The Theoretical Framework of Psychiatric Nursing–Part I

Psikiyatri Hemşireliğinin Kuramsal Çerçevesi–I

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SUMMARY

Unless nursing practice is based on a sound theoretical foundation, it is not possible to consider it as a profession. Therefore, taking a theoretical approach is crucial for psychiatric nursing, as well as in other areas of the nursing profession. Ideally, nursing should be undergirded by a theoretical framework that provides direction and guides its applications. These guiding frameworks consist of various theoretical approaches that can explain and define the problems of patients. When nursing interventions are performed in the light of such theoretical frameworks, nursing care can gain a more scientific basis. Some authors have defined theoretical frameworks by considering the most effective ideas applicable to psychiatric nursing practices; some have formed theoretical frameworks by considering the most widely used theories in psychiatric nursing practice; and others have generated theoretical frameworks using major theories derived from psychiatric nursing practices. In this article, in light of the existing literature, we discuss the necessity of a theoretical framework for the profession, theoretical frameworks that have been formulated for psychiatric nursing, and the application of theories that exists within the framework of psychiatric nursing practices.

Keywords: Psychiatric nursing, psychiatry; theoretical frameworks.

ÖZET

Hemşirelik uygulamaları, herhangi bir teorik temele dayanmadığı sürece hemşirelik profesyonel bir meslek olamaz. Bu nedenle, teori kullanımı hemşireliğin bütün alanlarında olduğu gibi psikiyatri hemşireliği için de çok önemlidir. Ayrıca hemşirelik, uygulamalarına yön vermesi ve rehberlik etmesi için bir kuramsal çerçeveye sahip olmalıdır. Farklı kuramsal yaklaşımlardan oluşan bu çerçeveler, hastaların sorunlarını açıklama ve tanımlamada rehber oluştururlar. Kuramsal çerçeve doğrultusunda yapılan hemşirelik girişimleri ile hemşirelik bakımı bilimsel bir temel kazanır. Bazı yazarlar psikiyatri hemşireliği uygulamaları için en etkili olarak kabul edilen teorilerden, bazı yazarlar psikiyatri hemşireliği uygulamalarında en çok kullanıldığı bilinen teorilerden ve bazı yazarlar da psikiyatri hemşireliği uygulamaları için majör teoriler olduğu kabul edilen teorilerden yola çıkarak, kuramsal çerçeveler tanımlamışlardır. Bu makalede; bir meslek için kuramsal çerçevenin gerekliliği, psikiyatri hemşireliği için tanımlanan kuramsal çerçeveler ve kuramsal çerçevede yer alan teorilerin uygulamada kullanım durumu literatür ışığında tartışılmıştır.

Anahtar sözcükler: *Psikiyatri hemşireliği, psikiyatri; kuramsal çerçeve.*

Introduction

Every professional discipline, from mathematics and philosophy to psychology, has a theory for guiding their studies. The main objective of any professional discipline is presenting scientific information and content that can be used in professional practice.[1,2] Therefore, the use of theory in nursing training and practice to explicate the basis of nursing care is essential. Nursing is unlikely to be a true profession until nursing practices have been built on a foundation of theory that is put into practice in all areas of nursing.[3] Psychiatric nursing as a special branch profession has been based on the theoretical foundation of nursing science in order to direct and organize its practices.[4]

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The term theory or model is derived from the word theoria, meaning "opinion" in Greek. Theory explains how an event comes to pass and, for this purpose, determines the relationship among concepts.[5] Because concepts are the building blocks of theories, theories cannot be devised without their underlying concepts.[1] A conception is a mentally formed opinion or view;[6,7] in other words, a conception is a symbolic expression describing the characteristic features of a fact.[8,9] In turn, a conceptual framework is created by the related conceptions that schematize a fact.[9,10] The phrase "conceptual framework" is used in the literature as a synonym for the terms conceptual model or conceptual system.[9] A conceptual framework has several functions, such as providing a structure and a rationale for relating processes or events that are unique to a discipline; guiding research-related facts and offering solutions; directing practice, training, and research; and providing the basis for forming new theories.[5,7,9] In the literature, conceptual framework and theoretical framework are often given the same meaning.[9] However, when a framework is grounded in concepts, it is called a conceptual framework, whereas a framework grounded in theory is named a theoretical framework, according to Green (2014).[11]

