International Journal of Japanese nursing care practice and study, **Vol.4,No.1/ 2015**
IJJNS. Print edition Published DVD, Original article, ISSN 2187-6142

Psychiatric nursing care for patients with physical complications in Japan: a literature review

Yuki MURASE, Jun SHIMIZU, Satoshi YAMASHITA.

Kyoto Koka Women's University Department of Nursing, Kyoto, Japan
Email:y-murase@mail.koka.ac.jp: Yuki Murase

Received Feb.25th, 2015;revised Mar,23th,2015; accepted May,23th 2015

ABSTRACT

This study aimed to survey nursing practices related to patients with physical complications, who are increasing in conjunction with the aging of psychiatric inpatients, through a literature review in order to understand the current state of and gain new suggestions for nursing practice.

We searched the document database Ichu-shi Web (Ver. 4) for articles published from 2007 to 2013 using the keywords "physical complications," "nursing," and "original article," and obtained 98 hits. The search excluded research reports, documents, and reviews, and focused on case studies. From the 106 hits, we selected and subjected to analysis 19 articles addressing "support and relationships" with patients with physical complications who were hospitalized in psychiatric hospitals. After organizing support methods for and relationships with these patients from the contents, we extracted five categories.

Our analysis revealed that in order to deal with mental disorders and diversifying physical complications, nursing methods were developed primarily based on teachings from case studies.

With respect to relationships with patients suffering from both mental disorders and various physical disorders, individualized relationships were realized through the following nursing methods: [support for diversifying physical disorders], [respect for self-determination in therapy for physical disorders based on patient characteristics], [multi-faceted assistive support that respects patient wishes and intentions], [strengthening of family function and related considerations], and [multidisciplinary collaboration and consultation]. Moreover, there was an increasing trend of studies suggesting the need for education aimed at improving nursing skills in somatotherapy and improving the ability to sense conditions that differ from normal through careful observation of not only mental symptoms, but also physical symptoms.

Keywords: *nursing care, patients with physical complications, literature review*

Introduction

A patient survey conducted in 2011 by the Ministry of Health, Labour and Welfare revealed that of the estimated 224,000 patients admitted to psychiatric hospitals, those 65 years and older numbered 109,900, or approximately 49% of the total [1]. As these figures show, patients with psychiatric disorders tend to be older individuals, and in psychiatric clinics, physical complications in such patients have become a major issue.

To use schizophrenia as an example, positive symptoms such as hallucinations and delusions represent some primary disorders, while disabilities are among its secondary disorders. Many technical texts and previous studies in psychiatric nursing suggest that these disorders greatly impact the daily lives of patients. In addition to dealing with features of psychiatric disorders, advanced knowledge and techniques are required to address the associated physical complications. That is, deploying nursing care for psychiatric patients who have difficulty maintaining or improving self-control, while helping them to accept their physical disabilities, is currently fraught with difficulties.

Kiyono et al. (2012) reported that psychiatric nurses feel anxious and troubled when providing nursing care and treatment for physical complications that develop in patients with psychiatric disorders during their hospitalization [2]. This may be attributed to a number of factors, including the following: 1) patient factors, such as the deterioration of psychiatric symptoms due to physical complications and the associated difficulty

of verbal communication or refusal of physical treatment; 2) nurse factors, such as inadequate involvement in discovering patient complaints and addressing the paucity of complaints from the patients themselves, who have become dull to pain from the effects of chronic progression of the psychiatric disorder or long-term administration of antipsychotic drugs (Okawa et al., 2004; Mino et al. 2012); 3) factors related to institutions and systems, such as limited testing and equipment for performing physical treatment at psychiatric hospitals, problems of treatment facilities and systems including the lack of facilities for admission, and the inadequacy of the medical payment system for patients with psychiatric disorders [3-4]. Thus, psychiatric nurses are wrought with anxiety and confusion as they face the daily challenge of caring for patients with psychiatric disorders and physical complications.

Many previous studies of patients with psychiatric disorders and physical complications are case studies. As such, we inferred that a certain level of knowledge had been acquired as a psychiatric nursing study.

The present study examined the literature on care for patients with psychiatric disorders and physical complications in the 6-year period between 2007 and 2013. We conducted a search for articles using the key words *physical complication*, *nursing care*, and *original article*. We decided to use this opportunity to consider the literature, assess the current state of the field, and gain new insight.

