

Examining the Care Plans and Interviews of Intern Nurses Practicing in the Psychiatry Clinic in Terms of Caregivers¹

Abstract



Aim: The aim of this study is to examine the care plans and interviews of intern nurses practicing in the psychiatry clinic in terms of caregiver patient relatives.

Methods: The sample of this descriptive study consisted of psychiatry nursing intern students of the nursing department of a public university (n = 230). In the study, the data were obtained from the clinic practice files of the patients for whom the students provided care (n = 237 files). The data were obtained between July and September 2018 from the patient information form, care plan, and interview reports prepared based on Gordon's Functional Health Patterns Model used by intern nurses in clinic practice. A structured data collection form prepared by the researchers was used to collect data. The data were assessed using the SPSS 20.0 package program. Number, percentage, mean, and standard deviation were used in the data assessment.

Results: It was determined that 1178 nursing diagnoses were reported in the care plans. These diagnoses for caregiver patient relatives (n = 108; 9.2%) focus on the domain of Role relationships and Coping/Stress tolerance. Of the interviews made by students, 21.7% were about the patient relatives. These interviews were conducted with the patients about their caregiver relatives (92.5%) or directly with the caregiver patient relatives (7.5%). The purpose of 47.2% of the interviews made with the patients on their caregiver relatives was "to get information on the family structure." It was aimed to "get information on the patient/medical history" in 40% of the interviews made by the intern nurses directly with the caregiver patient relatives. "Strengths and weaknesses of the caregiver patient relatives" were examined in 27% of the examined care plan and interviews.

Conclusion: It was observed that the rate of collaboration with the caregiver patient relatives was considerably low in the practice of the intern nurses in the psychiatry clinic. For this reason, it is considered necessary to guide and support intern nurses in clinic practice to increase collaboration with the caregiver patient relatives.

Keywords: Intern nurse, Psychiatry, Care plan, Interview, Caregiver, Patient relative

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Introduction

Mental illnesses are usually chronic diseases that are accompanied by disability and the recovery requires a long term and follow-up.¹ Recovering from a mental illness can be defined as compliance to the planned treatment in individuals having a mental disorder, learning positive coping methods, redeveloping the lost abilities and trying to implement the roles, restructuring their relationships and life purposes, getting satisfaction from life despite the limitations related to the disorder, and the integration process with the society.^{2,3} Most of individuals having a chronic mental disorder live with their family/relatives and require family support in terms of care. Therefore, family is the primary caregiver for the patient during the process of recovering from the mental disorder.⁴ As caregivers, patient relatives require the support of healthcare professionals for both approaching to the individual having the mental disorder and coping with the care burden brought about by the emotional, social, and economic challenges.⁵⁻⁷

As healthcare professionals, psychiatry nurses have a significant supportive role for the patients and caregiver patient relatives during the process of recovering from the mental disorder.⁸ The treatment period of patients in the clinic is a significant opportunity for reaching and supporting the caregiver patient relatives in charge of the care following the patient discharge.⁹ The aim of recovering for the individuals followed up with diagnosis of a mental disorder is not only to focus on the symptoms of the disorder but also to cover the development of life quality, social skills, and adaptation to the society.¹⁰ Therefore, assessing and supporting the patients together with their caregiver relatives beginning from their admission to the clinic have been gaining importance for recovery.

It is expected from the intern nurses being in the final year of undergraduate education and implementing their final clinic practice before the graduation that they provide care to their patients in the clinics through a holistic care philosophy as the candidate clinical nurses of the future. Being an intern nurse in the clinic practice of psychiatry nursing is significant in terms of supporting to gain skills in cognitive,

affective, and behavioral domains and fulfill the responsibilities in line with the gained skills. In the undergraduate education of psychiatry nursing, it is aimed for students to develop professional behaviors such as collaborating within the team and with patient and caregiver patient relatives and using communication skills. Internship supports the achievement of these goals.¹¹ In addition, it is expected from the students during their internship practice that they gain autonomy and take the responsibility of their learning needs for their professional development.^{12,13} Internship practice in the psychiatry clinic increase readiness for the profession and self-confidence among students.¹¹ In the internship practice having a significant role in the undergraduate education of psychiatry nursing, it is considered that experiencing to work with the primary caregiver patient relatives of the psychiatry patient by the students is an important preparation for the post-graduation. For this reason, the aim of this study was to examine the care plans and interview reports of intern nurses practicing in the psychiatry clinic in terms of caregiver patient relatives.

