



KEY POINT SUMMARY

OBJECTIVES

To determine the prevalence of door locking and other exit-related security measures in a group of admission wards, and to assess whether locking doors is effective for keeping inpatients contained.

Door locking and exit security measures on acute psychiatric admission wards

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Key Concepts/Context

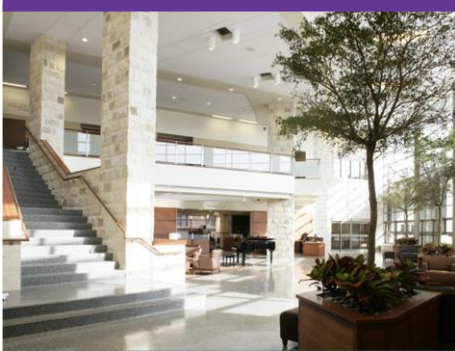
Locked exit doors exist in psychiatric wards for various reasons. Sometimes regional legislation requires locked exits in these wards. At other times, these security measures are put in place in order to prevent patients from escaping a facility, to prevent unwelcome visits, to enhance the staff's sense of control, or to improve overall patient and staff safety. However, previous studies have shown there may be disadvantages to locked exit doors in wards. Locked doors may make patients feel isolated or confined, generate a sense of non-caring in the environment, force patients to adapt to other patients' needs, and create extra work for staff members.

Methods

Follow-up interviews were conducted with 133 psychiatric wards (all in the United Kingdom) that had previously participated in a separate study that collected data on staff, patients, services, and containment and conflict situations, including use of locked doors, absconding, and substance abuse. The previous study was conducted between 2004 and 2005; the present follow-up study was conducted in 2006. Supplementary data concerning additional security measures and door locking procedures during the time of the previous study were collected in the follow-up. Some of the data involved in this study came from follow-up phone call interviews and assessments of previously completed Patient-staff Conflict Checklists (PCCs).

Findings

30% of wards involved in the study used permanently locked exit doors on a shift-to-shift basis. Analysis revealed that while permanently locking ward doors correlated with reduced overall absconding rates, no firm conclusions could be drawn as to whether these reduced rates were directly caused by the locked doors themselves. A large level of inconsistency was found when examining additional exit



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security features in institutions that kept their doors permanently locked, indicating that alternative, more drastic methods for escape (such as window smashing) could have been available to some patients planning to abscond. The authors suggest that it may be dangerous and unrealistic to create a ward that is completely inescapable, and that other methods (aside from increased security) could be explored and used to dissuade patients from absconding. Data analysis revealed higher absconding rates while temporary/unqualified staff were employed for treatment, implying that such staffing methods should be avoided.

Limitations

The authors note that the data measured on exit security were collected a year after the previous study was conducted, meaning that staff member recollections may not have been completely accurate. Additionally, the associations made between variables in this study do not necessarily establish directions of causality; in other words, data showing lower absconding rates in facilities with locked doors do not necessarily mean locked doors are responsible for the lowered rates.

Design Implications

By taking into consideration the kinds of psychiatric treatments provided and the patient populations that a given institution may serve, designers may be able to make more informed decisions regarding the level of security features needed in a given environment. Extra security is not necessarily correlated with increased patient safety and satisfaction; in fact, too much security can create a counter-productive environment. Consulting experienced staff members at a given institution prior to the addition or subtraction of security features should be considered.

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