

The Examination of the Some Aspects of the Therapeutic Environment of Psychiatric Inpatient Clinics in Turkey

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ABSTRACT

Objective: The aim of the present study was to determine the current status of psychiatry clinics in Turkey in terms of therapeutic environment.

Methods: The present study was performed cross-sectionally and descriptively in 195 institutes comprising the psychiatry clinic in Turkey. A survey of 42 questions was used that included the characteristics of clinics obtained by reviewing the literature and listing specialist opinions. Data were collected via telephone between June 25, 2014 and July 15, 2015. Analysis of data was performed using the SPSS 18.0 software. Numbers and percentages were used as descriptive statistics with respect to hospitals.

Results: It was found that 63.1% of clinics had 6–10 nurses, 77.9% of them had 1–10 doctors, and 37.4% of them did not have a visit room, whereas 47.2% of them had an occupation room. It was discovered that 99% of clinic activities for patients were performed, 45.6% of them with occupational therapy were not performed, 16.9% of them with occupational therapy were performed, and 57.5% of them with regular sport activities were not performed. It was detected that psychoeducation was not performed in 66.2% of the clinics, whereas it was performed in 33.8% of them.

Conclusions: It was observed that when the results of the study were evaluated, there were deficiencies in physical configuration in our country and limited therapeutic activities.

Keywords: Therapeutic environment, Physical environment, Psychiatry clinic

1. INTRODUCTION

Physical environments of psychiatric clinics are important in the treatment of individuals with mental disorders. In some cases, individuals could be hospitalized after the diagnosis of mental disorder; the physiological and psychological needs of patients should be fulfilled in this stage to ensure their safety and physical comfort and to maintain daily life activities conveniently (1). Upon hospital admission, they are pulled away from their personal life and come to a strange environment where they encounter various hindrances that can lower their quality of life at some scale. In this case, these hindrances must be minimized as much as possible (2, 3). This necessity introduced the therapeutic environment concept as first described by Maxwell Jones in 1953 and explained its benefits (4). Today, the purpose of the psychiatric clinics is to assist patients to talk about the psychiatric problem that caused them to be hospitalized and to recover. Therefore, an ideal hospital environment must be one that provides an opportunity to individuals through social organizations, supportive characteristics, and community values to take advantage of their self-strength instead of putting the disease into prominence (5).

When therapeutic environment characteristics are taken into consideration, two constituent dimensions come to attention: physical characteristics and activities implemented in the clinic. As one of the prominent physical characteristics, the position of the clinic in the hospital comes to mind. The clinic must be positioned on the ground floor in a hospital or in another individual building so that patients must be provided an opportunity to take a walk and to have access to the garden conveniently. Moreover, providing environments in which individual or group therapies could be held in the clinic is important in terms of quality of treatment. Furthermore, there must be a department or room either inside or outside of the clinic to provide electroconvulsive therapy (ECT) opportunity (6). In determining the interior color of the clinic, light and soft tones must be preferred to support positive affections of individuals. For patients who exhibit aggressive behaviors and who need to be taken into a seclusion room for a certain period due to the risk of harming others and themselves in clinics, appropriate colors must be preferred to allow these individuals to be relaxed (7). Seclusion rooms must be sunny and available for aeration. These are considered as supportive precautions for comfort of patients (8). In addition, there must be some other

measures in patients' rooms for physical safety of patients (8). As physical safety precautions need to be taken for patients with risk of harming others or themselves, or of running away, windows must be secured with iron bars or they must have a lock system; window glasses should be shatter-proof and safety glass; curtains should be solid and inseparable from their apparatus; piercing, sharp, and inflammable objects should not be kept in rooms; mirrors should be made up of stainless steel, and medications should be kept in the special pharmacy rooms under double locks (9). As another characteristic of the therapeutic environment, sport, art and similar activities performed in the clinic, individual or group therapies, and meetings are significantly important. A hall in which individuals feel at home and in a family environment during their stay in the clinic, they can express themselves conveniently and which constitutes an atmosphere supporting communication with others, where dining room or occupation therapies could be handled is necessary, and this hall is required to be equipped with materials to provide individuals to perform various activities and hobbies (10). In the environment in which patients interact together, there could be TVs under surveillance of health professionals. These units must be assembled onto the wall for security precaution (11).

