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MENTAL HEALTH IN NURSING

by

Evelyn Zimmerman
WHO Mental Health and Psychiatric Nurse Educator*

and

Eleanor Kunderman
WHO Nurse Educator*

There is nothing new about the kind of nursing that makes constructive use of the mental health concepts in nursing. Good nurses everywhere have been practicing it in varying degrees for many years, but because this often has been spontaneous, it has been considered natural and therefore something which could not be learned. Today we realize that the skills of interpersonal relationships can be learned and can be utilized for the improvement of nursing care.

We have also learned that fostering personality development in the direction of maturity is a function of nursing and nursing education. It requires the use of principles and methods that permit and guide the process of struggling with everyday interpersonal problems and difficulties. A problem solving method is viewed as one of the most important ways through which this task can be met.

In searching for ways to help faculty members and students to learn and understand problem solving techniques in interpersonal relations, and to help in their growth and development, it is felt that the principles of mental health need to be introduced as early as possible in the nursing experience,

Today, the education of the nurse tends to go from the normal to the abnormal. For example, in Anatomy and Physiology, knowledge of the normal is essential before the nurse can study pathology. So, in Mental Health and Psychiatric Nursing, it is logical to begin with the principles of Mental Health. The new student nurse enters the School with an idea of positive health, this seems to be the best time to reinforce and build on the normal by helping her to understand the principles of Mental Health as applied to Nursing and living.

* Red Lion and Sun School of Nursing, Rey, Teheran.

Mental Health simply means living a happy, useful life and getting along with oneself and other people. If the nurse has good mental health, she is, first of all, an individual - with her own likes and dislikes, interests and goals. She can accept responsibility and do a good job of work in line with her training and abilities.

The nurse needs to understand that Mental Health, like physical health is not a one thing. It is an all round sense of well being and doing and getting along with others. Even a healthy person will have a cold or a stomach upset once in a while, will stub a toe or have pneumonia. A healthy person will also have some emotional difficulties occasionally - occasional periods of depression, flare-ups of temper or irritation, etc. One cannot expect to feel "perfect" all of the time. And one cannot expect to get through life without one's share of troubles and problems.

Actually, we might say that the understanding of oneself and of people is education for mental health. It is what people need to know in order to understand themselves and others. It requires skills in observation, in listening and in communication. It also requires a point of view both deep and broad about why we behave like human beings, what determines the quality of good relationships, what has to happen in order to bring about change in behaviour, etc, etc.

In the teaching of mental health, certain basic principles need to be understood and to become a part of one's thinking, feeling and acting. Let us consider some of these principles:

- The expected direction of human behaviour is forward. All individuals will organize themselves in more mature directions and patterns if conditions essential for growth are possible or available. Situations facilitate or arrest growth.
- The improvement of nursing practice develops as an interactive process in the relations between nurse and patient. Warm, positive, useful actions on the part of the nurse develop out of the degree of her understanding of the patient's present life situation as it appears to and affects him. Little can be gained in noting merely the oddities and peculiarities of the behaviour, the process of inter-action needs to be studied.
- All behaviour is purposeful, meaningful and is motivated. It can be understood.
- The difference between "normal" and "abnormal" behaviour is relative. It is relative to a situation, a social context and a period of time.
- How we act, what we think and do, is conditioned by the meaning of the situation to us.

- The way learning takes place is essentially the same at all levels of experience as far as basic principles are concerned. Age has little to do with it. It is the meaning of the events to the learner as an active participant.
- Learning is an individual matter. There is a wide range of individual differences, experiences, outlooks, potentialities, abilities, attitudes, etc. in each individual and in each group.
- Learning is an active process. One learns by being an active participant and by being responsibly committed to act and to evaluate those actions, in order to learn to predict consequences of actions before the act.
- Learning is purposeful. The more realistic the purpose, the more it is related to the learning experience.
- Learning depends upon the quality of the experience, (not the activity) that the learner goes through.
- Skill in the art of communication is essential for individual development, for social competencies, for intellectual growth and for personal resourcefulness.
- The human organism is a physical, emotional, intellectual whole - what effects one part usually affects other parts.
- Any illness can be a learning experience for the patient. The tendency of all persons is towards healthy living. Illness may however be a way of avoiding or solving conflicts.
- Behaviour grows out of basic concepts, attitudes and understandings, and when these change, behaviour will change.
- Psychological needs are expressed either directly or indirectly by the patient. The nurse can meet these needs by sensitively responding to the clues given by the patient.

With these principles in mind, we attempted to put our beliefs into action, in the form of integrating Mental Health Concepts into Nursing Arts, the fundamentals of nursing. The following programme was introduced into a School of Nursing in this Region, and we would like to tell you about it.

The first step was the preparation of the faculty. A course in Mental Health and Psychiatric Nursing Concepts was given, in the form of an In-Service Programme by the WHO Mental Health and Psychiatric Nurse Educator. The main objective of this programme was to introduce the concepts of Mental Health. The content and methods of teaching these concepts were totally new to the National faculty. The methods included such things as: the presentation of a brief theoretical body of knowledge, followed by group discussion, role playing, problem solving, etc. The content included such concepts as: basic human needs, principles related to Mental Health and Psychiatric Nursing, concepts of Frustration-Agression, Conflict, Anxiety

Communication Skills, Attitudes, etc, etc. The major portion of this programme centered around the application of these concepts in nursing situations - the situations being supplied by the participants from their own experiences. The nurses responded with much interest and enthusiasm.

