

# NURSES' PERCEPTIONS ON THE READMISSION OF PSYCHIATRIC PATIENTS ONE YEAR AFTER DISCHARGE

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## ABSTRACT

A qualitative study using in-depth interviews with 10 nurses working with psychiatric patients was conducted in 2012. The purpose of this study was to investigate the nurses' perceptions on the readmission of psychiatric patients within one year of discharge from Prince Mshiyeni Memorial Hospital. Tesch's method of data analysis was used to identify the nurses' perceptions on the readmissions of psychiatric patients one year after discharge.

The results of this study affirmed the reasons known in literature about factors associated with re-admissions, which include lack of family support, poor adherence to medications and substance and alcohol use. However, a unique finding of the study was the cultural interpretation of psychiatric illness that led to poor compliance. The study concluded that cultural interpretation of mental illness is among the many causes of readmission of psychiatric patients and may be an overarching factor. The study recommends that a study be done on exploring the cultural interpretations of psychiatric illness and the impact of those interpretations on the readmission of psychiatric patients.

**KEYWORDS:** culture, cultural interpretation, nurses' perceptions, readmission, psychiatric nurses, psychiatric patients

## INTRODUCTION

Mental health service delivery is faced with high rates of psychiatric readmission among the acutely ill patients. Readmission of psychiatric patients is associated with many factors such as shorter hospital stay, inadequate family support and use of alcohol and substances (Mgutshini, 2010:29).

Numerous studies have been seeking to understand the high readmission rates of psychiatric patients (Bobo, Hoge, Messina, Pavloc, Levandowski & Grieger, 2004:648). The studies, (Bobo et al., 2004:648; Neto & Da Silva, 2008:648) aimed at finding factors that contribute to high admission rates among mentally ill patients. These studies are pertinent in that psychiatric patients, although few in number compared with other categories, are also the ones that governments spend most of their resources on (Seloilwe, 1997:16). In South Africa, very few studies have addressed the repeated admissions of psychiatric patients (Mavundla, Toth & Mphelane, 2009:357).

Most of the studies on readmission of psychiatric patients reported views from either medical doctors, families or the patients themselves (Mitchell & Selmes, 2007:423; Omranifared, Yadzani, Yaghoubi & Namdari, 2008:37; Seloilwe, 1997:7). None of the views/perceptions from studies known to the researchers were solicited from nurses, and this study aims to bridge that gap as it purports to explore the perceptions of nurses working at Prince Mshiyeni Memorial Hospital (PMMH), a specific hospital that is designated a 72-hour community psychiatric service hospital.

### **Statement of the research problem**

The number of mentally ill patients needing readmissions overloads the available mental health care team. Readmission of psychiatric patients has been frequent at the Prince Mysheni Memorial Hospital (PMMH). The number ranges between seven to nine patients on a monthly basis within a year post-discharge. The nurses, as the gatekeepers in every healthcare facility, are in a position to assist by sharing their perceptions on the readmission of psychiatric patients in the hospitals as healthcare providers who are in the front line of interaction with these patients.

Relapse of patients with chronic mental illness such as schizophrenia is a major factor in generating high hospitalization rate costs. Relapse of patients with schizophrenia is associated with substantial direct mental health costs that extend beyond the cost of hospitalization to other costly outpatient services and medication costs (Mitchell & Selmes, 2007:349).

Relapse in mental illness has many effects on patients, caregivers, the health sector, and it impacts negatively on the country's economy (Seloilwe, 2006:264). Patients tend to deteriorate in their level of functioning with each relapse, hence their contribution to economic activities diminishes. Nurses are always there for the patients who are re-admitted, and soliciting their thoughts on these patients will help give insight into the factors that lead to their readmissions. Furthermore, many studies have been done on the repeated admission of psychiatric patients but no study known to the researcher has ever solicited the perception of nurses who interact with patients and families on a daily basis.

### **Purpose of the study**

The purpose of this study was to investigate the nurses' perceptions on the readmission of psychiatric patients at PMMH within one year of discharge from the hospital.

### **Objectives of the study**

The objectives of the study were to:

- Explore factors that are deemed to contribute to the readmission of psychiatric patients by professional nurses at the PMMH, according to perceptions by nurses.
- Determine how factors leading to readmission of psychiatric patients could be addressed.

