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# UNIT 5 BASIC PRINCIPLES AND PREREQUISITES OF PSYCHIATRIC NURSING

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## Structure

- 5.0 Objectives
- 5.1 Introduction
- 5.2 Principles of Psychiatric Nursing
  - 5.2.1 Accept the Patient Exactly as He is
  - 5.2.2 Use Self Understanding as the Therapeutic Tool
  - 5.2.3 Use Consistent Behaviour to Increase the Patient's Emotional Security
  - 5.2.4 Give Reassurance to the Patients in a Subtle and Acceptable Manner
  - 5.2.5 Change the Patient's Behaviour through Emotional Experience and Not by Rational Interpretation
  - 5.2.6 Avoid Unnecessary Increase in Patient's Anxiety
  - 5.2.7 Demonstrate Objective Observation to Understand and Interpret the Meaning of the Patient's Behaviour
  - 5.2.8 Maintain Realistic Nurse-patient Relationship
  - 5.2.9 Avoid Physical and Verbal Force as Much as Possible
  - 5.2.10 Provide Nursing Care to the Patient as a Person and not Merely to Control Symptoms of the **Disease/Symptoms** that Patient has
  - 5.2.11 Explain Routines and Procedures at the Patient's Level of Understanding
  - 5.2.12 Maintain the Basic Nursing Principles While Following any Procedures
- 5.3 Prerequisites of Psychiatric Nursing
  - 5.3.1 The American Standards of Psychiatric Nursing into the Indian Context
  - 5.3.2 Qualification and Criteria for Psychiatric Nursing Practice in India
- 5.4 Let Us Sum Up
- 5.5 Answers to Check Your Progress
- 5.6 Further Reading

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## 5.0 OBJECTIVES

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After completing this unit, the students should be able to:

- describe the general principles of psychiatric Nursing;
- enumerate the prerequisites of psychiatric nursing practice;
- **identify** the need for research in the field; and
- apply principles of psychiatric nursing in practice.

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## 5.1 INTRODUCTION

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Patients must be assured that the psychiatric nurses render quality services to them. The profession has the responsibility to set and maintain standards of practice. In this unit, guidelines to the nurses is given to improve the quality of the patient care in psychiatric nursing practice.

Psychiatric Nursing deals with providing highly individualized comprehensive care. There are general principles that apply to the care to all the patients who show change in behaviour. The nursing principles discussed are based on the concept that each individual has an intrinsic worth and dignity, and she/he has the potentiality to grow.

## 5.2 PRINCIPLES OF PSYCHIATRIC NURSING

These principles focus on the patient as an individual. Let us discuss these principles in detail now.

### 5.2.1 Accept the Patient Exactly as He is

Acceptance conveys the feeling of being loved and cared. It gives a non-threatening experience. No matter whether psychiatric patients appear to be dirty, or display maladaptive behaviour, they have to be treated and provided nursing care with respect as individual human beings.

You should also remember that acceptance does not mean complete permissiveness, rather acceptance is for teaching desirable behaviour to them. Recognising your acceptance, the patient's anxiety and feeling of being threatened would be reduced and she will unlearn the sick behaviour and relearn the art of healthful living.

You make use of the following approaches as shown in Fig 5.1 to communicate your acceptance to the patients.