The next step was the preparation of a National Instructor who was especially interested in this field. She worked with the WHO Mental Health and Psychiatric Nursing Educator in planning, developing and teaching a student nurse programme in Mental Health and Psychiatric nursing. The first part of this course, the Mental Health Concepts, was taught to the preliminary students beginning the third week after their admission to the School.

In the Nursing Arts course, Mental Health Concepts were integrated in order to help the students view the patient as a person with feelings, emotions and attitudes. Because understanding of human behaviour is the heart of nursing and cannot be learned in the classroom, it was planned that the initial experience in nursing be one of putting into action Mental Health Concepts, using the simple nursing procedures that the student learned in the classroom as vehicles for Nurse-Patient relationships. The first experience of these students with patients was an extension of the nursing arts programme, in a hospital setting.

The wards selected for the experience were two in a large general hospital. The wards had never been used for student experience and had very little equipment. They did have very sick patients who needed nursing care.

The total faculty was available for supervision of the students and we were able to plan for each group of six students to work with one instructor. Before the students went to the wards, the National Instructors were taken to the hospital to see where the students would be having their ward practice. We would like to explain that, at this point, the students knew nothing about disease entities or diagnoses, the experience was intended to give them an opportunity to practice nursing care. Since the students had only been in the classroom six weeks, they were only able to do a few basic nursing procedures such as bathing, care of the skin and hair and to provide comfort measures. As the wards has very little in the way of supplies and equipment with which to work, the essentials like towels, soap and basins were brought from the nursing arts demonstration room in the School.

The wards selected were a woman's medical ward and an obstetric and gynaecology ward. The faculty was concerned about choosing an obstetric ward for an initial experience in nursing care. They wondered how a new student could be allowed to care for post-partum patients and for infants, as this is usually a senior experience in nursing. We pointed out that most of the mothers were very young, some of them fourteen years old, and that this could be an excellent

opportunity to care for the normal newborn and simultaneously to teach the new mothers. On the ward, the babies were kept on the mothers' beds and one of the National Instructors, who was also a midwife, taught the students how to give the baby a bath, and how to answer the mothers questions. The students responded to this very well and were not at all apprehensive about the task at hand.

Because each group of six students had an instructor to work with them, we were able to give them very close supervision and the instructor was always available for teaching and guidance. By working with the students, the instructors taught by example and they were able to communicate attitudes and skills in interpersonal relationships.

The students went to the wards every afternoon from one to four o'clock. Classes continued to be held in the School in the morning and every day during the regular time for Nursing Arts, we had discussions about the problems encountered on the wards. Some of the problems that the students faced constantly were the shortage of supplies and equipment, the lack of patient understanding of nursing and the behaviour of the non-professional staff. Through our discussions with the students, we were able to give them continuous encouragement, guidance and support. It was explained to the students that nursing skills did not necessarily include adequate equipment and they were encouraged to work with what they had and to improvise what was necessary, but not available.

They were taught to evaluate their own performance as it related to the safety, comfort and happiness of the patient, rather than the exactness of the technique eg. the "nine inch hem on the top sheet". It was interesting to note, that after about a week of complaints about the lack of equipment, the students began to tell us about the patients and their response to the nursing care they were receiving. We heard much about the lack of understanding on the part of the patients and workers on the role of the nurse. It was explained to the students that the patients had never known a nurse or had any idea about nursing. The students were encouraged to tell the patients about the School of Nursing and what they were learning. In this way, nursing was interpreted to the patients and their families. It was difficult for the patients to understand why a girl with a High School education should choose a job with "so little prestige". They were also surprised to learn that anyone outside their own families would be willing and interested in caring for them. All of these difficulties were discussed freely with the students so that they could feel some security in the nursing profession, and thus be able to interpret nursing in a country where professional nursing is yet young. The third major problem to the students, was the behaviour of the servants who were caring for the patients. It was difficult for the

students to accept them as co-workers and to try to help them, when they themselves felt so insecure. Each day we asked the students to talk about these difficulties and we encouraged them to try and understand the workers and to find ways of helping them.

In spite of the many difficulties, these beginning students demonstrated an understanding of bedside nursing. Their awareness of the patient as a human being was most significant. The patients response of the students nursing care was tremendous and heart warming and gave the students a feeling of real satisfaction and a sense of accomplishment. The students had demonstrated in practice their understanding of the concepts of mental health in nursing. They felt it, we felt it and the patients felt it.

Every nurse must have at one time or another appreciated that it is not only the bath that refreshes the patient but also the closeness and respect generated in the Nurse-Patient relationship. Each nursing activity - bathing, feeding, toileting - procedures of many kinds, is merely a vehicle for developing, ~~expanding~~ and enriching closeness, respect, acceptance and understanding in the Nurse-Patient relationship.

We as nurses need to ask ourselves how we show tenderness towards patients, how we extend human warmth and how we can help student nurses develop a "psychologic capacity" - that is - an ability to understand and appreciate human feelings and motivations. These are interlocking problems of great magnitude, and we are all struggling to find more knowledge and insight into them.

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