Research Questions

1. What are descriptive characteristics of patients who the intern nurses make a care plan for and interview with?
2. What are the nursing diagnoses determined by the intern nurses for the caregiver patient relatives?
3. What are the characteristics of the interviews conducted by the intern nurses for assessing the participation of caregiver patient relatives in the care process?
4. What are the general characteristics of the care plan and interviews of the intern nurses regarding caregiver patient relatives?

Method

Research Type

The study was carried out with descriptive design.

Population and Sample of the Study

In the study, the population consisted of intern nurses (N = 238) studying in the last year of the academic year of 2017-2018 in the Nursing Department, Faculty of Health Sciences of a public university located in Ankara, taking the internship course (Nursing Profession Courses Practice) and being in the psychiatry nursing rotation. The intern nurses not submitting their files by the end of the clinic practice (n = 8) were excluded from the sample. The sample of the study consisted of psychiatry nursing intern nurses (n = 230). The data were obtained from the clinic practice files of the patients to whom the students provided care (n = 237 files). As the seven intern nurses had practice in two separate psychiatry clinics, they prepared two clinic practice files. For this reason, totally 237 clinic practice files were received from 230 intern nurses included in the sample.

Characteristics of the Study Location

Before the nursing department students take the course of "Nursing Profession Courses Practice I-II," it is expected from them to complete successfully the basic nursing courses and the practice in the first 3 years. Intern nurses perform their practice as an intern nurse within the scope of the two courses following each other in the fall and spring semesters of the fourth year. The students performed the psychiatry nursing internship practice simultaneously with the undergraduate course of Psychiatry Nursing during the fall semester, whereas in the spring semester this was after the completion of the course. The intern nurses included in the sample performed their practice for 7-8 days in total; 3 days a week and 8 hours/day in groups of 9-11 persons in the female or male psychiatry clinics of the university hospital within the body of the institution. It was possible for following up one or two

patients for the students in the clinic practice. There were 18-20 students in total in each rotation in the male and female psychiatry clinics, and they were followed up by two instructors. The intern students took an active role during the process of practice by collaborating with the nurse in charge of the clinic. During the clinic practice, intern nurses were given guidance by the instructors in the form of group discussion once a week and individual guidance based on the needs in other times. At the end of the practice, intern students submitted the clinic practice files that included the "patient information form, care plan and interview reports" to the instructors (researchers) in charge of the course.

Data Collection

In the study, the clinic practice files (n = 237) prepared by 230 intern student nurses practicing in the psychiatry clinic between 20 September and 29 December 2017 and 5 February and 16 May 2018 for the patient(s) they followed up in the clinic were examined retrospectively between July and September 2018.

The data of the study were obtained through the patient information form, care plan, and interview reports prepared based on Gordon's Functional Health Patterns (FHP) Model used by intern nurses in clinic practice. The intern nurses determine the nursing diagnoses¹⁴ based on NANDA-I Taxonomy-II, descriptive characteristics, and related factors and interventions in their care plans for the patients they follow-up. The interview reports included the content of the interview in the form of a dialog following the information in the form of date, hour, and the number of interview, interviewee, and the purpose of the interview.

In the study, the structured data collection form prepared by the researchers was used in examining the patient information form, care plan, and interview reports.

Data Collection Form: The structured data collection form prepared in word format by the researchers consists of four sections. These sections are the descriptive information of the patient provided with care (age, gender, diagnosis, educational status, employment status, duration of the disease, number of hospital admissions, people they live together with in the family), nursing diagnoses of caregiver patient relatives, interview characteristics (number of interviews with the patient about caregiver patient relations, number of interviews directly with the caregiver patient relatives, purpose of the interview, characteristics of the interviews directly with the caregiver patient relatives), and care plan and properties of the interventions for the caregiver patient relatives in the interviews (learning about the caregiver patient relatives' expectations, assessing their strengths and weaknesses, encouraging them to express their emotions, teaching them problem-solving techniques, informing them based on their needs, and encouraging them to receive social support). In line with the structured data collection form, a database was created through IBM SPSS Statistics v. 20 (IBM SPSS Corp.; Armonk, NY, USA) and the data were obtained systematically.

