

Staff attitudes and thoughts about the use of coercion in acute psychiatric wards

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Received: 19 December 2008 / Accepted: 21 June 2010 / Published online: 2 July 2010
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Abstract

Purpose Previous research has shown considerable differences in how often coercive measures are used in mental health care between groups of patients, institutions and geographical areas. Staff attitudes towards the use of coercion have been put forward as a factor that may influence these differences.

Method This study investigates the attitudes to coercion in 651 staff members within 33 Norwegian acute psychiatric wards. The newly developed Staff Attitude to Coercion Scale was used to measure staff attitudes.

Results Multilevel analysis showed that there was significant variance among wards, estimated to be about 8–11% of the total variance on three scales.

Conclusions Despite substantial differences in attitudes among wards, most of the variance could be attributed to

individual staff level factors. Hence, it is likely that staff attitudes are influenced, to a large extent, by each individual staff member's personality and values.

Keywords Staff attitudes · Coercion · Acute psychiatric wards · Multilevel analysis

Introduction

Use of coercion in mental health care is controversial and an important issue for research [1, 2]. Previous research showed considerable differences in the use of coercive measures in mental health care among groups of patients, institutions and geographical areas. This is the case for coercion during involuntary admissions [3] and includes different containment methods and involuntary treatment [4]. These differences are seen within the same country [5–7] and among countries [8, 9]. Some of the differences among countries can probably be explained by differences in legislation, but legislation cannot explain the differences within countries.

Following increased emphasis on patients' human rights, empowerment and patient participation, reduction of coercion in mental health care has become a high priority in health politics worldwide [10, 11]. It has been suggested that differences among local treatment cultures, such as staff attitudes and thoughts about the use of coercion, may play an important role in the use of coercion [5, 12, 13].

Research on the use of coercion in mental health care is of relatively new interest, with various scopes and aims. One area of research has examined coercion as part of psychiatric care [14], while another branch has investigated the prevalence of coercive measures [9, 15]. A third area of research is on patients' experiences of coercion [16–18]. A fourth area is research on the attitudes of staff towards the use of coercion

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