THE PSYCHIATRIC NURSE IN THE MENTAL HOSPITAL

Formulated by the
Committee on Psychiatric Nursing and the Committee on Hospitals of the
Group for the Advancement of Psychiatry

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The following report was developed cooperatively by the Committee on Psychiatric Nursing and the Committee on Hospitals of G.A.P. with the assistance of consultants. It is hoped that the report will be of use to both the psychiatrist and the psychiatric nurse—not only in an informative way, but as a stimulus for further study of unsolved issues in the field.

Questionnaire surveys\(^1\) formed a basis for the appraisal of the functions and potentialities of the psychiatric nurse.

INTRODUCTION (HISTORICAL)

Nursing grew up in the hospitals closely associated with medicine, deriving assistance and direction from it. A fairly standard, three year curriculum has evolved in the general nursing schools in the United States, qualifying the graduate upon examination and licensure for the title of Registered Nurse. Whether or not the standard curriculum was the best that could have been designed, certainly nurses were graduated with a distinct clinical orientation and with the ability to care for sick patients.

Later, schools of nursing were developed in public and private psychiatric hospitals directed toward the recruitment of nurses to care for the mentally ill. The curricula in these schools, while meeting the minimum requirements for the preparation of registered nurses, have been oriented more specifically toward the understanding and care of patients whose behavior had necessitated their removal from the community. Such programs are now decreasing in number as professional psychiatric nursing is evolving as a distinct specialty requiring post-graduate training.

The evolution of medical practice with its increasing complexity has necessitated parallel changes in nursing. Consequently, higher academic educational programs for student nurses in colleges and universities or in hospitals with collegiate affiliations have been developed. Many of the functions formerly carried out by professional nurses are now being performed by other personnel, necessitating the development of additional training programs for them.

The present collegiate nursing school programs of four to five years of academic work with the hospital affiliation lead to a bachelor's degree and also to graduate degrees. The admission requirements for applicants place an increasing emphasis upon academic attainment and personal aptitude. Present-day trends of psychiatric nursing emphasize educational methods, interest in dynamic psychiatry and an awareness of interpersonal relationships. Thus the goal is a better qualified professional nurse.

THE PSYCHIATRIC NURSE

The term “psychiatric nurse” is at present loosely applied to a registered nurse who has had graduate or undergraduate training and/or experience in psychiatric nursing.

At present only a small proportion of the registered nurses in hospitals work in mental hospitals; in 1950 this was 5 per cent, although mental hospitals had 48.8 per cent of all hospital beds and 55.3 per cent of all the patients. Although a shortage of nursing personnel exists everywhere, on the basis of the smaller ratio of nurses to patients in the hospital, even a more critical shortage exists in mental hospitals. Nursing care in mental hospitals has been provided in small part by registered nurses, in large part by persons with less training, but in general has not been provided adequately. Because mental hospitals need more nurses and attendants, and need to provide more adequate psychiatric training for them, they require experienced and well-trained psychiatric nurses to provide this instruction.

QUALIFICATIONS

Maturity, intuitiveness and intelligence are very desirable qualities for a psychiatric nurse. The means of evaluating these qualities and effectively screening candidates for nursing, and more specifically for psychiatric nursing, will be the subject of a future study. Meanwhile, selection of intelligent persons and increasing requirements of academic education will help in attaining the ultimate goal of

\(^1\) Data from four separate questionnaire surveys were used. Survey one, exploring for psychiatric nursing problem areas, was circulated to members of G.A.P. only. Survey two, pertaining to the functions of graduate nurses in large mental hospitals, was based on replies from 40 state hospitals and 14 V.A. Neuropsychiatric hospitals. Survey three, pertaining to difficulties in obtaining the services of nurses and their greatest field of usefulness in psychiatric nursing, was based on replies from 96 state hospitals, 60 V.A. hospitals, 12 clinics and private hospitals. Survey four, pertaining to a study of developments in the field of psychiatric nursing, was based on replies from 54 state hospitals, 23 V.A. hospitals, 8 private hospitals and 15 miscellaneous organizations.
having nurses with special training and ability. The nurse's intuitiveness and understanding of human beings should be improved by training. She should have knowledge of the emotional development of individuals, but more important, she should be able to observe and appreciate the significance of small differences in behavior as well as the more obvious symptoms. She should be able to understand the deeper meanings of symptoms in terms of the patient's needs and motivations. Still further, she should recognize the mental patient as being sick in much the same sense as the somatically ill, and have some capacity to respond to him and have feelings of empathy in helping him back to health.

In addition, she should be thoroughly acquainted with the everyday problems of mental patients in hospitals in order to function satisfactorily as the person responsible for the nursing care of the patients. She should develop leadership skill and capacity to collaborate effectively with other personnel. She should understand ward management and have the ability to supervise and teach the attendant with whom she collaborates. She should be closely associated with the patient either directly or through her cooperative efforts with personnel who have contact with the patient on the ward. Such a psychiatric nurse would have, therefore, a great opportunity for helping the patient.

