

## Översikt av studier – 2020-04-23

1. Söderberg, A., Wallinius, M., & Hörberg, U. (2020). An Interview Study of Professional Carers' Experiences of Supporting Patient Participation in a Maximum Security Forensic Psychiatric Setting. *Issues in Mental Health Nursing*, 41(3), 201-210.

Patient participation in forensic psychiatric settings seems to be complex by nature, and previous studies show that patients rate their participation as lower in this context compared to general psychiatric contexts. Studies on caregivers' perspective could provide a clearer picture of the components and possibilities of patient participation in forensic psychiatry. The aim of the study is to describe carers' experiences in supporting patient participation in a maximum security forensic psychiatric care setting. Twelve psychiatric caregivers were interviewed about how they support patients' participation. The result shows that a complexity of patient participation emerges as a difficult act of balancing the paradoxical role of caring for the patient's interests and development, while simultaneously representing and adhering to the rules and regulations of the system in which one is employed. In conclusion, it is suggested that participation is comprehended as an umbrella term and that focus is directed to conceptualising what caregivers can do in order to create positive patient-carer relationships, as well as what constitutes such a relationship.

2. Laukkanen, E., Kuosmanen, L., Louheranta, O., & Vehviläinen-Julkunen, K. (2020). Psychiatric nursing managers' attitudes towards containment methods in psychiatric inpatient care. *Journal of Nursing Management*.

**Aims**This research was conducted to examine psychiatric nursing managers' attitudes towards containment methods.**Background**Nursing management is regarded as a key issue in the reduction of coercion and containment. However, there has been little research on managers' attitudes towards containment methods.**Methods**This descriptive, cross-sectional study utilized a survey design. Finnish inpatient psychiatric nursing managers ( $n = 90$ ) completed the Attitudes to Containment Measures Questionnaire (ACMQ). The results were described with statistics, and the associations between attitudes and background variables were analysed using parametric tests.

**Results**Psychiatric nursing managers had the most negative attitude towards net bed and mechanical restraint, and the most positive attitudes towards as necessary medication and intermittent observation. A few associations were discovered between attitudes and background variables such as gender and number of employees.**Conclusions**In general, Finnish psychiatric nursing managers' attitudes towards containment methods seem to be quite negative, but more research is needed.**Implications for Nursing Management**This study provides fresh and unique data on the attitudes of psychiatric nursing managers towards containment methods. Managers' attitudes are important because of their ability to encourage investment in coercion reduction by nursing staff.

3. Martin, K., Ricciardelli, R., & Dror, I. (2020). How Forensic Mental Health Nurses' Perspectives of Their Patients can Bias Healthcare: A qualitative review of nursing documentation. *Journal of Clinical Nursing*.

**Aims and Objectives:** Our aim was to examine the notes produced by nurses, paying specific attention to the style in which these notes are written and observing whether there are concerns of distortions and biases.

**Background:** Clinicians are responsible to document and record accurately. However, nurses'

attitudes towards their patients can influence the quality of care they provide their patients and this inevitably impacts their perceptions and judgments, with implications to patients' care, treatment, and recovery. Negative attitudes or bias can cascade to other care providers and professionals.

Design: This study used a retrospective chart review design and qualitative exploration of documentation using an emergent theme analysis.

Methods: We examined the notes taken by 55 mental health nurses working with inpatients in the forensic services department at a psychiatric hospital. The study complies with the SRQR Checklist published in 2014.

Results: The results highlight some evidence of nurses' empathic responses to patients, but suggest that most nurses have a style of writing that much of the time includes themes that are negative in nature to discount, pathologize, or paternalize their patients.

Conclusions: When reviewing the documentation of nurses in this study, it is easy to see how they can influence and bias the perspective of other staff. Such bias cascade and bias snowball have been shown in many domains, and in the context of nursing it can bias the type of care provided, the assessments made, and decisions formed by other professionals.

Relevance to Practice: Given the critical role documentation plays in healthcare, our results indicate that efforts to improve documentation made by mental health nurses are needed and specifically, attention needs to be given to the writing styles of the notation

4. Tomlin, J., Egan, V., Bartlett, P., & Völlm, B. (2020). What do patients find restrictive about forensic mental health services? A qualitative study. *International Journal of Forensic Mental Health, 19*(1), 44-56.

Forensic care settings are often isolated spaces with high levels of security. Where these settings are overly restrictive, this can affect recovery, autonomy and the therapeutic milieu. It is not clear what phenomena patients themselves identify as restrictive and how, subjectively, they experience these. Semi-structured interviews were conducted with 18 patients in secure hospitals in England.