Data Analysis

In the study, the data were assessed using IBM Statistical Package for the Social Sciences. Number, percentage distributions, mean, and standard deviation were used in the data assessment. The nursing diagnoses were assessed in accordance with the NANDA-I Taxonomy-II and were examined in three dimensions; planning, practice, and assessment. In terms of the interview characteristics, the purpose of the interviews the purpose of the interviews made with the patient and the patient's relatives or directly with the patient relatives and determined by the intern nurses were entered into the database without making any change. After completing all the data descriptions in the SPSS program, the purposes of the interviews were individually analyzed by two researchers, and then, the purposes of the interviews were grouped under certain titles

upon their agreement based on the scope of the interviews. However, the characteristics of the interventions for the patient relatives included in the care plan and interview reports of the intern nurses were grouped by the researchers within the scope of predefined parameters in the structured data collection form.

Ethical Considerations

To carry out the study, written permission was obtained from the Gazi University Ethics Committee (No: 7082166-604.01.02; Research Code No: 2018-290) and the institution where the study was conducted. Since the study was carried out following the completion of the educational term and student graduation, it was not possible to receive permission from the students. The confidentiality regarding the personal information of the students were preserved in the study.

Findings

It was found that 87.83% of the intern nurses whose clinic practice files were examined were female and 12.17% were male. The mean age of the patients followed up by the intern nurses was 41.00 ± 13.28 . Among the patients, 52.3% were male, 40.1% were primary/secondary school graduates, 64.6% were unemployed, 32.5% were diagnosed with schizophrenia and other psychotic disorders, while their average duration of the disorder was 10.49 ± 8.86 years, and their number of hospitalization was 2.46 ± 2.29 . Of the patients, 49% lived together with their spouses and children or with their spouses/children (Table 1).

The total number of nursing diagnoses determined in the care plans examined was 1178. 9.2% of the diagnoses ($n = 108$) were related to caregiver patient relatives and the diagnoses of the caregiver patient relatives focus on NANDA-I Taxonomy-II Role relationships and Coping/Stress tolerance domains. 38% of the nursing diagnoses determined for caregiver patient relatives were "Interrupted family processes," and the assessment stage of the 72.4% of the diagnoses determined was completed (Table 2).

The total number of interviews conducted by the intern nurses was 612. 133 of the interviews (21.7%) were conducted with the patients about their caregiver patient relatives or directly with caregiver patient relatives. Of the interviews on the caregiver patient relatives, 92.5% were conducted with the patients and in the purpose of 47.2% of the interviews was to "get information on the family structure" from the patients. However, the rate of interviews made directly with the caregiver patient relatives was 7.5% among the interviews of the intern nurses, and 50% of these interviews were conducted with the father or brother of the patient, the purpose of 40% of them was to "get information on the patient/medical history" (Table 3).

The "strengths and weaknesses of the caregiver patient relatives" were assessed in 27% of the care plan and the interviews examined and included in the study (Table 4).

Discussion

Community-based care and the integration of patients to the society are considered as the "golden standard" in the care of mental disorders.¹⁵ In present study, it was determined that the most of the individuals having a mental disorder lived with their families. In that sense, the participation of the family in the process of treatment from the earlier periods of the mental disorder is significant as caregiver patient relatives.¹⁵ The present study has importance in terms of analyzing the nursing approaches to caregiver patient relatives in the psychiatry clinics where the patients are treated.

In this study, it can be asserted that the nursing diagnoses of the intern students in their care plans were mostly diagnoses including

Table 1. Descriptive Characteristics of Patients

	n	%
Age*		
≤30	66	27.8
31-45	89	37.6
≥46	82	34.6
Gender		
Female	113	47.7
Male	124	52.3
Educational status		
Primary/secondary school	95	40.1
High school	84	35.4
Bachelor/Master	58	24.5
Employment status		
Employed	64	27.0
Unemployed	153	64.6
Retired	20	8.4
Diagnoses		
Schizophrenia and other psychotic disorders	77	32.5
Unipolar and Bipolar Disorder	108	45.6
Anxiety Disorders	32	13,5
Post-traumatic stress disorder and related disorders	6	2.5
Substance abuse and related disorders	9	3.8
Eating disorders	5	2.1
Duration of the disease (year)*		
≤5	97	40.9
6-10	51	21.5
11-15	25	10.5
16-20	32	13.5
≥21	32	13.5
Number of hospitalizations*		
1	93	39.2
2	71	30.0
≥3	73	30.8
People they live together with in the family		
Alone	29	12.2
Mother, father, their children/mother and father/mother/father	89	37.6
Spouses and children or spouses/children	116	49.0
Relative (uncle, grandmother, grandmother)	3	1.2
Total	237	100.0

*Average age of patients 41.00 ± 13.28 (min. = 18.0, max. = 77.0); mean duration of disease 10.49 ± 8.86 (min. = 1.0, max. = 38.0); average number of hospitalizations 2.46 ± 2.29 (min. = 1.0, max. = 16.0).