Research objectives

This study aimed to examine the literature on psychiatric nurses and their assistance and involvement with treating physical complications in order to assess the current state and gain some new insight on this matter.

Definition of terms

In this study, physical complications and involvement were defined as follows:

Physical complication: A condition in which an underlying psychiatric disorder is accompanied by a physical disorder.

Involvement: A patient-nurse relationship established through nursing care assistance.

Research methods

Targeted studies

We conducted a literature search on the medical publication database Ichushi Web (Ver. 4) for publications from 2007-2013, which contained the key words physical complication, nursing care, and original article. The search yielded 106 publications, including 34 studies on assistance and involvement with patients with physical complications, 22 studies on awareness surveys in nurses toward patients with physical complications, 29 studies on education and management of nursing care, 3 patient awareness surveys, and 1 literature review.

Classification criteria

1) Articles that were case studies were extracted and selected, and thus research reports, documents, and literature reviews were all excluded. From the selected case studies, those which addressed assistance and involvement with patients admitted to a psychiatric hospital who had physical complications were prioritized. As a result, 19 articles were selected for analysis.

2) The 19 articles targeted for analysis were read carefully by the investigators, who then organized the nursing assistance methods addressed by the articles (Table 1).

3) We then categorized the organized nursing assistance methods (Table 2) and extracted the details therein.

Ethical considerations

Data from the articles subject to analysis were not distorted in any way, and the results were not used for anything other than the present research study objectives.

Results

Following analysis of data from the 19 articles selected for the present study, we created an overview of the details of assistance and involvement with patients who have physical complications (Table 1). In doing so, we extracted the following five categories: assistance with diversifying physical disorder, respect for self-determination in treating physical disorders in light of patient characteristics, multifaceted supportive assistance that respects hopes and intentions, strengthening family function and related considerations, and cooperation and consultation with multiple professionals.

Discussion

Support for diversifying physical disorders

With regard to the difficulty of identifying physical disorders in patients with psychiatric disorders, Okawa et al. (2004) suggests that the problem is with patients themselves, as they have trouble sensing abnormalities and conveying them to others [3]. Thus, patients with psychiatric disorders may have physical problems, but often become dulled to the pain or cannot communicate about their pain due to their psychiatric disorder or the effects of long-term use of antipsychotic drugs. For this

reason, psychiatric nurses were reportedly conducting early identification of abnormalities and physical management through meticulous observation of each individual patient upon becoming fully aware of the paucity of his or her complaints. In recent years, in-house training and other programs to care for patients with physical complications have been on the rise, in conjunction with the increased need for psychiatric nurses to envision all manner of circumstances. They also need to conduct observations, attend closely to the patient's voice in order to assess their conditions, and make judgments about whether to prioritize care for psychiatric symptoms or for physical symptoms. This suggests that, while observation by nurses is fundamental to nursing care, it may be crucial for them to develop an intuitive sense of discomfort or uneasiness, so to speak, which would enable them to feel that "something is different." This may be achieved by paying attention not only to psychiatric symptoms but also to physical conditions and disorders. These findings highlight the importance of assistance with diversifying physical disorders, which will likely increase further in the future.

Respect for self-determination in therapy for physical disorders based on patient characteristics

In addition to their physical complications, these patients had underlying conditions such as schizophrenia, depression, dementia, and acute psychiatric diseases. It is extremely difficult to obtain cooperation or consent to treat physical disorders from patients who are inept at expressing their own feelings. It is quite common for a patient to disagree with a caregiver on the need to treat a physical disorder even with repeated explanations, and to refuse vigorously the proposed treatment or tests. Yamashita et al. (2010) noted that when a patient with physical complications has expressed refusal of treatment, nurses often struggle in deciding whether to respect the will of the patient and stop the treatment intervention or to believe in the necessity of treatment and coerce the patient into non-voluntary treatment [5]. The authors of many of the articles analyzed by the present study were in search of ways to improve their patient condition while observing them and exchanging information with other medical professionals. Accordingly, they had repeatedly explained in simple language the necessity to treat and care for the psychiatric symptoms, and maintained a stance of waiting patiently until the patients revealed how they felt. Respecting the intent of a patient as an individual is a self-evident matter; however, an expression from a patient (such as one with a psychiatric disorder) who has difficulty with emotional self-expression, no matter how small, is a cry from the patient's own heart. The nurses considered it highly important to accept such patient expressions as their earnest cries, and to continue to support their chosen way of life. Respect for self-determination in treating physical disorders in light of patient characteristics was thus considered a stance of facing patients with psychiatric disorders with various physical disorders as an individual person harboring a disease, rather than that which fulfills the patient-nurse relationship.

