

## ORIGINAL RESEARCH

# Transitioning psychiatric patients for positive outcomes

Janice Dennis, Delois Long\*

Louis Stokes VAMC, Cleveland, Ohio, United States

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## ABSTRACT

A study was conducted at the Louis Stokes Cleveland Veterans Administration Medical Center (LSCVAMC) to examine if moving 20 psychiatric patients from one location to another affected their anxiety level. The LSCVAMC closed their Brecksville facility to consolidate the two Branches (Wade Park and Brecksville), and build a new Capital Asset Realignment for Enhanced Services (CARES) Tower. These changes were implemented to reduce operating costs for LSCVAMC and reduce the number of inpatient psychiatric beds. A five-question survey was given to each patient one week prior to the move, and immediately following the move to assess their thoughts related to the move. The results showed that despite 45% expressing thoughts that the move to Wade Park made them nervous/anxious prior to the move, no patients expressed that they were anxious post move when asked. Eighty percent of the patients expressed that they would enjoy being in a newly renovated facility. The post report of the patients was no nervousness/anxiety related to the move.

**Key Words:** Psychiatric patients, Re-location, Environment, Behavioral response, Transition theory, Anxiety

## 1. INTRODUCTION

Moving from one location to another can be stressful even for healthy adults.<sup>[1]</sup> The Veteran Health Administration (VHA) inpatient psychiatric unit, like many other psychiatric inpatient facilities, has adopted the recovery care model for psychiatric patients. The Recovery Care Model is the concept of patients developing ownership of their attitudes, feelings, goals, skills, roles, and ultimately recovery from mental illness.<sup>[2]</sup> A significant principle of this model is the ability of patients to successfully transition from an inpatient psychiatric facility to the capability of functioning in the community. The Recovery Model provides the health-care provider with evidence-based techniques to empower patients to become goal oriented, increase their self-esteem, and obtain new skills to regain their physical well-being by adhering to the treatment plan.

As a result, nationally there has been a dramatic change in the physical environment of inpatient psychiatric units, outpatient facilities, and a reduction of psychiatric inpatient beds that are replaced with more functioning structures that promote healing.<sup>[3]</sup> Recently, the Louis Stokes Cleveland VAMC (LSCVAMC) decided to close their longstanding Brecksville facility to consolidate the two branches (Wade Park, and Brecksville) and build a new CARES Tower in University Circle.

These changes were implemented to reduce operating costs and to enhance patient care services, improve access, increase operational efficiencies, and provide necessary medical services to veterans for LSCVAMC by reducing the number of inpatient psychiatry beds from 54 to 30. The new CARES Tower will be the new location for inpatient psychi-

\*Correspondence: Delois Long; Email: [Delois.Long@va.gov](mailto:Delois.Long@va.gov); Address: Louis Stokes VAMC, Cleveland, Ohio, United States.

atry and will provide state of the art equipment and a safe environment for psychiatric patients.

There has been a significant decrease in the number of psychiatric patient beds since 1955 in the United States as well as other countries, but the number of patients treated has increased.<sup>[4]</sup> This is partly due to the decrease in the length of stay for patients. The quality of care and treatment for psychiatric patient have improved since 1955. The literature showed that despite the users of the system being positive about the redesign, the transition was rated as difficult by clinicians.<sup>[5]</sup> Overall, new state of the art psychiatric inpatient units focus is on an evidence based design that creates an environment of healing.<sup>[6]</sup> Clinicians utilize the recovery model of care for treatment planning, and to prepare patients for return to the community or determine need for further inpatient hospitalization. The re-design of the inpatient and community buildings, which follows safety and security guidelines, allows more daylight, bursts of colors, murals, privacy, and comfort for staff, patients and their families. For example, the interior design reflects larger private and semi-private rooms for patients with attached bathrooms, and comfortable activity rooms.<sup>[7]</sup>

Research has shown an increase in agitated behaviors was observed in some patients and others were traumatized by the relocation experience. The literature demonstrated that prior preparation was not a factor in controlling these behaviors.<sup>[8]</sup> However, the literature also shows that prior preparation can reduce the probability of agitated behavior and trauma observed in some patients.

The role of the psychiatric/mental health nurse is vital in establishing a therapeutic relationship with people with mental illness. The formation of this relationship requires a specialized skill by the psychiatric/mental health nurse to gain the trust of the individual and provide support in a broad range of clinical settings. The key elements that make up a therapeutic relationship are: consideration, compassion, uniqueness, trust, self-awareness, respect, and limit setting.<sup>[9]</sup> The psychiatric/mental health nurses are involved in articulating the relocation plan to the patient, encouraging their input, assessing their needs or discomfort with the process, and providing alternative nursing interventions.

Dr. Afaf Meleis's Transition theory (middle-range theory) was used as the theoretical framework for this study to assist nurses in facilitating positive transitions for patients, families, and communities.<sup>[10]</sup> Transition theory incorporates the following concepts: developmental, situational, health and illness, organizational, and therapeutic transitions to guide nursing practice strategies, and research. These concepts are based on diverse ways one may be challenged in dealing

with stress, and the need to engage in the process of change to derive at a favorable outcome. Patients tend to respond differently when faced with changes related to their health, and well-being, and ability to care for themselves. Nurses must be aware of the patient's needs and respond effectively when providing care and conducting research.<sup>[11]</sup> The focus of this study was how the nurse assisted and evaluated the patient's response to the move to a new inpatient psychiatric facility, and how the move might impact their anxiety level and continued hospitalization on the new unit.

## 2. METHODS AND ANALYSIS

### 2.1 The sample

Prior to the relocation, healthcare providers started to limit the admission to the unit so that there would be fewer patients to transition during the move. There were 20 patients on the unit at the time of the transition process. All 20 patients were informed of the time of the move, personal belongings were packed prior to the move and they all transitioned from Brecksville to Wade Park safely with assigned nursing staff.

