

Integration of Psychiatric Nursing in the Basic Nursing Curriculum—Part II

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BEFORE we start integrating psychiatric nursing into basic nursing curriculum we should formulate and understand some of the psychiatric nursing concepts and how best we can put them in all nursing situations.

“Psychiatric Nursing emphasises that there is an inter-relation between body and mind”.

Man is the unity of the body and the mind. In health and illness this unity is maintained. To ensure health for the individual, the body as well as the mind must carry out its functions freely and efficiently. The disturbance of the body and of the mind cannot be dealt with separately as they form two phases of a single problem. Moreover health itself is defined as a state of complete physical, mental and social well-being of the individual and not merely the absence of diseases or infirmity (W.H.O.).

It was known long back that the disease of the body can have an unfavourable effect on the mind. This can be illustrated by a simple example. Even an attack of common cold or headache in a person makes it difficult to concentrate on any work or to appreciate a joke, or to enjoy a film which in ordinary circumstances he would have been able to do. When one is physically not well irritability and emotional regression to certain extent is commonly seen.

Now we also know that illness can occur without any organic pathology. Psychological stresses and strains that sometimes operate at an unconscious level may produce or precipitate certain physical illnesses. Sometimes these stresses and strains may prolong the illness,

cause relapse or hinder rehabilitation.

When man is sick he is sick as a whole, both physically and mentally. The recent history of psychosomatic view emphasises that every illness has got two aspects, the physical aspect and the psychic aspect. So, as Dr. Bleuler said : “the question psychic or physical ? therefore, is put wrongly and should be replaced by the question to what extent psychic ? and to what extent physical ?”

Emotions also play an important role in the causation of illness. This was recognised 2500 years ago by our ancient surgeon Sushruta. Now this theory has come into the forefront. For the last few decades emotions and bodily changes have been extensively studied. The study of Dr. Dunbar shows that “all organs of the body are subjected to repressed or excessive emotions and these disturbances of functions are responsible for a variety of illnesses”.

No system of the body is free from the emotional upheavals. Let us see what physical changes take place in fear. The heart pumps more blood with greater force at a faster rate. The rate of respiration increases. There is some difficulty to take deep breath. The legs become shaky. The individual finds it difficult to stand. The skin becomes moist. The tongue becomes dry. The digestive system is at a standstill. The pupils are dilated. There is difficulty to focus on the objects. There may be a tendency to diarrhoea or micturation. At least some of us might have had the experience at examination having diarrhoea or frequency of micturation while waiting for a viva voce. Thus we see the emotional reactions

are closely associated with the activities of the autonomic nervous system. If any of the above symptoms persists in intensity for a long duration, it can give rise to physical illness.

It is proved that prolonged mild anxiety or continuous stresses may produce symptoms of hypertension in some people. It is doubted atherosclerosis and hypertension between the age of 50 and 60 are due to a prolonged state of anxiety and tension. The skin specialists agree that a number of skin diseases occur due to emotional disturbances. Many gynaecological conditions are also related to anxiety states. Dr. Smith says : “...nausea and vomiting during pregnancy are often symptoms emotional in origin, due to subconscious rebellion against pregnancy and subconscious desire for an abortion. Cure is easily effected by psychological treatment.”

Emotions also affect our resistance to diseases either by lowering or raising the general tone of the body. To illustrate this, though the causative organism for typhoid fever is bacillus typhosum the disease is influenced by immunity, resistance and susceptibility which in turn are influenced by emotions.

So we see the body-mind relationship should be considered in all nursing situations. But often in general hospitals the patients are not seen in the natural environment. They are seen in terms of diseased organs. Much care is paid to the diseased part of his body forgetting the individual who is suffering from the disease. The strains and stresses which have a precipitating or contributing effect on the illness are not taken into serious consideration. The emotional

components of the illness are usually unrecognised, neglected and considered as annoying complications.

"Psychiatric Nursing emphasises on the total care of the patient and considers him as an individual who has got intrinsic worth and dignity".

