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A study of the indications for the inclusion of the psychiatric nurse expert on the staff of a psychoneurotic unit of a general hospital

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Boston University
A STUDY OF THE INDICATIONS FOR THE INCLUSION OF THE PSYCHIATRIC NURSE EXPERT ON THE STAFF OF A PSYCHO-NEURCTIC UNIT OF A GENERAL HOSPITAL

by

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1st Reader: Winifred M. Gibson
2nd Reader: Frances K. Clyde
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Bethesda 14, Md.
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CHAPTER I.

INTRODUCTION

Modern trends in medical practice, emphasis on mental health and education, rehabilitation of the mentally ill, improvement in the education of nurses and the wealth of scientific knowledge about human behavior have resulted in expanding opportunities for nurses. Broadly interpreted, nursing includes health conservation or the care of the normal individual; the care of the mind and the spirit as well as of the body; the care of the patient’s environment, social and physical; health education; health service for families and communities. Because there are increased work opportunities, the demand for nurses far exceeds the supply in spite of the fact that the total number of graduate nurses now employed in the United States is estimated at more than one fourth of one percent which is the largest figure in our history. This phenomenon has given impetus to the study of the changing role of the nurse within the nursing profession to determine how the available nurse power can be used to its fullest advantage.

I. A.N.A. "Facts About Nursing". Published by the Nursing Information Bureau of the A.N.A. in cooperation with the League of Nursing. 1952.
Today, mental hospitals are striving to develop a philosophy of institutional management and of patient care at the ward level that will create a more favorable climate for therapy. The importance of creating a therapeutic environment in the mental hospital has been stressed by Maxwell Jones, and Stanton and Schwartz, who have called attention to the influence of interpersonal relationships in the psychiatric environment. Others confirm the importance of the hospital atmosphere, attitudes of employees and relationships between staff and patients in influencing the outcome of mental illness.

The following study is concerned with the role of the psychiatric nurse expert whose role as a skilled clinician may include guidance, leadership and teaching functions. She is perceived to occupy a key position in the nursing department of any psychiatric environment; she represents nursing service, hospital and medical services to the patient, and in turn represents the patient and his needs to these services.

DEFINITION OF TERMS

For the purpose of this study, the term "psychiatric nurse" is defined as one who is responsible for the administration of nursing service within the specific psycho-neurotic unit of the general hospital considered.

Fernandez defines the "psychiatric nurse expert" as follows:

"The psychiatric nurse expert is one who is able to utilize the wealth of scientific knowledge of human behavior obtained in the field of higher education, for the purpose of bringing about positive changes in the patient's behavior... The shortage of such professional experts requires that she partly accomplish her therapeutic role through others who are less prepared than she. This, then, changes the focus of the nurse expert in the care of the psychiatric patient. Her ability to relate therapeutically to the patient would contribute little to the large number of patients needing care. Her role as an expert clinician now is utilized through inservice education, individual conferences, team discussions and 'on the spot' teaching and exemplification, so that she can help personnel to experience the kinds of feelings, attitudes and problems with problem-solving techniques necessary in relating therapeutically to the patient."

STATEMENT OF THE PROBLEM

By the use of certain techniques, is it possible to identify the indications for the inclusion of the psychiatric nurse expert on the staff of a psychoneurotic unit of a general hospital?

OVERVIEW OF METHODOLOGY

Sources of data consisted of:

(1) A review of the literature from 1935-1957 to determine trends in psychiatric nursing

(2) Informal, casual interviews with a sampling of patients and personnel

(3) Participant observation

(4) Direct observation of a total eight-hour day shift. This observation was limited to three in number.

(5) Direct observation of the evening shift. This was limited to one 3-7 PM period.

(6) Eight bi-weekly observations of approximately four hours duration.

6. The sample consisted of the Chief of the Psychiatric Service, the supervisor of the unit, five clinicians, three fourth-year medical students, two graduate nurses, one attendant nurse, four students of nursing, and six patients, three men and three women.
(7) A collection of anecdotes for clarification and interpretation of the cases. Conclusions were drawn from an analysis of the total accumulated observations.

(8) A Time Study to determine how much of each day the nurses in this unit spent in the various activities of their job. Direct observations were recorded for a consecutive three-day period of eight hours each and during which the staff and patient census remained constant. (The one exception being a single patient discharge.)

(9) Tables compiled (see Appendix) to determine:
   a) expectations of the sample interviewed regarding activities of the staff
   b) indications of patient-staff rapport, as of the present
   c) identification of problems of emotional concern to the patients about which they felt a need to relate to the nurses

A modified Case Method of construction was utilized as a means of assembling data.
PURPOSE OF THE STUDY

The study attempts to provide answers for the following questions:

(1) What is the role of the present psychiatric nurses in the specific institution studied, as expressed by a sampling of the patients and personnel?

(2) What are the nurses, attendants and aides now doing?

(3) How does the role of these nurses compare with the defined role of the psychiatric nurse expert?

(4) What recommendations, if any, can be made from this study in regard to the inclusion of the psychiatric nurse expert as a member of the psychiatric team on a unit in a general hospital?
SCOPE AND LIMITATIONS

This study was undertaken in a twenty bed unit for psychoneurotic patients in a general hospital located in a large industrial center in the North Eastern area of the country. The patients consisted of men and women in whom various types of mental diagnoses were exemplified. The majority of the patients were transfers from other departments within this general hospital although a few were direct psychiatric admissions from the Emergency Unit. The data were obtained through observations over a five month period and were based on informal and casual interviews with patients and personnel and observations of interactions between patients and staff.

The scope of this study is the extended case presented in the case material. The study is concerned with only a selected portion of the interpersonal communications and cautious comparison with other situations is advised.

The intention is not to determine if the psychiatric nursing care within the hospital is adequate or inadequate, but to discern what factors are present in the situation which indicate a potential area of activity for the psychiatric nurse expert. An attempt has been made to indicate the potential effectiveness of such a member of the psychiatric team who might be devoid of the responsibilities
for the ward administration currently being carried by the nursing personnel.

The daily ward census on the ward studied was low and the rapid turnover of patients presented a situation of shorter periods of contact between patients and personnel than generally found in the typical mental hospital.

Two of the psychiatric nurses observed have been employed by this hospital for less than a year and are, therefore, considered still in the orientation period. Their activities could, for this reason, differ from those of an experienced psychiatric nurse.

Due to the fact that this unit is a specific center for psychotherapeutic research, financed by a research grant for this purpose, physical forms of treatment are not utilized, hence, the results of this study may not be applicable to all psychiatric units within a general hospital.
CHAPTER II.

THE PHILOSOPHY UNDERLYING STUDY

During recent years there has been considerable concern by institutional management about the creation of a more favorable climate for patient care and therapy within our mental hospitals. Investigations have confirmed the importance of the hospital atmosphere, attitudes of employees, and considerable emphasis has been placed on the importance of interpersonal relationships between staff and patients in influencing ward behavior and the outcome of mental illness.

Individuals, institutions and professional organizations have become involved in a growing concern for the development of psychiatric nursing and with this concern has come the need to clarify the functions and qualifications of psychiatric nurses.

Other facts have pointed to the necessity for clear statements on functions and qualifications. Fifty percent of the patients in hospital beds in this country are classified as psychiatric patients; five percent of all nurses working in hospitals are employed in psychiatric institutions. Ten percent of all nurses graduated in 1950 were considered totally unprepared or not qualified for staff
nurse functions in psychiatric nursing. This is the alarming picture of professional nursing personnel in our psychiatric facilities at present.

There is a need to find out what nurses think they are doing, and what they should like to do; how they meet problems as they arise in their present positions and what preparation in psychiatric nursing is needed. Many feel that their duties consist of so many activities involving hands and feet that there is "no time left to make the patients comfortable."