Respondents included male and female patients with mental illness or personality disorders on both civil and criminal detentions. The results suggest a model of restrictiveness consisting of five themes: (1) the antecedent conditions to restrictive phenomena; (2) restrictive phenomena themselves; (3) how these are enacted, (4) how these phenomena were subjectively experienced by patients; and (5) the consequences of these phenomena as expressed by patients. Restrictiveness understood in this way is broader than "least restrictive practices" typically understood as restraint, seclusion and forced medication. Respondents' comments encourage us to rethink the unintended effects of placing individuals within secure hospitals.

5. Mellor, S. (2020). *Exploring staff experiences of therapeutic relationships and team formulation in inpatient forensic mental health services* (Doctoral dissertation, Lancaster University).

Forensic Mental Health (FMH) services represent a complex service area with competing political, legal and health care demands. Members of staff working within these services must navigate the competing demands of care and control and have an important influence on how FMH services function and the quality of care that is provided. A systematic search strategy was developed and PsycINFO, Medline, CINAHL, Web of Science, EMBASE and grey literature were searched. A qualitative meta-ethnography of papers from the United Kingdom explored how power, control and risk management influence staff experiences of the therapeutic relationship (TR) in inpatient FMH services. Three third-order themes emerged from this synthesis: 1) Staff team cohesion; 2) Dialectic between care and control; and 3) Structural systems. The findings highlight the dynamic process in

which staff hold dual-roles between care and control and the importance of staff team cohesion, safety and containment when fostering TRs. Semi-structured interviews were conducted with 12 staff members from multi-disciplinary teams in an inpatient FMH service in the UK. A thematic analysis was conducted, yielding three themes: 1) Processes and parallel processes; 2) Mechanisms for change; and 3) Barriers to successful intervention. A process model is presented, which highlights six stages involved in team formulation interventions and is discussed in relation to the themes. This model adds to the limited existing literature and provides facilitators with a flexible framework of key factors to consider during team formulation interventions. A critical appraisal summarises the findings of the review and research paper and reviews the process of carrying out research in FMH settings. Ethical issues of indirect working are also discussed.

6. Kumpula, E. (2020). Vårdarnas patientnära arbete inom rättspsykiatrisk vård: det komplexa samspelet mellan samhällsskydd, och vårdande utifrån genusperspektiv (Doctoral dissertation, Mälardalen University).

Kumpula, E., Gustafsson, L. K., & Ekstrand, P. (2019). Illuminating the gendered nature of health-promoting activities among nursing staff in forensic psychiatric care. *Nursing Inquiry*, e12332.

Kumpula, E., Gustafsson, L. K., & Ekstrand, P. (2019). Nursing Staff Talk: Resource or Obstacle for Forensic Psychiatric Patient Care?. *Journal of forensic nursing*, 15(1), 52-59.

Kumpula, E., Ekstrand, P., & Gustafsson, L. K. (2020). The interplay between security and gender in forensic psychiatric care: an ethnographic study among nursing staff. *Journal of Forensic Nursing*.

7. Hammarström, L., Häggström, M., Devik, S. A., & Hellzen, O. (2019). Controlling emotions—nurses' lived experiences caring for patients in forensic psychiatry. *International journal of qualitative studies on health and well-being*, 14(1), 1682911.

**Purpose:** Nurses working in forensic psychiatry often encounter offenders who have a severe mental illness, which may cause ethical challenges and influence nurses' daily work. This study was conducted to illuminate the meaning of nurses' lived experiences of encounters with patients with mental illnesses in forensic inpatient care. **Methods:** This qualitative study employed narrative interviews with 13 nurses. Interviews were audiotaped and transcribed verbatim and analysed following a phenomenological-hermeneutic approach. **Results:** Four key themes were revealed: "Being frustrated" (subthemes included "Fighting resignation" and "Being disappointed"), "Protecting oneself" (subthemes included "To shy away," "Being on your guard," and "Being disclosed"), "Being open-minded" (subthemes included "Being confirmed," "Developing trust," and "Developing compassion"), and "Striving for control" (subthemes included "Sensing mutual vulnerability" and "Regulating oneself"). Further, working in forensic psychiatry challenged nurses' identity as healthcare professionals because of being in a stressful context. **Conclusions:** Dealing with aggressive patients with severe mental illnesses threatens nurses' professional identity. Nurses must attempt to empathize with patients' experiences and respond accordingly. Utilizing strategies rooted in compassion such as self-reflection, emotional regulation, and distancing themselves when necessary may enable nurses to more effectively respond to patients' needs.

8. Marklund, L., Wahlroos, T., Looi, G. M. E., & Gabrielsson, S. (2019). 'I know what I need to recover': Patients' experiences and perceptions of forensic psychiatric inpatient care. *International journal of mental health nursing*.

