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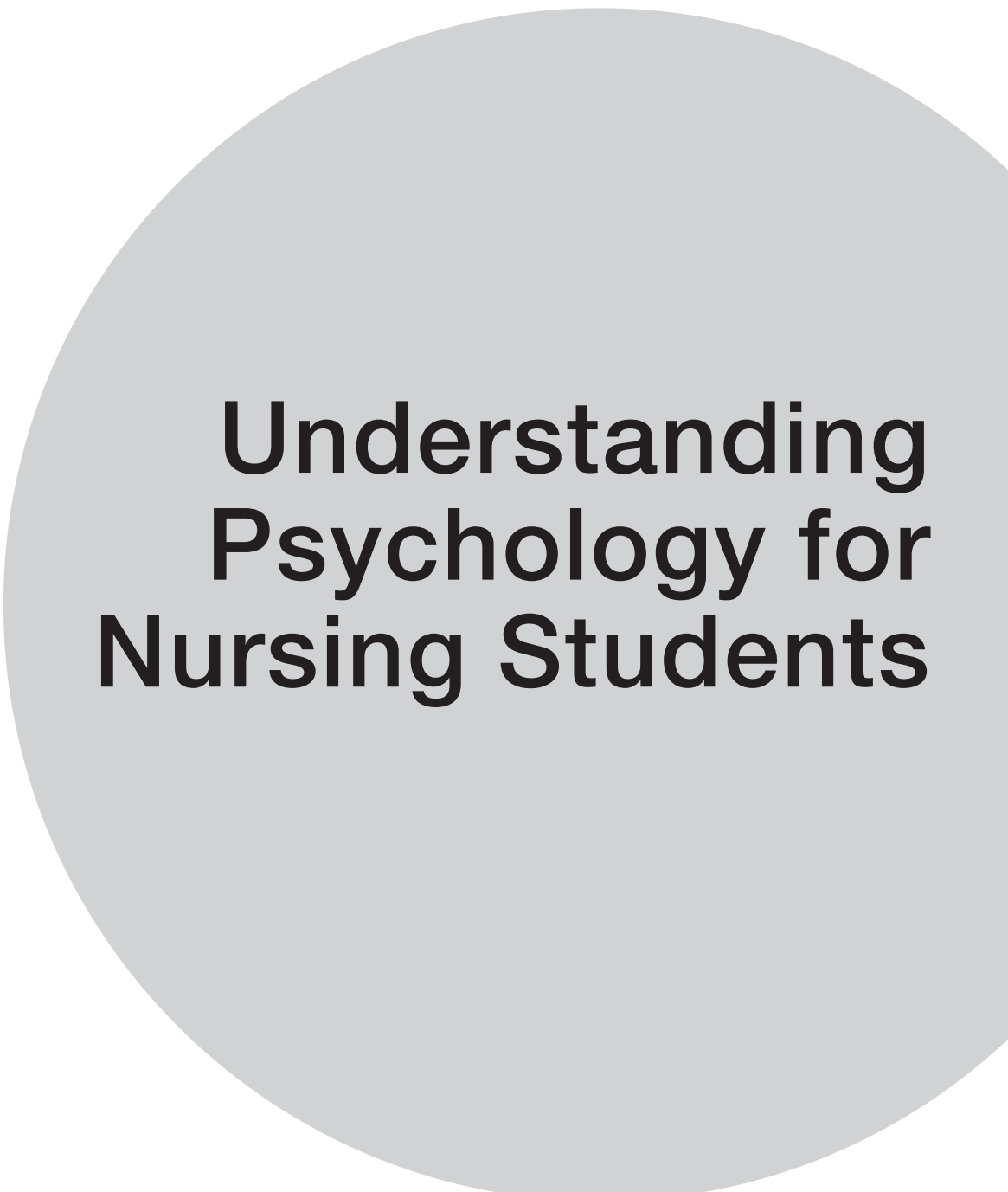
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Understanding Psychology for Nursing Students

Jan De Vries and
Fiona Timmins

Series Editor: Shirley Bach





Understanding Psychology for Nursing Students

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Understanding Psychology for Nursing Students