Psychiatric nurses have to mine various theoretical ap-

proaches in order to understand human behaviors.[12] These theoretical frameworks consist of different approaches for developing guidance in order to explain and define the patients' problems. These frameworks also explain the patients' main problems and these problems' causes, as well as any triggering, continuing, or protecting factors that provide a basis for these problems.[13] With these tools, nurses can knowledgeably approach individuals who display maladaptive behaviors and formulate an effective nursing care plan. Nurse initiatives and nursing care practiced in the light of a theoretical framework impart meaning and lead to efficacy because a theoretical framework sets proper boundaries for nursing initiatives. An approach to care that relates to a theoretical framework also contributes to the development of psychotherapeutic roles and responsibilities in the clinical practice of nursing.[12,13]

Formation of Theoretical Frameworks for Psychiatric Nursing

Although the importance of using a theoretical framework within a profession is undisputed, no agreement has been reached as to the proper theoretical framework for psychiatric nursing. The literature on this subject points out that it is clear that different authors have described different frameworks. As seen in Table 1, some authors have tried to formulate frameworks based on theories that are accepted as major tenets of psychiatric nursing practice; others have tried to formulate frameworks based on theories that are commonly used in psychiatric nursing practice; and others have tried to form them based on theories that are predominant in psychiatric nursing practice.[3,10,12–21] Most frameworks defined by different authors include many theories which are somewhat similar to, but also somewhat different than each other.

According to Halter (2013), the theoretical journey started with Sigmund Freud, who is usually called the "father of psychoanalysis." Halter formulated a framework based on theories accepted as predominant in psychiatric nursing practice.[16] This journey continued with Erik Erikson and Harry Stack Sullivan, who stayed loyal to Freud's ideas in the beginning but then charted their own course because they found Freud's theories to be wanting. Later on, Abraham Maslow's work epitomized the humanistic approach to psychiatry, and Hildegard Peplau would become known as the "mother of psychiatric nursing." Theoreticians such as Ivan Pavlov, John Watson, and B.F. Skinner adopted the behavioral approach to the study of psychology, following the studies of Maslow.[16] (Table 1) Halter looked to the order in which psychosocial theories were developing and formed theoretical framework of psychiatric nursing[16] (Table 1). The theoretical framework defined by Halter (2013) also included the theories of Clarke and Walsh (2009), which influence mental health care practices in England today (Table 1).[16,17] The framework of Stickley and Wright (2014), which includes theories pertaining to and supporting psychiatric nursing practices, is similar to Halter's but differs from it by including social, critical, and ethical theories.[14,16] Stickley and Wright stated that theories have progressed and changed over time.[14] They also stated that they incorporated older theories because they believe modern-day practices can be understood with enlightenment from the past. Stickley and Wright (2014) added psychosocial theories to their own framework because they believed psychiatric nurses should also understand psychology[14] (Table 1). Moreover, they noted that individuals are not islands, and to understand and help them, it is necessary to look at their social lives and the people that surround them. Therefore, Stickley and Wright added many social theories to the psychiatric nursing theoretical framework, as seen in Table 1.[14] Basavanthappa (2011) indicated that nurses use theories for nursing, and theories of nursing for theory-based nursing practice.[3] These theories of nursing are peculiar to the field: that is, they are formed by nurses for nursing and related to facts concerning nursing. Nursing also benefits from theories that were developed within other disciplines but are applicable to nursing practice. Basavanthappa (2011) formed a theoretical framework of psychiatric nursing that includes many ideas related to psychiatric nursing and practical usage and that were developed by theoreticians specifically for this context[3] (Table 1). Basavanthappa (2011) stated that the relationship among nursing theories mentioned in the framework (e.g., those of Peplau) and psychiatric nursing is clear, and that other theories are connected with psychiatric nursing in various ways.[3] He also indicated that nurses often borrow conceptions these theories offer and use them in their own initiatives.[3] It can be said that Boyd's framework, which included psychosocial and biological theories that impart an understand of human behavior and form a theoretical basis for psychiatric nursing, is one of the most detailed and comprehensive of its type[15] (Table 1).

