Experiences of nursing staff working with long-stay patients in a high secure psychiatric hospital setting

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ABSTRACT

Background and Objective: Forensic-psychiatric nursing is a demanding branch of nursing that deals with a highly complex group of patients who are detained in restrictive environments, often for lengthy periods of time. There is little information about the daily experiences of these nurses. The present study sought to explore the roles and relationships of forensic-psychiatric nurses with long-stay patients in a high secure hospital in England.

Method and Analysis: The study obtained data via three focus groups and thematic analysis was carried out using Nvivo 10 software.

Results: Five prominent themes emerged: Firstly, nurses elaborated on their role with these patients and the kinds of interactions they have with the patients. The next two themes explored the reasons why some patients are long-stay patients and the challenges nurses face while working with this group. The fourth theme was the impact of external support, such as the patient's families, on length of stay. The final theme covered the changes that the nurses observed in these patients and in themselves over time.

Conclusion: It was noticeable that those interviewed were committed professionals; eager to provide an optimistic and hopeful environment for the patients to help them progress through 'the system'. The study presents a number of pertinent issues regarding long-stay patients that provides a basis for further research and to inform policy and clinical practice.

Keywords: *long-stay patients, forensic nursing, high secure care*

INTRODUCTION

Forensic-psychiatric nursing is a small yet growing branch of nursing practice that takes place in a wide range of mainly secure settings. In the UK this includes forensic-psychiatric units at three different levels of security – low, medium and high. These units cater for individuals who suffer from a mental disorder and have committed an, often serious, offence or are otherwise deemed to present a risk to others. In the UK the first high secure hospital, Broadmoor Hospital, opened in 1863 – since then forensic-psychiatric nursing has evolved in order to keep abreast to the needs of forensic patients and to contribute and influence scientific research and the development of relevant policies (Woods, 2004).

Mental health nursing generally is a complex and demanding task comprising different components such as supervision, assessments, forming therapeutic relationships, administering medication, and maintaining a rehabilitative and social atmosphere on the wards (Rask & Hallberg, 2000). According to Harrison et al (2014) the profession is chosen by people who are ardently seeking to make a difference in someone's life and are looking for opportunities that are centered on the patient. Due to the long contact time and being the closest to patients – compared to other mental health professionals – forensic nurses are the professional group that are most involved in caring interactions with the patients (Caplan et al., 1993; Mason, 2002).

Life experience, empathy and clinical experience are the three key strengths needed in the role of forensic-psychiatric nurse. Forensic-psychiatric nursing differs significantly from general psychiatric nursing for a number of reasons (Mason et al,

2008): Firstly, forensic-psychiatric nurses face a dual obligation as a custodian and as a carer and according to some authors this is the single most important factor that differentiates forensic-psychiatric nursing from other branches of psychiatric nursing (Peternelj-Taylor, 1999). Secondly, the patient group forensic-psychiatric nurses work with is highly complex with the majority displaying both a mental disorder and a history of – mostly serious - offending (Caplan et al., 1993; Robertson et al., 2011). Most of these patients suffer from chronic psychotic disorders often have a history of substance abuse and trauma (McKenna, 1996).

An additional challenge in working with patients in secure forensic settings is their often very long stay in the institution. According to the 'Sainsbury Centre for Mental Health (2007)', 18% and 6% of the population were in forensic services for 10-20 years and 20-30 years, respectively (Rutherford and Duggan, 2008). As secure services are highly restrictive for the individual, potentially impacting on their quality of life, providing a comfortable environment with sufficient recreational and educational opportunities, with an understanding of the different needs of each of the individual patients, should be a priority (Shaw et al, 2001) and nurses can play an integral role to ensure that the needs of the patients are met.

Presentation of complex psychopathology, reluctance towards undergoing therapy as well as a possible repetition of criminal behavior is characteristic of long-stay patients in forensic-psychiatric settings (Schel et al., 2015). Based these characteristics, it is clear that nurses may be faced with particular challenges in the care and management of such a patient group. The present study explores these challenges in order to understand the nurses' experiences while caring for this complex group. The study is related to a larger, multicentre National Institute for Health Research (NIHR) funded

study "Characteristics and needs of long-stay patients in high and medium secure forensic psychiatric care: Implications for service organisation". This national project aims to identify the prevalence of 'long-stay' in forensic settings (defined in the study as a length of stay of more than 5 years in medium or more than 10 years in high secure care), the characteristics of this patient group as well as the views of various stakeholders on the service provision for these patients. The study reported here explored the perceptions and experiences of nursing staff caring for long-stay forensic-psychiatric patients in a high secure hospital, in particular focusing on patient-nurse relationships, patient characteristics and the care pathways for these patients.

