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RESEARCH ARTICLE

INTERACTING STYLE TOWARDS PATIENTS HOSPITALIZED FOR MENTAL ILLNESS

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ABSTRACT

Interaction style is so vital to the patient because when asked about their perceptions of nursing care, patients almost exclusively described the nurses' interactive style and not what task she was doing. Nurses often express anxiety and lack of confidence regarding communicating with patients diagnosed with psychiatric illnesses. Nurses are the high resource person who spends time with the patients round the clock and the work of the nurses is generally highly regarded by patients

Aim: The aim of this study is to evaluate the effectiveness of interacting skill training program to the nurses working towards patients with mental illness.

Materials and Methods: A quantitative Quasi-experimental study with two groups was adopted for the study. A total of 17 subjects in experimental group and 15 in control group were selected using convenient sampling technique to complete the self administered "Interacting Skill Scale for Mental Health Nurses" questionnaire.

Results: The experimental group subjects had significantly high score in all five interacting style dimensions from the control group at either $p<0.05$ or <0.001.

Conclusion: Providing adequate training in the interacting skill for the nurses working with mentally ill patients can significantly improve their interacting pattern towards the patients more therapeutically.

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INTRODUCTION

A dialogue is considered a natural conversation between the nurse and patient in addressing the health issues at hand. The dialogue between nurses and patients should be individual and nothing said should be considered 'right' or 'wrong', 'good or bad' (**Jonsdottir *et al.*, 2004**). Unlike any other general disease conditions, psychiatric conditions require an intense intervention as a whole. Along with the pharmacological treatment, conversation with the patients by the treating team acts as a major valuable tool in psychiatric set up. Nurses are the resource group who spends time with the patients all day and night. Moreover, the work of the nurses is generally highly regarded by patients (**Rogers *et al.*, 1993**). In nursing profession, listening skill, interviewing skill and empathy by the nurses are very important to understand the patients' views, opinions, feelings, mode of treatment and so. The interacting style by the nurses to the patients are needed to be as, understanding their feelings, encouraging to come up with their thoughts, exploring and sorting the inner meaning of their words and actions, intervening in an appropriate direction, and accepting them and their problems while expressing the reality around them. This may be a challenging task to a nurse in respect to the psychiatric conditions, but she/he needs to cultivate a trustful nurse-patient relationship, inculcate respect and make use of therapeutic communication skill to initiate and progress in the conversation. "Communication forms the foundation of all nursing care yet strangely, it is an area of nursing which has often been taken for granted or underestimated" (**Macleod Clark, 1984**) and high quality nursing care (reflected in positive clinical outcomes) is characterized by effective communication (**Kasch, 1986**). Interacting style is so vital to the patient because when asked about their perceptions of nursing care, patients almost exclusively described the nurses' interactive style and not what task she was doing (**Fosbinder, 1994**).

Psychiatric nursing emphasizes knowledge and utilization of communication skills. Nurses often express anxiety and lack of confidence regarding communicating with patients diagnosed with psychiatric illnesses (**Kirstyn Kameg *et al.*, 2009**). Studies also show that inappropriate education and deficiencies in our knowledge about nursing care in acute psychiatric wards pose significant problems for nursing in acute wards (**Ray Higgins, 1999**). On the positive side, there is evidence for significant correlation between nursing communications with general satisfaction of the patients (**Tom Ricketts, 1996**).

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It is always better to learn and practice in a safe environment like classroom before working in actual psychiatric set up. Nurses can then confidently carry over the learned therapeutic interaction skills to practice. The ability of nurses to practice interacting skills prior to entering psychiatric settings can promote effective therapeutic communication skills and decrease their anxiety (**Justin Sleeper and Cesarina Thompson, 2008**) and render a high quality service to the patients with mental illness. This study was planned and conducted with the desire of preparing the nurses to work efficiently and confidently by providing training in a safe environment before encountering with the actual psychiatric set up.

MATERIALS AND METHODS

Aim

To evaluate the effectiveness of interacting skill training program to the nurses working towards patients hospitalized for mental illness.

Objectives

1. To identify the socio – demographic characteristics of nurses included in the study.
2. To assess the level of interacting skill of the nurses prior to the training program.
3. To evaluate the effectiveness of training program on the interacting skill of the nurses.

