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Anorexia nervosa patient´s experiences about nursing interventions

A literature review

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Abstract

Anorexia nervosa is a mental illness which can occur despite age, gender or ethnicity. It can be characterized by restricting one´s energy intake and food types which may cause weight loss, intense fear of gaining weight and the distorted way one sees their weight or body image. Anorexia nervosa can be caused by an underlining issue and anorexia can be a side-effect of something else, and not the main illness itself. It would be beneficial for healthcare professionals to have deeper understanding on what kind of treatment is perceived as good from the patient´s viewpoint.

The aim of the study was to gain understanding on how anorexia nervosa patient´s experience nursing interventions. The purpose was to give new information to health-care professionals and student about how patients might feel about the interventions. The study was conducted as a literature review. The articles that were used were gathered by two individual researches from CINAHL and PubMed.

The results of the study suggest that treatments that focus on the physical aspects of the illness was not the ideal approach. Being overly focused on weight did not further the recovery and the results were not long term. When patient´s felt that the nursing staff were seeing them as individuals and found the balance between theory and real life, treatment was perceived better.

There is a need for more holistic approach on anorexia nervosa treatment. Finding the balance between physical and mental aspect´s would be beneficial. Nurses should also be mindful about their own knowledge of the illness and the experience that their patient is having. Further studies could be conducted of the phenomenon as there were some difficulties of finding articles suitable for the study.

Keywords (subjects)
Anorexia nervosa, Patient´s experience, Nursing intervention.

Miscellaneous (Confidential information)

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1 Introduction

Anorexia nervosa is a serious mental illness that can be defined as person restricting their energy intake and food types which may cause weight loss, intense fear of gaining weight and the distorted way one sees their weight or body image. Some may exercise obsessively, purge and binge eat. (National eating disorders association, 2018.) Anorexia nervosa affects people in all ages, genders and ethnicities. In Finland, approximately 2,3% of population has suffered from anorexia nervosa (Terveyden ja hyvinvoinnin laitos, 2018). Around 50-70% of anorexia nervosa patients fully recover, but the rest 30-50% might still suffer with symptoms even after therapy and treatments. (Syömishäiriöt: Käypä hoito-suositus, 2014).

Many times, nurses are the people who meet the patient with anorexia nervosa for the first time and nurses are the ones who work with the patients closely whether they are treated as out-patients or in-patients. It can be hard to find the right approach and to determine what are the right nursing interventions. What also adds to the difficulty is that we cannot know how the patient is really feeling about the treatment. It would be beneficial if nurses would have an idea of what kind of thoughts and feelings the patient´s go through during the treatment. Of course, nurses must discuss with the patient about their feelings, but many times the conversation stays in the feelings that anorexia nervosa itself causes. In one article students participated in a programme where they practiced in role play scenarios, and got feedback from the real patients, their families and professionals. Students felt that they gained more understanding about eating disorders and learned better from patients and their family's feedback. (Stringfellow, Evans & Evans, 2018.) This supports the idea that understanding what patient goes through is important for the professionals.

In this literature review the aim is to gain understanding on how anorexia nervosa patient's experience nursing interventions. The purpose is to give new information to health-care professionals and student about how patients might feel about the interventions. When health-care professionals know how patient's feel about the treatments that they receive, they can modify interventions to be more suitable. With this knowledge they know which approach doesn't give desired results. Patients are individuals, but this gives general overview to the subject.

2 Anorexia nervosa

2.1 Causes for anorexia nervosa

The specific cause for anorexia nervosa is unknown. It is mostly combination of different factors and differs from person to person. As in other mental illnesses there are protective factors such as being able to express yourself freely, being able to make and maintain relationships, early relationships and being able to solve conflicts and problems. These may help protect a person from eating disorders but there are also risk factors such as isolation, feeling like you are not enough, loss, mental or physical violence, other illness or vulnerability of your self -esteem. (Erkko & Hannukkala, 2013.) Triggering factors can be biological, psychological and sociological. It has been suggested that genetic factors and changes can raise the risk for person to develop anorexia nervosa. Different psychological issues can be a cause, such as, traumatic experiences in life, mental health issues and big changes that cause a lot of stress. Environment has a big effect to people these days. Social media can cause pressure to look certain way with its unrealistic pictures and editing. There is peer pressure to look same way as others (Mayo Clinic, 2018; Syömishäiriöt: Käypä hoito-suositus, 2014). Our hobbies and work can require person to look specific way, like models and ballet dancers (Huttunen & Jalanko, 2017).

2.2 Signs and symptoms

Anorexia may start from small effort of losing weight and that may lead to uncontrollable cycle (Huttunen & Jalanko, 2017). Signs of anorexia can be behavioral, physical, mental or social.

A person with anorexia nervosa most likely will try to avoid greasy and high in calories type foods. Some people with anorexia nervosa develop bulimic behavior which means that they cause themselves to vomit. Vomiting usually happens before the food has had time to digest in the stomach. Compulsive need to exercise is a way of burning even what is left of the fat that anorexia nervosa patient is seeing as bad. Compulsive exercising is far more intense than the recommended exercising habits for all people. Sometimes people with anorexia nervosa will also resort to medications that increase urination (diuretics) or laxatives. (Huttunen & Jalanko, 2017.)

