Psychiatric Nursing Described

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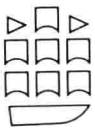

CHURCHILL LIVINGSTONE
EDINBURGH LONDON MELBOURNE AND NEW YORK 1983

CHURCHILL LIVINGSTONE
Medical Division of Longman Group Limited

Distributed in the United States of America by
Churchill Livingstone Inc., 1560 Broadway, New
York, N.Y. 10036, and by associated companies,
branches and representatives throughout the world.

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permission of the publishers (Churchill Livingstone,
Robert Stevenson House, 1–3 Baxter's Place, Leith
Walk, Edinburgh, EH1 3AF).

First published 1983

ISBN 0 443 02722 6

British Library Cataloguing in Publication Data
Cormack, Desmond
Psychiatric nursing described. — (Studies in nursing
series)
1. Psychiatric nursing
I. Title II. Series
610.73'68 RC440

Library of Congress Cataloging in Publication Data
Cormack, Desmond.
Psychiatric nursing described.
(Studies in nursing series)
Includes index.
1. Psychiatric nursing. I. Title.
II. Series. [DNLM: 1. Psychiatric nursing. 2. Patient care
planning. 3. Nurse-Patient relations. 4. Education,
Nursing. WY 160 C811pa]
RC440.C636 1983 610.73'68 82–9447
AACR2

Printed in Singapore by
Selector Printing Co Pte Ltd.

Foreword

Psychiatric nurses claim to be different from general nurses and claim that their role is entirely different. There is ample evidence that others fail to perceive the validity of this claim. The argument should be capable of being settled by observing what psychiatric nurses do and by asking them questions about their work, but this approach has been tried and has failed.

Dr Cormack has succeeded by his research in making a significant advance towards the understanding of psychiatric nursing. Using a variant of the Critical Incident Technique, he confirms that many nurses find it difficult to describe their role precisely, but he has been able to use the specific examples of effective or ineffective actions which nurses or patients mentioned to make inferences about the nature of psychiatric nursing and about the value of various approaches. Dr Cormack's work provides an important contribution to conceptual thinking about psychiatric nursing, building, as it does, on a thorough understanding of the literature on what nurses do, ought to do, what they actually do and what patients might find helpful.

Practising psychiatric nurses, students of psychiatric nursing and their teachers will gain much from the theoretical considerations which are presented clearly and convincingly in this book. The book will be of greatest value, however, to researchers. Dr Cormack has developed a highly original research design and has procured a vast amount of interesting data. Every stage of the research process is described in detail, allowing the reader insight into the researcher's planning, his thinking and into the frustrations and satisfactions experienced over a period of several years.

The hallmark of good research reporting is that it allows replication of the study in order to confirm or refute findings and to determine how far generalisation is justified. This book not only provides enough information to do just that, it provides this information without being tedious or abstruse.

Although this is a study of psychiatric nursing in only one area, I confidently predict that it will become an obligatory reference, especially for studies in psychiatric nursing, but also for students in courses on research methods and for researchers in social relations generally.

Edinburgh, 1983 A.T.A.

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Preface

Nursing practice and education are generally and increasingly being recognised as complex subjects about which much more requires to be known. Similarly, the means by which nurses' work is described and assessed are recognised as equally complex topics which need to be examined in far greater detail and depth than has been the case previously.

The perceived and actual interrelations of nursing practice, education, assessment and job description are becoming more apparent, as is the fact that they often poorly relate to each other. Finally, it is more widely recognised and accepted that patients' nursing needs have to be taken account of in relation to nurse education, if that education is to be relevant and effective. The following model seeks to show the interrelations of these subjects.

The purpose of the model in Figure 1 is twofold; to illustrate the interrelation of each of the five items *and* to emphasise the centrality of patients nursing needs to the other four items on the periphery of the model. The model can be used to facilitate an

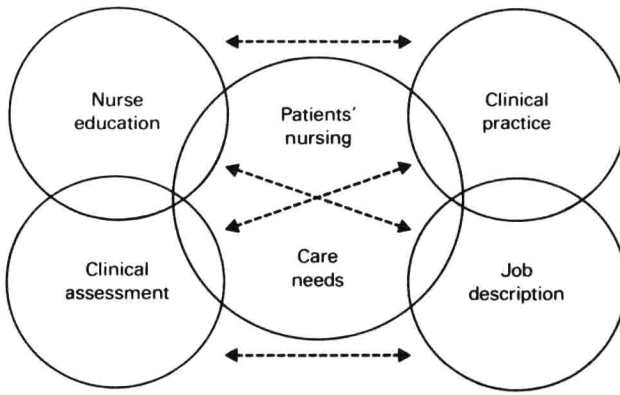

Fig. 1 Interrelations of patients' nursing care needs to nurse education, clinical practice, job description and clinical assessment.

approach to all of its items provided a starting point can be identified. For example one can start with nurse education and assume the other four elements will result. Alternatively one can start with a job description or an examination of the criteria for assessing nurses' clinical performance. A further starting point may be an examination of patients' nursing needs, and relating these to other parts of the model. Finally the starting point may be a dual one in which two related starting points are used, followed by a discussion of the remaining three.

