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Commentary

What do acute psychiatric in-patient staff think about the Psychiatric Intensive Care Unit?

Steve Brown, Martin Langrish

Hampshire Partnership NHS Trust, Department of Psychiatry, Royal South Hants Hospital, Southampton, UK

Abstract

Aims: To find out what other acute ward in-patient staff think about the role and activity of the Psychiatric Intensive Care Unit (PICU).

Method: A semi-structured questionnaire administered to a selected group of in-patient staff.

Results: Respondents were generally pleased with the PICU. Their views about its role were similar to those of the Department of Health. Many staff were significantly anxious about the possibility of having to work or attend an incident on the PICU.

Conclusions: Acute ward staff have realistic views on the role of a PICU. Many staff view the PICU as different to the rest of the in-patient unit and want to have as little to do with it as possible. This could cause serious problems for the safe running of the PICU and needs to be addressed both by the hospital managers and the PICU staff.

Keywords:

psychiatric intensive care unit (PICU); staff attitudes; mental health nurse

BACKGROUND

The Psychiatric Intensive Care Unit (PICU) is a specialised in-patient ward which provides secure treatment for patients whose challenging behaviour, in the context of acute mental illness, makes them too risky to treat in the ordinary acute hospital wards (Beer et al., 2001). These wards are now viewed as an important part of a comprehensive in-patient service (Royal College of Psychiatrists, 1998). The basic model is prescribed by the Department of Health (2002), but individual PICUs vary in the details of their design and clinical practice. Different PICUs report similar operational problems. These include staff burn out (Musisi et al., 1989), confusion about the exact role of the unit, lack of internal control over admission and discharges and problems in recruitment and retention (Beer et al., 1997). It is also suggested that the presence of a PICU may lead to a loss of confidence among acute ward nurses in their ability to manage challenging behaviour (Goldney et al., 1985; Brown & Wellman, 1998; Crowhurst & Bowers, 2002).

Anecdotal evidence suggests that acute ward staff hold ambivalent views about PICUs (Brown & Wellman, 1998). They value their role in managing seriously disturbed behaviour and reducing the pressure on the acute wards (Brown & Wellman, 1998), but may view PICUs as punishment wards and staff as authoritarian (Brown & Wellman, 1998). Disagreement about which patients should be admitted to the PICU can also lead to tension (Bowers et al., 2003). These sorts of issues have the potential to damage relations

Correspondence to: Steve Brown, Canon House, 6 Canon Street, Shirley, Southampton, SO15 5PQ, UK. Tel: 02380 878051; E-mail: steve.brown@hantspt-sw.nhs.uk

between wards and isolate the PICU and its patients (Zigmond, 1995).

The Southampton PICU is a nine-bedded unit with designated consultant, situated within the local acute psychiatric hospital. It was opened in 1998 with a mandate to treat patients who were too unwell to be treated safely in the acute hospital wards and to allow repatriation of a group of disturbed patients then being treated in various private units. Two beds were reserved for income generating treatment of patients admitted as ECRs from elsewhere. Its clinical practice is described elsewhere (Brown & Bass, 2004). This study describes an attempt to explore how others see us, by obtaining the views of local acute ward staff about the PICU.

METHOD

An original semi-structured questionnaire was administered to 25 qualified nurses (10 male and 15 female) and 13 health care support workers (6 male and 7 female) who worked on acute in-patient wards in the Department of Psychiatry in Southampton. Their mean age was 38 years (range: 18–55 years), 28 had worked in the hospital both before and after the development of the local PICU, 10 had worked there only since it had opened. The interviewees were chosen to obtain a spread of responses across different ages, genders and levels of experiences. All but 2 had visited the PICU, 7 had worked in a shift there.

The questionnaire was administered by ML (an acute ward manager). Seven structured questions asked respondents to select the response from five (very positive, positive, neutral, negative, very negative) which best represented their view about particular issues relating to the PICU. Numbers in the results refer to the responses of all 38 interviewees unless otherwise stated. Staff views about the PICUs role and activity were further explored in three open questions (see Appendix). We chose to present what we considered to be a representative selection of responses to the open questions.