The weight of an anorexia nervosa patient is at least 15% less than the average weight according to the height. Also, the BMI (body mass index) is under 16. For women with anorexia nervosa missing your period or not having your period at all is also a strong physical sign. Skin can be very dry and covered with thin, light hairs called lanugos. Hair thinning or breaking and nails thinning or turning to blue may also indicate to anorexia nervosa. People with anorexia nervosa can also suffer from fatigue. Slow pulse, low blood pressure (dizziness or fainting due to the blood pressure) and arrhythmias are cardiovascular signs that may occur. Patient may have anemia and experience bone loss. Hands and feet may swell during anorexia nervosa. Constipation, bloating and stomach aches are also signs of anorexia nervosa. (Huttunen & Jalanko, 2017; Robert-McComb, Albracht & Gary, 2014.)

Usually the person with anorexia nervosa has panicky fear of gaining weight or fat tissue. They also experience compulsive thoughts about food. They also try to keep their thoughts secret, and this already can make the thoughts worse. People with anorexia nervosa also experience irritation, sleeping problems and even depression. Due to the secretive behavior people with anorexia nervosa might try to

isolate themselves socially. They also might not feel the way they used to do about being with others, their overall thoughts are gloomy, and socializing does not raise the usual hormones due to the malnutrition. (Huttunen & Jalanko, 2017.)

2.3 Patients mentality

When it comes to anorexia nervosa a patient's mentality it is often negative. They usually have some underlying issues, that can be a risk factor for eating disorder. These issues can cause the feeling of loss of control, and patient might gain some control of their life by restraining their eating. They feel unhappy within the situation and themselves, and think that if they lost some weight, then they would be happy. Losing weight can cause a feeling of proudness, that makes patient keep restricting their eating. Even though there can be moments of happiness and proudness, there are a lot of negative feelings, like, loneliness, guilt and self-blame. (Hannon, Eunson & Munro 2017.)

Anorexia nervosa patients' moods are often on the lower side of the scale in the start. After succeeding in their goals and losing weight, their mood will rise. At some point weight loss slows down and they start to be malnourished, which affects negatively their feelings. They can feel paranoid about what is happening around them, and they see things differently than they were meant to. For example, they feel that someone is around them watching and laughing at them. Patient might start to isolate themselves even more and start raging when someone express their concerns since patient itself is blind about their own sickness and can't see it same way as someone else. They are never satisfied with the results that they gain, because they could always lose a little bit more weight. (Lehtismäki-Hyvönen 2016.)

It can be hard to build a relationship with a patient, when they feel that nurses are doing the work because they must. Because it is their job. Patient can feel safe with their condition since they have that control of something. It can be hard and scary to let go of that behaviour and that makes treatment more difficult. (Hannon et al, 2017.) Treatment is also much more difficult when the motivation of the patient is low. Negative thoughts about oneself also contribute to the difficulty of finding the

motivation. The high amount of negativity and self-hate may cause negative reaction in medical professionals and that may result in rejection, belittling or accusation and that itself will harm the professional relationship with the patient. (Salzmann-Erikson & Dahlén, 2016.)

2.4 Nursing interventions

Treating anorexia nervosa is not only nurse´s job but there is a multi-professional team working with the patient and their families. The treatment of anorexia nervosa includes choosing the treatment environment. The patient can be outpatient or inpatient. Most patients can be treated as outpatients but in severe cases and if the outpatient treatment is not sufficient, inpatient treatment can be started. (Zipfel & Giel & Bulik & Hay & Schmidt, 2015.) Whether the patient is treated as an outpatient or inpatient, the same treatment possibilities will follow. One of the most important things in treating the patient is their own commitment to the treatment (Syömishäiriöt: Käypä hoito-suosituksen Syömishäiriöt potilasversio, 2015).

Goals for the treatment are gaining healthy eating habits, stopping the extreme weight loss, decreasing eating disorder symptoms, decreasing and treating psychic symptoms and gradually stopping life threatening physical changes. Also learning new and healthier ways to cope with feelings and thoughts must be learned as the anorexia may sprung from not having healthy coping mechanisms. (Syömishäiriöt: Käypä hoito-suositus, 2014; Obadina, 2014.)

It is important to create trusting patient-nurse relationship with the patient. Building that trust isn’t easy since people act and think differently, and sometimes the chemistry doesn't work. Nurses must be honest and clear about their intentions, and act consistently with it. Getting to know each other can make it easier to trust the other person. It can be good to remind the patient about confidentiality and that nobody outside the professionals is going to know about the conversations that they go through. It is important to remember to listen what patient has to say and give them the space that they need. (Keltner, Bostorm & McGuinness 2011.)

