Psychiatric Nursing Resiliency: a Phenomenological Study of the Nursing Experience on an In-Patient Psychiatric Unit

AUTHORS: BRENNA DURKIN, JHUSON & KAREN DAVIS, VICE PRESIDENT NURSING/CHIEF NURSING OFFICER, HOWARD COUNTY GENERAL HOSPITAL

AFFILIATIONS: JOHNS HOPKINS UNIVERSITY SCHOOL OF NURSING, BALTIMORE, MD; HOWARD COUNTY GENERAL HOSPITAL, COLUMBIA, MD

Background

1 North is a 20 bed psychiatric unit at HCGH providing psychiatric services to the surrounding community. The three main focuses of this study are burnout, patient aggression, and caring for patients with both a psychiatric illness and an intellectual disorder. These are all important issues on 1 north and in psychiatric nursing in general. Burnout is a "state of mental and physical exhaustion caused by excessive and prolonged stress" that can decrease a individual's sense of personal accomplishment and can have serious mental and physical consequences.¹ Burnout is a common problem in nursing, especially in psychiatric nursing where nurses have intense emotional interactions with patients on a daily basis.² Higher rates of burnout are usually associated with high rates of nursing staff turnover. 1 North is an unusual unit in that, while it can be a very emotionally and mentally strenuous environment to work in, the unit has very low rates of turnover and many nurses have worked there for decades. One of the purposes of this study is to determine if the nurses on this unit have particular successful strategies for avoiding burnout during their stressful careers.

Patient aggression and violence is another important issue in psychiatric nursing as "Psychiatric nurses report among the highest violence victimization rates of all types of nurses.³" This study will add to the research field because there is more research about rates of violence among nurses than about why violence occurs and because there is a need to have a more universal definition of what constitutes patient aggression⁴. Having a better appreciation of what psychiatric nurses perceive as patient aggression, how they react to it, and how it affects them is an important aspect in adding to our understanding of patient aggression and how to prevent it.

1 North, like many psychiatric units, has seen changes in recent years when it comes to the demographics and acuity level of patients they serve. They have had multiple patients with a cognitive or intellectual disability in addition to a psychiatric illness. This population is vastly underserved and not traditionally treated on an acute care, short stay unit like 1 north. It is important to expand our understanding of nurses' perspectives in caring for these patients and the resources they need to successfully treat them.

Objectives

1) Describe and form a better understanding of the experience of psychiatric nurses on this unit from their perspective.

2) Form a more profound understanding of the factors that may contribute to nursing burnout and strategies that psychiatric nurse employ to prevent or mitigate the effects of burnout.

3) Gain an understanding of the elements that nurses feel lead to patient aggression and the effects that patient aggression have on nurses' job performance and overall health.

4) Elucidate nurses' perspectives on the implications of caring for patients with both a psychiatric disorder and an intellectual disability on a small, short-term psychiatric care unit.

3 Methods

Semiformal interviews were conducted with co-researchers recruited through flyers and snowballing. Qualitative content analysis was conducted by hand and using system MAXQDA 12 on 6 in-depth interviews conducted with RNs on a specific psychiatric unit. Informed consent to be interviewed and recorded was obtained from all participating RNs.

4 Results

Burnout

"Burnout in our area is not only due to working a lot of hours or working shortstaffed, those kinds of things that happen with nursing, but its also hearing the stories that we hear."

"I think because of in recent years the lack of resources elsewhere in the community and in the state has caused us to get a different level of clientele, a more challenging level of clientele with less resources out in the community. So I think that we have new challenges within the last five to ten years that we didn't used to have in terms of how needy and dependent or um emotionally challenging our patients can be. And how long they stay because of the issue of outpatient resources. So I think that has lent to potentially more burnout."

Patient Aggression

"I've been punched, I've been hit, I've been scratched, I've been spit on."

"No I don't hold it against them, they are very ill. Sometimes we have patients that are not ill that are aggressive and those people should probably, you know, have criminal charges against them... But if somebody is truly sick I will never ever, ever hold it against them."

"My coworkers. And that's why what was interesting is you know employee health was just, 'take as much time off as you need' and you know they literally made me take a week off and I couldn't wait to get back here 'cause who else do I want to talk about it with but my peers? My peers who totally understand what was going on. They are really the only ones that could understand. My family doesn't totally understand."

Patients with an Intellectual Disability
"I think the greatest challenge, that I find, is
not so much taking care of that patient who
has the autism or developmental disability
along with the behavioral problems, its
having the mixed in with those that do not."

"The other issue is, again, just trying to put together a really structured treatment plan for patients that have intellectual or cognitive disabilities. They really need very specific, structured treatment plans, boundaries."

Conclusions

Nurses interviewed made new connections that were not found in the literature review. All nurses brought up the lack of outside resources and how that has contributed to a change in patient demographics, with more aggressive patients and more patients with intellectual disabilities. Additionally, many spoke about the change from long term care to short term stays and the increase in recidivism. Nurses interviewed felt these changes could contribute to an increase in burnout.

Future Directions

Originally, this study intended to include the experiences of all staff on the unit. It would be interesting and important to include the experiences of security guards and nursing technicians, specifically, because they have a lot of patient interaction. All nurses interviewed cited techs and security as important to preventing patient aggression. Nursing technicians may be experiencing more burnout than nurses because of the one-to-one time that they spend with high acuity, often aggressive patients and because they may not have as much autonomy in their jobs compared to nurses.

7 References

1. Pompili, M., Rinaldi, G., Lester, D., Girardi, P., Ruberto, A., & Tatarelli, R. (2006). Hopelessness and suicide risk emerge in psychiatric nurses suffering from burnout and using specific defense mechanisms. *Archives of Psychiatric Nursing*, 20(3), 135-143.2. Melchior, M. E. W., Bours, G. J. J. W., Schmitz, P., & Wittich, Y. (1997). Burnout in psychiatric nursing: a meta-analysis of related variables. *Journal of Psychiatric and Mental Health Nursing*, 4(3), 193-201.3. Stevenson, K. N., Jack, S. M., O'Mara, L., & LeGris, J. (2015). Registered nurses' experiences of patient violence on acute care psychiatric inpatient units: an interpretive descriptive study. *BMC nursing*, 14(1), 1.

4. Arnetz J.E., Hamblin L., Essenmacher L., Upfal M.J., Ager J. & Luborsky M. (2015) Understanding patient-to-worker violence in hospitals: a qualitative analysis of documented incident reports. Journal of Advanced Nursing 71(2), 338–348. doi: 10.1111/jan.12494

Funding Source:

The Helene Fuld Leadership Program for the Advancement of Patient Care Quality and Safety

