PROMOTING NURSES MENTAL HEALTH

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OPSOMMING

In hierdie artikel word struikelblokke wat verpleegkundiges se geestesgesondheid beïnvloed beskryf asook wyses hoe om dié struikelblokke aan te spreek om sodoende geestesgesondheid te bevorder. In onlangse navorsing in Suid-Afrika uitgevoer met verskillende groepe verpleegkundiges is verskillende struikelblokke wat verpleegkundiges se geestesgesondheid beïnvloed geïdentifiseer, naamlik: die behoefte aan aanvaarding en ondersteuning deur pasiënte, die gebruik van verdedigingsmeganismes; funksionering in 'n deskundige rol, en beleving van werksuitputting. Verskillende wyses hoe om dié struikelblokke aan te spreek word beskryf: ondersteunende supervisie; ondersteuningswerkgroepe; selfhandhawings-opleiding; opleiding in stresshantering; beplanning en implementering van veranderinge in 'n konstruktiewe wyse, en die skep van geleentheid om self te koester. Pro-aktiewe aanspreek van die struikelblokke is noodsaaklik om verpleegkundiges se geestesgesondheid te bevorder sodat hulle in staat gestel word om kwaliteit pasiëntsorg te lewer.

ABSTRACT

In this article obstacles that influence nurses mental health are described as well as ways to address the obstacles to promote mental health. Different obstacles that influence nurses' mental health have been identified in recent research conducted in South Africa, namely: the need for acceptance and support by patients; the use of defense mechanisms; functioning in an expert role and experience of job fatigue. Different ways to address these obstacles are described: supportive supervision; supportive workshops; assertiveness training; training in stress management; planning and implementing change in a constructive manner, and creating opportunities to cherish self. The pro-active addressing of obstacles are necessary to promote nurses mental health so that they are enabled to provide quality patient care.

INTRODUCTION

The purpose of this paper is to describe identified obstacles that influence nurses mental health and ways to address these obstacles to promote mental health.

BACKGROUND AND RATIONALE

South African nurses have been confronted with a rapidly changing society. New policy guidelines have been formulated about different aspects of society, including the health delivery system, since the election of the new Government of National Unity in April 1994. The focus changed from

mostly curative services to primary health care services. Another change is that different population groups no longer receive separate health services (Gmeiner & Poggenpoel, 1996). These changes influence the health professionals, patients, families and communities. Nurses are challenged to participate in the reconstruction of the health services. The reconstruction process brought along with it a lot of uncertainty about nurses placement in the public service and what is expected of them. Nurses are also faced with a high patient load and insufficient numbers of health professionals. Nurses' families and friends also demand attention and cherishing from them.

In recent research conducted in South Africa with different groups of nurses (nursing service managers, community psychiatric nurses and psychiatric nurses in a private hospital (Erasmus, 1995; Van Wyk, 1995; Gmeiner & Poggenpoel, 1996 and Poggenpoel, et. al. 1996) different environmental obstacles that influence nurses mental health were identified and recommendations made on ways to address these obstacles to promote nurses mental health. It is clear from the research results that, if the identified obstacles in nurses mental health are not addressed proactively, nurses will experience mental health problems and will not be able to provide quality patient care or maintain healthy interpersonal relationships.

Based on this background and rationale some of the identified obstacles in nurses mental health will be described as well as ways to address the obstacles to promote nurses mental health.

IDENTIFIED ENVIRONMENTAL OBSTACLES THAT INFLUENCES NURSES' MENTAL HEALTH

The obstacles that were identified through research include: difficulty in relationships with diverse others; value conflicts; difficulty with self-acceptance; use of defense mechanisms; functioning in an expert role and experiencing job fatigue.

Difficulty in relationships with diverse others (Gmeiner & Poggenpoel, 1996)

The experience of difficulty in relationships with diverse others refer to: fear and insecurity related to the escalating violence; resistance to change; intimidation and threats to force into political activism/compliance; conflict in relationships with others; frustration; experience of negative stress; and lack of/insufficient support.

Value conflicts (Gmeiner & Poggenpoel, 1996)

These value conflicts include obedience versus disobedience; orderliness versus disruption; patient centredness versus self-centredness, acknowledgement of merit versus equality and punctuality versus tardiness.

Difficulty in self-acceptance (Gmeiner & Poggenpoel, 1996)

Nurses do not seem to be happy with their role performance at work and think they could be better and do better. They also describe that they feel they have lost control over the health care delivery environment and would like to be in control. Nurses also voice failure anxiety (Van Wyk, 1995:63). They say that they feel anxious about their interaction with the patients. It seems that the nurse measures her success on the basis of patient progress, and if the patient does not progress she feels she has failed in her work and refers the patient to another resource.

Need for acceptance and support by patients

Nurses (Van Wyk, 1996: 69-70) want to be accepted and supported by their patients. They measure their acceptance by the patients through feedback they receive from the patients that they experienced the nurse-patient interaction as helpful.

