

Caring Mental Patients Sharing the Same Rooms with Somatic Patients in General and Referral Hospitals in Rwanda: Analysis of Disadvantages and Advantages

Siméon Sebatukura Gitimbwa,

PhD Student, Department of Clinical Psychology, School of Medicine, College of Medicine and Health Sciences, University of Rwanda

Abstract

Hospitalizing mental patients in the same rooms with somatic patients is one of the consequences of the decentralization of mental health units in all hospitals of Rwanda. There is a necessity to discover and to analyze advantages and disadvantages of this practice.

Mental health staffs of 31 general and referral hospitals have been interviewed on questions about disadvantages and advantages to hospitalize mental patients together with somatic patients. Results show these disadvantages: a therapeutic environment not appropriate or a lack of harmony in the rooms (58.1% of respondents); a lack of bodily safety for somatic patients (51.6%); a lack of safety on the properties of somatic patients (45.2%); a lack of psychological wellbeing of somatic patients (29%); a lack of safety for mental patients (29%).

About the main advantages, 100% of respondents pointed out the treatment of mental patients followed even during the week-end and the break time by the guard nurses doing the ward round visit or the guard; 72.2% said it prevents discrimination, because mental patient feel that he is a patient like others; 50% said it prevents stigmatization (to avoid for example, the expression “he is mad”); 16.7% said that mental patients receive help from somatic patients.

KEYWORDS: Caring, mental patients, somatic patients, general hospitals, rooms or wards

I.INTRODUCTION

Treatment of mental patients in general hospitals is a new phenomenon. Historically, the treatment of these patients was done in psychiatric or mental hospitals that have replaced the asylums (Fakhoury & Priebe, 2007). With the movement of deinstitutionalization, these hospitals are progressively abandoned and replaced by community mental health facilities (Salize, et al., 2008). However, despite the deinstitutionalization movement, psychiatric hospitals still play not a negligible role in the general mental health care system (Bachrach, 1996). Today, psychiatric wards in general hospitals are the oldest and the most widespread organizations offering in-patient and outpatient mental health treatment. According to the European Commission (2004), these organizations are the

most common therapeutic alternative for psychiatric hospitals in the most countries in the European Union.

Instead of organizing psychiatric wards in general hospitals, some countries have adopted the mixing of mental patients and somatic patients in the same rooms or wards; maintaining a very limited number of psychiatric wards for most aggressive mental patients or transferring them in mental hospitals.

Studies have shown that caring for mental patients in psychiatric or mental hospitals is stigmatizing than caring them in psychiatric wards of a general hospital. Verhaeghe et al. (2007) say that it is often suggested that entering a psychiatric hospital is one of the most stigmatizing experiences one can have. In the same line, Falk (1996) adds that the most devastating stigmatization of mental illness is imposed on those who are patients in a mental hospital”.

If the care of mental patients in psychiatric or mental hospitals is more stigmatizing than caring them in general hospitals, their care in the wards or rooms where somatic patients are hospitalized is less stigmatizing. Swanson and Spitzer (1970) state that entering an organization that offers multiple health services such general hospitals provide an opportunity for concealing the mental health problem. Here, concealability or (in)visibility can be regarded as one of the key features of a stigma (Gofman 1986; Jones, 1984; Joachim and Acorn, 2000).

During ward’s tours by staffs of the hospitals, mental patients are visited and treated mainly by psychiatric nurses, psychologists and psychiatrists (in the rare hospitals they exist), when somatic patients are visited and treated by non psychiatric nurses and medical doctors. As the practice of hospitalizing these two categories of patients, is new in general hospitals, both somatic patients and their caregivers fear that their hospitals have become psychiatric hospitals, where a kind of violence against psychiatric nurses has been found by several researchers (Lee, Gerberich, Waller, Anderson, & McGovern, 1999, Lehmann, McCormack, & Kizer, 1999).