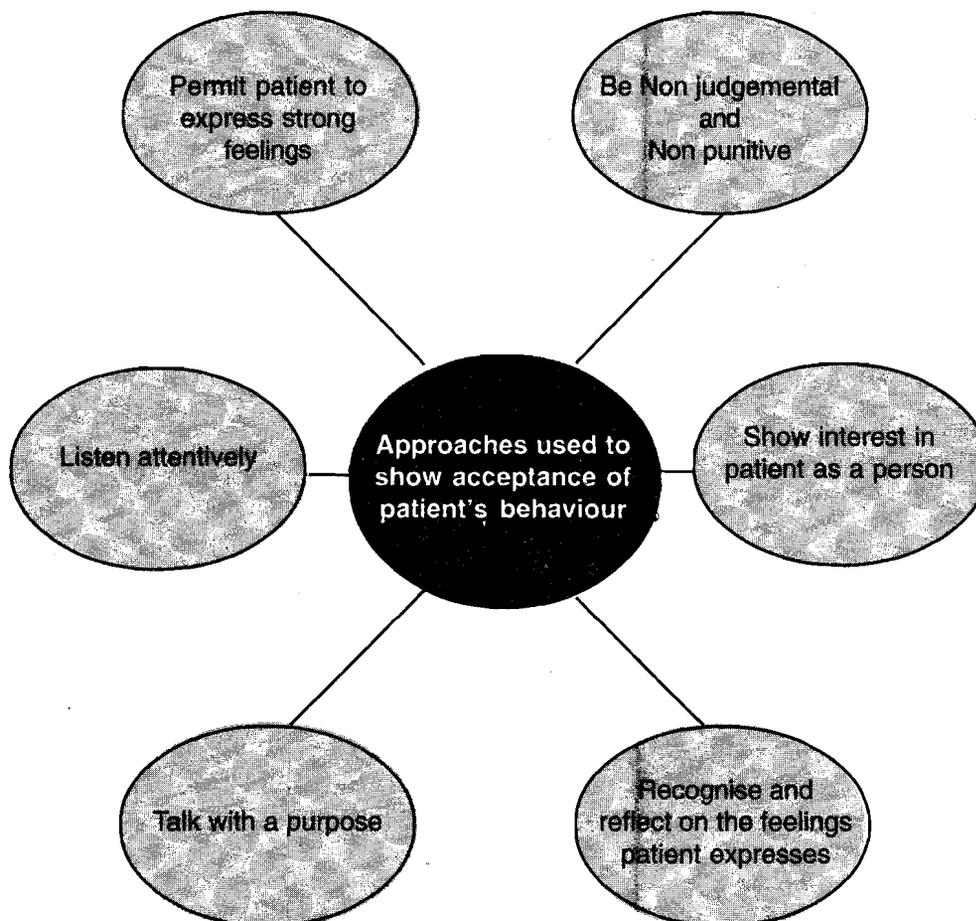


Fig. 5.1: Approaches used to show acceptance of behaviour of patient as she/he

**i) Be Non-judgemental and Non-punitive**

You should not judge the patients' behaviour as right or wrong, good or bad, You should not punish **the patient** for **his/her** undesirable behaviour, either directly or indirectly.

Chaining, restraining, putting him in a separate room are some of the direct punishments. Ignoring his presence or withdrawing his importance are a few ways of giving indirect punishments.

**ii) Show Your Interest in the Patient as a Person**

This you can demonstrate by;

- a) studying the patient's behaviour patterns,
- b) spending time with **him/her** on those things in which patient is interested,
- c) accepting **his/her** fears as real to the individual
- d) listening to the **client/patient**
- e) explaining when the demands cannot be met and
- f) being aware of likes and dislikes of individual patient

**iii) Recognise and Reflect on Feeling which the Patient may Express**

You need to identify the feelings actually expressed by the patient. For example, when a patient says 'I would like to break someone's **neck**', you try to interpret that he is angry at somebody. You give more importance to analysing the feeling behind the patient's conversation, then to the content.

**iv) Talk with a Purpose**

As a nurse, while you are talking to a patient, your conversation should be directed towards achieving the nursing goals or therapeutic goals. It should bring out the wants, need and interests of the patients. More than you, the patient must get a benefit out of the talk.

**v) Listen**

You need to listen attentively to what the patient is saying. Listening is an active process. Your ears are required to listen to what the patient says to you, but you may require the 'third ear' to understand what the patient is saying to you non-verbally.

**vi) Permit the Patient to Express Strongly Held Feelings**

Strong emotions, bottled up, are potentially explosive and dangerous. It is better to permit the patient to express **his/her** strong feelings without the fear of disapproval or punishment.

At times, the patient may show **his/her** feelings of anxiety, fear, hostility, hatred or anger to the nurse. You need to tolerate these and allow their further expression. But also let the patient know about the expressed behaviour towards the nurse.

Our acceptance of his expressions gives him the feeling that the illness is curable. It has also got the therapeutic value of mental ventilation (letting out strong emotions).

### Check Your Progress 1

List the approaches used to communicate to the patient the feeling of the acceptance by the nurse to him.

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### 5.2.2 Use Self-understanding as the Therapeutic Tool

Our self-understanding leads to understanding of the patient. It also helps in knowing how one ought to feel or act is not important but to understand why one behaves the way she does is vital. Abnormal behaviour of the patients can produce a lot of anxiety, or fear in us, which a nurse needs to understand why she is anxious or frightened.

A nurse can understand herself/himself better by

- i) exchanging personal experiences freely and frankly with other nursing colleagues,
- ii) discussing the personal reactions with an experienced nurse,
- iii) participating in group conference regarding the patient care,
- iv) introspecting on why nurse feels or act the way she does.

