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## HELPLESSNESS OR SELF CARE?

A Study of Nursing Practice with Depressed Patients
in an In-care Setting

A thesis presented in partial fulfilment
of the requirements for the degree of Master of Arts
in Nursing Studies at Massey University

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### **ABSTRACT**

This study was conducted to investigate the practice of nurses when working with depressed patients in an in care setting. A survey of the literature shows that the role commonly prescribed for nurses who work in psychiatric settings is one that emphasises a one-to-one relationship based on models of psychotherapy and focusses on individual illness, pathology, symptoms and psychodynamics. It is suggested that this is not a role which most nurses working in New Zealand psychiatric settings would be able to implement in practice.

Three perspectives of nursing practice were explored in the study: what nurses were seen to do in practice; what they thought they should do as evidenced in results of an exercise to rank different possible interventions; and what patients said were helpful nursing interventions. A framework was developed for the study which depicts the process of helplessness (depression) as the negative 'mirror-image' of the process of self care. Results were analysed within this framework to determine whether or not nurses tended to support behaviours which were indicative of movement towards helplessness or encourage those which indicated progress towards self care.

Results suggest that nurses in this study sample did not encourage progress towards self care by their interventions. There was little evidence of positive reinforcement for independent or coping behaviours with patients in the study sample. Further, the nursing practice

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showed little relationship to the role prescribed in the literature. The nurses did demonstrate a warm, caring, friendly approach that seemed to stem from a more traditional 'succouring' or 'mothering' view of the nurse's role.

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## AUTHOR'S NOTE

Recently the issue of "sexist" treatments of populations has assumed major importance. The feeling is that stereotypes are developed and maintained by the way in which information is presented. However, since there is a large body of information relating to nursing practice where a traditional use of language sees patients as 'he' and nurses as 'she', to maintain continuity for the reader these terms are retained in this study. In this context, both terms should be read to include both sexes. It is hoped that readers will accept the spirit in which these terms are used.

# TABLE OF CONTENTS

		PAGE
Abstract		ii
Acknowle	edgements	iv
Author's	Note	٧
Contents		vi
List of	Figures	
List of	Tables	
Glossary	<i>'</i>	
CHAPTER		
	THEROPHOTEON	,
1	INTRODUCTION  The Practice of Psychiatric Nursing	1
	A "Nurse-Therapist" Role? Discrepancies between Prescribed Role and	1
	Nursing Practice	2
	A Multidimensional Role for the Psychiatric Nurse - The Reality?	4
	Articulating the Nursing Dimensions of Practice The Problem in Context	4 5 5 5
	Aims of the Study Structure of the Report	5 5
2	PATIENTS' PERSPECTIVES OF THEIR CARE	8
	Is the Patient's Opinion Important? The Consumer's Era	8
	Hospital - An Unknown Situation What do Patients Consider Nurses Offer	9
	in Psychiatric Settings?	10
	Professional Approach or People Approach - Is there a Difference	13
	Relevance of Patient Opinion to Nursing Practice with Depressed Patients	15
3	DEPRESSION: THEORIES AND THERAPIES	16
	The Label	16
	Signs and Symptoms Theoretical Perspectives and Resultant Therapies The Biological Perspective (Medical Model)	17 18 19

CHAPTER		PAGE
	The Psychoanalytic Perspective The Social Perspective The Behavioural Perspective Implications for Nursing An Integrated Model?	20 21 21 22 24
4	DEPRESSION: CONTEMPORARY PERSPECTIVES IN NURSING CARE	29
	Observation and Assessment Care in relation to Physical Needs Care in relation to Affective Needs Care in relation to Cognitive Needs Availability and Alienation Permitting Depression Consistency of Care Rehabilitation	30 31 32 34 35 37 38 38
5	TOWARDS HELPLESSNESS OR SELF CARE? - TWO MODELS COMBINED	- 40
	The Self Care Model The Self Care Process The Learned Helplessness Model The Helplessness Process A Framework for Analysis of Data	40 41 45 49 51
6	BACKGROUND TO THE STUDY	53
	Assumptions and Definitions The Nursing Notes The Observation Study The Recording Chart Patient Interviews Research Approvals	53 55 58 60 61 63
7	METHODOLOGY	64
	The Setting The Sample Time Span Procedure:	66 68 69
	<ul> <li>(a) Observations of patient-nurse interventions in an in-care setting         Preparation of Observers and Staff     </li> <li>(b) Nurse Perceptions of Effective and</li> </ul>	69 72
	Ineffective Nursing Interventions (c) Patient Interviews	72 74

CHAPTER			PAGE
8	RESULT	S AND DISCUSSION	75
	in a Biog Admi Dura The Pati Inte Avai Nurs Moti Deci Summ	ations of Patient-nurse Interactions n in-care Setting raphical Data ssion Data tion of Stay and Follow-up Arrangements Context ent Activities Observed ractions Observed lability ing Approach vation and Goal Setting sion Making ary Perceptions of Effective and Ineffective	76 77 78 81 82 84 86 89 91 96 97
	Nurs	ing Interventions istical Analysis	99 99
	Defi	nite Trends	110 113
		ts' Views of their Progress and Care	116
	Indi	erns of Behaviour on Admission and cators of Progress	117
	Nurs	did Patients Think were Helpful ing Interventions?	120
	How Summ	could Nurses Have Helped More? ary	126 128
9	CONCLU	SIONS IMPLICATIONS AND RECOMMENDATIONS	131
	Genera	search Question Answered l Conclusions hing Strategy for Classroom or In-service	131 136
	Session Recommendations for Future Research Nursing Exists for the Benefit of People The Prescribed Role for the Psychiatric Nurse is Challenged		
	The Di	bility: A Concept basic to Nursing Practice screpancy between Role Perception	142
	and	Practice	143
BIBLIOGRAPHY		145	
APPENDIC	ES		
	A-1	Newspaper Clipping regarding nursing staff ratios in Psychiatric Hospitals	153
	A-2a 2b	Observation Chart Code for recording on Observation Chart	154 155
	A-3	Questions for Patient Interview and Explanation Given	156

