The Skills of Psychiatric Nursing

by M. Olga Weiss, R.N.

THE emphasis in nursing today seems to be swinging more and more to understanding the patient. Recognition of the person rather than of the disease is increasingly stressed in the newer methods of teaching nursing care. Psychiatry is being taught in more schools, and more affiliations with mental hospitals and other large hospitals with psychiatric units are being planned. Postgraduate courses are being offered, and still there are not enough psychiatrically trained nurses to fill the need for that field alone. Furthermore, it is generally conceded that the nurse with psychiatric training makes a better general duty nurse than one who has had none. The question arises as to whether this is a routine branch of nursing, to be taught with medicine, pediatrics, surgery, obstetrics, and so on, or a highly specialized branch. In either event, it seems of value to consider how the skills of psychiatric nursing differ from the skills of ordinary bedside nursing, and why instruction and experience in psychiatric nursing makes one a better nurse.

In surgical and medical nursing, certain definite mechanical skills are needed. The disease is labeled, evaluated, and treated. There are medicines to give, dressings to change, temperatures to take, and bedside care to be given. Manual dexterity is stressed—even overstressed. Because a ward of medical and/or surgical cases has so many definite needs, a schedule of time must be made to ensure all patients' receiving care and treatment. Beds must be made, oral hygiene given, medicines poured, always within a given time limit. Under such a schedule, manual dexterity must be stressed, and, unfortunately, the patient sometimes becomes an obstacle to the nurse's desired goal—that of having a nearly perfect ward at a given time. Time becomes something a nurse struggles with and attempts to juggle to compensate for having only two hands and feet.

This is the sort of régime the average student nurse has worked under for almost three years, until definite behavior patterns and certain standards have been set up. Experience in psychiatry doesn't come until the senior year, by which time the student's pattern is pretty much "set." When introduced to psychiatric nursing, where the time pressure is not quite so great, she is apt to feel there is "nothing to do." The patients, for the most part, are ambulatory; frequently they can make their own beds and help keep the ward in order. They have no tangible illness the nurse can treat with dressings and pills, and she finds her hands and feet have fewer tasks. Now she must use her head and develop her powers of observation, as it is often difficult to know what to look for in the mentally ill. Physical changes are of secondary importance; temperature and pulse are usually normal, and are not generally taken on long-time mental patients unless they have a cold or some other physical complaint. The big problem is to keep the patient busy in a socially acceptable fashion and to observe the minute and fleeting psychic changes.

The nurse's responsibilities

The gross behavior changes are easily observed. It is not difficult to know that the disturbed manic is having difficulties when he is busy tearing the framework off the door, and it is equally easy to note the stuporous catatonic's refusal to eat, but these are the things the doctor too can see. The little things—the timid attempt to feed oneself after long weeks of being spoon-fed, the refusal to talk to a certain nurse, the silly gestures a patient may make—are all quite important. The new psychiatric nurse is apt to take these for granted as ordinary behavior of the psychotic and not to record them. They don't seem important enough. She wants work for her hands. She has had it stressed so many times that a good nurse can always find something to do (even if it is straightening out a linen closet that has already been straightened three times that day, or washing morning care trays that were washed before they were put away) that she is apt to feel, as she has often been told, that an idle nurse is always a poor nurse.

Any nurse should be busy in her eight hours; however, what is meant by being busy? The psychiatric nurse who spends several hours of her day visiting with her patients, playing a game of checkers with one, talking about home and family with another, and encouraging another to write a letter, has been busy. She has not done so much with her hands as the nurse on the medical wards, but she has been treating her patients. Since she has done nothing with her hands, unless it was something she has previously been taught was wasting time, she is apt to feel frustrated, perhaps even a little guilty. Somehow, she feels she doesn't measure up to the nurse, who, at the supper table, tells how many I.V.'s were run on her floor that day, and how such and such a patient almost hemorrhaged to death. That nurse was "busy." The fact that the nurse on the psychiatric division spent an hour coaxing a delusional schizophrenic girl to eat her lunch doesn't provide a very dramatic comparison with the nurse on the surgical floor.

