

Beyond the Fields we Know

Applying Psychotherapeutic Theories to Nursing Practice

PTAS SMALL GRANT PROJECT

Dr Mia Nelson
Dr Jonathan Wyatt
Prof Pam Smith

Background to the Project

There is a historic precedent of interdisciplinary exchanges between nursing and psychotherapy, benefitting our understanding of the emotional impact of nursing practice on the practitioner, the patient, and the family members (Robertson, 1971; Menzies Lyth, 1988; Obholzer and Roberts, 1994; Peplau, 1997; Skogstad, 1997) and there is again a growing interest in opportunities to attend to the emotional development and relationship skills of nursing students (Goodrich and Cornwell, 2008; Francis, 2013; Snowden et. al, 2015).

It was raised within the School that there had been a notable, but at that point unexamined, number of Counselling and Psychotherapy students that have come from a nursing background.

We believed that these particular students would be ideally placed to identify contemporary areas for developing interdisciplinary learning between these disciplines and opportunities that could be enhanced across the departments.

The Research Question

This project set out to understand the experience of studying in one professional field (Counselling and Psychotherapy) with the explicit intention of identifying and defining the shape and scope of new, innovative and professionally pertinent curricular developments in another (Nursing Studies).

The overall research question of this project was:

Which aspects of counselling and psychotherapy theory, education and training could usefully be integrated into nurse education?

This project was intended as an idea generating study and as such planned to elucidate not only **what** aspects were useful, but **why** they proved useful and in what way (**how**), so as to help inspire curricular developments that would be professionally significant for contemporary nursing students.

Methods

Past interdisciplinary students were invited to participate in the study. Participants undertook individual interviews where they explored:

- What led them to study Counseling and Psychotherapy.
- Which aspects of the course were particularly meaningful or memorable.
- What path their careers took after their studies.

Findings

Why study Counseling and Psychotherapy?

The rationales for undertaking a counseling and psychotherapy course were multifaceted and revolved around 'problems' that were experienced within nursing and nurse training; 'solutions' that counselling and psychotherapy training appeared to offer; and interactions with qualified counselors and psychotherapists that became moments of 'insight and inspiration'.

Problems

Gaps in standard nurse training

"I left my nurse training with enough knowledge to qualify as a nurse, enough confidence to move forward in terms of working with people, but a huge deficit really in terms of how much more knowledge I wanted, I needed, if I was really going to be serious about my belief that the therapeutic relationship is everything."

Unmet patient care needs

"I was working there [ICU] and just becoming more and more aware of how I just sort of felt there was this unmet need of patients ... and family members who are really, really struggling. There's a lot of psychological distress in people who've had a critical illness and really not very much in the way of support for them and so that was the sort of reason why I started to think about, you know, "Right, OK, what can we do?"

"I've always noticed that you know, we do the medication and we do the assessment and we're implementing our plan of care and constantly evaluating but there's no one that sits down and really listens to the patient."

Personal/Professional Coping

I had a bit of a sort of dissociative coping mechanism and I would say that that's sort of part of the culture. ... you do have a little bit of distance there, and that's quite interesting as I'm saying that to you, thinking about the young student nurse who's wanting to get up close to people, a few years down the line, having worked in intensive care for seven years thinking, "Gosh, I actually can't get close to these people because it's so upsetting," you know?

The Work Environment

"I was sick of being mucked about by the NHS ... I got an opportunity to study with the Institute of Group Analysis, because they were trying to set up groups on the wards, ... and they're, again, very psychodynamic thinking. But it increased my frustration, in a way, because it was so at odds with the structure that I was working in and it got harder and harder to kind of ignore the things that just seemed kind of wrong with the whole structure, with the system."

"I loved the people side of nursing, but the other side I didn't like and I never had enough one-to-one time with patients/clients."

Solutions

Skilling up

"I think I was hoping that I could sort of get a job as a follow-up nurse maybe, you know, ... and I would have some sort of more developed listening skills really. I don't think I was thinking I would become a counsellor."

A route out

"I thought I'll move into counselling, I don't really want to retire in nursing, it's a really, really tough job, the shifts and everything and it's really, really tough, and I thought well I could set-up my own little business at home and retire in counselling. I mean mentally for me it would be easier because mental health nursing was really tough and the stuff that you see and then working within the Prison, so for me it would be easier to take on, and that was my thinking at the time."