### 5.2.3 Use Consistent Behaviour to Increase the Patient's Emotional Security

Consistency in the approach of nurse is needed to develop a feeling in the patient that s/he can depend on the people working in the ward. Consistency must reflect in the attitude of nurse, ward routine and defining the limitations placed on the patient.

You can practice a consistent approach by

- i) providing your acceptance constantly and continuously to the patient,
- ii) maintaining consistency in the presence of the nurses from shift to shift, with proper planning,
- iii) placing limitations on the patient's behaviour although you permit him/her to feel free.

### Check Your Progress 2

1) List the ways by which a nurse understand herself/himself better?

- a) .....
- b) .....
- c) .....
- d) .....

2) Enumerate the approach for maintaining consistency.

a) .....

b) .....

c) .....

### 5.2.4 Give Reassurance to the Patients in a Subtle and Acceptable Manner

Reassurance is given to restore or build up the patients' confidence. To give reassurance, we need to understand the meaning of any experience that happens to the patient. We need to analyse the situation as to how it appears to the patient.

While giving reassurance, we must avoid statements like 'you will get well', 'Your fears are groundless', 'Nothing to worry', and false promises.

#### Then how to give reassurance?

There are many ways to provide reassurance to the patients. A few of them are:

- i) Doing things for the patient without asking anything from the patient in return, such as, expecting improved behaviour or show of appreciation;
- ii) Sitting besides the patient even when s/he does not want to talk, Accepting the patients' silence as well as the physical presence of nurse can be very reassuring to the patient;
- iii) Listening to personal problems of the patient, without showing surprise or disapproval;
- iv) Agreeing that the patient has a problem and thinking along with her/him to solve her/his problems.

### 5.2.5 Change the Patients' Behaviour through Emotional Experience and Not by Rational Interpretation

Role play, socio-drama and transactional analysis are some ways of creating emotional experience in the patient about her/his own behaviour. When an alcoholic patient is told that his drunken behaviour is hurting to his wife and children, and takes away his time and money, he does not agree to our interpretation. But the same is acted out by giving him the role of a wife or child of alcoholic. In this way he gains more understanding about his troublesome behaviour.

Psychiatric Nurses focus mainly on the feeling aspect of patients and not on intellectual aspect. Therefore, telling and advising patients is not effective in changing behaviour. Moreover, by rationalizing patient's behaviour will sound as if it is challenging patient belief. Hence, patient may become more defensive.

We cannot force on him an understanding of his own behaviour it is painful. As a nurse you need to interpret his behaviour only when he is ready for it, and when he has developed the ability to tolerate such analysis. Only then is he able to change his behaviour.

### Check Your Progress 3

1) What behaviour should you avoid while giving reassurance to the clients?

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2) State three techniques used for providing understanding through emotional experience.

- a) .....
- b) .....
- c) .....

### 5.2.6 Avoid Unnecessary Increase in Patient's Anxiety

Anxiety is a feeling of fear for an unknown object or event. It is also a feeling of apprehension.

Psychiatric patients already have some amount of anxiety due to their illness, social disapproval and seclusion from the family. Psychiatric nurses must not further increase the anxiety of the patient by:

- i) contradicting his psychotic ideas,
- ii) demanding the patient to complete the set tasks, a demand which she obviously cannot meet,
- iii) making patient face repeated failures,
- iv) using big sentences, professional terms while talking to client/patient,
- v) being insincere,
- vi) pointing out patient's weaknesses and defects,
- vii) giving no orientation about the ward, co-patients, ward staff, policies, routines and procedures,
- viii) asking questions directly about patient's family, work and home before he develops trusting relationship with Nurse ,
- ix) passing sharp comments about patient's behaviour, and
- x) nurse showing her/him own anxiety.

### 5.2.7 Demonstrate Objective Observation to Understand and Interpret the Meaning of the Patient's Behaviour

Psychiatric nurse need to observe what the patient says or does. These observations need to be analysed so as to understand the motivation or purpose behind the talk or action of client/patient.

Nurse does improve her/his skills of observation by continuous prediction of the patient's behaviour.

While working with the patient, learn his basic problems and then guess what he will do. If your prediction is right, ask yourself why? If the prediction is wrong, again ask yourself why? Keep asking yourself what is the goal of the patient, and why did he behave the way' he did. While examining yourself, be objected.

#### Check Your Progress 4

1) Define anxiety.

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2) Name five factors that can increase the patient's anxiety?

a) .....  
b) .....  
c) .....  
d) .....  
e) .....