This makes the nurse vulnerable to experiencing feelings of failure as it is very difficult to depend on patients acceptance and support because they are in need of it themselves. The nurse should be the accepting and supportive person.

Use of defense mechanisms (Van Wyk, 1996:57-63)

Van Wyk (1996:57-63) found in her research that nurses used defense mechanisms in interaction with patients. These defense mechanisms causes the nurse not to be in contact with her own experiences and feelings and serves as an obstacle to her/his mental health. The defense mechanisms used by the nurse includes: distortion, distancing, intellectualisation and humour.

Distortion refers to the defense mechanism where the external reality of a person is grossly reshaped to suit inner needs. Distortion serves as a narcissistic defence mechanism where the nurse changes the patients negative experiences to positive ones to meet the nurses needs. These nurses cannot work with the patients negative feelings because it causes internal discomfort. Patients real feelings are denied so that the nurse can experience internal comfort. The nurse distances herself from the patient's feelings by only giving him advice and guidance. Nurses say that personal communication with patients are emotionally dangerous for other patients, and it takes a lot of time to calm other patients, that is why they keep distance from patients.

Intellectualisation as found in this research (Van Wyk, 1995:60) is used where the nurse feels incompetent and tries to compensate for it by holding more intellectual discussions with patients who intellectualise. This process can be very negative to patients because they themselves use intellectualisation as a defense mechanism against anxiety they experience, and thus there is never a focus on the patient's experience.

The use of humour by the nurse was observed in this research (Van Wyk, 1995:61) but it was not used as an adult defense mechanism but rather at the cost of the patient. The nurse avoids the feelings she possibly experiences patients have about her.

Functioning in an expert role (Van Wyk, 1995:75)

During interaction with the patient the nurse places high pressure on herself to let the therapy be successful, because she measures her competency by

patient progress, and becomes the expert on what is discussed by the patient. The nurse also applies certain techniques to maintain this "expert" status during her interaction with the psychiatric patient. The nurse places herself in a controlling position by acting as a parent in interaction with the patient. This parenthood gives the nurse the control to manipulate the interaction so that it is focused on aspects that are acceptable to the nurse. These acceptable aspects deal specifically about it that the nurse cannot work with negative feelings or thoughts of the patient and changes it to positive thoughts or feeling, and denies that the patient thinks or feels, because she herself is not in contact with her internal world. Functioning in an expert role with the pressures accompanying it serves as an obstacle in the nurses mental health.

Experiencing job fatigue (Erasmus, 1995:63-64)

Certain patterns of interaction can be seen between the internal and external environment of nurses who experience job fatigue. An external locus of control leads to the nurses feelings of being trapped. High personal standards lead to it that psychiatric nurses make themselves available in the work environment at cost to themselves. They take a lot of responsibility in the work environment and become over involved because of their vague boundaries and that leads to feelings of exhaustion, apathy and a loss of motivation. A unmanageable workload, shortage of staff and role confusion in the work environment leads to the nurses feelings of fatigue, negativity, feeling trapped, anger and apathy. Insufficient support and unmet needs for recognition in the work environment leads to the nurses experience of emotional fatigue.

WAYS TO ADDRESS IDENTIFIED OBSTACLES IN NURSES MENTAL HEALTH

The following ways to address identified obstacles in nurses mental health have been identified: supportive supervision; support workshops; planning and implementing change in a more constructive manner; assertiveness training; training in stress management and creating opportunities to cherish self.

Supportive supervision

One of the ways to address the obstacles in the nurses' mental health regarding discomfort experienced in interaction with patients is supportive supervision by an advanced practitioner in psychiatric nursing where the purpose is to create a context where the nurse can develop as reflexive practitioner. This will enable the nurse to develop insight into the interaction process between herself and the patient (Van Wyk, 1995:103).

Change can only take place in patient interaction through story telling, dialogue and discourse between the nurse and advanced practitioner in psychiatric nursing. Dialogue here refers to the exchange of ideas in a discussion between the nurse and the advanced practitioner in psychiatric nursing, that constructs a variety of new meanings within a context of curiosity, openness and respect, that is created by the advanced practitioner in psychiatric nursing from a position of ignorance (Van Reenen, 1993:159). This ignorance refers to the advanced practitioner in psychiatric nursing's acceptance that the nurse is an expert of her own life.

To construct new meanings story telling is necessary. Story telling is the telling of a series of events or episodes of interactions between the nurse and the patient that exposes the nurses' understanding and experience of the world of self and the events. The story he/she tells, is constructed historically within a community of people but also within political, economic, social and cultural structures and determines the meaning the nurse gives to the current experience of her patient interaction.

Discourse is very important in the co-construction of a story about the nurses interaction with the patient. The story that is told to the advanced practitioner in psychiatric nursing is the dominant discourse and provides the framework wherein the nurse becomes conscious of herself and others, and wherein she sets priorities and determines norms for appropriate and inappropriate behaviour and wherein she forms meaning. Different strategies are used to create the context for the nurse to develop as reflexive practitioner. They include externalisation of problems; asking questions; writing letters and debriefing (Van Wyk, 1995: 107-110).

