NURSES' PARTICIPATION IN PATIENTS' PSYCHOLOGICAL PROBLEMS

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This paper was presented by Prof. S. K. R. Rao at the first annual conference of the Student Nurses Association, Karnataka State Branch, held at Bangalore. He emphasises in this paper the underlying psychological problems of the patients in the hospital, the need for their psychological care, the role of nurses to diagnose these problems and equipping the student nurses with necessary knowledge to meet these needs of the patients. Prof. Rao is a visiting Professor of Psychology in College of Nursing, Bangalore. —Ed.

Nursing is no longer a mere calling, it is now a profession, an occupation. It therefore requires not only registering, as it was in the days of Florence Nightingale in the 1870s, but also training. During the last two decades especially the training of a nurse has itself become a specialised profession. The techniques of observation, interpretation and evaluation of the data obtained exclusively at the bedside of a patient are taught at advanced graduate levels and clinical nursing research has come to stay (not of course, in our country as yet but elsewhere in the world). The value of ethnographic and psycho-social approaches is being increasingly appreciated in the nursing profession. Not only the role of a trained nurse, but her specialization and differentiation, her feedback function in the clinical system, and her interactional efficiency in the cure-care situation are undergoing marked changes as years roll by. Naturally therefore, the involvements and challenges of a student nurse are today much more complicated than they were two or three generations ago.

Let me here confine my attention to but one aspect of this problem, the aspect relating to the nurses' participation in the increased psychological problems of the patients. Prof. Michael Swann of Edinburgh perhaps had this aspect in mind when he wrote, "Medicine may have become too absorbed in treating human organisms and too little concerned with human beings in their homes and their jobs". I find no reason to exclude even psychiatry, at any rate in our country, from the scope of this statement. The medical system and I use the expression system in its scientific sense, as an orderly or methodical arrangement of parts into a working whole is trained to regard disease as a system of symptoms, a system that is more conceptual than real, and a system that somehow seems to stand apart from the human being. To pursue the imagery of systems, the disease is regarded as an open system, open to exchange with environment (the physicians, drugs, hospitals and nurses), but the patient himself is looked upon as rather a closed system, immune to input or transformation. The resultant attitude is one of exclusive concern with the disease as such, ignoring altogether the person who bears that disease and suffers from it.

Every anesthetist or surgeon who, before proceeding with the treatment, tells the patient to relax, knows very well that the attitude mentioned above is not only unwarranted but unhelpful; he knows very well that the patient is by no means a closed system. Preparing the patient psychologically is important, if not more so, as the preparation normally done in the wards. The job of preparing the patient for actual treatment, whatever it is, is traditionally assigned to the nurse and it is therefore the nurse, more than the doctor, who should understand the psychological problems involved in such preparation and if possible react to them adequately. The role of a trained nurse includes the responsibility to appreciate, to sympathise, to reassure, to intelligently counsel, and to build up the confidence and morale of the patient. This aspect of the training, despite its acknowledged importance seems rather neglected.

Relaxation is as someone has said, a scientific business. There is a science to it, and it is also an art. One needs to learn it in daily life so that in critical moments it comes more naturally. It is a complicated psychological skill that needs to be taught. Lying on bed, stretching out the limbs, letting go of the clenched hands and easing the muscular tenseness are very small details in relaxation, compared to the feeling of freedom or the quiet confidence that is involved in it. And the sources of stress and distress (to undo which relaxation aims) may be too deep-seated for the doctor or the nurse or for the patient himself, to recognise. A conscience that is guilt laden, a nabbing anxiety, an inarticulate despair, an unconscious frustration may defeat all efforts at relaxation. A trained nurse should score a point over the doctor in helping the patient to develop an insight into his own psychological precondition and in easing out the stresses at a personal level.

I would like to refer to an excellent study on the "Psychological Preparation of Surgical Patients" conducted by Schmitt and Wooldrige (reported in *Nursing Research*, 1973, Vol 22, No. 2). This study highlights the value of competent nursing intervention in reducing the stress, "giving the patient initial support and some skills to work which made him better

able to cope effectively with the crisis of surgery" (P. 115). Interesting also is Carnevali's paper on Pre-Operative Anxiety (American Journal of Nursing, 1966, 66, 1536-1538) which shows its relation to postsurgical nursing care. Several other studies have revealed that cure-care complex increases efficiency in proportion to adequate psychological preparation of the patients. The studies also underline the responsibility as well as the skill of the nurse "in decreasing the patient's tension and abating his comfort." (Meyer's on effect of communication types of patient's reaction to stress).