3) How do we improve our observation skills?

a) .....  
b) .....  
c) .....

#### 5.2.8 Maintain Realistic Nurse-patient Relationship

Such a relationship focuses upon the personal and emotional needs of the patients and not on the nurses' needs. The nurse-patient relationship is therapy-oriented. It is planned and based on the patient's needs. The nurse's goal is neither shared by the patient, nor she seek the patient's approval.

The nurse-patient relationship is an interpersonal process. It is for the purpose of bringing adaptiveness, integration and more maturity in the patient's personality. The details of it will be discussed in Block 2.

#### 5.2.9 Avoid Physical and Verbal Force as Much as Possible

Any kind of force applied on the patient results in psychological trauma, unless it is a patient who needs and welcomes punishment. For example, a depressed patient welcomes the punishment or scolding as she is basically suffering from the guilt of having done the mistake. Restraining the violent patient in the cot is an example of physical force. If at all, this force needs to be used, the following points should be kept in mind:

- i) Carry out the procedure quickly, firmly, and efficiently with adequate help,
- ii) Do not show your anger or annoyance while tying the patient,
- iii) Tell the patient the reason for restraining him and also that he will be allowed to mix with others when he has gained control of himself.
- iv) Attend to patient's needs as usual, and never let the patient feel that s/he is being punished.
- v) After patient has become controllable and approachable, never remind her/him again about the incident,

### 5.2.10 Provide Nursing Care to the Patient as a Person and not Merely to Control Symptoms of the Disease/Symptoms that Patient has

Every behaviour has a cause; understand the meaning behind his behaviour. His symptoms are the reflection of his problem. Two patients showing the same symptoms may be expressing two different needs.

For example, the patients with headache may have different reasons for the symptoms. One may have headache due to sleeplessness, and the other due to hypoglycemia.

Consider every individual as unique, and prepare nursing care plan depending on the basic cause.

### 5.2.11 Explain Routines and Procedures at the Patient's Level of Understanding

Every patient has a right to know what is being done to him and why it is being done. Explanation given by the nurse reduces the patient's anxiety. The nature of explanation depends on the patient's span of attention, level of anxiety, level of understanding, and ability to decide, etc.

But the explanation should never be withheld thinking that the psychiatric patients are mad, and have no contact with reality or have no ability to understand.

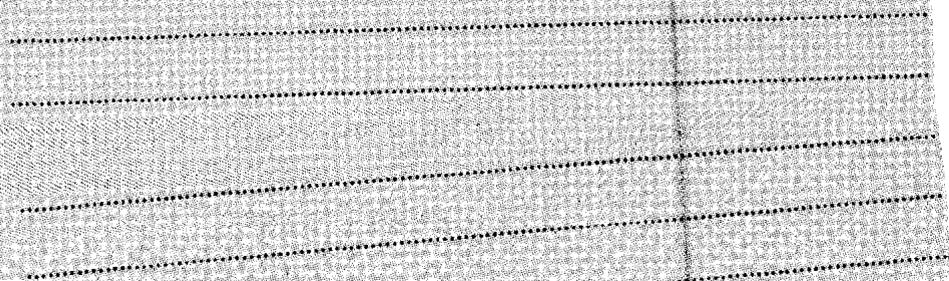
### 5.2.12 Maintain the Basic Nursing Principles While Following any Procedures

In the psychiatric nursing field, the nursing procedure, like giving medications, may be modified. For example, a patient who is highly suspicious may refuse to have oral tablets, then the oral of medication may be changed into parenteral method, or the same tablet may be powdered and dissolved in fruit juice and given. But the basic nursing principles must be followed. They are:

- i) safety,
- ii) comfort,
- iii) individual care,
- iv) maintaining therapeutic effectiveness,
- v) economy of time, energy and material, and
- vi) fine workmanship while following procedure and practicing.

#### Check Your Progress 5

1) Explain the realistic nurse-patient relationship.





Standards are meant for providing quality care to the patients. But, in India, similar standards do not exist. Hence let us discuss what ideally are the standard and how these contribute to the better care of the patients.

### 5.3.1 The American Standards of Psychiatric Nursing in the Indian Context

#### i) Theory

A nurse has to apply appropriate theory that is scientifically sound, as a basic for decisions regarding the nursing practice.

The majority of our nurses in the psychiatric setting are not adequately trained in applying appropriate theory to practice. Only a few psychiatric nurses, trained at the diploma and post-graduate levels in psychiatric nursing, are able to provide care based on their scientific assessment.