ROLE IN THERAPY

What the appropriate role of the nurse is in therapy remains an important question. We are cognizant of the problems, the differences of opinion and the lack of clarity in this area. Therefore, we shall try to present our viewpoint by stating that one of the psychiatric nurse's major functions is to assist the members of the "therapeutic team"2 in the process of bringing about modification in the patient's behavior in a more healthy direction. This is accomplished by promoting a development of more rewarding interpersonal and group interactions between patients as well as between patients and staff. It is hoped that the nurse will have acquired an understanding of dynamic psychiatry through her graduate training and experience and that she will be able to apply this on the mental hospital ward. Responses to a questionnaire3 circulated to medical and nursing administrators of mental hospitals indicated: (1) that the graduate nurse is considered potentially able to understand patients as being individuals with emotional needs modified by psychopathology and

(2) that the present basic educational preparation is inadequate to develop the nurse to the estimated potential value she has on the mental hospital ward.

A chief responsibility of the psychiatric nurse is to create a therapeutic ward atmosphere. More specifically, she should be able to influence favorably the group interactions in social, recreational and occupational activities on the ward. It should be emphasized that the nurse's role in this regard should enable her to make a unique contribution in the ward care of hospitalized mental patients. Through her continuous presence on the ward the nurse has many opportunities for daily direct contacts with individual patients as well as with the total patient group. In these manifest day by day situations occurring in the ward society, the nurse needs to know the significance of both the patient's behavior and his relationships with personnel and with other patients. A dynamic understanding of the patient's behavior in its many manifestations will enable the nurse to respond appropriately to the behavior. This is the essence of the nurse's therapeutic activity. The psychiatric nurse must also be competent in her ability to assist the psychiatrist with the special therapies used in present-day psychiatric practice.

The treatment of the patient can and should be enhanced by the nurse's participation in frequent staff meetings wherein she has an opportunity to discuss with the psychiatrist his therapeutic plan for each patient. Discussion seminars provide an effective means to aid the nurse's own professional development—not only do they increase the nurse's fund of psychiatric knowledge, but also they provide an opportunity for a critical appraisal of herself in her relationships with patients and personnel.

RELATIONSHIPS WITH OTHER PERSONNEL

The general administrative structure of psychiatric hospitals provides that the professional as well as the administrative responsibility falls to one person. He is a doctor of medicine, specially trained in psychiatry, and is usually designated as Superintendent or Director. He delegates to others responsibilities for the various functions and services of the hospital. Many administrative functions may be given to a lay assistant superintendent or business manager, but the main responsibilities for professional services are delegated to properly qualified professional personnel.

All professional activities are under the direction of a psychiatrist designated as Clinical Director, who is directly responsible to the superintendent. Accordingly, the psychiatric nursing service along with the psychological service, the psychiatric social service and other professional services are each responsible to the clinical director and through him to the superin-
tendent. The lay administrative officer is also directly responsible to the superintendent, but is not concerned directly with the professional care of patients.

In addition to these direct lines of responsibility, there must be collateral inter-relationships of the people in various categories. For example, the nurses and staff doctors, the nurses and the dietitians, the occupational therapists and nurses, etc., must work together to carry out the best treatment of the patients under their care. The relationship of the psychiatric nurse to other departments or services in a mental hospital should be guided by some general policies, primarily of a clinical nature, but including administrative activities and extending in three directions: (1) toward those to whom the nurse is responsible (as noted above), (2) toward those with whom she collaborates, and (3) toward those who are responsible to her.

The director of nursing and all other nurses collaborate with doctors, social workers, psychologists, occupational therapists, recreational directors, dietitians and others concerned with the welfare and treatment of patients. The relationship between the individual doctor and the nurse on the ward is somewhat parallel to that between the clinical director and the director of nursing. Certain routine matters such as general nursing policies and nursing coverage of the wards will already have been determined. The main responsibility of the doctor on the ward will be the direction of the individual therapeutic plan for each patient and the best possible use of the resources available to him. He should utilize and profit from the nurse's evaluation of the patient's behavior and he should advise and support the nurse in her efforts to create the most favorable ward atmosphere.

In relation to those responsible to her, the psychiatric nurse should not only specify duties and see that they are carried out, but she should also carry on continuous training by precept and discussion. Attendants, practical nurses, aides, technicians—regardless of designation and duties—should be kept aware of the role that they play in the welfare of all patients and should be stimulated to improve their contribution to the team effort.

CURRENT PROBLEMS

Many factors account for the present shortages of nurses caring for the mentally ill. Most state hospitals have low budgetary allotments, but in many instances even allowed quotas for nurses cannot be filled. Perhaps conditions of work are not sufficiently enticing in most psychiatric installations. A survey\(^4\) indicated that nurses leave mental hospitals for the following reasons:

1. Lack of educational and intellectual stimulation.
2. Insufficient opportunity for professional growth.
3. Poor living conditions in many of the hospitals.