Wishes and intentions

According to the 2011 survey by the Ministry of Health, Labour and Welfare, the average number of days a patient spent in a psychiatric hospital was 389.8 days [1]. However, for patients 65 years and older with a psychiatric disorder, this number was 660.7 days, or 69% higher. Patients with psychiatric disorders spend a significant amount of time at the hospital. Our analysis revealed that nurses were creating the ward environment—the setting for both treatment and daily life—by incorporating the hopes and interests of the patient, promoting entertainment and recreational activities. While they restricted the patient physically, they also implemented techniques to relieve the stress caused by this restriction. Many patients with physical complications harbor strong feelings of anxiety or loneliness about undergoing physical treatment while dealing with a psychiatric disorder. Although these feelings are not easily eliminated, it may be possible to relieve them if nurses are present for the patient and share time with them. Thus, multifaceted supportive assistance that respects hopes and intentions may be referred to as assistance that respects the patient's own feelings with a focus on the "individual".

Strengthening of family function and related considerations

In many cases, the collapse or deterioration of family function, for reasons such as lack of family or estrangement, represent underlying factors for the long-term hospitalization of a patient admitted to a psychiatric hospital. Reasons for such decline vary. In some cases, a family has held a bias or prejudice against the mentally disabled and has allowed this to become a barrier, resulting in the estrangement from the patient out of concern for their public image. In other cases, patients have estranged themselves from their families, not wanting to cause them trouble. Involvement that either mediates or strengthens the patient-family relationship while considering the desires of both the patient and family will likely be valuable. Depending on the circumstances, we would also surmise that it may become important for psychiatric nurses to assume the role of advocate to represent the patient.

Table1. Overview of Nursing practices for patients with physical complications

Category	nursing practice/ References NO.
Support for diversifying physical disorders	・Early abnormality detection and physical health management [8][19] ・Frequent visits to room [7][15] ・Use of tools appropriate to conditions [5] ・Creative adjustments to the environment [22] ・Alleviation of cancer-induced pain [9][15][17] [21] ・Aroma massage of lower limbs [13] ・Adjusting oral medications [9][23] ・Instruction on self-management of oral drug administration [23] ・Disease education [21] ・Oral care and swallowing rehabilitation [16] [20] ・Observe signs of pneumonia while safely performing oral intake [16] ・Provide a sense of security through integrated nursing care [12] ・Incorporate care of physical diseases into the nursing care method used to address delusions [8] ・Alleviate stress associated with bodily care [8]
Respect for self-determination in therapy for physical disorders based on patient characteristics	・Explained the need for treatment so that the patient would understand [17] ・Confirm the patient's intent regarding treatment [8][16] ・Provide specific details on the need for physical care when administering it [10] ・Respect patient's self-determination [14][15] ・Enactment of meetings with patient included [21]
Multi-faceted assistive support that respects patient wishes and intentions	・Careful listening to patient complaints [9][19] ・Understand the reasons for the patient's anxiety and the suffering it entails [7][12] ・Express words of appreciation [22] ・Physical contact [15] ・Taking care to relieve the repressive sensation of being limited (activities that incorporate the patient's preferences to cheer them up) [9][18][19][21] ・Opening the closed ward for a specified time [19] ・Creation of a new activity for recreation [7][9][10][14][20] ・Interacted with the patient to encourage them to think proactively about themselves [11][14]
Strengthening of family function and related considerations	・Request for the family's cooperation [7] ・Coordination with the family [15][17][21] ・Listen closely to the feelings of the patient's family while appreciating the painstaking care they have provided for the patient [14] ・Strengthening of patient's support system by assisting family [10]
Multidisciplinary collaboration and consultation	・Regional medical coordination [17][22] ・Coordinate with other professionals [8][16][20][23] ・exchange of information with coordinating hospitals through a communication notebook [18]

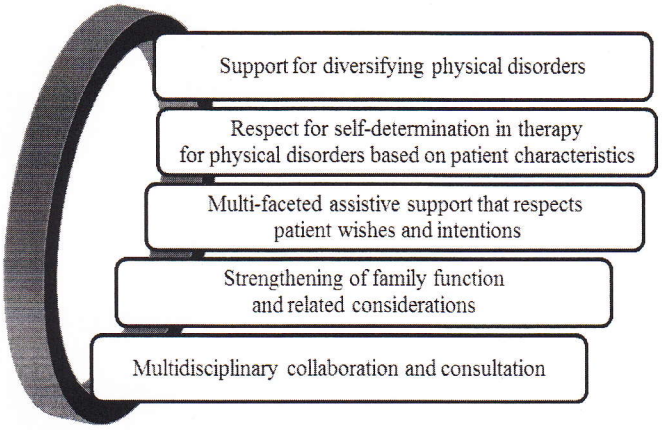

Figure1.Category association chart

This study includes additions and revisions to a paper presented at the 35th International Association for Human Caring Conference.