### **SIGNIFICANCE OF THE STUDY**

The most important factor for identifying this problem to be studied is its significance to nursing practice. The researcher envisages that evidence derived from this study may increase nursing knowledge and consequently improve nursing practice. This is because the study has shown that perceptions of nurses caring for psychiatric patients will provide a foundation for designing effective nursing interventions that will prevent readmissions of psychiatric patients. The study findings have implications for policy development. It is evident that the findings will enable policy makers to develop strategies that will improve community mental health nursing, which will prevent or at least reduce readmission rates.

The study would further set the foundation for future research on the readmission of psychiatric patients. Based on evidence-based practice, future research will enable all role players in mental health care to come up with new interventions for caring for psychiatric patients and hence reduce the many readmissions experienced.

### **DEFINITION OF KEY CONCEPTS**

#### **Culture**

Culture is a complex whole, which includes knowledge, belief, art, morals, law, custom and any other capabilities and habits acquired by man as a member of society (Tervalon & Murray-Garcia, 1998:117).

## **Nurses**

Nurses are persons registered in a category under section 31 (1) in order to practise nursing or midwifery (South African Nursing Council Act, 2005: Act 33 of 2005). For the purpose of this study a nurse would refer to a nurse registered under section 31(1) working at the PMMH with psychiatric patients.

## **Perception**

Perception means the way in which something is regarded, understood or interpreted (*Oxford Dictionary*, 2006).

## **Psychiatric patients**

Patients whose mental functioning is seriously impaired either temporarily or permanently, and is characterised by any one or more of the following: delusions, hallucinations, serious disorder of thought form, severe disturbance of mood and sustained or repeated irrational behaviour indicating the presence of any of the signs listed (*Mental Health Act*, 2007:4).

## **Psychiatric nurse**

A psychiatric nurse is an individual who is professionally educated and has the skills to provide care and treatment to those with mental illness. They work in psychiatric treatment centres and hospital units. They serve as crisis intervention specialists, counsellors and often monitor treatment progress (Purse, 2009:16).

## **Readmission**

Readmission or re-hospitalization is a term used to suggest multiple admissions related to initial admission (Minott 2008:3).

## **Relapse**

Relapse means the recurrence or marked increase in the severity of the symptoms of the disease, especially following a period of apparent improvement (Austin & Boyd, 2008:953).

## METHODOLOGY

Permission from the University of South Africa, Department of Health Studies, Provincial Department of Health at KwaZulu-Natal and the hospital management authorities of PMMH was solicited and granted for the study. Professional nurses working with psychiatric patients and PMMH participated voluntarily, having been given detailed written information and signed a consent form. Anonymity, confidentiality and the right to withdraw at any stage of the study were assured.

Professional nurses working with psychiatric patients and willing to share their perceptions on the readmission of psychiatric patients were purposively selected to participate in the study (Hollaway & Wheeler, 1996:75). Inclusion criteria required that participants must be a professional nurse, must be working with psychiatric patients, having worked with psychiatric patients for one year or more, and willing to participate in the study.

Ten professional nurses (6 females and 4 males) were individually interviewed (from the 12th October to the 25th October 2012). They were interviewed individually in the office of the first author at a time suitable for them. Each interview lasted for one to two hours with an average duration of one and half hours. All the interviews started with the same question (“*What are your perceptions about the readmission of psychiatric patients one year after discharge from the hospital?*”). The participants were encouraged to reflect upon the readmissions that they have experienced in order to elicit some views, which as far as possible, would illustrate their perspective. All the interviews were audio-taped with the participants’ permission.

Data was analysed using the eight steps for systematically analysing textual data described by Tesch (1990) as quoted in Creswell (2003:155). The data analysis proceeded concurrently with the process of data collection and interpretation. The second author also listened to the tapes and analysed the transcripts. Discussions then ensued between the authors until consensus was reached. Guba’s model was used to ensure the trustworthiness of the data (Lincoln & Guba, 1985:320). Matrices were used to organize the data. Comparisons were made between the two authors and re-checked with the transcripts until certain patterns and themes were apparent.

## RESULTS AND DISCUSSIONS

A total of 10 nurses participated in the study, six of the participants were females and 4 of the participants were males all aged between 30 and 60 years of age. The majority of participants were females. This was an interesting finding because in psychiatric units there are usually more males than females (Machado, Leonidas, Santos & De Souza, 2010:2). The Machado et al. study attributes the more males to females ratio

in psychiatric units to the perceived violence and the strength men have over women. However, since the study participants were nurses and the nursing profession has always been dominated by females, the findings are not as surprising as they are interesting, since the study took place in a psychiatric hospital. The other interesting factor is that males prefer psychiatric wards, whereas women will prefer areas such as midwifery and paediatrics (Machado et al., 2010:6).

