

Strength-Oriented Community Psychiatric Nursing: Qualitative Analysis of Participatory Observation

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1. PURPOSE

- With regard to support for people with chronic illness, limitations of the medical model of assessing, solving and improving patient “problems” have been identified.
- There is increasing need for a holistic support framework focused on the strength and competence of the patient. The present study aimed to elucidate the content of psychiatric community nursing care that increases the competence of the people with mental illness.

2. METHOD

1) Participants

- Nurses working at psychiatric hospitals and community mental health care facilities
- Nurses who were evaluated by a nursing manager as conducting nursing that increases patient competence

2) Data Collection

- Interviews and participant observation
- Nurse’s perception of patient competence
- Nursing assessment of patient’s competence
- Nursing process that had either succeeded
- Nursing process that had been unsuccessful in increasing patient’s competence

3) Analysis

- Qualitative analysis

3. RESULTS

<Micro and macro observation>

- Paying floating attention to the patient and surroundings (gaze, moving of a chess piece, muttering, concentration to chess game, mood)
- Imaging the course of recovery and Discovering a clue to connecting through everyday observations
- “Sound” suspicion of own nursing and Awareness of pain that results from “blunder” in nursing

<Fluid nursing judgment and strategy corresponding with the patient’s course of illness>

- Improvising nursing as occasion demands
- Confirming and disconfirming own nursing judgments and Modifying own hypothesis in nursing care of the patient
- Crossing the boundary of visiting nursing to fit the needs of patient’s life
- Ascertaining which nursing care works best at the moment
- Following the flow of patient’s life
- Not aiming goal achievement but Doing what can be done

<Discovery of patient’s strength and vitality>

- Starting with patient’s favorite (Don’t try to solve problems)
- Assessing living and health conditions through chitchat
- Linking discovered patient competence in daily life
- Acknowledging competence and humanity in patient’s “shortcomings”
- Valuing the patient

<Respect for patient’s intentions and experience>

- Asking wishes and intentions
- Finding out patient’s aspirations/hopes/wishes and Setting goals together
- Respecting patient’s challenges and failures as proof of life
- Leaving things to the patient while withholding own opinions

<Collaboration with patient>

- Collaborating with the patient in setting goals and nursing care plan
- Advocating for the patient
- Acknowledging the patient as an expert in illness

<Division and expansion of roles within the support team>

- Changing positions within interprofessional support team according to circumstances
- Establishing support with peer supporters
- Crossing professional boundaries to provide needed care

<Stabilization of the people surrounding the patient>

- Explaining nursing purpose and prospects to family to alleviate anxiety
- Securing family’s mental stability
- Alleviating worry and anxiety of community institutions
- Setting up a system for emergency care to ensure family’s and community’s sense of security

<Diversification of community links>

- Developing support systems to actualize community living
- Developing various support network throughout the community and spreading horizontal cooperation
- Utilizing own resources to promote exchange with the community

Table 1. Participants (N=10)

Sex	M: 3; F: 7	Nursing Experience	20.5 years (± 14.2)
Age	47.7 years (± 12.2)	Psych Experience	18.8 years (± 14.4)
Place of Work	Psychiatric hospital: 7; Community center: 2; Visiting nursing: 1		

4) Ethical Consideration

- Verbal and written explanations: the aims of the study, the advantages and disadvantages of participation, subject rights (fundamental rights and the rights to privacy, self determination, and to refuse to participate or withdraw without suffering any disadvantage) and the obligations of the researchers were explained both verbally and in writing
- Informed consent
- Encoding of data to prevent identification of individuals or institutions

4. DISCUSSION

- ★ Care centralizing on patient attributes such as course of illness, strength and vitality, and intention and experience was valued as nursing that directly influences patient competence.
- ★ Care involving stabilization of the people surrounding the patient and diversification of community links was characteristic of psychiatric community nursing, and was valued as nursing that connects the patient with society.
- ★ Micro and macro observation, cooperation with the patient, and division and expansion of roles within the support team were valued as fundamental skills of nurses.

Nursing Implications

- ★ Necessity of developing multifaceted, multilayer promotion of the community and support network surrounding patients with mental disability in order to increase competence.
- ★ The above should center on support that considers the patient’s intention and course of illness.

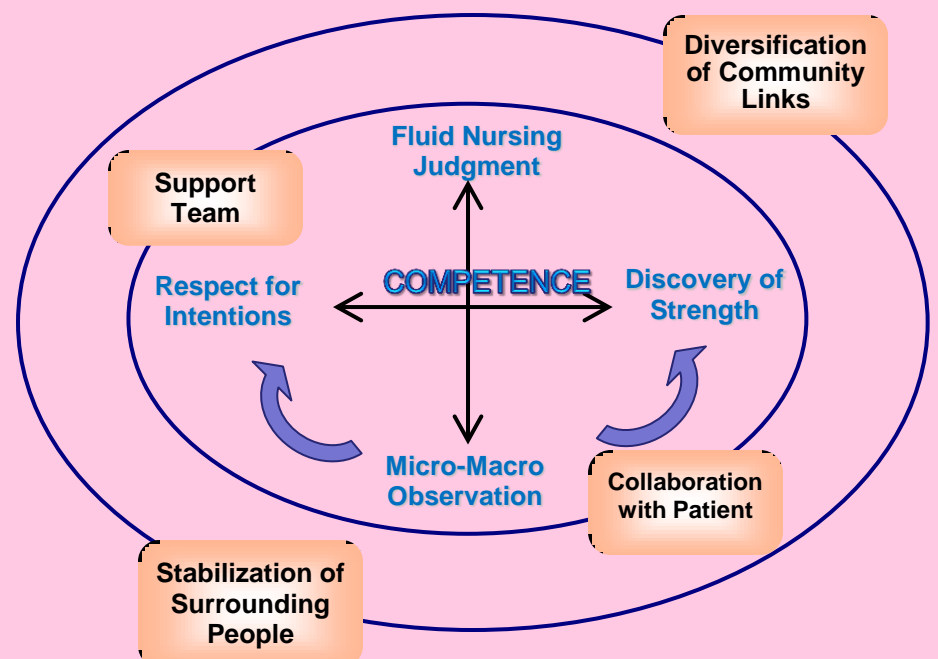


Figure 1. Multi-layered support : Patient-Relationship-Family and Society