METHOD

Research Design

A qualitative research design, using focus groups, was adopted. A focus group approach was chosen as it elicits a natural interaction through which descriptive and in-depth data can be obtained from multiple interactions at the same time (Forrester, 2010). Focus groups consisted of semi-structured questions aimed to initiate a dialogue between participants and they were encouraged to share examples from their daily experiences. It is worth noting that although an individual interview leads to the obtainment of information that is uncontaminated by other's experiences and perceptions; the focus group approach was adopted to allow the participants to reflect and discuss their counter experiences and to observe the dynamics of the nursing staff that could help understand their lives in the wards better (Ritchie and Lewis, 2003, p171) Focus groups were recorded using an audio recorder and transcribed in

verbatim. One of the focus groups was conducted by the author SM (a research assistant with a background in psychology) and two by author SD (at the time Masters student in Mental Health Research, again with a background in psychology).

Participants

The study was advertised via email to nursing staff at Rampton Hospital. Considering the aim of the study, eligibility to participate was dependent on having worked at the hospital for at least 5 years. No other exclusion criterion was applied. Ten participants were recruited and divided into three focus groups (with five, three and two participants). The uneven numbers across the groups was due to scheduling issues and last minute cancellation due to other work demands. The participants had roles as a staff nurse, nurse specialist, ward manager or as a team leader.

Focus group schedule

Participants were given a short explanation regarding the aims of the study prior to the focus group. This included the definition employed in the mainstudy of "long-stay" described as those patients who have stayed in a high secure hospital for more than ten years. A focus group schedule was developed consisting of a set of questions with follow up prompts to form the basis of the focus group. Questions explored interactions and relationships with long-stay patients, the care given to these patients and potential reasons for long-stay.

Data Analysis

A thematic analysis approach (Braun & Clarke's, 2006) was employed to data using NVivo 10 software. An inductive approach was adopted to avoid restraints and preconceptions in the interpretation of data (Thomas, 2006). Repeated readings by authors SD and SM allowed initial codes to be identified. The relationship between codes were then refined, and codes were rejected or collapsed into broader themes and sub themes. At each point of analysis, the codes were reviewed by the authors for any biases or misrepresentations and to ensure that they captured the inquiry of the study and other experiences that were articulated during the focus group sessions.

Ethics

Approval was obtained from the Research and Development department of Nottinghamshire Healthcare NHS Trust. Participation was voluntary, with anonymity guaranteed, and each participant was provided with a consent form prior to each focus group session. Written consent was obtained.

RESULTS AND DISCUSSION

Thematic analysis highlighted five major themes which captured the experiences of forensic nurses working with long-stay patients at the high secure hospital. These were: a) role of nurses; b) reasons for long-stay; c) challenges faced with long-stay patients; d) external support; and e) changes over time. The themes and the sub-themes are summarised in Table 2.0.

ROLE OF NURSES

There was strong emphasis on the therapeutic aspect of the role beyond that of maintaining a positive atmosphere on the wards by all participants. Regardless of the number of years a patient might have spent in hospital, maintaining hope and fostering a safe and rehabilitative environment was seen as the essence of a nurse's job. Additionally, effective communication was also found to be important for helping patients establish stability and develop trust that would in turn help them look forward to transitioning out of a high secure hospital. Nurses felt that forming such therapeutic relationships with the patients and being a positive role model to them was a fulfilling experience.

"Certainly with personality disordered patients, issues with relationships are paramount really, so therapeutic relationships are a way to try and explore that and work together. It should be a safe relationship. I feel that that is the number one part of my job. I don't think it's something like 'oh now I am going to have a therapeutic relationship with that patient,' it is something you have going on all the time" (P3)

"A therapeutic relationship for me personally is being a role model. I, speaking for myself, I need to be a very positive role model for that person. At the same time I need to understand that if they become very hostile to me I don't take that personally. It's difficult at times not to take it personally but it's seeing beyond that, what was happening at the time for that individual person, what going on in their life at that particular time. And there needs to be more staff being positive role models." (P10)

Responses from participants in this study therefore focused mainly on the positive aspects of their role, emphasizing therapeutic over custodial aspects. It has been reported consistently that patients in secure forensic settings have experienced

abusive or unstable relationships in the past (Timmerman et al, 2001). The nurses in our study appeared to have been aware of such histories and recognised the importance of providing a safe and stable environment as well as the slow pace in which therapeutic relationships develop in this group of patients. They referred to the role of simple interactions - playing games or chatting with the patients while serving food – as first steps in building trusting relationships.

