Psychiatric Nursing Orientation at Nur Manzil

By

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It was visiting hour at Nur Manzil Psychiatric Centre. A tall, impressive, patrician-looking father in immaculate dhoti, kurta and Gandhi cap strode on to the verandah. A slender boy of about sixteen came timidly out to greet him. "How is my son ?" demanded the father in imperious tones of the nurse standing there. "Ask Santosh," the nurse said quietly. The father shrugged his shoulders and he and the boy took chairs indicated by the nurse. He began asking Santosh questions and with this the boy's face brightened as the father seemed interested in him, but soon the father exhausted his supply of questions and the two sat in glum silence. It was obvious that father and son knew so little about how to get along with each other that they were almost strangers. The nurse brought out the table tennis paddles and a ball and handed them to father and son saying, "Your son is a very good player, and he tells me you were a champion in college." "How about a game now ?" The father looked relieved and moved to the table ; the son followed, his expression unchanging. Santosh had practised a lot the past two weeks since he felt better and knew where he was again. He had been so confused at first that he couldn't even remember how his family had brought him to the hospital. Now he was placing his shots well. His expression began to change. He was enjoying this and so was the father ! Santosh won the first game 18 to 21. The father won the second. And halfway through the third it was a close score, but then visiting hours were over. Father and son walked to the edge of the verandah together talking in a relaxed fashion and Santosh eagerly asked when his father would come again. The answer was lost to the nurse, but it was evident that both would look forward to, and enjoy the next visit.

Mr. Gupta sat huddled in a corner all day not speaking and scarcely looking up if anyone passed. If anyone asked he said he couldn't think, his brain was useless. He was a brilliant reader in mathematics at University, but for the past four months he had given up teaching classes and just sat at home as he was sitting now, until his colleagues brought him to the hospital. The nurse brought out a chess set and she and a young college student sat down near Mr. Gupta and started playing. The nurse asked Mr. Gupta's advice about one or two moves. He said nothing, but reached over and made the move. Soon the nurse was called away to some other duty and she asked him to take her place. He said nothing, but finished the game. Next day his new partner brought the set directly to him and asked him to play. They were well matched players and soon were enjoying several games a day. Mr. Gupta even began to talk a little and soon he was talking to others.

A dirty, dishevelled husband carried Urmilla in and laid her on the bed in a room with three other women. Urmilla, a very beautiful, cultured young mother, lay pale and motionless on the bed, her long lashes wet by tears. She did not want to be separated from her eight-months-old baby. Actually she had never taken care of her baby. She had been "ailing" ever since the baby was born and for the last three months she had been completely confined to bed with a "headache", while three ayahs sat by to attend to her every need. The relatives were frantic when they found that the patient would not be able to have her ayahs with her. The nurse reassured them that she would care for the patient and sent them away. A physical and neurological examination revealed nothing organically wrong with Urmilla. Both

doctor and nurse reassured her that there was nothing physically wrong with her and after some treatment she would be all right. Urmilla seemed very displeased to hear this and protested that it could not be true. The nurse introduced her to her room mates, who were completing their morning toilet and leaving to join their friends for conversation and games. The nurse explained the daily routine of the hospital and told Urmilla that as the other women had finished bathing, she would assist her to the bathroom and help her bathe. With this Urmilla protested loudly, but the nurse assisted her to her feet and started moving her in the direction of the bathroom. Supposedly "too weak to move" she braced her feet and pushed violently against the nurse. The nurse quickly applied a crossed hand hold as she had been taught and deftly and easily propelled the protesting Urmilla to the bathroom, all the time quietly explaining that she would feel much better after having a proper bath instead of a sponge, and that it would require very little effort, especially if she stopped protesting so vigorously! The same rather unpleasant bathing procedure was repeated for several days. Then one morning the nurse took Urmilla to the bathroom door and told her she could go in alone and bathe herself. A very angry Urmilla stalked into the bath and sat sulking for some time, but eventually she bathed herself while the nurse stood outside the door ready to offer assistance if necessary. The nurse recognized this desire by Urmilla for physical care and the reluctance to assume self responsibility as her method of trying to gain love and attention from those around her, so the nurse gave her a great deal of loving attention at other times during the day when her behaviour was more socially acceptable. She was made to join the other patients in the day room, where she sat and sulkily refused to speak to them, but eventually she and a young college girl became friends when they discovered that they both liked the same kind of literature and poetry. They began playing quiet games together and soon they were playing table tennis every evening. In the meantime Urmilla, who was very fastidious about her personal appearance, was rushing to the bathroom before her sleepy room mates were out of bed, without any prompting from the nurse. Sometimes she complained bitterly of the difference in her home between her views on cleanliness and those of her dirty, untidy, college professor husband. The nurse reported this to the psychiatric social worker and doctor.

