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Original Research Article

Attitudes and Perceptions of Nursing Staff Working in Psychiatric Clinics and Psychosocial Rehabilitation Structures Regarding Involuntary Hospitalization

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Abstract

Involuntary hospitalization for the treatment of patients with psychiatric disorders is a necessity in modern scientific psychiatric practice. Hospitalization, in general, of the mentally ill is an important and complex issue. The purpose of this study is to investigate the attitudes and perceptions of nurses working in the psychiatric field regarding involuntary hospitalization. In order to achieve this, a questionnaire on "Attitudes and perceptions of nursing staff working in psychiatric clinics and psychosocial rehabilitation structures regarding involuntary hospitalization" was created as a research tool. Results were analyzed with the IBM Statistical Package for Social Sciences (SPSS), version 25.0. The results showed that the opinions of the respondents are consistent with those resulting from surveys, both in Greece and abroad. The majority agree with the process of involuntary hospitalization, while staff in psychiatric units are knowledgeable about the legislation governing this type of hospitalization. In conclusion, it is necessary to investigate the legal framework that governs involuntary hospitalization in Greece, as well as the conditions that prevail in the hospitals that accept such cases.

Keywords: Involuntary, Hospitalization, Psychiatric disorder, Mental disorder.

INTRODUCTION

Involuntary hospitalization of people with mental disorders has been a controversial issue in mental health care for decades. It is by far the most critical aspect of psychiatric care due to the ethical conflict it creates between respecting the patient's right to autonomy and the paternalistic responsibility to avoid harm to oneself and others. Thus, based on this reasoning, issues regarding justification, legal regulation, and best practices are widely contested and debated (Stylianidis *et al*., 2017). An example of this is the Convention on the Rights of Persons with Disabilities (CRPD), which is a decisive step towards the recognition of the legal capacity of persons with intellectual disabilities, their consent to treatment and respect for the right to physical and mental integrity as well as the avoidance of torture, punishment or any treatment that violates the dignity of a person (European Foundation Centre, 2010). In terms of justification, Alan Stone's (1975) human rights approach to political engagement, known as the "gratuitous theory of paternalistic intervention," has provided a theoretical framework to inform research in the field. Specifically, the theory is based on the assumption that overriding an individual's objection to treatment is justified only if the individual lacks the mental capacity to act in their own best interest and the treatment is likely to benefit the individual overall. Therefore, it is assumed that the individual would be grateful to the treating physician once their mental capacity is restored. Furthermore, an additional implication of the theory is that the benefits associated with compulsory hospitalization outweigh its costs, in accordance with the ethics of beneficence and non-maleficence (Stylianidis *et al*., 2017).

While there are studies investigating patients' views on involuntary hospitalization and their experiences with it, studies investigating nurses' views and attitudes regarding involuntary hospitalization are few. The nurse often faces operational problems due to understaffing of psychiatric departments and the limited time they can allocate to specific patients, so they cannot provide the patient with the appropriate care required (European Foundation Centre, 2010). Furthermore, their opinions on whether involuntary hospitalization is a good practice, whether the legal framework covering it is correct or where it should be improved, are vitally important since this group of workers can express

opinions based on their knowledge and experience (European Foundation Centre, 2010).

MATERIAL AND METHOD

An anonymous questionnaire was used to collect data and was distributed at the Attica Psychiatric Hospital "DAFNI" (161 participants) and the "Evangelismos" Hospital (83 participants). The questionnaire was created by the author for the purposes of the research, after a study of the literature and consists of 23 questions, which aim to explore the attitudes and perceptions of nursing staff working in rehabilitation structures regarding involuntary hospitalization. The aim was then to compare with the corresponding attitudes and perceptions of nurses working in non-psychiatric fields. The data collected through the questionnaire were analyzed with the IBM Statistical Package for Social Sciences (SPSS), version 25.0.

RESULTS

The sample from the "Dafni" Psychiatric Hospital consists mostly of women (77.8%) aged 31-50 years (70.4%), while the level of education of 59.9% is secondary education and 14.2% holds a postgraduate-doctoral degree. 59.9% work as a nursing assistant and only 9% hold a position of responsibility. The largest percentage of employees (37.7%) has experience of 21 to 30 years and analyzing the data further, we find that those who hold positions of responsibility also have experience of 21-30 years.

Regarding gender, 22.2% of participants are men (N=36) and 77.8% are women (N=126) (Table 1). Regarding age, the largest percentage, 70.4% (N=114), was aged 31-50 years. This was followed by 22.2% of people aged 51-60 years (N=36), while 6.2% and 1.2% were aged 20-30 years (N=10) and 61 years and over (N=2), respectively (Table 2).