Family is many times involved in the treatment of anorexia nervosa. Nurses must take the family in to account when working with the patient because the people around the patient will influence rehabilitation and avoiding relapse. Many times, the family members might have questions about the situation, fears and uncertainty of what has caused the illness. Nurses must help the family to understand the situation and relieve their worries and uncertainties. (Burton, 2014; Silber, Collins Lyster-Mensh & DuVal, 2011.) Nurses can help families to support the rehabilitation and to balance between being understanding towards the patient´s situation but also staying firm in creating healthy eating habits and making it clear that the situation cannot continue the way it has (Silber et al. 2011.) As it is important for the nurses to have a good professional relationship with the patient´s family, that can also be a hindering factor in creating a trust between the nurse and the patient. Sometimes when the patient feels that their family has forced them into the treatment, it is harder for the patient to trust the nurse when there is a stronger alliance between the nurse and the family members. This again highlights the importance of the patient´s own will to be treated. (Salzmann-Erikson & Dahlén, 2016.)

Counselling a nutritionist is a way to conduct a plan on how the eating should be increased safely. Depending on patient´s situation with their weight, age, how long the malnutrition has lasted and their somatic state, the recommendations for weight gain per week is around 500g – 1400g. Nutrition can be better monitored with inpatients than outpatients, because the patient will be around the medical professionals and they can see how the patient is behaving with food. (Zipfel et al, 2015, 8.) Nurses must monitor the patient during the refeeding to notice the signs of refeeding syndrome which can cause serious systolic insufficiency, hypotension and life-threatening arrhythmias (Refeeding-oireyhtymä: salakavala yllättäjä aliravitsemuksen hoidossa: Käypä hoito-suositus, 2007, 808; Dennehy & Vanderhaven, 2013). Often refeeding is started from small meals and additional minerals to avoid refeeding syndrome and gradually the portions will be increased. Nurses may also provide psychoeducation about the illness to support the refeeding. Nurses monitor for other medical complications as well to determine if there are other problems caused by the illness. Nurses monitor the ECG, blood glucose, physiological changes, fluid balance and blood tests. (Dennehy &

Vanderhaven, 2013.) If patient is at risk of death, tube-feeding can be used as a method of getting nutrition (Obadina, 2014).

In anorexia nervosa, medication is mainly for other diseases and complications caused by anorexia nervosa. For example, anxiety and depression, patient might have medication for those. The benefit is based on how medication reduces the symptoms. For bone loss, patient will have d-vitamin and calcium supplements. It helps to prevent osteoporosis. (Syömishäiriöt: Käypä hoito-suositus, 2014.)

Nurses job in pharmacological treatment is to inform the patient about the medication that they are taking. Giving them information about possible effects that it might have. Give information about how e.g. use of alcohol can affect to the medication. Nurses need to monitor the patient after they have started to use new medication. Nurses hear patient opinion how medication has affected them and evaluate what they see, and if it the effect has been negative nurses need to inform doctor for further solution. (Snowden & Barron 2011.)

Main concepts of psychological treatment are supporting the patient, promoting healthy eating habits, helping the patient understand their disease and prolonging its renewal. There are many different treatment ways for the patient. They can be outpatient and be part of the different group therapies, for example, handling the anxiety and physiotherapy groups. Patients can also be inpatient, when their illness is too severe to be treated outside of the hospital. There is also chance to be day-patient. Nurses should take the family into consideration. Parents need support, help and knowledge when going through this new phase. There are groups for patients' parents. Family therapy is more suitable for younger patients since family related problems can be cause for anorexia nervosa. (Syömishäiriöt: Käypä hoito-suositus, 2014; Yager, Devlin, Halmi, Herzog, Mitchell, Powers & Zerbe 2005.)

Patient and their family can be part of family-based therapy where parents are encouraged and educated how the take control of patients eating habits. Slowly the responsibility is moved back to the patient. Cognitive behavioural therapy (CBT) is another often used treatment for anorexia nervosa. Its purpose is to make patient

understand and notice one's harmful thoughts and beliefs, and thus replace them with ones that support recovery. (Wilson, Grilo & Vitouksek 2007.) There are also other therapy options, for example interpersonal therapy where patient learns to face challenges of social interactions other way than by resorting to one's eating disorder. (Syömishäiriöt: Käypä hoito-suositus, 2014.)

2.5 Prognosis for Anorexia

Not too much can be said about prognosis on anorexia nervosa. Anorexia nervosa is usually long term, and the state differs. Estimation of 50-70% will be somatically cured, 20-30% will continue to have symptoms and 10-20% will become chronic. Most physical problems however will be healed if the patient will heal, but the damage that has happened in the bones and teeth will most likely be permanent. (Syömishäiriöt: Käypä hoito-suositus, 2014.) Anorexia nervosa has the highest mortality rate when compared to other mental diseases (Smink, van Hoeken & Hoek, 2012.) Mortality risk for people with anorexia nervosa is six times higher than with people in the same age group. Deaths related to anorexia nervosa are usually caused by heart and circulatory diseases, diseases caused by diabetes and suicides. (Syömishäiriöt: Käypä hoito-suositus, 2014.) Later development of illness and good treatment showed higher recovery rate than with patients that developed anorexia nervosa at young age and didn't get proper treatment for it. (Jagielska & Kacperska 2017.)

