



Bern University of Applied Sciences

Health

Formal and Informal Tasks of Community Psychiatric Nursing – A Metasynthesis

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Background

- mental health care reforms and economic pressure on psychiatric care will lead to a growth in outpatient/community care
- psychiatric nursing will become the most important profession within psychiatric community care
- nurses from non-psychiatric care and from inpatient care have to be retrained in community psychiatric nursing (CPN)
- our research question: which CPN tasks have to be taken into account when planning training programmes?



Method: Metasynthesis

- Metasynthesis is a method to summarize studies with qualitative research designs
- methodological background: Meta-ethnography, developed by Noblit and Hare (1988)
- qualitative study results are examined in similar ways as interview data and the findings are interpreted within the context of the overall body of literature
- aim: to synthesize research results across several studies



Meta-Ethnography steps

- reciprocal translations: identification of same or similar contents from different studies
- refutational synthesis: identification of refutations and problems between and within studies
- line-of-argument synthesis: new interpretation of study results from a meta-perspective



Authors	Paraphrases (1st order)	Author's interpretations (2nd order)	Our interpretations (3rd order)
Barratt 1989	general view on clients' problems and their coping mechanisms	Assessment (problem behaviour, coping, preparation for medical assessments)	non-structured and varying assessment of mental and social functions needs to be defined
	goal: to keep clients out of the hospital	prevention of chronic illness courses and hospitalizations	clear prevention goals may strengthen the nurses' motivation
	use of psychotherapeutic techniques	psychotherapeutic techniques are regarded as basic nursing skills	community nurses need basic psychotherapeutic skills training
	provision of medication is a necessary but not always positively regarded task	medication provision follows from a medical order	medication provision is not accepted as a basic nursing task
	some nurses provide body care (e.g., washing the patient) and household jobs (e.g., shopping)	body care is partly provided to support activities of daily living	relevance of body care is not clearly defined for community psychiatric nursing
Coombes & Wratten 2007	hard and seldomly satisfying work	double diagnosis patients pose special problems	nurses need special psychiatric knowledge for working with DD patients
	excessive demands due to difficult patients	nurses have insufficient specialized knowledge and skills	patients' chronicity and multimorbidity are often neglected
	patients' drug intoxication poses special problems	drug use and intoxication assessment is not clearly defined	specialized assessment needs to be defined
	patients are often not motivated and non-compliant	patients' developmental perspective is seen negatively	strong motivation and frustration tolerance concerning the patient relation is necessary
	many prejudices regarding drug and alcohol misuse in the psychiatric community	negative stance towards patients from co-operating institutions	strong motivation and frustration tolerance concerning the co-operation with institutions is necessary



Search strategy and inclusion criteria

- databases: PubMed, CINAHL, PsychInfo, Google Scholar, Scopus
- search terms (according to database specifications):
,community', ,home care', ,mental health', ,psychiatry',
,nursing', ,role', ,qualification', ,qualitative', ,narrative',
,focus group'
- inclusion: original studies with qualitative study design which report on nurses' and/or clients' experiences with community psychiatric nurses
- exclusion: studies with insufficient data, insufficient scope on CPN in general



Search results

- 13 studies with nurses' data and 7 studies with clients'/patients' data were identified
- origin of studies: 12 from English-speaking countries, 1 from Sweden
- methods used: predominantly Grounded Theory, phenomenology, content analysis
- data collection: focus groups and single interviews



Included studies (nurses)