Jan De Vries and
Fiona Timmins



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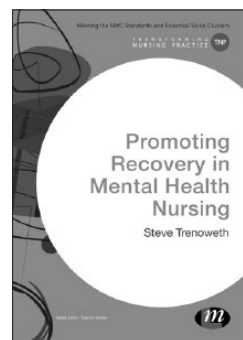
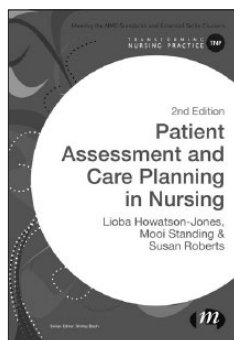
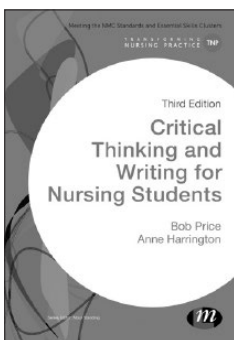
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Jan de Vries works as an Assistant Professor at the School of Nursing and Midwifery, Trinity College Dublin. He completed his undergraduate and Masters studies at Utrecht University, Netherlands and his PhD at Trinity College Dublin, Ireland (1999). His teaching experience in psychology goes back over 30 years and includes the development, design and implementation of applied psychology modules and programmes in the Netherlands, Germany, Ireland, the UK and USA. He has lived in the Netherlands, Ireland and California and worked in several universities. He has also worked as a stress and trauma consultant, and coordinated programmes of dialogue at the Glencree Centre of Reconciliation in Ireland. He has been with the School of Nursing and Midwifery in Trinity College Dublin since 2007 and has worked tirelessly on developing the interface between psychology and nursing in a wide variety of contexts and at all relevant levels. This has included advising the Nursing and Midwifery Board of Ireland on psychology for nursing registration, curriculum development within Trinity College and a myriad of teaching modules at undergraduate and postgraduate level. His research interests include psychology of nursing, cognitive dissonance, mental health interventions, hand washing and several other health-care related topics. He has published reviews of a number of nursing psychology texts. Jan and Fiona have collaborated on several publications on the cusp of psychology and nursing.

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Introduction

Psychology has long been an integral component of nursing education curricula internationally. Even early nursing sources argue that psychology is indispensable to the nurse in understanding the patients, advancing their treatment effectively, and to understand themselves and their colleagues. Indeed psychology as a distinct subject has been gaining increasing relevance within the nursing curriculum over the last 50 years, with burgeoning texts on the topic reflecting a continuously growing awareness of its importance. Considering the progress in both nursing and psychology it stands to reason that there is a need for up-to date nursing psychology texts to capture this development. This text has been written with this in mind.

This book is intended for nursing students throughout their education and registered nurses who like to upgrade their knowledge and skills. It provides an innovative and practical perspective on the role of contemporary psychology in nursing, with reference to progress in each field as well as common problem areas. Great effort has been put into presenting the material in an accessible and understandable way to ensure that the reader will remain captivated and engaged. Written by a psychologist and a nurse who both work in nursing education, the emphasis has been on ensuring that this book speaks to nurses. Years of experience has helped the authors to get to the point quickly and avoid overly laborious explanations and detail.

For the nurse educator it is important to know that the text provides many activities to engage the students in an active way. This will be of considerable help in designing learning modules, interactive sessions, lectures and workshops. Moreover, the text is designed to facilitate problem-based and enquiry-based learning and includes self-directed and web-based learning assignments. In some nursing schools today psychology is taught as a distinct topic, in many others it is integrated within nursing modules. This text has been designed for use within both contexts. Its focus is not only on understanding and using psychology within nursing, but also to apply and integrate it in practical nursing and health care.

The text has been designed to be as relevant for general nurses in hospitals, as for community or public health nurses, mental health nurses, children's nurses, and intellectual disability nurses. Moreover, it addresses the psychological requirements for nurse registration in the United Kingdom (NMC 2010) and the Republic of Ireland (NMBI 2016) and presents relevant theory and research, as well as psychological tools and skills that are integral to care provision in Europe. In particular the UK Nursing and Midwifery Council (NMC) requirements are carefully integrated in the text.

The NMC (2010:7) identifies knowledge, skills and attitudes that nursing students are obliged to acquire during their preparatory educational programme. Four domains are outlined which

relate to competencies that nursing students need to develop during their education. Each domain includes several competencies of which many, although not explicitly stated, are informed by psychology. This book provides both fundamental content at the basis of the competencies in each domain and specific support for the development of the practical skills involved.