Nurses must undo some of their careless thinking about psychiatry and the mentally ill. They must learn that mentally ill patients are not wild people, constantly screaming and combative; they do not have to be put in padded cells and restraints, and be treated like criminals. A new concept about patients must be learned. All patients are people, very like the nurse herself and the people she has known. Perhaps they are sad, or overtalkative, or a bit silly, but essentially they remain much the same as "normal" people, differing from them only in degree and not in kind. All people have psychological conflicts in their daily lives. Normal people externalize their difficulties; they show anger, or fear, or resentment, and work out their problems. The emotionally sick person cannot meet his difficulty that way; he takes flight from the problem and reacts by pretending that there is no conflict, or by building up delusions which will allow him to explain away the conflict to his own satisfaction, or by meeting the conflict in a way which society will not accept. Because his behavior does not conform to social demands, he is considered sick, is hospitalized, and an effort is made to help him solve his problems or adjust himself to them.

New skills needed

What sort of treatment can be offered to persons whose trouble lies so deep within them, who dislike reality and the demands of society? The first principle is

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to meet these people intelligently and with understanding. The well-trained psychiatric nurse must first of all learn about the various mental ills and their causes; knowledge is the basis of understanding. From this she must learn to respect her patients as fellow human beings. The person who develops a wholesome respect for other persons as individuals with the same rights and privileges as himself has taken great strides toward reaching understanding.

This is perhaps the most difficult lesson for the nurse to learn as it means giving up some of the "privileges" of being a nurse, an authoritative creature in a white uniform whose word is law. Because nurses are trained so rigidly, they tend to become rigid, and it is not easy for them to give up some of the precepts learned so painfully. It is difficult to substitute skilful conversation for manual dexterity; the former actually demands more of the nurse. The psychiatric nurse must learn to give much of herself to the patient: her time, patience, and understanding. By understanding we do not mean the useless, sweet, blanket understanding of the willing but untrained volunteer who pats the hand of a withdrawn schizophrenic and speaks condescendingly to him. The nurse working with such patients must have a true scientific knowledge of the illness and its symptoms and must recognize that these people, no matter how withdrawn they seem, are acutely aware of what goes on around them and that condescension is as infuriating to them as to any well person.

She must overcome the feeling that she is helping the patient only when she gives him a pill or changes a dressing. She must learn to assume attitudes and hide her own feelings of irritation, guilt, disgust, and even hate. Attitude therapy is not a new type of treatment, but it is being used more widely, with a greater scientific knowledge to back it.

The nurse must "unlearn" some of the earlier skills of her work and learn new ones in doing psychiatric work. She must learn dexterity in verbal skills to add to the judicious use of some manual skills. For instance, many schizophrenics cannot bear to be touched. The touching of any part of the body may lead to all sorts of strange interpretations, and the most well-meaning nurse in the world can undo much good by merely patting a schizophrenic on the shoulder, or putting an arm about a negativistic patient. It takes many months of studying patients for the nurse to recognize that the patient's reaction is not toward the nurse personally, but toward the interpretation he makes of her, which can be very strange indeed.

The psychiatric patient, while in the hospital, shows a great deal of dependence on his nurse and often will form a very close attachment to her, but will be just as quick to drop that relationship when he becomes well and active once more. This is often difficult for the nurse to understand and accept, as his dependence on her fulfills some of her own needs for love and gratification. She must be most judicious in giving her time and talents to her patients so that she is helping the patient rather than herself.

Developing interests

All the little extra skills of being an interesting person are also of inestimable value to the psychiatric nurse. Her artistic leanings, whether they be in actual performance of art such as painting, sculpturing, music, or needlework, or in appreciation of them, cannot be stressed enough. Mentally ill patients are often not too interested in their sickness or in recovering. They are often more comfortable at the level to which they have regressed; therefore, treatment calls for cultivating the personality and drawing out the patient's interest in realistic things which will allow for the acceptable fulfillment of his needs as a normal person. If these skills are stressed by the nurse and she realizes their value fully, she will not think that an hour spent playing chess is an hour wasted, or that time spent in teaching a patient to fingerpaint is of less value than the time the surgical nurse spends in changing dressings.