Hypothesis

There will be a statistically significant difference in the mean post test interacting skill score from the mean pretest score after the training program.

Research design

Quantitative Quasi-experimental research design

Participants

Ethical approval was taken from the Institute Ethics Committee for conducting the study. The participants were explained about the nature and purpose of the study and written consent was obtained from them. Nurses who joined the National Institute of Mental Health and Neuro Sciences, Bangalore and never had psychiatric experience earlier were selected as study participants using convenient sampling technique. A total of 32 participants were enrolled for the study among which 17 were in experimental group and 15 in control group.

Measures

Demographic data survey instrument

The socio demographic data consists of age, sex, marital status, religion, professional qualification, and total years of professional experience in order to study the background status of the participants in the study.

Interacting Skill Scale for Mental Health Nurses

The Interacting Skill Scale for Mental Health Nurses was developed by the researcher for the purpose of the study. The developed scale was validated by the mental health experts of various fields like psychiatric medicine, psychiatric nursing, clinical psychology and psychiatric social work for the appropriateness of the tool. The reliability score of the scale was 0.7 by Guttman Split-Half Coefficient test. The items were divided into five dimensions of interacting style containing 12 items (20%) in each dimension - Understanding, Encouraging, Exploring, Intervening and Accepting style of responses.

Data collection procedure

Formal permission was taken from the institute authorities to use a hall for the study purpose. Before entering into the actual training, the study subjects were exposed to a pretest. Then the experimental group subjects were exposed to teaching on basic communication skill including therapeutic and non therapeutic communication techniques. Later five hours actual training in interacting skill was undergone in the form of role plays and group activities. The researcher also was involved in the role play along with the participants, enacting as patient in one scenario and as nurse in another. Role play was designed to mimic various scenarios in different mental illness which patients displays and how the nurses tactically use therapeutic techniques (verbal and non verbal) to encounter with each scenario. Finally the group was divided into three and group activities were given to the group to be enacted. Here, while one group was enacting on the stage, the researcher was just observer and evaluator along with the other two groups. The members were asked to display both therapeutic technique and non therapeutic technique for single given scenario. At the end, there was discussion among the group to express the positive and negative aspects in the role plays that helped the group to recognize the effective manner of interactions. Post test was then conducted for both experimental and control group. After the post test the teaching and training was repeated for the control group too.

Analysis

Systematically collected raw data were coded, computed into excel sheet using SPSS 15 version. The descriptive statistics used were Mean, Standard Deviation and Percentage. The inferential statistics used to compare the scores in between the groups was independent sample‘t’ test and within the group was paired‘t’ test. The level of significance was set at $p<0.05$.

RESULTS

The majority of the subjects in both experimental and control group were alike and belonged to same age group of 21-26 years (58.82% & 86.66% respectively), with maximum female nurses (64.7% & 60% respectively), most of them belonged to Hindu religion (76.5% & 53.3% respectively), majority unmarried (64.7% & 100% respectively), high participants possessed undergraduate nursing qualification (82.4% & 73.3% respectively) and varied prior experience other than psychiatric experience. The result showed the homogeneity among the

participants. The mean score among the experimental and control group was not statistically different as the p value is >0.05 in all the five dimensions (Table 1). The information realized the homogeneity among the study participants. The post test score was significantly higher than the pretest scores at either p<0.05 or p<0.001 indicating the effectiveness of training program (Table 2). Though there was slight improvement in post test score among the control group, there was no statistically significant improvement, indicating immense need for training program in interacting skill of nurses towards patients with mental illness (Table 3). When the scores in Table 4 was compared between the experimental and control group, it clearly demonstrated the statistically significant difference in each dimension either at p<0.05 or p<0.001

and innovative in finding, assessing and improving the interacting patterns. The study subjects in both experimental and control group had almost similar demographic data variables that indicated that there is a homogenous character which may not bias the study results. In our study, the pretest conducted for experimental and control group revealed that they scored almost equal scores which had no statistical difference, thereby strengthening the homogeneity of the nurses. Talking to the patients is simply a strong intervention especially in psychiatric set up. At one point **Mishler (1984)** puts it simply as 'talk is work', and **Parker and Gardner (1991)** echo that 'work is talk'. **Parker and Gardner (1992)** also write, "Much of what nurses do in their everyday work is talk.

