

Psychiatric Current Theories and Practice Journaling Assignment

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The Psychiatric Mental Health Nursing course brings feelings of interest, excitement as well as a bit of hesitancy to mind. My attitude towards this population has unquestionably shifted since beginning education in the nursing profession as well as beginning a position in the hospital. Before having any knowledge or experience in the healthcare setting, the psychiatric population honestly frightened me a bit. I always knew they could not help nor do anything about these conditions, but the simple idea that these mental illnesses could have such a dense impact on individuals' everyday lives was a bit dismaying in my own mind.

I had truly never had a close encounter with a person who was actively suffering from a psychiatric disorder, let alone been responsible for the care of a patient who had this burden until this past summer working in the hospital. I was assigned a patient who was admitted for an infection who also had a diagnosis of schizophrenia who was in an active psychotic episode. After receiving this assignment, in all honesty, I was frightened to enter the room of this patient in worry that I would make her situation worse while trying to offer care. I had found that the previous shift had wrapped her hands in coban, she was completely naked and turned completely sideways in the bed. She was actively screaming - clearly upset and frightened. The night shift had given report that they had tried PRN medications in order to make her tired in hopes she would go to sleep but none had been successful. A sitter was assigned to the room in order for the discharge process to speed up as I learned a patient could not be discharged on active restraints. Instead, the previous caretakers in the hospital had opted for a sitter to hold her hands down and prevent her from crawling out of the bed as it was not considered active restraints in correlation to the discharge process. As the shift went on, another nurse tech on the floor and I

helped with her breakfast, re-dressed, and simply listened to the patient. I found she could in fact communicate what she needed, wanted, and disliked. She did not want the window opened, so we closed it and she calmed down a bit. She did not want a yellow gown, but rather a green one, so we changed it and she calmed down a bit more. She did not like the water, but instead juice, and calmed down a bit more. It took an incredible amount of time, patience, and self control as the caretaker, but it was what she deserved rather than impatience and neglect. That shift changed my perspective about this population as well as the staff responsible for their care. I believe the staff simply does not have the training to understand these conditions nor the time on a busy med-surg floor to be truly dedicated to helping these patients achieve comfort. This population's emotional care needs are tenfold in comparison to a typical med-surg patient. My biggest fear in caring for this population is simply being nervous and knowing that I do not yet know how to offer full compassion or have a full understanding of these conditions. I do not want these nerves to convey to these patients making them feel different than any other patients without this diagnosis. Simplified, not being fully educated in the care these patients require and causing a more triggering situation is my fear.

As far as my expectations during this module, I hope to come out of the course fully competent and prepared from an educational standpoint to understand these processes. I know that some of that care comes with time and hands-on experience learning, but a simple knowledge base of what these patients are going through is what I am seeking.

Three questions I hope to expand on and find answers to throughout this course:

- Does psychiatric mental illness have genetic predisposing risk factors? Or do genetics not play into this population at all?

- How do the patients diagnosed with mental illness feel the healthcare/hospital staff treats and provides their care in comparison to a patient who does not suffer psychiatric diagnoses?
- Do patients diagnosed with Schizophrenia present with symptoms at birth or do they evolve over the course of early life? At what estimated age are these signs discovered?

I am very thankful this program offers the education in order for me as a future nurse to understand these conditions and offer full care and compassion to these patients.