She must know something of sports, although it is not necessary that she be an athlete herself. Patients who come under her care will have a wide range of interests and she has a vital part in helping them to recultivate those interests or to use them as an aid in getting well. To meet these needs, she must give up a little of the rigid, molded "nurse personality" and develop a well-balanced personality herself.

Because the mentally ill read so much into what goes on around them, the nurse must learn to control many of her body and facial reflexes. Paranoid patients, for instance, may interpret a perfectly casual movement of the hands about the eyes as a secret sign of derision, or think that the person making the movement is indicating the patient is an imbecile. The good psychiatric nurse learns to control all such movements well, in fact almost automatically. She is not amused by the patient's interpretations, or distressed to the point of argument (which is of no value), but learns to accept these manifestations as part of the patient's illness.

Attitudes as therapy have already been mentioned. Although all people have conflicts, in the mentally ill person these conflicts are usually internalized and refer back to infantile experiences which have established a certain pattern of behavior or reactions. The ill person's problems have assumed such great proportions, or have become so inextricably mixed with his infantile reactions, that he is unable to cope with a reality situation on an adult level. He has bottled up many tensions, or is releasing these tensions through unacceptable channels, and therefore has needed hospitalization. In the hospital he is in a neutral environment; the situation can be changed to meet his needs of the moment; and the staff can assume attitudes which will help him cope with his problems until he is well enough to handle them again without assistance. Under the skilled guidance of the psychiatrist he is led to understand both his problems and the reasons for his reactions, and with understanding is then able to meet situations that formerly drove him to unacceptable behavior.

The nursing department is with the patient all of his hospital day. Based on knowledge of his illness and the needs of the individual patient, treatment and attitudes by each nurse make a large contribution to his recovery. The depressed patient who expresses guilt feelings and unworthiness must be met with firmness; the schizophrenic who fears all those around him and needs much narcissistic gratification must be met with indulgence. Such attitudes will have been prescribed by the physician; they are not meted out in accordance with the nurse's whim, but must be carried out consistently in order that the patient may gain a feeling of security and trust. For nurses to carry on such treatment requires a great deal of skill and objectivity which must be learned, and sometimes cannot be learned by some nurses. The subjective nurse who feels her patient's pain and anxiety makes a good bedside nurse as she will do all she can to relieve the patient's pain. The objective nurse in psychiatry must often be firm with a patient toward whom she feels some tenderness or apprehension, and it is a difficult task indeed.

Perhaps a good way to illustrate attitude therapy is to recall our own reactions on a shopping tour. We pick a day when we have much on our minds and a great deal to do in a limited time, with perhaps an appointment to be met. Thus we have

built up some anxiety about meeting the appointment and getting done all the shopping we have set out to do. We enter one store and the salesgirl is brusque and uncivil, or even condescending. Our reaction is one of resentment, indignation, and more anxiety regarding accomplishment of our set task, which is being held up by this salesgirl's actions. Our decisions become faulty and we buy a dress we really don't want, or we simply escape the entire situation by walking out of the store and thereby becoming frustrated, since we had gone in with the intentions of buying something. Further, we go into another store and see a hat which appeals to us but is not becoming. The sensible salesgirl, who has been pleasant and businesslike, tells us she doesn't think we would be happy with such a hat. For a short time we show resentment, but in the end the salesgirl's judgment is accepted and we leave feeling better that we were not allowed to do something impulsively, regretted later. The patient-nurse relationship in attitude therapy is similar to the above experience. The nurse is the salesgirl selling good mental health and, with the directed use of attitudes, she plays an important rôle in seeing that the patient attains the object for which he entered the hospital, even though the patient may rebel or seem oblivious to the treatment.

Patients are individuals

One more thing must be stressed in attitude therapy. Not only must the nurse treat each patient as an individual, but she must treat him as a special sort of individual with problems which are unique to him. Therefore, if two old ladies are in the same ward and one is to be met with firm kindness and the other with firmness and some indulgence, it is of great importance that each nurse understand the necessity for this difference in attitude, even if both patients appear much the same.

