

# **General Principles of Psychiatric Nursing**

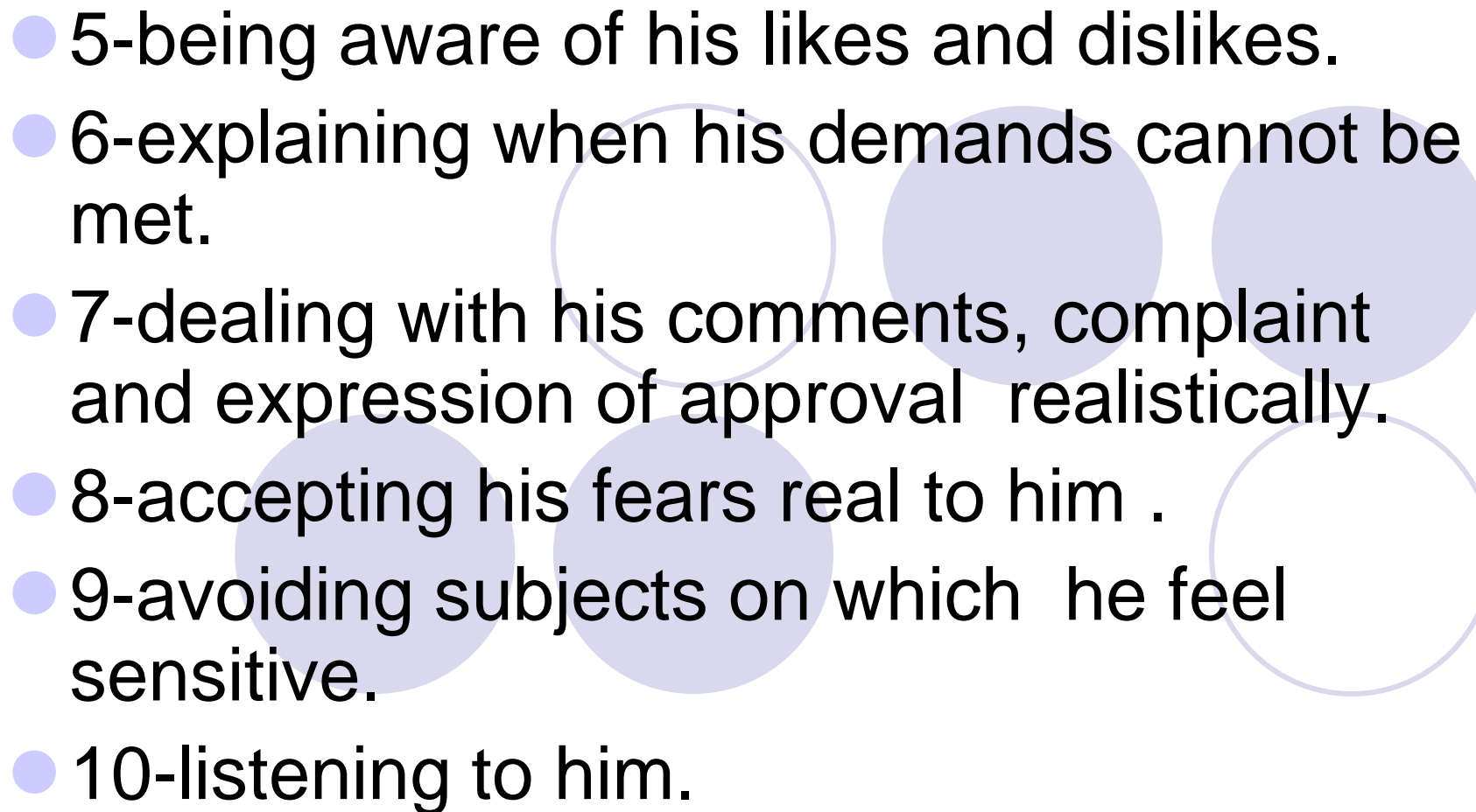



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There are general principles that apply to the care of all who show behavior disorder. every one has certain basic needs that must be met to matter what disease he is suffering from. these principles are general which are applicable to mentally ill patients (as well as to the ones who are physically ill) were the illness is usually associated with emotional disturbance to some degree.

- These principles are based on the concept that each individual has an intrinsic **WORTH** and **DIGNITY** ,and he has potentialities to grow

- **I-Patient Accepted Exactly as he is**
- -Acceptance conveys the feeling of being loved and cared.
- -Acceptance doesn't mean complete permissiveness but it means setting of positive behavior to convey him the respect he deserves **يستحق** as an individual human being.
- **A- Be non- judgmental and non-punitive**

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- 5-being aware of his likes and dislikes.
  - 6-explaining when his demands cannot be met.
  - 7-dealing with his comments, complaint and expression of approval realistically.
  - 8-accepting his fears real to him .
  - 9-avoiding subjects on which he feel sensitive.
  - 10-listening to him.

