Creativity is the Heart of Psychiatric–Mental Health Nursing

OLD AND NEW “P” WORDS
Eons ago (i.e., in the first half of the past century), two “p” words were operative for those who were learning as student nurses and those who were engaged in continuing studies: principles and practices. The titles of textbooks began with principles and practices and were followed by the specialty—psychiatric nursing, medical-surgical nursing, and so on. Courses also had those labels. At the end of the last century, new “p” words emerged; they are persuasion, persistence, policy, and politics. When I am asked by lay people or students just what it is that psychiatric nurses do, I explain, “We help people to see things with new perspectives, by persuading them that these new ideas will help provide new directions for how they view the world.” Importantly, symptoms can be transformed from proofs of illness to life experiences, which are not necessarily illnesses.

PSYCHIATRIC NURSES ARE CREATORS
For my presentation last fall, for the Third Horatio European Festival of Psychiatric Nursing held in Malta, which focused on understanding the roots of psychiatric nursing and how it is now understood, I suggested that creativity is how persuasion is practiced and how care is delivered. Of course, only God can create something from nothing, but psychiatric nurses create new situations and new possibilities daily by rearranging what already exists or by discarding the old so that the new can enter. We are “creators” in the best sense of that word. Both Florence Nightingale and Hildegard Peplau were creators. Both shed old beliefs and old ways of doing things and introduced new ideas and new approaches to old problems.

Florence Nightingale
Because Florence Nightingale was born into a privileged family and home environment, she enjoyed studying and learning in ways that ordinarily were only open to men. She was allowed to visit hospitals and observe the administrative methods, construction, sanitation, and medical practices. Then she clearly and articulately said what was wrong and what needed to be done to make the very much-needed repairs. Her creative ideas, of course, were not welcomed, but she persisted and changes took place. Staff, including physicians, started to wash their hands. Archaic construction was replaced with new designs. These changes are documented and can be seen in the Nightingale Museum at St. Thomas Hospital, London, England.

War correspondents had reported the abominable conditions for the wounded during the Crimean War. Most nurses know about how Nightingale recruited nurses to join her, at the war front, to deliver care to the wounded soldiers. Through her family’s influence, she had governmental authority to make changes. Nightingale introduced new language to make the distinction between sick nursing and health nursing. She used her knowledge of statistics to document improvements, which followed her demanded changes to the environment and how care was given. She opposed government licensure for nurses, insisting that the profession monitor its own ranks. Every one of these efforts, and successes, was creative—doing something new in old settings and situations. None of these changes came easily; creativity is not easy. Creative individuals can expect opposition, resistance, and sabotage. Persistence is key.
In Nightingale’s case, she was also able to use the many higher power politics and politicians to foster change.

Why is Nightingale in this editorial? The answer is: Because she was a psychiatric nurse. Details of this “discovery” can be found in an editorial that I wrote about her after visiting the Nightingale Museum (Smoyak, 2001).

Hildegard Peplau

Hildegard Peplau left Teachers’ College, Columbia University, New York to come to the Rutgers College of Nursing, Newark, New Jersey. She was persuaded to do so by Ella V. Stonsby, first Dean of Rutgers’ nursing (Callaway, 2002). Peplau saw great opportunity to demonstrate and teach interviewing and group techniques in New Jersey because there was no medical school, and the state psychiatric hospitals had few, if any, psychiatrists. While she used the work of Harry Stack Sullivan as groundwork for interviewing, she instead used the words “working with patients.” And students did “group work” not “group therapy.” Thus, she avoided some of the resistance, which she anticipated when students, both undergraduate and graduate, engaged in one-to-one sessions with patients daily and then analyzed what they said. Patients from the one-to-one sessions were then recruited to sit in groups and talk about their past experiences, seeking new understanding.

Peplau’s work came to the attention of the National Institute of Mental Health (NIMH), which was established in 1946, when psychiatrists returning from World War II convinced Congress that money needed to be allocated to psychiatric hospitals across the United States. The NIMH wrote educational/training grants, which were funded by the NIMH, to provide continuing education for faculty and staff. Workshops across the United States were conducted during the summers of the 1960s and 1970s. Hundreds of nurses learned new ways to use their persuasive skills (Peplau, 1989).

The new teaching way, created by Peplau, was a total departure from the old ways. The primary focus was on the student—what he or she said and did rather than what the patient said or did. Interviews were tape recorded, and students also hand-recorded sessions, using steno pads. Every morning, each graduate student had a 1-hour session with a patient, usually on a chronic ward in a psychiatric hospital. The remainder of the day was spent analyzing the students’ work. For groups, undergraduate students served as recorders, and the focus was the same—the students (not the patients). Group sessions were usually held once per week.

Another departure from the old way was that students were not allowed to read the patients’ charts. Peplau did not believe that they were useful or accurate, and simply would distract students from the patients’ actual experiences. Because the only antipsychotic medication in existence in the late 1950s and very early 1960s was chlorpromazine (Thorazine®), and because no scientific proof existed regarding its action or efficacy, medications were not discussed.

My Creative Efforts

Peplau invited me to add family work (not family therapy) to the graduate curriculum. I did so and created new ways to work with families. Since deinstitutionalization had begun in the 1960s, families were seen in their own homes, with newly discharged patients as the central focus of the work. Public health nurses (now referred to as visiting nurses) provided care in the homes of patients and families; however, providing psychosocial interventions in homes had not been done (Smoyak, 1975, 1977).

I used the work of Harry Bredemeier (Bredemeier & Stephenson, 1962) on systems analysis to create the designs for the analysis of the troubled interpersonal and family dynamics. Each initial assessment included the construction of genograms (Smoyak, 1990).

CREATIVITY AND ASSESSMENT OF SELF

Creative individuals usually hold themselves in high regard, even when others’ assessment of them and their efforts are negative. Creative individuals recognize that change is difficult, and that their ideas and new ways of doing things may upset the status quo. They often hear “But we’ve always done it that way,” “Rules are there to be followed,” or “Who put you in charge?” Positive self-assessment wins in the end, and creativity continues.

We would like to hear from you about your reactions to this editorial and/or your own creative efforts. Letters to the editor are welcome, but short comments are also valued (e-mail Smoyak@docs.rutgers.edu).

Happy New Year.

REFERENCES


Shirley A. Smoyak, RN, PhD, FAAN

Editor

The author has disclosed no potential conflicts of interest, financial or otherwise.

doi:10.3928/02793695-20150105-01