Among the factors that have been isolated in this 'Psychological Preparation of the Patient' important are the assumption on the part of the patient an active role, which contributes to the effectiveness of his care, giving the patient specific information about the treatment (even major surgery), familiaring the patient with the immediate hospital environment, instructing him about his role-expectations, eliminating his sense of isolation and loneliness. Generally speaking, increasing the patient participation was found in several studies to be the major process in the psychological preparation of the patients for complicated, sophisticated, risk-loaded, and threateningly stressfull treatment procedures.

I have enumerated the factors above in order to give you an idea of the dimensions of the psychological problems even in non-psychiatric nursing. It has been pointed out that the object of medical treatment is essentially and truly a person who has been transformed into a patient. This transformation itself presents a psychological hazard, capable of complicating the disease framework. Hospitalization is a further hazard, the hospital environment is not only strange, but is loaded with uncertainties and demand situations, to which the patient feels helplessly subjected. Clinical investigations, treatment routine, periodical examinations, restrictions on movement and communication and other details in the hospital can so threaten the ego-structure of the patient that psychological distress becomes inevitable. The role of the nurse in offering him support in this crisis can hardly be overestimated.

It means therefore that the training of a nurse should necessarily include the disciplines that deal with the psychological and social details of the transformation of the person into a patient, and the removal of this affected individual from home to the hospital. It is not only the mentally handicapped, but almost every patient, that has the dependency status. It may not be total dependency on nurse as is the case with the former but the degree of such dependency increases with the seriousness of the disease as well as with the patient's personality pattern in all cases. In the comprehensive service that is expected of the nurse, psychological considerations steal the show.

Nursing education has not been slow to recognise this. As early as 1877 Miss Nightingale spoke of the nurse as a missionary in her letter to Miss Marsh, and described her job as "looking after the patients' body as well as his soul". Although the extra mercantile spirit which Miss Nightingale feared had already come in, has now pushed ahead, the basic framework remains very much the same. But we now do not refer to the latter concern of the nurse, namely the soul as a religious entity. We take it as mind as spirit in a practical psychological sense. However, in the first phase of professionalization the body was regarded as more important than mind and spirit. It was obviously more concrete and the disease, or at any rate their symptoms were physical. And the nurse was after all a handmaid to the doctor whose primary if not the sole, concern was the patient's body. But lately the role of the nurse in preparing the patient for treatment, in managing him during treatment, and in helping him regain his normalcy after treatment have emphasised problems quite other than the bodily. Her horizons stretch beyond the normal vision of the doctor.

In the countries where nursing education has made great strides, there is no longer a confinement of nursing practice to the classical triad of doctor-nurse-patient. On the other hand, the nurse-patient dyad has come in for greater emphasis and patient-centered research is being encouraged. Some of the studies have brought out the distinctive role of nurses, whether baccalaureate nurses or clinical nurse specialist, in perceiving the psychological problems of the patients and in taking decisions on their own. The medical prescriptions or the doctor's directives did not come into the picture at all (Report by Betty Davis, *Nursing Research* 1972, 21 No. 6, P. 530-534). The Nurses had to take decisions on their own, and, of course, the study revealed a positive relationship between advanced education and supportive action, and a negative correlation between years of experience and such action.

Among other things, studies such as this one, bring to the fore the value of adequate education in the nursing profession. The training that the nurse gets should equip her to start off playing her distinctive role the very day she starts her practice. The old idea that one must learn the essentials only from experience has almost become obsolete in nursing as in other specialities. The purpose of onward education is to save the time and energy spent on trial and error, and to make the individual more efficient than his predecessor by developing in him new and better insights.

This in turn reflects the special advantages as also the new responsibilities of the student nurses each year. It is true that our students do not face challenges this way, because much of their education is by no means onward, years in our country do not mean changes either in content or in form of instruction. But nursing being a highly practical discipline, and the students of nursing being committed to it, student nurses must open themselves up to the advances being made elsewhere in the world. Engaged in teaching psychology to them, I have naturally thought it worthwhile to draw their attention to the increased emphasis in modern nursing practice on psychological problems of patients. It is my hope that this college of nursing will break new ground in this direction.