3 Aim, purpose and research question

The aim is to give new information to health-care professionals and students about how patients might feel about the interventions when treating anorexia nervosa through a literature review in order to be able to modify interventions to be more suitable.

The research question is: How anorexia nervosa patient´s experience the nursing interventions for anorexia nervosa?

4 Methodology

4.1 Literature Review

Literature reviews purpose is to provide up to date information on the topic at hand and summarize the findings. First one must define research question to identify the problem that review is addressing. Target group, health issue or other specifications are defined. Then one can start literature search from various databases. Whole process should be documented, search terms, what databases were used, inclusion and exclusion criteria. After gathering the articles that meet the research question and other requirements, one can start evaluating the articles more thoroughly. (Whittemore & Knalf, 2005.)

In the field of healthcare, workers must keep their knowledge updated with the development of their own practice. However there rarely is enough time to go through different kinds of studies or articles and that is why literature reviews are good sources of information because in them the search has been conducted from many different places and the information is summarized. (Rew, 2010.) Literature review was chosen because the topic is best to be examined through multiple sources and summarize the information.

Steps on literature review are as follows: deciding the research question, stating the aim of the research, selecting inclusion and exclusion criteria, selecting search terms, selecting the databases used to search information from, conducting the search, go through the search with exclusion and inclusion criteria, data extraction, quality check of the articles, summarizing the information, interpret the findings, determine limitations and biases and publish the findings. (Rew, 2010.)

4.2 Scientific article selection process

The literature search was conducted by using CHINAL (ebsco) and PubMed. Key words are anorexia nervosa, anorexia, female, recovery, qualitative study and treatment.

Selection process started by searching the articles and briefly looking into titles and abstracts. If the title and abstract seemed promising, it was selected for further investigation. Then the full text was read, because in many cases abstract did not tell enough about the subject, and the decision was made by whether the text answered the question at hand. If they did, that article was chosen for the literature review. In the table 1. is specified search result from CINAHL. In the table 2 are specified search results from PubMed.

Table 1. CINAHL Search

Search terms	Results	Chosen based on title/abstract	Chosen based on the full text
Anorexia OR anorexia nervosa (Major subject heading) AND female AND recovery	167	13	4

Table 2. PubMed Search

Search terms	Results	Chosen based on title/abstract	Chosen based on the full text
Anorexia OR anorexia nervosa AND treatment AND qualitative study	66	6	2

Six articles were chosen for the final study. The inclusion criteria were that the articles answer to research question. They were published in English or Finnish and the articles were published within 2009-2020. They were also available in full text for JAMK students. If articles didn´t fulfil the criteria, they were automatically excluded. In many cases the articles were not nursing studies which was also a big reason for not choosing some articles but the biggest reason for exclusion was the availability of full text.

4.3 Analysis and synthesis of data

The analysis method chosen for this literature view was content analysis, furthermore analysis style was inductive. According to Tuomi & Sarajärvi (2018) content analysis can be used as an individual method or loose theoretical structure. Content analysis can be a tool to establish themes, types or classifications. Inductive analysis starts from specific and moves to general and since the information may be scattered, the analysis aims to create cohesive and clear content. (Tuomi & Sarajärvi, 2018; Tampereen yliopisto, n.d.) As this study focused on patient´s experiences, content analysis suited the purpose as it can be used to create themes and finding correlations between personal experiences.

After the articles were chosen, data analysis was conducted where data was categorized and summarized by the information that articles provided. This was done so that connections with different articles could be established and one could make more consistent review. (Whittemore & Knalf, 2005, ibid 546-550.) Chosen articles were printed out and both individual researchers read through the articles first by themselves and then discussed the answers found in the articles to the research question. These answers were then divided into categories. After that each category was colour coded and then the articles were read through again and highlighted with those colours, matching their categories. Example of how the categories emerged is in the figure 1 below.

