Psykiatrisen sairaalan "armahtava todellisuus"? Asiakaslähtöisyys psykiatrisen sairaalan kuntoutuspotilaan kokemana
("Compassionate Reality" of Mental Hospital? Client orientation from the standpoint of rehabilitation patient)

Tiivistelmä
The goal of this research is to describe functionality of the psychiatric rehabilitation program from the standpoint of a patient and create a client oriented work strategy. This research examines customer orientation in psychiatric rehabilitation process from the standpoint of patients’ experience. The main questions are how do patients experience customer orientation, how do they define customer orientation in their experiences and expectations and, finally, what kind of role customer orientation plays in practise of professionals.

This research analyzes the experiences of nine psychiatric rehabilitation patients. I interviewed four men and five women to ensure wider approach and diversity in the results. This research respects the scientific tradition of a phenomenological-hermeneutics research. Interviews were oriented according to phrasing of a question. Collected materials are analysed using method of content-based analysis.

First I dissect client orientation as a principle of service in theory. I bring out some of the changes in conception of humankind, of social welfare and public health care systems as well as new structures of unfortunate life. I also examine client orientation as a foundation of values, the changes of professionalism and customer orientation as an ethical obligation. Then I focus on customer orientation as a theoretical construct in pursuance of illustrating some definitions of customer orientation. After this I process implementation of rehabilitation in the psychiatric institutional care. This section covers the structural change of mental health services and rehabilitation of a patient with mental disturbance in the forum of rehabilitation.

As the result of the analysis I created four main categories. Main categories are psychiatric hospital in experience, experiencing participating, subjectivity vs. professionalism and experiencing interaction. The contentual classes of psychiatric rehabilitation are the definitions of customer, the goals of rehabilitation and the methods of the rehabilitation. According to the mental patients client oriented rehabilitation is a process including well-planned methods, individual orientation, co-operation and constant evaluation. Implementation of customer-oriented service is good nursing and a way to reach the goals set in cooperation. Customer orientation demands multiprofessional cooperation and patients who partake in decision-making. The requirements for customer-oriented service are fluent flow of information between professionals and a patient, empowering co-operation, relevant agency and making time for above-mentioned. The guideline for customer-oriented service can be described with words such as explicitness, integrity, trust, individuality, solidarity, affability, supportive, empathy and discretion.

The structure of rehabilitation process seemed to be unclear and without any terse structure. For the mean time the proportion of customers influence in rehabilitation plan was fringe. Customers’ role was to be an informant and passive recipient. Target-orientation of rehabilitation was mostly problem-based and strengthens the conception of mental disturbance as a static and chronic phenomenon. Also integration of institutional care and treatment of outpatients appeared to be unclear. But the same token, the patients’ slant on professionalism was pretty ambiguous. On the one hand patients were willing to have an influence in the rehabilitation plan, on the other hand they were willing to bow out of decision-making. Professionalism claimed patients’ attention and justification regardless.

The main obstacle for customer orientation, as experienced in the field of mental health care, was the dominating working culture based on the classical idea of professionalism. The obstacles to better customer orientation were related to the implementation of treatments, the attitudes of nurses and patients, setting and reaching the goals, insufficient interaction and some necessities of treatment. It was obvious that rehabilitation and the principles of customer orientation were always in contradiction in a setting where the possibility of coercive measures exists. While defining customer orientation, the rehabilitation patients do not come out with any expectations or suggestions related with the economical or administrative issues of the hospital. Expectations on decision-making in a wider societal context were also marginal. In consequence customer orientation will always be interpreted through the factual interdependence of a patient and the hospital stuff.
Additional information