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A Preliminary Study of the Process of Relationship-Building Between Patients Hospitalized in Medical Treatment and Supervision Act Wards and Nurses in Japan

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Full Paper

A Preliminary Study of the Process of Relationship-Building Between Patients Hospitalized in Medical Treatment and Supervision Act Wards and Nurses in Japan

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Abstract

This paper presents the results of a preliminary study clarifying the relationship-building process involving patients admitted to Medical Treatment and Supervision Act (MTSA) ward and nurses. We conducted semi-structured interviews with two nurses who had experience working in MTSA wards to gain insight as to how they perceived patients when building relationships with them and changes in feelings toward the patients as treatment progressed. The content was analyzed with reference to the modified grounded theory approach. Results show that the nurses sought to have ***AN UNDERSTANDING OF PATIENTS***[*]. The core of their actions was the **BELIEF THAT NEGATIVE IMPRESSIONS CAN BE OVERCOME TO MOTIVATE ONESELF.** By applying their personal beliefs, the nurses deepened their understanding of patients. In the process of understanding, the nurses conducted **CONSISTENT ENGAGEMENT WITH THE PATIENT WHILE FEELING THAT THE PATIENT'S PSYCHOLOGICAL AND PHYSICAL ASPECTS WERE IMPROVING**, which was conflicting with **UNDERSTANDING THE WAVERING OF THE PATIENT'S MENTAL STATE AND INVOLVEMENT ACCORDING TO THAT MENTAL STATE AND INVOLVEMENT THAT ALLOWS THE PATIENT TO TAKE PROACTIVE ACTIONS** (i.e., involvement with patients). Repetitions of this process are thought to foster relationship-building between patients

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[*] In order to clearly and unambiguously delineate the **CONCEPTS**, *CATEGORIES*, definitions and *narratives* identified in this study, special fonts have been used in this report. For a full explanation, see sections 5.2 and 5.3.

and nurses. Given that the relationship building between forensic psychiatry patients and nurses is reported to reduce recidivism, the results of this study could be used to prevent patients from recidivating and to promote social rehabilitation. However, this is a preliminary study, so there is a need to collect more data based on the results and clarify the process of relationship-building between patients and nurses.

Keywords: forensic psychiatry patient, patient-nurse relationship, relationship-building process, Medical Treatment and Supervision Act

1. INTRODUCTION

Regarding Japanese forensic psychiatry, the Medical Treatment and Supervision Act (MTSA) was enacted in 2005. As a result, patients subject to the MTSA receive inpatient and outpatient treatment to prevent the recurrence of harm to others and promote social rehabilitation. As a general rule, inpatient treatment should last 18 months, and the inpatient treatment guidelines state that medical professionals should build a trust relationship with patients as early as the acute medical stage, which begins after the patient is hospitalized.[1]

According to forensic psychiatry, it is difficult for nurses and patients to build relationships.[2] This is because the patient-nurse relationship in forensic mental health cases easily results in a conflicting relationship with the patient, as the nurse is both caregiver and supervisor.[3] Furthermore, as the nurse's surveillance increases, the patient may become distrustful and hide symptoms.[4] Nurses typically cannot build a relationship with the patient; depending on the treatment protocol, it is difficult to provide the patient with support for preventing recidivism as well as support for promoting social rehabilitation. However, the authors considered that the process of building the patient-nurse relationship needed to be clarified, as a deeper relationship between nurses and forensic psychiatry patients provides greater insight into therapeutic approaches to crime[5] and reduces recidivism.[2]

Care that enables trust relationships with patients[6] and the necessary role of nurses in building, maintaining, and ending relationships with patients[7] have become clear in the relationship-building process involving patients and nurses in general psychiatric wards. However, there are no forensic psychiatry studies that clarify this process. Herein, we show the results of a preliminary study aimed at clarifying the process for trust- and relationship-building between patients admitted to an MTSA ward and nurses.