(The psychiatric social worker could and did discuss this in her conference with the husband. It had just never occurred to him that any woman would care if he didn't bathe every day or only shaved once a week. He loved his wife dearly enough—to shave and bathe every day after that!)

Shanti complained in a quarrellous tone from morning to night. She complained about everything, but mostly about the food and the times at which it was served. Shanti didn't hear the nurse's explanations or reassurances. She was deaf and though she had a hearing aid she never wore it. Shanti had been a school teacher for nearly twenty years. She had brothers and sisters who were holding good jobs, but when her father brought her to the hospital it was with a curt order to the doctor to "make her well. We want her to go back to work. She has to support us." He had left her a week ago and had not bothered to come back to visit her although he lived near the hospital. Now she was whining that she wanted her lunch at one o'clock even though the other patients ate at twelve. Her family complained that she upset them continually by demanding special food at special times. This time the nurse did not even bother to say anything, but gathered the patient into her arms and patted her. Shanti laid her head on the nurse's shoulder and cried as if her heart would break. When the sobs subsided she was cheerful and ate her lunch without comment. Several times in the next few days she again came to the nurse to be held, and the complaints gradually stopped. She even began wearing her hearing aid and talking to people about other things.

Each of the four situations related is

true, although the names and circumstances have been altered slightly for reasons of professional confidence. In each case the activities of the nurse represent the kind of care given by a nurse who is trained in the use of interpersonal relations as a therapeutic tool in the care of the mentally ill. The nurse must consider what she says and does as being as important to the welfare of her patients as the medicines she administers; and she is as responsible for doing and saying the right thing as she is for giving the right medicine. The doctor orders the medicines and likewise the kind of interpersonal relations (the technical term is psychotherapeutic approach) to give the patient, but the nurse assumes more responsibility for using her own judgment in the use of the latter. When a patient does or says something of importance to his emotional outlook on life, there is no time for the nurse to run back and ask the doctor what to say, as she would if he had an elevated temperature; she must respond immediately. This takes more than commonsense and kindliness, for sometimes "kindness" would be the worst thing that could be shown to a patient. The nurse had to be very firm with Urmilla. If a "kind" nurse had allowed her to stay in bed, chances are that she would still be in bed. The ability to interpret the verbal and non-verbal communications of patients, comes from training and experience.

The Nur Manzil Psychiatric Centre in Lucknow is the first centre of its kind in India to use the dynamic psychiatric approach, where the nurse is an actively participating member of the psychotherapeutic team trained to carry her responsibilities. All modern physical therapies such as insulin, electro-shock, massage, and chloropromazine are used when indicated as adjuncts to psychotherapy and recreational therapy. Over a thousand patients have passed through the doors of this Centre since it was opened in 1951. Of this number nearly three hundred have been admitted to the in-patient unit. The Centre aims primarily to serve those mentally and emotionally disturbed people who need help, but do not need to be locked up in a mental hospital. A sixteen bed in-patient unit has been maintained for patients from out of town and those needing adjunct therapies. At present an extensive building programme is under way which will expand the in-patient unit to twenty-six beds. A new occupational therapy section, treatment units and an out-patient unit are being constructed and among the new staff units will be rooms for eight nurses. The patients pay a small portion of the cost through fees and the remainder is financed from Methodist Mission sources. The cost of running such an institution is tremendous and it can serve only a small fraction of the needs of the community and state, but it is hoped that it will serve as a pilot project and training centre and that other groups will duplicate it in other cities.

