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An Experimental Study on the Nursing Therapy as a Emotional Crisis Intervention of the Psychiatric Emergency Patient

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1. Introduction

Many Psychiatric emergencies are caused by anger, which represents a patient's response to affronts to his dignity or infringements on his rights and severe anxiety. [7)8)12)30)]

A large number of incidents occurring in mental hospitals are precipitated by rudeness from employees or by a conscientious employee's attempt to enforce irrational insulting regulations. [17)20)]

They are manifested in many ways, most often via aggressive and destructive behaviors, fights with other patients, suicide, escape, temporary status of confusion and weeping. [16)22)23)26)]

For example, patients are often required to surrender their personal belongings, including wedding rings and dental plates, when they are admitted and subsequently are refused the use of a telephone or free access to visitors. [29)]

A person with little ego strength feels more stressful than someone with considerable ego reserve. Such treatment is offensive to all patients, and some become sufficiently angry to start fights or destroy furnishings. [19)]

In any emergency situation, it is necessary to determine insofar as possible, what the patient is accomplishing or attempting to accomplish by his behavior.

The impulse to do something and the pleas of family or ward personnel for help often foster precipitous action, such as manual restraints, parenteral sedatives, or isolation. For one patient, manual restraints may represent security and protection from his own acts. For another, these restraints may represent a sexual or murderous assault. Similarly, sedation may mean relief, or it may seem to be an attempt to kill. [30)32)]

It is unwise to apply our standards of behavior and morality to the each other crisis situation.

In emergency situation, if some understanding before prescribing precipitous action is given to patients, the researcher assumes that the patient will be greater changes in attitude. The purpose of this study is to explore the effect of scientific and systematic nursing therapy in psychiatric emergency situation and to manage to psychiatric emergency behaviors.

The problems investigated in this study are as follows.

1) Are the exciting and the aggressive behaviors of patient's to blame?

2) Have the therapeutist need to use the sedation and restraints to the psychiatric emergency patients?

3) Is it possible for the nursing therapy to manage pertaining to patients with psychiatric emergency behaviors?

4) Can a nurse, as a para-professional of psychotherapy, play a role of therapeutic agent in the hospital?

The terms defined in my study are as follows.

1) Nursing therapy

The essential of nursing therapy is providing the emotional support in crisis situations, the range goes from a descriptive approach based on the patient's symptoms to a dynamic approach based upon the meaning of patient's symptoms.

Contents of nursing therapy

(1) Nurse's positive facial expression: smile, good listening and attention.

(2) To find out what is going on from the patient and to inquire of the cause of his troubles.

(3) Much reassuring the patient forsupporting security feeling and the promise is carried out.

(4) Encouraging patient to think before acting and strengthening his self-esteem.

(5) Wary of touching.

(6) Rest and food, not verbal interference.

(7) Suggestion.

(8) Given sedatives etc.

2) Psychiatric Emergency Behaviors

Psychiatric emergency behaviors are defined as all of the patient's behaviors that occur when an individual is faced with a situation beyond his particular adaptive capacity at a particular time.

They include the mood disturbance and the behavior disorder.

mood disturbance

(1) Emotional confusion: crying and laughing, agitation, anxiety, irritableness.

(2) Extremely depressive state: mutism, depression, delusional idea.

(3) Impulsive excitement: talkativeness, rough talking tone.

(4) Panic state.

Behavior disorder.

(1) self accusatory behavior: suicide etc.

(2) Aggressive behavior: fights with other person.

(3) Destroying object.

(4) Verbal aggression.
(5) Negativism: refusal of food, medication and interview etc.
(6) Attempt of escape.

2. Review of Related Literature

Philippe Pinel and William Tuke indicated the more treatment based upon kindness and consideration for the patient as a human being and providing the patient with an opportunity to behave like a human being. Today's psychiatric nursing is focused on developing an understanding of patient with affection of human being.[19,27]

The shift in psychiatric nursing was from a take-oriented. get things done approach to a patient-centered, patient-oriented approach.[1,2]

In a study of nurse-patient relationships, Holmes (1968) subjects revealed seven factors-helping the patient relax, overt acceptance of the patient's behavior, positive feelings between the nurse and patient, being treated as a person, having the nurse listen to the patient, purposeful explanations by the nurse, and the impression that the nurse was "putting herself out" for the patient—which they thought important to them relating to the nurse.

