

The Attitudes Nurses Working at Psychiatric Hospitals in Turkey have towards Forensic Psychiatric Patients and the associated Factors



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SUMMARY

Objective: To determine the attitudes nurses working at psychiatric hospitals in Turkey have towards forensic psychiatric patients and the associated factors.

Materials and Methods: This cross-sectional study included 620 nurses working at 8 psychiatric hospitals in Turkey that completed $\geq 80\%$ of the Nurses' Attitudes Towards Forensic Psychiatric Patients Scale (NAFPPS). Data were evaluated based on number-percentage distribution, and the relationship between variables was examined via t-test, variance analysis, and correlation analysis.

Results: Mean age of the nurses was 34.37 ± 7.48 years and 79.4% were female. Mean NAFPPS total and subscale scores were as follows: $X_{\text{total}} = 69.07 \pm 12.46$ (max: 125); $X_{\text{feeling threatened}} = 15.98 \pm 3.61$ (max: 30); $X_{\text{trust}} = 20.49 \pm 5.24$ (max: 20); $X_{\text{social distance}} = 10.45 \pm 3.33$ (max: 20); $X_{\text{willingness to provide care}} = 22.31 \pm 4.25$ (max: 40). Gender, place of employment, method of obtaining current position, employment status, level of satisfaction working as a psychiatric nurse, history of providing treatment to forensic psychiatric patients, having knowledge of Turkish laws regarding the treatment of forensic psychiatric patients, and thinking that nurses should treat forensic psychiatric patients were correlated with the nurses' attitudes towards forensic psychiatric patients, whereas age, marital status, place of longest residence, level of education, duration of working in the profession, and duration at current hospital were not.

Conclusion: Despite the fact that the nurses working at 8 psychiatric hospitals in Turkey considered forensic psychiatric patients threatening, didn't trust them, and had a tendency to be socially distant with them, they had a moderate level of willingness to provide them proper care.

Keywords: Forensic psychiatric patients, attitudes, nurse, mental hospital

INTRODUCTION

Throughout the world forensic psychiatric patients are treated and cared for at specialized treatment centers (high-medium-low security hospitals) that provide for their safety as well as that of the general population (Martin 2001; Laben and Blum 1997). To date, there aren't any qualified facilities for forensic psychiatric patients in Turkey; however, in accordance with European Union (EU) legislation, the Turkish code of criminal law (TCK) was amended in 2005, making it mandatory that the treatment and care of forensic psychiatric patients be carried out in highly secured hospitals. Nevertheless, to date there are no such highly secured hospitals in Turkey, as legally

required (Cam and Baysan-Arabacı 2011); therefore, the care and treatment of forensic psychiatric patients are carried out at Mental Health and Diseases Hospitals (MHDHs) affiliated with the Turkish Ministry of Health by the healthcare personnel working in those hospitals.

In Turkey there is no standardization in hospital units that administer care to forensic psychiatric patients regarding the therapeutic content of care or what services are provided, and there aren't any nurses with specialty training in forensic psychiatry. As such, the treatment and care of these patients are performed by nurses that lack the necessary training (Baysan-Arabacı 2008). Studies have shown that nurses lacking

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specialized training have negative attitudes towards forensic psychiatric patients (Bowring-Lossock 2006; Ancel 2005; Demirbas et.al. 2004; Hancı 2004; Woods 2002; Viukari et. al. 1979), which can negatively affect the quality of care given to such patients (Mason et al. 2008; Mason 2002; Richman et al. 1999).

Life experiences, personal beliefs (fears, stereotypes, and myths), and cultural factors can shape a nurse's response to forensic psychiatric patients, and negatively affect the level and quality of care they provide (Hancı 2004). Some patients that do not receive qualified treatment will eventually be returned to the community. As such, nurses' attitudes towards forensic psychiatric patients can have an important impact on the general population, both directly and indirectly; therefore, it is important and necessary to determine the attitudes nurses have towards forensic psychiatric patients.

