

The Needs of Mental Health Teams on Acute Psychiatric Wards

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The Acute Psychiatric Ward

Medical services are a unique form of activity which place special demands on mental health professionals and demand particular interpersonal skills. The patient is central to the process and the objectives of health care organisations include the recovery from illness, alleviation of distress and, more generally, the *satisfaction of patient needs*. This is why patients' expectations are such an important variable in the planning health strategies. These expectations also clearly affect the conditions of work within health facilities.

The psychiatric ward is a specific form of health care facility. Here, *personnel-patient relationships* are strongly affect-laden and it can be difficult to maintain the right balance within these relationships. Several important factors rooted in the particular nature of the disorders themselves affect personnel-patient relations on the acute psychiatric ward. The most taxing factor of all are unpredictable and aggressive behaviours. The expression of intense emotions, inappropriate behaviour and communication problems springing from the nature of the disorders treated in psychiatric hospitals, can also strain personnel-patient relationships. Other, equally significant factors include involuntary treatment and non-compliance which so frequently accompany psychiatric treatment. This type of work environment generates considerable stress. If not handled properly, a vicious circle may be set in motion. Among patients this will manifest as increased tension, escalation of aggressive behaviour, deterioration of rapport thus increasing non-compliance. Mental health personnel in turn may respond to rising stress by behaving unprofessionally, often because of lack of adequate ongoing training. This lack of adequate training is a telling sign of a poor organisation.

In addition to these general factors there are a number of elements within health care organisations which can adversely affect local mental health personnel in a particular region or facility. We can identify these local factors. In Poland, for example, there is a great *shortage of mental health care professionals*. The estimated need for psychiatrists is 4 000 whereas the number of psychiatrists actually employed is 2 300. Analogous figures for psychologists, social workers and psychiatric nurses are 3 800, 4 000 and 14 000 (needed) and 700, 200 and 7 550 (employed) respectively. It is not hard to see that existing staff are dramatically overworked.

In modern mental health care organisations the focus should be on community treatment which is more cost-effective. In Poland, however, the main *burden of treatment is carried by the large psychiatric hospitals*, a practice which seriously affects the quality of treatment and available resources. All in all, there are only 20 community treatment units in this country which means that patients are often unnecessarily retained on round-the-clock wards. They divert the attention and energy of personnel who could otherwise be directed to caring for more needy patients. Furthermore some patients (about 20%) stay on acute psychiatric wards solely because there are not enough social welfare institutions and nursing homes for them [Mental Health Programme, 2001].

These factors cause tension and frustration in mental health care personnel, thus reducing work satisfaction and indirectly causing considerable stress *Poor working conditions* and bad management of the workforce may lead to considerable loss of productivity increasing incidents of unprofessional behaviour, deteriorating satisfaction of patient needs, increased discontent and other negative consequences.

The Need for Training

One solution for these of problems is high staff professionalism. All professional groups working in hospitals, and especially on psychiatric wards, must continually improve their skills and qualifications. This continual skills training must reflect the specific objectives of each work team. From a practical point of view, this means on-going improvement of one's professional qualifications followed by on-the-job training. The training of nurses and therapists at higher education establishments followed by specialist post-graduate education are good examples of this. If properly trained, these professionals could *participate more actively in therapeutic decision making* and thereby help to reduce the risk of adverse phenomena in the mental health team. This may address the perceived lack of influence over key decisions or loss of motivation to perform adequately. In addition to improving purely professional skills it is very important that mental health personnel strive to improve their *ability to cope with stress and violence*. In psychiatric settings support groups and supervision can be a great help. In addition to adequate training, one of the most important factors which contributes to the capacity to meet these demands is effective *management and organisation of work*. We shall discuss this below.

Mission and Objectives

One of the requirements of efficient management is the ability to make realistic assumptions about one's own abilities and the safety of the environment. To act effectively, one must define one's mission, the objectives of the whole organisation and what it plans to achieve. The focus must be on the service to be rendered, not organisational and technical details. Realisation of key objectives takes much time and effort. Hence the number of objectives must be limited and each objective must be specific, quantifiable, realistic, attainable and put in proper time perspective.

Once the mission and objectives have been defined it is possible to outline the framework in which the organisation is to operate. If goals are to be attainable, they must be coined in terms of tasks to be completed, whose outcomes can be measured. The following elements are usually taken into consideration [Kautsch, Whitfield & Klich 2001]:-

- The nature and range of the services to be rendered
- The desired quality of services
- Human resources
- Cost-effectiveness
- Financial limitations
- Flexibility

We have already mentioned the missions and objectives of health care organisations in general and psychiatric hospitals in particular.