The dual starting point used in this study examined patients' nursing needs within the context of nursing practice, in the belief that nursing practice is designed to meet patients' nursing needs. Thus, if it is reported that nurses should maximise the level of nurse–patient trust, a specific patient need, 'maximum nurse–patient trust' has been identified. Similarly, if it is reported that nurses should be able to monitor the effects and side effects of the drugs they administer, a specific patient need, 'to have the effects and side effects of the drug administered by nursing staff monitored' has been identified. It can be argued that all nursing activity, whether it be clinical, administrative, educational or relating to personnel functions, has the fulfilment of patient need as its ultimate goal.

This study starts from dual and interdependent points in the model by identifying patient needs by means of describing what nurses do. Clearly, not all that nurses do is desirable or designed to meet patients' needs, some activities may be antitherapeutic or performed to meet *nurses'* needs.

It is therefore necessary when examining nursing practice, to distinguish between effective and ineffective activity. This study describes effective nursing practice and uses examples of both effective *and* ineffective nursing to help distinguish more clearly between effective and ineffective nursing.

Having decided on a means of identifying patients' needs, by examining nursing practice, there remains the question of who should provide the information upon which a description should be made. A number of previous attempts to answer this question have depended on the opinions of individuals and committees with administrative, academic or educational backgrounds rather than of those with current clinical experience.

The description of psychiatric nursing in this book represents the informed opinion of various groups of persons closely involved in its delivery. It also constitutes an informed and considered description obtained from a considerable number of professional nurses.

Finally, this description has a research base which has been used to collect and analyse data upon which the description of psychiatric nursing is made.

Although data for this study were collected within a sample of Scottish psychiatric hospitals, it is suggested that this study has an application throughout the United Kingdom and in other countries. This view is supported by the writer's personal experience abroad, for example in Poland and the United States of America, and from a knowledge of the psychiatric nursing literature generally.

It is proposed that four distinct groups involved in psychiatric nursing will find the work of use; clinicians, nurse teachers, researchers and administrators. The research based subject of the text as it relates to education, nursing practice, job description and clinical assessment is clearly of relevance to all four groups.

Although some readers may choose to read this book from cover to cover, it is more likely that different groups of readers will find different parts of this book of particular interest to them. For example the literature review (Ch. 3) and the research method (Chs. 5 and 6) and some parts of data analysis (Ch. 7) may be of particular interest to a psychiatric nurse researcher. However, a nurse researcher who is not a psychiatric nurse, or a non-nurse researcher, may be primarily interested in Chapters 5, 6 and 7 and be less interested in the review of the literature relating to the role of the psychiatric nurse (Ch. 3). Similarly, clinicians and nurse educators may be primarily interested in Chapters 7, 8 and 9 which relate to the analysis of data and discussion of results.

This work represents a virtually unchanged research thesis in giving due attention to the subject of the study, psychiatric nursing, *and* to the research method used to undertake it. The inclusion of the detail of the research methods used will enable readers to examine the means by which data were collected, analysed and used to arrive at conclusions. Just as important is that inclusion of the research method will enable other nurse researchers to examine, comment on and, one hopes, learn from the techniques used in the project. It is also hoped that researchers other than nurses will find the methods section of use and having an applicability to a wider field of study.

It is important that readers realise that this work is not concerned with *how* to teach psychiatric nursing. Rather, it is concerned with an exploration of *what* psychiatric nursing is. It is suggested that knowledge of what psychiatric nursing is must precede any discussion of how to teach the subject. Psychiatric nursing is not alone in seeking to establish its identity, all areas of nursing require to do

likewise. Perhaps this book will begin to answer the question 'What is psychiatric nursing?' and present a research based model which may be used by other nursing groups to answer the same question.

While the writer must bear full responsibility for the strength and weakness of the research upon which this book is based, it could not have been undertaken without the help and support of a great many people. This work would not have been possible without the assistance of many administrative and clinical staff throughout Scotland. To all who assisted or contributed I extend a very warm thank you.

I also wish to acknowledge the very considerable help given by Dr Alan Presly of the Tayside Area Clinical Psychology Department and Dr David Kennedy of Dundee College of Technology. The contribution of Professor Annie Altschul of the University of Edinburgh who provided advice at all stages of the project is recognised and very much appreciated. The research would not have been possible without the assistance and encouragement given by my employers at Dundee College of Technology and by my colleagues within the Department of Molecular and Life Sciences, to them I also say thank you.

The thesis on which this book is based was successfully submitted to the Council for National Academic Awards in partial fulfilment of their requirements for the degree of Doctor of Philosophy in March 1981.

1983 D.F.S.C.

For my wife,
Joan.