Many studies have been conducted on the attitudes of nurses and/or nursing students regarding forensic psychiatric patients (Mason et al. 2008; Daffern et al. 2006; Martin and Daffern 2006; Meehan et al. 2006; Mason 2002; Richman et al. 1999), but no such study has been conducted in Turkey. The present study aimed to determine the attitudes nurses working at psychiatric hospitals in Turkey have towards forensic psychiatric patients and the associated factors. The study's hypothesis was that the findings would have important ramifications for mental healthcare in Turkey and might serve as a basis for making the necessary changes needed to ensure that forensic psychiatric patients receive optimal treatment and care. In addition, we aimed to answer the following questions:

Do the sociodemographic characteristics of nurses affect their attitudes towards forensic psychiatric patients?

Do the occupational characteristics of nurses affect their attitudes towards forensic psychiatry patients?

Does a nurse's history of treating forensic psychiatric patients and thinking that nurses should work in forensic psychiatric departments affect their attitude towards forensic psychiatric patients?

MATERIALS and METHODS

This cross sectional study was conducted in 2009 at 8 MHDHs affiliated with the Turkish Ministry of Health located in 7 different provinces of Turkey (Adana, Bolu, Elazığ, Istanbul, Manisa, Samsun, and Trabzon). As the nurses working in the forensic psychiatry units of Turkey's MHDHs are assigned via rotation, there were 910 potential nurse participants. Due to vacation, in-service training, and sick leave the study was conducted with 650 nurses that agreed to participate. In all, 30

nurses that did not complete $\leq 80\%$ of the Nurses Attitudes Towards Forensic Psychiatric Patients Scale (NAFPPS) were excluded and the study was conducted with 620 nurses. All unanswered Nurses' Attitudes Towards Forensic Psychiatric Patients Scale (NAFPPS) items were scored as 0 (zero) and included in the analysis.

Data collection forms

Demographic questionnaire

A 14-item questionnaire was developed by the investigators for collecting data on sociodemographic characteristics, occupational characteristics, history of caring for forensic psychiatric patients, level of knowledge about forensic psychiatry, and level of knowledge of relevant Turkish law. The form included 6 open-ended and 8 closed-ended questions.

Nurses' Attitudes Towards Forensic Psychiatric Patients Scale (NAFPPS)

This scale was developed by Baysan-Arabacı and Çam (2011) for evaluating nurses' attitudes towards forensic psychiatric patients. The scale includes 25 items: 9 positive (items 3, 4, 7, 10, 14, 15, 16, 17, and 20) and 16 negative (items 1, 2, 5, 6, 8, 9, 11, 12, 13, 18, 19, 21, 22, 23, 24, and 25). Reliability and validity studies of the scale showed the following: content validity index: 0.69; Cronbach's alpha internal consistency coefficient: 0.86; internal cluster coefficient; 0.86; test-retest reliability coefficient: 0.69. Factor analysis of the scale showed that it consists of 4 subscales: social distance (items 14-17), willingness to provide care (items 7, 10-13, 19, and 20), trust (items 8, 9, 18, and 21-25), and feeling threatened (items 1-6). The positive items were scored as totally disagree = 1 and totally agree = 5, and the negative items were scored a total disagree = 5 and total agree = 1. The highest possible score is 125, and the lowest possible score is 25. Attitudes towards forensic psychiatric patients become more positive as the score increases (Baysan-Arabacı and Cam 2011).

Data Evaluation

The study protocol was approved by the Ege University, School of Nursing Ethics Committee and the Provincial Health Directorate. The data collected for analysis were self-rated. The 8 institutions were visited one-by-one and the nurses were informed about how to complete the forms. Confidentiality was assured and only volunteers participated. Data were evaluated by the biostatistics department via computer. The relationship between variables was evaluated using the t-test, variance analysis, and correlation analysis. In order to determine the source of a relationship between variables Bonferroni advanced analysis was performed.

RESULTS

Mean age of the nurses was 34.37 ± 7.48 years and 79.4% were female. Only 1.0% of the nurses had a post-graduate degree (Table 1). Mean duration of employment as a nurse was 13.34 ± 6.62 years and mean duration of working at the present hospital was 8.63 ± 7.37 years.