Patients find forensic psychiatric care inadequate in that they are not treated as individuals and not involved in their own care. The purpose of this study was to describe patients' experiences and perceptions of forensic psychiatric inpatient care. Semi-structured interviews were conducted with 11 inpatients. A qualitative content analysis resulted in a recurring theme, 'I know what I need to recover', and three main categories: 'A need for meaning in a meagre existence', 'A need to be a person in an impersonal context', and 'A need for empowerment in a restricted life'. Participants experienced and perceived forensic care as predominantly monotonous, predetermined, and not adapted to them as individuals, forcing them to fight and adapt to get through it and not lose themselves. Perceived needs were largely ignored or opposed by staff due to the content and structure of care. Findings suggest a need for reflective practices and patient involvement in order to develop and maintain a person-centred and recovery-oriented nursing practice. The study adds to previous research showing the importance of patients in forensic psychiatric inpatient care being listened to and involved in their care. The study is reported in accordance with the COREQ guidelines

9. Magnusson, E., Axelsson, A. K., & Lindroth, M. (2019). 'We try'—how nurses work with patient participation in forensic psychiatric care. *Scandinavian journal of caring sciences*.

Nurses describe *diverse understandings and abilities in an inflexible setting*. This indicates that what participation is, and how to achieve it, is not the same for nurses as for patients. Moreover, patients have different abilities to participate, and the secure setting in itself is perceived as hindering participatory work. Still, participation is described as *a crucial part of work that requires a caring relationship*. Furthermore, nurses pronounce *potentially excluding attitudes and strategies* that may obstruct patient participation for all, and at the same time, they have *a belief that improvement is possible*

10. Eivergård, K., Enmarker, I., Livholts, M., Aléx, L., & Hellzén, O. (2019). The Importance of Being Acceptable—Psychiatric Staffs' Talk about Women Patients in Forensic Care. *Issues in mental health nursing*, 40(2), 124-132.

Currently, women comprise about ten percent of those sentenced to psychiatric forensic clinics in Sweden. Those who are sentenced to forensic care because of offending and violent behaviour have already taken a step away from the usually expected female behaviour. On the other hand, there are many women in forensic care who have not committed crimes, but who instead self-harm. Studies have identified a gender bias in diagnosing and care in psychiatric settings, but there are few studies conducted on women in forensic care. The present study therefore examined how the situation of women patients and female norms are expressed in the staff's talk about these women during verbal handovers and ward rounds at a forensic clinic in Sweden. The aim was to explore how psychiatric staff, in a context of verbal handovers and ward rounds, talk about women who have been committed to forensic psychiatric care, and what consequences this might have for the care of the patients. The content of speech was examined using audio recordings and a method of analysis that was inspired by thematic analysis. The analysis identified that the staff talked about the women in a way that indicates that they expected the women to follow the rules and take responsibility for their bodies in order to be regarded as acceptable patients.

11. Selvin, M., Almqvist, K., Kjellin, L., Lundqvist, L. O., & Schröder, A. (2019). Patient and staff experiences of quality in Swedish forensic psychiatric care: a repeated cross-sectional survey with yearly sampling at two clinics. *International journal of mental health systems*, 13(1), 8.

Background: Systematic efforts to improve the quality, safety and value of health care have increased over the last decades. Even so, it is hard to choose priorities and to know when the desired results are reached, especially in forensic psychiatric care where there can be a discrepancy between patient and staff expectations of what good quality of care is and how it should be reached. The aim of the present study was to describe and compare patient and staff experiences of quality of care in two forensic psychiatric clinics over a period of 4 years. Methods: A quantitative design was used and yearly between 2011 and 2014, a total of 105 questionnaires were answered by patients and 598 by staff. Results: The sample consisted of four different groups; patient and staff in Clinic A and Clinic B respectively. The repeated measurements showed that quality of care, as described by the patients, varied over time, with significant changes over the 4 years. The staff evaluations of the quality of care were more stable over time in both clinics compared with the patients. Generally, the staff rated the quality as being better than the patients but these differences tended to decrease when efforts were made to improve the care. Conclusions: It is important to highlight both what staff and patients perceive as both high and low quality care. With regular measurements and sufficient resources, training, support and leadership, the chances of successful improvement work increase. This knowledge is important in forensic nursing practice, for teaching and for management and decision makers in the constant work of improving forensic psychiatric care

## Översikt av studier 2020-09-18

1. Hammarström, L., Devik, S. A., Hellzén, O., & Häggström, M. (2020). The path of compassion in forensic psychiatry. *Archives of Psychiatric Nursing*.

