Nurse–a therapeutic agent in psychiatric treatment

By Prem Misra

PSYCHIATRIC nursing is concerned with the total nursing care of psychiatric patient through development and guidance of interpersonal relations, creating therapeutic situations, application of other nursing skills in psychiatric treatment, and promotion of mental health.

Psychiatric nursing in modern psychiatry is a therapeutic process which brings about positive change in a patient's behaviour. How does the nurse bring about this change in patient's behaviour ?

A nurse focuses on her own behaviour and that of the patient's to bring about a positive change in patient's behaviour through her own. To understand the dynamics of behaviour, a nurse has a wealth of knowledge from social sciences, like psychology, anthropology, sociology theology, economics, political science and education. In other words, a nurse understands all the motivating factors of human behaviour.

Behaviour includes moods, ideas, attitudes, as well as, motor activities. All behaviours are meaningful and can be modified. The nurse is aware of her own behaviour and its effect on the patient. 'Therapeutic nursing requires the nurse to assume responsibility for the consequences of her behaviour to work towards increasing awareness of *self* and to study what is useful and what is not and why in the interaction with the patient.'

A patient is a human being with certain basic needs which have to be gratified for his survival and well-being. Biological needs are essential for preservation of life, whereas, security needs are essential for integration of his personality or preservation of his unique individuality in the society. It is when his security needs of love and affection, opportunity of expression, achievement and recognition are not met for a long time that he experiences an emotional anguish thereby crippling his personality, giving rise to a state of confusion, distorted attitudes and unhealthy interpersonal relations. His behaviour then is no more acceptable by society and is ridiculed by people around him. In this state of insecurity and confusion, he comes or is brought to the mental hospital for re-education in the art of living with himself and people around him.

The first 24 hours in the hospital is a crucial period for the patient in his adjustment to the new environments. He craves for help but at the same time, doubts the ability of hospital personnel to provide this help. Gradually his doubts disappear when he experiences an emotional climate of human relations and attitudes to satisfy his needs for love, recognition, approval and self-respect. It is the nurse who creates and maintain a therapeutic milieu for the patient in which she herself participates as an observer making professional use of *self*. In the initial stages of patient's hospitalisation, through one-to-one relationship, a nurse begins to answer his questions, introduces him to the ward personnel, other patients and the physical set-up, orients him to the ward activities. In other words the nurse communicates an acceptance of patient regardless of his behaviour and the faith in the potential for his growth towards maturity.

The nurse is aware of her own intentions, expectations and belief towards mental illness and its prognosis, for all these factors motivate her behaviour towards the patient and his treatment. The nurse constantly keeps ascertaining whether her behaviour stimulates a patient's socially acceptable behaviour or whether encourages regression of his behaviour. The following illustration may explain this point further :—

"Working in a psychiatric ward for acute psychotic patients, one day at lunch hour, I heard a loud screaming from the dining room. I witnessed Chitoo held by three other patients and two male nursing-aids, he was being beaten and dragged to his bed to be tied down. One of the nursing-aids rushed to get an injection of Paraldhyde (a standing order). Chitoo (22) was an educated man, suffering from slight schizophrenic reaction. I ordered in a low but firm voice to leave Chitoo alone, untie him and not to administer Paraldhyde injection. Nursing-aids carried out my orders reluctantly fearing that Chitoo being in a violent mood may harm me or the others. Chitoo looked aghast at this unusual order, stopped screaming and looked at me with suspicion. I sat down calmly on a nearby chair and asked Chitoo if he would like to tell me what lead to this quarrel. Chitoo was quiet and hesitant for 2-3 minutes but seeing my reassuring attitude, started in a low tone which got agitated in between and said : I was holding a bowl of *curry*. The Nursing-aid poured curry in my bowl but dropped some on my hand, the curry was steaming hot, causing intense pain to my hand, thereby making me drop the bowl. The nursing-aid started abusing me instead of saying 'sorry'. Well, I could not tolerate his rudeness so I went forward to hit him but immediately I was overpowered by them and they started beating me and tying me down to the bed. Naturally I screamed in protest till you arrived.

By the end Chitoo's voice was low and calm and he was looking at his toes with an injured expression. I apologised to Chitoo for this rough treatment and asked him politely if he would like to eat *now* or *later*. He decided to eat immediately. We went to the dining room where others had finished eating. He sat at the table and ate his food while I sat with him talking about the book he was reading. Afterwards I had a con-

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Health Education

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ness in clinical medicine and public health only becomes apparent when there is thorough understandding of aims, methods and limitations between the workers in the fields and when there is close co-operation between them in the executive work.

