

## 研究報告

# Current Ethical Issues and Future Challenges in Psychiatric Nursing

- Based on the Pilot Test Outcome -

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### Abstract :

The purpose of this study was to shed light on present ethical issues in Japanese psychiatric nursing and establish clearly what measures, educational programs, and guidelines are needed in order to improve the care and treatment of patients with mental disorders.

Twenty Psychiatric Certified Nurse Specialists (CNSs) were interviewed on ethical issues. This study reports the results of this pilot test. The survey was conducted from October to December of 2012. After approval from the Kumamoto University Research Ethical Committee, objectives, methods, and guarantees of privacy were explained to the subjects and, with their agreement, interviews were conducted.

Ethical issues faced by the CNSs fall into 5 categories: 1) As hospitalization lengthens, patient needs are less respected, 2) Conflict between patients and family regarding decisions, 3) Struggle in achieving agreement with doctors, 4) Difficulty in developing adequate treatment and care programs, and 5) The insular nature of hospitals.

Furthermore, the CNSs resolved these ethical issues as follows: 1) By talking with ward supervisors to resolve ethical issues; 2) by proposing and implementing solutions; and 3) by considering ways to strengthen group performance.

In Japan the length of stay among psychiatric patients is particularly long and this study shows the characteristics of Japanese psychiatric nursing. In addition this study shows that the family plays an important role in deciding on a patient's discharge. But the CNSs have effective communications with related professionals to solve the problems. Based on these results we will develop an educational plan for psychiatric nurses and we need to clarify the role of psychiatric nurse and CNSs concerning those problems.

**Key words :** Ethical Issues, Psychiatric Nursing, Moral Distress, Psychiatric Certified Nurse Specialists (CNSs)

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## I. Introduction

Japanese health care is becoming more advanced and complex. Hospital stays are shorter, the specialization of health care establishments is progressing and the role of regional care is expanding. Under such circumstances, more attention is being concentrated on ethical issues in inpatient and residential care.

According to the 2009 National Hospital Report and Survey of Medical Facility Operations, psychiatric wards were managed on average by 3.4 physicians and 18.6 nurses per 100 beds, as opposed to 13.6 physicians and 45.6 nurses for general wards<sup>1)</sup>.

According to the World Health Organization, in Japan the ratios of beds per physician and nurse are 30.2 and 4.8 respectively. The same ratios in the United Kingdom are 5.3 and 0.6, in other words about 6 and 8 times that of Japan. Not only does the U.K. observe the European Human Rights Act mandating equal labor allocation between general and psychiatric wards, almost all psychiatric patients are given private rooms and treatment facilities pay attention to the smallest details to ensure patient comfort<sup>2)</sup>.

A wide range of psychiatric care options are available in the United Kingdom, some examples being abundant community care provisions, early intervention depending on the patient's condition, outreach programs such as ACT (Assertive Community Treatment), day-hospital care consisting of programmed patient admission during the daytime only and day care services for chronically ill patients<sup>3)</sup>. In this manner, the circumstances surrounding Japanese psychiatric

care differ greatly between the U.K. and Japan. The limited numbers of nurses in the care environment presumably results in higher levels of moral distress; therefore, comparative examination of conditions in the two countries can benefit efforts to identify the causes of moral distress.

Furthermore the length of stay among psychiatric patients in Japan is comparatively long. Based on data from discharged psychiatric patients, 18.1 days is the average length of psychiatric inpatient care among the countries of Europe and North America. The rate in the United Kingdom is relatively long at 57.9 days. However, the average length of psychiatric hospital stays in Japan is an extremely high 296.1 days<sup>4)</sup>. A survey of Japanese patients conducted in 2005 found that only 35% of psychiatric inpatients stay in the hospital for less than a year; 13% stay for five to ten years and 23% stay for more than a decade<sup>5)</sup>. Regardless of the fact that Japanese emergency psychiatric units require discharge within three months, from an international perspective hospital stays for psychiatric care in Japan are significantly longer compared to other countries. That is to say that some psychiatric patients stay in the hospital for long periods, but the others are discharged from the hospital within three months. These situations lead to stress on psychiatric nurses.