We aimed to deepen our understanding of the concept of compassion in caring for patients with mental illness in forensic psychiatric inpatient care settings. Qualitative analysis was used to illuminate themes from interviews conducted with 13 nurses in a prior study. The audiotaped interviews, which had been transcribed verbatim, were analyzed following a hermeneutic approach. Results revealed the main theme of "being compassionate in forensic psychiatry is an emotional journey" and three themes. Overall, compassion was seen as a changeable asset, but also an obstacle when absent; sensitivity to one's own vulnerability is necessary to overcome that obstacle.

2. Degl'Innocenti, A., Wijk, H., Kullgren, A., & Alexiou, E. (2020). The Influence of Evidence-Based Design on Staff Perceptions of a Supportive Environment for Person-Centered Care in Forensic Psychiatry. *Journal of Forensic Nursing*, 16(3), E23-E30.

This prospective longitudinal study aimed to examine the relocation of three forensic psychiatric hospitals in Sweden into new facilities. The research focused on the effects of the physical and psychosocial environment and other staff-related parameters on the delivery of person-centered care after relocation. In forensic psychiatry, most relocations to new environments are to support a person-centered approach and to promote patients' rehabilitation and reintegration into society. Hopefully, this is undertaken in accordance with an evidence-based design strategy allowing improvement in staff satisfaction and working conditions as well as their capacity to provide individualized care. All staff members working on the wards of the facilities in question were invited to participate in the study. Data were collected prospectively between 2010 and 2014, before and after relocation of the forensic psychiatric clinics to new buildings. Structured validated

questionnaires were employed. Staff members' job satisfaction and perceptions of a person-centered physical and psychosocial environment increased after relocation and provide evidence that staff perceptions of ward atmosphere in forensic psychiatric clinics are susceptible to factors in the physical and psychosocial environment. The importance of always taking the environmental factors into consideration, to achieve greater staff well-being and capacity to accomplish goals in forensic psychiatry, is emphasized.

3. Di Lorito, C., Tore, M., Wernli Kaufmann, R. A., Needham, I., & Völlm, B. (2020). Staff views around sexual expression in forensic psychiatric settings: a comparison study between United Kingdom and German-speaking countries. *The Journal of Forensic Psychiatry & Psychology*, 31(2), 222-240.

Given the lack of official policies around sexual expression in several countries, members of staff are key in managing patients' sexuality in forensic psychiatric settings. This study explored staff views on sexual expression in inpatient secure services. A survey on sexual expression was administered to professionals from the United Kingdom ( $n = 202$ ) and German-speaking countries (i.e. Germany, Austria and Switzerland) ( $n = 249$ ). Chi-Square testing of survey items ( $n = 55$ ) investigated any significant differences between samples. Most participants (54.4%) were 30–50 years old. Male to female ratio was 50:47. The UK sample had higher education than the German-speaking sample ( $p < 0.05$ ). The UK sample reported more conservative views. They felt more strongly that patients should not be allowed sexual intercourse and other forms of sexual expression (e.g. touching and kissing), be provided with condoms or conjugal suites, granted privacy for masturbation and have the right to raise a child. There should be greater attention to patients' human right to sexuality in UK forensic psychiatric services. This can be pursued through raising staff awareness around patients' sexuality, implementing individualised care plans and learning from initiatives implemented in other countries. Further research is needed to identify personal and system-level mechanisms influencing staff views.

4. Rytterström, P., Rydenlund, K., & Ranheim, A. (2020). The meaning of significant encounters in forensic care. *Scandinavian Journal of Caring Sciences*.

## Background

Research in forensic psychiatric care focusing on person-oriented care is ambiguous about matters of quality. The encounters between a healthcare professional (HCP) and patient could influence how connections and relations emerge between the caregiver and the patient.

## Objectives

To better understand caring aspects, this study explores significant encounters in forensic psychiatric care from the perspective of HCPs.

## Method

This study is based on 34 written narratives from HCPs from two forensic psychiatric hospitals in Sweden. The narratives concern significant encounters with a patient. These narratives were analysed according to methodologies developed by phenomenological and reflective lifeworld research.

## Findings

The essence of a significant encounter is a temporal extended phenomenon that both precedes as well as is a consequence of the actual encounter as it occurs. The encounter is unforeseeable

and being open to an encounter also means to be vulnerable as it is not predetermined how someone will respond. The significant encounter is an act of sharing, and HCPs may come to understand more about their patients as well as about themselves. Moreover, these encounters seem to create repercussions and hope for the future care.

### Conclusions

The everyday activities of forensic psychiatric care are not trivial activities. Rather, they are important aspects of health care as these everyday encounters can deepen the relationship between the HCPs and their patients and help both the HCPs and their patients develop a sense of hope for the future.