As Shives (2008) expressed, the medical model of psychiatric nursing practices was predominant before the 1950s.[10] It can be said that nurses were educated by theorists such as Freud, Sullivan, and Erikson in that earlier time, but that nurse leaders (e.g., Hildegard Peplau, Virginia Henderson, Martha Rogers, Imogene King, Dorothea Orem, and Sister Callista Roy) also helped to form theoretical frameworks, joining forces to make psychiatric nursing develop into an independent discipline. According to Shives (2008), before system-oriented theories were developed, initial emphasis was placed on approaches to interpersonal relations between patient and nurse, behavioral responses to stress and environment, and lack of patient self-care.[10] After the 1970s, Shives

Table 1. Theoretical Frameworks of Psychiatric Nursing

Theoretical frameworks based on theories that are accepted as predominant in psychiatric nursing practice

	Boyd, 2002	Shives, 2008	Clarke and Walsh, 2009	Basavanthappa, 2011	Halter, 2013	Stickley and Wright, 2014
Theories/models forming the framework	• Biological theories – General adaptation syndrome – Diathesis-stress model • Psychosocial theories 1) Psychodynamic theories: – Psychoanalytic theory – Neo-Freudian models – Interpersonal relations models – Humanistic theories 2) Behavioral theories – Early stimulus-response theories – Reinforcement theories – Cognitive theories 3) Developmental theories • Social theories • Nursing theories	• Psychoanalytic theory • Interpersonal theory • Behavioral theory • Family systems • Developmental theory	• Biomedical model • Psychodynamic model • Cognitive-behavioral model • Social model • Humanistic model	• Psychoanalytic model • Behavioral model • Cognitive model • Interpersonal relations model • Developmental model • Humanistic model • Biological model • Nursing models	• Psychoanalytic theories • Interpersonal relation theories • Behavior theories • Cognitive theories • Humanistic theories • Biological theories • Additional therapies (e.g., milieu therapy)	• Social theories • Psychodynamic theories • Humanistic theories • Cognitive-behavioral theories • Critical theories • Biological theories • Ethical theories

Theoretical frameworks based on theories that are known to be commonly used in psychiatric nursing practice

	Neeraje, 2008	Crowe et al., 2008
Theories/models forming the framework	• Medical model • Nursing model • Holistic model • Psychoanalytic model • Interpersonal model • Existential model • Communication model • Behavioral model • Social model	• Cognitive-behavioral theory • Interpersonal theory • Psychodynamic theories

Theoretical frameworks based on theories that are accepted as major theories for psychiatric nursing practice

	O'Regan, 2012	Taylor and Ballard, 2013	Kneisl and Trigoboff, 2013	Videbeck, 2013
Theories/models forming the framework	• Psychodynamic theories • Behavioral theories • Cognitive theories • Social theories • Humanistic theories • Biological theories	• Psychoanalytic model • Interpersonal relations model • Behavioral model • Cognitive model • Developmental model • Neurobiological model	• Medical-psychobiological theory • Psychoanalytic theory • Cognitive-behavioral theory • Social-interpersonal theories	• Psychoanalytic theories • Developmental theories • Interpersonal theories • Humanistic theories • Behavioral theories • Existentialist theories

expressed, nursing theories centered on care, diversity of cultural care and universality, role modeling, energy areas, and aspects of being human were formed. Lastly, Shives indicated that the theoretical frameworks of other disciplines (e.g., psychoanalytic, interpersonal, behavioral, family systems, and developmental) affected the development of psychiatric nursing theory and contributed to it; in response, Shives formed her theoretical framework for psychiatric nursing taking all of these into account[10] (Table 1).

