

Letter to Editor. Is the nurse able to implement some forms of psychotherapy?

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Out of all medical professions, nurses have the most intensive contact with patients. Compared to doctors, they can spend more time with patients. The essence of their profession causes that the contacts with patients are not only verbal. Nurses also take care of the patient's body. At the same time, the modern education of nurses, who have completed EU-compliant schools, according to which the curriculum covers about 4,800 hours, is extensive and complete. In the first degree studies, this program provides the subject "Psychology" in the dimension of 60 hours and the subject "Psychiatry and psychiatric nursing" in the dimension of 195 hours. There are also such subjects as "Sociology" (30 hours), "Health promotion" (65 hours) and "Philosophy and ethics of the profession" (90 hours). The amount of time devoted to study these issues is much higher than in medical studies.

Nurses obviously play very different roles in the structure of healthcare institutions. Some of them, such as nurses working in general practice, especially in community healthcare institutions, nurses working in various nursing and psychiatric institutions, as well as midwives – are faced with the challenges of patients' complaints resulting from burdensome economic and family situations and their mental condition. Therefore, there is a justified question whether the nurse should implement some form of psychotherapy and whether she is prepared to perform it. There are few scientific reports discussing such activities. Our own conversations with working nurses completing so-called "bridging studies" or MA studies do not indicate their considerable interest in the theory and use of various forms of psychotherapy. It would be desirable to publish the opinions of nurses who have completed specialist courses in the field of psychiatric nursing organized by the postgraduate education centers. However, there is no such data.

Therefore, the attempt to answer this question must be based primarily on the review of a small number of foreign publications on these forms of psychotherapy which coincide with the most common challenges faced by nurses [1–3]. These studies

support the thesis that nurses have in fact initial preparation to undertake such activities. This would be beneficial for many patients. The missing link is only a lack of specific, practical procedures presented and trained during the course of studies. This text is an attempt to stimulate discussion on this subject.

Supportive psychotherapy

Most people, if there is such a need, can talk to someone who is in a difficult or crisis situation. Such conversation should prompt the patient to describe the problem and name the experiences which he/she has experienced. The supporting person should help the patient to understand his/her situation and to plan the ways to solve or mitigate the problem or adapt to the situation. Supportive psychotherapy can be identified with friendly, neutral advice.

Reminiscence psychotherapy

Already about 25 years ago, the first papers related to simple forms of the group psychotherapy which can be carried out by nurses were published [4, 5]. It consists of organizing group sessions during which participants present the stories of their life. Authors promoting and developing this form of therapy emphasize that it is particularly useful for the elderly [6–8]. This therapy was used in particular in various nursing institutions for the elderly. The therapeutic factor here is the opportunity to tell the story of one's own life, which is heard and sometimes commented by the participants of the session. The nurse is primarily responsible for the arrangement and organization of the conversation. It is not necessary to interpret the spoken statements. Sometimes such meetings are thematic [7]. It is also possible to use auxiliary tools such as old photographs or diary entries.

Narrative psychotherapy

The simple and intuitively comprehensible idea of the reminiscence psychotherapy was generalized and widened. Many authors emphasize the usefulness of stimulating stories on different problem topics. As early as 2001, Skott emphasized the positive impact of the physical presence of nurses and their careful listening to patient's complaints [9]. Thorne et al. [10] and Gaydos [11] emphasized the importance of discussing self-defining memories. Other authors have extended these considerations and emphasized the importance of telling the stories of their lives as well as patients' artistic expressions in reinforcing a positive self-image and sense of life [12, 13].

Among techniques of narrative psychotherapy, J.A. Aloï distinguishes deconstruction, externalization and reconstruction [14]. Deconstruction consists in active listening of stories about patient's problems by a nurse in such a way as to see what "was not spoken, paying attention to omissions, ambiguity and contradictions". Deconstruction helps to carry out the externalization, which consists in expression of self-accusations,

maintained in the patient's mind. Reconstruction is based on discussing the patient's life events in a new, more optimistic way.

Person-centered psychotherapy

While the theory and procedures for the practical implementation of psychodynamic and cognitive-behavioral therapies are difficult and can be performed by qualified psychotherapists, many authors argue that Carl Rogers' approach can be introduced by nurses [4, 5]. It is well known that the essence of this form of therapy consists mainly in the ability to create an empathetic, friendly atmosphere of meetings. The attitude of nurses – respect for the distinctness and subjectivity of patients, who are treated like clients – is also very important here. The content of discussions is to help the patient to return to his/her own idea for himself/herself.

“Life review” psychotherapy

Several authors distinguish a type of therapy which is similar to the reminiscence therapy, however, is much more difficult to manage [4–6]. The procedure of this psychotherapeutic technique provides individual sessions for older persons. During the sessions the patient tells his/her life story. The purpose of discussions is to reconstruct the memorized biographical path in such a way that the patient recognizes that his/her course of life was appropriate, so that he/she could not have any objections to it.

In our previous paper we mentioned the importance of working with own memories in order to obtain a balanced picture of the course of one's own life [15]. Haig and Burnside has tried to determine how nurses conducting this type of psychotherapy could change the way the patients look at their lives [5]. They postulate that the nurses should first use a person-centered therapy, as recommended by Carl Rogers. According to Haig and Burnside, the content of their conversations should aim to achieve a holistic view of life as in Gestalt psychotherapy. They also recommend using techniques proposed by Erickson.

Own suggestions on the procedure of implementing “life review” psychotherapy

The outline of the therapeutic procedure proposed by Haig and Burnside is convincing. In our opinion, however, the demand to use techniques derived from Erickson therapy and Gestalt therapy is vague, achievable only after long-term specialized training. The need for interventions that help patients to achieve a balanced image of their own lives is significant, in particular with regard to patients of nursing institutions and other institutions dealing with the elderly. For this reason, we are trying to establish procedures that will enable the practical implementation of “life review” psychotherapy.

We propose a structured interview concerning negative events in patient's life which has been already presented in our publications available online [16, 17]. The interview enables to establish so-called unfavorable sequence of events in patient's life. Then

the nurses can use their own set of “therapeutic tasks” which encourage the patient to rethink some of these events and reinterpret them. The examples of using the so-called “therapeutic tasks” have already been discussed in our previous publications [18, 19].

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