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**AN ETHNOGRAPHY OF CARING AND CONTROL
IN AN ACUTE PSYCHIATRIC UNIT**

**A dissertation presented in fulfilment
of the requirements for the degree
of Doctor of Philosophy
in Nursing Studies at
Massey University**

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ABSTRACT

The setting for this study was a 19 bed general hospital psychiatric ward serving a heterogeneous population. The objective of the study was to generate thick description of the cultural knowledge patients and nurses used to organise their behaviour and interpret their experience in an acute psychiatric unit. Further aims were to describe the nature of the service provided, and more specifically to identify relationships between caring and controlling in this social context, and the outcomes for patients of caring and controlling interventions by nurses.

Over a 10 month period primary data were obtained through participant observation and ethnographic interviews, with analysis of documentation providing secondary data. Thirty patients and 20 nursing staff acted as informants. They were selected on the basis that they had experienced the event being studied, and that they were both willing and able to share the experience. A cyclic research process was adopted, in which initial data analysis followed early data collection resulting in more focussed questions for subsequent data collection. Content analysis was undertaken to inductively derive patterns or themes from the data. Validity of data was achieved through triangulation of multiple data sources. Interpretations of the findings were verified and clarified in collegial dialogue with other psychiatric nurses, and with academic colleagues.

The central thesis which emerged from the data is that the nature of caring and controlling acts by nurses is shaped by the social organisation of care, and by the dominant belief system of that setting. A view of mental illness as a life long event for the majority of inpatients, coupled with beliefs about the "outside world" as tough, contributed to nurses' feelings of powerlessness to change situations for, or with patients, and so diminished expectations for change. Caring as a moral obligation was often interpreted by nurses as a moral obligation to provide a safe

haven, with nurturance and acceptance of patients viewed as chronically psychiatrically disabled. Additionally, features of the organisational context including nurses' lack of autonomy in their practice, the absence of both appropriate environmental controls and a clearly articulated rule structure, and the competing demands on nurses arising from the provision of the after hours crisis service from the ward, contributed to an organisational context which was not supportive of sustained therapeutic interaction between nurses and patients. There was a culture of chronicity in the ward. Implications of these findings for psychiatric nursing education and practice, and for service development are discussed.

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