Recent research has made great strides in the formulation of special functions which psychiatric nurses could perform. Mellow's study demonstrates the ability of a nurse to have an effective therapeutic relationship with two individual patients. This study implies the need, however, for further investigation of the qualifications of the nurse therapist. Barton states that the nurse needs the help of the hospital administrator if she assumes these new functions. "The medical director's support and encourage-

ment is essential if the nurse is to play a more active role in extending therapy."

II.

Lillian Goodman has stated that:

"The role of the psychiatric nurse requires more than the performance of administrative, teaching, and supervisory duties. A psychiatric nurse must know and understand herself, how she relates with others, and she must have the ability to benefit from the insight she gains about herself and others. She should possess a warmth toward others that is communicated by an attitude of caring about the individual integrity of the other person. Furthermore, it is believed that she should have some advanced preparation in a university; that this would serve to improve her communication skills; give her more dynamic conceptions of her role... and that the result would be a more effective psychiatric nurse."

In current phraseology this provides the essentials of the psychiatric nurse expert.

The traditional role has stressed the importance of administering a ward smoothly and of providing for the physical necessities of the patients. This has, to be sure, kept the nurse busy doing things, but it has overlooked the significance of developing the ability to relate effectively.

It is considered significant that such a study as this was endorsed and even supported by the administration. This fact, alone, reveals an active interest in providing adequate nursing care for the psychoneurotic patients at Peters Memorial Hospital. The investigator was permitted considerable freedom in the structuring of her project and was supported and assisted throughout her investigation of II. Goodman, Lillian. "A Study of the Role of the Psychiatric Head Nurse in Two Large State Mental Hospitals." Unpublished Master's Thesis. Boston University School of Nursing. 1954."
of the role of the psychiatric nurse expert. The exclusion of all administrative responsibilities altered her role considerably from that of the other nurses in the area who carried a heavy administrative assignment. The opportunity provided by the hospital administration to demonstrate certain ways in which the psychiatric nurse expert could function is indicative of a real spirit of dynamic, forward looking cooperation.
CHAPTER III.

THE PETERS MEMORIAL HOSPITAL

A CASE

Miss Evans was depressed as she hurried from the weekly general case conference back to her duties as Head Nurse in the psychoneurotic unit, a twenty-bed ward in the one-hundred eighty bed metropolitan Peters Memorial Hospital. Prior to the promotion to her present position nine months ago, she had been a staff nurse for two years, following her graduation from a three-year school, and has attended a local university completing some work toward a baccalaureate degree. She liked the patients that came to the psychoneurotic unit no matter how many idiosyncrasies they revealed. None of them ever really exhausted her patience or diminished her interest in each as individuals. But it was getting so that administrative demands were converging and pressing to such a degree that it was increasingly difficult to maintain the kind of nursing care that she wanted for her patients and the attitude of the doctors toward the nurses was difficult to understand. They often verbalized the desire for a therapeutic environment for their patients but their expressed expectations from the nurses revolved about the giving of medications.
and the maintaining of good hygienic surroundings. "I just don't see how I can stand this much longer", she said to herself as she walked through the corridors and into the supervisor's office to deliver a requisition.

Looking up from her desk in the outer office, and noting her somewhat dejected countenance, Miss Ashley smiled and greeted her with a pleasant "good morning". Miss Evans nodded, deposited her requisition and turned to leave when Miss Ashley arose from her desk and approached her.

**Miss Ashley:** "Not you, too; things can't be getting you down."

**Miss Evans:** "Well, they are; at least a little, I guess."

**Miss Ashley:** "It seems you have brought your problem with you. What is the difficulty? Let's step in here and see if I can help. Please sit down."

Together they entered the adjoining office and closed the door.

**Miss Evans:** "This morning I managed to find time to attend the general case conference up in the amphitheatre as I knew Dr. Brown had returned and would lead the discussion. There was an unusually large attendance as it had been announced previously that Jane Newton would be presented. Twelve visiting psychiatrists, the entire
resident staff from the unit and from Out Patient, several Social Service workers, the Psychologists and Miss May from our own O.T. were there. Six medical students and two of my aides were also present, but I think I was the only nurse. I guess I shouldn't have gone."

Miss Ashley: "Why do you say that? We urge all nurses to attend general case conference whenever possible."

Miss Evans: "I guess I'm all mixed up, or perhaps just disillusioned. Perhaps it's a good thing that I dropped by. Do you have time to listen to what happened or shall I return at a more convenient time?"

Miss Ashley: "As it happens I had an appointment for this hour which was suddenly cancelled. So, go ahead. Tell me what is on your mind."

Miss Evans: "Do you know Jane Newton, our seventeen year old patient?"

Miss Ashley shook her head to the negative.

Miss Evans: "Well, briefly as possible, this is the situation. Jane has undergone numerous surgical procedures including an ileostomy due to extensive ulcerative colitis. She has been under prolonged, intensive psychotherapy, originally in the Child Psychiatry Clinic of our O.P.D. and more recently has been taken on by the Psychoneurotic Staff in my unit to which she was admitted two months ago in an effort to help her to adhere to her obesity diet with the
ultimate aim directed towards a total colectomy which the surgeons have deemed necessary when her condition is satisfactory. She is markedly obese and her "acting out" at home and at school plus her inability to follow her diet has made her a real management problem. Even now, on the ward, she continues to gain weight even 'tho on a strict, controlled diet as she steals food and breaks her diet when out on 'pass'. The doctors have been anxious to establish a therapeutic relationship with Jane as this was never accomplished when she was an Out Patient. I should mention here that an adequate psychiatric contact has been established with Jane's mother in the Clinic where many contributing elements to her illness have been disclosed. Her mother was always angry, for instance, when Jane didn't feel well enough to play with her friends or participate in the family activities. Her father died when she was eight, but neither the patient nor her mother ever refer to him. Since his death the mother has suffered intermittent periods of emotional disturbances resulting in her affiliation with the O.P.D. Each has been seen by separate psychiatrists."

Miss Ashley: "A really complicated situation, isn't it?"

Miss Evans: "Yes. The mother-daughter relationship has been very close, revealing mutual hostility as well as dependency. Jane is afraid to have her mother take a bath for fear she will slip and kill herself. When in the subway
she is afraid her mother will fall into the pit, and 'something will happen to her'. Their close identity with each other is further revealed by the fact that when one becomes disturbed or depressed, so does the other. Both are overweight and sloppy in appearance. This controlled relationship dictates what Jane wears, how she spends her allowance, etc; every aspect of her existence is permeated with mother.

"Dr. Brown stated that she is an acutely ill adolescent, unable to express either positive or negative feelings and is surrounded with high barriers of 'bored indifference' which provokes the anxiety of all of us taking care of her.

"It was pointed out in the conference - as we have seen on the ward - that Jane's attitude toward her hospitalization is symptomatic as she can't overtly accept that she is on the ward for psychiatric reasons - although this is consistently clarified by the psychiatrists. At first she claimed 'things are not well at home', but now she merely says she is here 'just to lose weight'.

"Dr. Jones, her psychiatrist on the unit, presented this case to the group this morning as a problem of communication; she with us, and we with her. Also, with her mother. He anticipated the program of therapy as a
long term one in which a relationship must be developed and closely controlled.

"I guess it was at this point in the conference that I became so upset. Dr. Brown in his summary of the presentation evaluated Jane's therapeutic program in some detail, and concluded that this type of patient requires 'manageable baits of control' from the therapist, such as: 'If you do this, I'll do that', etc. He then indicated that Miss May, the C.T. worker on the ward, would be the 'most suitable key person in this patient's social orbit' and that for the time being, her therapist should 'only be around, observe, and take notice.' This produced an active discussion from many present and specifically, Miss May was asked to report on her observations and associations with the patient. The Social Workers had already contributed considerably to the discussion but at NO time was the nurse, per se, mentioned.