### 2.2 Settings

The pre-transition setting was a 54-bed psychiatric inpatient unit at Brecksville VAMC. The post-transition setting was a 30-bed psychiatric unit at Wade Park, CARES Tower.

The pre-transition phase began on the acute inpatient psychiatric unit at Brecksville. Patients were required to complete a five-question survey using the WCT6 Veteran Transitional Response Tool. This tool was designed by the authors of this study with input from one healthcare provider prior to the move to assess the feelings of the patients about the move. The tool consisted of the following questions: (1) Moving to Wade Park (WP) makes me nervous/anxious, (2) I will have access to more services when the unit move to WP, (3) transportation to WP will be easier for my family and me, (4) I would enjoy being in a newly renovated facility, and (5) I am concerned about the care I will receive on the new unit at WP. The study participants responded on a scale of 1 to 5 - (1) strongly disagree (2) disagree (3) neutral (4) agree, and (5) strongly agree.

Study participants were informed of the move via a Moving Announcement Flyer and verbal discussion of flyer contents took place during Community Group Meetings with nursing staff. The flyer announced the move, move location, and reassured patients that a nursing staff member would be assigned to them as a moving buddy on the day of the move. The flyer was given out one week prior to the move to all patients present on the unit. New patients arriving after the original announcement, but before the move, were given a handout during the group discussion regarding the move.

The post transition phase occurred on the day of the move, with 20 patients being transported from the Brecksville to Wade Park, CARES Tower WCT 6 inpatient psychiatry unit. All 20 patients were transported to the new facility either via ambulance or shuttle accompanied by their moving buddy. Upon arrival onto the new unit, staff from the old unit greeted the patients.

The second tool that was utilized in this study by nursing staff was the WCT 6 Veteran Arrival Checklist. The checklist served as an orientation tool for the nursing staff to ensure that the patients were escorted to all patient care areas, informed of all unit policies, and understood information presented to them. New staff members could not introduce patients onto the unit on the day of the move. The rationale for not allowing new staff members to introduce patients was based on continuity of care. Once the patients were settled

on the unit, a Community Group meeting was conducted with the patients being oriented to the new unit, and completing the WCT 6 Veteran Transitional Response Tool with the original questions and scale.

### 3. RESULTS

The results in Table 1 illustrate that 9 of the 20 (45%) veterans expressed thought of moving to WP made them nervous/anxious. Fourteen of the 20 (70%) felt they would have access to more services once moved to WP. Eleven of the 20 (55%) expressed transportation would be easier for family and self. Sixteen of the 20 (80%) veterans that moved from the Brecksville to the Wade Park facility expressed they would enjoy being in a newly renovated facility. Ten of the 20 (50%) veterans expressed concern about the care that would be received on the new unit at WP.

**Table 1.** Transitioning psychiatric patients grid

WCT6 Veteran Transitioning Response Tool	1 = Strongly disagree	2 = Disagree	3 = Neutral	4 = Agree	5 = Strongly agree
Moving to Wade Park(WP) makes me nervous/anxious	3	3	5	7	2
1) I will have access to more services when the unit move to WP	1	2	3	7	7
2) Transportation to WP will be easier for my family and me	2	1	7	4	7
3) I would enjoy being in a newly renovated facility	2	1	1	8	8
4) I am concerned about the care I will receive on the new unit at WP	3	2	6	7	3

One patient surveyed selected two answers for question #3 which was a neutral and strongly agree response. Another patient selected two answers for question #5 which was responding neutral and strongly agree. The responses for these two patients who responded twice were reflected in the Transitioning psychiatric patients grid. The 24-hour period after the move all 20 patients were approached and asked if they experienced any nervousness or anxiety related to moving to the new facility. All patients denied move related nervousness or anxiety. The information used in the study was gained by the nursing staff while performing their regular duties. The survey was approved by the American Federation of Government Employees (AFGE) before implementation.

### 4. DISCUSSION

Even though transfer of psychiatric patients from one facility to another is a common procedure, this event may cause increased anxiety, and agitation.<sup>[12]</sup> The literature indicates that relocating patients from one building to another increases

the level of anxiety before the relocation rather than after the relocation.<sup>[13]</sup>

These findings support the findings of this study. Unaddressed anxiety can lead to agitation and violence which is disruptive to the milieu. The nursing staff will be forced to implement deescalating interventions to regain control of the patient's behavior to stabilize the milieu. The strength of this study is the methodology allowed staff with therapeutic relationships with patients to collect the data instead of an outside researcher. The therapeutic relationship was an important factor in communicating information to the patients regarding the move and reducing anxiety experienced by the patients before and after the move. The main limitation of this study is the limited number of patients (20) surveyed. The number of patients had been reduced to facilitate the safety and the wellbeing of the patients during the relocation. The literature emphasizes the need to assess patients for anxiety levels prior to relocation and to implement appropriate

interventions. Due to the limited number of subjects, the study should be repeated with a larger number of subjects and additional psychiatric inpatient units.

## 5. CONCLUSION

We surveyed 20 patients on an inpatient psychiatric unit for anxiety pre- and post-relocation to a new facility. Community group discussions about the move where patients had an opportunity to ask questions were conducted prior to and after the relocation. Patient were given a letter explaining the move and when it would take place. A survey was done before and after the move utilizing two tools discussed previously that were developed by the authors. Each patient was assigned a specific nurse as a move buddy to assist the

patient with their personal belongings. Welcome letters were given to the patients on the day of the move. The survey results revealed that the patient had less anxiety after the move than before the move. The survey result revealed that the appropriate nursing interventions were instrumental in reducing the patient's anxiety level.

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## CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

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