IS RELOCATION STRESS A SYNDROME?

To the Editor:

In the January 2007 issue, the article by Walker, Curry, and Hogstel (“Relocation Stress Syndrome in Older Adults Transitioning from Home to a Long-Term Care Facility: Myth or Reality?,” Vol. 45, No. 1, pp. 38-45) examined the validity of the diagnosis of relocation stress syndrome (RSS) among 8 nursing home residents and 8 assisted living facility residents in north central rural Texas. Through an informal interview conducted by mental health professionals, the authors did not find any indication that RSS exists in this population. In addition, they suggest RSS may not be an accurate diagnosis and that it may be misdiagnosed because its symptoms are similar to adjustment and depressive disorders symptoms.

As noted by the authors, this study had many limitations, such as the narrative interview, willing participants, and the location of the long-term care facilities. In addition, their sample was small, and the survey may not have been sensitive enough to detect changes among participants. However, their findings are consistent with those of Mallick and Whipple (2000), who also researched the validity of RSS and did not have any results to support this diagnosis. Castle (2005) also studied RSS in long-term care facilities and did not find significant evidence to support this diagnosis. However, Castle did find slight changes in cognition, social engagement, and depression, which could have significant effects on residents’ overall quality of life.

On the basis of these research studies, health care workers and families should question the diagnosis of RSS, while taking preventative measures to ensure an easy transition. For example, individuals should be allowed to decide when to move and be provided with an explanation of the benefits of the new location, which should be homely. Practitioners should be encouraged to accurately assess and diagnose for proper intervention. To decrease the small effects of the move as noted by Castle (2005), individuals should be encouraged to engage in activities of their choosing when moving to a new environment.

The research by Walker, Curry, and Hogstel could be easily extended by including a wider geographical area and larger sample. In addition, more sensitive assessment tools should be used in future studies, as Castle (2005) did find small changes. It is important to learn the origin of these changes in the individual’s psychological or psychosocial state and determine whether the symptoms are due to RSS or another disorder.

Overall, the Walker, Curry, and Hogstel article presented a valid point that “relocation stress syndrome may be a superfluous diagnosis” (p. 45). I was first interested in this article because I thought RSS was widely experienced by residents in long-term care facilities. When the authors stated their results did not support this diagnosis, I assumed it was because of their small sample. However, while researching this topic more, I was unable to find any research that supported this diagnosis, except for the small changes noted by Castle (2005). Therefore, it is important to continue to question our assumptions and look to the research for answers.

REFERENCES


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Response:

We appreciate and agree with Ms. Knoop’s perceptive commentary on the relocation stress literature, including our study and its limitations. Measures to foster a smooth transition, preserve clients’ personal efficacy, and accurately assess adjustment are always warranted. We take this opportunity to highlight the high risk for undiagnosed and untreated depression among older adult residents of long-term care facilities. Precise diagnosis and informed treatment of depression are pivotal issues for older adults and their advocates.

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STALKING STUDY: SCARY

To the Editor:
The article “Nature & Prevalence of Stalking Among New Zealand Mental Health Clinicians” by Hughes, Thom, and Dixon (April 2007, Vol. 45, No. 4, pp. 32-39) was particularly interesting to me as a graduate student of occupational therapy. The authors stated: “The prevalence and effects of stalking among mental health clinicians is of particular interest, not only because people within the mental health workforce may have been victims of stalking, but also because they are often required to treat perpetrators and victims of stalking” (p. 38). This statement addresses the effect these kinds of behavior can have on clinicians. Basile, Swahn, Chen, and Saltzman (2006) stated that “stalking is a major public health concern, primarily for women, and is associated with many adverse health outcomes, including death” (p. 172). I found this study, as well as this statement, both interesting and scary.

The Hughes et al. study consisted of a questionnaire distributed to 550 psychiatrists and 345 mental health nurses living in the New Zealand area. Of the 895 surveys distributed, only 280 were returned, all from women. The survey concluded that women are more likely than men to be stalked and that women felt more fearful after stalking occurred; the result had little statistical significance. No significant difference existed between the nurses and the psychiatrists. A cross-tabulation analysis, used for gender and relationship to the clinician, revealed that women who had contact with clients were more likely to be stalked than were women who had no client contact. In conclusion, little research has been performed on the effects of stalking on clinicians, and further research is needed to ensure safety for all professionals.

The study had a few limitations, involving an incomplete representation of all mental health clinicians and its lack of a baseline within the mental health field. Because of its small sample and limited survey distribution, the study did not allow for a large enough comparison between the two groups. Surveying other kinds of clinicians would provide a larger sample and more data. The study could be extended by changing the variables, such as including different clinical professions and sending the surveys to an area larger than New Zealand.

The implications and applications for the future in health care are numerous. It is hopeful that research will provide evidence that can help in the identification of characteristics of professionals who are victimized. This will provide valuable information to clinicians regarding effective ways to avoid being stalked.

REFERENCE

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