APPENDICES (CON	т.)	PAGE
A-4a 4b 4c	Instructions for Scaling Exercise Recording Chart for Scaling Statements List of Statements for Scaling Exercise	157 158 159
A-5	Descriptive Statistics for Study Sample: Results of Scaling Exercise	163
A-6	Descriptive Statistics for Larger Sample: Results of Scaling Exercise	185
A-7	Research Approval Letter from Hospital Board Ethics Committee	208

# LIST OF FIGURES

FIGURE		PAGE
1	Melancholia as a Final Common Pathway	26
2	The Self Care Process	42
3	The Parts of a Nursing Focus	43
4	The Helplessness Process	50
5	Two Processes Combined: Helplessness and Self Care	52
6	Floor Plan of Unit used in Study	66

# LIST OF TABLES

TABLE		PAGE
1	Ten Models of Depression	25
2	Summary of Features Common to Learned Helplessness and Depression	46
3	Numbers of Patients Exhibiting Specific Criterion Behaviours on Admission	79
4	Provisional Diagnoses given Patients in the Sample	80
5	Basic Posture Held by Nurses and Patients in  Interactions as a Percentage of Total Interactions	88
6	Frequency Distribution of Responses to Statement 33 Given by Registered Staff	100
7	Statistics Describing Responses by Registered Staff to Statements 30-34	101
8	Frequency Distribution of Responses to Statement 97 Given by Registered Staff	102
9	Frequency Distribution of Responses to Statement 82 Given by Registered Staff	103
10	Frequency Distribution of Responses to Statement 78  Given by Registered Staff	104
11	Frequency Distribution of Responses to Statement 62 Given by Registered Staff	105

12	Frequency Distribution of Responses to Statement 60	
	Given by Registered Staff	107
13	Frequency Distribution of Responses to Statement 39	
	Given by Registered Staff	108
14	Frequency Distribution of Responses to Statement 42	
	Given by Registered Staff	109

## GLOSSARY

ALIENATION

"A sense of the basic fragility and contingency of human life; the impotence of reason confronted with the depths of existence; the threat of nothingness; and the solitary and unsheltered condition of the individual before this threat" (Barrett, 1962).

AVAILABILITY

The process of using a problem-solving approach in interaction to determine if a patient has a need for help and then attempting to meet that need.

Ministrative Availability: Response to patient signals indicating need for help with attempt to minister to this need. "Although the word 'ministering' has the connotation of physical presence, a nurse can still be ministratively available to a patient when she is not physically at his side. If a nurse lets a patient know when she gives him care and information how he can summon her again, that she is aware of his needs-for-help, and that she will return, she is being ministratively available to him" (Schmidt, 1972, 1087).

<u>Receptive Availability</u>: Sensitivity and receptivity to the patient and his needs.

"BARS"

Behaviourally Anchored Rating Scales:- A procedure for constructing a performance scale that has unambiguous anchors (Smith and Kendall, 1963; Schwab, Heneman and DeCotiis, 1975).

CONSISTENCY OF CARE

Identification and implementation of a specific approach to providing care when patients exhibit certain behaviours.

DEPRESSION

For this study, patients were taken to be depressed if they exhibited on admission to hospital at least four of the following eight symptoms indicative of a depressive episode (Kalkman and Davis, 1980, 266).

- 1. Appetite disturbance with gain or loss of weight.
- Sleep disturbance with either too much or too little sleep
- 3. Loss of energy with fatigue or tiredness
- 4. Psychomotor disturbance with either agitation or retardation
- Loss of interest and/or pleasure in activities and a decrease in sex drive
- 6. Self reproach and/or guilt
- Decreased concentration and reported inability to think or make decisions
- 8. Recurrent suicidal thoughts including wishes to be dead and/or suicidal behaviour.

### HELPLESSNESS

A condition where the subject sees the power to change his environmental contingencies as being outside his own control (Seligman, 1975).

### LEARNED HELPLESSNESS

A condition characterised by symptoms such as passivity; difficulty in learning that responses produce relief; lack of aggression; weight loss; appetite loss; social and sexual deficits. The learned aspect denotes a conditioned response where the perceived locus of control shifts from the self to outside the self.

#### NURSING CARE

In this study, nursing care refers to the behaviours exhibited during unstructured time in the clinical setting by nursing staff in interaction with depressed patients who are receiving in-care treatment.

#### REINFORCEMENT

The consequences governing behaviour. This may be positive, as in a rewarding sense, or negative, as in a punishing sense.

SECONDARY GAIN

The additional gratification or extra attention gained because of care given in relation to a primary problem.

SELF CARE

The practice of learned activities that individuals initiate and perform on their own behalf in maintaining life, health and well being (Orem, 1980, 28).

SICK ROLE

Acceptance of being sick and temporarily withdrawing from adult responsibilities to concentrate on the problem of getting well (Lederer, 1952).

UNSTRUCTURED TIME

That time outside of the weekday daily programmed sessions of individual, group, occupational, or recreational therapy which occur from 8.00 a.m. to 5.00 p.m. in the clinical setting used in this study.