RESULTS

General

The interviewees were very pleased at the development of a PICU. Most were also pleased with the actual unit, but the level of satisfaction was lower (Fig. 1). Staff were evenly split (19:19) about whether the availability of a PICU made them feel safer at work on the acute wards. Five (15%) felt de-skilled by the PICU, but the rest did not.

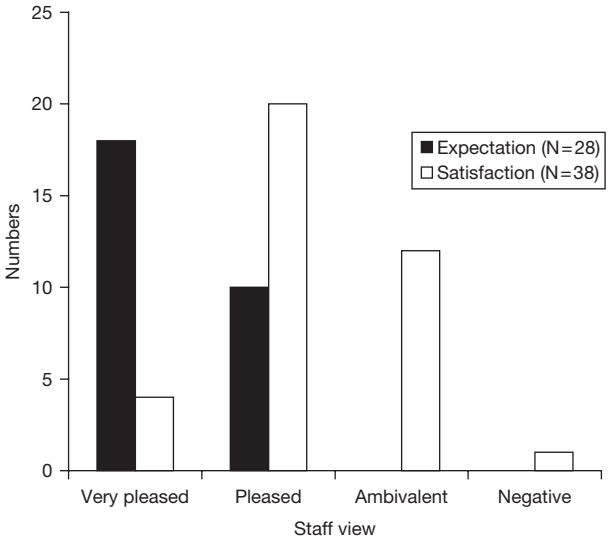

Figure 1. *Staff expectations of the usefulness of a PICU compared to their satisfaction with the operational unit*

Views about working on the PICU

Staff go to work each shift expecting to work on their home ward, but aware that they may be asked to work the shift on another ward if needed to cover staff shortages. Selected staff members may also be called to an emergency on a ward other than their home ward. Many interviewees were worried about the possibility of having to work a shift or go to an emergency on the PICU. 10 (26%) said they would refuse to work on the PICU if asked, 21 (55%) said they would go reluctantly and only 7 (18%) said they would happily work a shift there.

20 (71%) of those staff who might be called to assist at an emergency were anxious about the possibility of having to go to the PICU while only 11 (39%) expressed anxiety about assisting at an emergency elsewhere in the hospital. 7 of the 20 who expressed concern reported that they were 'very worried' by the potential prospect of being called to the PICU. The interviewees were also less likely to accept overtime work on the PICU (23%) than on one of the acute wards (75%). Views about

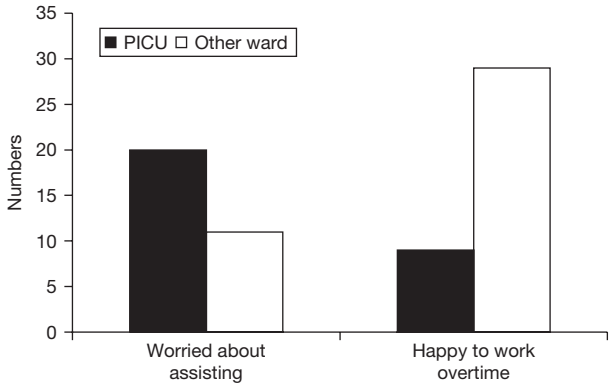

Figure 2. *Staff worries about assisting (N=28) and readiness to work (N=38) on PICU compared to other acute wards*

working on PICU and other acute wards are shown in Figure 2.

Spontaneous comments about the PICU

The role of a PICU was thought to be 'to treat unmanageable, highly disturbed patients – exhibiting challenging behaviour', 'for acutely ill patients, those needing closer observation as a danger to themselves or others', 'to take the pressure off the acute wards', 'to provide a higher staff/patient ratio' and 'for short-term care only'. Most of the specific comments about the PICU related to the detailed activity of the ward and were only of local interest. General features viewed as good included 'prompt assessment and acceptance of patients', 'knowing it is there', and 'alleviates pressure on acute wards'. Areas that could be improved included 'PICU should be properly funded and not need to take ECR patients', 'should have a philosophy more like the acute wards' and 'some patients not there long enough'. The PICU regime tended to be viewed as too liberal rather than too authoritarian.