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1

Introduction

Health care provision continues to utilise a large part of Government expenditure in the United Kingdom, the cost of hospital services constituting a significant part of the total health care budget. In turn, a large part of the total expenditure is used to pay staff salaries, including nursing staff. According to a recent report (Information Services Division, Common Services Agency for the Scottish Health Service, 1979) hospital services in Scotland cost £468 million to operate in 1977–1978, including £338 million for staff costs. Salaries for nursing staff were greater than for any other staff group, £159 million, and constituted 47% of total staff costs in the 1977–1978 period.

Thus there is a strong economic motivation for pursuing an enquiry which will yield data relating to the role, functioning and effectiveness of nursing staff employed in the National Health Service. There are, however, other professional and ethical considerations which make an examination of the role of the nurse more imperative.

Firstly, there is the general responsibility which any professional group must have to possess a knowledge of its own function, in other words, to know and *be able to describe what the professional role involves*. On one large group of professional nurses, Health Visitors, Clark (1976) wrote:

> There is no shortage of opinions about what the role of the Health Visitor *should* be; ..... There is, however, a dearth of factual information about the content of the present work of health visitors. (p. 25)

Three years earlier Scott-Wright (1973), made an even more sweeping claim about what was known regarding the objectives of the nurse; she wrote:

> The plain and awkward truth is that almost nothing is known about it in a profession that has had neither the opportunity nor the inclination to pursue it scientifically. (p. 216)

There is increasing evidence to suggest that other groups of nurses are becoming more aware of the need to define their role, for example *Nursing Times* (1980) reported that the 'uncomfortable' question of what the role of the nurse in the operating theatre is, required to be answered.

The lack of role definition which applies to the nurse generally has an equal relevance to that of the psychiatric nurse. Caudill *et al* (1952) described the role of the nurse caring for neurotic patients as being 'vaguely defined' and, by virtue of the vagueness, anti-therapeutic. Lambersten (1965) was critical of the inability of nurses to evaluate the quality of nursing care, claiming that 'good patient care' remained an abstraction, and that the components of nursing care had yet to be identified. Nicholas (1969) having posed the question 'What should mental nurses be doing?' concluded that:

> ... it is really an area of ignorance ... We do not know, for instance, what constitutes a successful nurse. (p. 1273)

More recently, Denny & Denny (1980) were critical of the apparent lack of planned nursing care and specific nursing objectives in relation to the mentally ill.

This lack of awareness of the role of a professional group raises a number of problems, not least the one relating to which areas of a role to keep, discard or change in favour of the adoption of new role elements.

Following an examination of the prescribed and observed roles of the psychiatric nurse Cormack (1975) recommended a thorough examination and evaluation of the present contribution of the nurse.

Secondly, the existing role of the nurse may, in part, be harmful to the patient in that it can cause 'disease' or hinder the process of recovery. The general name given to the process by which agencies which are designed either to prevent or minimise disease, in fact cause or maximise it, is *Iatrogenesis*. The American Psychiatric Association (1975) defined Iatrogenic Illness as:

> An illness unwittingly precipitated, aggravated, or induced by the physician's attitude, examination, comments or treatment. (p. 64)

However, this view is narrow in that it fails to take account of the others, including nurses, who may cause iatrogenic disease. Barton (1976) described the iatrogenic disease, Institutional Neurosis, as

being induced largely by hospital staff, including nurses. He described institutional neurosis as:

> . . . a disease characterised by apathy, lack of initiative, loss of interest, especially in things of an impersonal nature, submissiveness, apparent inability to make plans for the future, lack of individuality and sometimes a characteristic posture and gait. (p. 76)

He goes on to describe the possible causes of the illness as being loss of contact with the outside world, enforced idleness and loss of responsibility, brutality and teasing, bossiness of staff, loss of personal friends and events, drugs, ward atmosphere, and loss of prospects outside the institution.

Not only may staff behaviour cause patient pathology, it may also sustain pre-existing pathology. For example, the writer is familiar from personal experience with the tendency of inexperienced *and* experienced nurses to encourage patients' delusions and hallucinations by spending much time prompting patients to verbalise them. Much of the success of recent applications of operant conditioning techniques in the treatment of the mentally ill is due to the realisation that hospital staff, including nurses, had earlier been encouraging, or causing, abnormal behaviour in patients.

Thirdly, in health care systems generally, an increasing awareness of professional accountability is being recognised. Not only are professional groups increasingly expected to anticipate and describe the outcome of their contribution, they are increasingly being expected to define and describe that contribution. Bergin (1971) recommended a research approach which:

> should be directed towards answering *what* treatment, by *whom*, is the most effective for *this* individual with *that* specific problem and under *which* set of circumstances. (p. 253)

Finally, an understanding of the role of the psychiatric nurse is an essential prelude to determining what should be taught to those being educated to fill that role. Bendall (1975) in a discussion of the considerable gap between theory and practice in nursing concluded that:

> The first and most pressing need is . . . for research into what should actually go into a nurse training syllabus, in terms of what happens in the ward situation. (p. 68)

Mager & Pipe (1970) discuss further educational input as a possible solution to the problem of inadequate or inappropriate staff per-

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