Nonetheless, it is questionable whether the rate of moral distress among psychiatric nurses is lower in countries other than Japan that allocate more nursing staff to treatment units and have made notable advancements in deinstitutionalization. Actually Japanese psychiatric nurses face moral

distress, concerning seclusion & restraint, inadequate attitudes towards patients, and ignorance of patients' will for discharge<sup>61</sup>. However there have been few studies which showed effective methods to solve such ethical problems. So this study tried to determine what CNSs applying Advanced Practice Registered Nurse (APRN) had faced concerning ethical issues and how CNSs resolved these ethical problems in Japan.

## II. Review of Literature

### 1. Certified Nurse Specialist (CNS)

Japan adopted the CNS system in 1994. Nurses can obtain CNS accreditation from the Japanese Nursing Association (JNA) by completing courses at a nursing college and fulfilling certain occupational or fieldwork requirements. CNSs are responsible for providing personal services to patients and family members when difficulties in care arise due to complicated treatment protocols. They also consult health care staff, engage in educational activities, participate in research, aid coordination efforts, and help manage ethical considerations. In Japan, 1,273 CNSs are currently active in the nursing fields of oncology, psychiatry, community care, acute care of serious conditions, chronic disorders, maternal care, pediatrics, gerontology, infectious diseases and family care.

About 18 years have passed since CNSs entered the health care field in Japan. Several studies have shown that CNSs' work leads to improvements in physical and mental states; in the ability of patients to function and participate in daily life and society; in care satisfaction rates; in the length of stay residing

in the community; and in resolutions of ethical issues<sup>7)8)</sup>. It has also been found that the CNS system strengthens the group performance of treatment teams and ward staff, thus facilitating efforts on the part of nurses to care for their patients.

### 2. Ethical issues in psychiatric nursing

Psychiatric nursing has long regarded patients with psychiatric disorders as lacking the capacity to make proper judgments. Socially disadvantaged psychiatric patients face a unique set of issues in terms of the protection of their rights that are unlike any of those observed in other areas of medicine. Some of these issues involve the legitimacy of the frequent use of quarantine and physical restraints<sup>9)</sup>, and the extent to which privacy can be sacrificed to prevent suicides and accidents<sup>10)</sup>. Isobe also found that psychiatric nurses tend to feel a sense of guilt and remorse when confronted with such issues, even when the treatment is unavoidable and legally justified<sup>10)</sup>.

Psychiatric nurses were asked in a nationwide study about the types of ethical issues they have experienced<sup>6)</sup>. Difficulties related to hospital discharge was the most prevalent type of issue reported by participants, followed by abusive language, care decisions that conflicted that with the patient's will and deterioration of the patient's medical condition. Furthermore, a majority of participants said the most distressing events were successful or attempted suicides by their patients and their personal inability to offer proper care due to insufficient skills and knowledge. In 1984, Jameson defined "moral distress" as a phenomenon in which

nurses understand the right action to take based on ethical values and principles, but are constrained from taking it because of restrictions such as the rules of their affiliated establishment<sup>10)</sup>.

And in Japan, we consider that CNSs and administrators are able to discover the ethical issues and solve the ethical problems, so the purpose of this study was to describe the ethical issues faced by CNSs and to describe the problem-solving methods employed by CNSs in psychiatric nursing.

Based on this study, we believe that we can make an educational plan for psychiatric nurses in order to solve these ethical issues in the future.

### **III. Purpose**

In this study, we attempt to identify ethical issues confronting psychiatric nurses and examine means to resolve various issues surrounding psychiatric nursing care in Japan from the viewpoint of CNSs. And in the future, we wish to develop an education program for psychiatric nurses based on this study.

### **IV. Method**

#### **1. Subjects**

Subjects were recruited from Japanese Association of Certified Nurse Specialist. The subjects of the study were 20 psychiatric Certified Nurse Specialists (CNSs) who agreed to participate on this study.

#### **2. Study duration**

This study was authorized by the Research Ethical Committee of Kumamoto University in 2012. Subsequently, the survey was conducted from October to December of 2012.

#### **3. Method**

Subjects were interviewed on ethical issues using a framework developed by Dr. Sara T. Fry. This framework shows that there are ethical issues in the area of advocacy, accountability as a nurse, cooperation with other professionals, and caring.