It is the patient, his friends and relatives who decide whether he will go to a doctor or a quack and whether he will accept and persist in the treatment prescribed. These preliminary steps are profoundly influenced by the value the community places on health and attitude it adopts towards the services and their personnel.

Health education can assist in bringing about recognition that a disease such as Trachoma, T.B. and Leprosy exists in a community and that it is worthwhile taking advantage of health services to cure cases and prevent recurrence. It can prolong the therapeutic act by using the experience of cure to increase the value placed on good eye-sight and thus promote prevention of blindness.

The success of health education programme depends primarily on the human relationship between the staff and the public.

Nurses As Health Educators

It is the nurse, who is with the patient most of the time. The attendents and relatives of the patients rely much on the Nurse and she is quick to establish rapport with them all. Therefore, she has the best opportunity to impart health education to the patient and those attending on him. The impact of such education given by her—will have lasting effect. She may educate them on various subjects depending on the need of the patient and the opportunities available. She may begin with personal hygiene, environmental cleanliness, dietics, preventive measures, family welfare and planning and she will be successful if she bears in mind the principles and practices of health education as adopted in the field of Public Health.

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Psychiatric Section

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ference with the nursing staff.

This kind of violence or indifference to patients is an everyday occurence in our mental hospitals where 90% or more direct nursing care is being given by untrained nursing-aides. Currently the majority of our trained psychiatric nurses are also not prepared for this therapeutic role, nor do the majority of psychiatrists seem to expect it, they still being disease-centred. It all therefore boils down to an urgent need of in-service education and supervision of these nursing-aids and nurses; more nurses to be attracted to this field by providing them more satisfying experiences in their initial training in psychiatric nursing; and better courses to be organised at graduate and post-graduate levels in speciality of psychiatric nursing to prepare clinical specialists, teachers, administators and public health workers. Actual psychiatric treatment takes up only a small segment of a day's 24 hours, the remaining interminable period has to be filled by nurses with therapeutic and recreational activities keeping in mind the importance of environmental and interpersonal influence on patients. As such we need to prepare more nurses for this therapeutic role to look after our mentally inflicted with humane and educational experience.

Besides a nurse's behaviour towards patients, the staff-interpersonal relations also influence the ward climate. Unless the ward personnel also experience the feelings of being accepted, understood and respected, they cannot extend these feelings to the patients. Anxiety of the ward personnel is passed on to the patients making them more confused and disturbed. Patients are extremely sensitive to the non-verbal communication, facial expression, gestures and the tone of voice are more meaningful to him than the words spoken.

Quick turn-over of the staff also interferes in therapeutic care of the patient. An uninterrupted nurse-patient relationship is beneficial for his sense of security.

Nurse need to be aware of her *SELF* and how it is used in different nursing situations. She has to understand how she affects patient's behaviour and the human environment for him through her own behaviour. She should provide for him an opportunity to experience satisfying relations initially through one-to-one relationship and gradually create situations for him in which he finds satisfying relations with other patients, ward personnel and friends and eventually in a group situation. 'No miracle drugs, no organic treatment, no operations can provide the security needs so indispensable for harmonious human living which can only come from other human being and that human being is the nurse working with him round the clock in various nursing situations.

Effective State Branch

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adjustment of duties but out-station visits raises the problems of leave and expenses.

The State Branch should publish a Newsletter to keep members informed of the activities in the State and involve their participation in contributing items of interest.

Members might contribute a small amount, say 25 paise per month, to meet State Branch expenses.

A full-time Secretary is needed, at least for larger States like Maharashtra. Reorganization of the TNAI at State level is essential so that educational and other professional work can be undertaken according to local needs.

In a democratic set-up the root of the organisation—responsibility—should be with the members. But in the TNAI authority remains with the Head Office, e.g. "all subscriptions are credited to the general fund of the TNAI and a per capita grant is made to the State Branches as decided by the Council from time to time." Instead the responsibilities to increase members and collect subscriptions could be delegated to the State Branch. Meetings of members in hospital units, district branches (consisting of hospital units) and at State Branch level would give them a greater sense of participation in their professional organization. At present they feel—the TNAI in Delhi is so far—who will solve their problems ?