The goals of mental health nursing is supporting emotional crisis of the patient and providing emotional support for them with firm and tolerant attitude and collective emotional experience.[5,13,19,20,24] The development of crisis intervention as part of the broadly developing field of nursing intervention is an aspect that is of growing importance. For example, the typical type of representative crisis is a suicide.[8] The goal of health services generally is to keep persons alive as long as possible.[18] Suicidal thoughts and attempts have been labeled"a cry for help."[15,19]

Modern concepts of the psychodynamics of suicide began with Freud's idea that suicide stemmed from anger toward a love object, anger that had become self directed and thus suicide was a kind of inverted homicide.

It should also be recalled that Freud's theory was the outgrowth of his work with depression.[8]

The commonest reasons for psychiatric emergency behaviors as given by the patients, are hostility, loss of loved one, environmental manipulation, and reaction to psychological need.[28] Crisis is defined as "an emotionally significant event or radical change of status in a person's life": The decisive moment; an unstable or crucial time or state of affairs. Those who use the term "crisis" are generally talking about a disruption of adaptation in which the usual problem-solving techniques don't work.[9] Crisis intervention is a popular concept because the result are rapid and improvement is common and because of the assumption that anyone can learn to do crisis intervention.[17]

The theory of crisis intervention places considerable emphasis upon the drive of the individual toward health growth. Crisis intervention means entering into the life situation of people under stress to help them mobilize existing resources in order to handle such situations.[20,23] The techniques of crisis intervention include a variety of approaches. Much more needs to be done to define the goals and objectives of crisis intervention techniques.

The crisis intervention theorists highlight most clearly the importance of individual nursing care plans and an understanding of the need for priority in nursing care.[12,25,29,33]

3. The Research Approach Methodology

1) Subjects

After analysing the paper dealt with the cases of 60 patients who attempted accident and were admitted to the Seoul National University Hospital over a period of 6 years from 1967 to 1972. The subjects of this study sampled consisted of 30 patients who had one of those psychiatric emergency behaviors such as suicidal attempt, escape, fight, mob violence, destructive behavior, intellectualized manipulation, and severe exciting during the hospitalization.

Of 30 patients of psychiatric emergency patients, 20 patients were chosen as the real subject, who were considered to manifest frequent psychiatric emergency behaviors during the 5 day observational period.

The experimental group sampled consisted of 10 patients who have been given nursing therapy in the nursing therapy period while the control group consisted of 10 patients who have been given only routine care in the nursing therapy period.

All experiments were conducted from June 1,1973 to September 30, 1973 in National Mental Hospital.

The sex, age, diagnosis and the significant psychiatric emergency behaviors of the both group patients are as follows.

Table 1. Age, Diagnosis, and Significant Psychiatric Emergency Behaviors of the Experimental Group Patient.

Case	Male / Age	Diagnosis	Significant psychiatric emergency behaviors
1	26	Schizophrenia	Self accusatory behavior, Attempt to escape. Aggressive behavior.
2	22	Depression	Suicide, Hostility, Defensiveness, Apathy.
3	29	Hypomania	Talkativeness, Irritableness, Bothering other patients, Explosive aggressive attitude.
4	31	Personality disorder	Aggressive behavior toward person, Destroying object, Demonstrative behavior, Agitation.
5	47	Schizophrenia	Extremely depressive state, Mutism.
6	41	Manic depressive illness	Irritable and restless behavior, Exciting, Anxious and suspicious, Depressive and elated mood.
7	25	Manic depressive illness	Verbal aggression and panic state, Emotional confusion.
8	21	Drug addiction	Impulsiveness, Excitement and acting out, Violent behavior.
9	17	Chronic schizophrenia	Refusal of medication, Silly smile, Uncooperativeness
10	24	Personality disorder	Bouts of weeping, Angry out, Bursts panicky, Escape efforts.

2) Procedures

Students of nursing department, Medical College of Cho Sun University and the registered nurse were experimenter of this study who were educated in the knowledge of nursing therapy and extinction procedure, and schedules of nursing therapy by the present researcher and

Table 2. The Key Contents of Nursing Therapy Given to Each Experimental Group Patient.

Experimental case	Conducted nursing therapy
1	Supportive treatment as talking, rest, and sedation.
2	To discuss his suicidal dreams, wishes, and fantasies
3	To discover the circumstances that increase the patient's anxiety and lead him to speak excitedly and to remove his anxiety, Quiet observation and alertness.
4	To ascertain the cause of his troubles from informants or to deduce them from the circumstance that precipitated the emergency.
5	Supportive fostering friendly discussion, Kindness and serious attitude for helping, Wary of touching.
6	Bolstering the ego through reassuring human contact, Sedation and rest.
7	Much reassurance and talking at an unhurried pace.
8	Given sedatives, gaining his confidence.
9	Kindness and gaining his confidence.
10	Rest and food, not verbal interference.