In total, 61.9% of the nurses reported that they were happy working in a psychiatric hospital and 65.0% reported that either before or during the study they had worked with forensic psychiatric patients in the forensic psychiatry unit or in the department in which they worked, of which 78.9% reported that such care was given for <1 year. Among the nurses, 36.8% reported that they obtained knowledge about forensic psychiatric patients from their colleagues, 21.3% from in service training, and 9.8% at school, whereas 27.1% reported that they had obtained no such knowledge. In all, 88.5% of the nurses reported that they had no knowledge of Turkish laws regarding forensic psychiatric patients and 71.0% reported that they thought nurses should work in forensic psychiatry departments (Table 2).

Only 1.0% of the nurses completed postgraduate education and were specialized psychiatric nurses. In total, 72.9% of the nurses reported that they had knowledge regarding forensic psychiatric patients, and 56.8% of the nurses reported that they obtained such knowledge from other physicians and work experience. Among the participants, 88.5% reported that they did not have any knowledge regarding the Turkish legal system's approach to forensic psychiatric patients.

-Mean NAFPPS subscale scores were as follows: social distance: 10.45 ± 3.33 ; willingness to provide care: 22.31 ± 4.25 ; trust: 20.49 ± 5.24 ; feeling threatened: 15.98 ± 3.61 . The mean NAFPPS total score was 69.07 ± 12.46 . The item, *I think forensic psychiatric patients can recover with treatment* (4th item), was the most positive item with the highest mean score (3.04), and the 19th item, *I avoid treating forensic psychiatric patients*, was the most negative item, with the highest mean score (3.78).

NAFPPS social distance subscale scores were significantly higher in the nurses that were content working in psychiatry and in those that thought nurses should work in forensic psychiatry departments, whereas they were significantly lower in the nurses working at Bolu MHDH and in those working in psychiatric hospitals as a result of non-voluntary assignment ($P < 0.05$). NAFPPS willingness to provide care subscale scores were significantly higher in male nurses, those without formal nursing education, those that were content working in psychiatry, those that had knowledge of Turkish laws concerning forensic psychiatric patients, and those that thought nurses should work in forensic psychiatry departments, whereas they were significantly lower in the nurses

that were non-voluntarily assigned to work in psychiatric hospitals and those without a history of providing care to forensic psychiatric patients ($P < 0.05$). On the other hand, there wasn't a difference in willingness to provide care subscale scores according to the hospitals in which the nurses worked ($P > 0.05$). NAFPPS trust subscale scores were significantly higher in male nurses, those without a formal nursing education, those that were content working in psychiatry, and those that thought that nurses should work in forensic psychiatry departments, as compared to the other nurses ($P < 0.05$). On the other hand, there wasn't a difference in the NAFPPS trust subscale score according to the hospitals in which the nurses worked ($P > 0.05$). NAFPPS feeling threatened subscale scores were significantly higher in the nurses that thought nurses should work in forensic psychiatry departments than in the other nurses ($P < 0.05$). NAFPPS feeling threatened subscale scores differed significantly between the nurses that were content with the hospital in which they worked and those that were content working in psychiatry ($P > 0.05$). NAFPPS mean total score was significantly higher in male nurses, those without formal nursing education, those contracted to work for the hospital—not the government, those that were content working in psychiatry, those with knowledge of Turkish law regarding forensic psychiatric patients, and those that thought nurses should work in forensic psychiatry departments, as compared to the other nurses ($P < 0.05$). On the other hand, there wasn't a difference in the mean total score according to the hospitals in which the nurses worked or the method with which their position was assigned ($P > 0.05$). There wasn't a significant difference in mean total or subscale scores based on age, marital status, place of longest residence, level of education, occupational status, or duration of working in the present hospital ($P > 0.05$) (Table 3).

DISCUSSION

Mean age of the participants in the present study was 34.37 ± 7.48 years and mean duration of nursing experience was 13.03 ± 7.20 years; as such, the nurses could be considered to have had sufficient knowledge and experience to perform their work appropriately. By early adulthood an individual's core beliefs and values are well defined (Bilgin 1999); therefore, programs designed to create change in the attitudes of nurses should be experiential, systematic, and ongoing.