There were also expressions of need for recognition and status and opportunity for active participation on the "therapeutic team". It should be borne in mind that there has been little or no experience with the skilled psychiatric nurse as an integral part of the therapeutic team.

The programs for collegiate and advanced education for nurses have occasioned concern among nurses already graduated from the usual type of nursing school because there is a preference for the highly trained professional nurse in educational and administrative positions. However, leaders in the drive for higher education predict that the transition will be a slow one, and that there will be a place for any registered nurse for years to come. Most collegiate nursing schools give credit for the work leading to the R. N. and offer academic courses that will allow the nurse to acquire a bachelor's degree. In many schools, a nurse, while employed in a hospital, is able to take the courses that will lead to academic graduation.

Only a small percentage of graduate nurses work in mental institutions, and of these only a few have close relationships with patients. A few are engaged in the bedside care of patients. A larger number have administrative and teaching positions. Many of the head nurses at large institutions are in charge of wards of considerable size. They become ward mothers, minor executives, hostesses and bookkeepers. Others are occupied to a large extent aiding in special therapies. This leaves the care of patients and particularly the close personal relationships of staff with patients in the hands of the attendant group.

Individuals who come into close contact with emotionally upset patients either directly or as members of the treatment team may react to the problems with mounting inner tensions. They may escape from such situations by developing reactions which decrease their effectiveness or by leaving the mental hospital.

The actual training programs for psychiatric nurses require continued study and experimentation.

THE PSYCHIATRIST'S RESPONSIBILITY

Most programs of psychiatric nursing education are planned and carried out by the nursing educator with limited assistance from the psychiatrist, and

\(^4\)Survey three (see F.N.1)
this is to be expected because of her special training as an educator. This limited participation by the psychiatrist is in part a result of the many demands on his time, his other professional interests and the fact that the nursing educator has not requested much assistance.

The psychiatrist should be consulted in the planning of the training program and should participate actively in it. This participation would result in a better knowledge of capacities and training of the modern psychiatric nurse and decrease the defensive reactions which may arise from his lack of acquaintance with the training programs.

The psychiatrist's responsibility for nursing education should continue beyond the period of formal training. First, in the early period of the nurse's clinical experience the psychiatrist should be an active supervisor in the nurse's relationships with the patient, with the members of the "therapeutic team" and in her reactions to all of them. Second, in the period following her clinical training, the psychiatrist, as the leader of the "therapeutic team," should continue to be an important influence on and support of the nurse as a member of this team.

FUTURE CONSIDERATIONS

The psychiatric nurse of the future should be an intelligent person with a broad academic education. Her knowledge of psychiatric information should be great and should complement that of the psychiatrist. She should be a specialist in the care of the immediate problems of the mentally ill, sensitive to the meaning of conduct deviations, understanding of patient motivation and the meaning of symptoms. She should have an exceptional skill in relating to the patient and in helping him overcome his difficulties. She should have a real understanding of, and capacity for, collaboration with other workers in the mental hospital such as social workers, occupational therapists, recreational therapists, etc. She should understand ward management and should develop executive leadership and teaching capacities, especially in relation to the attendant who concurrently should develop into a more skillful assistant. The breadth as well as the limitations of her proper role should become increasingly clear as more graduates turn to psychiatric nursing as a professional career.

BIBLIOGRAPHY


EDITORS NOTE: The dynamics of the therapeutic role of the nurse have been extensively amplified in two subsequently published reports formulated by the Committee on Psychiatric Nursing. These are THERAPEUTIC USE OF THE SELF, GAP Report #53 issued in June, 1955, and TOWARD THERAPEUTIC CARE, GAP Report #51 released in October, 1961.

TOWARD THERAPEUTIC CARE is a revised and expanded version of THERAPEUTIC USE OF THE SELF. Although it was written primarily for psychiatric nurses and aides, the contents are relevant for all who work with the hospitalized mentally ill.

TOWARD THERAPEUTIC CARE is divided into two parts. The first deals with the theoretical basis for understanding the behavior of the mentally ill person. The theme of regression is pursued with emphasis on dependency, which is part of every illness, mental and physical. In addition to a brief discussion of the mentally ill person's decreased capacity for mature relationships, five areas of dysfunction are highlighted: diminished integrative capacity, disturbance of the function of reality testing, change in conventional attitudes and moral standards, inability to control basic impulses, and disturbances of productive capacity. The second part entitled "Clinical Applications" contains 22 descriptive patient problem situations in which it is apparent that the need for good nursing care is only one facet of the treatment program.

The objective of TOWARD THERAPEUTIC CARE is to enable those responsible for working with the mentally ill to have a clearer identification of their respective functions and responsibilities in effecting a therapeutic program.

TOWARD THERAPEUTIC CARE is available in both a cloth edition ($3.25) and a flexible cover edition ($2.50) f.o.b. New York City.

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