To have knowledge of 'theory' as a prerequisite, additional training needs to be given to those nurses who are already working. You have read in your course on nursing foundation, BNS-101 and BNSL-101 about steps of nursing process, which are also applicable in psychiatric nursing.

#### ii) Data Collection

The nurses should collect data about the patient that are comprehensive, accurate and systematic. Observation, interview and doing mental status examination are techniques used in psychiatric nursing. Acutely disturbed patients are assessed constantly. In the majority of the mental hospitals, data collection does not get any special priority, but is carried out in a mechanical way.

#### iii) Nursing Diagnosis

The nurse should recognize the problems of the patient, and relate them to the nursing diagnosis. It forms the base for the next step in the nursing process. Most of the nurses need to be oriented in this process.

#### iv) Planning

The nurses should plan out the nursing actions of each patient, pooling the collective efforts of the nursing. For the students, nursing care plans are considered as part of their learning experiences. The nurses need further motivation to practice planning.

#### v) Intervention

The nurses should implement the nursing intervention independently, taking assistance from their colleagues. The same gets recorded in the nurses notes. The psychiatric nurses are expected to implement interventions like counseling, health-teaching, daily living learning abilities, manipulating the environment with therapeutic goals, assisting in physical and psycho-social therapies, etc.

The psychiatric nursing care, in the Indian setting, include the psychotherapeutic as well as psychosocial strategies. The nursing action is, more **often** than not, determined by adhoc procedures, unplanned and routine ward work.

#### vi) Evaluation

The efficacy of nursing action should be evaluated. The patient's satisfaction is considered as a sign of success. Bedside nursing rounds and clinical discussion among the nurses will bring out suggestions for improving the

**vii) Peer Review**

It is one of the other means of evaluation to assure quality of the nursing care provided to the patient. Regular peer review is seen only in teaching at mental hospitals. Every nurse has to actively participate in discussing the type of care given by them.

**viii) Continuing Education**

India has Diploma and Masters Programmes in psychiatric nursing. The nurses and the hospital authorities have to feel the need of professional growth through continuing education. Organizing in-service education programmes, seminars, conferences, symposia and keeping well-equipped libraries, are some ways to encourage the nurses towards continuing education. In many hospitals, these are not available because of scarcity of funds.

**ix) Interdisciplinary Collaboration**

Many of the nurses carry out only the medical instructions, and invest very little time in the team concept. Different abilities of the team members- psychiatrists psychologists and social workers could be synchronized to plan, solve the patient's problems and evaluate the services delivered.

**x) Utilization of Community Health Systems**

The nurses should extend their services beyond the hospital boundary. They should follow Caplan's model on 'preventive psychiatry' for community psychiatric nursing. A practicing nurse identifies the high risk population, and applies preventive measures. S/He also conducts mental health education programmes to remove misconceptions about mental illnesses.

The community health nurses need re-orientation to the integration of mental health services in the existing health care delivery system, as recommended in the National Mental health programme in India.

**xi) Research**

Compared to the U.S.A psychiatric nursing research, in India, it is in a rudimentary stage. The nurses need to make use of research findings in their practice. Considering the status of nursing practice in India, it could be inferred that to reach the American psychiatric and mental health nursing standard, it would require continuous effort in this direction on the part of the policy makers, nursing councils, the Indian society of psychiatric nurses, the nurse educators, the nursing administrators and the nurses working at different levels.

**Check Your Progress 6**

- 1) List five standards that should be observed to improve the psychiatric nursing.

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2) What is the existing situation in the practice of peer review?

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### 5.3.2 Qualification and Criteria for Psychiatric Nursing Practice in India

The prerequisite for psychiatric nursing practice in the Indian mental hospitals requires the following qualifications alone:

- a) Registered nurse and registered midwife.
- b) Previous experience is desirable.

There is no uniform criteria available for the selection of the professionals.

A nurse's qualification include the professional education, work experience certification and status. The recommended educational preparation for the bedside general nurse is Diploma in nursing. The nurse must also demonstrate professional knowledge and experience, and quality of care through formal review process during the selection interview. Most nurses, working in Indian psychiatric hospitals, are those who have not undergone replaced focusing in psychiatric nursery.

They provide most of the care similar to that of nursing care needed in the general hospitals.

The baccalaureate degree in nursing provides a systematized body of knowledge and supervised clinical experience in nursing. Most of the B.Sc. Nursing graduates get into nursing tutor or ward sister posts in schools of nursing and in mental hospitals, respectively. The nursing tutors teach and organize psychiatric nursing experience for the students, and the ward sisters organize and supervise nursing services of the patients; they have a limited role in teaching the students and nurses.