Table 2. Nursing Diagnoses of Caregiver Patient Relatives (N = 108)

Nursing Diagnoses*	Planning**		Practice**		Assessment**			
	n	%	n	%	Yes		No	
					n	%	n	%
Dysfunctional family processes	5	4.6	5	4.6	2	1.9	3	2.8
Interrupted family processes	41	38.0	41	38.0	22	20.4	19	17.5
Readiness for enhanced family processes	3	2.8	3	2.8	3	2.8	-	-
Ineffective relationship	2	1.9	2	1.9	2	1.9	-	-
Parental role conflict	3	2.8	3	2.8	2	1.9	1	0.9
Disabled family coping	2	1.9	2	1.9	2	1.9	-	-
Readiness for enhanced family coping	1	0.9	1	0.9	1	0.9	-	-
Ineffective role performance	51	47.2	51	47.2	44	40.7	7	6.4
Total	108	100.0	108	100.0	78	72.4	30	27.6

*The total number of nursing diagnoses in the care plans n = 1178 and n = 108 (9.2%) of them are for the caregiver relatives of the patients.

**Percentages were calculated from the multiplied n.

interventions to patients directly. Similarly, Çam et al.¹⁶ examined the nursing diagnoses determined by the nursing students for the patients having mental disorders and also observed that the diagnoses for caregiver patient relatives were not among the most frequently determined diagnoses. The nursing diagnoses determined for caregiver patient relatives in the present study focused on the role relationships and the diagnosis of the “ineffective role performance” took place on the top. However, the diagnosis of “interrupted family processes” was ranked as the second. In the study by Taşdemir and Kızılkaya (2013), the diagnosis of “changes in the family processes” was the most frequently determined diagnosis for caregiver patient relatives as well.¹⁷ The fact that the diagnosis of “impairment in role performance” among the diagnoses determined by the nurses in the psychiatry clinic for the patients they provide care for was frequently used¹⁸ supports such finding of the present study.

In the nursing process, the stage of assessment is important in making a decision on the state of whether the determined goal was achieved or not, and if not, determining why. The fact that there was no assessment means that the nursing process and care are not completed. In this regard, it can be asserted that the assessment stage of the provided care remains incomplete in present study. This state coincides with the information in the literature.^{19,20} In present study, the incompleteness of assessment stage of nursing diagnoses determined by the intern nurses for caregiver patient relatives make be associated with the delay in initiating the communication with the family, difficulty in reaching the family outside visiting hours, or limited period of the clinic practice.

Table 3. Characteristics of the Interviews Made by the Intern Students for Assessing the Involvement of Caregiver Patient Relatives in the Care Process

With whom the interview was made* (n = 133)	n	%
Interview with the patient about the caregiver patient relatives	123	92.5
Interview directly with the caregiver patient relatives**	10	7.5
Characteristics of the interview on the patient and their caregiver relatives (n = 123)***		
Purpose of the interview		
Getting information on the family structure	58	47.2
Family Relationships	32	26.0
Attitude of the family towards the disorder/patient/treatment	24	19.5
Relationships of the patient with their close circle (neighbors, friends, relatives)	3	2.4
Effects of the disorder and the treatment process on the family life	6	4.9
Characteristics of the interviews conducted directly with the caregiver patient relatives (n = 10)***		
Interviewee		
Father/older brother	5	50.0
Spouse/daughter	3	30.0
Close relatives (Uncle)	2	20.0
Purpose of the interview		
Getting information on the patients and their family	1	10.0
Getting information on the patient/medical history	4	40.0
Learning about the responsibilities of the patient and the effect of the disorder on the family	1	10.0
Family Relationships	1	10.0
Questioning the parents about their thoughts on the patient being admitted to the hospital	1	10.0
Learning about the attitude of the family towards the patient's illness	1	10.0
Family processes, involvement in the patient care	1	10.0

*The total number of the interviews made by the intern nurses was n = 612, while the number of interviews on caregiver patient relatives among them was n = 133 (21.7%).