Until 2007 only females could legally (nursing legislation 8647) become nurses in Turkey, and as such 79.4% of the participants in the present study were female. Only 1.0% of the nurses in the present completed postgraduate education and were specialized psychiatric nurses, 72.9% reported that they had knowledge regarding forensic psychiatric patients, 56.8% of the nurses reported that they obtained such knowledge from other physicians and work experience, and

88.5% reported that they did not have any knowledge regarding the Turkish legal system's approach to forensic psychiatric patients, which shows that forensic psychiatric services in Turkish MHDHs were performed by nurses without sufficient knowledge or experience.

The present study aimed to investigate the attitudes towards forensic psychiatric patients and the factors affecting them in nurses working in Turkish MHDHs. Mean NAFPPS total and subscale scores show that the nurses tended to perceive forensic psychiatric patients as threatening, and thus they did not feel safe and secure working with them. Studies have shown that perceiving a patient as dangerous leads to fear and distrust of the patient, which can negatively affect the therapeutic relationship (Angermeyer and Matschinger 2003; Crisp et. al. 2000; Taskin 2004). Martin and Happell (2001) studied 34 undergraduate students undergoing their apprenticeship in a forensic psychiatry department, and reported that the students perceived the forensic patients as frightening and repulsive, were afraid of being violently victimized, and were concerned about their personal safety the first time they worked with such a patient. Many studies report that nurses working with forensic psychiatric patients have a negative perception of them (Kent-Wilkinson 2011; Mason et. al. 2008b; Mason 2002; Rischman et. al. 1999). As previously reported, although the nurses in the present study reported that their willingness to provide care to forensic psychiatric patients was at a moderate level, their attitudes towards the patients were negative. Nonetheless, 69% of the nurses reported that they thought forensic psychiatric patients can recover with treatment.

The nurses' sociodemographic and occupational characteristics, history of working with forensic psychiatric patients, and level of satisfaction working in psychiatry were associated with their attitudes towards forensic psychiatric patients, whereas the nurses' level of education was not. This finding shows that the training of psychiatric nurses in Turkey regarding forensic psychiatric patients is insufficient. Training programs for psychiatric nurses in Turkey must be reevaluated, and both undergraduate and postgraduate programs must do a better job of providing basic knowledge and skills to students studying psychiatric nursing, and the treatment of forensic psychiatric patients should be addressed on a regular basis.

Based on NAFPPS scores in the present study, female nurses' attitudes toward forensic psychiatrics were more negative, their level of trust of such patients was lower, and they were less willing to treat them, as compared to the male nurses; these findings might have been due to the fact that most forensic psychiatric patients are male, which may lead to the impression that they are violent/aggressive (Ögel 2004). Based NAFPPS scores nurses working in the Bolu MHDH were less trusting of forensic psychiatric patients, less willing to treat them, had a more negative attitude towards them,

and perceived the patients as more threatening than the nurses working in the other 7 hospitals. Bolu MHDH does not have a forensic psychiatry inpatient ward; therefore, only nurses working in the polyclinic treated forensic psychiatric patients. In all, 92.4% of the nurses that participated in the present study worked in inpatient units, and as 89.6% of the nurses working in the Bolu MHDH did not treat any forensic psychiatric patients, we think that their negative attitudes towards forensic psychiatric patients was due to the lack of contact with them.

Based on NAFPPS scores nurses in the present study that had permanent positions that were non-voluntarily assigned had a more negative attitude towards forensic psychiatric patients, had a greater tendency to be social distant with them, and were less willing to treat them than the other nurses. We think that the level of satisfaction with work among nurses non-voluntarily assigned was very low, which negatively affected their attitudes towards forensic psychiatric patients. Nurses that were contracted to work for the hospital—not the government—had positive attitudes towards forensic psychiatric patients, whereas the nurses that were contracted to work for the government had negative attitudes. We think that the nurses contracted to work for the hospitals thought that they would not be working permanently and would only care for forensic psychiatric patients on a temporary basis, and as such had a positive attitude towards them.