There are limited studies on determination of current status of therapeutic environments in Turkey. The single study that reports the physical structure of psychiatric clinics in Turkey was the master thesis conducted by Ergün (2005), which describes education status and population of mental health professionals in Turkey (12). Therefore, acquisition of therapeutic environment data concerning psychiatric clinics in Turkey would contribute into the evaluation of the current status. As it was prescribed in the psychiatric nursing practice standards issued by the Union of American Nursing, "creating and maintenance of therapeutical environment" is considered as one of the fundamental skills; and it constitutes a foundation for maintenance of nursing practices in clinic environment (5). In this regard, propounding therapeutic environment characteristics that constitute the roof of the psychiatric nursing practices is considered as a significant step in terms of determination and improvement of the present status. The purpose of the present study was to investigate therapeutic environments of psychiatric clinics in Turkey in terms of physical environment and activities and to make contribution to develop psychiatric clinics in Turkey regarding their therapeutic environments.

2. METHODS

2.1. Study design and aim

While the present study is cross-sectional, descriptive and quantitative in nature, it aimed to investigate therapeutic environments of psychiatric clinics in Turkey in terms of physical aspect.

2.2. Study sample

The population of the study was composed of 270 hospitals with inpatient clinic in Turkey. In the present study, sampling selection was not preferred; instead, whole population was tried to be accessed. However, 75 of these target hospitals were not included in the study because of various reasons, such as difficulty in research permission, refusal of clinic psychologists and nurses to fill in forms voluntarily, or avoiding giving official answer and ignoring correspondence both in written and on the phone. In total, 195 (72.2%) hospitals were included in sampling of the study.

2.3. Measurement

In the present study, a survey form developed by researchers through review of the relevant literature and consulting experts was utilized. Pilot application of the prepared survey form was conducted in five psychiatric clinics of hospitals excluded from the scope of the sampling by lot. As a result of the pilot application, certain amendments were made on the survey form, and finally it comprised 42 questions. The survey form includes questions regarding position of the clinic at the hospital, whether there is private garden, characteristics of windows, colors of the wall, patient rooms, examination room, the ECT room, visit room, separate dining room, treatment room, occupation or activity room and other questions investigating physical structure; number of physicians, psychiatrists, nurse and janitor at the clinic, and activities held in the clinic. The survey form was answered by authorized personnel at the psychiatric clinics, such as physicians, psychiatrics, or the nurse in charge.

2.4. Data collection

The study data were collected in the period between June 25, 2014 and July 15, 2015 via telephone interviewing. Before data collection period, potential respondents in clinics were informed about the process, and authorized correspondents at clinics were called at the time determined jointly once again to conduct the interview over the phone. During the interview process, which took 25 min on average, answers declared by respondents were recorded into the form.

2.6. Ethical consideration

For the implementation of the study, the necessary permission was requested from the ethical board of human researches at the university (2013.255.IRB3.144). The necessary institutional permission was taken from the Ministry of Health at the first instance, then from the General Secretariat of Public Hospitals located at each city and from university hospital administrations through individual petitions submitted to individual administrations.

2.5. Data analysis

Collected data were analyzed through the SPSS 18.0 software. In assessment of descriptive data concerning hospitals, the number, mean, min-max, and percentage were utilized.

3.RESULTS

In terms of distribution of psychiatric clinics in Turkey, while 62.6% were under roof of the Union of Public Hospitals, 23.1% under university hospitals, 8.2% under training and research hospitals, 4.1% under mental, neurological diseases hospitals, and 2.1% under private hospitals.

Table 1. Number of mental health professionals in inpatient clinics (n=195).