2. AIMS

The goal of this preliminary study was to clarify the process for trust- and relationship-building between patients admitted to MTSA wards and nurses. Hence, we analyzed the narratives of two nurses who had experience working in MTSA wards in order to explain the general flow of relationship-building with patients.

3. DESIGN

This study is a qualitative descriptive research design to identify the process of relationship-building between patients admitted to MTSA wards and nurses.

4. METHODS

4.1 Research participant selection and recruitment method

The selection criterion was nurses with experience working in MTSA wards. Regarding the recruitment method, a nursing director in the hospital from which we requested research cooperation referred to us two nurses who had experience working in MTSA wards in the hospital, and we requested their cooperation.

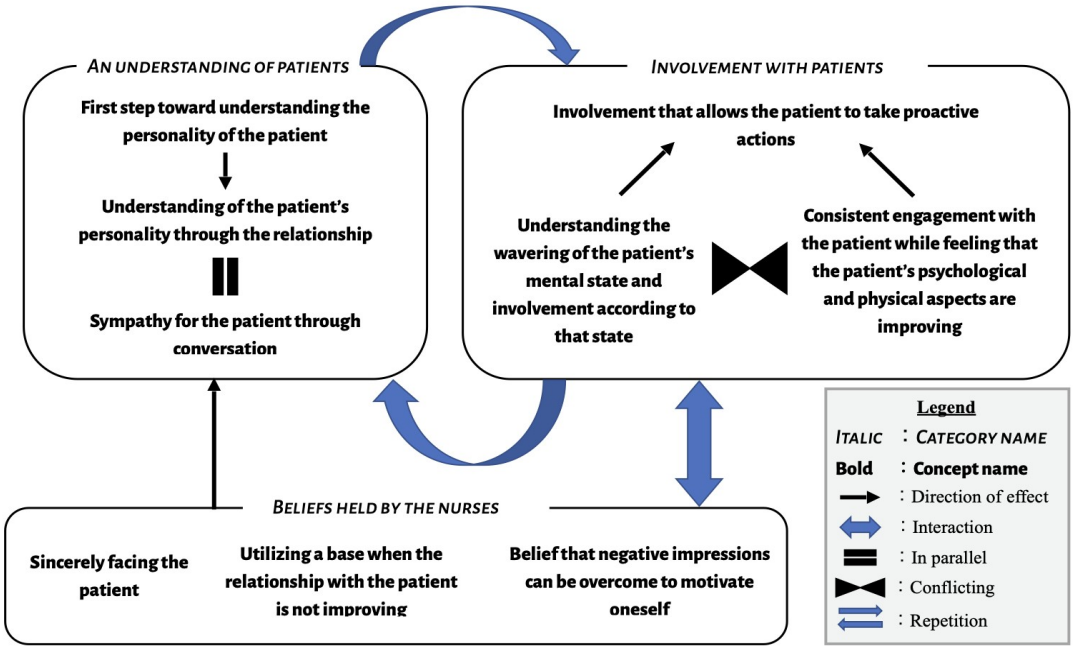

Fig. 1. Structure of relationship-building between patients admitted to MTSA wards and nurse

4.2 Data collection period

Data collection occurred during June of 2021.

4.3 Data collection method

We conducted semi-structured interviews using an interview guide. The main contents of the interviews were as follows: "How did your perceptions of the patient and your own feelings change?" and "What nursing practices (actions) did you think about according to the progress of the patient?" One 30–60 minute interview was conducted with each nurse.

4.4 Analysis method

In this study, the analysis was conducted with reference to the modified grounded theory approach (M-GTA).[8] The analysis theme was the "relationship-building process with patients admitted to MTSA wards," and the focus of the analysis was "nurses who can build relationships with patients admitted to MTSA wards."

4.5 Ethical considerations

We explained the purpose of the research to the administrator of the hospital with which the research participants were affiliated and obtained approval for this study. We also gave a verbal explanation of the purpose of the study and a research explanation document to the study participants. The research explanation document clearly stated the study purpose and research method, respect for voluntary participation, assurance that participants would not be penalized for refusing or withdrawing consent for their involvement in the study, data management methods, and research results disclosure. Consent for participation was obtained with a signature. A copy of the written consent is available for review by the Editorial office/Chief Editor/Editorial Board members of this journal. This study was conducted with the approval of the Nara Medical University Ethics Committee (No. 2991).