Whereas Crowe et al. (2008) formulated a framework of cognitive–behavioral, interpersonal, and psychodynamic theories based on ones commonly used in psychiatric nursing practice, Neeraje (2008) defined a more comprehensive framework that comprised medical, holistic, psychoanalytic, interpersonal, existentialist, communication, behavioral, social, and nursing models[12,13] (Table 1).

It can be seen from this brief review that frameworks established by claiming major existing theories for psychiatric nursing practices have in common psychoanalytic, developmental, interpersonal, humanistic, behavioral, social, and biological aspects[18–21] (Table 1). Kneisl and Trigoboff (2013) stated that psychiatric nurses chose one or a few theories to

evaluate patients and take the required steps in caring for them.[20] Moreover, they indicated that the approaches these theories offer differed and that, in clinical applications, psychiatric nurses would choose the most appropriate approach for each case.[20] For example, whereas a biologically oriented nurse might accept that psychotherapy or cognitive–behavioral therapy is as valuable as pharmacotherapy for treating a person who has a fear of flying, a nurse who used cognitive–behavioral therapy would be similarly aware of the value of drug therapy for reducing anxiety.[20]

The State of Theory in Practice

The benefits of applying theory to practice, thus giving it a theoretical framework, are clear. A limited number of studies have researched issues such as which theories are commonly used, how psychiatric nurses apply theories in practice, and causes of nonuse.[22–24] A few studies found that nurses experience obstacles when putting theories into clinical practice. Nurses indicated that it was difficult to understand the meaning of theory and how to use theories properly. Nurses stated that theoretical language is too technical, ideas are overly abstract, and theories have many new conceptions that make them complicated to understand.[3] Therefore, nurses considered theories quite abstract and did not completely understand how they contribute to patient care. Other subjects stated that theories are quite meaningful and practice-prone but comprehending them and putting them into practice in a short time was not easy like learning a new language.[3]

One study investigated factors that prevent the use of models, as well as which models are used by nurses, while giving care in a psychiatric hospital. The study determined that many nurses have no clear nursing model in their minds while working with a patient and that care is given only within a medical framework.[22] According to McAllister and Moyle (2008), caring for patients using only a medical model means not being able to explain what contributed to an improvement in a patient's health outcome, losing sight of the value of the job, and being ignored, thus being left defenseless against the bureaucratic pressures of the hospital administration.[22] They stated that this situation leads to nurses not making efforts to succeed, becoming bored, and losing touch with their core beliefs.[22] According to Gallop and O'Brien (2003) and Crowe (2000), psychiatric nurses who used a neurobiological model as their theoretical framework had more limited roles in terms of treatment methods and psycho-education, and in turn, were deterred from performing patient-centered care.[25,26]

In opposition to McAllister and Moyle (2008), another study was conducted that evaluated the use of psychosocial therapies in psychiatric nursing practices, determining which factors affected the usage of theory and the attitudes and beliefs about integrating psychosocial therapies into clinical applications; it found that nurses are willing to use psychosocial therapies in their practice.[23,22] In this study, 93% of nurses said they used psychosocial therapies in their practices, while 76% of them stated that giving only drug therapy for patients with mental illness was not sufficient. The same study found that almost all nurses read articles about how to use psychosocial therapies in practice and that 74% of them had received related formal education. The most popular psychosocial therapy in practice was determined to be cognitive–behavioral therapy. Factors that prevented the use of psychosocial therapies included lack of confidence and morale, lack of education, obstructions within biomedical applications to integrate psychosocial therapies, not being supported by other nurses, thinking other nurses do not have a counseling role, and excessive documentation requirements.[23]