Profession	n	%
No. of nurses		
1–5	36	18.5
6–10	123	63.1
11–15	26	13.3
16 and over	10	5.1
No. of doctors		
1–10	152	77.9
11–20	30	15.4
21–30	8	4.1
31 and over	5	2.6
No. of specialists		
Not	31	15.9
1–5	143	73.3
6–10	16	8.2
11 and over	5	2.6
No. of psychologists		
Not	14	7.2
1–5	174	89.2
6 and over	7	3.6
No. of servants		
1–5	147	75.4
6–10	40	20.5
11 and over	8	4.1

In terms of professional employed by the clinics, across the clinics taken within the scope of the study, 63.1% were employing 6–10 nurses; 77.9% were employing 1–10 psychiatrist; 15.9% were not employing any specialists as shown in Table 1. Additionally, it was observed that 89.2% of clinics were employing 1–5 psychiatrics; that the proportion of the ones that do not have any psychiatrics was 7.2%; and 75.4% of clinics were employing 1–5 servants (Table 1).

Table 2 shows the characteristics of rooms within the building structure of psychiatric clinics. It could be observed that 37.4% of clinics have no any interview room; 44.1% have no occupation room, and 51.3% have no dining hall. In terms of number of patient rooms, it was determined that 41.0% of clinics have 1–5 beds capacity; 32.8% have 6–10 beds capacity.

Table 2. Characteristics of rooms in inpatient clinics (n=195).

Rooms	n	%
No. of interview room		
0	73	37.4
1	87	44.6
2	17	8.7
3 and over	18	7.3
No. of occupation room		
0	86	44.1
1	92	47.2
2	15	7.7
3	2	1.0
No. of patient rooms		
1–5	80	41.0
6–10	64	32.8
11–15	28	14.4
16 and over	23	11.8
Features of patient rooms		
1 patient 1 room	9	4.6
2 patients 1 room	120	62.5
3 patients 1 room	43	22.1
4 patients 1 room	15	7.7
5 patients 1 room	3	1.5
6 patients 1 room	1	.5
7 patients 1 room	1	.5
10 patients 1 room	1	.5
Smoking room		
Yes	105	53.8
No	90	46.2
Features of lock for treatment room		
Single lock	84	43.1
Double lock	110	56.4
Pyxis (fingerprint reading system)	1	.5
ECT room		
Yes	32	16.4
No	145	74.4
Operating room	18	9.2

*ECT=electroconvulsive therapy.

Whereas one was shared by 2 patients in 62.5% of clinics; 4.6% of clinics have single rooms for patients. It was also determined that 56.4% of psychiatric clinics were equipped with double locks; 43.1% were with single lock.

With respect to positions of psychiatric clinics within hospital, rate of the clinics in an independent building within the body of the hospital was determined as 8.2%. Whereas the rate of the clinics located at the ground floor was 20.5%, the ones located at the 1st floor were determined as 16.4%. It was determined that mostly cream and white colors were preferred on the interior walls of psychiatric clinics with 43.6% and 12.3%, respectively.

Table 3. Therapeutic activities for patients in inpatients clinics (n=195).

Activities	n	%
Group meeting		
Not done	78	40.0
1–2 times in a month	12	6.2
Twice in a week	23	11.8
Ones in a week	42	21.5
Everyday	40	20.5
Occupation therapies		
Not done	89	45.6
Paint, make jewelry, handcrafted activity	57	29.2
Music, TV, games etc.	13	6.7
Paint, play games, chess	3	1.5
All planned activities; cinema, reading book, paint etc.	33	16.9
Controlling clinics for stab		
Nor done	6	3.1
Ones in a week	3	1.5
Twice in a week	5	2.6
Three times in a week	12	6.2
Every day	169	86.7
Sport activities		
Not done	112	57.5
Table tennis	9	4.6
Activities with sport equipment in garden	74	37.9
Activities		
Activity of sweet day cooking		
Yes	54	27.7
No	130	66.7
Rarely	11	5.6
Kermess		
Not done	143	73.3
Ones in a year	32	16.4
Rarely	12	6.2
A few times in a year	8	4.1
Individual therapy		
Not done	21	10.8
By doctors	161	82.6
By psychologists	10	5.1
By nurses	2	1.0
By doctors, psychologists, nurses	1	.5
Group therapy		
Not done	142	72.8
By doctors and psychologists	40	20.5
By doctors	9	4.6

