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Audit in practice

Psychiatric in-patient audit – the patient's perspective

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Consumer attitudes are of the utmost importance in achieving adequate care of a psychiatric population and may directly influence compliance with drug treatment, attendance at out-patient appointments and willingness to accept admission to a psychiatric unit. It is therefore surprising that despite the original Griffiths Report (1987) highlighting the need for consumer input into the psychiatric audit process, little research has been undertaken in this area and knowledge into the quality of inpatient care is especially sparse.

The study

At the time of their discharge from the psychiatric unit patients from three acute psychiatric admission wards were asked to complete the in-patient care evaluation questionnaire (available from the authors). This is a 24 item self rating questionnaire covering a broad range of topics pertaining to the physical surroundings and interactions with staff, with space at the end for additional comments. Patients were asked to put completed questionnaires into sealed envelopes addressed to the authors to minimise any bias created by handing forms back to ward nursing staff.

Findings

Out of a sample of 57 patients, seven declined to complete the questionnaire. Only three completed questionnaires came from one of the wards, five of the seven refusals came from this ward too. Unfortunately, this ward had to be closed shortly after the start of the study because of staff shortages. Low nursing morale in general was one of the problems highlighted by this study. The 49 patients in the two admission wards from which the majority of the samples were obtained were discharged over seven weeks, with similar discharge rates from both wards. They represented approximately 90% of the total discharges, the other patients being excluded as they took their own discharge against medical advice.

Information obtained from the 24 questions is discussed below:

Ward environment Of all patients, 90% were able to sleep without being disturbed and 72% found that they could remove themselves from day time disturbances. Only 54% felt that there was adequate privacy and 50% that there were reasonable facilities to talk to relatives in private. Ninety-six per cent of patients complained that they spent long periods of time sitting around the ward doing nothing, although two-thirds of the group enjoyed those ward activities which had been arranged; 90% of patients felt they could safely keep personal possessions on the ward.

The staff All the patients found nursing staff to be informative and helpful; 90% thought that the nurses understood the reasons for their distress and 98% believed nursing staff were suitable people with whom to discuss personal problems; 84% felt that efforts had been made to make the medication round as non-regimented as possible.

Ninety-eight per cent of patients perceived medical staff as helpful, 94% thought them to be suitable people with whom to vent personal problems and 90% of patients felt that medical staff understand the reasons for their distress; 71% thought that medical staff were easily accessible to their relatives. However, one-third felt that the benefits and side effects of treatment had not been adequately discussed and 32% found ward rounds a distressing experience.

Seventy-one per cent of patients enjoyed their occupational therapy programmes and 90% found reception staff helpful.

Physical surroundings Seventy-six per cent of patients deemed the food acceptable; 58% thought that the washing and bathing facilities were adequate and 62% felt that the laundry arrangements were reasonable; 84% found the ward to be suitably clean and 86% thought that the furnishings were adequate.

Only 11 patients made additional comments, seven to thank nursing staff for the care they received, one to comment on the inadequate numbers of staff on the ward and one to complain about confrontational staff attitudes and to express distress caused by violent and aggressive patients. One complained about the disturbing effect of being transferred from one ward to another during in-patient stay and one commented on the lack of facilities for racial minorities, in particular the possibility of counselling.

Findings

Several of the results merit further comment. The belief expressed by the vast majority of patients that they were spending long periods sitting around doing nothing is of concern. It emphasises the current neglect of the therapeutic value of social activities and may perhaps be related to staff shortages. Holloway (1989) has indicated the central focus put on social interactions by patients and there is considerable research evidence illustrating the role of poor social networks in perpetuating mental illness (Brugha *et al*, 1987).

Moos (1972) suggests low staffing levels tend to push nursing staff into a more custodial role. It is therefore encouraging that at times of staff shortages, nursing staff are still overall perceived as understanding and suitable people with whom to discuss problems.

On the whole, physical surroundings were reported as adequate, although as might be expected from a facility serving an inner city area, a considerable minority of patients were homeless or residing in inappropriate accommodation prior to admission so their threshold of acceptability would be low. A sizeable minority felt that there was inadequate privacy for personal needs and to receive visitors.

The main criticism emerging about medical staff was their failure to discuss treatment side effects. However, the difficulty in achieving a balance between giving sufficient information concerning treatment without causing unnecessary worry to the patients must be borne in mind.

A substantial number of patients found ward rounds a distressing experience although efforts continue to be made to improve the situation by involving as few staff members as possible, using a comfortable room and minimising the time spent with patients in such a formal setting. Sixty-four per cent of the patients were engaged in occupational therapy programmes and a majority found them enjoyable and helpful.

Information obtained from the additional comments contained some useful criticisms of current care. The issue of providing adequate facilities for patients from racial minorities is of particular importance in a city which has an ethnic minority of over 10% and is similarly reflected in the racial distribution of psychiatric patients. The problem has already been acknowledged to some extent by the employment of a community psychiatric nurse with a special duty to liaise with Asian patients. The level of distress caused by aggressive patients on admission wards is also important and following a recent study at the hospital looking at violent incidents, an intensive care unit for disturbed patients is currently being considered.

There are a number of limitations to this type of research. The wards studied take in a mixture of patients, with a predominance of psychotic disorders, but in order to maintain anonymity diagnosis was excluded from the questionnaires. Friis *et al* (1989) found the dependence and counselling needs of patients with different diagnoses were very different and so exclusion of diagnosis may have led to some masking of this diversity of needs.

It is also important not to ignore the tendency of patients to want to please their carers and to make over-benevolent responses on self-rating questionnaires (Lorefice & Borus, 1984).

Comment

Despite such limitations some very helpful information was obtained regarding how patients perceived their surroundings, interactions with staff and the psychological and physical aspects of their care. A number of deficiencies in the current care programme were exposed, in particular the lack of emphasis placed on the social needs of patients. To be of maximum value this type of information needs to be generated routinely with regular discussion of findings and deficiencies in the service at a managerial level; that process has now started to take place.

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