How this book corresponds with NMC educational requirements for nurse registration:

- *Domain 1: Professional values (NMC 2010: 13-14)*

Several core aspects within this domain are addressed. In a general sense, the call for a 'holistic, non-judgemental, caring and sensitive manner' in care (competency 2) is responded to throughout the text by providing a psychological framework for understanding how this is achieved and which obstacles are encountered. Specifically, working in partnership, health and wellness promotion, and how to maintain the dignity of patients (competencies 3 and 4) are developed in Chapters 1, 2, 8, 9 and 10. Also, fostering 'reflection' (competency 8) is essential throughout the text, as is the appreciation of 'the value of evidence in practice' (competency 9). Furthermore, core factors in how to improve nursing performance and safety (competency 7) are presented in Chapters 4, 5, 6, and 7.

- *Domain 2: Communication and interpersonal skills (NMC 2010: 15-16)*

Psychology contributes in a generic way to the development of communication and interpersonal skills. Every chapter in this book is aimed at promoting the development of these skills through the included activities. In Chapters 1, 9, and 10 particular attention is paid to the development of person-centred care (competency 2) and the obstacles nurses encounter to practice in this way. In Chapters 1, 4, 8 and 9 the focus is on how different psychological approaches can be used in optimising communication to reduce stress and anxiety (competency 4) and encourage health-promotion and recovery (competency 6). The text specifically helps nurses to 'recognise when people are anxious or in distress and respond effectively, using therapeutic principles' (competency 4). This is done by identifying and applying principles of humanistic, behavioural, cognitive and positive psychology, and translating these into therapeutic principles in nursing.

- *Domain 3: Nursing practice and decision making (NMC 2010: 17-19)*

Making safe decisions based on evidence and sound assessment (competency 1) requires an understanding of cognitive strengths and limitations in information processing. This is addressed in Chapters 5 and 6. Moreover the text (in particular Chapter 2, 3, 5, and 8) presents practical 'knowledge of the structure and functions of the human body, and other relevant knowledge from the life, behavioural and social sciences as applied to health, ill health, disability, ageing and death' (competency 2). How to provide educational support and ensure self-care in patients and families (competency 8) is addressed in Chapter 4 and 9. The importance and particulars of how to evaluate one's care levels (competency 10) is addressed specifically in Chapter 10.

- *Domain 4: Leadership, management and team working (NMC 2010:20-21)*

Much of the emphasis of the book is on understanding social factors in collaboration with colleagues and multi-disciplinary teams in health care organisations. In particular Chapter 7 provides a foundation for developing this domain. Throughout the text it is the ambition of the authors to further cultivate the role of nurses as ‘change agents’ (competency 1). Of the other competencies included in this domain, how to ensure ‘systematic evaluation of care’ (competency 2) is emphasised in Chapter 10. Finally, ‘self-awareness’ (competency 4) is a general aim of the text and specifically emphasised in Chapters 2, 3 and 6, while working in teams and how to optimise one’s ability to do so is included in Chapter 7.

While this is a concise text, its scope is ambitious. It is our belief that psychology has much to offer to nurses. Therefore, in addition to a foundation in psychology, the emphasis is on its application and integration in care provision. Though the chapters are constructed to be understood separately, they also build on one another. Three introductory chapters (Ch 1-3) are followed by four specific topic areas and their nursing applications (Ch 4-7) and culminate in the integration of psychology in nursing care (Ch 8-10). Key themes are presented in ways that allow the reader to relate, reflect and exercise in order to build up a meaningful well-structured and practical knowledge base around the psychology of nursing and health care. This book also aims to get the reader to question their understanding of nursing care and challenge issues that compromise practice and quality of care.

Anyone who has been a patient in a hospital or received care in a different context remembers those nurses who were particularly helpful and understanding, were prepared to go the extra mile, or were unique in their ability to anticipate the needs of patients. Even years later, this might come up in conversation. Their names may not be remembered, but it is clear that these nurses made a real difference. This book aspires to assist students and practitioners to become one of them!