Human Resources

Whatever its objectives the staff are any firm's most valuable resource. The success of any health care organisation is directly related to the skills, motivation, commitment and competence of its employees. If human resources are to be used effectively it is vital that these resources be properly managed.

Modern management theories stress the importance of professional improvement and growth. The "*learning organisation*" concept assumes that everybody who is employed in an organisation ought to develop his or her capacities to the full so that the organisation can maximise its potential. One of the important elements in this process is promotion of employees as they acquire new skills. According to the Peter Principle, people should be promoted according to the skills and knowledge they have acquired with respect to their competence essential for a given position [Kautsch, Whitfield & Klich 2001].

Various instruments are used in management. One of the most important is the **personnel rating system**. The key elements of this system are:

- Rating of an employees' maximum potential
- Rating of an employees' motivation
- Indication of their strong and weak points

- Indication of the goals which personnel is to achieve
- Analysis of training requirements

Other frequently used instruments are: the Forced Distribution Technique (Q-sort), Control Lists and Qualification Rating Scales. One of the essential elements in managing staff is the *motivating system*. This system works when rewards are related to work input measured by means of the personnel rating system. It is also a natural extension of the evaluation system. According to Herzberg [after: Dyer et al. 1986], two groups of factors regulate **motivation**.

1. The first are motivators – achievement, responsibility, positive self-regard, work as such, growth and self-improvement.
2. The second are demotivators – wages, work conditions, organisational policy, fringe benefits, supervisors. They all greatly help to prevent dissatisfaction.

According to Porter and Lawler [1968], the basic motivators are employee expectations and the values employees attribute to their assignments. Expectation reflect a belief that a particular action will lead to a desired outcome. Maslow asserted that people are motivated by needs which can be organised in a **hierarchy** [Maslow 1954] beginning with:-

- Biological Needs (hunger, thirst, sleep)
- Security and Social needs (belonging, acceptance, friendship, love)
- Need for Recognition
- Need for Self-actualisation (growth, achievement, self-improvement)

Physiological and security needs must be satisfied first. From the perspective of work satisfaction need for stability in the workplace reflects the need for security. Another important motivator is money. All over the world people working in the medical professions earn slightly less than people employed in industry. This suggests that people who choose to pursue a career in health care are motivated by factors other than money. Organisational culture in health care facilities should be developed primarily around *non-financial incentives* such as the aforementioned work stabilisation. Unfriendly work conditions and lack of the possibility to influence one's career are tangible losses for any firm and can be translated into money [Kautsch, Whitfield & Klich 2001].

Consequences of Inadequate Organisation and Training

Prolonged exposition to excessive work stress leads to the “*burnout syndrome*” or the last stage in the exploitation of human energy resources [Freundenberger 1974]. According to Kahn, this syndrome manifests in an inappropriate approach towards clients (in this case patients) and in a number of somatic complaints [Kahn & Byosiere 1992]. Maslach uses the term to mean a syndrome of emotional exhaustion, depersonalisation (clients are treated impersonally, like objects) and sense of lack of accomplishment [Maslach 1988]. She points out that burnout can be observed most frequently in people whose work requires frequent contact with other people. Psychiatric wards meet this criterion and therefore mental health personnel are particularly prone to burnout.

Empirical observation suggests that in Poland the most frequent components of the burnout syndrome are phenomena belonging to two classes mentioned by Maslach - depersonalisation and a sense of a lack of accomplishment. Depersonalisation manifests itself in impersonal and objectified treatment of patients, lack of understanding for patients, impatience, devoting too little time to individual patients and “escape” from the responsibilities which require direct contact with patients. Lack of accomplishment manifests itself in leaving a profession for jobs which guarantee swift promotion to a high professional position and good wages such as the pharmaceutical industry.

Conclusion

In adverse circumstances, poor work organisation together with inadequate professional and interpersonal skills may lead to the development of burnout and the loss of productivity. Burnout can be defined as a reaction to the prolonged stress of carrying responsibilities and not being able to cope. Two parallel solutions are suggested. One is adequate organisation of work on the ward, in accordance with the above models. The other is professional and interpersonal skills training as well as training in the ability to cope with stress and problems confronted in the work place. If these solutions are adopted, the risk of burnout and loss of effectiveness in health care facilities can be greatly diminished.

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