"What's up? Where do we fit in the ward? Do they think of us as just 'pill peddlers' and 'key keepers'? After all, we are the ones that are with the patient twenty-four hours of each day, and I think that's mighty important to the patient. The doctors are free enough with their 'lip service' about a therapeutic environment but it seems as if they ignore the very presence of the nurse and her potential in this environment."

* Direct quotation of physician taken from anecdotal record.
Miss Ashley: "Well, you are stirred up, and I can't say that I blame you."

Miss Evans: "Why, the implications for a psychiatric nursing relationship with Jane are inexhaustible as 'Mother figure', teacher, manager, friend, or confidante. Our 'shop' isn't just open certain hours of the day. Our very presence structures the living experiences of just such persons as Jane. All the books indicate that this is one of our goals. We... I'd better stop. At least I feel better to have told someone of my feelings."

Miss Ashley: "I'm sorry to have you hurt, Miss Evans, and I believe that you have been hurt deeply by this experience this morning, but the problem you perceive is a perplexing one for psychiatric nurses everywhere. It is essentially a problem of inconsistencies of role expectations by many persons; by the nurse, herself, the institution, the doctors, the patients and is even shared by our professional organizations. Until these expectations are clarified, confusion and frustration will result. Perhaps... Yes, Miss Knudson, come in. Welcome to our Nursing Department."

Miss Ashley arose and extended her hand warmly towards I2. "ROLE" is herein defined as the cluster of functions that go along with a particular position. "FUNCTIONS" are defined by a set of expectations as to how to perform and are forces in shaping the role as it comes to be defined.
the stranger that appeared at the door. "This is Miss Evans, Head Nurse in the psychoneurotic unit with which you will be associated during your stay with us."

Miss Knudson RN., an exchange research fellow from .... University in Scandinavia had been assigned to Peters Memorial Hospital for a six month's observation of psychiatric nursing as carried on in the U.S. She was to be permitted complete freedom in her study and evaluation of the many aspects of psychiatric nursing. Her role within the unit would be of her own structuring and devoid of all administrative responsibilities. She regularly attended Staff conferences, Departmental meetings and daily ward rounds, quickly establishing an excellent rapport with medical and nursing personnel and competent interpersonal relationships with the patients on the psychoneurotic unit.

Miss Evans: "I am so pleased to meet you, Miss Knudson. Miss Ashley has told me of your plans and I'm delighted to have you join us. Undoubtedly you will be a tremendous help to us on the unit."

Miss Evans's countenance resumed its normal radiance as she relaxed into complete composure after her ventilation of her feelings to Miss Ashley. "Didn't I see you at the General Case Conference just now? I thought that we had a visitor present."

Miss Knudson: "Yes. Miss Ashley suggested, yesterday, that I try to arrive in time for this meeting and then to report here for my assignment to the ward. I am glad that I made it. It was MOST interesting."

Miss Ashley: "Fine. Why don't you two stop off for your coffee break and chat abit. Perhaps you can get acquainted alittle before you go up to the ward, and maybe
Miss Knudson will share her opinion from the conference."
DISCUSSION

The preceding and rather detailed portion of this Case was presented for several reasons. It is the premise of this study that basically the psychiatric nurse functions in a cooperative enterprise with other professional and non-professional workers.

In the situation described the recognition of the nurse was absent and there was no identification of her role. The fact that in reality it is she who establishes the climate of the ward was ignored. There was lack of mutual interdependence and good communication due to the fact that her value as a professional person in the situation was ignored. The person who spends most of her time with the patient, noting how this patient reacts to others was not even questioned regarding the behavior of the patient under discussion. Workers in allied disciplines attempted to discover the emotional needs of this patient and how best to establish an adequate relationship totally overlooking the potential of the nurse as one who could establish a significant relationship with Jane. It was evident that there existed little relationship between the nurse and the members of the other disciplines.
The resentment created in the nurse was the direct result of her exclusion from the setting in which she might well have been able to contribute meaningfully. One might well conclude from this rejection of the nurse as an active constituent of the team that the philosophy of the Department defined and conceived of the nursing role in only its narrowest sense.

Jane's past experience in relating with others has been one largely of failure. In the course of recurring consistent and friendly contacts with the nurses she is coming to learn that others do care about her and understand her and the positive aspects of her behavior are receiving support while her isolation and asocial behavior is reduced.

As members of the psychiatric team concerned with the treatment of the patient, nurses want recognition and job satisfaction and the opportunity to use their own judgement and initiative within their abilities. They must have the feeling that their efforts are valued. Recognition is as important to the psychiatric nurse as to anyone else.

It is doubtful if the average psychiatrist in the setting of this study has considered ways in which he can work more effectively with the nurse in order to improve the total treatment program. Often the nurse assumes responsibilities because of the absence of the psychiatrist from the scene rather than by careful planning together. As a result the nurses often give much reassurance and support in order to satisfy a patient while he waits for the psychiatrist.
It was not long before Miss Knudson became an integral part of the unit, and was untiring in her efforts to learn all that she could about psychiatric nursing in America. Evenings she availed herself of the abundant resources in the hospital library and readily acquainted herself with the current trends in the professional literature. Soon, however, perplexities arose in her mind and she sought counsel from Miss Ashley.

**Miss Knudson:** "Who is this 'psychiatric nurse expert' so frequently referred to in your literature and what is her role?"

**Miss Ashley:** "Her chief responsibility is to create a therapeutic ward atmosphere, and an essential feature in her therapeutic activity lies in her ability to make appropriate responses to patient's behavior in terms of her advanced training and awareness of the dynamics of patient behavior."

**Miss Knudson:** "But, do your nurses have the opportunity to give this sort of nursing care? My observations so far in the unit indicate that their duties consisted of so
many activities involving hands and feet that there was no
time left to make patients comfortable emotionally. The
performance of administrative, teaching and supervisory
duties leaves little time for anything else."

Miss Ashley: "That is the crux of the problem. We
are all seeking the answer. Perhaps this is an area into
which you will care to delve."

Miss Knudson eagerly accepted this challenge to identify
the problem areas and set out to structure a method of
analysis of these areas. An evaluation of the present
activities of the nurses in the unit seemed basic to the
study. Periods of observation by the investigator pro-
vided the data presented in Table (A).
### TABLE (A)

OBSERVED ACTIVITIES OF PRESENT PSYCHIATRIC NURSING STAFF IN UNIT STUDIED

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>STAFF NURSE</th>
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<tbody>
<tr>
<td><strong>1. PATIENT CARE</strong></td>
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<tr>
<td>Coordinates nursing care</td>
<td>X</td>
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</tr>
<tr>
<td>Serves as liaison between patients and doctors</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Administers medications</td>
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<td>X</td>
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<tr>
<td>and treatments</td>
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<td></td>
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<tr>
<td>Observes significant behavior</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Accepts responsibility</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Evaluates patient's capacities</td>
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<tr>
<td>Forms relationships with patients</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Identifies needs of patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies psychodynamic principles</td>
<td></td>
<td></td>
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<tr>
<td>Provides personal care to patients</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Offers patients new experiences</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Demonstrates good nursing care</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Increases patient security</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Empathizes with patients</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Notes and meets patient's needs</td>
<td>X</td>
<td>X</td>
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<tr>
<td><strong>2. PERSONNEL MANAGEMENT</strong></td>
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<td></td>
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<tr>
<td>Accepts medical leadership</td>
<td>X</td>
<td></td>
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<tr>
<td>Cooperates with team members</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Delegates duties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plans and directs ward activities</td>
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<td>X</td>
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</tbody>
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TABLE (A)
CONTINUED