References

- NMC (2010). Standards of proficiency for pre-registration nursing education. London: Nursing and Midwifery Council (http://www.nmc-uk.org/documents/standards/nmcstandardsofproficiencyforpre_registrationnursingeducation.pdf)
- NMBI (2016). Requirements and Standards for Nurse Registration Education Programmes (4th ed). Dublin: Nursing and Midwifery Board of Ireland.
<http://www.nmbi.ie/Education/Standards-and-Requirements/Nurse-Registration-Programmes>

Chapter 1

Psychology as a field of study and why nurses need to know about it

Chapter aims

After reading this chapter you will be able to:

- explain what psychology is and how it applies and contributes to nursing;
- consider psychological aspects in a variety of health-care and nursing situations;
- outline how psychologists do research and how to apply psychological research methods to nursing and health-care problems;
- discuss how psychology fits into the bio-psycho-social model.

This chapter introduces the field of psychology, demonstrating how psychology teaches us to reflect on behaviour and mental processes in both ourselves and in other people. We will look at how psychology informs our knowledge of the non-medical aspects of health and illness. The chapter introduces you to a psychological mind-set that will inform your provision of care, and provides a background knowledge that will help in your lifelong learning. Every step of the way you will see the relevance of psychology to nursing and health care. If you are ambitious to make a difference in your discipline, psychology can be a real asset. Ask patients and families, even years later, to give an account of their experiences in health care, and they invariably remember the nurse who provided more than expert care, also offering warmth, hope, intelligent support and inspiration. This book is intended to assist you in becoming that nurse!

While we recognise that you may refer to people in your care in different ways, such as ‘patient’, ‘client’, or ‘service user’, we will refer to them mostly as ‘patients’ for the sake of simplicity. ‘Patient/client/service user’ is a bit awkward, don’t you agree?

Introduction

What is psychology?

Psychology is often defined as the ‘**scientific study of behaviour and mental processes**’ (Nolen-Hoeksema *et al.*, 2014, p. 5). Thus it focuses not only on what we do, and how and why we do it, but also on our feelings, our thinking and everything else that goes on in our heads. Since much of what we do, feel and think is related to other humans, psychology also focuses on our

relationships and interactions with others. If we want to make sure that we don't exclude anything from how we define psychology, it would be perfectly acceptable to consider it the study of the human experience. The term 'scientific' suggests that psychology is more than using our powers of observation, interpretation and reasoning to make sense of ourselves and others. Psychologists also make use of systematic methods of research and gather and evaluate evidence to test any statement made about the human experience.

Because psychology is about us, it has been widely applied for practical use in areas such as education, media, architecture, city planning, manufacturing, retail, etc. It also has a firm foothold in other sciences such as business studies, economics, anthropology, sociology and engineering. Relevant for you, psychology has practical applications to nursing and health care and contributes theoretically and in research to our understanding of health, illness, medicine and nursing theory. The next section will give you an impression of these applications and how they are approached within this book.

Why should nurses learn about psychology?

The short answer to this question is that regulating bodies for nursing education prescribe the inclusion of psychology to become a registered nurse (see the Introduction of this book). The long answer is in this book. Every step of the way we will apply psychology to nursing and health care and, hopefully, it will become and remain clear to you why it is useful. We'll highlight some important reasons below.

The importance of psychology was recognised even at the beginning of the twentieth century when both fields were still in their infancy as subjects of scholarly study. An early author of a psychology text for nursing phrased the future of psychology in nursing in urgent terms:

The time will come inevitably, when all training schools of standing will include the subject in the course of study, and, as a result, the power of nursing will increase immeasurably. A large proportion of nurses' blunders occur because they do not possess a working knowledge of psychology. Psychology should not be considered a subject which may be included in the nursing curriculum, but as one which cannot be omitted.

(Higgins, 1921, p. vii.)

More broadly, the nursing literature identified psychology as important, in particular because of its practical use in helping nurses understand themselves, the care they provide, the people in their care, their colleagues, and the health-care organisations and communities within which they work (de Vries and Timmins, 2012). Ultimately this is aimed at optimising care.

Let us see if we can make this come alive for you. In the next section we'll present a series of scenarios that relate to practical nursing situations and problems. This will elucidate the application of psychology while also providing an overview of what you will learn in this book.



Figure 1.1: Why should nurses study psychology?

The application of psychology in nursing

Place yourself in the role of the nurse, reflect on each of the situations and try to answer the questions. Don't worry if it is not immediately clear to you what each scenario is about. You may want to turn to the chapters indicated to preview the content.