It is fairly common in most of the general hospitals that the patient is treated as a case rather than as an individual. From our own experience in the wards, we can say we are inclined to treat the patient as a mere bed number or a diagnostic entity. While giving care to the patient who is suffering from an inflamed appendix or fractured femur it is not enough if we take care of the diseased organ but also the individual who is suffering from the illness. As Socrates said: "Just as you ought not try to treat the eye without the head, the head without the body, so also you should not try to treat the body without the soul".

We should also remember that there is a difference between disease and illness. Disease is recognised by objective examinations, either physical, chemical or biological. Illness is subjective and consists of disturbance of health recognised and described or indicated by the affected individual. Disease becomes only an element of illness but not the only cause. Disease does not necessarily cause illness and illness may occur without disease. So it is obvious that it is not enough if we care only the disease but we should care for the illness and the person who is suffering from the illness. As Dr. Draper put it "we should be able to see, to comprehend the individual within the patient expressing the particular illness in his particular way according to his inherited constitution and the habit patterns acquired from his environments." In psychiatric nursing we consider the patient as a unique individual who has got beside his common physical needs, his own personality make up which makes him respond to any situation in a particular fashion. If our nurses realise this factor they will not group the patients according to their diseases but will consider the individual differences while giving the nursing care.

"Another concept in psychiatric nursing is that man's behaviour is purposeful always and the behaviour is expressed not only through actions but also through ideas, feelings and emotions".

Do we give any importance to the behaviour of the patients in a general ward? Do we bother only about the physical signs and symptoms? Do we realise that the behaviour represents the needs of the patient? Further are we aware that a patient who is fussy needs free communication and reassurance, a child who cries needs food, another who complains needs attention, one who demands feels insecure, and needs security and a post-operative patient who is quiet and withdrawn and never demands attention may have a deep seated anxiety and fear and really needs help and reassurance. The mother who is rejecting the new born baby, a patient who is tense after the visit of a particular relative are all examples of behaviour which should be understood and the needs should be met as far as possible.

Scientific advance in medical and nursing fields has resulted in more emphasis on the technical aspects of the treatment neglecting the psychological aspects; with the knowledge of modern science and technology it is almost possible to carry out most of the nursing techniques and procedures by means of machines. But understanding the patient, reacting to his feelings and emotions and a 'personal touch' of the nurse has got its own place in the healing process of the suffering humanity. As Dr. Ryle put it: "The science and technique have come to dominate medicine to the exclusion of the most important science of all, the science of mankind and the most important technique of all, the technique of understanding. Science without humanism may work with atoms but will not work with man".

The physically ill patients deserve and demand sympathetic understanding and emotional support from the nurse which the nurse alone can give but not the machines. But these needs are omitted often because the nurse lacks insight into the emotional needs of the patient, rather than the time.

"Lastly psychiatric nursing be-

lieves that man possesses an inborn therapeutic force which can be reached to aid the healing process and survival of other human beings".

Psychiatric nursing considers the nurse as a therapeutic agent. We know how that the nurse-patient relationship forms an important factor in the recovery of the patient. Whatever the nurse speaks and does for the patient is a part of the therapy. Giving a sponge bath, making the bed, feeding the patient, keeping the ward and surrounding clean, etc., all form part of the treatment.

As a therapeutic agent it is the responsibility of the nurse to create a therapeutic environment in the ward. We all know that the therapeutic environment provides the patient an optimum state of comfort, a feeling of security and a stimulation of growth towards health. The therapeutic environment is also accepting, protective and permissive in nature.

A healthy interpersonal relationship between the patient and the nursing personnel, the nursing personnel and other personnel of the hospital, and among the nursing personnel themselves is essential for a therapeutic environment. Most of us might have experienced the confusion which arises due to the difference of opinion among the nursing staff themselves and how badly it affects the therapeutic environment. When we are anxious or upset, we release this tension by showing it on the staff nurses, the staff nurses on the students, the students on the patients and the patients in turn on the nurses which sets up a vicious circle. If we try to realise the cause of anxiety and solve it rather than showing an emotional outburst we would be able to avoid such untoward happenings in the ward which is not congenial to the patients as well as to the others. A psychiatric nursing orientation will certainly throw light on these problems.

So, in the advancement of medical science and nursing profession let us not become mere technicians but possess the healing touch for which I am sure the integration of psychiatric nursing into basic nursing curriculum will be of great help.