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>STAFF NURSE</th>
<th>HEAD NURSE</th>
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</thead>
<tbody>
<tr>
<td>3. <strong>ENVIRONMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regulates patient's environment</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Oversees all activities of ward</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Helps establish therapeutic environment</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Determines ward needs</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4. <strong>SUPPLIES AND EQUIPMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orders and maintains equipment</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5. <strong>PUBLIC RELATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orients visitors to hospital policies</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Orients patients to ward routines</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Discusses interpersonal problems</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Seeks to understand needs of personnel and patients</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Recognizes own needs in relation to patient's needs</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6. <strong>PARTICIPATION IN RESEARCH ACTIVITIES OF MEDICAL STAFF</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains adequate nursing records for research projects</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assists in projects initiated by doctors</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Observes patient's reactions for use in studies by doctors</td>
<td>X</td>
<td>X</td>
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<tr>
<td>ACTIVITY</td>
<td>STAFF NURSE</td>
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<tr>
<td>7. NURSING EDUCATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participates in learning situations</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Attends classes and conferences</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Works with students</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assists others to understand patients</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Teaches patients</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Teaches non-professional group</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Reads patient's histories</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Identification of the expectations of the patients and personnel was the next area explored by Miss Knudson and she was especially concerned as to how the doctors perceived the role of the nurse. This portion of her study she conducted by direct observation of the nurses plus open end type of questions incorporated into informal interviews which she felt elicited thoughtful responses from her subjects as they perceived themselves and others on the psychoneurotic unit. She had become particularly interested in obtaining a record of more feelings in this area after her discussion with Miss Evans following her initial case conference, the day of her arrival. This information she tabulated in Table (B).
TABLE (B)

EXPECTATIONS REGARDING DISTRIBUTION OF TIME INVOLVED IN THE PSYCHIATRIC NURSING ACTIVITIES
(Obtained from informal interview of sample)

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>PERCENT OF TIME INVOLVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Administration</td>
<td>60%</td>
</tr>
<tr>
<td>2. Educational</td>
<td>10%</td>
</tr>
<tr>
<td>3. Interpersonal Relationships</td>
<td>10%</td>
</tr>
<tr>
<td>4. Coordinator of Patient Needs</td>
<td>5%</td>
</tr>
<tr>
<td>5. Direct Patient Care</td>
<td>10%</td>
</tr>
<tr>
<td>6. Supervision of Patients</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: Verbatim reports of guided interviews with sample of patients and personnel.
In concluding this portion of her investigation, Miss Knudson conducted a Time Study which she deemed essential in determining exactly how much of each day the nurses in this unit spent in the various categories of their job. This was done without the knowledge of the personnel to eliminate any discrepancies and inaccuracies. Direct observations were made on three consecutive days for periods of approximately eight hours duration. During these days the staff remained constant and there was only one change in the patient census; one discharge. No unusual demands or interruptions occurred and the anecdotal records revealed a definite consistency in the time distribution of the nursing activities. These results she tabulated in Table (C).

Miss Knudson then made a comparison of the observed expectations with the results revealed in Table (D).
TABLE (C)

AVERAGE NUMBER OF MINUTES PER DAY PER NURSE SPENT IN SPECIFIC ACTIVITIES

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>MINUTES</th>
<th>% OF TOTAL DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. PATIENT CARE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning patient care</td>
<td>35</td>
<td>7.3</td>
</tr>
<tr>
<td>Checking patient's condition</td>
<td>70</td>
<td>14.6</td>
</tr>
<tr>
<td>Staff Assignments</td>
<td>50</td>
<td>10.4</td>
</tr>
<tr>
<td>Reporting to Nursing Service</td>
<td>10</td>
<td>2.8</td>
</tr>
<tr>
<td>Discussing patients with doctors</td>
<td>60</td>
<td>12.50</td>
</tr>
<tr>
<td>Discussing patient care with other departments</td>
<td>30</td>
<td>6.2</td>
</tr>
<tr>
<td>Discussing with relatives</td>
<td>5</td>
<td>1.0</td>
</tr>
<tr>
<td>Orienting, reassuring patients</td>
<td>30</td>
<td>6.2</td>
</tr>
<tr>
<td><strong>2. PERSONNEL MANAGEMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning</td>
<td>5</td>
<td>1.0</td>
</tr>
<tr>
<td>Directing</td>
<td>5</td>
<td>1.0</td>
</tr>
<tr>
<td>Discussing with Nursing Service</td>
<td>20</td>
<td>4.1</td>
</tr>
<tr>
<td><strong>3. ENVIRONMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Directing ward housekeeping</td>
<td>5</td>
<td>1.0</td>
</tr>
<tr>
<td>Checking ward conditions</td>
<td>10</td>
<td>2.8</td>
</tr>
<tr>
<td>Discussing ward environment with other departments</td>
<td>10</td>
<td>2.8</td>
</tr>
<tr>
<td><strong>4. SUPPLIES AND EQUIPMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordering supplies</td>
<td>10</td>
<td>2.8</td>
</tr>
<tr>
<td>Inventories</td>
<td>10</td>
<td>2.8</td>
</tr>
<tr>
<td>Discussing equipment</td>
<td>5</td>
<td>1.0</td>
</tr>
</tbody>
</table>
TABLE (C) CONTINUED

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>MINUTES</th>
<th>% OF TOTAL DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. PUBLIC RELATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussing procedures with other departments</td>
<td>5</td>
<td>1.0</td>
</tr>
<tr>
<td>Interpreting hospital policies</td>
<td>5</td>
<td>1.0</td>
</tr>
<tr>
<td>6. PARTICIPATION IN RESEARCH ACTIVITIES OF MEDICAL STAFF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintaining records</td>
<td>15</td>
<td>3.2</td>
</tr>
<tr>
<td>7. PERSONAL BUSINESS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals, coffee breaks, etc.</td>
<td>60</td>
<td>12.7</td>
</tr>
<tr>
<td>8. NURSING EDUCATION*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning with students</td>
<td>5</td>
<td>1.4</td>
</tr>
<tr>
<td>Student assignments</td>
<td>30</td>
<td>6.2</td>
</tr>
<tr>
<td>Student conferences</td>
<td>25</td>
<td>5.2</td>
</tr>
<tr>
<td>Discussing with Nursing Office</td>
<td>5</td>
<td>1.0</td>
</tr>
</tbody>
</table>

* Students of nursing were not routinely assigned to this unit.

Source: Compiled from average of observations obtained from three consecutive eight-hour (7-3 PM.) periods conducted under a minimum of varying conditions. The nursing staff remained constant, and there were no unusual situations present which might alter the activities of the nurses. The patient group also remained constant with the exception of a single discharge.
# TABLE (D)

## COMPARISON OF OBSERVED NURSING ACTIVITIES WITH THOSE EXPECTED

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>OBSERVED</th>
<th>EXPECTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Administration</td>
<td>56%</td>
<td>60%</td>
</tr>
<tr>
<td>2. Educational and Teaching</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>3. Human Relations</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td>4. Coordinator of Patient’s Needs</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>5. Direct Patient Care</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>6. Supervision of Patients</td>
<td>10%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: Verbatim reports of 10-15 minute guided interviews with a sample of patients and personnel extending over the total eighty-eight hours of interrupted direct participation in this study.
Fifty-six percent of the nurses' time was found to be engaged in administrative functions, while twenty-nine percent related directly to patient care. Educational activities and participation in interpersonal relationships constituted the remaining fifteen percent.

These results partially clarified the existing conditions and offered some indication as to how the various groups involved in the ward activities felt about the nursing situation. Miss Knudson was then ready to present her findings to a gathering of the ward personnel for further discussion and direction for continued investigation.

Miss Ashley: "I guess we can see from your charts that the nurses are spending more time performing administrative duties than even we realized, and I am sure that it is more time than they would like to spend."

Miss Evans: "Surely we would all like to spend more time with the patients than we are now doing, but it is impossible with so many other things to do."

Dr. Brown: "I agree. Much less time should be spent in administration, answering the phone, etc. A lot of it seems unnecessary. Why couldn't a secretary take over much of the desk work? The nurses should spend far more time with the patients, controlling some and 'mothering' others."
Miss Ashley: "That has been suggested before, but there is that ever present budget, you know. We'd have to prove that it is really necessary to employ extra help. We all agree that more time should be concentrated in communications between the nurse and the doctor. The table really expresses a dissatisfaction with the present opportunities afforded for exchange of information regarding the patients. This communication is essential if a closer therapeutic ward association is to be created."