Autoren, Publikationsjahr, Land	Setting	Anzahl Teilnehmer	Stichprobe	Forschungsdesign	Datenerhebung	Fragestellung
Barratt 1989 (GB)	Allgemeine ambulante psychiatrische Pflege	16	Alter: 25-41 Geschlecht: 11F, 5M Berufserfahrung: k.A.	k.A.	Interviews	Rollenverständnis der Pflege vor dem Hintergrund verschiedener psychiatrischer Theorien
Coombes & Wratten 2007 (GB)	Allgemeine ambulante psychiatrische Pflege (Patienten mit Doppeldiagnosen)	7	Alter: k.A. Geschlecht: 4F, 3M Berufserfahrung: 1-15 J.	phänomenologisch	Interviews	Problemstellungen in der ambulanten Pflege von Menschen mit Doppeldiagnosen
Cunningham & Slevin 2005 (GB)	Allgemeine ambulante psychiatrische Pflege	15	Alter: k.A. Geschlecht: k.A. Berufserfahrung: k.A.	interpretativ/deskriptiv phänomenologisch	Fokusgruppen	Effektivität ambulanter psychiatrischer Pflege
Elsom et al. 2007 (AUS)	Allgemeine ambulante psychiatrische Pflege	27	Alter: 21-60 Geschlecht: k.A. Berufserfahrung: 1-20 J.	qualitativ explorativ	Fokusgruppen	Ausweitung der pflegerischen Tätigkeiten in der australischen Psychiatrie
Gibb 2003 (AUS)	Ambulante psychiatrische Pflege im ländlichen Raum	15	Alter: k.A. Geschlecht: k.A. Berufserfahrung: bis zu 10 J.	Grounded Theory	Interviews & Fokusgruppen	Bedeutung von Gesundheit und medizinischer Versorgung im ländlichen Raum
Jordan et al. 1999 (GB)	Allgemeine ambulante psychiatrische Pflege	14	Alter: k.A. Geschlecht: k.A. Berufserfahrung: k.A.	Grounded Theory	Interviews	Umgang mit Medikamenten in der ambulanten psychiatrischen Pflege



Included studies (nurses, cont.)

Kirsh & Tate 2006 (CDN)	Allgemeine ambulante psychiatrische Pflege	14	Alter: k.A. Geschlecht: k.A. Berufserfahrung: k.A.	Grounded Theory	Interviews	Arbeitsbeziehung zwischen Patienten und Pflegenden
Magnusson et al. 2004 (SWE)	Allgemeine ambulante psychiatrische Pflege	11	Alter: 36-59 Geschlecht: k.A. Berufserfahrung: durchschnittl. 11 J.	Inhaltsanalyse	Interviews	Auswirkung der Deinstitutionalisierung der psychiatrischen Versorgung auf das Rollenverständnis der psychiatrischen Pflege
O'Brien 2000 (AUS)	Allgemeine ambulante psychiatrische Pflege	5	Alter: 25-45 Geschlecht: 3F, 2M Berufserfahrung: 3-15 J.	phänomenologisch	Interviews	Erleben der Pflege-Patienten-Beziehung im ambulanten Sektor
Ryan et al. 2006 (AUS)	Ambulante gerontopsychiatrische Pflege	15	Alter: k.A. Geschlecht: k.A. Berufserfahrung: 2-20 J.	Inhaltsanalyse	Fokusgruppen	Rolle der ambulanten psychiatrischen in der gerontopsychiatrischen Versorgung
Smith 2002 (GB)	Ambulante gerontopsychiatrische Pflege	7	Alter: k.A. Geschlecht: k.A. Berufserfahrung: k.A.	Grounded Theory	Interviews	allgemeines Rollenverständnis in der ambulanten psychiatrischen Pflege
Wallace et al. 2005 (CDN)	Allgemeine ambulante psychiatrische Pflege	4	Alter: k.A. Geschlecht: k.A. Berufserfahrung: mind. 20 J.	Inhaltsanalyse	Interviews	ambulante psychiatrische Pflegeinterventionen



Included studies (clients/patients)

Autoren, Publikationsjahr, Land	Setting	Anzahl Teilnehmer	Stichprobe	Forschungsdesign	Datenerhebung	Fragestellung
Adam et al. 2003 (GB)	Allgemeine ambulante psychiatrische Pflege	13	Alter: k.A. Geschlecht: k.A. Diagnose: k.A.	Inhaltsanalyse	halb-strukturierte Interviews	Rollenbeschreibung ambulanter psychiatrischer Pfleger
Cunnigham & Stevin 2005 (GB)	Allgemeine ambulante psychiatrische Pflege	13	Alter: 18+ Geschlecht: k.A. Diagnose: k.A.	interpretativ/deskriptiv phänomenologisch	Fokusgruppen	Effektivität ambulanter psychiatrischer Pflege
Elsom et al. 2007 (AUS)	Allgemeine ambulante psychiatrische Pflege	4	Alter: 25-45 Geschlecht: 1F, 3M Diagnose: k.A.	qualitativ/explorativ	Interviews	Einstellung zur Ausweitung professioneller Befugnisse der Pflegenden (Verschreibung)
Kirsh & Tate 2006 (CDN)	Allgemeine ambulante psychiatrische Pflege	33	Alter: k.A. Geschlecht: k.A. Diagnose: k.A.	Grounded Theory	Interviews	Arbeitsbeziehung zwischen Patienten und Pflegenden
Morris 1996 (US)	Allgemeine ambulante psychiatrische Pflege	9	Alter: 27-83 Geschlecht: 4F, 3M Diagnose: Schizophrenie 3, Bipolare Störung 2, Depression 2, Schizoaffective Störung 2	Inhaltsanalyse	halb-strukturierte Interviews	Erleben der ambulanten psychiatrischen Pflege durch die Patienten
O'Brien 2001	Allgemeine ambulante psychiatrische Pflege	5	Alter: 33-67 Geschlecht: 5F Diagnose: k.A.	phänomenologisch	Interviews	Erleben der Beziehung zwischen Pflegenden und Patienten