Table 3. Age, Diagnosis and Significant Psychiatric Emergenecy Behaviors of the Control Group Patient.

Case	Male/Age	Diagnosis	Significant psychiatric emergency behaviors
1	23	Pseudo-psychopathic schizophrenia	Aggressive talking, Sudden angry, Fight tendency Refusal of medication and interview
2	30	Depression	Suicidal intent, Suspicious attitude, Impulsiveness.
3	27	Personality disorder	Suicidal attempt, Exciting. Explosive acting out. Agitation.
4	21	Manic depressive illness	Escape, Mutism, Silly smile.
5	32	Drug addiction	Talkativeness, Destructive behaviors.
6	27	Chronic schizophrenia	Antisocial attitude, Desultory speech, Refusal of medication and interview.
7	19	Personality disorder	Fight tendency and bothering other patients.
8	28	Schizophrenia	Poor relationship, Hard facial expression, Aimless continual wondering out.
9	38	Manic depressive illness	Ambivalence, Tension and suspicion
10	21	Hypomania	Destroying and locking the door, Acting out, Hard and gloomy facial expression.

* The researcher selected the experimental and the control group patients with the same diagnosis.
* The researcher did not give the restraint jackets to the experimental group upon their em ergency behaviors, gave the control group restraint jacket.

by a psychiatrist about 2 days.

They were educated to observe and record the psychiatric emergency behaviors too. Each nurse watched one patient for the prevention of observational error. The patient's emergency behavior was recorded only when his behaviors are received much recognition as the psychiatric emergency behaviors by the nurses. The patient's behaviors were continuous checked by a relief in three shifts of 8 hrs.

The observational card model is as follows.

Observation Card

(experimental group or control group)

Case: _____ Sex/Age: _____ Data: from _____ to _____

Dx: _____

Significant behaviors		Frequency		
		Observational period	Nursing therapy period	Reversal p riod
Aggressive talking				
Sudden angry				
Refusal of medication and interview				
Total	Frequency			
	%			

The experimental course of both group consists of observational period, nursing therapy period, and the reversal period. During the 5 day observational period, The nurse give the patient of the both group only routine care. The nurse recorded the frequency of patient's emergency behaviors. Nursing therapy period lasted for 5 days. During the nursing therapy period, the nurse gave the nursing therapy the only experimental group upon their accidental behaviors.

After nursing therapy period, 5 day reversal period was given. The nurse did not give both group patient any nursing therapy as in the observational period.

4. Results

The following results were obtained through this experimentation.

There was a large difference of frequency of psychiatric emergency behaviors among the each period.

But it was applied t-test to ascertain where the difference in the scores of changing behaviors in the each period is sufficiently great to be a real difference or where it is only a chance occurrence.

The results obtained from t-test are as follows.

The result obtained from table 6 were found to be as follows.

1) Frequency of the psychiatric emergency behaviors of the experimental group significantly decreased during the nursing period than the observational period. ($p<.01$)
2) Frequency of the psychiatric emergency behaviors of the control group did not significantly decrease during the nursing period than the observational period. ($p>.05$)

Table 4. **Frequency of psychiatric emergency behaviors of experimental group observed within 15 days of admission to hospital.**

Case	Frequency of emergency behaviors		
	Obs. p.	Nsg. p.	Reversal p.
1	15	6	2
2	13	5	2
3	18	8	3
4	13	6	3
5	13	5	6
6	16	9	4
7	16	7	3
8	16	8	2
9	18	8	2
10	16	8	2
Mean	15.4	7.0	2.9
Total	154	70	29
S.D	1.982	1.414	1.286

Table 5. **Frequency of psychiatric emergency behaviors of control group patients observed within 15 days of admission to hospital.**

Case	Frequency of emergency behaviors		
	Obs. p.	Nsg. p.	Reversal p.
1	18	15	8
2	2	3	17
3	13	9	5
4	10	8	5
5	10	5	4
6	5	1	0
7	17	10	6
8	8	5	3
9	16	9	6
10	7	4	2
Mean	10.6	6.9	5.6
Total	106	69	56
S.D	5.34	4.09	4.60

Table 6. **Means and Significance of Variation of Psychiatric Emergency Behaviors during the Observational Nursing Therapy period.**

Case		Obs. P.	Nsg. P.	T	P
Exp.	Mean	15.4	7.0	10.91	P<.01
	S.D	1.98	1.41		
Control Group	Mean	10.6	6.9	1.739	P>.05
	S.D	5.34	4.09		

Table 7. Means and Significance of Variation of Psychiatric Emergency Behaviors during the Nursing and Reversal period.