The nurses who are the participants in the study had more than one year of experience working with psychiatric patients. The majority of them had more than five years of experience and were therefore in a position to share their perceptions on the readmission of psychiatric patients.

## **PERCEPTIONS OF NURSES ON THE READMISSION OF PSYCHIATRIC PATIENTS WITHIN ONE YEAR AFTER DISCHARGE**

The perceptions of nurses on the readmission of patients were categorised into the following themes: medication management; lack of support from family members; alcohol and substance use; non-existence of community psychiatric follow-up; and stigma associated with mental illness and cultural influences.

### **Medication management**

Participants reported that psychiatric patients failed to manage their medication. The participants failed to comply with the medication regimen given in hospitals. Poor adherence to medications as a cause for readmissions of psychiatric patients has been supported in literature (Omrarifard et al., 2008:37). Poor adherence to medication has also been associated with the inability of psychiatric patients to access work and hence most of them live in poverty. When you are poor, what is paramount to you is food security and not medication. Some of the quotes from the participants that alluded to poor medication management were:

*“They do not eat as their grant money goes to drinking and then they do not take their medications” (33 year old female participant).*

*“Psychiatric patients fail to comply with medications because of poor understanding” (44 year old female participant).*

*“Remember that most of the psychiatric patients have very low education and as such do not understand that their condition is long-term” (60 year old male participant).*

Compliance with medication relates to the extent to which patients' behaviour coincides with health advice (Omranifard et al., 2008:40). Factors associated with non-compliance are many and some of them include how the patient perceives his/her own illness as shown in table 1.

**Table 1: Causes on non-compliance with medications**

Causes of non-compliance with medications	Number of participants
Lack of Insight into one's illness	5
Low Education	3
Patients support system	10
Dependency on medications	5
Side effects	6

**Lack of insight into one's illness:** Lack of insight has been reported in literature (Mitchell & Selmes, 2007:347). The same researchers reported that over the course of the year 75% of all patients on prescribed psychotropic medication will discontinue. This view is supported by Olfonson et al. (2007:336) who reported that most of the patients do not adhere to psychotropic medications intentionally because they do not know the consequences of such actions.

**Low education (academic):** Low academic education has been mentioned in this study as a cause for psychiatric patients not to comply with medications. This finding is unique to this study as is not supported anywhere in the literature that the researcher found, and there is a need for further research on this area. Quotes that support participants' views on low education are:

*"Psychiatric patients who are admitted repeatedly here are those with very little education (less than a seven years of formal schooling). This is because they do not understand even if we explain" (47 year old female participant).*

*"Understanding the need for medication compliance is problematic. They just do not follow instructions" (37 year old female participant).*

*"Our problem is most of those who repeatedly come for readmissions have very little education and so are their families" (60 year old male participant).*

**Family or patients support system:** Families or patients support systems are also blamed for misusing patients' money, leaving them without any food. Research (Seloilwe, 2006:263) is of the opinion that psychotropic medications should be taken

after food. Although not stated, the suggestion would be lack of food may lead non-adherence to psychotropic medications.

**Dependency on medication:** Dependency on medications has also been attributed to low compliance. Patients know that once they start on psychotropic drugs it will be for life. Some participants try alternative medication to avoid the dependence on psychotropic medication. Dependency on medication is one of the negative consequences that makes psychiatric patients non-compliant with medications. This assertion is supported in literature. A qualitative study done to explore the African Americans' attitudes toward mental illness and mental treatment seeking by Matthews, Corrigan, Smith and Aranda (2006:259) found that African Americans do not comply with medication because of the possibilities of staying "hooked" to the medication forever. Participants in the study reported that the same may be true for their patients, especially the elite as summed up in the quote below:

*"Psychiatric patients who believe themselves to know do not take medication. They change to stress-relief activities such as Yoga, Gym and meditation and they end up not taking prescribed medications" (43 year old female participant).*

**Side effects:** Participants mentioned medication side effects as another factor that makes patients not to take medication. Some patients are alleged to take medications and intentionally skip doses in their compliance. This is done in order to lessen the side effects. A quote that summed up this was:

*"Some patients cannot tolerate side effects. They discontinue medications because of them and then later come back and they (patients) do not understand how costly it is to discontinue medications" (37 year old female participant).*

This finding has also been studied (Sullivan, Wells & Morgenstern, 1995: 1749; Kang, Kim & Kim, 2005:490; Mitchell & Selmes, 2007:348). Strategies have been developed to counteract some side effects such as drinking plenty of water with medications and wetting one's mouth, and even changing medications with fewer side effects (Mitchell & Selmes, 2007:348).