5. RESULTS

5.1 Overview of research participants

Two nurses participated in the study; their average age was 49.5 years. The average number of years working in MTSA wards was 6.0 years, and the average number of years working in psychiatric wards was 13.5 years. The average interview time was 47.5 minutes.

5.2 Storyline and results chart

The researchers generated nine concepts and three categories. **Concepts** and *categories* are shown in **Alegreya Bold font** and *Alegreya italic font*, respectively. The results chart is displayed in Figure 1.

For primary patients, nurses utilized the **first step toward understanding the personality of the patient**, and in parallel with an **understanding of the patient's personality through the relationship**, the nurses sought to obtain **sympathy for the patient through conversation** and *an understanding of patients*. At the core of their actions was the **belief that negative impressions can be overcome to motivate oneself** despite the negative impression stemming from being subject to the MTSA. Nurses also attempted to understand patients while taking the stance of **sincerely facing the patient and utilizing a base when the relationship with the patient is not improving** as *beliefs held by the nurses*. In the process of understanding and promoting *involvement with patients*, the nurses conducted **consistent engagement with the patient while feeling that the patient's psychological and physical aspects were improving**, which conflicted with **understanding the wavering of the patient's mental state and involvement according to that mental state** and **involvement that allows the patient to take proactive actions**. Repetitions of this process promoted relationship-building with patients subject to MTSA.

5.3 Process categories and concepts

Next, we present categories, concepts, and specific examples. "Definitions" of **concepts** appear "in quotation marks, in Tahoma font". *Narratives* of the research participants appear in *Calibri italic font*.

5.3.1 understanding of patients in general

This category consists of the following three concepts:

- **first step toward understanding the personality of the patient,**
- **understanding the patient's personality through the relationship**
- **sympathy for the patient through conversation.**

The **first step toward understanding the personality of the patient** is "collecting information before the patient is hospitalized and trying to understand the patient along with the impressions received when meeting the patient at the time of hospitalization".

> *I couldn't help but think about the fact that the patient had committed a serious crime. I heard information from various staff about the various incidents that had happened so far. I had a very scary impression of the patient when looking at the appraisal. (Nurse 2)*

Understanding of the patient's personality through the relationship is "promoting the understanding of the patient's personality and characteristics through their remarks and actions".

> *I thought that the patient maybe was not very good at using self-monitoring sheets and engaging in self-reflection. So, I thought it might be easier for him by relating to him with "let's do this", or "let's do something." (Nurse 1)*

Sympathy for the patient through conversation is "thinking about the kind of personality that the patient has and the kind of life they have lived to that point through conversation".

> *As we talked, I realized that there was a reason for how the person was [behaving] and how some of it was due to illness. I have come to understand that the patient might have suffered in a personal way without being understood by others, and I have come to see the patient as a human being. At first, I was just scared. It may be a very rude way of saying it, but I had a preconceived notion that the patient was a criminal. (Nurse 2)*

5.3.2 *Beliefs held by the nurses*

This category consists of the following three concepts:

- **Sincerely facing the patient**
- **Utilizing a base when the relationship with the patient is not improving**
- **Belief that negative impressions can be overcome to motivate oneself**

Sincerely facing the patient is "sincerely facing the demands made by the patient".

> *I tried to act immediately in response to what the patient said. I would respond to his requests, face them sincerely, and explain things like "I will put [the request] on the agenda of the meeting" . I think it was good that I didn't think what the patient said was troublesome or ignore him. (Nurse 2)*

Utilizing a base when the relationship with the patient is not improving is "taking the attitude of listening as a basis of nursing and using the Multidisciplinary Team (MDT) as a base for being involved when the relationship with the patient is not good or things are not going as expected".