Multidisciplinary collaboration and consultation

With an increasingly high number of elderly patients admitted to psychiatric hospitals in recent years, the admission of some patients to general practice hospitals to treat physical disorders has become difficult. This is because they develop many problematic behaviors due to the emergence of violence, agitation, delirium, or impulsive behaviors in association with their deteriorating physical symptoms. More and more patients are also undergoing physical treatment in the psychiatric ward, either when admission is difficult or at the patient's own request. Ohtsu (2011) noted that nurses at general practice hospitals experience difficulties in observing, assessing, and dealing with the psychiatric symptoms of patients with psychiatric disorders, and that in the future they will need to refine their observational and handling skills, given the characteristics of such patients[6]. Among the articles targeted for analysis, some authors communicated closely and shared information with cooperating hospitals. In addition, within hospitals, professionals of various occupations including physicians, nurses, rehabilitation staff, and nutritionists understood the patient's condition, and attended to their treatment and reconfirmed their understanding of the treatment direction through conferences with the patient. Cooperation and consultation with multiple professionals was considered an effective way to obtain multifaceted opinions and provide integrated care for patients.

Given our findings described above, we conclude that cultivating integrated nursing practices that span a wide range of methods, including nursing management as well as patient and family education, will be crucial for psychiatric nursing care targeting patients with physical complications. To date, psychiatric nursing research that allows for the melding of these methods for use with psychiatric patients, who are often characterized by strong individuality, has not been conducted. This highlights the likelihood that most research in this field has been conducted at the level of case studies.

Conclusions

Our findings from the literature search on nursing assistance methods related to *nursing care for patients with physical complications* in Japan are described below.

1. Despite individual differences in the way they assisted and were involved with patients that had both psychiatric and physical disorders, psychiatric nurses were involved as medical professionals by practicing the following: *assistance with diversifying physical disorders*, *respect for self-determination in treating physical disorders in light of patient characteristics*, *multifaceted supportive assistance that respects hopes and intentions*, *strengthening family function and related considerations*, and *cooperation and consultation with multiple professionals*. As an individual, they also interacted with patients in unique ways.
2. Education programs to develop sensitivity for noticing abnormal conditions through careful monitoring for both psychiatric and physical symptoms, and those to improve nursing care skills for physical treatments, show an increasing trend.

References

[1] Ministry of Health, Labour and Welfare patient survey, http://www.mhlw.go.jp/toukei/list/10-20.html.

[2] Kiyono,Y.,(2012) Current status and challenges of nursing patients with physical complications at psychiatric hospitals (NO.2)—factors involved in difficulties felt by nurses and measures toward seamless nursing care—Journal of Japanese Nursing Society (psychiatric nursing),42, 222-225. (in Japanese)

[3] Okawa,T.,Nakayama,Y.,(2004) State of physical complications in hospitalized mentally disabled persons and analyses of difficulties in providing care. Journal of Japan Academy of Psychiatric and Mental Health Nursing, 13,63-71. (in Japanese)

[4] Mino,Y., Miyamoto,M.,(2012) Treatment of patients with a psychiatric disorder and cancer as a complication—factors that prevent care—The Japanese Psychiatric Nursing Society, 55(1), 140-141. (in

Japanese)

[5] Yamashita,Y., Osuga,M.,(2010) Nursing care for mentally disabled elderly individuals who refuse therapeutic intervention. The Japanese Psychiatric Nursing Society, 53(3), 272-276. (in Japanese)

[6] Otsu,S.,(2011) Factors that make it difficult for general hospital nurses to deal with patients with both physical and psychiatric complications—a review of the literature in the past six years—. The Japanese Psychiatric Nursing Society, 54(3), 221-225. (in Japanese)

[7] Dan,A.,Taira,Y.,Noda,H.,(2008)Care of terminal stage schizophrenia patients. the Japanese Psychiatric Nursing Association, 51(3),38-41. (in Japanese)