Table 1: Gender

	Frequency	Percent	Cumulative Percent
Man	36	22,2	22,2
Woman	126	77,8	100,0
Total	**162**	**100,0**	

Table 2: Age

	Frequency	Percent	Cumulative Percent
20-30 Years Old	10	6,2	6,2
31-50 Years Old	114	70,4	76,5
51-60 Years Old	36	22,2	98,8
>61 Years Old	2	1,2	100,0
Total	**162**	**100,0**	

Analyzing the age groups of the respondents in relation to their educational level, we observe that in all age groups except ">61" the largest percentage of employees had secondary education. More specifically, the largest percentage (72.2%) of secondary education was in the age group "51-60" (N=26), where the remaining 28.8% (N=10) had tertiary education. In the "31-50" age group with the most respondents from the total sample (N=114), 56.1% (N=64) had secondary education compared to 43.9% (N=50) who had tertiary education. In the "20-30" age group with a total of 10 respondents, 60% had secondary education, while in the ">61" age group the 2 respondents had both secondary and tertiary education (50%) (Chart 1).

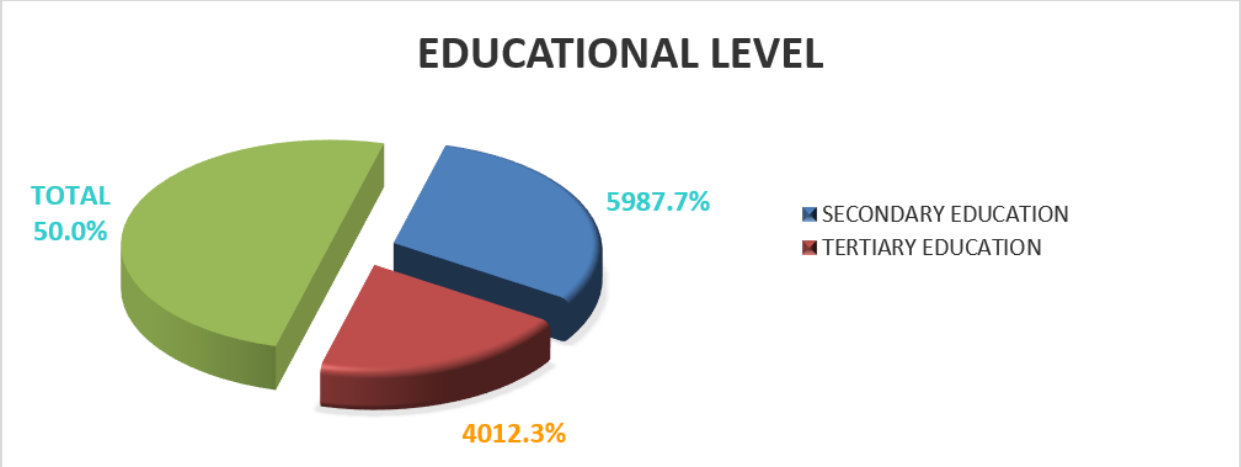

Diagram 1: Training of participants of the "Daphni" Psychiatric Hospital

The sample from the control group at "Evangelismos" Hospital consists of 83 individuals, mainly women (85.5%) (table 3). 62.7% of the total sample belongs to the age group of 31-50 years (table 4) and the largest percentage (65.1%) are graduates of higher education with 75.9% not holding a master's-doctoral degree (table 5).

Table 3: Gender

	Frequency	Percent	Cumulative Percent
Man	12	14,5	14,5
Woman	71	85,5	100,0
Total	**83**	**100,0**	

Table 4: Age

	Frequency	Percent	Cumulative Percent
20-30 Years Old	9	10,8	10,8
31-50 Years Old	52	62,7	73,5
51-60 Years Old	22	26,5	100,0
>61 Years Old	0	0,0	100,0
Total	**83**	**100,0**	

Table 5: Educational Leve

	Frequency	Percent	Cumulative Percent
Secondary Education	29	34,9	34,9
Tertiary Education	54	65,1	100,0
Total	**83**	**100,0**	

An important element is that the majority of participants (78.3%) work in various departments of the Hospital (pathological, surgical, cardiological, etc.) and only 13.3% in the Psychiatric department and 8.4% in a hospice. 65.1% of them are nurses and only 6% hold a position of responsibility. 37.3% of the respondents have 11 to 20 years of experience.

In this paper, we studied the opinions and attitudes of nurses regarding the institution of involuntary hospitalization. It was found that the majority of nurses working in the psychiatric sector are aware of the procedure and legal framework governing involuntary hospitalization (77.8%) (table 6). They basically agree with the procedure of involuntary hospitalization, considering that it is not abused (table 7).

Table 6: Do you know the legal framework that defines involuntary hospitalization?