**The rate of interviews conducted directly with caregiver patient relatives was 1.6% out of the total interviews (n = 10).

***Percentages were calculated from the multiplied n.

The principle goals in working with the caregiver relatives of the individuals with mental disorders are both to support the recovery process of the patient and to decrease the care burden of the caregiver patient relatives.²¹ Interviews made as an effective therapeutic approach in the psychiatry clinics strengthen both the patients and the caregiver relatives in the recovery process of the patients.²² Nearly all of the interviews made by the intern students were conducted with the patients in present study, and the purpose in the interviews was to “get information on the family structure.” The rate of interviews made directly with

Table 4. General Characteristics of the Interventions for Patient Relatives Included in the Care Plan and Interview Reports of the Intern Students (N = 237)

	Yes		No	
	n	%	n	%
Learning about the expectations	23	9.7	214	90.3
Assessing the weaknesses and strengths	64	27.0	173	73.0
Encouraging them to express their emotions	7	3.0	230	97.0
Teaching them problem solving techniques	2	0.8	235	9.2
Informing them about their needs	8	3.4	129	96.6
Encouraging them to receive social support	8	3.4	229	96.6

caregiver patient relatives was considerably low (1.6%), and the purpose of the interviews were mostly “getting information on the patient/medical history.” These findings show parallelism with the finding of present study that “the nursing diagnoses were more focused on the patient.” However, the interviews remain insufficient in understanding the burden of the caregiver patient relatives and determining the needs of patient relatives. For the intern nurses, the difficulty of reaching the families during the clinic practice period, the perception of competence by the student on making interviews or their perspectives regarding the importance of caregiver patient relatives during the recovery process may have played a role in not making/not being able to make the interviews. In a study conducted with nurses, it was found that nurses having more experience valued the family care more than those having less.²³ In another study, it was revealed that most of nurses felt the responsibility for providing care for the family of the patient as well and this approach was associated with the work experience of nurses and their knowledge on the needs of the family members.²⁴

The caregiver patient relatives, who are an important part of the recovery process, may not have the chance to receive the support in the level they need from healthcare professionals. Caregiver patient relatives may feel desperate, burnout, lonely, and excluded.¹ In the present study, the fact that the intern nurses assessed the strengths and weaknesses of the caregiver patient relatives can be regarded as a supportive approach for the caregiver patient relatives. Also, caregiver patient relatives feel it as necessary to receive support in the field of treatments, related sources, approaches to the patient, communication with the patient, and coping skills with challenges.²⁵ It is known that family-focused interventions decrease the burden of caregiver relatives of the patient having a mental disorder.²⁶ Given that mental diseases are chronic disorders accompanied by disability, the recovery requires a long term and follow-up.³ However, it can be asserted in present study that the intern nurses need to develop themselves in learning the expectations of the caregiver patient relatives, encourage them to express their emotions, teach them problem-solving techniques, inform them, and encourage them to receive social support.

Limitations of the study

The limitation of the study was that it was conducted in a single center.

Conclusion

Holistic care requires the assessment of patients with the society they are in and the circle they live with beyond their individualism. The findings of the present study reveals that before graduating, intern

nurses are not able to focus on and reach caregiver patient relatives as required, while they provide care for individuals having mental disorders. While it is known that caregiver patient relatives play a significant role in the recovery process of the mental disorder, it was observed in the present study that the rate of collaboration with the caregiver patient relatives was considerably low from the care plan and interviews of the intern nurses. In the light of these findings, it is considered that intern nurses need to be encouraged to involve diagnoses including interventions directly for caregiver patient relatives besides the patient-oriented diagnoses in their care plans, complete the care assessment stage, conduct interviews with the caregiver patient relatives, determine the needs of the caregiver patient relatives, and apply the nursing approaches in line with the needs determined. In addition, it is suggested to conduct qualitative studies for determining the factors affecting the intern nurses' working with the caregiver patient relatives in the future.

Ethics Committee Approval: Ethics committee approval was received for this study from the Gazi University Ethics Committee (date and number: 23.07.2018:7082166-604.01.02; Research Code No 2018-290).

Informed Consent: In the study, the care plan and interviews delivered by the students were examined retrospectively. As the conduct of the study was completed after the education period and after graduation, it was not possible to obtain informed consent from the students. In the study, the privacy of students' personal information was protected.

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