

# Quality in mental health care

## Inpatients' perspectives on quality of care and experienced coercion in Norwegian hospitals

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### SUMMARY

- This study investigates how inpatients in the specialist mental health services in Norway experience quality of care and perceived coercion.
- The data collection is ongoing and will continue until the end of 2021

### KEYWORDS

- Quality in mental health care
- Perceived Coercion
- Patients' experiences
- Quality in Psychiatric Care – In-Patient - QPC-IP
- Experienced Coercion Scale – ECS

### INTRODUCTION

- Quality of mental health care is a multidimensional term.
- Schröder et al., (2007) identified a need to clarify the concept of quality of care. In response to this, they developed a definition of quality of care from a phenomenographic interview study addressing inpatients. From this definition, they developed the instrument QPC (Schröder 2007,2010).
- Perceived coercion addresses the patient's experience of coercion. Negative emotional consequences seem to be a key feature of such coercion in mental health care. Several studies have reported that patients describe being exposed to more coercion than staff perceive. A high degree of experienced coercion is associated with poorer therapeutic alliance and poorer treatment outcome (Kallert et al., 2011)

### AIM

- The overall aim is to investigate how inpatients in the specialist mental health services in Norway report quality of care. In addition, the study explores possible differences in how patients report quality of care and perceived coercion in relation to whether admission is voluntary or compulsory.
- The study also compares how Norwegian and Swedish patients report quality of care
- The last aim of the study is to consider the psychometric properties of the Norwegian version of the instrument QPC-IP

### DESIGN AND METHODS

- The study has a cross-sectional descriptive quantitative design.
- Two standardised self-report instruments are used for data collection among in-patients in mental health care hospitals.
- The Quality in Psychiatric Care-In-Patient (QPC-IP) originated in Sweden and was developed from a patient-centered definition of quality of care. It aims to measure how patients experience quality (Schröder et al., (2010).
- The Experience of Coercion Scale (ECS) originated in Norway. It was developed from a broad and patient-centered approach with the aim of measuring and comparing experienced coercion across care settings and through different clinical pathways (Nyttingnes et al., (2017).

### REFERENCES

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