Interviews focused on advocacy for patients to meet their needs, accountability as a nurse, cooperation with other professionals, and caring for patients and family. A semi-structured interview guide was used to direct data collection. The interview guide was composed of the following; "What did you consider to be the most difficult ethical issues which you faced in the past one year as a CNS? Please talk about the cases you had faced in the area of advocacy, accountability as a nurse, cooperation with other health professionals, and caring for patients and families," and "How did you solve the ethical issues which you faced in the past one year?" Results were qualitatively analyzed to understand current conditions. Transcribed interviews were read and analyzed. Open coding was used to group the data into codes, and those codes were grouped into subcategories by similar meaning. And those subcategories were grouped into each category. To decrease bias, a researcher who was not involved in data collection compared each category.

#### 4. Ethical considerations in research

After approval from the Research Ethical Committee of Kumamoto University (Permission No.596), objectives, methods, and guarantees of privacy were explained to the subjects and, with their agreement, interviews were conducted.

### V. Results

#### 1. The characteristics of this study

The average age was 36.1 years and the subjects were all female. The average period of the nurses' experience was 14 years. The CNSs' experience was on average 6.8 years. All subjects were working at psychiatric hospitals in Japan.

#### 2. Ethical issues the psychiatric nurses face from the view point of CNSs.

There were five categories. The first one was "As hospitalization lengthens patient needs are less respected." The second one was "Conflict between patient and family regarding decisions about discharge." The third one was "Struggle in achieving agreement with doctors." The fourth one was "Difficulty in developing sufficient treatment and care programs." The fifth one was "The insular nature of hospitals."

Each category was divided into subcategories.

1) The ethical issue of "As hospitalization lengthens, patient needs are less respected" can be further divided into the following three subcategories.

First: "Social hospitalization increases due to little outside support." Second: "Difficulty in identifying patient's needs." Third: "Patients prefer to remain hospitalized."

2) The ethical issue of "Conflict between patient and family regarding decisions" can be further divided into the following two subcategories.

First: "Family wishes have higher priority than the patient's concerning discharge." Second: "Patient becomes over-dependent on family and loses self-sufficiency."

3) The ethical issue of "Struggle in achieving agreement with doctors" can be further divided into the following two subcategories.

First: "Medical care team's decision is overridden by doctor." Second: "Poor cooperation within the team."

4) The ethical issue of "Difficulty in developing sufficient treatment and care programs" can be further divided into the following two subcategories.

First: "Decision making by patients takes an unreasonably long time." Second: "Patient practice of self-care for community living and symptom management is insufficient due to a lack of staff training."

5) The ethical issue of "The insular nature of hospitals" can be further divided into the following two subcategories.

First: "There is very little policy regarding promotion of community living of psychiatric patients." Second: "Very few established methods exist for optimizing social resources."

The results are shown in Table 1.

**Table 1 Ethical issues that psychiatric nurses face -From the view point of CNSs-**

| Category  | Subcategory  |
|---|--|
| 1.<br>As hospitalization lengthens,<br>Patient needs are<br>Less respected          | a) Social hospitalization<br>increases due to little outside support   |
|   | b) Difficulty in identifying patient's needs   |
|   | c) Patients prefer to remain hospitalized  |
| 2.<br>Conflict between patient<br>and family regarding decisions about<br>discharge | a) Family wishes have higher priority<br>than the patient's concerning discharge   |
|   | b) Patient becomes over-dependent on family and loses<br>self-sufficiency  |
| 3.<br>Struggle in achieving agreement with doctors                                  | a) Medical care team's decision is overridden by doctor  |
|   | b) Poor cooperation within the team  |
| 4.<br>Difficulty in developing sufficient<br>treatment and care programs            | a) Decision making by patients takes an unreasonably<br>long time  |
|   | b) Patient practice of self-care for community living<br>and symptom management is insufficient due to a<br>lack of staff training |
| 5.<br>The insular nature of hospitals   | a) There is very little policy regarding promotion of<br>community living of psychiatric patients                                  |
|   | b) Very few established methods exist for optimizing<br>social resources   |

**3. CNSs' problem-solving methods concerning ethical issues.**

CNSs implemented three problem-solving methods concerning ethical issues.

First: "By talking with ward supervisors to resolve ethical issues." Second: "By proposing and implementing solutions." Third: "By considering ways to strengthen group performance."

**1) The method of talking with ward**

Supervisors can be further divided into the following three subcategories.

First: "Dividing issues into those faced by nurses and those faced by physicians." Second: "Organizing and clarifying conditions and narratives." Third: "Designating roles to CNSs and ward supervisors to encourage problem solving.