The development of such relationships has been found to be one of the most important roles in forensic nursing (Peternelj- Taylor, 1998) through which patients are able to develop trust in and respect for nurses. Such therapeutic relationships are crucial to help move the patient forward and have a facilitating effect on treatment (Olsson et al, 2013). Notably, despite concentrating on long-stay patients in their contributions, the nurses in our study clearly seemed to have 'moving on' as the ultimate goal of their endeavours and emphasised the importance of hope. They emphasized that they remained both optimistic and hopeful even when they were unsure of the patient's care pathway or they knew it would be difficult for the patient to move out of the hospital. Hope has often been found to have a positive influence on patients and to enable them to keep a positive outlook on the future (Kylmä & Vehviläinen-Julkenen, 1997). A positive relationship between nurses' optimistic and enthusiastic attitude and outcomes for patients has been reported (Swinton, 2000).

Notwithstanding the challenges, nurses felt that their job was very rewarding and this is consistent with previous research that found forensic nurses to experience less stress and have more satisfaction in their job compared to nurses in other psychiatric settings (Hapell et al., 2003).

REASONS FOR LONG-STAY

The focus groups raised several key perceptions of nurses regarding why a patient becomes a long-stay patient. All the nurses felt that there were patients who had become very comfortable in an environment where they are cared for and feel safe. The patients begin to view the hospital as their home and the staff as their closest relations. The development of such feelings was attributed to their often unstable backgrounds. Sometimes, these patients experience a lot of anxiety prior to any transition and may behave in a way that jeopardises their chances of transitioning out of the hospital. This could be through denying their offence or using violence as a strategy to sabotage their chances of moving on.

"And I think for a lot of the patients here this is probably the best home they've ever had, because they've come from quite dysfunctional backgrounds, they've been from pillar to post in care homes. They've been abused as children and I think, you know, here, they feel safe, they feel contained, they know where they stand and they do build really good relationships with the staff on the ward"(P8)

"I think a very common feature in the very long term patients, or the patients I have worked with the longest in my current place is the sabotage when they are starting to move on. Quite often, they would openly admit that they are terrified to move on, so they would do something to deliberately set themselves back and create an incident rather than working through those anxieties." (P3)

For many long-stay patients, who have spent a large part of their lives in various institutions, the only close relationships they have are with the staff members and these relationships are the most secure relationships they have probably ever experienced. This finding is supported by studies that suggest that forensic patients form constructive relationships of which they have had very little experience in the past (Caplan, 1993; Mason, 2002). While the development of positive relationships with staff is essential, over-attachment can be negative for the patient's progress. With the inability to trust easily as well as a lack of coping strategies to end close relationships, patients feel very anxious about leaving the hospital and sabotage their chances of transfer and therefore increase their length of stay. Such incidents of relapse as well as high levels of anxiety during transition or prior to transition have been reported in previous studies (Centre for Mental Health, 2011). Notably, transfers out of secure care or to less secure settings, can be very complex and challenging due to the lengthy processes of referral, assessment, etc. adding to the anxiety it provokes in patients. Given the importance of stable therapeutic relationships, it has been suggested that such transfers should be staggered and the new team of nurses should attempt building rapport before the actual move takes place (Kennedy, 2002).

CHALLENGES IN WORKING WITH LONG-STAY PATIENTS

For patients who have been in the forensic system for over 10 years, nurses found it difficult to keep them motivated to persevere in their treatment and engage in new interventions. Often, the challenge was felt to be regarding effective communication about the future of the patient which was sometimes difficult to achieve in the face of uncertainty about the future decisions about the patient's care.

"I've got one at the moment who is doing therapy and he throws in,' yeah I know this, I've done this with so and so.' It is so hard to start off from that point. You think 'oh god this person has done all this work, how do I do something different?' (P3)

"The patient I am working with at the minute has been institutionalised for 15 years and has a relatively settled period so he has in his mind that he is going to transition out now, and I have to tell him that no you have not finished your initial treatment and you probably have another one after that…actually it's about shaping expectation and being realistic while keeping them on the good positive track."(P5)

The second challenge reported related to boundaries – an issue felt to be more important in long-stay patients compared to those who move on quicker. A supportive team and supervision was also felt to be required as often there were concerns about the blurring of boundaries in the relationships with long-stay patients. Support was also felt to be of critical importance to avoid burnout and fatigue. Due to their challenging work, the nurses felt that in overwhelming situations, stepping back and seeking their team's assistance was very helpful.