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- **B-Interest in the patient as a person should be showed by:**
  - 1-studying patients behavior pattern .
  - 2-making the patient aware , in a subtle manner, that you are interested in him .
  - 3-seeking out a patient .
  - 4-using time ,spent with him, on those things he is interested .

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- **C-recognize and reflect on feelings which the patient may express:**
  - The nurse develops skill in identifying the feeling actually expressed.
  - **D-talk with a purpose.**
  - Nurses conversation must revolve around his *needs ,wants and interests.*



- **E-listen.**


- Encourage patient to talk, show interest in what the patient is saying.

- **F-permit patient to express strongly held feelings.**

- It is better to permit the patient to express his strong feelings without disapproval or punishment (a nurse makes the patient as comfortable with his illness as possible)



- **II-self-understanding as a therapeutic tool.**
- Self-understanding leads to understanding others. knowing how one (NURSE) out to feel or act is **not** important but to understand *why one behaves the way he does is vital*. Patient's behavior can produce a lot of anxiety, or fear in the nurse and she out to understand why she is anxious or frightened.

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- **How can a nurse understand her/him self better?**
  - 1-exchanging personal experience freely and frankly with her colleagues.
  - 2-discussing her personal reaction with an experienced person.
  - 3- participating in group conference regarding her patient- care.
  - 4- keeping reflecting on WHY she feels or act the way she does.

- **III-Consistency is used to contribute to patients security**
- **A-why consistency?..** not knowing what to expect or fear of unknown produces anxiety. Patient must feel that he can depend on the people working in the ward.
- **B-Areas where consistency must operate:**
  - 1-Attitudes of the staff
  - 2-ward routine
  - 3-defining the limitation placed on the patient

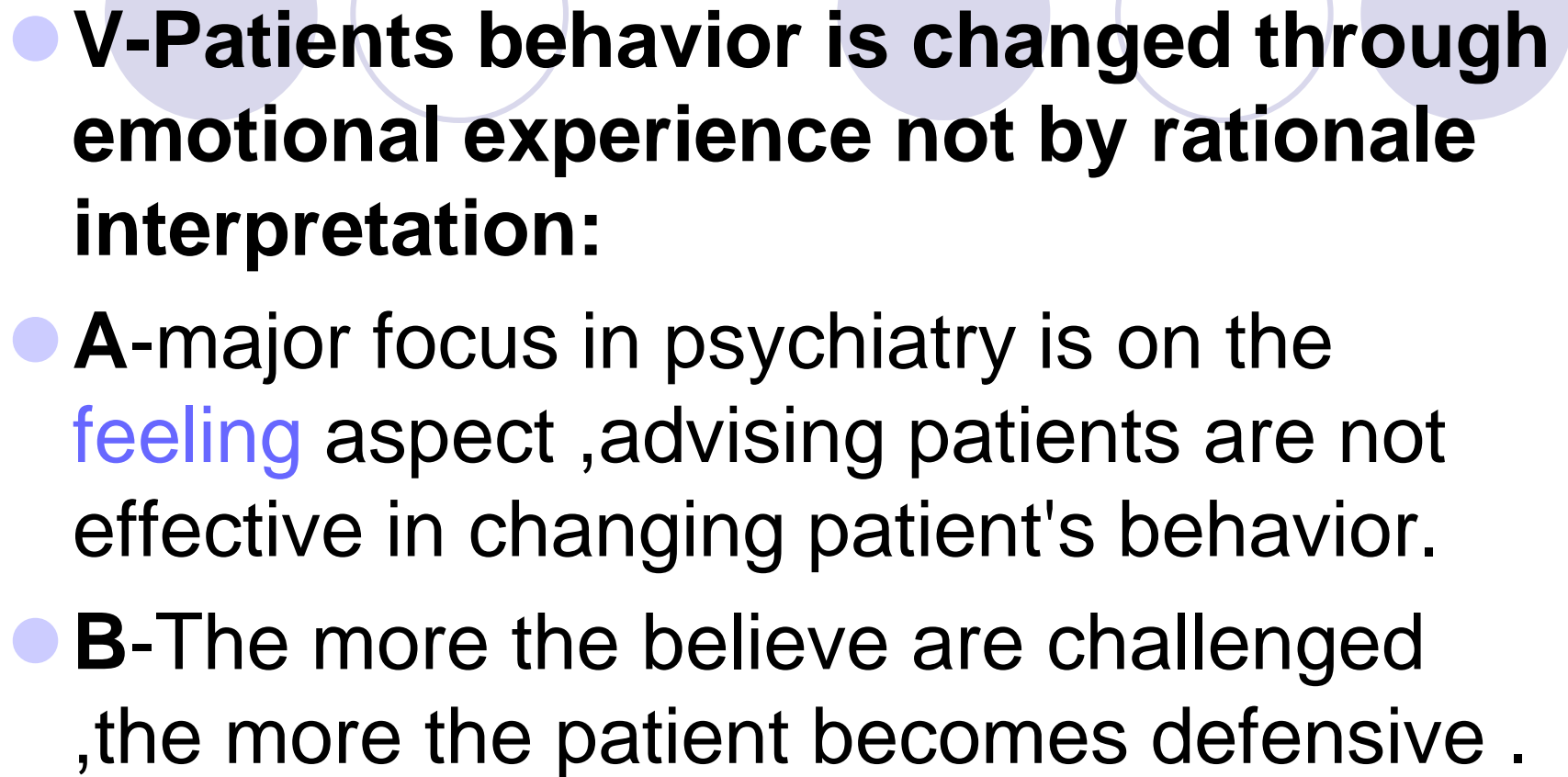
- **C-how should consistency operate :**
- 1- Patient to be constantly and continuously exposed in atmosphere of acceptance.
- 2-cons. to be maintained from nurse to nurse and shift to shift which must be planned properly.
- 3-permissiveness to be limited e.g., with patients like homicidal ,suicidal, Hyperactive.
- 4-patient is allowed to feel as he does, but limitations are put on his behavior.
- 5-attempt to win patients liking (favoritism) is most disastrous for the patient.