Case		Nsg. P.	Reversal P.	T	P
Exp. Group	Mean	7.0	2.9	6.78	p<.01
	S.D	1.41	1.29		
Control Group	Mean	6.9	5.6	0.667	P>.05
	S.D	4.09	4.60		

The result obtained from table 7 were found to be as follows.

1) Frequency of the psychiatric emergency behaviors of the experimental group significantly decreased in the reversal period as compared to the nursing therapy period. (p<.01)
2) The difference of the psychiatric emergency behaviors of the control group between the reversal period and the nursing therapy period was not significant. (P>.05)

5. Discussion and Conclusions

The present experiment was the first exploratory study that have attempted to apply scientific and systematic nursing therapy to the psychiatric emergency behaviors in the Korean psychiatric hospital settings.

According to the result of this experiment, however, further studies in this area have to be conducted in order to maximize the effect of the nursing therapy in the psychiatric ward situations.

It also seems necessary to study the kinds of the scientific and systematic nursing therapy that may be most effectively and conveniently used in modifying the patient's emergency behaviors in hospital environment.

On the basis of the results, the following conclusions were reached:

1) The exciting and the aggressive behaviors of patient's must not to be blamed.
2) To use the sedatives and restraints to the psychiatric emergency patients is not always needed.
3) It is possible for the nursing therapy to manage pertaining to patients with psychiatric emergency behaviors.
4) A nurse as a para-professional of psychotherapy can play a role of therapeutic agent in the hospital.

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국문초록

정신과 응급환자의 위기 해결로서의 간호치료에 관한 실험적 연구

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〈지도 : 이 부 영 교수〉

대부분의 정신과적 위기(자살시도·도주·공격적·파괴적행동·싸움 등)는 노여움이 원인이 되는데 심한 불안, 초초나 또는 규칙등을 위반하였을 때에, 고지식한 병원직원들의 마구 다룸에 의해서 자신의 권리나 존엄성을 모욕 받았다고 생각될 때 그것에 대한 반응으로 일어나게 된다. 이러한 환자들의 흥분및 공격적 파괴적 행동들에 대해서 우리 간호원들은 과연 접내야 하며 곧 진정제를 투여하거나 강박의를 입혀야 하는가 하는 것이 이 연구의 초점이다.

본인은 이러한 환자들의 위기상황에 성급한 행동들이 주어지기에 앞서 과학적이고 체계적인 간호적 이해가 따른다면 환자들의 태도는 훨씬 달라질 수 있을 것이라는 가정하에 국립정신 병원에서 1973년 6월 1일 부터 9월30일까지 실험군 10명, 통제군 10명의 환자에게 관찰기(5일), 간호기(5일), 후반기(5일)로 나누어 실험군에는 간호기에 유효적절한 과학적 체계적 간호를 실시하고, 통제군에는 실시하지 않음으로써 그 효과도를 검증하였다.

환자의 치료에는 간호적 치료이외에도 약물요법, 정신치료, 충격요법등 관계 요인이 많으므로, 이러한 기간동안의 환자의 행동변화가 간호적 치료(Nursing Therapy)에 의해 변화된 것인가를 확인하기 위해 검증하였다.

그 결과는 다음과 같다. ($P < .01$)

표 6, 7에서, 관찰기, 간호기, 후반기 동안의 정신과 응급 행동의 빈도는, 실험군에서는 15.4, 7.0, 2.9 로 감소되어 $p < .01$의 수준에서 의미있는 변화임이 밝혀졌고, 통제군에서는 10.6, 6.9, 6.6으로 행동빈도가 감소되었으나 $p > .05$의 수준에서 의미있는 변화가 아님을 보이고 있다.

위의 결과들로 미루어 본 연구는 다음과 같은 결론을 내릴 수 있을 것이라고 생각한다.

① 환자의 위기 행동에 관한 사전의 이해없이 무조건의 안정제 투여와 강박의 사용은 금해야 할 것이다.

② 유효적절한 과학적 체계적 간호치료(Scientific & Systematic Nursing Therapy)로서 정신과적 위기는 해결될 수 있을 것이다.

③ 간호원은 치료적 요원의 역할을 담당할 수 있을 것이다.

본 논문을 시종 지도하여 주신 이부영선생님과 조언을 주신 이은옥 선생님, 이귀향 선생님, 그리고 국립정신병원의 김종해선생님, 보건대학원의 이영환 선생님께 진심으로 감사를 드리며, 아울러, 실험에 협력하여 주신 모든 분들께도 감사를 드립니다.