Not only mental patients are considered as violent by their caregivers, but also they are stigmatized by their entire environment, including somatic patients. This is probably why mental patients were put in asylum during the 18 and 19 Centuries (Porter, 1997). Not only, mental patients were isolated in asylums, but even some were subjected to physical restraints, which were used as a psychiatric intervention to protect psychiatric inpatients from self-harm or harm to others, by securing a safe environment for the patients and staff (Gelkopf et al, 2009). Even asylums have been replaced by mental or psychiatric hospitals, Verhaeghe et al. (2007) says that it is often suggested that entering a psychiatric hospital is one of the most stigmatizing experiences one can have. In the same line, Falk (1996) adds that the most devastating stigmatization of mental illness is imposed on those who are patients in a mental hospital.”

Hospitalizing mental patients in the same rooms with somatic patients seems to be a very new and original practice in Rwanda. A large number of general hospitals that were used to treat somatic patients now receive patients with various mental disorders. The practice seems to be one of the consequences of the decentralization of mental health units in all

hospitals of Rwanda. In fact, during the last decades, a progressive recruitment of mental health professionals for each hospital has been set up by the Ministry of Health so that Now Rwanda has a mental health unit in all its 45 hospitals. Only six hospitals (Kibungo, Kibuye, Nyanza, Nyamata, Cyangugu and Ruhengeri district hospitals) have managed, with the help of the Belgian Technical Cooperation (BTC) that has chosen these hospitals as “Operational Center of Mental Health” (Pole Opérationnel de Santé Mentale), to build or to put aside some rooms for mental patients (Annual Report of the project on mental health, 2011). When the number of mental patients increases, the additional patients are also given beds in the same rooms with somatic patients. In all the remaining general and referral hospitals, some of patients coming daily to consult mental health staff in hospitals, those needing a short period of hospitalization are admitted in the same rooms or wards with somatic patients; when those needing long period of hospitalization are sent to the Ndera Neuropsychiatric hospital; which is the unique mental hospital of Rwanda, and with enough human resources and material resources for the care of mental patients.

The aim of this study is to discover and to analyse the advantages and disadvantages to hospitalize the mental and somatic patients in the same rooms or wards.

The first interest of the study is to make mental health staff aware of these challenges in order to alleviate them. The second interest is to inform mental health professionals, by research results, about the advantages of this practice in order to promote it.

II.METHODOLOGY

The population of this study is the staff working in mental health units of general and referral hospitals of Rwanda. In order to have the complete picture of caring mental patients sharing rooms with hospitalized somatic patients, 31 general or referral hospital have been considered as the population. However, 14 hospitals have not yet been covered by this study because of time. In the 31 hospitals covered by the study, the staff who participated in the study were the heads of units of mental health. When absent or on leave during the period of collecting data, the acting head of the unit or the available staff working in this unit has been retained to participate to this study.

The study has used the qualitative method, and the technique for collecting data has been the interview. The choice of the interview technique through qualitative questions is due to our will of having participants respond in their own words (Doody & Noonan, 2013) in order to generate deeply contextual accounts of participants’ experiences and their interpretations of them (Schultze & Avital, 2011). The following questions have been asked to respondents:

1. What are the disadvantages to hospitalize mental patients with somatic patients?
2. What are advantages to hospitalize mental patients with somatic patients?

The first question has been asked to 31 mental health staff of hospitals. The second question has been asked and responded by 18 staffs, among the 31 respondents who answered the first questions. This was due to the fact that the second question has been very lately judged necessary to be included in the interview, which had started with the

first question with the 13 first hospitals. It was practically very difficult to come back and reposing the question “What are advantages to hospitalize mental patients with somatic patients?” to these hospitals already covered.

III.RESULTS

Among 31 hospitals participating in the interview, 100% of hospitals received the question on disadvantages of sharing the same rooms by somatic and mental patients, when only 18 hospitals (58%) received the question on advantages.