Miss Evans: "We all feel the need to be informed by the doctors of their therapeutic aim for the specific patients."

Miss Knudson: "Our general agreement that we should spend more time with the patients might be interpreted as an acceptance of the newer trends in psychiatric nursing about which I have been reading so much. Everywhere the importance of such nurse-patient relationships and the possible therapeutic advantages which result is expressed. The nurse may exert a powerful, subtle pressure that reinforces the patient's own drive to return to health.

"This need for more time spent by our doctors and nurses together to discuss patients and ward problems seem to be based on a desire by our own nurses to be more accepted by the doctors as colleagues, to gain greater
support as we attempt to relate to the patients more closely and to gain recognition for the tasks we are trying to accomplish.

"I do not feel that these quantitative expressions present the complete picture of our problems, however. Perhaps it has made clearer what the present situation here in the unit really is, but now I think we must try to determine what the situation COULDBE with this closer affiliation and understanding with our doctors. Perhaps we can investigate further into the situation and discern if and how such an individual as the one you Americans call the 'psychiatric nurse expert' could be utilized in our own nursing program."

**Miss Ashley:** "We seem to be inadequate in the areas of establishing a therapeutic climate, or a therapeutic role for our nurses, due, as you have indicated, Miss Knudson, to the pressures of our administrative duties and inadequately skilled personnel. Perhaps, Miss Knudson, with your university training and a body of knowledge qualifying you as a 'specialist', you could temporarily assume a more active role in cooperation with our ward physicians."

**Dr. Brown:** "I doubt if the nurses have time for anything beyond the administration of the ward and superficial patient contact. They have desk work to do and
administrative duties and their activities are limited by realistic demands on their time and energy. They should work with the doctors and organize their activities so that they can attend the conferences, but personally, I expect the nurse to concentrate on following the doctor's orders. The patients should get the maximum personal attention possible and be given enough things to do. The O.T. worker does this well. I see the nurse as the liaison person between the patient and the doctor and ours do this pretty well. I doubt if they can find time for much more."

**Miss Evans**: "I have often thought that we nurses could be of actual therapeutic value in a situation where there existed a poor relationship between doctor and the patient. The doctor should accept the fact that sometimes a nurse could better handle a patient than he because of her particular sensitivity to the patient. But some of the doctors resent our interest. They act as if they thought we were usurping their preogative as psychiatrists. It isn't that at all."

**Dr. Brown**: "This has definitely been an area of controversy with many doctors. I know that you do not purport to 'cure' patients and that you can help them to help themselves. That is, if you have the time. The patient must know that the nurse is concerned about him,
that she will have a 'loving' attitude but also that she will be controlling when the situation calls for this. Many nurses are unable to perform this latter function. It requires that she feel deeply with the patient but she must be able to retain her own identity and not become personally overwhelmed and enmeshed in the patient's problem. The nurse must call on the doctor for guidance as to the type of atmosphere to be created and how to maintain it. I agree with Miss Knudson, 'tho, that perhaps it is worth her time to investigate further into this therapeutic role of the nurse and identify for our purposes that 'psychiatric nurse expert' of which you speak. But, remember, friendliness and familiarity must not be confused. An intimate social relationship with a patient can create an environment in which the patient is vulnerable to further hurt."

... 

Miss Knudson identified for herself her new role as "psychiatric nurse expert" and warily set about to experiment with its potentialities within the specific environment in which she found herself at the Peters Memorial Hospital.

One morning a week later Miss Ashley met Miss Knudson on the way to the cafeteria.

Miss Ashley: "How are you approaching this new aspect of your investigation, Miss Knudson?"

Miss Knudson: "I am spending as much time as possible with the patients, attempting to discover their emotional needs, i.e. fears, anxieties, concern over family matters, etc. and then I attempt to offer support and reassurance as indicated. I am trying particularly to note how patients react to each other and to the personnel. I have found it necessary to again determine some of the expectations of our patients, but this time in areas of emotional concern in order to fulfill their requests of everyday living. Some of these concerns are tabulated in Table (E)."
TABLE (E)
FACTORS OF CONSIDERABLE EMOTIONAL CONCERN
TO PATIENTS *

<table>
<thead>
<tr>
<th>FACTORS</th>
<th>NUMBER OF TIMES REVEALED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Home worries</td>
<td>18</td>
</tr>
<tr>
<td>2. Anxiety in regard to physical condition</td>
<td>15</td>
</tr>
<tr>
<td>3. Apprehension in regard to tests</td>
<td>18</td>
</tr>
<tr>
<td>4. Depression (mood)</td>
<td>12</td>
</tr>
<tr>
<td>5. Financial situation</td>
<td>12</td>
</tr>
<tr>
<td>6. Fatigue from tests and therapy</td>
<td>6</td>
</tr>
<tr>
<td>7. Apprehension as to results from tests and examinations</td>
<td>18</td>
</tr>
<tr>
<td>8. Annoyance or fear of other patients</td>
<td>17</td>
</tr>
<tr>
<td>9. Withdrawal</td>
<td>15</td>
</tr>
<tr>
<td>10. Apprehension (mood)</td>
<td>21</td>
</tr>
<tr>
<td>11. Confusion regarding discharge</td>
<td>15</td>
</tr>
<tr>
<td>12. Loneliness</td>
<td>9</td>
</tr>
<tr>
<td>13. Frustration of life's plans</td>
<td>12</td>
</tr>
<tr>
<td>14. Marital discord</td>
<td>21</td>
</tr>
<tr>
<td>15. Suicidal preoccupation</td>
<td>9</td>
</tr>
</tbody>
</table>

Source: Informal interview of 10-15 minute duration with thirty patients extending over the total eighty-eight hours of interrupted direct participation in this study.

* See Appendix for specific examples of problems noted.
Miss Ashley: "Have you been able to derive any trends or areas in which we might concentrate in our attempt to create a more therapeutic atmosphere in which you might function?"

Miss Knudson: "There are already a few which have become apparent. I expect others as I continue. It appears that there has been a consistent lack of adequate introducing of patients to other patients as they come to this unit, and in the explanation given of our ward routines. A nurse’s method of communicating needs to be a combined physical-verbal-visual means of working with the patient. Some of them have indicated to me that this has prevented them from receiving full satisfaction in their orientation to the ward and lessened their sense of 'belonging'.

"I have noticed that some patients who have received what they conceive to be inadequate explanations and have sensed a lack of interest or absence of psychological support have shown increased anxiety in their behavior on the ward. Their adjustment has been quite retarded in a few instances.

"Patients who have had it noticed by the nurses when they withdrew from the ward social life have received considerable satisfaction and reassurance from this bit of personal attention. In failing to show interest in patients' feelings and in their activities the nursing..." See Appendix
personnel frequently has missed opportunities of providing satisfaction. Often, too, I found that they refused to ask questions because they considered that the personnel was too busy to be willing to bother with them.

"There has been a tendency in the unit to discourage patient's observations and comments about other patients. I acknowledge that this is trick business, but in so doing I find that the staff has failed to utilize the empathy and intuitive feelings of patients for one another. The question arises 'how much and in what way and at what time to help patients to help each other', and at what point it becomes a drain on the energies of the patient to be expected to help others and where is the fine distinction of the need to be helped themselves.

"Actually in these selected instances, the staff has revealed a lack of depth of interest in the patients or a failure to comprehend what constitutes comprehensive nursing care. I am finding in many areas a need for greater emphasis by all of us to help the patients integrate all of their resources and to concentrate on their existing abilities rather than to dwell on their limitations. This implies a greater willingness by the nurses to accept them as truly whole individuals, albeit ones who have numerous problems, recognizing that the problems of their minds are not separated from the ills of their bodies."
Miss Ashley: "How have you made out with the psychiatrists in the unit while you have been in this close association with the patients?"