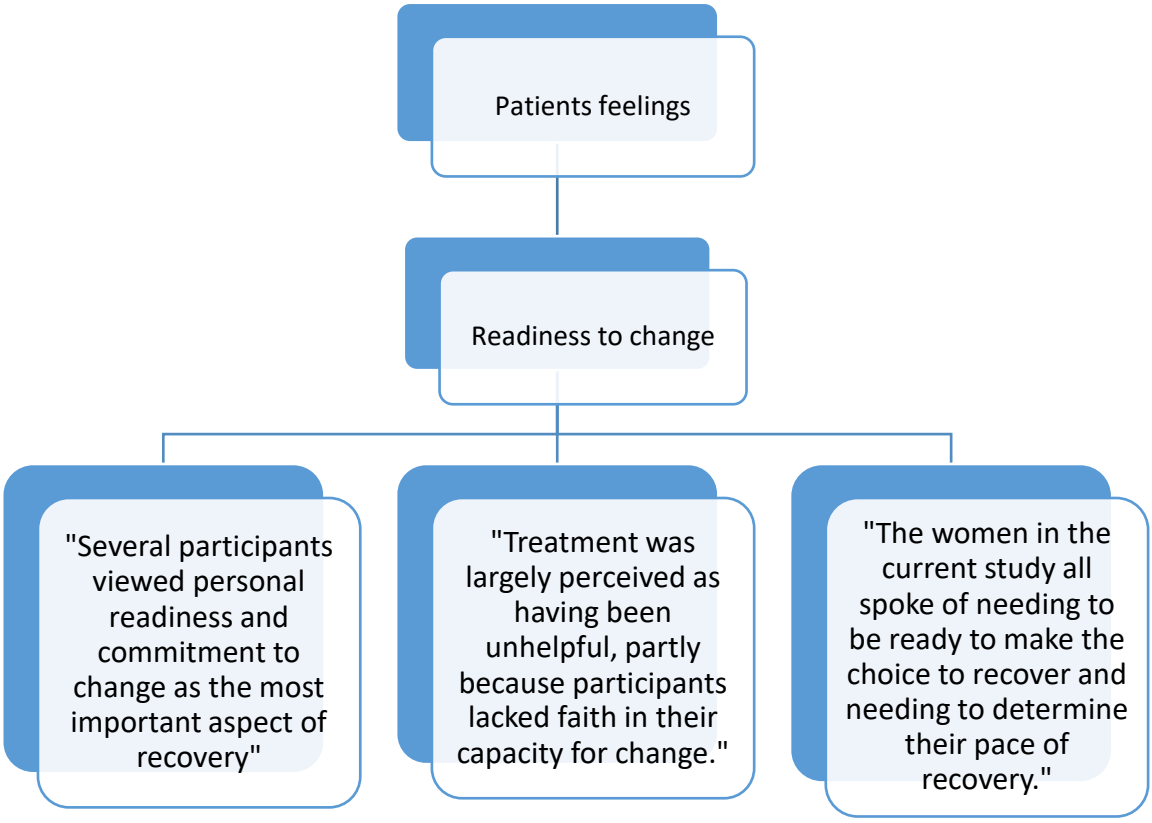

Figure 1. Data analysis process illustration

5 Results

Findings from the literature revealed three main categories. The categories were: patient´s feelings, nurse´s attitude and competence and treatment styles. Categories are presented in the figure 2 below.

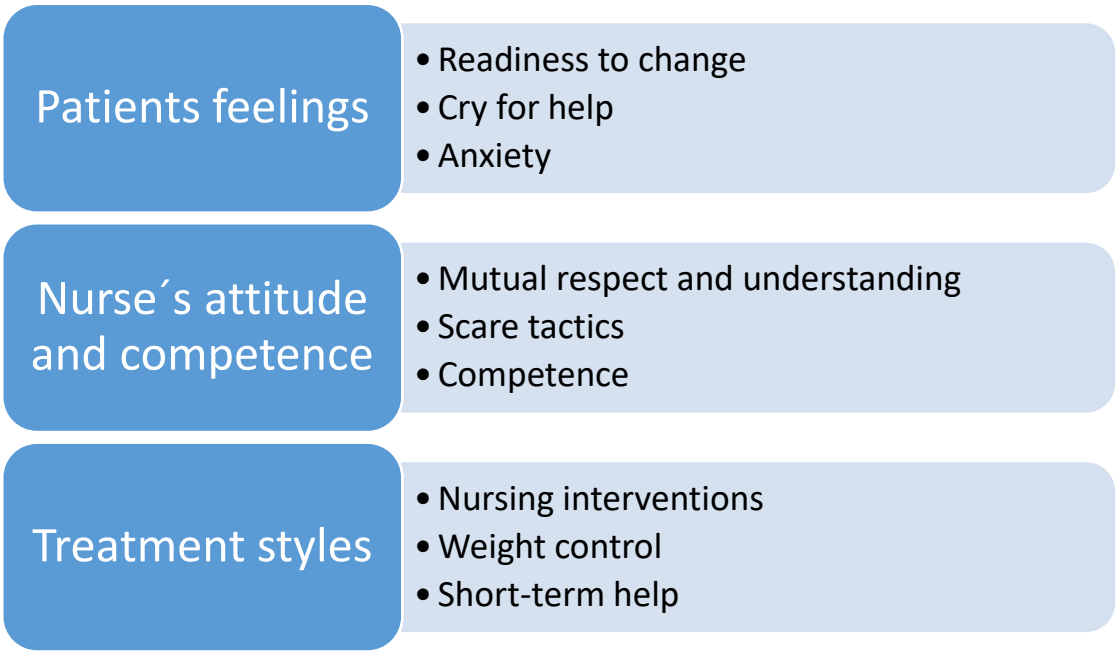

Figure 2. Categories

5.1 Patient´s feelings

There were a lot of negative feelings about seeking and getting help. In many articles' patients expressed their feelings about their **readiness to change**. It was common for them to feel that they were not understood, or the treatment was unhelpful because they were not ready for it yet. This left them with negative opinions about treatment and worsened their conditions. With some participants this led them not to seek help in the future or made it harder to commit to the treatments. (Dawson, Rhodes & Touyz 2014; Fogarty & Ramjan 2016; Patching & Lawler 2009.) Many also enhanced the fact that finding the own motivation is crucial because the change is harder to do if you do not want it for yourself. The patients also felt that this own motivation should be acknowledged more in the treatment and there should be active search for the personal goals in treatment. (Nilsen, Hage, Ro, Halvrosen & Oddli 2019.)

