



Original Article

Examination of the knowledge and practices of nurses about consultation liaison psychiatry nursing

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Abstract

Objectives: This study was conducted to examine the knowledge and practices of nurses in CLP nursing.

Methods: This descriptive study was carried out with 136 nurses working in Ege University internal medicine and surgical units between April and June 2017. The study data were collected with an Introductory Information Form and a CLP Nursing Questionnaire. The number and percentage distribution were used in the evaluation of the data.

Results: The average age of the nurses participating in the study was 33.94±5.69, 91.2% of them were women, all of them had license degrees, 70.6% were in internal medicine clinics, 29.4% were in surgical units, 42.6% were in clinics and 31.6% had worked between one and five years. The study determined that 65.4% of the nurses encountered a patient suffering from mental distress, 32.4% encountered a health professional suffering from mental distress, and 44.9% had difficulties while giving care to patients suffering from mental distress. The study found that 44.9% of the nurses could define biopsychosocial care, 27.2% could define psychosocial care and 96.3% considered psychosocial care to be important. Of the nurses, 4.4% knew the definition of CLP nursing, 94.9% had not worked with consultation-liaison psychiatric nurses before, and 74.3% needed the CLP nurse to work with them in the clinic.

Conclusion: The study concluded that the nurses had difficulty in giving care to patients suffering from mental distress, they needed support from a professional in this field, and they needed information regarding biopsychosocial care, psychosocial care, consultation-liaison psychiatric nursing. In light of these results, it has been proposed to open and disseminate master programs for the training of consultation-liaison psychiatric nurses to meet the need.

Keywords: Consultation-liaison psychiatry nursing; nurse; psychosocial care.

Health is an inseparable entity combining physical, psychological and social dimensions, and each dimension affects the other. These dimensions should be compatible with each other and continue as a whole.^[1,2] A disease is a phenomenon that has psychological, social and spiritual dimensions, and can be a crisis of life, identity, and existence.^[3,4]

Physical diseases may cause various psychiatric reactions based on the characteristics of the disease, individuals and their environment.^[5,6] Studies indicate that people with phys-

ical disorders have more psychological and psychiatric problems than other people.^[1,4,7,8] Consultation-liaison psychiatry (CLP), which aims to integrate physical treatment and care with psychological and psychosocial care, meets a significant need by providing psychiatric services in the general hospital. CLP was accepted as a discipline in 1997 in Turkey, although it emerged in the 1930s in the USA, to address the lack of psychological approaches to general medical diseases.^[9,10] In parallel with the development of this discipline, CLP nursing emerged

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What is known on this subject?

- Nurses consider psychosocial care to be important. However, they experience difficulties in providing care to patients with psychological distress in the clinics they work.

What is the contribution of this paper?

- Although the nurses participating in the study had a bachelor's degree, they did not know about consultation-liaison psychiatry (CLP) and CLP nursing, and nearly three-out-of-four could not define psychosocial care.

What is its contribution to the practice?

- This study indicates the significance in emphasizing psychosocial care and CLP nursing primarily in undergraduate and postgraduate training. This study also increased awareness regarding CLP nursing and provided evidence to create models and practices to meet the requirements in the institution where the study was conducted.

to intervene with the psychosocial problems of hospitalized individuals in the early 1960s. In the 1970's the functions and efficiency of CLP were tried to be determined, and various models were developed for practice as well as the place within the hospital hierarchy.^[1,11,12] Additionally, the American Nurses Association accepted CLP nursing as a specialized branch of psychology and psychiatry nursing and published its professional standards of practice in 1990s.^[1,9,11,13] The interest in this field grew after 1990 in Turkey. However, there were differences in the organization, functions, roles and even the name based on the needs of the society and the method of providing healthcare services.^[10] However, nursing regulation, including tasks, authorities, and responsibilities regarding CLP nursing was put into practice in 2011. This regulation defined CLP nursing in the scope of psychology and psychiatry, which institutionalized this field.^[14]

Nurses who are trained to provide holistic care with hospitalized patients 24/7 need assistance in monitoring the changes in the patients and providing psychological care for them. CLP nurses play a significant role in meeting this need.^[8] Psychiatry nurses determine the psychological and psychosocial problems and "emotional, philosophical, developmental, cognitive and behavioral" reactions that emerge in the process of primary protection, treatment, care and rehabilitation of the patients and their families who are in the healthcare system because of a real or potential physical dysfunction. They take roles in treatment, care and monitoring patients. They also provide education regarding psychiatric medication to nurses, and they conduct studies in this field. CLP nursing is an upper-level specialty of psychiatry nursing.^[1]

