No. 8).

Another believes:

"… An important thing in caring of this patient is the hospital conditions and facilities. The treatment that performed here is depended to all facilities,drugs, what the nurses do and what physicians present" (Participant No. 11).

Finally, lack of follow upthe patient after release is among other very important factors that can be said is the origin of all the factors. It prepares the relapse and the return of the patient:

"… The patient should not go and be free after release. The patient should be checked to see whether he/she has a problem, how his/her condition is at home after release, whether he/she has the condition while releasing, whether he/she had made any problem for the family at home,

and how his/her mood, sleep, nutrition, and appetite are. In my opinion, these are very important and are not exist at present" (Participant No. 3).

In addition, Nurse Number5 says:

"They are not followed up by the psychiatrist, nor by the psychologist. So they return after a period of time" (Participant No. 5).

Discussion

Based on experiences of our participants it was revealed that patient's re-hospitalization in the psychiatric wards is due to "Discontinuity of care process". This concept is the principal of this study, which shows the whole condition of care after the release of patient from hospital. It shows the interruption of this process after release.

Considering the chronicity of the severe mental disorder, taking the care of these patients needs a holistic view. However, according to participants, care is hospital-based, in which it is limited by the duration of the patients' stayin hospital. Therefore, besides considering this process as deficient, they talked about the necessity of following up after the release of the patients and believed that most patients with severe mental disorders did not have proper economic and cultural condition. It needs following up for the educations of the necessity for permanent use of drugs, continuityof the therapeutic system, regular examination, and persistent social based organizations. So this condition accompanied by non-follow up care of the whole therapeutic systems of our society, result in the abruption of the care process.

Moreover, the relapse of the disease in these patients is a very prevalent phenomenon, which many factors from personal and familial factors to the therapeutic system problems are involved in their emergence. Therefore, this process makes a condition named as a "vicious cycle of treatment". This cycle includesa "hospitalization, release, lack of follow up and hospitalization". This process is repeated regularly based on the participants' conversations. Acute psychiatric nursery care depends on the cooperation between different occupations in hospital and social team(11). In addition, patients with severe mental disorderare a major percentage of the consumers of the mental health system. The treatment of this situation mainly consists of a combination of services like hospitalization in psychiatric wards, drug therapy, case management, and social-based care(6). The studies showed that the treatment of the severe mental disorders is only effected when its characteristic is both complete and long term(12).

Nevertheless, treatment is stopped from the time of release from the psychiatric ward in some patients with severe mental disorder. In a meta-analysis study about patients with emotional disorders, the interruption rateof treatment in patients with bipolar disease and those with depression diseases were 20% to 60% and 10% to 60%, respectively(13). In addition, Olfson et al., in a study on 200 patients with schizophrenia, who were released from the ward recently, found that the interruption rate of treatment is 19.2% three months after release(14).

In regards to the conducted study by Tavallaii et al., one of the principal reasons for hospitalization of patients was lack of cooperation or poor cooperation of the patients after release(9). Also, Fisher and Stevens in their study showed that one of the important factors related with re-hospitalization of the patients with severe mental disorder is the limited care services after release(15).

Drug abruption at home is mentioned as another important factor involved in re-hospitalization of patients with severe mental disorder. It occurs due to different reasons such

as the side effect of drugs, feeling of becoming better, not having vision, and the economical problems of family for providing these drugs.

According to the researches, one of the factors which have a very important role in the re-hospitalization of the patients with mental disorders is setting aside treatment or its interruption (16, 17). In addition, the studies about this background show the fact that lack of continuity of treatment has direct and wide damaging complications on the functional level of patients with severe mental disorders. In a study of following up the schizophrenia patients, who were released from recently from the hospital, it was found that lack of continuity to the prescribed drug regimen increases the chance of severity of signs and re-hospitalization in psychiatric wards more than three times(14). In another similar study about patients with bipolar diseases, it was declared that about two-third of the patients hospitalized for stabilizing the mental status with a period of mania, had abruptedtheir drug during one month before their re-hospitalization(5, 18). About drug abruption in one of the studies, it was shown that feeling of remission, emergence of side effects, lack of access to the drug, and to the physician are the reasons of early drug abruption in 50%, 43%, 5%, and 2% of the cases, respectively(9).

Finally, according to the participants, another issue related to re-hospitalization and the relapse of the patients with severe mental disorder was the family status. Based on this, structural problems of families like their low level of education and culture accompanied by economic problems are among facts providing carelessness to the patient condition and their follow-ups.
Studies conducted for this issue show the importance of family place in preparing a situation for preventing from re-hospitalization of patients with severe mental disorder. In addition, these researches show that the income rate and the education level of the family and the patient affect the continuity of the patient to treatments to a high level. Remission of this condition results in the reduction of the probability of the patients' re-hospitalization and longer periods of their remission(19, 20).

Conclusion

Care of the patients with severe mental disorders, is a permanent, unit and holistic process that this situation guarantee the relapse of the person for the life before disease, a lot. What is obvious is that the absence of these situations, repetitive relapses of the signs and then the re-hospitalization of these patients are expected. Considering the chronic and disabling characteristic of these disorders, they cause many costs for the person, family, and society. Based on this, by considering the findings of this study, it seems that patients with severe and chronic mental disease should be followed-up after release. In fact, the care cycle of hospital, home and society should not be interrupted. Therefore, programming in the levels of management for considering the follow-up programs of treatment and care of the patients with chronic mental disorder can be very effective after release.

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