### **Alcohol and substance use**

Participants believed that most of the psychiatric patients who come to the PMMH consume alcohol and use a substance called "nyaope" (a locally concocted substance that causes excitement, delusions and aggression to those who consume it), which prevents them from complying with medication, and hence relapses occur. Almost all participants decried the use of "nyaope". This concern is most espoused by the quote below:



*“Most of the patients we admit at night would have taken nyaope and they are so uncontrollable we are even scared of them too” (50 year old male participant).*

*“For as long as there is nyaope readmissions will increase everyday” (60 year old male participant).*

This finding is also supported by previous research. Mitchell and Selmes (2007:428) have demonstrated that patients with co-morbid substance misuse failed to comply with medications and that the use of alcohol and substances complicates attendance to clinics for regular check-ups, resulting in relapses and consequently readmission.

### **Home location of patients**

The participants stated that PMMH is the only regional hospital with a catchment area of 1.9 million people in both rural and urban areas. This means that most of the patients have to travel long distances for medications. A patient is going to relapse and come back as a readmission if a week passes without treatment. Accessibility issues, mostly transportation and distance, have been reported as strong correlates for non-attendance to psychiatric and primary healthcare clinics (Booth & McGuire, 2006:92). According to Minott (2008:4), higher rates of readmissions are also found in people who reside in urban areas than those who reside in rural areas. This assertion is further supported by Purdy (2010:16) that the urban dwellers have more access to hospitals than those in the rural areas.

The findings of this study did not distinguish between urban or rural patients. Therefore, further study might want to assess this finding in the context of South Africa.

### **Stigma**

Participants believed that stigma associated with mental illness made patients not to comply with medication as they did not want people to know that they have psychiatric conditions. Mental health stigma has always been associated with poor medical check-ups for psychiatric patients and compliance with medication (Mgutshini, 2010:4).

Stigma about mental illness appears to be extensively sanctioned by the general public (Corrigan, 2000:50), and negative portrayal of those with mental illness are found in everyday conversations (Brown, Conner, Copeland, Grote, Beach, Battista & Reynold, 2010:351). Stigmatising attitudes are not only limited to mental illnesses, but they are more severe for those with mental illness than those with physical ailments (Corrigan, 200: 53). People with mental illness are often believed to be the cause of their own ailment and that they are in position to control them. People with mental illness are assumed to be aggressive, vulgar, incompetent and childlike (Brown et al., 2010:351).

It is these assumptions that make the general public stigmatise them and discriminate against that form of illness in social circles, including employment.

Stigma affects not only the persons with mental illness, but their families as well (Otsman & Kjellin, 2002:494). The same study found that relatives are burdened by caring for the mentally ill and the stigma associated with it. Stuart and Sudeen (1987:326) found that some families keep the person's illness a secret. This causes additional stress because they fear that the truth will be discovered at some time. An act of this nature shows that the family is shameful about the illness and shares the prejudice of the community (Lee, Lee, Chiu & Kleinman, 2005:153).

### **Cultural beliefs**

Participants stated that South Africa has a diversity of cultural beliefs. Some of the ethnic groups' believe that mental illness is caused by witchcraft and some think it is failure to appease the ancestors. All these beliefs interfere with medication compliance as some cultures will go back to western medicine when all else have failed. It is a common practice that when mentally ill patients are discharged from hospital, the family or the patient himself/herself seeks treatment from traditional healers and discontinue treatment, and when the condition worsens then he/she comes back to the hospital to be readmitted. Quotes from participants that supported cultural beliefs were:

*“You know that mental illness has never been accepted as a medical condition; it is mafufunyane” (A derogatory term referring to those who are mentally ill as if they are flying).*

*“(laughs) Yaah we believe it is a punishment from God, the patient has to please her/his ancestors.”*

Although culture and personal beliefs have to be respected, the use of traditional healers and resorting to western medicine when that fails may be due to a lack of insight into the causes of a psychiatric illnesses. This has been found to be true for non-compliance with medications by other studies done on non-compliance and its causes, resulting in readmissions (Omranifard et al., 2008:39).