3.1 Disadvantages of hospitalizing mental patients with somatic patients

Analyzing all answers from respondents, disadvantages of hospitalizing mental patients in the same rooms or wards have been arranged in the following groups: for mental patients, for somatic patients, for mental health staff, for somatic health staff, and for mental health guards.

3.1.1 For mental patients

Table 1: Disadvantages faced by mental patients when sharing hospital’s rooms with somatic patients

Type of disadvantage raised by the respondent	Number of staff raising the disadvantages	% (n=31)
A. Disadvantages on their bodily safety		
1. Mental patients physically damaged (manhandled, beaten, self-mutilation)	3	9.7
Subtotal A	3	9.7%
B. Disadvantages on their psychological wellbeing		
1.Mental patients are disturbed; and instable in the room	2	6.4
2. They take dirtiness (mess) outside and bring it in the room	1	3.2
3.There is a high risk of escaping	1	3.2
Subtotal B	4	12.9%
C. Disadvantages related to stigmatization and discrimination		
Mental patients are stigmatized in the rooms (ex. When he/she says something, somatic patients laugh at him/her)	5	16.1
Subtotal C	5	16.1%
D. Disadvantages on the care of mental patients		
1. Therapeutic environment not appropriated: A mental l patient does not find a quiet environment he needs because somatic patients are making noise.	4	12.9
2. The recovery of the mental patient is very slow	1	3.2
4. Mental patients are discriminated (isolated)	1	3.2
5. The care of mental patients is not good because the nurse	1	3.2

guard is more interested in somatic patients		
6. Aggressive Mental patients are put in unoccupied rooms for isolated somatic patients (for example rooms for patients with diarrhea).	2	6.4
Subtotal D	9	29%

3.1.2 Disadvantages for somatic patients

The table 2 presents these disadvantages and their relative percentages.

Table 2: Disadvantages faced by somatic patients when sharing hospital's rooms with mental patients

Type of disadvantage raised by the respondent	Number of staff raising the disadvantage (n=31)	%
A. Disadvantages in the hospitalisation's room		
1. Psychotic patients in crisis (fits) disturb the whole room (ex, to sit on others' beds) and are consequently placed in solitary.	7	22.6
2. Somatic patients feel uncomfortable with the mental patients and ask: "why the hospital has brought a mad person to us" ?	2	6.4
3. It's really bothering to have in the same room prisoners who are mental patients and somatic patients	1	3.2
4. Mental patients with logorrhea makes noise and do not allow other roommates to sleep	5	16.1
5. They damage the doors; the windows	3	9.7
Subtotal A	18	58.1%
B. Disadvantages on their bodily safety		
1. Somatic patients have fear of the mental patient because he can be aggressive towards them	4	12.9
2. Mental patients can beat somatic patients; they are aggressive	11	35.5
3. Mental patients injure others	1	3.2
Subtotal 2	16	51.6%
C. Disadvantages on their psychological wellbeing		
1. Somatic patients moan because they are put together with those with strange behaviors (to present their nakedness, to take others' cups)	1	3.2
2. When mental patients are aggressive, they can wake up or traumatize somatic patients in the room	2	6.4
3. Lack of safety for others: Mental patients can harm somatic patients	6	19.3
Subtotal 3	9	29%
D. Disadvantages on the properties of somatic patients		
1. Mental patients take food from somatic patients by force	1	3.2
2. They destroy the possessions of other patients (for example	5	16.1

the glasses), but when on medication, they do not destroy the possession of others.

3. Mental patients without guards cause problems to other patients	1	3.2
4. To wrongly take the material or equipments of other patients	1	3.2
Subtotal 4	14	45.2%
E. Disadvantages on the care of somatic patients		
1. They can remove the drip (perfusion) or the giving set (probe)	5	16.1
2. Somatic patients lack an equilibrium of the therapeutic environment	1	3.2
Subtotal 5	6	19.35%

3.1.3 Disadvantages for mental health staff

The different types of disadvantages raised by respondents, including their percentages, are the following: Impossibility for the nurse to treat him/her well (3.2%), they transfer mental patients to Neuropsychiatric hospital of Ndera lying that he is allowed to exit from the hospital (3.2%), and they have problems to follow up mental patients who can escape and who are dispersed in different rooms (puerperal psychosis in the maternity hospital; those with wounds are in surgery): 3.2%.