Externalisation gives the nurse the opportunity to see and unravel the relationship between herself and the patient in another perspective.

Questions are asked by the advanced practitioner in psychiatric nursing to form meaning of the lifeworld of the nurse.

Writing letters is a way to prolong the conversation between the advanced practitioner in psychiatric nursing and nurse. It contributes to it that obstacles that are brought to the conversation, can be externalised by the nurse so that the advanced psychiatric nurse practitioner can show the nurse that their obstacles are different from who they are as humans.

Debriefing as way of support gives the nurse the opportunity so share her emotions and experiences with the advanced practitioner in psychiatric nursing. Debriefing focuses specifically on facts, thoughts, reactions and symptoms of a specific occasion.

Support workshops (Gmeiner & Poggenpoel, 1996: 59 & 60)

These support workshops are attended by peers, and nurses get the opportunity to verbalise their problems they experience in their environment and seek possible solutions to cope with the problems. These workshops can be held at least once annually. These workshops can also take place in the form of encounter groups where the members develop self-understanding and also understanding of how they interact with others (Erasmus, 1995:81).

Assertiveness training (Erasmus, 1995:76-77)

Here the purpose is to create the learning opportunities for nurses to ascertain when they have to come up for their own rights to protect themselves. It is important that they will learn to say no for allocation of more patients if they are already overloaded and fatigued.

Training in stress management

Nurses who experience job fatigue have unresolved stress. Stress management seminars can be presented to nurses by advanced psychiatric nursing practitioners. Important principles of constructive stress management need to be underlined: good physical health; healthy eating habits and a balanced diet; exercise at least three times a week; enough sleep and rest; identifying feelings experienced during recent stressful situations; making well thought through decisions; being patient with self, and identifying stressors that can be and cannot be controlled.

Planning and implementing change in a more constructive manner

Neatherlin (1990:207-208) suggest the following when planning change:

- Care must be taken to avoid trauma that can occur as a result of hurried and unconsidered change.
- It is important to stress the benefits of change.

Creating opportunities to cherish self (Poggenpoel, 1995:50 & 51)

Cherishing self refers to the ability of the nurse to look well after herself/himself and to nurture herself/himself properly to stay alive. Within a whole person approach the nurse can develop a plan of action to see to it that there is opportunity for cherishing self. The nurse interacts as a whole person with her environment and that influences her/his health. The nurse's internal environment consists of body, mind and spirit and the external environment is physical, social and spiritual in nature. Because man is basically a relationship being, the creation of opportunities to cherishing self lies within relationship with God, relationship with self and relationships with others.

Creating of opportunities to cherish self in relationship with God

Cherishing self refers to the nurse nurturing herself to keep alive. Because the nurse is a spiritual being who functions in an integrated biopsychosocial manner in her quest for wholeness cherishing here refers to the creation of opportunities to come in contact with God and experience His peace in love and her/his life. This means that the nurse will plan daily to make time to speak with God in a quiet, calm environment, listen to music and to read the Bible and other encouraging material. This keeping alive of the nurses' spirit is necessary to be able to transcend above current circumstances and find meaning in life. Meaning in life gives the nurse hope and courage to start each day anew with enthusiasm and commitment. When the nurse experiences God's love she/he will also be able to love self and others.

Creating opportunities to cherish self in relationship with self

The nurses' internal environment consists of a body, mind and spirit that is integrated - the one aspect cannot be seen separately from the other. The nurses' body is her mirror image to the outside world in interaction with others. If the nurse feels comfortable about her body, it will also have a positive influence on her mind and spirit. Cherishing her body, means that the nurse will look after her weight, eating and sleeping patterns as well as general appearance. Psychological cherishment entails that the nurse will create opportunity for self-reflection. One of the biggest challenges for the nurse is to accept and love herself. Spiritual cherishment involves that the nurse creates opportunities to clarify who she is, where it comes from and where she is going. The nurse identifies values that are important for her and directs her behaviour.

Cherishing self means that the nurse will also create the opportunity to live out talents she has. Interruption of routine of daily living with fun times will also help the nurse.

Creating opportunities to cherishing self in relationships with others

Nurses have been created as relationship beings. The nurse can only become fully human in relationships with others. The building of and maintenance of relationships with people who are important to them are necessary. The nurse's relationships with important others, are valuable and should be guarded well. It is necessary that nurses will create opportunities to cherish themselves as whole persons. When the nurse cherishes herself she will also be able to create opportunities for others to experience cherishment.

CONCLUSION

Nurses are faced with several obstacles to their mental health. These obstacles need to be addressed in a pro-active manner through supportive supervision; support workshops; assertiveness training; training in stress management; planning and implementing change in a more constructive manner and creating opportunities to cherish self. These strategies are necessary to promote nurses mental health so that they are enabled to deliver quality patient care.

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