

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

By

T. BASAPPA

*Tutor in Psychiatric Nursing,
All India Institute of Mental Health, Bangalore.*

LET us now consider the next aspect of integration of psychiatric nursing in the Basic Nursing Curriculum. What is integration? How and when it is carried out?

Integration is defined by Jensen as "a method of relating varieties of subject matter to units of study or problem solving situations. Most of us are the products of specialised unintegrated training. Our integrations (if any) are the results of our own interests and aptitudes in our different fields. We are cursed with a great respect for the specialist. It is because of this that many teachers in different specialised fields are reluctant to take part in the integrative experiments...It does not mean that we should prefer to have a Jack of all trades; between these two extremes of the specialists and the jack of all trades, lies a happy compromise..."

"Imparting a body of knowledge is not an end in itself. The aim should be to prepare a nurse who can think enquiringly and constructively...Teaching two or more subjects concurrently is not integration; it is just co-ordination. These subjects should be correlated with timely associations.. both in the class room and in the clinical field. Thus in integration we unify both the approach and the end result of learning. The two subjects which were taught separately are now combined into a uniform course of instruction centred round a common interest or a problem-solving situation".

The nursing educators have already found the value of such an integrated approach, and there is already a tendency to integrate such subjects as anatomy, physiology, microbiology, nutrition, hygiene

and nursing arts. When treating a wound the student nurse should be taught how the above subjects play their part in the causation, management and healing of the wound. At the same time, the psychological factors must also be given their due place. In fact, a psychological factor might have indirectly caused the wound, another emotional factor may prolong the healing and come in the way of recovery.

Before we integrate psychiatric nursing in the Basic Curriculum, we must formulate the important psychiatric nursing concepts, which are to be integrated. Some such concepts have already been explained. Such concepts should take into consideration our social and cultural patterns.

We must also find out how these concepts should be woven into the basic curriculum. Integration of these principles into all the subjects in the curriculum is not easy though not impossible. It is easy in some fields and not easy in others. Also this integration should not be at the cost of other subjects. There is always the danger of consuming time for integration, which is allotted for a particular subject. Nevertheless, these concepts can be integrated into all aspects of the Basic Curriculum including natural sciences.

Integration in the class room level is not sufficient to be effective. Much repetition and reinforcement are essential for effective learning outcome. Constant and consistent integration should be carried out throughout the course with special emphasis on practical experience. It is not enough if we teach that the emotions influence bodily functions. We must also remember that feelings and emotions cannot be

This is the last paper on Integration of Psychiatric Nursing into Basic Nursing Curriculum presented at the time of the Second Biennial Conference of TNAI, held at Bangalore in October 1964, in the form of Seminar-cum-Role Play.

The Seminar concluded with a discussion in which many members of the audience took part. Many questions were put to the speakers and some suggestions made.

The important questions raised were, the influence of psychological factors in vomiting during pregnancy and the difficulties of using psychiatric nurses to guide students in the nursing schools. It was also suggested that the basic nursing curriculum already contained lectures on psychology and mental health. It was pointed out that psychiatric nursing and public health nursing should not remain as watertight compartments and they should also merge into one another. The speakers answered all the questions aptly and clearly. The speakers agreed that General Nursing Tutors should be oriented in psychiatric nursing rather than a psychiatric nurse working in each school.

The speakers clarified the differences in the terms Mental Health, Psychology and Psychiatric nursing and pointed out that the inclusion of psychology and mental health in the curriculum is not the same as integration of psychiatric nursing. A lively discussion about vomiting during pregnancy took place and the speakers quoted from various authors and described how unwanted pregnancy, anxiety during pregnancy or other psychological factors can increase the incidence of vomiting during pregnancy. Miss A. Cherian proposed a vote of thanks.

—Editor

taught or learned. They must be experienced to appreciate their effect on others. Emotions influence not only the patient but also the student herself. They determine the attitude of the student towards the patient. This in turn influences her relationship with the patient.

Thus we see that the integration of psychiatric nursing should begin from the first day a student enters the nursing school. Even the tutors' attitude towards the student influences her attitude towards her colleagues and others. The behaviour of teachers, patients and others is utilised as a medium of teaching in integration. During the first three months, *i.e.*, during P.T.S., the students should be taught elementary psychology and sociology associating them with other subjects. The student must also learn the problems of interpersonal relationships through applied examples.

Mitchell of the John Hopkins School of Nursing describes how the various subjects are integrated. "The social psychology and mental hygiene are correlated with preclinical courses in the biological sciences and nursing arts. Emphasis is laid on the threats which the modern man is facing in contrast with the primitive man. Man's fear of blame, criticisms, disapproval, accidents, incapacities and inability to earn a decent living for himself and his dependents is presented. Fear of losing one's job and problems of old age are discussed. The students are made acquainted with frustrations produced by customs, legalised restrictions, unfair competitions, injustices and class discriminations imposed upon man in his social community. The inter-relation of these subjects with biological sciences and nursing arts is presented by case presentations. A patient who is chronically frustrated, fearful and insecure lives in a continuous physiological distress which is evidenced by observed physical symptoms."