"There is a level of familiarity with these patients and it is important that the team is around to keep an eye around on what's happening. Sometimes it is natural to slip the boundary, so a team can support you to stay on track and make sure the relationship stays professional. A strong team will be able to do that. And they have the ability to be concerned about things like, what you did there, or why you did your session overrun by 20 minutes, why did you give that patient extra time?" (P2)

"They are not fragile physically, they are violent offenders, but mentally they are very fragile and they can't take much…there is no self esteem. Building on all those things is wearing on the nurse. It is tiring and hard, people do suffer burnout, but that passes and you get through it with the right support and you then go on to help somebody else."(P1)

This issue of boundary maintenance is described as "one of the most important competencies required by psychiatric mental health nurses" (Peternelj-Taylor & Yonge, 2003). As mentioned, nurses frequently work in situations where the boundaries of their patient relationships are tested, either by their own actions or through the actions of their clients. The response to these "tests" is that of personal integrity, which can be developed by reflection, supervision and not simply to buy blindly into a framework that says "do this" and "don't do that".

Others have reported feelings of burnout and fatigue in forensic services which could lead to dissociation with the forensic patients (Dhondea, 1995; Coffey, 1999). The importance of team working has also been emphasized and a strong team has been associated with job satisfaction and the alleviation of work pressures felt in nurses (Kramer and Schmalenberg, 1991: Lu et al, 2005).

EXTERNAL SUPPORT

A prevalent theme was the importance of external support, mainly through families, for long-stay patients. The nurses shared a two-sided notion of how families and

friends in the community can potentially impact the progress of patients. In some cases, external support can positively affect the patients by providing them a reason to progress through the system and move back into the community.

"They've got something to move towards haven't they? Reason to move out" (P4)

"*I've got no stats…but from personal experience; they seem to move through quicker having that support, that communication, knowing that they have something to go out… Knowing that they've got that support or link to the external world."* (P5)

On the other hand, some nurses felt that families may not understand the patient's needs and often they might not want them to move on. In some cases, the families could be afraid of the patient and hence prefer for the patient to remain in the forensic system.

"I think some families often want to give the patients some kind of support, phone calls or writing letters, things like that, but as far as going one step further, and being the sort of carer outside, that's a different, it depends on individuals obviously, but for some families, that is too much for them really." (P1)

"I feel sad from a patient's point of view. But when I put myself in a family's shoes, if they have been repeatedly assaulted by the person, when they were in the community, in extreme cases that person might have killed another family member; it is understandable when they are anxious or not supportive of the person moving on" (P5)

There is thus far very sparse literature on the positive and negative influences of external support on progress in forensic patients. While some evidence indicates that knowing someone in the community can motivate the patient to progress through the system (Castro et al., 2002; Shah et al., 2011), the impact of negative family attitudes towards a patient moving on has not been reported elsewhere.

CHANGES OVER TIME

Changes observed in the nurses

Nurses shared the view that over the years they understood and got to know the patients and their needs better. They were able to attend to non-verbal behaviours more accurately and thus form a salubrious relationship.

"An example of a good relationship is when you look at the patient and you know that the patient is not feeling right that day, or that something is on their mind, you don't have to ask them, you know it; you can talk to them about it." (P4)

Nurses also felt that the trust they developed through knowing the patients better could lead to some degree of complacency. This could make it difficult to identify changes occurring in the patient's behaviour.

"You do become slightly more complacent with long-stay patients just for knowing them and their nuances, how they are and their triggers and their tell tale signs if

something is not right. Whereas my guard would be slightly high with somebody who has been in the hospital less or whom I don't know too well. It only takes something to happen to be reminded of where you are and who you are working with and anything can happen at any time regardless of how well you know somebody" (P5)

These reflections on the changes they felt in themselves indicate again the importance of reflective practice (Paget, 2001), team work (Kramer et al 1987: Lu et al, 2005) and supervision (Peternelj-Taylor & Yonge, 2003).

Changes observed in the patients

Nurses have commented on the potential development of strong feelings, including feeling of love for the nurses in patients. Some patients may also develop sexual feelings that can be hard for them to express due to fears of the negative consequences in expressing such emotions. Staff in our focus groups, however, were able to normalise the development of such strong attachments.

"I think loving other people is a human need and I think the people here haven't had very much opportunity to express those feeling towards someone. It is natural then to feel like that to a staff."(P2)

"We've had sexual experiences as well…that is a patient having sexual feelings towards a staff just to be clear. A few years ago the reaction would have been 'oh we have to get the staff off the ward'. Now it is like 'let's get it into perspective. They

have been in custody for 6 years, it is a 23 year old male, let's make sure everyone is safe. Let us not ostracise.'" (P5)

The development of romantic feelings towards staff in secure settings has been described elsewhere (Quinn et al, 2013; Ruane & Hayter, 2008). It was encouraging to see that it appears possible to handle such situations with sensitivity that ensures that the patient does not feel uncomfortable in talking about this aspect of his or her experience.