It was reported that some activities were being performed for patients in 99% of clinics. While there was no regular group meeting in the 40% of clinics included in the research, the proportion of the clinic that organizes daily group meeting was determined as 20.5%. It was determined that 45.6% of clinics were not holding occupational therapy; 3.1% were not maintaining control of clinic for stab; 57.5% were not performing regular sport activities; 66.7% were not performing sweet day cooking activities; and 73.3% were not

organizing kermess activities. It was determined that while individual therapies are held in 89.2% of psychiatric clinics, 82.6% of these therapies are conducted by psychologists. Additionally, it could be observed from the table that no any group therapy was held for patients by 72.8% of the psychiatric clinics included in the study (Table 3).

While no any stab and sharp materials were found near patients in the 85.1% of the clinics included in the study, they were determined in 14.9% of clinics. In terms of type of the stab and sharp objects found in rooms, 10.8% were tools, 2.6% was glass cup, and 1.5% was knife.

Additionally, it was determined that while 63.1% investigated clinics, patients were able to carry lighter or match with them; in 36.9% of clinics, patients were not allowed to do so.

Regarding the lock mechanism of the windows used in psychiatric clinic included in the study, whereas windows of 72.8% of clinics were not lockable; 27.2% were lockable. According to the characteristics of windows, it was observed that 29.2% of clinics had iron bars, glasses were frangible, and 20% had both iron bar and safety glass.

4. DISCUSSION

Therapeutic environment is one of the essential factors, which allow inpatients at the psychiatric clinic to take advantage of the process (13). In our contemporary world, there are numbers of psychiatric clinic that spend effort to conform to certain standards in terms of therapeutic environment and establish their professional staff (14-16). Research findings are important in terms of investigation of psychiatric clinics in Turkey from the view of therapeutic environment characteristics and of determining and fixing deficiencies.

Holistic consideration of psychiatric issues and multifactorial approach in treatment field brought provision of certain services by various professions jointly in the agenda (17). Member staffs are responsible for maintaining therapeutic environment. Person who spend longest time period with patients are psychiatric nurses. In other words, nurses are the professionals who spend the most effective time with patients in clinic, who ensures patients to participate in various activities through therapeutic communication methods effectively, and who sometimes play therapist and sometimes ruler of the environment (13). In Turkey, although the number of physicians, psychologists and nurses in psychiatric clinics is considered adequate, it was determined that distribution of their population was not homogenous. Significant member staff at psychiatric clinics is psychiatrists. Although they take position in both clinic and diagnosis and treatment processes at policlinics, and take effective position in personal and group therapies, it was determined that some clinics (15.9%) do not employ specialist psychiatrist. When it is considered that there is an absolute need to employ psychiatrists at the inpatient treatment units, it is possible claim that this is one of the issues that needs to be resolved certainly.

In an environment organized according to the therapeutic purpose, it is important to have sufficient free spaces, personal and group therapy rooms, socialization areas, occupational therapy areas and adequate number of specially designed rooms in which necessary privacy could be provided (13). It was revealed that there is no individual therapy (visit) room in some of psychiatric clinics (37.4%) in Turkey. Since personal therapies are considered beneficent for patients in gaining new skills to handle their problems and allow their self-esteem to improve; thus, they contribute into the treatment. Accordingly, the relevant finding of our study regarding insufficient private room is rather adverse situation (16,18). In majority of clinics (82.6%), individual therapies are conducted by clinical psychologists. Very rare, nurses and psychiatrists are responsible for this process. If proportion of group therapies is taken into consideration, it could be considered that this rate is lower than individual therapies. In majority of clinics, it is encountered that group therapy is not used as a treatment method and it is not practiced by nurses in therapeutic environment; and these deficiencies are required to be improved.