This type of integration will continually bring about the entirety of the situations of the patient's illness. During the first year of the training, the integration will continue as explained above, and also through applying psychiatric nursing concepts to the various nursing techniques in the actual ward situations. The students should cover all the social sciences and mental hygiene which are already included in the Basic Curriculum before they go for their first part examination.

With the above preparation, the students after their first examina-

tion are ready to be posted to the related fields of psychiatric nursing. The child guidance clinics, the out-patient and in-patient psychiatric clinics in the General Hospitals and later Mental Hospitals will serve this purpose. The students should be guided throughout all these field experiments. As they have already had an integrated approach to the patient and his illness these field experience provide them with better educational opportunities for effective learning outcome. Even in these fields, lecture demonstrations in the class room, case conferences, guided group discussions etc., are essential. During these experiences their earlier knowledge of psychiatric nursing principles becomes more meaningful.

The field experiences to be of real value should be of a duration of not less than twelve weeks, out of which three weeks are allotted to child guidance clinics and psychiatric clinics of the General Hospitals and the remaining six weeks to the Mental Hospital. The actual postings depend upon availability of clinics and mental hospitals and the curriculum placement of other subjects.

We should not be rigid about when and how the integration is carried out. Even the more advanced countries have not yet evolved specific methods. Psychiatric nursing itself is in the process of evolution. The social structure of our country is itself in the midst of a revolution. But we know that the integration of psychiatric nursing into basic nursing is a right step taken in the right direction. It is essential to start this integration immediately. We should develop proper evaluation methods to assess the learning outcome in the students. We will have to modify our ways depending on our early experiences. It is also necessary to bring about changes in our methods of teaching. We should use more effective methods such as problem solving, case conferences, group discussions, role play etc. The teachers should often meet on regional basis to exchange ideas and evolve better ways of integration. It is also wise to consider the use of regional languages in our teaching so that the students may grasp the principles easily.

Let us proceed to our next aspect—the problems that we face in this regard. The most important problem that we have to face is the lack of preparedness in the teachers including ward sisters and staff nurses who are responsible for nurse-training. Considering the large number of nurses who are to be trained in our country, the number of trained tutors is very small. In most schools the teacher-student ratio is not ideal. Though some amount of psychology is taught in some schools, it is not enough. It is different for a tutor without psychiatric nursing orientation to visualise the relationship of physical, social and emotional aspects of human behaviour.

The following suggestions are given to solve the problem :

1. A short term orientation programme lasting eight to twelve weeks may be arranged for the tutors and senior nursing staff including matrons and sisters in psychiatric nursing. This will provide the teaching nursing personnel with an immediate opportunity to prepare themselves to start the integration.

2. As many tutors as possible must be trained in psychiatric nursing. Many more psychiatric nursing schools are needed in different parts of the country. Preference should be given to tutors when selecting candidates for psychiatric nursing.

3. The nursing tutors curriculum may be altered to include psychiatric nursing as a subject for examination with provision for field experience.

4. To meet the urgent need, trained psychiatric nurses with ability may be used to guide students and staff in nursing schools and wards. This may bring some interpersonal tension ; hence some psychiatric nurses should be trained as tutors.

5. One nursing tutor with psychiatric nursing orientation or a trained and experienced psychiatric nurse with an ability and aptitude to teach may be assigned to two or more nursing schools in the same area or city.

If we want to integrate psychiatric nursing into basic curriculum it

is very necessary to have at least one person with psychiatric orientation in every school. Such a person can guide the students both in the school and in the wards.

6. It is ideal to have a nurse teacher to teach psychology and social psychology as the principles of these subjects can easily be integrated into the day-to-day nursing activities which are unknown to the non-nurse teachers. Even where non-nurse teachers are used (doctors and psychologists) they should know the philosophy, the objectives and the contents of the curriculum.

7. It is also essential to prepare a large number of leaders in the field of psychiatric nursing itself for purposes of teaching, administration and research. Nurses who show outstanding ability in theory and practice of psychiatric nursing should be given a further training of about two years leading to a degree.

8. Our mental hospitals should be upgraded and adequately staffed.

We need more child guidance clinics and psychiatric clinics. It is expected that by the end of our Fourth Plan, all the district hospitals will have psychiatric clinics.

This is a scientific era. We give a lot of emphasis to sciences. For the last 200 years, we concentrated only on natural sciences and neglected the social sciences. We know how to go to other planets and break atoms for energy, but we do not know how to live happily with our neighbours. We do not know our real enemies—the fear, suspicion, jealousy, hatred and such emotions.

This integration is a step forward in making up for the neglect of two centuries. This integrated approach is not new to us. Thousands of years ago, our sage-physicians preached and practised this approach. With such a cultural heritage, it will not be difficult to visualise the psychiatric nursing principles and practise them. We must not forget that it took a

century to find the remedies after the discovery of illnesses caused by microbes. Now we have just rediscovered our forgotten approach. It will not be long before we can help mankind to be healthier and happier. (Concluded)

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4. Programme Chairman: Miss M. Bardsley*		
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Address of Nominator :

CLOSING DATE FOR NOMINATION : March 25, 1965

Kindly return nominations to : Miss S. Thomas,
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Trivandrum-11, Kerala.

Signature

N.B. : Consent of nominee should be obtained before proposing his/her name.