Healthcare employees may feel anxiety and restrictions when they work with patients undergoing changes in their physical health status, especially one-to-one care. Therefore, problems and deficiencies in many areas ranging from nurses' education to processing of the health system may cause the psychosocial dimension of the care and patients' psychosocial needs to be ignored. Holistic care should be provided to enhance the quality of the patients' treatment and care.^[2]

CLP nursing has 20 years of history in Turkey. Determining nurses' current knowledge, difficulties encountered in the work

environment and practices and requirements regarding CLP nursing and related concepts is significant. The current situation of CLP will be determined, and therefore, an awareness regarding CLP nursing will be raised. Additionally, models will be created in the institution where the study is conducted to meet the needs, and these models will be able to provide evidence for practices. Thus, this study aims to investigate the knowledge and practices of nurses regarding CLP nursing. Study sub-goals include determining the difficulties that nurses experienced with individuals having psychological problems and their practices and needs in the work environment.

The study investigated the following questions:

- What do nurses know about CLP nursing and related concepts?
- What are the difficulties nurses experience with individuals with psychological problems?
- What are the nurses' practices and needs in the work environment?

Materials and Method

This descriptive study was conducted with nurses working in the internal medicine and surgical units of Ege University Medical Faculty Hospital between April and June 2017 (n=741). CLP services were provided as a polyclinic starting around 2000s in the hospital. However, nurses could not play an active role in polyclinic services. Only physicians provided polyclinic services. Two liaison nurses from two clinics in the hospital perform a duty in CLP services. This study did not include the following clinics or nurses: I) the clinics in which liaison psychiatry nurses work (n=80) II) nurses working in the Department of Psychiatry (n=22) III) nurses working in the emergency medicine department (n=47) IV) nurses working in the anesthesiology and reanimation department (n=48) (n=197). Additionally, one department did not give approval for this study (n=41). Of the nurses, 238 were not included in the study population. Thus, the study population included 503 nurses, and study sample included 136 service nurses who were in the institution when the study was conducted and agreed to participate in the study. Of the population, 27% were contacted in the study.

Ege University Health Sciences Scientific Research and Publication Ethics Committee approved the study with the decree numbered 122-2017 and dated 04. 21.2017. After the ethics committee approval, nurses' written consents and approval of the institution were obtained.

Data collection forms were delivered to the nurses who agreed to participate in the study, and nurses completed the forms in the clinic as requested. Data were collected using the "Introductory Information Form" and a "CLP Nursing Questionnaire".

*Introductory Information Form was developed by the researchers and included seven questions regarding the internal medicine and surgical unit nurses' socio-demographic characteristics and working lives. Questions regarding their

socio-demographic characteristics included age, sex, and educational status and questions regarding their working lives included the clinic where they work, total years worked as a nurse and in the current clinic, and their position.

*CLP Nursing Questionnaire was developed by the researchers after reviewing the relevant literature^[1,6,8,9,11] and receiving the opinions of three experts in this field. The questionnaire consisted of 19 questions about the nurses' knowledge and practices regarding CLP nursing. Questions regarding their understanding of CLP nursing are as follows: I) What is the definition of biopsychosocial care? II) What is the definition of psychosocial care? III) Do you consider psychosocial care as significant? IV) What is the definition of CLP nursing? V) How to become a CLP nurse? VI) Have you received any information regarding CLP nursing before? VII) Who gave this information to you? Questions related to their practice are as follows: I) Have you ever encounter a patient or healthcare employee experiencing psychological difficulties in the work environment? II) What practices do you perform after encountering such a patient or healthcare employee? III) Do you experience any difficulties while providing care to the patient? IV) What difficulties do you experience? V) Can you monitor the patients' psychopharmacological treatment? VI) What are the difficulties you experience during patient care? VII) Who meets the patients' psychosocial needs? VIII) Do you need a consultation in the work environment? IX) Who do you request a consultation from? X) Have you worked with a CLP nurse before? XI) Do you need a CLP nurse in the work environment? The nurses' answers to the questions were defined as "does not know", "partially knows" and "knows" after comparing their responses with the exact definitions from the literature.

Data were evaluated using number percentage distributions, means and standard deviations.

