

The Role of a Nurse in a Psychiatric Unit

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TO understand the patient as an individual and not just as a patient suffering from illness the nurse requires wisdom and efficiency. Her curriculum should stress the importance of knowing the psychological principles in personality difference which give rise to emotional problems. Although nursing education emphasizes the relationship between the emotional and physical aspects of sickness and health, when the nursing personnel spend more time in conversation and recreational activities with the patients some wonder how these activities could be classified as nursing.

A mentally ill patient may require the help of the nurse to solve his everyday problems in life. His problems may be relating to the physical functions of the body as well as his feeling about himself and other people, his social relationship and his response to his environment.

Helping the patient to accept himself and improve his relationship with other people is the most fundamental goal in psychiatric nursing. To attain this the nurse who works with a mentally ill patient should: (i) know herself; (ii) analyse her relationship with others and (iii) work constantly to improve her understanding of human behaviour through communication.

Psychiatric nursing does not require a unique personality, attributes or attitudes, but it does require an interest in developing a therapeutic approach to patients and thoughtful efforts to know herself and to know her patients.

To work in a psychiatric unit or psychiatric hospital a nurse must develop self-awareness in order to understand how she responds to patients and how patients respond to her. She should be able to identify the emotional needs of the patients and influence the patients' hospital experience in the positive therapeutic direction. Through the

reciprocal relationship that develops while being a patient the nurse should try to understand the patient's behaviour and meet his emotional needs by adjusting and readjusting her approaches, her attitudes and feelings.

She should set up therapeutic environment which is dynamic and flexible taking into account the specific needs of her patients in a given environment in order to promote positive living experiences and changes.

The nurse-patient relationship plays an important role in psychiatric nursing. Every contact or interaction with the patient leads to a more or less favourable outcome. The quality of the interaction between the nurse and the patient is closely related to the motivation that underlines her attitudes towards nursing and the perception of her role as a nurse. It is important for the nurse to evaluate her relationships with the patients and the problems confronted by the nurses should be discussed at conferences and group discussions so that their experiences could be shared for future guidance.

In the nurse-patient relationship the following factors assume importance. Acceptance of patients and their behaviour is often difficult to achieve. The behaviour of some mental patients is offensive at times. The Nurse who cuts jokes in front of the patient about their behaviour or speaks of his shortcomings to others is neither showing respect to the patient nor attempting to achieve his acceptance. Consistency is another point which must be considered in developing nurse-patient relationship. "Consistency helps lessen the patients anxiety by simplifying decision making and by avoiding uncertainties." The consistent nurse maintains the same basic attitude towards the patient by which the patient develops confidence in her.

Re-establishment of self-esteem and self-confidence: All mentally ill patients experience some loss of self-esteem and confidence. Recognition of the patient as an important human being, genuine expressions of interest in him, spending time with him and conversing with him and listening to his expressions of feeling with understanding will help the patient restore his self-esteem.

Communication with the patient is very important and the nurse must develop an understanding of the principles of effective communication. Her feelings, reactions, expressions and her general attitudes of sympathy are more effective than her spoken words.

Although the nurse may initiate communication and keep it alive, the subjects must focus the interests and concerns of the patients and he should be encouraged to take the lead. While conversing with the patient direct questions may be avoided. Such questions may be misunderstood as a threat to personal security.

The nurses' written records of conversation with the patients should be accurate and should avoid terminology, labels or impressions. The most meaningful source of recorded material is the patients verbal communication. The nurses' personal impressions and reactions should be avoided, except in situations describing the patients' mood or attitudes.

When the patient is admitted with acute disturbance and distress he should be attended to quickly. Close observation and skilled judgement are imperative in evaluating the patients response to medication and detecting the earliest signs of untoward effects. The nurse should not attempt to direct or control the patients; but all her actions and interactions should be focussed on relieving distress. The patients sense of individual integrity should be maintained or rather enhanced. He should not experience depersonalization and loss of identity.

The sick needs treatment less with drugs and surgery and more with human relationship and the nurse must be capable of imparting that magic touch of healing.