3.1.4 Disadvantages for the staff of somatic patients

The percentages of respondents giving disadvantages are the following:

-6.4% of respondents say that Mental Health Staff are more occupied to treat somatic patients. They say for example, “your patient doesn’t allow other patients to eat, to sleep; ‘come and take them yourself’. They complain “why don’t you remove this mental patient from here?.

-3.2% of respondents state that it’s very difficult for medical doctors and nurses to organize the wards round: They avoid asking him some questions;

-6.4% of nurses for somatic patients fear mental patients (they ask mental health nurses: “give medicine to your patients before you leave”); Rarely, when the mental patient is aggressive, this worries other nurses and Doctors;

- 6.4% of non psychiatric nurses are not happy to care for mental patients. They inject mental patients with somnolent medicines with the purpose of avoiding disturbance in his/her work.

3.1.5 Disadvantages for patients’ guards

The patient guards have some problems in these rooms (3.2%); they say that their relatives patients are possessed by evil spirits hiding their illness to other roommates (3.2%); they abandon them in the hospital because they want their transfer to the NPH Ndera, where they do not need guards (3.2%); and aggressivity of mental patients to guard nurses and others (3.2%).

3.2 Advantages of hospitalizing mental patients in the same rooms with somatic patients

Answers from respondents were grouped in the following items: For mental patients, for mental health staff, for somatic health staff, and for the family of mental patient.

3.2.1 For mental patients

The number and percentages of respondents who have expressed some advantages for mental patients are presented in the Table 3.

Table 3: Advantages of hospitalizing mental patients in the same rooms with somatic patients.

Type of advantages raised by the respondent	Number of staff raising the advantage(n=18)	% the
A. Advantages related to prevention of stigmatization		
1.To avoid, to reduce or prevent stigmatization (Example: the expression “He is a mad”). The place where mental patients were hospitalized before their mix with somatic patients was called “At Jadot” (in fact, “Jadot” is the name of the psychiatric nurse of Byumba Hospital).	7	38.9
2. To change the mindset of the patients about mental patients because they found that their sickness is like other sicknesses.	1	5.5
3.The mental patient found that he is respected	1	5.5
Subtotal 1	9	50
B. Advantages related to prevention of discrimination		
1. The recovered mental patient feels that he is not isolated	2	11.1
2. Mental patient feel that he is a patient like others; he is not an excluded	6	33.3
3. It chases away discrimination: It allows them to feel that they are human beings like Others	3	16.7
4.To not isolate (discriminate) the mental patients (one has said for example, “I cannot go to Ndera among the lunatics)	2	11.1
Subtotal 2	13	72.2
C. Advantages on the treatment of mental patients		
1. The mental patient can be easily followed and treated by the medical doctors or nurses when he has another somatic disease	1	5.5
2. The medical doctor doing the ward round also visit mental patients while he comes in the isolated rooms when he is invited.	3	16.7
3. Mental patients are followed during the week-end and the break time by the guard nurses doing the ward round visit or the guard; the nurses come in the isolated rooms when he is invited.	5	27.8

4. Mental patients benefit from a very good follow up by a multidisciplinary team (medical doctors, nurses, clinical psychologist)	3	16.7
5. It helps the mental patient to respect adherence and to take medicine from nearby his home	1	5.5
6. Few severe cases (most affected, aggressive or needing hospitalisation) are transferred to Ndera Neuropsychiatric hospital)	4	5.5
7. Mental patients needing hospitalization are sent to Icyizere Center ¹	1	5.5
Subtotal 3	18	100
D. Advantages of the help received from somatic patients		5.5
1. Patients group is helpful to mental patients	1	5.5
2. Mental patients are fed by somatic patients who have provisions	1	5.5
3. They adapt quickly when they are together	1	5.5
Subtotal 4	3	16.7

¹ Icyizere Center is a branch of the Ndera Neuropsychiatric Hospital, located at Kigali (Capital City of Rwanda).