Miss Knudson: "It has been satisfactory and I feel I have had considerable backing and support considering the reticence of many when I proposed the idea. We have communicated freely and talk things over with each other quite often before I take any action of which I was at all uncertain. There was skepticism at first, but I guess they are beginning to realize that I do not pose as a pseudo-psychiatrist."

Miss Ashley: "Has this new status of yours with the patients created any changes in the general ward atmosphere which you can detect?"

Miss Knudson: "I believe that many satisfactory interpersonal interactions have developed. Often I have found myself a sort of mediator between the patient and the doctor and this was difficult at first, but it has been worked out and has become acceptable to both the doctors involved and myself. I may have motivated some patients to certain behavior which otherwise would have been restricted. While developing some sort of relationship with each patient on the ward, I have given more intensive attention to one or two who have needed it. Take for example, the case of Betty:
Student Nurse: "Betty, the aides have come to take you to your brain wave test. Come now!"

Silence. Suddenly Betty got up and nervously ran out of the room, calling out as she left, "they can't take me!"

Miss Knudson: "Betty, won't you come here a minute?"

Betty stopped but made no motion to come forward. Miss Knudson slowly approached her in the corridor and then hesitated, smiled and said softly, "are you afraid of the test, Betty?"

Silence.

Miss Knudson: "Perhaps if I tell you something about it, just what will happen, you will feel better."

Betty: "Dr. -- didn't say I had to go and have any old test. I'll kill him when I see him. He's not going to find out if I'm crazy. What is it anyway?"

Miss Knudson explained briefly and quite simply that it was a particular test to help the doctor find ways of making her feel better. She emphasized that it didn't hurt.

Miss Knudson: "Now you see, there is nothing to be afraid about."

Betty grasped Miss Knudson's hand - "will you go with me? I'm really scared."

Miss Knudson: "Why do you want me to stay with you?"

Betty: "I just do. Promise me that you will. I won't go in that wheelchair, either."

Miss Knudson: "Of what are you still afraid, Betty?"

Silence.

Miss Knudson: "Let me try again to explain it. You know, Betty, when we know what is going to happen then we are not so afraid."

Betty: "I'm afraid of what they are going to find, and I don't want them to know if I am crazy. So what?"

Betty resolutely refused to be taken in the wheelchair, but hand-in-hand with Miss Knudson walked slowly to the E.E.G. lab. It was necessary to wait several minutes for the previous patient to leave, and Betty and Miss Knudson sat together in the small waiting room. There were numerous magazines on the table but Betty ignored them and sat sullenly.

Betty: "It doesn't matter."

Miss Knudson: "What doesn't matter, Betty?"

Betty: "It won't do any good. Nothing can help me... There's only one person who could help me, and she won't."

Miss Knudson: "Really?"

Prolonged period of silence followed this remark.

Betty: "It's my Godmother... and she won't... she does not love me."

* Reconstructed from anecdotal notations.*
Miss Knudson: "I conveyed to the doctor this display of dependent behavior and we discussed at length how Betty could be treated and what my relationship to her might be."

Miss Ashley: "To what degree do you find the philosophy of this hospital affecting your role as a psychiatric nurse expert?"

Miss Knudson: "The potentialities for greater participation by the nurse as a possible team member have been explored. The identity of the person best qualified for this activity, the psychiatric nurse expert, has been defined and suggested methods for her most effectual utilization have been indicated. The results from an attempt to fulfill this role within the specific setting have been accurately recorded and evaluated. I believe then, that the extent to which such a person as myself is able to function is largely determined by the hospital's philosophy. It must be dynamic and progressive insofar as the medical administration believe in the ability of the nurses to make a meaningful contribution to the teaching, treatment, and research activities of the unit. The doctors must be convinced that the nurses can be partners in planning and providing for a therapeutically environment. They must accept this partnership. If the emphasis is placed solely on their functions as coordinator or administrator they can not engage to the fullest extent as a therapeutic agent. Certain problems relevant to the
functioning of the psychiatric nurse expert emerge:

(1) lack of acceptance
(2) heavy load of administrative functions
(3) limited participation as a member of the psychiatric team
(4) increased need for interdisciplinary communications
CHAPTER IV.
DISCUSSION OF DATA

This study of the role of the psychiatric nurse expert was conducted within a setting especially created and devoid of any administrative responsibilities. This fact alone hinders any accurate comparison with the role assumed by the investigator with that encompassed by the present nursing personnel employed in this psychoneurotic unit.

The situation did not exclude, however, any existing controversy centered about the nurse's role in therapy. It was evident from the onset that any nurse in this unit was firmly bound by the tradition which makes psychotherapy the exclusive perogative of the doctor. The term "therapy" as assumed by the nursing profession as an area of its own functioning, was not understood and therefore not acceptable to the medical staff. This attitude was clearly evident in the restricting counsel given Miss Knudson following the recorded episode with Betty where she was definitely cautioned from engaging in any therapeutic one-to-one relationship with this patient. She was warned frequently against becoming too involved and was advised to remain on the periphery of the patient's illness. She should serve only as the liason person and remain as such between the

therapist and the patient. Thus, certain restrictive elements inherent in the traditional concept of the nurse's role were consistently found to be present here and the psychiatrists expressed open objection to the nurse expert functioning in what appeared to them to be an unconventional role.

In many instances during the project, the recovery of a patient was seen to be more than an isolated event; it occurred within the psychoneurotic unit and was not solely restricted to the four walls of the therapist's office. Such evident recoveries were subjected to ward influences and responded to cooperative effort of the nurses and allied personnel.

The attitudes of the nurse expert had a definite effect upon the ward atmosphere. The spirit of cooperation and mutual effort that was established between the investigator and the other nurses in the unit developed into one of the strongest supports available to the patients. The intimate knowledge about the patients and the causative factors in their behavioral outbursts were shared with the staff and a common understanding and increased personal interest resulted.

Devoid of administrative authority, and the threats which such authority presents to patients, Miss Knudson was
not cut off from close interpersonal relationships. She established a good working partnership with the aides and students which resulted in considerable freedom for the exchange of personal opinions regarding patient care. In this area she utilized her teaching ability to impart to others those factors which she had identified that were relevant to improved patient care. Together there developed a feeling that there was something tangible in the behavior of patients that could be dealt with.

The uninterrupted and close contact with the patients enabled Miss Knudson to become aware of the behavior of all the patients on the ward. How a single individual related to her revealed in varying degrees how other patients were likely to be involved under similar circumstances. She became aware that when her attention was devoted to a specific patient, jealousy might arise from other patients. To prevent this individual from being ostracized from the group, she guided the available personnel toward taking advantage of such moments of seeming jealousy to establish closer relationship with patients.

The role that Miss Knudson assumed was at all times a flexible one, not limited to a definite time in a fixed location, as is generally the practice in the conventional medical psychotherapeutic session. She explored and
utilized her function as a nurse and was with her patients long hours of the day. She saw that they were physically comfortable and provided for, and also participated actively in their work, social and recreational activities. This presented many opportunities to develop a close interaction with the patients during their varied endeavors and complex and intimate interpersonal relationships resulted, each knowing the other better. Her constant presence enabled the psychiatric nurse expert to anticipate and identify the emotional need at the time it occurred and to alleviate fears expressed and to channel a distressful feeling into a more satisfactory emotional experience. More often than not, by providing the patient with a satisfying interaction she contributed to his recovery. It was in this area of interpersonal relationships that she felt she made her greatest contribution to the therapeutic atmosphere.