[8] Nakamura,Y.,(2008)Methods of nursing care for patients with a psychiatric disorder and physical complications−A case report via a care participation-type support. Journal of Japan Academy of Psychiatric and Mental Health Nursing, 17(1),93-102. (in Japanese)

[9] Kato,T.,(2009)What I learned through end-stage nursing at a psychiatric ward and involvement with the family−Recuperation and family support that respects the uniqueness of the person. the Japanese Psychiatric Nursing Association, 52(1),94-95. (in Japanese)

[10]Araki,M.,Miyashita,S.,Masumori,K.,et al.,(2009) Through caring for a cancer patient given half a year to live and the family−Thoughts on terminal cancer in the mentally disabled. the Japanese Psychiatric Nursing Association, 52(2),258-262. (in Japanese)

[11] Iwanaga,K.,Kumamoto,S.,(2009)Physical care for long-term patients at a psychiatric ward—Through involvement with a patient who indicated interest in metabolic syndrome—. the Japanese Psychiatric Nursing Association, 52(1),342-343. (in Japanese)

[12]Andou,M.,Ikemoto,M.,Matsumura,M.,(2009) Approach toward a patient with depression who developed physical complications and the family—Attempts to improve the anxieties of the patient with an indwelling endotracheal tube and the family—. the Japanese Psychiatric Nursing Association,52(1),252-253. (in Japanese)

[13]Araki,N.,Matsuno,J.,Sumino,H., et al., (2009) Nursing care that brings a sense of calmness for the elderly with dementia−Through communication mediated by aromatherapy—. the Japanese Psychiatric Nursing Association, 52(2),484-488. (in Japanese)

[14]Tamura,H.,Toumon,K.,Chinen,I.,et al.,(2010), Case studies of palliative and bedside care for patients with dementia. Journal of Okinawa Society of Nursing Research. 26,67-71. (in Japanese)

[15]Nobori,K.,Takahara,T.,Nakamura,N.,et al.,(2010) Terminal stage care in the psychiatric ward. the Japanese Psychiatric Nursing Association, 53(3), 140-143. (in Japanese)

[16] Hiroshima,N.,Nishi,C.,(2010)Informed consent by a dementia patient—Case in which a team supported the treatment selection to allow the person to live in their unique way—. the Japanese Psychiatric Nursing Association, 53(3),66-70. (in Japanese)

[17] Kanaya,R.,(2010)Implementation of terminal care for an aggressive patient with complications after organic solvent poisoning and for whom continued treatment was difficult—A case in which cooperation of the family and general practice hospital allowed the patient to die in a closed-off psychiatric ward—. Proceedings of the Japan Society of Nursing (psychiatric nursing),40,119-121. (in Japanese)

[18]Oota,A.,Matsuo,H.,Sakahara,M.,et al.,(2010) Investigation on treatment directions of subjects in a medical care observation ward—Through a case in which the patient was hospitalized for physical complications at an affiliated hospital—. the Japanese Psychiatric Nursing Association, 53(2),155-159. (in Japanese)

[19] Katou,K.,(2010)Nursing care of a patient with an intractable psychiatric disorder and physical complications—A case of schizophrenia in which the loud squeals raised by the patient made it difficult to leave an isolation chamber—. Kawasaki Municipal Kawasaki hospital case study Acquisition, 12,94-96. (in Japanese)

[20]Tokunaga,K.,Kawachi,N.,Kawashima,T.,et al., (2011) Nursing care involving continued mutual pursuit of interest in food. The Journal of the Fukuyama Medical Association,18,41-45. (in Japanese)

[21]Kakinuma,S.,Miyayoshi,A.,Nakama,Y.,(2012) Facilitated discharge of a case for which hospitalization became socially inevitable—An approach including end-stage care—. The Japanese Psychiatric Nursing Society,55(1),556-557. (in Japanese)

[22]Yonamine,F.,Ishimine,H.,Morita,Y.,(2013) Life-bridging liaison care—Through caring for a dialysis patient—. The Japanese Psychiatric Nursing Society, 56(1),274-275. (in Japanese)

[23]Aoike,S.,Isono,K.,Saitou,M.,et al.,(2013) Initiatives for discharge to the home for patients with physical complications—And now···with the wishes of the family close at heart—. The Japanese Psychiatric Nursing Society, 56(1),226-227. (in Japanese)