A study conducted in the United States and United Kingdom compared models used in practice by psychiatric nurses. It determined that nurses in both countries benefited from various models, such as cognitive–behavioral therapy and eclectic, humanistic, medical, and psychosocial theory; however, the most commonly used model was cognitive–behavioral.[27] Another study of models used by nurses working with psychiatric inpatients and outpatients determined that nurses used a psychodynamic model to understand the reasons behind mental distress and undertook nursing initiatives within the scope of a medical model.[24] The same study found that nurses working with outpatients used an interpersonal model more often than did nurses working with inpatients in clinics. Moreover, nurses who received postgraduate education adopted the medical model to a lesser degree.[24] Another study conducted in the community mental health field found that psychiatric and community mental health nurses generally used a medical model, whereas social workers used a social model.[28] This study found that community mental health nurses accepted the medical model in many areas (e.g., diagnosis, treatment, etiology), but they also used social and psychotherapeutic approaches to a significant degree, as in defining the social stress factors that underlie schizophrenic illness. The authors indicated that nurses accepted the importance of pharmacotherapy but also regarded cognitive–behavioral and psychotherapeutic approaches as valid therapeutic methods. They stated that nurses used a cognitive–behavioral approach for developing coping skills in their patients.[28]

The approach to treating psychiatric patients is influenced by the personal philosophy of the psychiatric nurse.[20] Therefore, nurses often consider one approach to be preferable to others, adopting it based on their worldview, beliefs, and values.[14] This can explain the preference of nurses to use different theories in practice.

Conclusion

A system of training and practice that is not based on nursing theory should not be considered at the present time. Rather, a theory to be used by nurses, on which to predicate care, which is given on a scientific basis, and to explain what they do and why they do is ideal. As in every area of nursing, the use of theory in psychiatric nursing is equally important. Requiring a theoretical framework to guide nursing initiatives and to set boundaries for psychiatric nursing practice is a clear goal, as it is for other disciplines. It can be seen from the literature that various authors have tried to define theoretical frameworks that differ from each other, based on the most efficient, commonly used, or major theories (Table 1), but have not yet reached agreement on a common theoretical framework.

Limited studies have been conducted on the use of theory by psychiatric nurses in practice, the causes of nonuse, and which theories are commonly used. These studies indicate that nurses actually want to work based on theory, but owing to factors such as lack of education and excessive biomedical applications, are unable to do so. These studies also found that nurses prefer to use different theories according to working area and to use the medical model and cognitive–behavioral theories more than others. However, more research is needed in order to point out the theoretical framework of psychiatric nursing, the ways in which the nurses can put these theories into practice, problems in using the theories and how to make practices based on theories more frequent so that the psychiatry nursing' professional borders can be delineated more clearly. Thus, many studies are required that could suggest how applications based on theory could be popularized. The authors have not found any study conducted in Turkey about this issue. Therefore, studies conducted of psychiatric nurses in Turkey, which could answer these questions, are a priority subject field. Finding answers to these questions could form an objective of doctoral education, and therefore, studying such research subjects using doctoral students could be crucial to solving this issue.