- **IV-reassurance to be given in a subtle and acceptable manner:**
- **A-reassurance build or restores patient's confidence**
- **B-must avoid saying to patient :**
- "you will get well"
- "your fear are groundless"
- "nothing to worry".

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## ● **C-how to give reassurance?**


- 1- be truly interested in the patients problem.
- 2-pay attention to the matters that are important to the patient.
- 3-be aware , and accept how the patient really feels.
- 4-do things for the patient with out asking any things from the patient.
- 5-sit beside the patient even when he doesn't want to talk. (accepting silence).
- 6-listen to personal problems with out showing surprise or disapproval.

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- **V-Patients behavior is changed through emotional experience not by rationale interpretation:**
  - **A-**major focus in psychiatry is on the **feeling** aspect ,advising patients are not effective in changing patient's behavior.
  - **B-**The more the believe are challenged ,the more the patient becomes defensive .


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- **C**-help the patient feel emotionally secure to enable him to develop and use understanding of his own behavior.
  - **D**- understanding cant be forced ,as insight into, and understanding of ones own behavior are painful .
  - **E**- Interpretation is done only when patient is ready for it. (secure enough to tolerate Interpretation).
  - **F**-Attitudes are not identified for the patient . when he is ready to tolerate it ,he will identify them himself.



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- **VI- Unnecessary increase in patient anxiety should be avoided:**
  - Situations that increase anxiety for all:
    - 1-contradiction of patient's ideas.
    - 2-demands on patient cannot meet.
    - 3-patient's failure.
    - 4-careless conversation.

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- 5-calling attention to patients defects.
  - 6-insincerity.
  - 7-lack of patient's proper orientation.
  - 8-threats , sharp command , and indifference .
  - 9-asking questions which is not good for the first phase relationship.
  - 10-nurse's own anxiety

- **VII. Observation of mentally ill patient is directed toward .."why of behavior"**
- Everything a patient does or say is observed and analyzed .
- -learn patient's basic problems and predict what he will do ?..if you are right (prediction) ask why? If wrong ask why ? why did he behave the way he did ? be objective .

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- Objectivity: is an ability to evaluate exactly what the patient wants to say. (not coldness or indifference or absence of feeling.
  - **Lack of objectivity is indicated if the nurse:**
    - 1-is critical انتقادي of patient.
    - 2-defends or justified her/himself.
    - 3-evaluate her patient's behavior as RIGHT or WRONG.

- **VIII. maintain realistic nurse-patient relationship.**
- **IX. verbal and physical force must be avoided if possible.**
- If the nurse is expert in predicting patient's behavior ,she mostly prevent an onset of undesirable behavior ,if the force need to be used:
- 1- carry out the procedure quickly, firmly ,and efficiently with adequate help.
- 2- Anger or annoyance should not be shown.
- 3- no verbal comments should be made during the procedure except tell the patient the reason and he will be allowed to mix (يتشاجر)with others if...
- 4-never let the patient feel that he is being punished.
- 5-never remind a patient about the incident.

- **X. Nursing care centered on patient as a person , not on control of symptoms.**
- Two patient showing the same symptoms may be expressing different needs.
- **XI. Routine and procedure explained at patient's level of understanding .**
- Every patient has a right to know what is being done and why its being done to (depending on the limitation placed on him by his symptoms ) explaining to patients' reduces anxiety .
- Explanation depend on :-
- Patient's span of attention .
- Level of anxiety .
- Level of ability to decide .
- Etc.....
- Note : the explanation should never be withheld .

- **XII. Many procedure are modified but basic principles remain unaltered.**
- In the field of psychiatric nursing many methods are adopted to meet the needs of the patients but the principles remain the same for example :
- Enema , surgical dressing , catheterization .... Principles (the previous) behind each remain the same but the procedure of each may be different.



**Thanks**

**For**

**Listening**