On the other hand, some patients were ready for the change, but they could not access to the help they needed, because waiting lists were too long. That made them feel like they had to manipulate the system. This action was a **cry for help.** According to Rance, Moller and Clarke (2017), couple participants tried to keep losing weight, so they would get access to the therapy or have sessions for longer period. This was

perceived as potentially harmful for the anorexia nervosa patient, when they heard that they weight 'too much'. If they managed to get help, they felt unhappy about what kind of intervention they got since it was unsuitable and didn't correspond to what they had expected. Also, when the patients had already gotten into the treatment, they expressed that they had to still manipulate their weight in order to keep getting help and to talk about their deeper issues beyond the eating disorder.

Patient felt **anxiety** during different phases of their recovery. At the start they were anxious when they had to give the control to someone else. In the end they were anxious about getting back to a normal life and how they would adjust to it. There were differences in the reason of the anxiety: some of the anxiety when leaving the treatment became from the fact that the patients were coming out from a very structured system in to their normal lives and some felt the anxiety and some because they felt that no real change had been made during the admission and their though process had not changed. Despite the anxiety, they were happy that they had contact with the nurses who would help them to cope with different situations yet have that ability to be independent. (Van Ommen, Meerwijk, Kars, van Elburg & van Meijel 2009.)

5.2 Nurse´s attitude and competence

Almost all the articles pointed out that the nurse´s attitude and competence could be positive or negative from the patients view. Being heard, **mutual respect and understanding** were positively experienced factors which made the patient feel that they could cope with the treatment and new situations (Fogarty et al. 2016.) Being noticed as a person and not a disease and mutual trust between the nurse and the patient helped the patients to discover their own self-worth and it was seen as a supporting factor in the treatments. Trust also made it possible to talk about things that the patients found difficult to open up about. (Van Ommen et al. 2009; Rance et al. 2015; Nilsen et al. 2019.) Patients expressed that the clinical skills and experiences did not matter if they could see that the nurse is not doing the job for the salary, but they are invested in other ways (Nilsen et al. 2019.)

Scare tactics rose as a theme when the patients felt they were not being understood and that their treatment was based on scaring them, punishments and that their treatment providers did not actually care, the patients experienced the care in a negative light. This highlighted the fact that their recovery did not happen because the patients wanted to get better, but because they did what was expected because they were afraid of the punishments or the treatment providers. (Fogarty et al. 2016; Dawson et al. 2014.)

Some of the articles pointed out how the nurse´s **competence** and understanding of the illness itself affected the patients. If the patient felt that the nurse did not understand the illness, they had prejudice about it or they tried to fit the patient into a certain category of what they had read about the illness, it was reported to cause frustration and the patient´s felt it did not help their recovery. It also undermined trust and confidence towards the nurse´s. (Patching et al. 2008; Fogarty et al. 2016; Rance et al. 2015.) Though it was experienced as a negative point if the nurse is too by the book, it was also seen as important that they have skills to educate the patients about the somatic and psychological sides of eating disorders. Some patients also emphasized that it is important for the nurses to be aware of the ways of hiding the illness in clinical environment and so to prevent the illness-maintaining behaviour. (Nilsen et al. 2019.)

5.3 Treatment styles

Though it caused extreme stress for the patients, strong **nursing interventions** like restricting exercising, guiding the eating situations, choosing the foods and amounts to eat and the physical presence of nurses were experienced as helpful and important. When the patient´s received information about the adverse effects of anorexia nervosa it was experienced as paramount information since they only had an unhealthy view of the effect of anorexia nervosa. Individuality during the treatment was experienced as rewarding and encouraging as the patients could influence their own treatment plans. Patients also described how it was crucial to have united rules at the hospital as well as at home. (Van Ommen et al, 2009.)

Treatment offerings were not always the best. Sometimes treatment was mainly focused on food and **weight control** rather than other underlying issues that patient had. Treatment was relaying on body mass index, and that determined if patient needed help. Patients discussed about how help would not be on going and when they gained weight, treatment would be discontinued. Gaining weight in an environment where the treatment would stop if you reached the goal caused fear in the patients. (Rance et al 2017, Fogarty & Ramjan 2016.)

Some brought up the problem of not being able to form a trust with the treatment providers because of the **short- term help**. These factors made the patients feel that they were not supported emotionally, frustration, further loss of control and invalidation. (Rance et al 2017, Fogarty & Ramjan 2016.)

6 Discussion

6.1 Discussion of main results

In this literature review the aim was to synthesize information so that nursing professionals and students may gain new information and to be able to modify interventions to be more suitable for anorexia nervosa patients. Six articles were chosen, and they were difficult to find to be suitable for the process and that itself made the review difficult to make.

Overall, there were mostly unison in the results as to what was seen negative and positive. Many of the articles still tended to be more focused on the negative experiences. This although can be a result from the patients who have had more negative experiences and were more focused on what was wrong with the treatment rather than what was positive.