A study by Miller (1996:25) reported that cultural acceptance is an important factor in determining the mode of reaction to both compliance with treatment and seeking assistance. Culture influences the way the community reacts to certain conditions. In Africa, and specifically South Africa where the mental illness stigma is still relevant, there is a need for a change of attitudes.

A study by Ward, Clark and Heiddrich (2009:1589) used the common sense model, which postulates that individuals use common sense beliefs to construct representations of health and illness. These representations are based on ideas, attitudes and beliefs formed by experience, cultural traditions, formal education, and stories from family and friends. The researcher believes that it is from such premises that culture has played a significant role in both the stigmatising of mental illness and its disregard by the public.

### **Non-existence of community psychiatric follow-up care**

Participants decried the discontinuation of community psychiatric care. They believed that when domiciliary care was still being used, patients used to get their supplies of medication in their homes and readmissions were not as common as they are now. Domiciliary or community care served as continuation of care and provided better management for psychiatric patients. One of the participants said with great emotion:

*“They should not have stopped domiciliary nursing, we had less readmissions then, travelling long distances is expensive and it deters patients from coming for their refills.”*

Continuity of care with psychiatric patients has been supported in literature from the past two decades, and many psychiatric practitioners feel it would curb the readmissions (Eaton 1996:126; Johnson, Prosser, Bindman & Szmukler, 1997:138; Mgutshini, 2010:248; Seloilwe & Thupayagale-Tshweneagae, 2007:175).

### **Lack of family support**

Poor support of psychiatric patients by their families was mentioned by participants. Family members get tired of psychiatric patients, especially those who have been in and out of hospital. One of the participants said:

*“Most of these people who are always in the wards are neglected by their families.”*

A lack of family support has also been supported in literature. According to Seloilwe (1996:28), psychiatric relapses are common among patients whose relatives are negligent or for those patients who live alone. This finding is supported by Joyce, Staly and Hughes (1990:24) who noted that family atmosphere is a critical determinant of readmission for psychiatric patients.

Family support has always been reported to have better patient outcomes (Omranifard et al., 2008:37). Patients who do not have any support tend to have repeated admissions because no-one reminds them to take their medication (Seloilwe & Thupayagale-Tshweneagae, 2007:137).

### **Premature discharge of patients**

Participants also cited early discharge of these patients as a cause for the readmissions. Quotes that supported premature discharge were:

*“You know we keep these patients for three days and expect them to go home without any thorough assessment of their home and family support” (39 year old female participant).*

*“Health education should be given to family members before discharge but we rush to them home” (36 year old female participant).*

*“I know we are short staffed but keeping these patients for a short time is the cause of these numerous readmissions” (this statement was echoed by at least 3 participants).*

Studies done in South Africa (Niehaus, Koen, Galal, Dhansay, Oosthuizen, Emsley & Jordaan (2008:6); Puschner, Steffen, Spitzer, Gaebel & Janssen (2011: 183)) reported premature discharges from psychiatric units as causes of numerous readmissions. Both studies pointed to the need for complete recovery before patients could be discharged. According to the findings of these studies, patients prematurely discharged from a hospital are more likely to relapse, and require a new hospital admission.

### **CONCLUSION**

This is the first study known to the researchers on the perceptions of nurses on the readmission of psychiatric patients. Even though a lot has been researched on the repeated readmission of psychiatric patients with similar results, no study has shown that cultural beliefs can impact negatively on continuous use of medication by psychiatric patients. This emergent finding can be adopted by practitioners and family members to deal with repeated readmissions.

### **RECOMMENDATIONS**

The study recommends that future studies should focus on exploring cultural beliefs as they impact the readmissions of psychiatric patients. Furthermore, a mixed method study combining both qualitative and quantitative aspects should be carried out on a more representative sample and in more than one province to elicit the perceptions of nurses on the readmission of psychiatric patients.

### **LIMITATIONS**

This study has been limited to only one province. The study sample was also small. Including more provinces with a larger sample might have added more insights into the

perceptions of professional nurses working with psychiatric patients on readmissions of psychiatric patients. There could have been some bias as the researcher works in the same hospital as the participants, but the researcher attempted to be objective and not show whether he agreed with the participants or not.

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