3.2.2 Advantages for mental health and somatic staffs

Hospitalizing mental patients with somatic patients present the following advantage for mental health staff: Intervention of other healers, when before, mental patients were called “patients of Mr. X or Mrs. Y” (5.5%); It facilitate the use of the family approach in psychotherapy because family members can travel and come to the hospital (5.5%).

The main advantage for staffs in charge of treating somatic patients: Medical doctors or nurses do vital signs for each patient, which allow diagnosing early other somatic diseases (5.5%).

The main advantage for both mental and somatic patients: It facilitates communication between patients (5.5%)

3.2.3 Advantages for the family of mental patient: It’s cheap to go to district hospital (Masaka Hospital for example) than a mental hospital (Ndera NPH for example) which is expensive (5.5%); It reduces the cost for people coming to visit him or those bringing food (5.5%).

3.3 Other answers

6.4% of respondents say that hospitalized mental patients and somatic patients should be separated; 3.2% state “It’s when improved that they are in common rooms of Internal Medicine (when stabilized they come back in the room or the ward; only non aggressive patients are hospitalized with somatic patients). Lack of infrastructure and equipment (i.e the polling booth: 3.2%; We combine cases with somatisation; but we combine also other mental patients’ cases (3.2%).

3.4 Analysis of different results

Different answers from respondents as classified above are presented according to the two key elements of our interview: what are *disadvantages* and *advantages* of caring mental patients hospitalized with somatic patients in the same rooms or wards?

3.4.1 Disadvantages of caring mental patients hospitalized in the same rooms with somatic patients.

The disadvantages from respondents are analyzed successively for the two categories of patients: mental patients and somatic patients.

3.4.1.1 Disadvantages for mental patients

For a clear analysis, answers on disadvantages of caring mental patients hospitalized in the same rooms with somatic patients have been grouped in some items. The first group is related to disadvantages on mental patients, where answers having a relationship are put in the same sub-group. The first category comprises disadvantages on the bodily safety of mental patients. In this category, 9.7% of interviewed staffs said that mental patients are physically harmed (manhandled, beaten, with self-mutilation). The second category of answers given by 12.9% of the interviewed staffs is related to disadvantages on the psychological wellbeing of mental patients. The third category is composed by disadvantages related to stigmatization and discrimination of mental patients: 16.1% of staff reported that mental patients are stigmatized in the rooms (ex. when he says something, somatic patients laugh at him). The fourth and last category of answers given by 29% of staffs is related to disadvantages on the care of mental patients. In this group, the disadvantage given by a high percentage is "The therapeutic environment is not appropriate: A mental patient does not find a quiet environment he needs because somatic patients are making noise".

3.4.1.2 Disadvantages for somatic patients

As for the mental patients, answers have been put in categories. In this group, the first category of answers (given by a total of 58.1% of staff) is linked to disadvantages on *hospitalization rooms*, where 22.6% of staff indicated that psychotic patients in crisis (fits) disturb the whole room (ex, to sit on others' beds). Explaining this disadvantage, participants added "This is why they are placed in solitary. However, when stabilized they come back in the room (ward)". In the same category, 16% of staffs said that mental patients with logorrhea make noise and do not allow other roommates to sleep; when 9.7% staffs indicated the damage of the doors, and or the windows.