Constant availability of the psychiatric nurse expert as a person who could help individual patients with some of their problems at the time of their appearance constituted the core of her role. She made no direct interpretations to the patients and her support varied greatly according to individual needs. Through her positive interaction with patients she helped them to recognize, and in some cases to achieve, a degree of realization of their own potentialities. Her practical goal was to offer constructive help in her
daily contacts. In doing this she felt that she operated in a definitely therapeutic relationship; one which was not challenged by the medical administration at any time.

The results of this study have revealed many facts of interest pertaining to the present nursing service. The findings suggest that there is more agreement between the expectations as expressed in the guided interviews and the actual performance of the present nurses in the unit than there is between the trends for psychiatric nursing as indicated in the literature, and those in common practice. The major concern seems to lie in the need for nurses to be with the patients more. It is important for patients to understand what they are doing and why.

The results from the guided interviews picture the present nurses as individuals with many and varied responsibilities. These include administrative duties in the area of patient care, maintenance of supplies and personnel management. These interviews did not indicate that the psychiatric nurses have much responsibility in the area of human relationships or for patient teaching although the nurses are considered by the patients as responsible for the instruction of the students of nursing which engage ten percent of her time. The Time Study revealed most of the nurse's activities are spent in administrative areas with less time in areas relating to interpersonal activities. psychotherapy,
or participation in research activities. The real discrepancies became evident when the trends and desirable practices as indicated in the literature were compared. In the literature there is a definite reduction in the amount of administrative responsibilities carried by the nurse and increased emphasis placed upon the areas of human relationships, nursing therapy and nursing research.

The amount of time spent in planning for patient care was found to be very limited with only ten percent of the total time of the nurse allocated to activities within this area.

Collaborative interaction between the nurse and the medical staff was seen as primarily restricted to regular daily conferences consisting chiefly of giving reports and receiving orders with very little semblance of team planning and mutual participation.

More collaboration existed between the nursing staff and the medical personnel than occurred between the nursing staff and the occupational therapist located within the unit itself. There was little communication here and neither appeared to have any real conception of any existing team enterprise.

All activities regarding the preparation for discharge and follow-up of patients apparently was relegated to the social worker or doctor with no evidence that the nursing staff had any contribution to make. This may be accounted
for by the fact that there was a better than usual medical social service staff available in this hospital. However, results from the casual interviews revealed that the patients had definite expectations from the nurses in regard to help and reassurance in this area. (See Appendix, page V.)

There were many indications that a sense of need was felt by the patients for greater orientation to their hospital experience. This seems to be an area in which the nurse expert could help increase the job satisfaction and a sense of being an active participant.

It is unwise to conclude from the Time Study that no time was spent in patient teaching. In a psychiatric unit this is difficult to identify and to measure. The interpersonal relations between patients and personnel, the attitude of the staff, and in fact, all of the multi activities necessary to produce a therapeutic environment might well be considered a portion of the educational experience of the psychiatric patient.

Active participation of the nurses in the research conducted by the physicians was limited to an accurate compilation of anecdotal notes on specific patient behavior. These nurses notes were adequately and conscientiously maintained and supplied the psychiatrists with considerable information of value in their studies.

The time spent in personal activities seemed on first sight and with only a fleeting and very casual observation
to be considerable, but on closer examination it is found to average only five minutes per hour. This should be considered inconsequential in the light of the nature of the work and the personal tensions involved in the care of the mentally ill.

One fact emerges predominantly. Patients have problems about which they will talk to nurses. Objective evidence of this is shown by the enumeration of the various problems that were discussed with Miss Knudson (see Appendix). The greatest number of these were related to their hospitalization, and who would be in closer proximity to this problem than the nurses on the ward? Many were concerned with attitudes or abstract factors but concern over physical ailments and personal problems relating to home and family were frequent. "Home worries" seemed to be the single problem of concern mentioned the most frequently. The patients did not seem to expect that the nurses or the hospital would be able to solve their home problems but several said they "felt much better" after just being able to talk about them to a person who seemed to understand and care.

The nurse's responsibility can not be defined in terms of skill alone, but must be measured by her understanding of the patient's needs. Miss Knudson has found these patients at Peters Memorial Hospital undeniably human and has reaffirmed for herself that nursing is one of the most
intimate of human relationships. Her findings have shown the need for someone to help the patient over his many psychological hurdles of everyday living if he is to have a favorable outcome from his illness, and is to regain emotional stability. This concept implies that the psychiatric nurse expert:

(I)- is interested in the patient as a person and is desirous of helping him by total nursing care; that is, she is cognizant of the fact that knowledge of and an ability to apply technical skills alone does not constitute good nursing care. She recognizes the need for the human side of nursing, those things over and above the mechanical.

(2)-is able to establish harmony so that an environment will exist in which the patient will feel free to express himself, and then give him an opportunity to talk.

(3)-is aware of possible emotional problems of patients and is able to recognize them in conversation or by observation of the patient's behavior.

(4)-is able to differentiate those situations

a) which require concrete answers or explanations
b) which are helped by allowing the patient to talk
c) which require referral to qualified persons

(5)-is a good listener

(6)-is aware of the role she plays in the life of the patient and is able to understand her own reactions more fully.
The ultimate results of this study reiterate the fact that psychiatric nursing is a human relationship between an individual who is sick and in need of health services and a nurse specially educated to recognize and respond to this need for help. Any justification for the inclusion of the psychiatric nurse expert as a member of the nursing team is dependent upon the acceptance of this fact.
CHAPTER V.

THE CONCLUSIONS AND RECOMMENDATIONS

Based on the techniques used in carrying out this study, i.e., use of the open end type of question in casual and informal interviews, participant observations and a survey of the literature, certain conclusions can be drawn.

Psychiatric nursing as a specialized activity remains inadequately defined. Also, the multiplicity and scope of its roles is widening as the number of functions it assumes increases.

The observations recorded during this study identify the role of the present psychiatric nursing personnel in this setting to include:

1. Administrative duties
2. Direct patient care
3. Supervision of patients
4. Coordination of patient needs
5. Education or teaching
6. Interpersonal relationships

A comparison of observed nursing activities with those expected, as derived from a sample of patients and personnel, has revealed only a minute discrepancy of difference. This is considered significant as it seems to reveal that the
nursing service of the psychoneurotic unit is functioning in accord with the philosophy of the institution.

Considerable discrepancy has been found between the current trends in the literature regarding the functions of the psychiatric nurse and those demonstrated within this unit. In accord with the traditional exclusion of the nurse from any form of active therapy, the findings reveal that strong opposition is exerted in this regard at Peters Memorial Hospital. In effect there is little indication that the nurse is accepted as an active member of the psychiatric team in active partnership with the doctors.

The following recommendations are suggested:

(1) The psychiatric nurse might be required to spend less time in administrative duties.

(2) Greater time might be made available for direct patient contact.

(3) The nurse might be included to a greater degree in the over-all plans for the patient's treatment.

(4) Increased intercommunication might be developed between the medical and nursing personnel.

(5) Establishment of an In-Service Education program for non-professional workers.

(6) The nurses might be made to feel a part of the therapeutic environment in the role of an active participating contributor.
(7) The institution might examine its philosophy and those factors within the situation which contribute to or interfere with the functioning of the psychiatric nurse expert.

(8) There is a need for an increased willingness to examine the changing role of the nurse and to break away from the traditions and prejudices of the past, allowing for a redefinition of "role" based on documented findings.

(9) There is a need for the acceptance of the nurse as an active member of the psychiatric team for the purpose of improving patient total care. She might be given more active participation in both short and long-term plans for the management and resocialization of the patient. Mere physical attendance at a daily ward meeting does not connote participation, or status, or a "sense of belonging" in the therapeutic environment.
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Petry, Lucille and Vreeland, Ellwynne. "Nursing Education". HIGHER EDUCATION. April 15, 1952.