Much discussion has arisen lately among nurses as to what are nursing duties and what are non-nursing duties. Should the nurse be responsible for checking the patient's clothing? Should she have anything to do with his personal effects? Is it part of her job to select a book from the library for him? Somewhere in her career she has been taught that anything which has to do with the patient's comfort and welfare is a nursing duty. Also, somewhere in her career, the nurse has had to perform some unpleasant tasks that did not seem to be essentially nursing, but because they aided the patient they were considered a part of her duties. This holds true especially in psychiatric nursing where so many apparently non-nursing tasks have much to do with the patient's welfare. If a specifically ordered book will help the patient, it is important that he receive it. If, in the transfer from one ward to another, all his personal effects aren't taken with him, it would be upsetting to the patient and might retard his recovery. In large institutions the patient is often bewildered and upset. He has no desire to identify with the group of mentally ill and often the only claim to his identity as an individual is through his personal effects which carry much emotional charge; it is certainly the nurse's duty to see that these things are properly cared for.

To be sure, there are many helpers on the ward assigned to various tasks such as checking clothing and helping the patient bathe, but, as in all cases, it is the nurse who is finally responsible for seeing that the patient is completely comfortable and happy. If the work can be lightened by aides, that is splendid. On the other hand, if aides are unavailable, a blind rebellion against tasks which are unpleasant, distasteful, or merely boring does not make them non-nursing duties. It is of the utmost importance that the nurse recognize this and accept the responsibility. Many nurses slide out of disagreeable tasks by using the excuse of their being "non-nursing," and it is certainly not to the credit of the profession.

The attitude of the nurse toward patients, and the doctors toward the nurses is somewhat charged by the fact that the nurse is one of the few workers in any field who covers a twenty-four hour period. An individual nurse may not work the full twenty-four hours but the patient receives nursing care for the full time. The nurse sees the patient far from his best, when he awakens looking somewhat rumpled and disgruntled and is a little "gripey." It is she who sees him at his meals and notices his reactions to certain foods and his irritation with certain people, and it is she who reports these things to the doctors. Particularly in the care of the mentally ill are such reports important. Keen observation and careful and accurate charting are highly desirable skills in the psychiatric nurse. She must carefully chart what she sees and hears, not what she thinks the patient is doing or how she thinks he is reacting. It is for the doctor alone to interpret the patients' actions, the best way being through the accurate and painstaking charting of the skilled nurse. Some nurses find it is difficult to write certain obscene terms the patients use, or to describe certain acts of patients. They feel guilty in reporting that a patient is dirty or uncooperative. However, all this is important and does not reflect on the nursing care given the patient. The mentally ill have let down some of the standards of conventional civilized life and there are some patients who will be filthy immediately following a bath; this is a symptom of their illness and it is important that it be noted on their charts, even if the nurse does find it shocking. Once more, it can be seen how the psychiatric nurse must have certain definite skills, not entailing manual dexterity, but the dexterity of a learned verbal technic in order to do accurate reporting.

Perhaps in the rush of working with many patients, the psychiatric nurse doesn't realize how confined the patient's horizon is and how large she looms upon it. If she will consider these things—the importance of small things in her patient's life, the truly important rôle she plays in his getting well by using all her special skills—she may stop apologizing to the surgical nurse because she didn't have much to do on ward today because there were no dressings to change and no I.V.'s running.

The psychiatric nurse has tangible rules she must follow, though they are often in the realm of intangible things. She has psychological laws which lead to rules and prescriptions, but mainly she must think things through for herself with the laws and rules for guidance. She must enrich her own life that she may help guide those whose lives have not been rich enough.

ONE OUT OF FIVE HAS A CHRONIC DISEASE

THE MAGNITUDE of the chronic disease problem in the United States has been estimated on the basis of a National Health Survey [The Magnitude of the Chronic Disease Problem in the United States, The National Health Survey, Preliminary Reports, *Sickness and Medical Care Series Bull. 6*]: twenty-five million persons, or one in every five in this country, has chronic disease; over 1.5 million are permanently disabled from chronic diseases (exclusive of those confined to long-term care in mental or tuberculosis hospitals); almost one billion days each year are lost from work or other usual pursuit because of chronic illness; and more than three-quarters of the chronic disease cases are among those in the productive years from fifteen to sixty-four.—*Health News*, N. Y. State Dept. of Health, July 15, 1946.