Almost half of the clinics in Turkey (44.1%) lack occupation room as well. This situation illustrates a pessimistic picture which could degrade efficiency of treatment. Nurses are directly responsible for occupation activities. Nurses need an adequate and efficient area to implement these activities. Single or double accommodation opportunities in patient rooms at the psychiatric clinics are appropriate since personal spaces of persons could be violated in crowded environments (19). When patient rooms at the psychiatric clinics are taken into consideration, it was observed that majority of clinics (62.5%) were providing one room to two patients; the rest of the clinics were offering one room to three patients. This finding suggests that each patient could gain sufficient area for their personal privacy, safety and comfort. This research finding could be considered as a positive result.

It was determined that there is no dining hall in almost half of evaluated clinics (51.3%); and that patients have their meals in their rooms. While this opportunity is provided within a separate room located in clinic; the number of clinic with an independent dining hall is rather limited (12.3%). It was revealed that part of these dining halls (24.6%) was designed and furnished in the form of living room. Of the fundamental characteristics of therapeutic environment, comfort and safety are crucial. Having a separate dining hall furnished with comfortable coaches in which patients could have their meals comfortably, communicate with other patients, and have a chance to express themselves is an inseparable part of modern psychiatry (20).

The ECT rooms in psychiatric clinics in Turkey are mostly avoided (74.4%). The ECT is widely recognized effective treatment method in treatment of number of psychiatric disorder in both Turkey and the world. However, the generally adopted approach in this treatment method is building of this room in surgery room standards (21). According to the research findings, small portion of the clinics (9.2%)

implement the ECT practices in clinics; majority of clinics prefer surgery room conditions. Again, there are rooms in few clinics (16.4%) where the ECT practices are conducted.

In terms of keeping medications safe, it is necessary to have a specific room in clinics where treatments are prepared and medications are kept safe under double lock system and to put nurses in charge about these rooms. More than half of the psychiatric clinics in Turkey have double lock system; but, some clinics maintain single lock system. Direct and convenient access of patients to medications is certainly not appropriate in terms of therapeutic environment (13). There is need for a room in clinics, where treatments are prepared and medications are kept under double lock. More than half of clinics (66.2%) conform to this condition. However, simultaneous utilization from nurse rooms in one-third of clinics as treatment room is considered as an adverse situation since nurse rooms are only appropriate for interaction with patients and they should not be used for any other purposes (22).

There are risks in clinics associated with patients in terms of harming others and themselves time to time. In such cases, it is necessary to have specific room for patients where they could be isolated for a while. In this process, nurses need to make explanations within the certain professional framework approaches. It was determined that there is no such a seclusion room in majority of clinics (66.7%). This situation suggests that one of the therapeutic elements of psychiatric clinics is missing.

In psychiatric clinics, it will be appropriate to eliminate smoking in terms of maintaining healthy therapeutic environment and protecting individuals' health. However, it was emphasized in studies on therapeutic environment that patients with smoking habit need to be allowed to smoke. However, solution must be introduced for them by eliminating passive smoker risk of remaining patients (22). In this regard, there should be reserved rooms in the clinics for smoking. Smoking rooms exist in more than half of the psychiatric clinics in Turkey. However, lack of such room in other half of the clinics across Turkey indicates that there is still a problem requiring attention.

Psychiatric clinics should not be positioned higher floors of hospitals in order to fulfill safety needs. They must be positioned on the ground floor and have separate entry than main gates of hospitals. In fact, the appreciated form is that it is structured in a separate building with individual garden and activity field (23). Position of clinic in a separate building could allow protection of privacy of inpatients in a psychiatric clinic and prevent them to be judged by others. According to findings, it was observed that clinics were positioned on the 1st and 12th floors, not appropriate to qualities of therapeutic environment.

It should be paid attention to the wall colors of the psychiatric clinics which could affect affections of patients directly. What is meant at this point is that wall color should not have either positive or negative simulative influence on patients. In this

regard, white and cream colors must be the tones preferred mostly. Especially, since white implies cleanliness of health area; and it creates transparency and spacious perception, they might be considered in wall color designations (24). Although they were few, it was determined with some clinics that some stimulant colors were applied.