	Frequency	Percent	Cumulative Percent
No	36	22,2	22,2
Yes	126	77,8	100,0
Total	**162**	**100,0**	

Table 7: Have you encountered cases where involuntary hospitalization was misused?

	Frequency	Percent	Cumulative Percent
No	95	58,4	58,4
Yes	67	41,4	99,7
Total	**162**	**99,7**	

Also interesting is the neutrality of both groups (PNA "Dafni" and Hospital "Evangelismos") on whether the legal framework governing the process of involuntary hospitalization should be differentiated. It was suggested by a portion of the respondents that more attention should be paid to ensuring the personal rights of patients and the way in which this process should be carried out, which is currently carried out through the police and the judiciary (table 8).

Table 8: Do you think that the legislative framework covering involuntary hospitalization should be changed?

		GROUP		Total
		Interest Group	Control Group	
I agree	N	29	9	38
	%	21.2%	23.1%	21.6%
I neither agree nor disagree	N	35	11	46
	%	25.5%	28.2%	26.1%

I disagree	N	73	19	92
	%	53.3%	48.7%	52.3%
Total	N	137	39	176
	%	100.0%	100.0%	100.0%

X^2=0.254, df=2, p-value=0.881>0.05

In both hospitals, there are common points in their responses. Thus, in both, they neither agree nor disagree with the statement that involuntary hospitalization can negatively affect the course of the patient's mental health (table 9). They also consider that involuntary hospitalization should be the last therapeutic solution (table 10).

Table 9: Do you believe that involuntary hospitalization will negatively affect the nurse-patient relationship?

		GROUP		**Total**
		Interest Group	**Control Group**	
I agree	N	44	14	58
	%	25.0%	23.3%	24.6%
I neither agree nor disagree	N	80	17	97
	%	45.5%	28.3%	41.1%
I disagree	N	52	29	81
	%	29.5%	48.3%	34.3%
Total	N	176	60	236
	%	100.0%	100.0%	100.0%

X2=7.844, df=2, p-value=0.020<0.05

Table 10: Do you believe that involuntary hospitalization should be used as a last resort?

		GROUP		**Total**
		Interest Group	**Control Group**	
I agree	N	127	37	164
	%	71.3%	58.7%	68.0%
I neither agree nor disagree	N	15	12	27
	%	8.4%	19.0%	11.2%
I disagree	N	36	14	50
	%	20.2%	22.2%	20.7%
Total	N	178	63	241
	%	100.0%	100.0%	100.0%

X^2=5.863, df=2, p-value=0.053>0.05

Regarding the individuals in both hospitals under the involuntary hospitalization regime, the main reason is aggression and refusal of medication. There is also agreement that involuntary hospitalization is the only way to deal with patients with such problems (table 11) and the statement that if the patient becomes violent towards himself or his environment, involuntary hospitalization is necessary (table 12).

Table 11: Do you believe that involuntary hospitalization was the only way to deal with their problems?

		I Agree	**I Disagree**	**I Neither Agree nor Disagree**	**I Don't Know, I Don't Answer**	**Total**
Hospital	"Dafni"	87	19	47	9	162
	Evaggelismos	31	16	24	12	83
	Total	**118**	**35**	**71**	**21**	**245**
Chi-Square Tests	**Value**	**df**	**Asymptotic Significance (2-sided)**	**Exact Sig. (2-sided)**	**Exact Sig. (1-sided)**	**Point Probability**
Pearson Chi-Square	**10,311**[a]	3	0,016	**0,016**		
Likelihood Ratio	10,016	3	0,018	0,020		
Fisher's Exact Test	10,112			0,017		
Linear-by-Linear Association	5,693[b]	1	0,017	0,018	0,010	0,003
N of Valid Cases	245					
a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 7,11.						
b. The standardized statistic is 2,386.						

Table 12: Do you consider that involuntary hospitalization is necessary when the patient becomes violent towards himself or his environment?

		I Agree	I Disagree	I Neither Agree nor Disagree	I Don't Know, I Don't Answer	Total
Hospital	"Dafni"	146	2	14	0	162
	Evaggelismos	68	6	9	0	83
	Total	**214**	**8**	**23**	**0**	**245**
Chi-Square Tests	**Value**	**df**	**Asymptotic Significance (2-sided)**	**Exact Sig. (2-sided)**	**Exact Sig. (1-sided)**	**Point Probability**
Pearson Chi-Square	6,745[a]	2	0,034	0,032		
Likelihood Ratio	6,350	2	0,042	0,066		
Fisher's Exact Test	6,314			0,032		
Linear-by-Linear Association	1,643[b]	1	0,200	0,218	0,123	0,039
N of Valid Cases	245					
a. 1 cells (16,7%) have expected count less than 5. The minimum expected count is 2,71.						
b. The standardized statistic is 1,282.						

