



West London
NHS Trust

What are the Key components of Psychosocial Nursing at the Cassel Hospital?

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**Promoting hope
and wellbeing
together**

Cassel Hospital – Inpatients service



Nationally funded NHS service



Psychosocial + Psychoanalytic treatment



Living & learning environment
“the community”



Psychosocial Nursing



Individual & group psychoanalytic
psychotherapy



The Cassel Hospital & Thomas Main



Hospital should not remove the patient away from everyday struggles



Institutional collusive projection - “we become creatures of each other”



‘Community’ source of support and containment & should tackle the problems of group life”



Embrace a culture of enquiry



Avoid a ‘hierarchical promotion of ideas’



Self-monitoring, exploratory of their relations and capable of self-modification

Rationale for research project



Psychosocial Nursing practice has not been academically investigated in the last 18 years.



Literature is limited

Lack of clear key components of Psychosocial Nursing practice.
The papers are descriptive from an individual's perspective



Psychosocial Nursing viewed as a craft that “has been passed on implicitly through experience, through oral and practical culture, as junior nurses learn from more senior colleagues” (Griffiths & Leach 1997).

Research aim: To name the key components of psychosocial nursing?"

Reluctance to conducting research

Practice becomes fixed, ritualised and unthinking

The risk of promoting an idea that there is a right or wrong way of doing things

Moving away from apprenticeship – model learnt from experience

Nursing is a craft, a matter of skill rather than scholarship".

Academic = moving away from emotions

Positive outcomes from applying research

Reducing the risk of practice becoming romanticized or seen as 'mystical'

Prevention of practice becoming the norm and non-thinking

Apply objectivity and developing a group consensus

Development of theory behind the work – giving it legitimate status

Method: Grid Elaboration Method

INSTRUCTIONS (adapted from Joffe and Elsey 2004)

Please write a word or draw image in each box that first comes to mind when you hear the term **PSYCHOSOCIAL NURSING**

Please provide one word or image per box.

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Authentic

Activities

(Fun)

Practical

Method: Interview and analysis

- Semi-structured interviews were conducted with 12 staff members
- Participants were asked to elaborate on the 'associations' fully
- All interview were recorded and transcribed
- The free association words/ phrases were subjected to content analysis.
- A thematic analysis (Braun and Clarke, 2006) was applied

Results: Themes

Relationships are at the centre of the work

Enabling patients to take up responsibility

Working with the community: Being group and community minded

Focus on actions and practical day-to-day tasks

Being open to play and spontaneity

Participating in a culture of enquiry

Relationships are at the centre of the work for a Psychosocial Nurse



“**Relational wound**” and struggles are played out in the treatment through relationships.



Information of the patient’s previous healthy and unhealthy relationships to understand the difficulties in the relationship in the here and now



Relationships are ‘**real**’ between nurse and patients interactions are **based on the emotions** evoked in the nurse and rather than an intellectual response.



Nurses share aspects of their own personality = narrowing of the traditional staff-patient relationship
➔ duality and equality in the relationship.

Psychosocial Nurses enable patients to take up responsibility



Focus on strengthening the patients' functioning side



Nurses work alongside the patients – it is a partnership



Risks and difficulties are managed with the support of the community. Responsibility placed on the patient to bring forward any difficulties.



To work effectively with risk the staff need a capacity to cope with uncertainty



Balancing between enabling patients to take responsibility and 'looking after' without a patient losing autonomy/ or the staff's need.

Psychosocial Nurses are group & community minded



Peer support is central - “Community itself should tackle these problems of group life” (Main 1946).



Nurse assumes all responsibility for solving issues, the patient/ group is freed from responsibility



In a climate of ‘risk assessment and accountability’ for professionals = difficult to put into practice.



Group/community vs. individual

Psychosocial Nurses focus on practical day-to- day tasks which reveal emotional struggles



The day to day running of the Hospital by patients working alongside the Psychosocial Nurse - **Work of the Day**



Opportunity to uncover the emotional driving factors in the patient's life and to observe and discuss these



Principle that all elements of living and working together is a potential learning opportunity



Struggle to keep work of the day at the forefront

Psychosocial
Nurses are open
to play and
spontaneity



Play vs. “work of the day”



Play is required for developing a multifaceted relationship



Using ‘real’ self



Balance being real and showing vulnerability without perceived total exposure is difficult. Words used “exposure”, “nakedness”

Psychosocial Nurses participate in a culture of enquiry



All events in the organisation should be open to enquiry.



Understanding the patient and anxieties evoked



Examine one's own motives and be willing to hear feedback, seen as vital but difficult.



Examining the role of the psychosocial and how it fits in with the primary task of the Hospital



Organisation conflicts/ team conflicts

Conclusion

- This research highlighted without applying the culture of enquiry, the work can become easily unhelpful and painful.
- Constant monitoring of each component is needed to ensure the work is done in a thoughtful way. – **balance**
- Each component of the Psychosocial Nursing role aided in **strengthening** the other components of the role.
- It highlighted the struggle of the Nurse's role of working with the **external world** of the patient in an environment which is immersed thinking about the **internal world of the patient** in a psychodynamic way.