Results

The mean age of the nurses was 33.94±5.69 (min-max=24.00–50.00). Of the nurses, 91.2% were women, and 97.1% had a bachelor's degree (Table 1).

Of the participants, 70.6% were working in internal medicine units, 42.7% had been working for one to five years in their current clinic, 31.6% had been working for one to five years as a nurse in total, and 8.8% were supervisory nurses while 91.2% were nurses (Table 2).

Of the nurses, 65.4% had encountered patients suffering from psychological distress, 37.1% "tried to talk" when they encountered such patients, 32.4% had encountered a healthcare employee suffering from psychological distress, and 31.8% "tried to calm them down by talking". Of the nurses, 44.9% experienced difficulties in providing care to patients suffering from psychological distress and indicated this difficulty as a communication problem at the highest rate (34.4%), and 42.6% did not indicate experiencing any difficulty. While 50.0% of the nurses could monitor the treatment of the patient suf-

Table 1. Nurses' introductory characteristics

Introductory characteristics	n	%
Age group		
24–31	50	36.8
32–39	64	47.1
≥40	22	16.1
Sex		
Female	124	91.2
Male	12	8.8
Education status		
Bachelor's degree	132	97.1
Post graduate	4	2.9
Total	136	100.0

Table 2. Nurses' work history

Nurses' work history	n	%
Clinic		
Internal medicine	96	70.6
Surgical	40	29.4
Years worked in the clinic		
1–5	58	42.7
6–10	43	31.6
11–15	23	16.9
≥16	12	8.8
Total years worked as a nurse		
1–5	43	31.6
6–10	42	30.9
11–15	29	21.3
≥16	22	16.2
Position		
Nurse	124	91.2
Supervisory nurse	12	8.8
Total	136	100.0

fering from psychological distress, the other 50.0% could not (Table 3).

Table 4 presents the nurses' distributions based on their knowledge and practices regarding biopsychosocial and psychosocial care. Of the nurses, 96.3% considered psychosocial care as significant; however, only 44.9% and 27.2% were able to define biopsychosocial care and psychosocial care, respectively. Of the nurses, 94.1% needed a consultation when they experienced difficulty in helping their patients and 61.8% requested a consultation from a physician and 13.9% requested it from a nurse.

Of the nurses, 70.6% had not received information about CLP nursing before and 29.4% had received information regarding CLP. Of the nurses, 40.5% were not able to answer the question about defining CLP nursing, 59.5% were able to define it. Of the nurses who defined CLP nursing, 55.1% partially knew

Table 3. Nurses' encountering with an individual suffering from psychological distress

Encounter with patient or employee suffering from psychological distress	n	%
Encounter with a patient		
Yes	89	65.4
No	47	34.6
Practices performed on the patient*		
Requesting psychiatry consultation	25	28.1
Trying to talk	33	37.1
Administering sedative drugs and imposing restrictions	7	7.9
Having a conflict with the patient	1	1.1
Doing nothing	8	8.9
No answer	15	16.9
Encounter with an employee		
Yes	44	32.4
No	92	67.6
Practices performed on the employee*		
Suggesting psychiatric help	9	20.5
Calming them down by talking	14	31.8
Doing nothing	12	27.2
No answer	9	20.5
Experience difficulty in providing care to the patient		
Yes	61	44.9
No	75	55.1
Difficulties experienced in providing care to the patient*		
Treatment refusal	10	16.4
Communication problem	21	34.4
Challenges in providing care	4	6.6
No answer	26	42.6
Monitor the patients' psychopharmacological treatment		
Yes	68	50.0
No	68	50.0
Total	136	100.0

*Percent-to-total.

the definition, and only 4.4% knew the entire definition of CLP nursing. Of the nurses, 44.1% indicated the necessity to specialize in the field to become a CLP nurse, 94.9% did not work with a CLP nurse and 74.3% needed a CLP nurse to work with them in the clinic (Table 5).