A Deeper Understanding

"I really wanted to further my line of enquiries in terms of understanding developmental psychopathology, how the brain develops, how adolescents develop, how life experiences can impact upon people and how they present and yeah, just to increase my overall knowledge of the client group that I'm working with?"

Professional Structure and Theory

"I wanted to be able to have a professionally-recognised training ... something about me feeling supported and protected by having the theory and some boundaries and wanting to have a formal counselling training to protect me as well, ... a real sort of professional structure to what I was doing, for clients and for me."

The Right Mix

"I don't want to be a psychologist so it would be a waste for me to engage in a training course that was specifically devised for people to go through and come out at the end of it with a clinical qualification that, you know, means they're a psychologist. But I still want access to that psychological knowledge."

Insights and Inspiration

"There was this push to get nurses to go to supervision, and I was like, "Yes, I'm up for it, I'll go and do it," ... and [the supervisor] just kind of introduced me to these ideas and ways of looking at what was going on in the hospital, and the work that we were doing, kind of thing, which was just, really, really interesting. I think he fuelled, he got me interested."

"The reason that I came to Edinburgh Uni to do the counselling course is one of the women that led the Gestalt group all those years back had recommended it, and said, "That's a really, really good course, that's what you should do," and I just had it in my head, that was the pinnacle of what I wanted to do, and I didn't question that."

"I had one hour of CAMHS in three years of training, and it was a guy called [Name]. He came across and delivered a lecture for an hour and he spoke about child and adolescent mental health, and that one hour was enough. I thought, "That is for me'."