Table 1. Comparison of pretest response score on nurses' interacting skill between the experimental group and control group

N=32

Response Score	Experimental group n=17		Control group (n=15)		t value	p value
	Mean	SD	Mean	SD		
Understanding	3.53	1.91	4.73	1.71	-1.869	0.071
Encouraging	6.94	0.97	6.80	2.08	0.241	0.812
Exploring	7.35	1.73	7.20	1.90	0.239	0.813
Intervening	6.24	2.17	5.47	1.96	1.047	0.303
Accepting	8.71	1.79	8.20	1.97	0.760	0.453

Table 2. Comparison of pretest and post test response scores on nurses' interacting skill within the experimental group

N=17

Response Score	Experimental group (n=17)				t value	p value
	Pretest		Posttest			
	Mean	SD	Mean	SD		
Understanding	3.53	1.91	6.41	1.46	-5.194	<0.001**
Encouraging	6.94	0.97	8.53	1.07	-5.570	<0.001**
Exploring	7.35	1.73	8.41	1.87	-2.605	0.019 *
Intervening	6.24	2.17	10.41	1.18	-8.324	<0.001**
Accepting	8.71	1.80	11.00	0.94	-6.018	<0.001**

* p < 0.05 ** p < 0.001

Table 3. Comparison of pretest and post test response scores on nurses' interacting skill within the control group

N=15

Response Score	Control group (n=15)				t value	p value
	Pretest		Posttest			
	Mean	SD	Mean	SD		
Understanding	4.73	1.71	4.80	1.57	-0.147	0.885
Encouraging	6.80	2.08	7.20	1.82	-1.247	0.233
Exploring	7.20	1.90	6.33	2.44	1.188	0.255
Intervening	5.47	1.96	6.33	1.54	-1.573	0.138
Accepting	8.20	1.97	8.33	2.19	-0.354	0.728

Table 4. Comparison of post test response score on nurses' interacting skill between the experimental group and control group

N=32

Response Score	Experimental group n=17		Control group (n=15)		t value	p value
	Mean	SD	Mean	SD		
Understanding	6.41	1.46	4.80	1.57	3.011	0.005*
Encouraging	8.53	1.07	7.20	1.82	2.557	0.016*
Exploring	8.41	1.87	6.33	2.44	2.721	0.011*
Intervening	10.41	1.18	6.33	1.54	8.468	<0.001**
Accepting	11.00	0.94	8.33	2.19	4.372	<0.001**

* p < 0.05 ** p < 0.001

DISCUSSION

This study was done as there were very few studies in India talking about interacting style of nurses towards patients with mental illness. On this perspective, our study seems to be novel

They talk as they perform ongoing supportive, maintenance and restorative activities in delivering both technical and comforting care". Nurses, in order to interact with the patient skillfully also need supporting workplace which may otherwise cause hindrance to behave therapeutically (**Parle *et al.*, 1997**).

In our study, the participants were enacting the role of both mentally ill patient and therapeutic nurse. This had greatly improved empathy, interacting style and skill of the nurses as seen by the statistically significant scores ($p<0.05$ and $p<0.001$). Human patient simulation is one method that may be used for students to practice and become proficient with communication skills in a simulated environment (**Kameg *et al*., 2009**). Different methods of providing patients with support include many active responses (**Shattell *et al*., 2007**).

Understanding responses

Conveying understanding is important as it instills patients with a sense of importance (**Shattell *et al.*, 2006**). "Listening, self-disclosure to a certain limit, feeling of empathy, acknowledging the patients' feel and thought, paraphrasing, etc were techniques used in this study. Further, dialogues like "It must be fearful to you to think that someone could hurt you...", "I could understand that you feel...", "I will stay with you for sometimes...", "We shall sit together to discuss about your concern..." were used in our study that gave a feeling of understanding by the nurse. Needless to say, interpersonal and communication techniques such as summarizing, clarifying, reflecting, and providing eye contact are considered essential to understand and relate to the patient (**Shattell *et al*., 2007**). Our study revealed that the experimental group understanding responses (6.41±1.46) was significantly higher than the control group (4.8 ±1.57) as p=0.005.