2) The method of proposing and implementing solutions can be further divided into the following three subcategories.

First: "Talking with all those involved in the issue." Second: "Appealing for CNS participation in efforts to release patients from restraints and quarantine." Third: "Assisting assigned nurses in directly providing care that helps patients make their own treatment decisions."

3) The method of considering ways to strengthen group performance involves review as to whether or not ethical issues are addressed even if there are no CNSs. This method can be further divided into the following three subcategories.

First: "Talking with ward supervisors when group performance does not improve."

Table 2 The problem-solving methods employed by CNSs concerning ethical issues

| Category   | Subcategory  |
|--|--|
| 1.<br>By talking with ward supervisors to resolve ethical issues | a) Dividing issues between those faced by nurses<br>b) and those faced by physicians                           |
|  | c) Organizing and clarifying conditions and narratives   |
|  | d) Designating roles to CNSs and ward supervisors to encourage problem solving                                 |
| 2.<br>By proposing and implementing solutions                    | a) Talking with all those involved in the issue  |
|  | c) Appealing for CNS participation in efforts to release patients from restraints and quarantine               |
|  | d) Assisting assigned nurses in directly providing care that helps patients make their own treatment decisions |
| 3.<br>By considering ways to strengthen group performance        | a) Talking with ward supervisors when group performance does not improve                                       |
|  | b) Performing additional audits to identify specific ethical issues  |
|  | c) Holding conferences on ethical issues   |

Second: "Performing additional audits to identify specific ethical issues." Third: "Holding conferences on ethical issues."

The results are shown in Table 2.

## VI. Discussion

In this study, CNSs see the ethical issues in which the patient's will is not respected and the lack of training among psychiatric nurses for patients' discharge. But CNSs have tried to change the situation through effective communication and group intervention methods.

In Japan the period of stay among psychiatric patients is exceptionally long.

The results of Table 1, Category 1; "As hospitalization lengthens patient needs are less respected" indicates that it is more

difficult to obtain discharge after long-term hospitalization. And it means that the longer patients stay in the hospital the less respect patients receive. This is the same as what Takei says that long-term patients' will is not respected<sup>4)</sup>. So in Japan the average length of psychiatric hospital stays is an extremely high 296.1 days. Goffman calls this paternalism and states that nurses tend to think that they know their patients very well, even if they don't know them. This is not typical Japanese culture, but this may be a general characteristic of psychiatric hospitals around the world.

Additionally, this study shows that the family plays an important role in deciding on the patient's discharge. According to Komori, psychiatric patients seem to have poor judgment in daily life<sup>9)</sup>. So the family's

wish becomes stronger than that of the patient. At the same time psychiatric nurses can't advocate for patients and they can't express patients' will in front of families. This means that psychiatric nurses are not good advocators for patients.

Usami interviewed ten psychiatric nurses about ethical issues in daily routine care and in that study psychiatric nurses expressed that they felt hopeless for long-term patients. Because long-term patients continued to stay in the hospital and nurses felt that they couldn't do anything for patients' discharge. And psychiatric nurses came to not to pay attention to patients' will. This study corresponds to Usami's study<sup>12)</sup>.

Furthermore this study showed that psychiatric nurses can't receive enough training to reinforce patients' discharges and their successful community living, so in the future, psychiatric nurses need to learn effective ways to support patients' discharges and their successful community living, which includes acting as the patients' advocate.

According to Komori, quarantine and physical restraints are frequently used legally in Japan. Thus causes social hospitalization<sup>9)</sup>. This study supports the same conclusions as in Komori's study. Table 1, Category 1; "As hospitalization lengthens, patient needs are less respected; this indicates why quarantine and physical restraints causes social hospitalization." shows the same result as in Komori's study.

But on the other hand, CNSs have tried to resolve ethical issues in routine psychiatric nursing. Usami said that CNSs are able to interact with families and other professionals due to CNSs' communicational abilities<sup>8)</sup>.

Furthermore, Nosue said that CNSs could change the group performance among professionals under difficult situations. This time we had the same results as those found by Usami and Nozue<sup>8)</sup>.

We couldn't adapt these results to general psychiatric nurses, but we need to clarify what general psychiatric nurses can do and how CNSs should behave in psychiatric nursing to resolve these ethical issues.

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