Nurses felt that the patients would start disclosing more personal information over the years as they begin to feel safe and continue to build a relationship with nurses. This disclosure helps them to engage in therapy and improves their relations with other patients as well.

"And again, some patients are making disclosures about things here that they've never spoken to anybody about….Disclosure of the patients whilst they have been here starts when they start to feel safer and build relationships; they start to say what happened that they might not have said in their lives. So you can see how difficult it is for them." (P1)

Long-stay patients were described as more mellow and relaxed over time and some of the nurses felt that some of these patients eventually begin to accept their diagnosis and recognise the benefits of the therapy sessions. There was also a risk though that they might be overlooked due to their more settled behaviour compared to that of more newly admitted patients.

"In terms of this patient group, they are dead easy to miss. If they are settled in long term, it is hard to get them motivated people. They might have already done loads of stuff, you know, then you've got time pressures, they just sit in the corner."(P3)

LIMITATIONS OF THE STUDY

This study explored the experiences of nurses in caring for long-stay patients in a high secure forensic-psychiatric setting using focus groups. The main limitation relates to the small sample size of one of the groups, below the recommended number of four to eight (Kitzinger, 1996). While we made every effort to achieve these numbers, this proved challenging due to the nature of the work of the target group and the need for nurses to respond to emergencies at short notice. Our target population is therefore similar in some respect to 'hard-to-reach' populations for whom small recruitment numbers are to be expected (McClelland & Newell, 2008). The generalizability of the study is low as the perceptions of the nursing staff have been obtained from one high secure psychiatric hospital in England only. We recognise that our findings will therefore have to be interpreted cautiously; however, replication of the study in other high secure psychiatric hospitals will provide a more comprehensive view of the perceptions of long-stay patients by forensic nurses.

IMPLICATIONS FOR CLINICAL FORENSIC NURSING PRACTICE

In terms of the clinical implications of our research, the importance of stable therapeutic relationships and their potential disruptions when transferred is worth noting. The significance of team working and reflective practice can also not be

overestimated; one might speculate that the positive experiences reported in our study and the ability of nurses to adapt an attitude that facilitates hope for one of the most marginalized groups in society was partly facilitated by the relatively high staffing levels in a high secure hospital.

CONCLUSIONS

The experiences of forensic-psychiatric nurses have been researched before (Caplan, 1993: Harrison et al, 2014: Kramer et al, 1987: Lu et al, 2005: Mason, 2002: Peternelj-Taylor, 1999), however, not in relation to long-stay patients. It might be expected that the challenges faced by this group of professionals catering for one of the most challenging patient group are amplified when considering long-stay offender patients. It is therefore encouraging that we observed very positive attitudes and experiences when caring for these patients in our focus group participants. A number of themes will be of relevance to service developments for this patient group while others provide recommendations for future research. Future research should explore the themes identified here in other forensic settings. Another theme that warrants further exploration is the role families and friends play in the recovery of forensic patients, both positive and negative.

DISCLAIMER

This project was funded by the National Institute for Health Research Health Services and Delivery Research Programme (project number 11/1024/06). The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the HS&DR Programme, NIHR, NHS or the Department of Health.

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Table 1.Participant details

	Focus group 1	Focus group 2	Focus group 3
Gender	4 Females 1 male (P3)	3 Females	2 Males
Years of employment	P1: 10 years P2: 19 years P3: 9 years P4: 9 years P5: 12 years	P6: 31 years P7: 14 years P8: 13 years	P9: 34 years P10: 15 years
Role in the hospital	Staff nurse (P1, P2, P3, P4) Nurse specialist (P5)	Ward managers	Team Leaders
Duration of focus group	1 hour 25 minutes	1 hour 10 minutes	1 hour 15 minutes
Timing of focus group	AM	AM	AM
Total participants	**5**	**3**	**2**

Pn = Participant number

Table 2. Themes and Subthemes

Theme	**Subthemes**
Role of nurses	Maintaining Hope
	Therapeutic Relationship
	" Worth it"
Reasons for long stay	Institution feels like home
	Anxiety and sabotage
Challenges faced with long-stay patients	Uncertainties about care pathways
	Blurring of boundaries
	Importance of team
External support	Positive support
	Negative support
Changes over time	In nurses:
	Know the patients
	Complacency
	In patients:
	Feelings towards nurses
	Progress