In 1954 when the in-patient service began to expand, the need for trained psychiatric nurses was desperate and none with a dynamic orientation was available in India. Neither was a basic orientation to psychiatric nursing a part of the basic nursing curriculum as in some countries. At the same time the College of Nursing, Delhi, was planning to start their Child Guidance Clinic and needed a nurse trained in psychiatric nursing techniques. They asked if one of their staff members could spend some time at Nur Manzil observing the work there. With this the Nur Manzil staff decided that they could improve the observation period by offering classes. In November, 1954, the faculty member of the College of Nursing, Delhi, and a staff nurse at Nur Manzil began classes in a psychiatric nursing orientation programme to last three months. By the end of that time they had attended thirty-six hours of classes, twelve staff seminars and, most important, had put in about forty-five hours per week nursing practice on the in-patient unit. The two proved such apt pupils that the staff was encouraged to repeat the experiment. Funds were rather short, however. At this point the Central Social Welfare Board, which is very progressive and endeavours to aid new pilot projects of this type, became interested in the programme and agreed to support it by giving to nine students per year a scholar-

ship of Rs. 500/-. As the "students" were all graduate nurses holding positions of responsibility in hospitals or schools of nursing, who had to take leave of absence to attend the course, the scholarships were most welcome. After expenses were paid it meant each student has Rs. 100/- in hand each month to compensate for loss of salary. With the money given by the Central Social Welfare Board, four more nurses received a psychiatric nursing orientation in 1955-56.

And what does a nurse learn in such a course ? Well, there are classes in dietary responsibilities, protective care, medications, charting, and housekeeping. "But", you say, "every nurse learns those things in her general training." And you are quite right. But a different emphasis is put on these things when a nurse is dealing with mentally and emotionally disturbed patients. For example, she already knows about a well balanced diet ; now she learns why the food must be more tasty and more attractively served than in ordinary hospitals, and the psychological implications of eating or refusing food. Protective care is more than protecting the patient against physical injury or fire ; the psychiatric nurse is responsible for protecting her patient from emotional injury to his self respect, his dignity and his sense of worthiness, and for creating an environment free from fear and harmful tensions where he can get well. And a psychiatric nurse must do more than give the right medicine at the right time to the right patient. Of course, there are extra safety precautions to be observed in giving medicines to emotionally disturbed patients, but she must know the psychological values and implications of giving medicines. Only then can she understand the meaning of accepting or refusal of medicines and work out an effective approach for each patient. The psychiatric nurse charts not only physical symptoms of her patient, but the emotional symptoms—what he does, what he says, how he looks, and how he acts. Her intelligent observation and accurate reporting are used as guideposts by other members of the psychotherapeutic team in treating the patient. Housekeeping is more than seeing that the ward is clean and tidy and the equipment in good repair. The nurse must learn to create a homelike environment, to remove as many traces as possible of a "hospital atmosphere" and to use colour and design effectively to accomplish this. Then there are classes in the nursing care of special therapies, such as insulin, electro-shock, narcotherapy, hydrotherapy, hypnosis, and lobotomy ; classes on the history of psychiatric care and diagnostic classifications, on psychological testing, on psychotherapy, psychoanalysis, and group therapy. The classes on psychiatric social service emphasize history-taking techniques, and the role of the social worker in family service, case work, counselling, and discharge plans. The classes on the psychodynamics of child development are taught as applied to an Indian social setting.

There is a class on the selection and training of auxiliary personnel and one on how to evaluate psychiatric care given in any centre or hospital. The class on legal responsibilities includes not only a review of the present "Indian Lunacy Act", but a discussion of ideal laws to govern care and treatment of the mentally ill in line with modern psychiatric thought. Who knows ? Some day leaders in the Indian nursing profession may be called upon to help suggest revisions and changes in the law. The class on public relations also emphasizes the higher standard of professional ethics necessary for a nurse in the psychiatric field. In the classes on the nurses' responsibilities for diversional activities including recreational and occupational therapy, methods are taught along with therapeutic values as the shortage of trained workers in these fields in India frequently leaves this task to the nurse. And perhaps most important are the classes on nurse-patient relationships, for it is within this area that the nurse exerts therapeutic influence and only by understanding herself and her patient can she act effectively. A well-equipped library on psychiatric nursing is used to supplement class work.

And perhaps you are asking, "How can a nurse possibly learn all she would need to know to be a psychiatric nurse in

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