Discussion

This study was conducted to examine the nurses' knowledge and practices regarding CLP nursing and included nurses working in internal medicine and surgical units. Most of the

Table 4. Nurses' evaluations regarding biopsychosocial care

Nurses' evaluations regarding biopsychosocial care	n	%
Definition of biopsychosocial care		
Physical damage caused by the psychosocial distress	5	3.7
Psychological care for biologically distressed patients'	19	13.9
Holistic care	61	44.9
No answer	51	37.5
Knowledge regarding biopsychosocial care		
Knows	61	44.9
Partially knows	19	14.0
Does not know	56	41.1
Definition of psychosocial care		
Psychological encouragement	54	39.7
CLP nursing	2	1.5
Psychological and social patient care	37	27.2
No answer	43	31.6
Knowledge regarding psychosocial care		
Knows	16	11.8
Partially knows	75	55.1
Does not know	45	33.1
Considers psychosocial care as significant		
Yes	131	96.3
No	5	3.7
Individuals meeting the needs of patients suffering from psychological distress		
Family	62	45.6
Nurse/physician	40	29.4
Self	14	10.3
All of the above	20	14.7
Requests consultation		
Yes	128	94.1
No	8	5.9
Requests consultation from*		
Physician	84	61.8
Nurse	19	13.9
Physician and nurse	14	10.3
No answer	19	14.0
Total	136	100.0

*Percent-to-total. CLP: Consultation-liaison psychiatry.

nurses participating in the study were women and all of them had a bachelor's degree (Table 1). The number of nurses working for one to five years both in the clinic and in total was higher than the other nurses participating in this study (Table 2).

More than half of the nurses encountered patients suffering from psychological distress in the clinic where they work, and almost half of these nurses attempted to talk with the patient

Table 5. Nurses' knowledge and practices regarding clp nursing

Nurses' knowledge and practices regarding CLP nursing	n	%
Definition of CLP Nursing		
Nurses working with oncology patients	6	4.4
Nurses who can request consultation from psychiatry department	32	23.5
Nurses providing psychological care to the patients	37	27.2
Nurses providing care and treatment for psychiatric disorders of the patients with physical illness	6	4.4
No answer	55	40.5
Knowledge regarding CLP nursing		
Knows	6	4.4
Partially knows	75	55.1
Does not know	55	40.5
How to become a CLP nurse?		
Special training	18	13.2
Specializing in the field	60	44.1
Working in the psychiatry department	17	12.5
Being appointed	1	0.7
Having a bachelor's degree	1	0.7
No answer	39	28.8
Working with CLP nurse		
Yes	7	5.1
No	129	94.9
Receive information regarding CLP nursing		
Yes	40	29.4
No	96	70.6
Information regarding CLP nursing received from*		
Hospital	12	30.0
School	19	47.5
Internet	7	17.5
Other*	2	5.0
Need a CLP nurse		
Yes	101	74.3
No	35	25.7
Total	136	100.0

CLP: Consultation-liaison psychiatry.

(Table 3). Physical disorders upset individuals' balance and harmony which causes various emotional reactions.^[4,5,15,16] Inpatients are more likely to suffer from psychological distress compared to the general population and most of the patients need treatment for psychological distress.^[6,17,18] The high possibility of nurses' encountering a patient who suffers from psychological distress complies with this information.

Similarly, one-third of the nurses encountered a healthcare employee suffering from psychological distress in the clinic,

and one-third of these nurses attempted to calm the employee down by talking (Table 3). Working life and the individual can affect each other. Healthcare employees, who have a significant role in providing healthcare services, are under intense pressure and considerable stress in the work environment for many reasons. These include different working conditions, inadequate control over job, high number of work demands, low number of supportive professional relationships, anxieties regarding quality, professional relationships with team members, changing work place, and working systems.^[19,20] Intense and long-term stress experienced in working life may lead to some psychological distress in the individual over time.

Half of the nurses participating in the study experienced difficulty in providing care to the patient suffering from psychological distress and most of these nurses had a problem in communicating with the patient (Table 3). Nurses regard patients suffering from psychological distress as difficult and communication is the most significant problem experienced with this group.^[21] However, it was not clear whether nurses had ineffective communication skills, or the patients were extremely difficult. Studies regarding difficult patients indicated that there were reasons such as nurses' ineffective communications, not having enough time for the patients because of busy schedules, and not understanding the patients' real problem.^[21,22] Additionally, half of the nurses could not monitor the psychopharmacological treatment of the patients suffering from psychological distress (Table 3). Nurses were responsible for monitoring the patients' drug treatments. However, they could not monitor the patients' psychopharmacological treatments, which may be because of patients' refusing the treatment and nurses' not considering themselves as authorized and competent in this field. This study indicated that patients suffering from psychological distress could not receive holistic care, and both nurses and patients needed additional professional support in this field.