The second category of answers given by 51.6% of staffs is linked to disadvantages on the *bodily safety of somatic patients*. In this category, 35.5% of staff said that mental patients can beat somatic patients because they are aggressive; 12.9% said that somatic patients have fear of the mental patient because he can be aggressive towards them. The third category of answers given by 45.2% of staffs pointed out disadvantages *on the properties of somatic patients*. In this category, 16.1% of staff said that mental patients destroy the possessions of other patients (for example the glasses). They add that when on medication, these mental patients do not destroy the possession of others. The fourth

category of answers given by 29% of respondents is related to disadvantages on the *psychological wellbeing of somatic patients*. In this category, the major disadvantage pointed out by 19.3% of staff is the lack of safety for other patients: Mental patients can harm somatic patients. The last category of answers given only by 19.3% of respondents is about disadvantages on the care of somatic patients. In this category, 16% of respondents said that mental patients can remove the drip (perfusion) or the giving set (probe)

Other disadvantages of hospitalizing somatic patients sharing same rooms with mental patients have been given by a very small number of respondents to the following categories: for mental health staff; for somatic health staff; for the family of mental patient; and for other kinds of elements.

3.4.1.3 Disadvantages for Other groups

Only 9.7% of respondents have reported disadvantages for mental health staffs to hospitalize mental patients with somatic patients in the same rooms or wards. 22.6% only reported advantages for staffs in charge of treating somatic patients; when 12.9% have given disadvantages for guards of mental patients.

3.4.2 Advantages of caring mental patients hospitalized in the same rooms with somatic patients

Answers from respondents on advantages of caring mental patients hospitalized in the same rooms with somatic patients have been grouped in the following: Advantages for mental patients; advantages for other groups.

3.4.2.1 Advantages for mental patients

The first group of answers on advantages of caring mental patients hospitalized in the same rooms with somatic patients is related to *the treatment of mental patients* (100% of respondents). Within this group, 27.8% of staff responded that “mental patients are followed during the week-end and the break time by the guard nurses doing the ward round visit or the guard; the nurses come in the isolated rooms when invited”. 16.7% of staff said, “the medical doctors doing the ward round visit also mental patients while he comes in the isolated rooms when he is invited”, and 16.7% also stated “mental patients benefit a very good follow up by a multidisciplinary team (medical doctors, nurses, clinical psychologist)”. The second group of answers is related to the prevention of discrimination. In total, 72.2% of respondents have given this advantage. Inside this group, 33.3% of staff said “mental patient feel that he is a patient like others; he is not a cursed person (igicibwa)” and 16.7% said “It chases dispels discrimination (akato): It allows them to feel that they are human beings like others”. The third group of answers on advantages is related to the prevention of stigmatization (50% of respondents). Within this group, 38.9% of respondents gave the following advantage: “To avoid, to reduce or to prevent stigmatization (i.e. the expression “he is mad”); where mental patients were hospitalized before they were mixed with somatic patients was called “At Jadot” (Jadot is the name of the psychiatric nurse of Byumba Hospital). The final group of answers on advantages is related to the help received from somatic patients (16.7% of respondents).

3.4.2.2 Advantages for Other groups

Only 11% of respondents have reported advantages for mental health staffs to hospitalize mental patients with somatic patients in the same rooms or wards; 5.5% for staffs in charge of treating somatic patients; when 11% have given advantages for family members of mental patients.

3.4.4 Other answers about caring mental patients hospitalized in the same rooms with somatic patients

27.8% of mental health staffs have given answers not related to other aspects of treating mental patients in hospitals.

4. DISCUSSION

The results of this study show that caring mental health patients hospitalized in the same rooms or wards with somatic patients has both disadvantages and advantages. About disadvantages, 29% of staffs found that the main problem of this practice is related to the care of mental patients. Concretely, respondents found this therapeutic environment not appropriate and quiet because somatic patients are making noise. The existence of noise at hospital has been confirmed by Poppe, et al. (2013) underlining the negative physical effects of hospital noise on patients' physiological well-being. Also, he states that hospitals are noisy places, and a variety of noise generators contribute to the cacophony (Lawson et al. 2010; MacKenzi & Galbrum, 2007; Pope, 2010).