> *When I went to tell the patient about something difficult for the patient to understand, I always got involved with other staff members in the MDT. (Nurse 1)*

Belief that negative impressions can be overcome to motivate oneself is "being involved with the patient despite having a negative impression".

> *There was fear [toward the patient], so I was scared. I was not sure what kind of reaction there would be when there was a complaint. However, I am a nurse, so I felt a sense of mission [of being involved with the patient]. (Nurse 2)*

5.3.3 *Involvement with patients*

This category consisted of the three following concepts:

- **Understanding the wavering of the patient's mental state and involvement according to that mental state**
- **Consistent engagement with the patient while feeling that the patient's psychological and physical aspects are improving**
- **Involvement that allows the patient to take proactive actions**

Understanding the wavering of the patient's mental state and involvement according to that mental state is "observing the wavering state of the patient's mental state from their actions and remarks, recapturing the patient's characteristics, and getting involved".

> *The reason that the patient brought out the fire was because the other patients told him to take it out, but there were other symptoms. When the patient regressed to the acute phase stage, I said, "you are in a state where you can go up to the next recovery state as soon as you do this and that in your program. You just went back to the acute phase to calm down. " I was involved with the patient. As a result, his mental state was disturbed, but not for very long. (Nurse 1)*

Consistent engagement with the patient while feeling that the patient's psychological and physical aspects are improving is "knowing that the patient has changed for the better during the course of the illness while still interacting with them as usual".

> *At first, there were words like, "radio waves are emitted from some research institute somewhere in Germany, and that's already the world standard." I thought their mental state was not good at all. In any case, I devoted myself to listening even when the mental state became worse or better. I hardly spoke. (Nurse 2)*

INVOLVEMENT THAT ALLOWS THE PATIENT TO TAKE PROACTIVE ACTIONS is "telling the patient what they are currently able to do and getting involved so that they can consult others and take action on their own".

> *I would communicate to them, "I think that you can currently do this," and they would respond, "I also think I can do it." Then, we would start working toward it [a goal]. Setting aside whether these words always work (or not), by saying, "I think that you can do this," the patient can accept those words and start to act accordingly. (Nurse 1)*

6. DISCUSSION

In the relationship-building process between patients and nurses, nurses sought ***AN UNDERSTANDING OF PATIENTS*** from the ***BELIEFS HELD BY THE NURSES*** and their sincere attitudes, despite having negative feelings toward patients admitted to MTSA wards. Additionally, nurses understood the humanity of patients through ***INVOLVEMENT WITH PATIENTS***, which was care that sought ***AN UNDERSTANDING OF PATIENTS IN GENERAL***. Nurses were able to deepen ***AN UNDERSTANDING OF PATIENTS*** by repeating this process, thus promoting relationship-building with patients. Though running into various problems, by repeatedly engaging in ***INVOLVEMENT WITH PATIENTS*** and reflecting on the ***BELIEFS HELD BY THE NURSES*** at their core, the mutual influence of these beliefs and ***INVOLVEMENT WITH PATIENTS*** resulted, leading to relationship-building between patients and nurses. In other words, it is thought that reflecting on ***BELIEFS HELD BY THE NURSES*** and ***AN UNDERSTANDING OF PATIENTS*** were the processes that built relationships between patients and nurses.

It has been stated that, in their involvement with forensic psychiatric patients, nurses begin by understanding the patient.[9] However, in this study, it was suggested that nurses' repeated ***INVOLVEMENT WITH PATIENTS*** and the interaction of their ***UNDERSTANDING OF PATIENTS IN GENERAL*** with their involvement with the (specific) patient resulted in a deepening of their ***UNDERSTANDING OF PATIENTS IN GENERAL***.