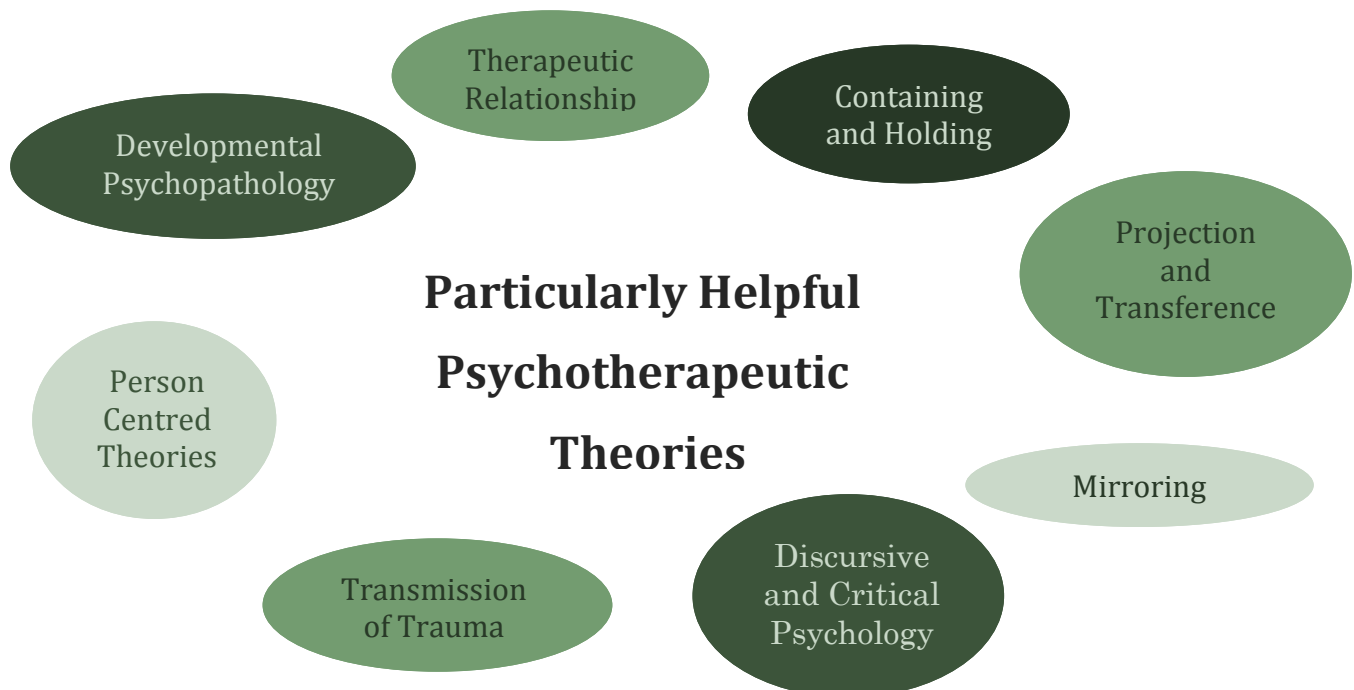
Findings

Meaningful and memorable aspects of the course.

The participants discussed what core skills and understandings they gained from their studies. Three main themes were identified.

- ❖ Understanding group/peer/relationship dynamics
- ❖ Developing self-awareness
- ❖ Practicing *being with* human beings

Participants also identified concepts and theories that were taught on their courses that helped them in their nursing work and that they believed would be of benefit to nurses starting out in their careers.



They also talked about applying these theories in their nursing practice. For example:

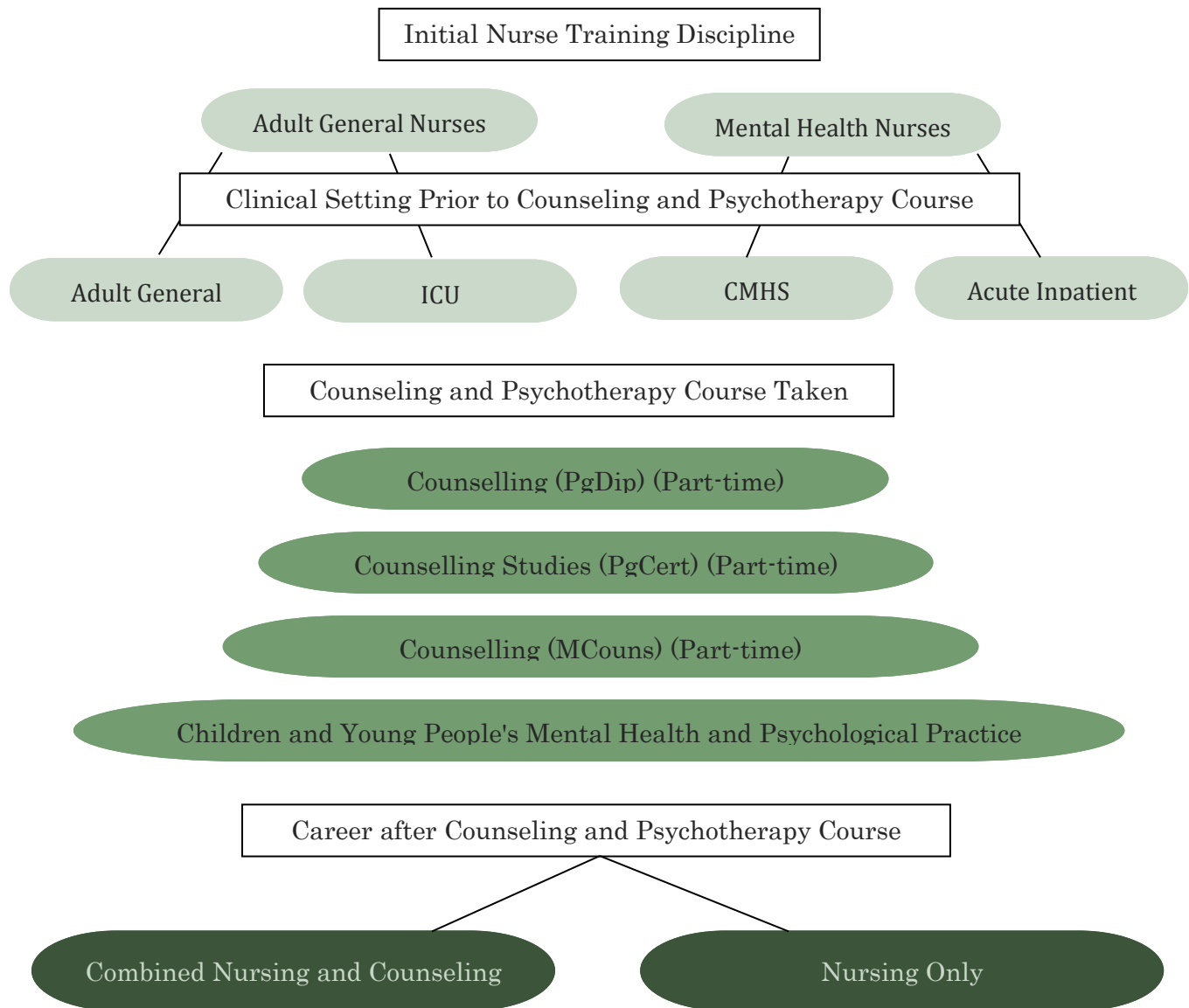


Mirroring

"I was on the nurse bank and so I was just in a variety of different settings, and I was practicing my listening, and it's something that I'd known and then I forgot, like, how nice it is for people just to hear back what you've heard from them, and I remember using that and just thinking, "This is incredible," and not quite getting it. It's like, "Why do people like this so much?" They tell you something, and then you tell them back just what you've heard, and they love it. Why is that? And then later on, I was kind of like, "Yes, that's mirroring."

Interdisciplinary Journey

We wanted to understand what impact the counselling and psychotherapy training had had on the nurses' career paths. All the participants had continued to work as nurses in at least a part time capacity and continued to identify as nurses too.



Professional Identity

"I don't want to be a family therapist, I'm a nurse. I've worked with and have a couple of colleagues who now identify themselves as family therapists rather than nurses. That's cool for them, not for me. I want to be a nurse and I'd rather, I'd rather be as, 'triumphant' is a long word, be a bit of a kind of a 'flag-bearer' for nursing and kind of see where we can go with that."

"I'll always feel like I'm a nurse. I don't think I'll lose that and it's quite confusing for me now. So I still get a bit sort of, "Ooh, what do I tell people I do?" and I normally just say nurse. I suppose I am who I am and I have the training I have and I don't really mind what I'm called in terms of a label that you'd put on it as long as I have the opportunity to offer what I believe to be counselling"

"I'm not a counsellor, I'm a nurse, who's using counselling skills which aren't really acknowledged as being of value. [laughter]"

Round Table Discussion

The findings of the study were presented at a round table discussion, attended by teaching staff from Nursing Studies and staff and current students from Counseling and Psychotherapy.

There was particular interest in the concept of **containing and holding** –

- Nurses traditionally perceived as ‘do-ers’.
- The importance of ‘being with’ patients recognized and already integrated into nurse training.
- ‘Containing and holding’ was seen as a step up from ‘being with’ patients.
- There was concern that the wider structures needed to support nurses through this type of process are not available e.g. clinical supervision.
- It was suggested that ‘doing’ was perhaps a human phenomenon, not just a nursing one, with the need to learn how to hold evident in both nursing and counselling.

Issues around self-care were also raised as part of that discussion –

- It was not overtly raised by any of the research participants.
- It did form part of counselling training, but as self-awareness and understanding rather than particular techniques or behaviours.
- Similarly, self-care was taught in nursing as part of professionalism, stress and resilience, and was permeated throughout training rather than a specific topic, and this was viewed as a potential strength of the current nurse training.

The concepts of ‘**mirroring**’, ‘**projection**’ and ‘**transference**’ were unfamiliar to many of the Nursing Studies staff and the use and practice of these were discussed. The use of mirroring in current dementia care was raised as an illustration of its integration into nursing, and the potential of projection and transference to be a two-way process was highlighted in discussions around the usefulness of these theories in managing professional boundaries in health care practice.

There was concern from some members of the group that integrating such theories in nurse education may blur roles and professional identities, expecting nurses to support or treat patients to the level of a trained counselor. However, others argued for the benefit of a wider understanding of human relationships in nurse education.

It was suggested that there was clear potential for these theories and concepts to be offered as an Honors option within the nurse training at Edinburgh, and while undergraduate training is highly regulated by the MNC, there was strong interest in embedding psychological and sociological concepts in the first year of training providing a much broader ‘theoretical bedrock’ for nursing practice.

