

Experiences and Needs of Nursing Staff Caring for Double Care Demanding Patients: A Qualitative Study

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ABSTRACT

Nursing staff has a key role in the multidisciplinary care for patients with combined mental (psychiatric and/or psychogeriatric) and physical problems (DCD-patients). This study explores the experiences and needs of DCD nursing staff in Dutch mental healthcare (MH) and nursing home (NH) settings, to identify factors to provide optimal care for DCD-patients. A qualitative approach was used, consisting of five semi-structured focus group interviews with DCD-staff (n=28) from MH- and NH-settings in the Netherlands. Five levels of factors were identified: Patient-related factors (complexity of combined care needs, and complexity of behavioral problems); Informal care-related factors (misapprehension of DCD-complexity, and involvement of volunteers); Professional care-related factors (competences and attitudes, well-matched multidisciplinary team, and collaborative care between MH- and NH-settings); Living and work environment-related factors (staff availability and continuity, and facility requirements); and Organization-related factors (clear DCD-care policy, and provision of specific training and coaching). DCD-staff stressed the importance of team-efficacy, depending on commitment, mutual trust, and good communication- and collaboration skills; of experiencing a psychologically and physically safe work-environment; and of empowerment through the acknowledgment of the specificity of DCD-care and the teams' specific qualities regarding DCD-care. These findings can be used to optimize DCD-care.

Many older people suffer from multiple morbidities, with combined mental (psychiatric and/or psychogeriatric) and physical problems. His so-called double care demanding (DCD) patients require a combination of physical, psychogeriatric and psychiatric care, and usually end up in long-term care (LTC) facilities. Different types of LTC are provided to older people with physical disabilities, advanced dementia or disabling psychiatric illnesses. In the Netherlands, tight networks of regional nursing homes (NHs) and integrated mental healthcare institutions (MHs) exist. Traditionally NHs provide LTC for either

physically or cognitively disabled older patients, while MHs provide LTC for patients with chronic mental illness. Earlier studies showed that DCD-patients benefit from a multidisciplinary approach, including a collaborative approach of psychiatric, physical, and nursing interventions. For economic reasons, the number of psychiatric hospital beds has decreased in many Western countries, including the Netherlands. Since then, worldwide, a heterogeneous range of LTC-facilities has partly taken over the traditional asylum function for older adults with severe mental illness (SMI). Whether these facilities address the psychiatric care needs adequately has been questioned. A study by the Dutch Trimbos Institute found that, according to NH-personnel, 8.4% of the Dutch NH-residents were DCD-patients who surpassed the capabilities for psychiatric treatment available in their own NH-department. Qualified psychiatric nurses are still rarely employed within NHs, and specific psychiatric training for personnel is limited [9]. Despite the knowledge that patients with SMI have a high prevalence of physical disorders and are less competent in interpreting physical symptoms, it has been stated that MHs should focus greater attention on the physical needs of DCD-patients and should provide official guidelines to help identify and treat physical complications. Based on these challenges encountered in providing appropriate care for DCD-patients, some Dutch NHs and MHs developed specialized care units to allow targeted allocation and care for this specific group of patients. Results from explorative studies on these specialized DCD-units have shown that the group of DCD-patients is quite heterogeneous in both the MH- and the NH-setting. They tend to be young, more often male, and to have low family support. All DCD-patients displayed a high number of neuropsychiatric symptoms, ADL-care dependency, and physical multimorbidity, although, expectedly, psychopathology was more prominent in the MH-DCD group. The high care dependency and the variation in neuropsychiatric patient characteristics present a challenge to the nursing-staff across both settings, as they must address somatic care needs, as well as psychiatric and psychogeriatric care needs. Research into the impact of caring for DCD-

patients on the mental well-being of nursing staff showed that well-being and performance of nursing staff

Keywords:

Focus groups; Multidisciplinary; Collaboration; Team climate; Team work; Long term care