Scenario: Making contact (see Chs 2 and 10)

Someone in your care is uncommunicative and looks sad. Your questions meet with very short answers and the person does not look you in the eyes. You feel that it is important to get through to her because there are decisions to be made that require the person's active contribution. Intuitively what approach would you take and what are the alternatives?

Relevant themes: different schools of thought within psychology.

An outline response is provided at the end of the chapter.

Nurses often make intuitive decisions about how to communicate but, as a professional, it is important to understand why you do what you do so you can develop it further and become really good at it. Psychology offers assistance and background to make informed choices and practical guidance to enhance communication between nurse and patient. In this case, different psychological perspectives or schools of thought indicate a variety of approaches to be taken. Chapters 2 and 10 will provide considerations on, for instance, offering effective emotional support (humanistic), help with decision making (cognitive), providing encouragement (behavioural) and giving positive energy (positive psychology).

Scenario: Understanding the brain (see Ch. 3)

In a team meeting a neurologist explains how one of the patients who had a serious car accident has suffered lesions in the brain. There is clear evidence of damage to the hindbrain (cerebellum), but the results are less clear on how subcortical areas such as the amygdala and hypothalamus are affected. When asked about your observations of the patient in the last few days you are not sure what to say. Without knowing what to look for you did not really pay that much attention. Can you argue why it is important for a nurse to be able to discuss these matters with a doctor?

Relevant themes: structure and functions of the nervous system and the brain; sensation and perception.

An outline response is provided at the end of the chapter.

Psychologists emphasise that the way in which people function cannot be appreciated if we don't study how it is organised in the brain and nervous system. Psychology and biology overlap here. Chapter 3 is specifically aimed at helping nurses grasp how the structure and functions of the brain relate and how this is expressed in what you see in the people in your care. This will allow you to communicate and contribute to team meetings in which matters of the brain are discussed. In regard to this scenario, if you had, for instance, perceived uncontrolled emotional outbursts in the patient, you would have realised that these would have been relevant to the consultant's query (because they would suggest the amygdala could be affected).

Scenario: Development and learning (see Ch. 4)

As part of your daily routine you are instructing patients of different ages in several ways (to use crutches, sort medication, eat independently, recognise triggers for becoming unwell, health promotion, etc.). After a while you start to realise that your approach is different for various age groups. Moreover, it transpires that individuals learn in very different ways. Can you give examples of age differences in learning?

Relevant themes: stages of development and approaches to learning.

An outline response is provided at the end of the chapter.

Without comprehension of the complexity of developmental and learning processes it is going to be very hard to teach even simple things. Also, your efforts to affect the thinking, emotions and behaviour of the people in your care will be hit and miss. Reading Chapter 4 will help you to fathom these processes and apply them in multiple ways. Learning will be more effective if you take experience and development into account, identify the readiness to learn a specific skill or principle, and ascertain what kind of support needs to be provided. Association,

encouragement, modelling and understanding are part of many learning experiences. Psychology provides the foundation of how to support and influence the people in your care.

Scenario: Nightshift (see Chs 5 and 6)

You have just started the third night of a nightshift. You had a little difficulty sleeping during the last couple of days. Your mind is a bit clouded. You misjudge a situation because you jumped to a conclusion. You are physically fine, but find it hard to focus. You realise that there are some gaps in your memory of your shift. How should you address this situation?

Relevant themes: consciousness, sleep, memory.

An outline response is provided at the end of the chapter.

Chapter 5 will provide you with an outline of how memory and consciousness work, including sleep processes and issues that can arise, thus helping you to understand why the lack of sleep has affected your judgement and memory. Based on this you might like then to plan ways to improve your sleep effectiveness. Irregular hours and shift work are commonplace in nursing and it is important that you begin to understand and develop ways to deal with changing patterns of sleep so that you remain at all times a safe and effective practitioner.

Scenario: Under pressure (see Ch. 6)

You are on duty in a busy Emergency Department (ED). Tensions are rising because people have to wait much longer than they had hoped for. There is a lot of complaining. Consequently, you are put under pressure and find it hard to keep making rational decisions about care priorities. At the end of the night you are in turmoil. Even when you arrive home you are still trying to defend to yourself why you made some decisions. Would you consider yourself a conscientious nurse in this situation?

Relevant themes: understanding of thinking, motivation, emotions.