Based on the results of this study the articles highlighted that patient's feelings affected in how they perceived treatment. Being unready for the change left many patients with negative opinions about interventions that were used which is

something that nurses cannot necessarily affect. Interventions were not suitable since patient did not feel like they needed help with their situation. In an article by Nilsen, Hage, Rø, Halvorsen and Oddli (2020) patients with anorexia nervosa talked how they might never be ready for the change, but they had to realize that they have problems and just start with the recovery process. Patients talked about that giving a treatment their effort made a difference in the process for positive.

According to the results of this study, sometimes these negative opinions did not change after patients regained want to get help, because there were other issues. It was impossible to get access to the treatment, and when patients got there, it was short-lasting. This created a feeling that they had to manipulate the system in effort to get help. Although, many things were negative, patients still talked positively about the nurses who were there. During the process patients felt anxiety about their recovery. Nurses were the ones who helped them through those times, taking the control and eventually giving the control back while being still in the picture. Patients needed someone to trust with their problems.

Although it was not a nursing intervention itself, the articles of this study pointed out the importance of the nurse´s attitude and competence as a part of the treatment process. Being noticed as an individual and being able to form a trust with the nurses were important factors many articles revealed. It helped the patients to cope in the treatment and they were able to open up more about difficult problems. Being noticed was also seen as more important than having a nurse with all the clinical experiences. Some did mention that the nurses did need the skills to educate about anorexia and the adverse effects, but some felt that it went too far and were used as a scare tactic. Scare tactics and punishments highlighted the fact that the change did not happen because the patient wanted to but rather because they were afraid. This also contributed to the idea that when the change did not happen from the inside out, it was very seldom that the change lasted. Findings of this study were similar to a literature review by Salzmann-Erikson & Dahlén (2016) although in their review they pointed out that a nurse´s lack of knowledge could be harmful for the nurse-patient relationship as to the result of this study being too by the book were

perceived as harmful. From this one could point out that finding the balance between theory and individuality is important for the treatment.

Based on the articles of this study it became apparent that if the treatment focuses solely on weight it was not productive for future change. Many patients had experienced the kind of weight -controlled services where the treatment was over after you reached the BMI goal. This also made the treatment periods short term and affected the therapeutic relationships. In the treatment styles, individuality was once again important for the patients and one size fits all- type was not ideal. It also brought up possibility that when everyone needed to do the same things even if some things were not a problem, it became possible for the patient to develop a new problematic behaviour that they did not have before. Specially with patients who did not think about their weight before, they started thinking about it because in the treatment it was so much on the focus. In an article by Jenkins & Odgen (2012) women with anorexia nervosa experiences described how many treatment providers believed that the treatment had worked if the weight gain happened, whereas the women themselves believed that when the weight goal was gained, that was the point where the true treatment should have started. Weight -goal oriented treatment seems to be a true problem in the field of AN treatment as the treatment is not holistic and focuses narrowly on a phenomenon that is known to be more than just the physical aspect of it.

Many articles of this study highlighted negative opinions about the interventions that were used with anorexia nervosa patients. It gives indication that there could be reasons to examine the interventions of today more and modify them to be more suitable. As this literature review is about nursing interventions, we recommend more future studies from nursing aspect of care. There were problems to find suitable articles because there were small amount of nursing aspect articles. Most of the articles voiced female opinions of care, and it would be interesting to hear if interventions differ from male perspective. None of the articles that were conducted were from Finland, and we recommend further studies of anorexia nervosa interventions from Finnish patients.

6.2 Ethical considerations validity and reliability

According to Vergnes, Marchal-Sixou, Nabet, Maret and Hamel, in systematic reviews the conductors should not forget to consider the ethics of used studies and material (2010.) Since this is a literature review, where human subjects and their personal experiences have been addressed, one must take note of the ethics of the articles that have been used. All the articles had consent from their participants. Couple of the studies had underage participants, so parental consent was also provided. Articles that were used were approved by ethics committee of health care institutions. This increases the ethical consideration of this literature review as the articles that were used have been following the ethical conduct suitable for these kinds of studies. Of course, one cannot say exactly how the ethical matters were addressed as in the articles there were only mention that these matters were addressed but no deeper information of the subject is offered.

In this literature review the data search was reported so that anyone who would like to repeat the study they would have the means to do it. The detailed description of the used articles can be found in appendix 1. Studies that were used ranged from Norway, the Netherlands, United Kingdom and Australia. Results from these studies were similar from one another. It is a small sample of countries and there may be more variety to the results depending on the country as one must take note that even the cultural difference may change the way patient experiences the treatment settings. Different cultures have different views on mental health issues and anorexia nervosa. Because of these different beliefs, treatment can vary drastically. If their culture has negative opinions about mental health, it can affect how health care professionals encounter patients and that can affect patients' feelings towards interventions. Because of this the interventions might be unsuitable and non-effective. On the other hand, different countries can have effective methods that others might have not even thought about. It could give new solutions and ways to improve treatments, if these treatment differences would be studied further.

