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Time Together:
A nursing intervention targeting everyday
life in psychiatric inpatient care
Patient and staff perspectives

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Abstract

Background Patient and staff descriptions of everyday life in psychiatric inpatient care are consistent, revealing a challenging environment with over-reliance on medication and, power imbalances. Patients and staff ask for the opportunity to develop relationships; however, the literature on nursing interventions targeting these issues is sparse. This thesis comprises four studies with a twofold overall aim. The first part constructs a theoretical understanding of everyday life processes in psychiatric inpatient care, and the second part evaluates a nursing intervention in psychiatric inpatient care.

Methods Studies I and II used a grounded theory design with individual interviews (I, II), dyadic interviews (II) and focus group discussions (II). Study III used mixed methods, a single system experimental design with questionnaires and a qualitative process evaluation with logs and participant observations. Study IV used a qualitative design with individual semi structured interviews. The participants were 16 patients with experiences of psychiatric inpatient care (I), 36 staff members who worked in psychiatric inpatient care (II), 80 patients and 50 staff members in the evaluated wards (III) and 11 patients who had taken part in the nursing intervention Time Together (IV). In studies I and II the analysis followed grounded theory. In study III data were subjected to visual analysis, percentage of non-overlapping data and qualitative content analysis, also used in study IV.

Results Patients in psychiatric inpatient care experienced everyday life as being influenced by interactions between patients and staff, the environment and the content of care. The quality of interactions was what tied these components together. Having trustful interactions could compensate for an otherwise poor environment and a confusing care content, while adapting to absence of, or obstructive interactions contributed to experiences of the environment as stigmatizing and the care content as confusing (I). Staff had ideals regarding everyday life on the wards but obstacles hindered them from putting their ideals into practice. To cope with this, they appeared to shift their focus from the patient's best to their own survival. This resignation made it even more difficult for them to work in a way that aligned with their ideals (II). The theoretical understanding that was constructed from study I and II revealed that what patients described as absent or obstructive interactions, or passivity, were mirrored by staff descriptions of obstacles in their everyday life on the wards. Furthermore, what patients described as trustful interactions and satisfying activities were mirrored by staff descriptions of having the patients' best interest at heart. This is interpreted as when staff is able to focus on the patients' best interests, improvements in the everyday life in psychiatric inpatient care are possible.

The nursing intervention called Time Together was feasible to introduce in psychiatric inpatient care. The intervention was enabled by shared responsibility, a friendly approach and a predictable structure, whilst it was hindered by a distant approach and unpredictable structure. Measurements showed no effect on the quality of interactions between patients and staff, but questionable effects on perceived stress and stress of conscience among staff, as well as on staff satisfaction with interactions with patients (III). Patients described their experiences of taking part in the intervention as being seen as a human among other humans, that it contributed to hope for recovery but also, that feelings of distance to staff were fostered when Time Together sessions were not offered (IV).

Conclusion By implementing Time Together in psychiatric inpatient care, staff is allowed access to a nursing intervention that can meet patients' needs for high-quality interactions in everyday life and that may have potential to decrease perceived stress and stress of conscience among staff and increase their satisfaction with interactions with patients. By using joint activities as bridging actions, this intervention could lead to the development of nurse-patient relationships built on reciprocity and engagement, something that is emphasised in recovery-oriented mental health nursing.

Keywords

engagement, everyday life, experiences, grounded theory, interaction, interprofessional teams, intervention, mental health nursing, ordinary relationships, psychiatric inpatient care, patient perspectives, single system experimental design, qualitative content analysis

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