In the present study nurses that were content working as psychiatric nurses, as compared to those that were less content or not content, and those that thought that nurses should work in forensic psychiatry departments, as compared to those that thought they should not, had less of a tendency to perceive forensic psychiatric as threatening and to be socially distant with them, and were more willing to treat them and trust them, and had a more positive attitude. A positive history of working with forensic psychiatric patients was associated with willingness to treat them. In the present study there was a direct relationship between the nurses' attitudes and the level of their satisfaction working in psychiatry, their thoughts about whether or not nurses should work in psychiatry departments, and their history of working with forensic psychiatric patients. Based on this finding, we think satisfaction with work, willingness to work with forensic psychiatric patients, and a history of working with forensic psychiatric patients were associated with a positive attitude towards forensic psychiatric patients.

Nurses in the present study that had knowledge of Turkish laws regarding forensic psychiatric patients, as compared to those that did not, had a more positive attitude towards forensic psychiatric patients and were more trusting of them. As maintaining personal security while working with forensic psychiatric patients is difficult (Bowring-Lossock 2006; Coram 2004; Martin 2001) and the work environment is

stressful (Lyons 2009; Mason et al. 2008a, 2008b; Burnard et al. 1999), nurses doing such work may find it challenging to remain objective and relaxed (Lyons 2009). Such a work environment can negatively affect the emotional response of nurses and can elicit pre-judgmental thoughts (Lyons 2009; Viukari et al. 1979). Nonetheless, we think that the nurses that had knowledge of the laws concerning forensic psychiatric patients were better able to work with them and therefore had a positive attitude towards them. In the present study age, marital status, place of longest residence, duration of working as a nurse, and duration of work at current hospital were not associated with the nurses' attitudes towards forensic psychiatric patients.

CONCLUSION

A strength of the present study was the size of the study population. The present findings show that most of the nurses had a negative attitude towards forensic psychiatric patients—especially female nurses, those assigned to psychiatric wards non-voluntarily, those with a negative history of working with forensic psychiatric patients, and those that thought nurses should not work in forensic psychiatry departments. In all, 2 basic variables (being content working in psychiatry and thinking that nurses should work in forensic psychiatry department) were strongly associated with a positive attitude towards forensic psychiatric patients. The findings show that there was a direct relationship between the nurses' attitudes towards forensic psychiatric patients and their level of content working as a psychiatric nurse and willingness to working with forensic psychiatric patients. On the other hand, it was observed that the nurses working in Turkish MHDHs that treat forensic psychiatric patients did not participate in any occupational and/or in-training education regarding the treatment and care of forensic psychiatric patients, or the laws governing such treatment and care, and that they usually obtained such knowledge and skills from colleagues and work experience. As such, we think that ongoing extensive educational programs regarding forensic psychiatric patients and the relevant laws should be instituted and mandatory, and that the content and context of psychiatric nursing classes need to be revised.