In both hospitals, respondents also agree that a patient who has been admitted involuntarily does not need to consent before starting treatment (table 13).

Table 13: Do you believe that patients who have been admitted involuntarily should consent before starting their treatment?

		I Agree	I Disagree	I Neither Agree nor Disagree	I Don't Know, I Don't Answer	Total
Hospital	"Dafni"	24	74	60	4	162
	Evaggelismos	19	30	25	9	83
	Total	**43**	**104**	**85**	**13**	**245**
Chi-Square Tests	**Value**	**df**	**Asymptotic Significance (2-sided)**	**Exact Sig. (2-sided)**	**Exact Sig. (1-sided)**	**Point Probability**
Pearson Chi-Square	11,225[a]	3	0,011	0,010		
Likelihood Ratio	10,686	3	0,014	0,017		
Fisher's Exact Test	10,639			0,013		
Linear-by-Linear Association	,026[b]	1	0,873	0,934	0,469	0,065
N of Valid Cases	245					
a. 1 cells (12,5%) have expected count less than 5. The minimum expected count is 4,40.						
b. The standardized statistic is ,160.						

In general, the majority of both hospitals are in favor of involuntary hospitalization. They also state "I don't know, I don't answer" regarding whether the current legislative framework should be changed (table 14). There is also a common belief that involuntary hospitalization can reduce the likelihood of patients committing violent and criminal acts, while in both hospitals the majority does not have a person from their close family or wider environment who has been hospitalized through the involuntary hospitalization process.

DISCUSSION

Involuntary hospitalization, i.e. the admission and treatment of a mentally ill person without their consent, aims to provide adequate care in cases where the mental disorder affects their rational capacity to consent to or refuse treatment (Zhang *et al*., 2015). Involuntary admission and treatment has generally been accepted as a necessary measure to protect patients, others and society. However, it remains a controversial and complex ethical and legal issue and it is sometimes difficult to balance the rights of patients with the rights of others. There are a number of international human rights instruments to provide a framework and guidance. Establishing criteria for involuntary admission is a complex and difficult process.

The largest percentage of this sample (39.5%) stated that they neither agree nor disagree with the statement that involuntary hospitalization can negatively affect the course of the patient's mental health, while

69.8% believe that involuntary hospitalization should be the last therapeutic solution in each case. This view is consistent with studies that show that de-escalation techniques should be used (Hallett & Dickens, 2015) to the extent possible, since too early and too dramatic interventions may be perceived by patients as excessive control, while delays in interventions may be detrimental to staff and patient safety (Johnson & Delaney, 2007). The vast majority (92.6%) stated that there are people in their unit who have been involuntarily hospitalized. Of those who responded positively, 54% stated that the most common reason for involuntary hospitalization was aggression, which is in agreement with the research of Berring *et al*. (2015). Also, in articles by Antonio *et al*. (2012) and Thompson-Brenner *et al*. (2012), the prevailing view of health care providers is that patients are dangerous and unpredictable. The answers that followed were also "refusal of medication", "self-destructive behavior", "violence", "lack of intuition", etc. Also, the majority (53.7%) consider that involuntary hospitalization is the only way to deal with these problems, while in the case where the patient becomes violent towards himself or his environment, 90.1% of respondents consider that involuntary hospitalization is necessary. 45.7% do not consider that the patient who has been admitted through the involuntary hospitalization process should consent before starting treatment.

Most respondents (77.8%) are aware of the legal framework for involuntary hospitalization and 79% stated that patients are informed about their rights. However, the majority of respondents (49.4%) responded neutrally ("neither agree nor disagree") regarding whether patients' rights are violated during involuntary hospitalization.

Thus, in the crucial question of whether respondents are for or against involuntary hospitalization, 92.6% are in favor. Also, the majority of respondents (42%) were neutral on whether the current legislative framework should be changed, while 16% agreed mainly with regard to the protection of the patient's rights and the way in which their admission is carried out. However, 46.3% of respondents do not believe that involuntary hospitalization can negatively affect the relationship between nurse and patient. 62.3% believe that involuntary hospitalization can reduce the likelihood of patients committing violent or criminal acts, while 75.9% do not know anyone from their close environment who has been hospitalized through the involuntary hospitalization process. In the literature, we find that the decision-making for involuntary hospitalization of people with mental illnesses increases significantly when there is an increased risk of harm to the patient or others (Adel, 2019), which is in line with the findings of this study.

CONCLUSION

These findings are generally consistent with studies that have been conducted on the perceptions of medical and nursing staff employed in the psychiatric sector in relation to involuntary hospitalization, who consider involuntary hospitalization and treatment as the means for better access to mental health, recognizing that it is a process that causes fear in the patient (Goulet *et al*., 2019), often negatively affecting relationships between doctors and nurses (van den Hooff & Goossensen, 2014).

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