In contrast, specialization involves adding to the generic base of nursing practice a systematized body of knowledge in depth, competence and skills in practice. The minimum level of preparation for the nurse specialist is a master's degree in psychiatric nursing.

These mental health/psychiatric nursing experts usually take up the leadership role in schools, college of nursing and hospital administration. They become members of the nursing advisory body, and also conduct independent research. Very rarely, they are seen as clinical nurses at the bedside or in the community. Their contributions are more identified in the educational and administrative field.

#### Check Your Progress 7

Name three selection criteria for nurses for the psychiatric nursing practice.

- a) .....
- b) .....
- c) .....

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## 5.4 LET US SUM UP

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In order to provide quality nursing care to the patients American Nurses Association brought out standards of psychiatric nursing in 1972 in India similar standards still do not exist. Most of the nurses working in psychiatric units and mental hospitals in India do not have specialized training in psychiatric. Specialization involves adding to the generic base of nursing practice a systematized body of knowledge in depth, competence and skills in practice. Psychiatric nurse specialist needs to have master's degree in psychiatric nursing.

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## 5.5 ANSWERS TO CHECK YOUR PROGRESS

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### Check Your Progress 1

- a) Be **non-judgemental** and non-punitive
- b) Show interest in the patient as a person
- c) Recognise and reflect on feelings which the patient may express
- d) Talk with a purpose
- e) Listen
- f) Permit the patient to express strongly held feelings.

### Check Your Progress 2

A nurse can understand herself better by:

- 1)
  - a) Exchanging personal experience with the colleagues
  - b) Discussing personal reaction with a senior person
  - c) Participating in group conference of the patient care
  - d) Introspecting one's own self
- 2)
  - a) Staff attitude
  - b) Ward routine
  - c) Defining limitations placed on the patient

### Check Your Progress 3

- 1)
  - a) False promises
  - b) You will get well
  - c) Your fears are groundless
  - d) Nothing to **worry**
- 2)
  - a) Role play
  - b) Socio-drama
  - c) Transactional analysis

### Check Your Progress 4

- 1)
  - a) Anxiety is a feeling of fear and apprehension towards an unknown object or event.

- b) Being insincere
  - c) Pointing out his defects and weaknesses
  - d) Repeated failures
  - e) Passing sharp comments about his behaviour
- 3) a) By continuously predicting patient's behaviour,
- b) Asking "why" questions on right and wrong predictions,
  - c) Drawing on motivation or purpose behind the patient's talk or action.

### **Check Your Progress 5**

- 1) Such a relationship focuses upon the personal and emotional needs of the patients and not on the nurses' needs. The nurse-patient relationship is therapy-oriented. It is planned and based on the patient's needs. The nurse's goal is neither shared by the patient, nor she seek the patient's approval.

The nurse-patient relationship is an interpersonal process. **It** is for the purpose of bringing adaptiveness, integration and more maturity in the patient's personality.

- 2) a) Carry out the procedure quickly, firmly and efficiently with adequate help.
- b) Tell him the reason for applying physical force and for how long he will be restrained.
- 3) The symptoms are the reflection of this problems. Two patients showing the same symptoms may be expressing two different needs. So analyses and study the symptoms, and prepare nursing care to the patient as a unique person.
- 4) i) Carry out the procedure quickly, firmly, and efficiently with adequate **help**,
- ii) Do not show your anger or annoyance while tying the patient,
  - iii) Tell the patient the reason for restraining him and also that he will be allowed to mix with others when he has gained control of himself.
  - iv) Attend to patient's needs as usual, and never let the patient feel that **s/he** is being punished.
- 5) a) Safety
- b) Comfort
  - c) Individuality
  - d) Therapeutic effectiveness
  - e) Fine workmanship
  - f) Economy of time, energy and material

### **Check Your Progress 6**

- 1) a) Theory
- b) Data collection

- d) Planning
  - e) intervention
- 2) Regular peer review is seen only in teaching mental hospitals in other hospitals, it is not done either formally or systematically.

**Check Your Progress 7**

- a) Education
- b) Work experience
- c) Certification status

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**5.6 FURTHER READING**

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Kapoor, Bimla, A Text Book *of Psychiatric Nursing, Vol. I*, 2001 (Revised edn.)  
Kumar Publishing House, Pitampura, New Delhi.