To increase the trustworthiness of the articles both individual researchers evaluated the articles using the Hawker´s checklist. Then the results were compared, and a

mean was conducted. These results are presented in appendix 2. In order to avoid plagiarism this study was also assessed by Urkund, a tool which can find links and connections to different articles and literature that has been published online before (JAMK University of Applied Sciences, 2020.)

6.3 Limitations

There were some limitations for this literature review. Only the articles that were accessible in full text for JAMK students were used. These articles were in English, which causes a possibility that some relevant articles on other languages were missed. Articles were published between 2009 – 2020. Studies mainly had female participants which can have an effect to conclusions that were made and may not represent the possible experiences of male patients. Articles used in this study themselves mentioned some limitations, from basing their studies in patients' memories that can cause some biases.

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8 Appendix

8.1 Appendix 1. Table of articles

Article	Objective	Method	Main results
Dawson, L., Rhodes, P., & Touyz, T. 2014. "Doing the Impossible": The Process of Recovery From Chronic Anorexia Nervosa. Australia.	To explore the process of recovery over time from the perspective of those who had fully recovered from chronic Anorexia nervosa using stringent recovery criteria.	Data was analysed using the qualitative method, narrative inquiry. 8 women assessed as fully recovered.	Findings suggest that full recovery from chronic Anorexia nervosa is possible and emphasize the importance of hope, motivation, self-efficacy, and support from others in the recovery process.
Fogarty, S., & Ramjan, L. M. 2016. "Doing the Impossible": The Process of Recovery From Chronic Anorexia Nervosa. Australia.	To better understand factors impacting the care experiences during treatment and or recovery from self-reported Anorexia Nervosa.	An online questionnaire was conducted and the quantitative data was analysed using descriptive statistics and the qualitative data was analysed using conventional content analysis. Past and current Anorexia nervosa sufferers $\geq$ 18 years of age.	Most participants had trust and confidence in their health care provider and felt listened to and supported yet on the subject of the suitability of the treatment this had varied opinions.
Nilsen, J-V., Hage, T., Rø, Ø., Halvorsen, I., & Oddli, H. 2019. Minding the adolescent in family-based inpatient	To understand how young persons with lived experience from a family based inpatient treatment setting viewed therapeutic	Using semi-structured interviews, participants´ post-treatment reflections were inductively analysed by	Findings revealed that former inpatients prefer tailored treatment and a collaborative approach.

treatment for anorexia nervosa: a qualitative study of former inpatients´ views on treatment collaboration and staff behaviours. Norway.	aspects related to staff-patient collaboration and staff-related behaviours.	thematic analytic framework. 37 former adolescent inpatients.	
Patching, J., & Lawler, J. 2009. Understanding women´s experiences of developing an eating disorder and recovering: A life history approach. Australia.	Aim of the study was to gain a greater understanding of the entire experience of developing, living with and recovering from eating disorder.	Life-history interviews. 20 women who had recovered from Anorexia nervosa, Bulimia nervosa or both and who had remained healthy.	Three themes of control, connectedness and conflict emerged as a significant in the development, experience of, and recovery from an eating disorder.
Rance, N., Moller, N. P., & Clarke, V. 2015. ´Eating disorders are not about food, they´re about life´ Client perspectives on anorexia nervosa treatment. England.	To begin the process of eliciting clients´ views by giving anorexia nervosa sufferers the opportunity to talk about their experiences of being treated for their eating disorder.	Semi-structured interviews were conducted and results were derived from a thematic analysis. 12 women who were recovered or in recovery for anorexia nervosa and had received treatment.	Study revealed women´s high degree of dissatisfaction with treatment and their perception that the treatment system is overly focused on, and driven by, food and weight. In contrast women wanted to be seen and treated as a “whole person” and to have a “real” relationship with their therapist.

van Ommen, J., Meerwijk, E. L., Kars, M., van Elburg, A., & van Meijel, B. 2009. Effective nursing care of adolescents diagnosed with anorexia nervosa: the patient´s perspective. Netherlands	To develop- from the patients´ perspective -a tentative theoretical model explaining the effectiveness of inpatient nursing care of adolescents diagnosed with anorexia nervosa.	A grounded theory approach where participants´ were interviewed to generate data for the model. 13 adolescents with anorexia nervosa.	Participants stated that nurses contributed significantly to their recovery from anorexia nervosa.

8.2 Appendix 2. Hawker´s checklist

Article	**Critical appraisal score (Author 1.)**	**Critical appraisal score (Author 2.)**	**Mean critical appraisal score**
Dawson, L., Rhodes, P., & Touyz, T. 2014. Australia.	36	32	34
Fogarty, S., & Ramjan, L. M. 2016. Australia.	33	31	32
Nilsen, J-V., Hage, T., Rø, Ø., Halvorsen, I., & Oddli, H. 2019. Norway.	35	34	34,5

Patching, J., & Lawler, J. 2009. Australia.	34	31	32,5
Rance, N., Moller, N. P., & Clarke, V. 2015. England.	34	33	33,5
van Ommen, J., Meerwijk, E. L., Kars, M., van Elburg, A., & van Meijel, B. 2009. Netherlands	35	31	33