DISCUSSION

Bias

It is always difficult to know whether these sorts of findings generalise to other situations. We suspect that other PICUs have different local issues, but that the general points raised will be relevant. The interviewees were chosen to obtain views of staff with a range of grades and experience, but we missed those who were sick or otherwise absent for work at the time of the study. The responses to the open questions were selected by the authors and we accept that this process may have been biased. The structured questions were less susceptible to researcher bias, but we acknowledge the use of an unvalidated questionnaire and the fact that an individual's response to a hypothetical question may differ from their actual behaviour. Interviewees may have felt either that they should be uncontroversial or that this was an opportunity to make a point to the local managers. While we cannot be sure that the study represents the views of all acute ward staff, we do not have any reason to suspect systematic bias.

CONCLUSIONS

The broadly enthusiastic responses to the general questions about the PICU are generally consistent with the literature (Musisi et al., 1989; Brown & Wellman, 1998). We are not surprised that staff were less enthusiastic about the actual ward than about the initial concept as some are likely to have had unrealistic expectations about what a PICU could achieve. We also suspect that the use of the PICU to repatriate disturbed patients from private units reduced its ability to respond to difficult situations elsewhere in the acute unit. The responses to the open questions about the PICU and its role were generally in line with those of the Department of Health (2002). It is encouraging that the PICU was not considered too authoritarian (Zigmond, 1995). The perception of it as too liberal may reflect individual prejudice, but could also explain some of the worries of the acute ward staff.

The study suggests that some acute ward staff view the PICU as unsafe and separate from the rest of the hospital unit, a view echoed in some (Musisi et al., 1989), but not all of the literature (Zigmond, 1995; Brown & Wellman, 1998). This perception may not be entirely accurate. There are more serious incidents in the PICU than in the other acute wards (Brown & Bass, 2004) but the ward design, higher staff numbers and specific training mean that the PICU may actually be a safer place to work (Musisi et al., 1989). We suspect that some of the staff fears may reflect the PICU's psychodynamic role in containing the collective anxieties of the unit rather than the reality of working there.

The reluctance of some acute ward staff to work on the PICU has significant implications for the efficiency and safety of the whole unit and needs to be addressed. Reluctance to do overtime or cover a shift may result in unsafe staffing levels, excessive use of agency staff and increased use of seclusion and other physical interventions (Dix & Betteridge, 2001). Any hesitation in attending an emergency call would put others at risk.

We suspect that it may be uncomfortable for staff to admit fears about their own clinical skills, hence we believe that even a small number of acknowledgements of feelings of de-skilling (Goldney et al., 1985; Brown & Wellman, 1998; Crowhurst & Bowers, 2002) is evidence that this is a real issue.

We doubt that the views expressed in this study are specific to Southampton and would be interested to hear how others have addressed them. Some worries might be reduced by greater familiarity with the PICU. This might be achieved by staff rotation (Zigmond, 1995; Brown & Wellman, 1998) or secondment, though neither suggestion would be popular with many acute ward staff. It would also be helpful if general activities such as staff support, reflective practice and educational groups were deliberately structured to include a mix of PICU and other acute ward staff. Individual PICUs need to acknowledge the anxieties of their colleagues, avoid the temptation to view themselves as elite (Goldney et al., 1985) and identify ways of improving integration into the local unit. We also believe that this issue is important enough to merit discussion within the National Association of Psychiatric Intensive Care Units (NAPICU).

APPENDIX

Questions asked in study:

- How did you feel about the development of a PICU?
- How do you feel now about the availability of a PICU?
- Do you feel that the PICU de-skills you as an acute ward nurse?
- Do you feel safer at work as a result of us having a PICU?
- Do you worry about being called to assist on other acute wards?
- Do you worry about being called to the PICU to assist?
- How would you respond if asked to help out in the PICU for a shift?
- What should a PICU be for?
- What's good about the PICU?
- What could be improved?

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