Encouraging responses

In our study, dialogue like "that's ok...", "then...", "you were talking about your family…", "I am here with you…", "Let's talk about your feeling…", "and tell me more…", "What are the other means to improve…." were some of the conversations used to encourage the patients to come out with their ideas and feelings. Asking clients to verbalize their feelings encouraged them to a considerable amount. The statistics in our study also depicted that there was a significant difference in encouraging responses among experimental group (8.53±1.07) and control group (7.2±1.82) as p=0.016.

Exploring responses

Our study gave the information that the scores of the experimental group (8.41±1.87) in exploring responses was significantly high than the control group (6.33 ±2.44) as p= 0.011. Patients with mental illness, especially depressed patients and patients with thought disorder were explored and sorted out their thoughts and feelings to understand them and thereby approached them in accurate manner. Dialogues like, "Can you tell me what makes you feel not to eat?", "You look upset, Come on...tell me about your feelings...", "Can you share to me the reason for your worries….", "What makes you think that way…?", "Can you describe more about your losses…" were few responses used to explore the patients' views.

Intervening responses

Techniques like silence, conversations related to giving recognition, setting limit ("You may not use the phone for more than two minutes...") as limit setting helps to shield the patient from embarrassing behavior (**Rydon, 2005**) and instills the patient with feelings of safety and containment (**Langley and Klooper, 2005**) were incorporated in our study. Moreover, suggesting solutions, being persistent ("Go inside your room and put on to your clothes…"), presenting reality ("it may be true to you but I don't see snake there...", "Memory loss is side effect of ECT but it is only temporary…"), using touch appropriately in depressed patients that described relief to the patients (**Moyle, 2003**) were also included in the intervention. Also, use of short and non threatening conversation and persuading the patient was used as intervening response which was successful in providing intervention. Hence, the experimental group obtained (10.41±1.18) significantly very high scores than the control group (6.33±1.54) as $p<0.001$. A similar study done by **Vuckovich (2009)** in nurses role in making the psychiatric patients accept medication uses four key themes like engagement, formulating a therapeutic relationship, finding out why, and persistently trying everything.

Accepting responses

Responses that relay positive regard to the patients were used in our study to convey acceptance of the patients like nodding the head, listening carefully, use of touch, staying with the patient and so. Significantly managing time to spend an extra five or ten minutes with the patient has been reported to make all the difference to the patient (**Shattell *et al*., 2007**). Using words like "mm…", "aah…", "yes…." reflecting the patients thought, translating patients feelings as words ("I understand how bad you feel ...") were some of the methods adopted in our study to convey acceptance of the patients. There is evidence that accepting patient faults and problems is vital to convey respect; helping the patient see themselves as worthy and worthwhile behavior (**Geanellos, 2002**). This had been implied in our study through the scores obtained by the experimental group and control group which was 11±0.94 and 8.33±2.19 respectively, with high significance ($p<0.001$). A similar study done by **Larsson *et al.* (2007)** used Sympathy-Acceptance-Understanding-Competence (SAUC) model for psychiatric nursing care of suicidal patients to improve the care of suicidal patients. However, the emphasis of mental health nursing is on the development of a therapeutic relationship or alliance (**Wilkin and Barker, 2003**). **Schafer and Peternelj-Taylor (2003)** believe that a psychiatric/mental health nurse's 'genuineness' is determined through the level of consistency displayed between their verbal and non-verbal responses. This study has few limitations like small sample size, lack of randomization, and the study included only newly recruited nurses. However, in future, the study can be done in a large scale including maximum nurses especially those who are posted in psychiatric units. Also, further steps in conducting qualitative study would help the mere future nurses in improving the interaction skill.

CONCLUSION

The present study was a great benefit for the nurses, especially newly joining nurses who were just posted to care for the mentally ill patients. The study also demonstrated the need for such formal training before moving into the actual psychiatric

set up and suggested that providing intense training carefully in interacting skill would significantly improve the nurses in responding to the patients' verbal and nonverbal cues in a therapeutic manner.

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