An outline response is provided at the end of the chapter.

Your understanding of why you might feel in turmoil in such a situation is greatly helped by recognising the psychological mechanisms whereby your inner peace gets disrupted. It also helps to be aware of how we may slip from rational into sloppy and simplistic thinking. These mechanisms are addressed in Chapter 6. Being aware of these processes does not mean you are no longer affected by them, but at least you can warn yourself and prevent a debacle. The general focus of Chapter 6 is on thinking, motivation and emotion and hits at the core of the skills nurses need to develop to be effective in their care.

Scenario: Group influence (see Ch. 7)

You are working together in a new team and are reflecting on why you interacted with the people in your care just like your new colleagues did. Not that there was anything wrong with it, but still there were a few aspects you had learned differently. The next day the whole group reverts to the approach that you had learned while a supervisor is present. This puzzles you. You also note that safety protocols are followed more rigidly that day. What are the positives and negatives of what you observed?

Relevant themes: understanding of social interaction, social influence, conformity, obedience, working in a large health-care organisation.

An outline response is provided at the end of the chapter.

This scenario illustrates the impact of conformity or group pressure on the first day, and the impact of obedience on the second day. Social psychologists have done revealing and shocking research on these topics, which serve as a stark warning for all who work with other people. Chapter 7 looks at all main aspects of social interaction partly to assist you in becoming effective in how you collaborate and interact with others, and partly to ensure that you appreciate the power of the social situation in large health-care institutions.

Scenario: Stress (see Ch. 8)

Since the new management took over in the hospital, things are not the same. Cost cutting has led to lay-offs, longer hours, and a new system of shifts has been introduced. Average sick days per month among staff have doubled and the department you work in is threatened with closure. Nobody knows exactly what is going to happen. You are worried about the care you can provide. Relationships between you and your colleagues are tense. What can you do?

Relevant themes: stress and health, stress management.

An outline response is provided at the end of the chapter.

Health and stress are important matters of interest for everyone. This includes people who work under pressure, such as nurses. Many of you will find yourselves working for large health-care organisations where perpetual change, funding and staffing issues are common. While it is important to know what keeps you healthy in general, it becomes particularly urgent to know what to do and what to avoid when you are experiencing long-term stress. The most worrying aspect in the scenario is that ‘average sick days have doubled’. Once you’ve read Chapter 8 you will fully appreciate why this is so. You will also comprehend more fully why psychologists are interested in nutrition and exercise, and why remaining positive is helpful (see also Chapters 6 and 10).

Scenario: Illness as a crisis (see Ch. 9)

Many of your patients experience being in the hospital as a crisis, but not always in the way you would expect. One man tells you that he is much less worried about himself than about how his small company will fare in his absence. His visiting hours look like business meetings. He seems worn out and in pain, but should you rescue him by sending his business partner away?

Relevant themes: crisis of illness.

An outline response is provided at the end of the chapter.

As a nurse, you tend to experience patients only in the health-care setting, but not at home or at work. As a result your insight into the overall impact of their condition may be limited. Psychologists would argue that it is essential to appreciate the whole situation around the person in order to provide the best care. Chapter 9 addresses the crisis of illness in order to enhance not just your appreciation of this, but also to instruct you in the most common ways in which crises impact people in health care. We address the psychology of chronic illness, pain, chronic fatigue, mental health problems, stigma, loss and grief. Psychology deepens the understanding of the way in which these issues affect the people in your care.

Scenario: Person-centred versus task-oriented nursing (see Ch. 10)

Nurse A listens, shows empathy, takes time with each patient and family, expresses an interest in both the patient and family, and involves them in all decisions.

Nurse B works efficiently, has her work done on time, instructs and advises patients, and avoids invading the privacy between patient and family.

What are the strengths and weaknesses of each approach?

Relevant themes: psychology of care, principles of psychology and their practical implications for care.

An outline response is provided at the end of the chapter.

You will most likely suggest that Nurse A will have more success and from your readings in Chapter 10, you will find out that this is correct. Overall, treating patients in a way that is person-centred and shows an interest is more likely to build the good relationships that are a vehicle for effective care and support. It is also likely that both the patient and family will have a better care experience. It is important for you to know that many aspects of effective care are rooted in psychology. Chapter 10 is the accumulation of this and seeks to outline the implications for care