Stigmatization and discrimination have been found by 16.1% of respondents as a disadvantage in hospitalizing mental patients in the same rooms with somatic patients. It has been reported for example, that when mental patient says something, somatic patients laugh at him.

Somatic patients face more disadvantages when they are hospitalized with mental health patients in the same rooms. First, 58.9% of staff said that they encounter problems in the hospitalization's room, where for example, psychotic patients in crisis disturb the whole room (to sit on others' beds, to damage the doors, the windows) and those with logorrhea makes noise and do not allow other roommates to sleep.

51.6% of respondents say that somatic patients fear for their bodily safety (for example, to be beaten by mental patients who are aggressive towards them); they can remove the drip (perfusion) or the giving set (probe). Although there are no studies on violence of mental patients against somatic patients, our results are similar to those of Hesketh et al. (2003) stating that over 20% of psychiatric nurses were assaulted physically (e.g., pushed, hit, bitten). According to Kay, et al (1988), nurses working in emergency psychiatric treatment units are especially at risk. If results show that mental patients are violent against their caregivers, it's obvious they present the same behavior against their roommates somatic patients.

45.2% of staffs said that somatic patients face disadvantages on their properties: Mental patients destroy the possessions of other patients (for example glasses), they take foods of

other patients by force; they wrongly take the material (cups) or equipments of other patients.

Finally, 29% of respondents say that somatic patients found the practice with disadvantages on their psychological well being. Mental patients can harm somatic patients, they can wake up or traumatize other patients in the room; they present strange behaviors (their nakedness). Even though there is no study found about disadvantages on psychological well being of somatic patients as generated by their roommates mental patients, Hesketh et al. (2003) say that over 50% were assaulted verbally at least once during the equivalent of a single workweek. Such high rates of violence threaten the physical and psychological well-being of nurses (Gerberich et al., 2004; Lanza, 1983, 1992; Lanza, Zeiss, Rierdan, 2006a)

With regard to advantages of caring mental patients hospitalized in the same rooms with somatic patients, 100% of respondents admit these advantages on the treatment side because there is follow-up during the week-end and the break time by the on duty nurses doing the ward round visit or the guard. Also, they benefit a very good follow up by a multidisciplinary team (medical doctors, nurses, clinical psychologist).

The practice of mixing mental and somatic patients in the same hospital's rooms is also preventing discrimination (72.2%) and stigmatization (50% of respondents). This prevention of stigmatization is supported by Angermeyer et al. (1987) who say that the integration of mental health services in a general hospital could lead to perceptions that persons with mental and physical health problems are equally in need of medicines, leading to less stigmatization of persons with mental problems. The statement "they found that their sickness is like other sicknesses" is an illustration of this change of mindset of patients about mental patients. This idea is shared also by Chee CYI et al. (2005) who states that as psychiatric hospitals could still have the stereotypical image of being 'asylum', or meaning "the end of the line" persons receiving professional help there could experience more stigmatization. In other words, mental patients treated in general hospitals are less stigmatized than those hospitalised in mental or psychiatric hospitals. The same mental patients are even less stigmatized when hospitalised in the same wards with somatic patients. This is why Chee CYI et al., (2005) states that client of psychiatric hospitals could be thought of as more ill in comparison with clients of alternative, short-terms settings.

5. CONCLUSION AND LIMITATIONS

Caring mental patients hospitalized with somatic patients in the same rooms present many disadvantages for somatic patients, who lack safety in their rooms, in their physical or bodily shape, for their properties destroyed by mental patients, and for their psychological well-being. Also, the environment has been found quiet and appropriate for the care of mental patients. However, the practice has varied advantages for the care of mental patients: increasing their supervision by health staff; preventing discrimination, and stigmatization; receive help and assistance from somatic patients.

The study has some limitations. First, instead on interviewing only mental health staff, it would have been important to continue the study in considering somatic health

professionals and patients themselves (somatic and mental patients) because they could contribute richly in revealing other disadvantages and advantages of hospitalizing mental and somatic patients in the same rooms.

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