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SAMPLE TYPE QUESTIONS UTILIZED IN INFORMAL CASUAL INTERVIEWS WITH THE NURSING STAFF

1. What do you consider to be your chief function in this unit?
2. Which of your duties do you think should occupy the greatest amount of your time?
3. What is your responsibility in the area of patient care?
4. How do you answer patient's questions?
5. Do you feel that you spend enough of your time in direct contact with the patients?
6. What area of your work occupies the most time?
7. Do you feel qualified for the type of nursing in which you are engaged?
8. Do you feel that some of your duties should be delegated to non-professional workers?
9. Is the environment in which you work a therapeutic one?
10. Do you feel that you are accepted as a member of the psychiatric team?
SAMPLE TYPE QUESTIONS AND RESPONSES FROM PHYSICIANS WITHIN UNIT

I. What functions do you think that the psychiatric nurses perform at PRESENT?
   a) "General administration of the ward"
   b) "Some teaching"
   c) "Observe medical and psychiatric symptoms"
   d) "Report patient behavior and problems to the doctors"

2. What functions do you think that the psychiatric nurses SHOULD perform?
   a) "Meet the daily needs of the patient"
   b) "Act as liaison between the doctor and patient"
   c) "Delegate ward duties and keep things running smoothly"
   d) "Cooperate more actively with the doctors"

3. How does the psychiatric nurse figure in the creation of a therapeutic ward atmosphere?
   a) "She's the key figure; should know more than anyone else"
   b) "She must keep morale high and the patients happy"
   c) "She should control the atmosphere as necessary and make patients feel they are important and that some good can come from their being here"
   d) "By keeping the ward running smoothly, they can help us do our work better"
### SAMPLE TYPE QUESTIONS UTILIZED IN INFORMAL CASUAL INTERVIEWS WITH PATIENTS

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>YES</th>
<th>NO</th>
<th>MOST</th>
<th>SOME</th>
<th>NONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When you came to this ward were you introduced to the other patients?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12 2 6</td>
</tr>
<tr>
<td>2. Did you introduce yourself?</td>
<td>2</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Were you introduced to the personnel?</td>
<td>10</td>
<td>4</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Were the ward procedures explained to you?</td>
<td>15</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Did you understand?</td>
<td>14</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you needed more explanation?</td>
<td>9</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7. Do you think the ward personnel is interested in you?</td>
<td>8</td>
<td>4</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Is the personnel interested in your living accommodations on the ward?</td>
<td>8</td>
<td>4</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Do they ask if you are satisfied?</td>
<td>9</td>
<td>2</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Does the staff ask you about your problems?</td>
<td>4</td>
<td>16</td>
<td></td>
<td></td>
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</tbody>
</table>
### SAMPLE TYPE QUESTIONS UTILIZED IN CASUAL INFORMAL INTERVIEWS WITH PATIENTS

(continued)

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>YES</th>
<th>NO</th>
<th>MOST</th>
<th>SOME</th>
<th>NONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Do you feel free to ask questions of the staff?</td>
<td>I2</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Are things adequately explained to you?</td>
<td>7</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Do you feel free to ask for help?</td>
<td>I5</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Do you get the help you need?</td>
<td>I2</td>
<td>7</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Does anyone notice if you stay alone?</td>
<td>I2</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Would you like someone to notice?</td>
<td>I7</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Is anything done about it?</td>
<td>I3</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. If you needed more help, to whom would you go?</td>
<td>NURSE</td>
<td></td>
<td>DOCTOR</td>
<td></td>
<td>PATIENTS</td>
</tr>
<tr>
<td>19. Is anyone interested in the things you are doing?</td>
<td>16</td>
<td>4</td>
<td>10</td>
<td></td>
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</tbody>
</table>
## Indications of Patient Rapport with Present Ward Staff

<table>
<thead>
<tr>
<th>Indications</th>
<th>Yes</th>
<th>No</th>
<th>Physician</th>
<th>Nurse</th>
<th>Social Worker</th>
<th>Other Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you often think about the time when you will leave the hospital?</td>
<td>I5</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are there some problems about being here that bother you?</td>
<td>I2</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. With whom do you talk about these problems?</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>4. Who has asked you how you feel about leaving the hospital?</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>5. Would you like to be asked about these things?</td>
<td>I8</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Would you like the staff to show more interest in you?</td>
<td>I9</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. If you needed more help, to whom would you go?</td>
<td>8</td>
<td>6</td>
<td>2</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>8. From whom would you like more attention?</td>
<td>2</td>
<td>15</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### IDENTIFICATION OF PROBLEMS OF EMOTIONAL CONCERN TO PATIENTS

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>SPECIFIC EXAMPLE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HOME WORRIES</td>
<td>Mrs. M. frequently became tearful when speaking of her three-year-old son who was being cared for by a neighbor. Her husband was employed on a night shift and there was no close relative to care for the child.</td>
</tr>
<tr>
<td>2. ANXIETY IN REGARD TO PHYSICAL CONDITION</td>
<td>Mr. B. was reluctant to engage in any physical activities because his &quot;heart pounded&quot; and he was afraid he had heart trouble.</td>
</tr>
<tr>
<td>3. APPREHENSION IN REGARD TO TESTS</td>
<td>Miss S. refused to take the psychological test advised because she was &quot;afraid they would find out that she was crazy.&quot;</td>
</tr>
<tr>
<td>4. DEPRESSION (MOOD)</td>
<td>Mrs. Z. stated that she was &quot;depressed&quot; for months and feared she might commit suicide.</td>
</tr>
<tr>
<td>5. FINANCIAL SITUATION</td>
<td>Mr. M. had been unemployed for five months due to his anxiety attacks and as a result his son had left school to help support his mother and sisters.</td>
</tr>
<tr>
<td>6. FATIGUE FROM TESTS AND EXAMINATIONS</td>
<td>Miss D. resisted every effort by the O.T. worker to engage her in activity. &quot;I am too tired from all those tests.&quot;</td>
</tr>
<tr>
<td>7. APPREHENSION AS TO RESULTS FROM TESTS AND EXAMINATIONS</td>
<td>Mrs. K. persistently questioned the nurses and doctors as to the results from her E.E.G. She was &quot;sure I have a brain tumor.&quot;</td>
</tr>
</tbody>
</table>

Source: Obtained from casual informal interviews with patients and recorded in anecdotal notations during the course of the study.
IDENTIFICATION OF PROBLEMS OF EMOTIONAL CONCERN TO PATIENTS

(Continued)

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>SPECIFIC EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. ANNOYANCE OR FEAR OF OTHER PATIENTS</td>
<td>Miss O. refused to leave her room for meals because she &quot;just knew Mr.--would attack her&quot;. Mr. L. remained aloof from the others and stayed by himself. &quot;The others don't like me and I had better keep out of the way.&quot;</td>
</tr>
<tr>
<td>9. WITHDRAWAL</td>
<td>Mrs. P. was a feeding problem, firmly convinced her food was &quot;poisoned&quot;. Mr. S. was about to be discharged, but he had heard rumors that he wasn't going home. &quot;My wife doesn't want me any more&quot;. Miss F. had no family and very few visitors. She sat and watched while others were visited and often said she wished &quot;someone would come to see her.&quot;</td>
</tr>
<tr>
<td>10. APPREHENSION (MOOD)</td>
<td>Mr. E. was a law student who had made an outstanding record but his illness forced him to drop out. No amount of reassurance could make him see the possibility of his return. Mrs. Y's husband was an alcoholic and frequently &quot;beat me&quot;. Miss W. hovered about the nurses most of the time and slept only with sedation as she was &quot;heckled by a nagging fear that I will commit suicide.&quot;</td>
</tr>
<tr>
<td>11. CONFUSION REGARDING DISCHARGE</td>
<td></td>
</tr>
<tr>
<td>12. LONELINESS</td>
<td></td>
</tr>
<tr>
<td>13. FRUSTRATION OF LIFE'S PLANS</td>
<td></td>
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<tr>
<td>14. MARITAL DISCORD</td>
<td></td>
</tr>
<tr>
<td>15. SUICIDAL PREOCCUPATION</td>
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