REFERENCES

- Ançel G (2005) Adli Psikiyatri Hemşireliği. Adli Psikiyatri Dergisi, 2 : 29-34.
- Angermeyer MC, Matschinger H (2003). The Stigma of Mental Illness: Effects of Labelling on Public Attitudes Towards People With Mental Disorder. *Acta Psychiatr Scand*, 108 : 304-09.
- Baysan-Arabacı L, Çam O (2011) Adli Psikiyatri Hastalarına Yönelik Hemşire Tutum Ölçeği. *Nöropsikiyatri Arşivi*, 48 : 175-83.
- Baysan-Arabacı L (2008) Adli Psikiyatri Hastalarının Bakımında Hemşirenin Rolü. *Adli Psikiyatri Dergisi*, 5 : 25-30.
- Bilgin N (1999) Sosyal Psikolojide Yöntem ve Pratik Çalışmalar, Ege Üniversitesi Basımevi, İzmir, p: 127-42.
- Bowring-Lossock E (2006) The Forensic Mental Health Nurse-A Literature Review. *Psychiatr Ment Health*, 13 : 780-5.
- Burnard P, Morrison P, Phillips C (1999) Job Satisfaction Amongst Nurses in an Interim Secure Forensic Unit Wales, 8 : 9-18.
- Coram J (2004) "Forensic Psychiatric Nursing", *Contemporary Psychiatric-Mental Health Nursing*, Ed: Kneisl CR, Wilson HS., Trigoboff, E., Chapter 35, First Edition, Pearson Prentice Hall, New Jersey p: 819-34.
- Crisp AH, Gelder MG, Rix S et al (2000). Stigmatisation of People With Mental Illnesses. *Br J Psychiatry*, 177 : 4-7
- Çam O, Baysan-Arabacı L (2011) Adli Psikiyatri Hemşireliği: Günümüzde Türkiye'deki Durumu. *Adli Bilimler Dergisi*, 10 : 25-32.
- Daffern M, Mayer M, Martin T (2006) Staff Gender Ratio and Aggression in a Forensic Psychiatric Hospital, *Psychiatr Ment Health*, 15 : 93-9.
- Demirbaş H, Özdemir Ç, Hancı H et al (2004) Cezaevi Hekimlerinde Tükenmişliğin İncelenmesi. *Adli Psikiyatri Dergisi (Turkish Journal of Forensic Psychiatry)*, 1 : 45-9.
- Hancı Hİ (2004) Adli Hemşirelik Birimleri, http://www.medicine.ankara.edu.tr/internal_medical/forensic_medicine/tk34.html, ET: 08.07.2007.
- Kent-Wilkinson A (2011). Forensic Nursing Educational Development: An Integrated Review of The Literature. *Psychiatr Ment Health*, 18: 236-46.
- Laben JK, Blum J (1997) *Persons With Mental Illness in Jail*, Ed: Worley KN, *Mental Health Nursing in the Community*, Chapter 26, Mosby Company, St.Louis, p: 368-84.
- Lyons T (2009) Role of Forensic Psychiatric Nurse. *Forensic Nur*, 5 : 53-7.
- Martin T, Daffern M (2006). Clinician Perceptions of Personal Safety and Confidence to Manage Inpatient Aggression in a Forensic Psychiatric Setting, *Psychiatr Ment Health*, 13 : 90-9.
- Martin T, Happell B (2001) Undergraduate Nursing Students' Views of Mental Health Nursing in The Forensic Environment, 10, 116-25.
- Martin T (2001) Something Special: Forensic Psychiatric Nursing. *Psychiatr Ment Health Nur*, 8 : 25-32.
- Mason T, Lovell A, Coyle D (2008a) Forensic Psychiatric Nursing: Skills and Competencies: I Role Dimension. *Psychiatr Ment Health*, 15 : 118-30.
- Mason T, Coyle D, Lovell A (2008b) Forensic Psychiatric Nursing: Skills and Competencies: II Clinical Aspects. *Psychiatr Ment Health*, 15 : 131-9.
- Mason T (2002) Forensic Psychiatric Nursing: A Literature Review and Thematic Analysis of Role Tensions. *Psychiatr Ment Health*, 9 : 511-20.
- Meehan T, McIntosh W, Bergen H (2006) Aggressive Behaviour in The High-Secure Forensic Setting: The Perception of Patient, *Psychiatr Ment Health*, 13 : 19-25.
- (Resmi Gazete) (1954). 2 Mart 1954 Tarihli 8647 Sayılı Hemşirelik Kanunu (6283Nolu) <http://www.resmigazete.gov.tr/main.aspx?home=http://www.resmigazete.gov.tr/arsiv/8647.pdf&main=http://www.resmigazete.gov.tr/arsiv/8647.pdf> ET: 25.06.2012.
- Ögel K (2004) Alkol madde kullanım bozukluklarına yönelik tutumlar ve damgalanma. *Psikoloji ve Psikofarmakoloji (3P) Dergisi*, 12 : 71-5.
- Richman J, Mercer D, Mason T (1999) The Social Construction of Evil in A Forensic Setting. *Forensic Psychiatr*, 10 : 300-8.
- Taşkın EO (2004) Şizofreniye Yönelik Tutumlar ve Damgalanma Dergisi, 12 : 41-50.
- Viukari M, Rimon R, Söderholm S (1979) Attitudes Towards Criminal and Other Patients. *Acta Psychiatr Scand*, 59: 24-30.
- Woods P (2002) Introduction to the forensic themed section. *Psychiatr Ment Health*, 9: 507-9.