Reciprocal translations: formal tasks (nurses' studies)

- assessment and monitoring of patients' mental health
- assessment and monitoring of medication (effects and side-effects) and medication compliance
- medication management (incl. provision)
- prevention of relapse and hospitalization
- use of psychotherapeutic techniques



Reciprocal translations: formal tasks (nurses' studies, cont.)

- patient education and health promotion
- inclusion of and relationship with carers
- case-management and multi- or inter-disciplinary work and inter-agency work
- crisis management (e.g., acute anxiety, stress or suicidal crises)
- management of somatic co-morbidity
- quasi-custodial care



Reciprocal translations: informal tasks (nurses' studies, cont.)

- development of trust
- presencing (,being there')
- caring (,being concerned')
- support of clients' personal development, empowerment
- relation to patient is based on experience, intuition, pragmatism and communication
- characteristics of relationships with the patients: acceptance, respect, caring, honesty, openness
- CPN work consists of ongoing negotiations, sharing of control, responsibility and co-operation with the patient



Reciprocal translations: informal tasks (clients'/patients' studies)

- nurses are consistent partners regarding everyday problems and medical problems
- the personal relationship with the nurses is highly valued (vs. nurses' clinical skills)
- with nurses one can have a very special relationship which cannot be compared to other professions (closeness)
- many patients would like nurses to act as mediators/advocates within psychiatric care
- many patients would like to receive more support with non-medical affairs (e.g., searching for accommodation)



Reciprocal translations: informal tasks (clients'/patients', cont.)

- clients wish to negotiate different treatment and care options with nurses (e.g., out- vs. inpatient, medication vs. psychotherapy)
- due to their persistent presence nurses are often the first and best contact persons when problems arise
- nurses have more contacts and more intense contacts with clients (compared to psychiatrists and GPs)
- nurses have much more acceptance than other professions which helps them to provide more support
- nurses very often reduce the social isolation of many clients



Refutational synthesis: discrepancies and problems

- trustful relationship vs. custodial care
- trustful relationship vs. clients' low motivation and compliance
- valuing ethos of nurses towards clients vs. clients' sense of being stigmatized with other services
- demand for high-level educational interventions and health assessments vs. low capacity
- CPN tasks are not sufficiently differentiated from roles such as social work tasks



Refutational synthesis: discrepancies and problems (cont.)

- nurses are primary contact persons for somatic diseases; they often lack sufficient skills for assessment, treatment and somatic nursing
- high independence and responsibility lead to interdisciplinary conflicts (transgressing of professional limits)
- support of clients' independence may lead to non-healthy decisions by clients



Line of argument synthesis

- CPN is a very complex and challenging work with several problems and discrepancies
- several areas of overlap with psychotherapy tasks and social work tasks
- main ambiguity of CPN is the interpersonal relationship vs. emphasis/requirement on controlling and custodial care
- secondary ambiguity of CPN is to provide general social and psychiatric care vs. highly specialized clients' problems and demands
- the balance between the interpersonal relationship and professional skills must be navigated



Conclusions

- results on formal tasks are in line with several internationally published documents on CPN work
- apart from formal tasks, CP nurses must be trained to develop and maintain a personal and professional relationship with clients
- nurses must be prepared for the ambiguities of working in a multi-disciplinary and inter-agency context and to manage their conflict prone role



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