Specifically, in ***INVOLVEMENT WITH PATIENTS***, the nurses had an **UNDERSTANDING OF THE WAVERING OF THE PATIENT'S MENTAL STATE AND INVOLVEMENT ACCORDING TO THAT MENTAL STATE** as they conducted conflicting but **CONSISTENT ENGAGEMENT WITH THE PATIENT WHILE FEELING THAT THE PATIENT'S PSYCHOLOGICAL AND PHYSICAL ASPECTS WERE IMPROVING**. The nurses responded appropriately to patients' conditions when their mental symptoms worsened but maintained consistent relationships when the patients were improving. The nurses reported subsequently engaging in **INVOLVEMENT THAT ALLOWED THE PATIENT TO TAKE PROACTIVE ACTIONS**. It has been reported that nurse involvement was reassuring for patients admitted to MTSA wards as a form of support to promote self-determination.[10] Self-determination involves the patient acting proactively. Therefore, it is thought that a nurse's change in involvement according to the patient's mental state was a relief for the patient.

Regarding forensic psychiatric patients, nurses reportedly have a fear of patients[4] that increases when they know details of the crime committed.[11] However, in the present study, it became clear that the nurses had a **BELIEF THAT NEGATIVE IMPRESSIONS CAN BE OVERCOME TO MOTIVATE ONESELF**, and they interacted with patients despite having fears. These ***BELIEFS HELD BY THE NURSES*** had the following tenets at their core: **SINCERELY FACING THE PATIENT** and **UTILIZING A BASE WHEN THE RELATIONSHIP WITH THE PATIENT IS NOT IMPROVING**. In such cases, the MDT was the aforementioned base used by nurses. It has been reported that the MDT can be consulted for difficult events and the distribution of burdens.[12] Nurses' utilization of the MDT as a base might have been a means of coping as a form of the ***BELIEFS HELD BY THE NURSES***.

Forensic psychiatry reports indicate that patients and nurses find it difficult to form relationships.[2] Furthermore, forensic psychiatric patients are subject to the stigma of having a mental illness as well as a criminal history.[13] Reports suggest that supporters have difficulties working with forensic psychiatric patients because support for this double stigma involves respecting the patient's autonomy while limiting autonomy under mandatory judicial treatment. [12] In other words, the MTSA requires respect for the patient's autonomy, but autonomy is blocked at the judicial level, resulting in a contradiction. Therefore, it is hard for patients and nurses to cooperate with each other during MTSA-based treatment. Therefore, the identification of the relationship-building process between patients and nurses through this study may help nurses to develop relationships with forensic psychiatry patients.

It has been reported that when a relationship is established between nurses and forensic psychiatry patients, the therapeutic approach to crime provides greater insight into the crimes committed by them[5] and reduces recidivism.[2] Therefore, the relationship-building process of this study may contribute to preventing recidivism and promoting reintegration of forensic psychiatry patients.

7. RESEARCH LIMITATIONS AND FUTURE ISSUES

Only two participants were part of this preliminary study, so there are limits to generalizing the results of the relationship-building process. Based on these results, we will need to revise the interview content, analyze the data until we reach theoretical saturation, and clarify the relationship-building process between patients admitted to MTSA wards and nurses.

8. CONCLUSION

In this study, we were able to clarify the relationship-building process for patients admitted to MTSA wards and nurses. Nurses engaged in *AN UNDERSTANDING OF PATIENTS* while taking the stance of **SINCERELY FACING THE PATIENT** and **UTILIZING A BASE WHEN THE RELATIONSHIP WITH THE PATIENT IS NOT IMPROVING** held, at their core, the **BELIEF THAT NEGATIVE IMPRESSIONS CAN BE OVERCOME TO MOTIVATE ONESELF**. Meanwhile, *BELIEFS HELD BY THE NURSES* and *INVOLVEMENT WITH PATIENTS* influenced each other. It is thought that as nurses repeatedly engaged in *AN UNDERSTANDING OF PATIENTS* and *INVOLVEMENT WITH PATIENTS* that the process of building a relationship with patients progressed.

9. ACKNOWLEDGMENTS

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11. CONFLICTS OF INTEREST

The authors report no conflicts of interest. The authors alone are responsible for the content in and writing of the paper.

12. ETHICAL APPROVAL

This study was conducted with the approval of the Nara Medical University Ethics Committee (No. 2991).

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