Regarding physical safety characteristics in therapeutic environment, it was indicated that glass materials (glass cups, vase, salt and pepper holders) and other sharp tools (knife and jack-knife) should be avoided and dismissed from the environment (13). In order to fulfill security need in clinics, patients should be free from inflammable objects such as match and lighter. It was determined that majority of clinics do not allow patients to possess these materials; however, 14.9% of clinics allow these materials.

In treatment understanding of psychiatric clinics, sport, art and similar occupation activities and personal, group therapies and meetings constitute significant portion. In almost all clinics, such activities are implemented. When content of these activities are evaluated, some differences among clinics could be recognized. There is no sport activity in majority of clinics. Majority of rest of the clinics were offering opportunity to perform sport activities in their garden, interior sports such as table tennis or fitness are preferred in few clinics. When psychiatric clinics are taken into consideration in Turkey, it was seen that only very few of them has independent garden; in majority of them, hospitals have their own gardens. In terms of therapeutic environment, it is crucial that nurses conduct sport activities for patients (25).

It was also determined that sweet day cooking activity was not held in majority of clinics (66.7%). These activities are important because they allow patients to undertake responsibilities adequate to their individual capacities, to prepare daily life, to provide them opportunity to express them during activity in a safe environment and to distract them from symptoms of their disease by joining social activities (13).

In the present research, inability to include all psychiatric clinics into the sampling group constitutes a limitation for the purposes. Although relevant permissions were taken about the research, exclusion of 75 psychiatric clinics from the study in the data collection process because of various reasons such as refusing participation into study, closure of clinic due to assignment of physician to another position or temporary suspension of service is the limitation of the research.

5.CONCLUSION

According to study results, it could be observed that there are deficiencies in physical structuring of psychiatric services in Turkey; and that therapeutic activities are implemented in limited scope. In terms of shortening hospitalization periods of patients, psychiatric nurses play significant role in therapeutic environment. Therefore, it is necessary that

mental and psychiatric nurses need to implement caring activities by conforming to the principles of the therapeutic environment. It could be suggested that mental and psychiatric nurses who are responsible for establishment, maintenance and control of therapeutic environments could raise awareness about therapeutic practices; and could take initiatives about making regulations on the determined deficiencies.

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REFERENCES

- [1] Van Bogaert P, Clarke S, Willems R, Mondelaers M. Staff engagement as a target for managing work environments in psychiatric hospitals: implications for workforce stability and quality of care. *J. Clin. Nurs.* 2012;22(Suppl.11-12): 1717-1728.
- [2] Schröder A, Ahlström G, Larsson BW. Patients' perceptions of the concept of the quality of care in the psychiatric setting: a phenomenographic study. *J. Clin. Nurs.* 2006;15(1): 93-102.
- [3] Thibeault CA, Trudeau K, d'Entremont M, Brown T. Understanding the milieu experiences of patients on an acute inpatient psychiatric unit. *Arch. Psychiat. Nurs.* 2010;24(4): 216-226.
- [4] Varcarolis EM, Halter MJ. *Foundations of Psychiatric Mental Health Nursing, A Clinical Approach*, 6th ed., Canada, Saunders Elsevier, 2010, pp 14-38.
- [5] Oflaz F. The concept of therapeutic environment in the psychiatric clinic and responsibilities of the nurse *Anadolu Psikiyatri Derg.* 2006; 7:55-61. (Turkish)
- [6] Golcman AA. The experiment of the therapeutic communities in Argentina: the case of the hospital Estévez. *Psychoanalysis and History* 2012;14(2): 269-284.
- [7] Akkin C, Egrilmez S, Afrashi F. Renklerin insan davranış ve fizyolojisine etkileri. Effects of colors on human behavior and physiology *Türk Oft. Gaz* 2004; 33: 274-282. (Turkish)
- [8] Gross R, Sasson Y, Zarhy M, Zohar J. Healing environment in psychiatric hospital design. *Gen Hosp Psychiat*, 1998; 20: 108-114.
- [9] Quirk A, Lelliott Seale C. Service users' strategies for managing risk in the volatile environment of an acute psychiatric ward. *Soc Sci Med* 2004; 59: 2573-2583.
- [10] Karlin BE, Zeiss RA. Best Practices: Environmental and therapeutic issues in psychiatric hospital design: toward best practices. *Psychiatr Serv*, 2006; 57(10): 1376-1378.
- [11] Dijkstra K, Pieterse M, Pruyn A. Physical environmental stimuli that turn healthcare facilities into healing environments through psychologically mediated effects: systematic review. *J Adv Nur*, 2006; 56(2):166-181.
- [12] Ergun G. Nurses working in psychiatric services viewed by Individuals with schizophrenia. *Yayımlanmamış Yüksek Lisans Tezi*, Akdeniz Üniversitesi, Sağlık Bilimleri Enstitüsü, Antalya, 2005. (Turkish)
- [13] Cam O, Dulgerler S. The main therapeutic tools in mental health and nursing: environment and communication In O. Cam, E. Engin (editor), *Ruh Sağlığı ve Hastalıkları Hemşireliği*,