References

1. Pektekin Ç. Hemşirelik felsefesi kuramlar-bakım modelleri ve politik yaklaşımlar. 1. baskı. İstanbul: İstanbul Medikal Yayıncılık; 2013.
2. Kaya N, Babadağ K, Kaçar G, Uygur E. Hemşirelerin hemşirelik model/kuramlarını, hemşirelik sürecini ve sınıflama sistemlerinin bilme ve uygulama durumları. Maltepe Üniversitesi Hemşirelik Bilim ve Sanat Dergisi 2010;3:25–33.
3. Basavanthappa BT. Essentials of Mental Health Nursing. 1st ed. Jaypee Brothers Medical Publishers; 2011.
4. McFarland GK, Thomas MD. Psychiatric mental health nursing: application of the nursing process. Philadelphia: Lippincott; 1991.
5. Parker ME. Nursing theories and nursing practice. 2nd ed. Philadelphia: F.A. Davis; 2006.
6. George JB. Nursing theories: the base for professional nursing practice. 6th ed. United States of America: Upper Saddle River; 2014.
7. Fawcett J. Analysis and evaluation of conceptual models of nursing. 3rd ed. United States of America: F.A. Davis Company; 1995.
8. Kim H.S. The nature of theoretical thinking in nursing. 3rd ed. New York: Springer Publishing Company; 2010.
9. Peterson SJ, Bredow TS. Middle range theories application to nursing research. United States of America: Lippincott Williams and Wilkins; 2004.
10. Shives LB. Basic concepts of psyhiatric mental-health nursing. 7th ed. United States of America: Lippincott Williams and Wilkins; 2008.
11. Green HE. Use of theoretical and conceptual frameworks in qualitative research. Nurse Res 2014;21:34–8.
12. Neeraje KP. Essentials of Mental Health and Psychiatric Nursing. 1st ed. New Delhi: Jaypee Brothers Medical Publishers; 2008.
13. Crowe M, Carlyle D, Farmar R. Clinical formulation for mental health nursing practice. J Psychiatr Ment Health Nurs 2008;15:800–7.
14. Stickley T, Wright N. Theories for mental health nurisng a guide for practice. 1st ed. London: Sage Publications; 2014.
15. Boyd NA. Psychiatric nursing contemporary practice. Philadelphia: Lippincott Williams and Wilkins; 2002.
16. Halter MJ. Varcarolis' foundations of psychiatric mental health nursing a clinical approach. 7th ed. St. Louis: Elsevier; 2013.
17. Clarke V, Walsh A. Fundamentals of mental health nursing. Oxford University Press; 2009.
18. Taylor CM, Ballard KA. Introduction to psychiatric-mental health nursing. In: O'Brien PG, Kennedy WZ, Ballard KE, editors. Textbook of psychiatric mental health nursing. 2nd ed. United States of America: Ascend Learning Company; 2013. p. 3–19.
19. Videbeck SL. Psychiatric mental health nursing. 6th ed. Lippincott Williams and Wilkins; 2013.
20. Kneisl CR, Trigoboff E. Contemporary psyhiatric-mental health nursing. 3rd ed. United States of America: Pearson Education; 2013.
21. O'Regan PH. Theories of mental health and illness: psychodynamic, social, cognitive, behavioral, humanistik, and biological influences. In: Jones JS, editor. Textbook of psychiatric-mental health nursing: an interpersonal approach to professional practice. New York: Springer Publishing; 2013. p. 164–79.
22. McAllister M, Moyle W. An exploration of mental health nursing models of care in a Queensland psychiatric hospital. Int J Ment Health Nurs 2008;17:18–26.
23. Fisher JE. The use of psychological therapies by mental health nurses in Australia. J Psychiatr Ment Health Nurs 2014;21:264–70.
24. Carlyle D, Crowe M, Deering D. Models of care delivery in mental health nursing practice: a mixed method study. J Psychiatr Ment Health Nurs 2012;19:221–30.
25. Gallop R, O'Brien L. Re-establishing psychodynamic theory as foundational knowledge for psychiatric/mental health nursing. Issues Ment Health Nurs 2003;24:213–27.
26. Crowe M. Psychiatric diagnosis: some implications for mental health nursing care. J Adv Nurs 2000;31:583–9.
27. Nolan P, Haque S, Doran M. A comparative cross-sectional questionnaire survey of the work of UK and US mental health nurses. Int J Nurs Stud 2007;44:377–85.
28. Colombo A, Bendelow G, Fulford B, Williams S. Evaluating the influence of implicit models of mental disorder on processes of shared decision making within community-based multi-disciplinary teams. Soc Sci Med 2003;56:1557–70.