Almost half of the nurses participating in the study defined biopsychosocial care as "holistic care" (Table 4). Although holistic care was not the exact definition of biopsychosocial care, the nurses' answers were accepted. Accordingly, more than half of the nurses knew biopsychosocial care. Similarly, nurses were asked to define psychosocial care. One-fourth of the nurses defined psychosocial care as "patients' psychological and social care" (Table 4). Psychosocial care is providing individuals with psychological and social care considering their cultural background.^[1,23] Comparing the nurses' definitions with this information, one-fourth of the nurses knew psychosocial care. Nurses' definitions of biopsychosocial and psychosocial care were found to be inadequate considering their educational status (Table 1). All of the nurses participating in the study had a bachelor's degree. Although biopsychosocial and psychosocial care concepts were in the undergraduate education program, nurses could not integrate the information they obtained at the university because of the educational system of the universities. Nurses did not deliver patient-centered care, instead care was job-centered or physi-

cian-centered. This was due to irregular and difficult working conditions or professional qualifications, which explained the low rates of knowing and putting into practice the concepts regarding biopsychosocial care.

Almost all the nurses regarded psychosocial care as significant. Similarly, almost all of them needed a consultation from another professional when they thought that they could not help their patients or experienced difficulty. While more than half of the nurses requested a consultation from a physician, very few requested it from a nurse (Table 4). This study indicated that nurses needed help from another professional and consultation regarding psychosocial care, which was similar to the findings in Table 3. Nurses requested a consultation from a physician since they consider the physician as the authority in this field. They also did not know that nurses can provide consultations, or they did not even consider nurses to be authorized to do so.

Half of the nurses were able to define CLP nursing and almost half of them were not able to answer the question (Table 5). The nurses' answers were evaluated based on the CLP definition in the literature.^[1,8,9,24] Of the nurses, very few knew the CLP nursing's exact definition and half partially knew the definition by indicating CLP nursing's different roles and responsibilities. This rate was quite low considering that all of the nurses participating in the study had a bachelor's degree.

Of the nurses, almost half indicated the necessity of specializing in the field to become a CLP nurse, almost all did not work with a CLP nurse, more than half did not know about CLP nursing, and more than half needed a CLP nurse to work with in the clinic (Table 5). Although CLP nursing service was provided as a polyclinic starting around 2000s in the institution where the study was conducted, nurses did not have the opportunity to work with CLP nurses because of the following reasons: I) they did not play an active role in these services II) only physicians provided polyclinic services III) two liaison nurses provided service only in their own units in the hospital. Nurses had limited knowledge and practices regarding CLP nursing because they did not play an active role in these services. Additionally, one-fourth of the nurses received information about CLP nursing, and almost half of these nurses acquired this knowledge at the university (Table 5). This rate was quite low considering that all the nurses participating in the study had a bachelor's degree. There are theoretical courses regarding CLP nursing in the nursing undergraduate program's curriculum in many universities in Turkey as well as practices regarding CLP nursing in some universities' curriculum. However, the study indicated that nurses either could not integrate the knowledge they learned in university or they did not sufficiently emphasize this subject in the undergraduate programs.

The study also indicated that nurses did not answer the open-ended questions requiring knowledge and practice (Table 3–5). Nurses either abstained from answering open-ended questions requiring knowledge and practice or they did not

answer the questions because it would take time within the work environment.

Conclusion

This study conducted to determine the nurses' knowledge and practices regarding CLP nursing found that nurses experienced difficulties in providing care to patients suffering from psychological distress and in working with healthcare employees suffering from psychological distress. They also needed professional support in this field and knowledge regarding biopsychosocial care, psychosocial care, CLP, and CLP nursing.

In this regard, informative meetings should be conducted to increase nurses' awareness that will enhance the quality of nursing care. Furthermore, nurses should put their knowledge into practice. Additionally, postgraduate programs should be established and become widespread to educate new CLP nurses that will meet this requirement. Employing nurses who will work in the available CLP unit and creating a CLP model in the hospital are important.

Study Limitations

One department did not participate in the study although it complied with the inclusion criteria (not contacting with liaison psychiatry nurse and working in clinics other than psychiatry clinic, emergency medicine department, anesthesiology, and reanimation department). The nurses' may not have fully answered the open-ended questions as the researchers waited while the questionnaire was completed. Since this study was conducted in one institution, the findings cannot be generalized which is the weakness and limitation of this study. This study is one of the limited numbers of studies conducted regarding CLP nursing field, which is the strength of this study.

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