- Bakım Sanatı,1. Baskı, İstanbul, İstanbul Tıp Kitabevi,2014, p.157-178. (Turkish)
- [14] Bolwig TG. Historical aspects of Danish psychiatry. Nord. J. Psychiat. 2012; 66(1): 5-13.
- [15] Fussinger C. 'Therapeutic community', psychiatry's reformers and antipsychiatrists: reconsidering changes in the field of psychiatry after World War II. Hist. Psychiatr. 2011; 22(2): 146-163.
- [16] McCrae N. Resilience of institutional culture: mental nursing in a decade of radical change. Hist. Psychiatr.2014; 25(1):70-86.
- [17] Saydam B. Social psychiatry team work and therapeutic democracy. Kriz Dergisi 1995; 2(1): 197-202. (Turkish)
- [18] Fortune T, Fitzgerald MH. The challenge of interdisciplinary collaboration in acute psychiatry: Impacts on the occupational milieu. Aust. Occup. Ther J. 2009; 56(2): 81-88.
- [19] Salzmann-Krikson M. Lützn K, Ivarsson A B. Eriksson H. The core characteristics and nursing care activities in psychiatric intensive care units in Sweden. Int. J. Ment. Health 2008; 17(2): 98-107.
- [20] Mahoney JS, Palyo N, Napier G, Giordano J. The Therapeutic Milieu Reconceptualized for the 21 st Century. Arch. Psychiat. Nurs. 2009; 23(6): 423-429.
- [21] Balikci A, Bolu A, Akarsu S, Kocak N, Erdem M, Aydemir E, Uzun O. Electroconvulsive therapy in a university hospital in Turkey between 2006 and 2011 Anadolu Psikiyatri Derg, 2013; 14: 340-346. (Turkish)
- [22] Thomas SP, Shatell MS, Martin T. What's therapeutic about the therapeutic milieu?. Arch. Psychiat. Nurs. 2002; 16(3): 99-107.
- [23] McKinstry M, Handley T, Hall I. Hospital placements: out of borough and out of step? When Maggie McKinstry, Tricia Handley and Ian Hall carried out a review of service provision in specialist hospital placements, they were disappointed to find many practices that keep clients on the margins of society. Learning Disability Practice 2010; 13(5): 25-29.
- [24] Ozdemir T. Criteria affecting color choice in design. C.Ü. Sosyal Bilimler Enstitüsü Dergisi 2005; 14(2): 391-402. (Turkish)
- [25] Man-van Ginkel D, Janneke M, Gooskens F, Schuurmans M J, Lindeman E, Hafsteinsdottir TB. A systematic review of therapeutic interventions for poststroke depression and the role of nurses. J. Clin. Nurs. 2010;19(23-24):3274-3290.

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