The Domains of Psychiatric Nursing
Nursing is an exciting, challenging, dynamic profession embedded in a stressed, underdeveloped, and rather chaotic health care system whatever nurses may say about their work, boredom and superficiality are rarely mentioned. The intensity of the emotion, the challenge of engaging a client in pursuit of health, and the knowledge that nursing is a vital service all serve to give meaning to even the most difficult workdays. Because of the importance of the work, nurses must learn and use nursing theories and concepts (the knowledge domain) to effect specific outcomes for the clients. The “how” of nursing is the nursing process (the practice domain).

**Person:**

Person is defined as a living being with physical, cognitive, affective, behavioral, and social dimensions, who interacts with the environment to achieve a chosen life purpose. Three aspects of the definition are explored.

**Dimensions of the Person**

a person is thought to consist of five dimensions: physical, cognitive, affective, behavioral, and social. The physical dimension includes neurobiologic, neurophysiologic, and biochemical aspects of the person.

However, persons do not function in the physical dimensions. The cognitive dimension is involved in the person’s ability to formulate thoughts, process information, and solve problems. The affective dimension is involved in the person’s actions in the integration of the physical, cognitive, and affective dimensions. A person’s behavior is an expression of individuality and is reflective of the uniqueness of both the dimensions and the patterns of interaction the person develops with the environment. The social dimension involves the person’s skills in living as a member of a family and community.

**Interaction with the Environment**

People interact, or engage in mutual, ongoing, patterned relationships with other people and with objects in the environment. Patterns of interaction are identifiable, rhythmic, measurable, and changing over rhythmic; they can also be described.

For a person who has well-established patterns, life becomes predictable and comfortable. A healthy person is able to balance the need for predictability with the need for change.

Behavior patterns are useful to the person because they are reliable, flexible ways to interact with the environment in a variety of situations.
Chosen life purpose:

A life purpose is an integrative spiritual function that gives meaning to each person’s existence. Behavior patterns are developed to achieve a chosen life purpose. The need for a purpose in life is a uniquely human characteristic. This need and the capacity to choose combine so that each person actively chooses a life purpose.

Purposes are chosen early in life as an outgrowth of interaction with the environment. The quality of the choice is an important focus for nurses working with clients with mental or emotional problems.

Environment:

Environment is defined as everything outside a person. It includes the physical and social elements that are external to and interactive with the client. As the nurse assesses the client’s determine together which aspects of the environment need to be included in the focus of treatment. Many aspects of the physical environment, such as light, heat, and sound may influence the client and need to be addressed in the nursing care plan.

The nurse is part of the environment of the client in the treatment setting. The nursing staff can help make the interaction with the hospital system healthy and constructive for the client. The client may have developed unhealthy patterns of interaction with aspects of the social environment, that is, family and community. The opportunity for healthy interaction with people in the hospital environment creates the possibility that the client will interact in more healthy ways after discharge. Therefore, the hospital environment, or milieu, is thought to be a major treatment opportunity for which nurses are responsible.

Family:

The family is the basic unit of society, transmits cultural norms and values, and is the most influential socializing agent for learning how to relate to people, groups, and community. Subsystems within a family may be the married couple, the sibling group, and the extended family. The family with a mentally ill member struggles to maintain a normal household and healthy relationships with friends and community groups. However, many of the family’s resources are consumed in the care and treatment of its ill members. Often the family ends up isolated, impoverished in resources and relationships, and dysfunctional in intrafamily relationships. The family is usually the strongest, most reliable support system the mentally ill person has. Building on family strengths while decreasing dysfunctional, energy draining interactions assists both the ill person and the other family members.

Community:

Community is defined as a group of people with common characteristics, location, or interests. A community is not just a mixture or assembly of people. Rather, community implies organization, roles, growth, development, and relationships among people. Relationships in a community may be related to
1. Common characteristics such as ethnicity or social status, which bind people together;
2. Geographic location;
3. And common interests.

For instance, the nursing profession may be considered a community. It has organization, roles, growth and development as a profession, and common interests at the heart of its identity.

The community that is the environment for individuals and families is itself part of a larger environment, society. A community influences and is influenced by society. Growth and development, resources, and attainment of goals are influenced and somewhat determined by the larger society, the community interacts as a whole with the society, whether the community be a city, hospital, ideologic group, or group with common characteristics.

The community is composed of many subsystems. The client determines relevant subsystems, which may include the neighborhood, school, church, employment office, parole department, public assistance office, visiting nurse, or child protection unit. Organized groups such as adult education classes, Parents Without Partners, Alcoholics Anonymous, parent effectiveness training groups, and state nurses’ associations are also subsystems.

**Health:**

Health is defined as a synthesis of the client’s internal patterns with those of the environment; it is measured on a continuum from functional to dysfunctional patterns of interaction. Health is a dynamic, changing state determined by changing patterns of interaction. It may be described and measured.

Health exists on a continuum from functional to dysfunctional. Health implies the ability to function, and illness implies the “disability” to function, that is, dysfunction.

A person’s health status varies considerably over time because of the dynamic nature of patterns of interaction. Nurses seek to improve a client’s health by influencing patterns of interaction between the client and the environment.

**Mental Health**

Mental health is defined as a dynamic process in which a person’s physical, cognitive, affective, behavioral, and social dimensions interact functionally with one another and with the environment. Mentally healthy patterns reflect and ability to perceive reality accurately; modulate the way emotions are experienced and expressed; think clearly and logically; communicate thoughts, emotions, feelings, needs, and desires effectively; anticipate events and solve problems; initiate and maintain meaningful relationships; establish and maintain boundaries; use resources appropriately; develop
a positive self-concept; and, in general, behave in ways that facilitate personal growth and development. Mental health permits persons to pursue life goals in a way that affirms other people, facilitates the growth and quests of others, and culminates in the fulfillment of their own life purpose. An example of a mentally healthy person follows.

**Mental Illness:**

Mental illness is defined as physical, cognitive, affective, behavioral, and social patterns that interact dysfunctionally with the environment. Dysfunctional patterns of interaction make it difficult to satisfy needs, develop and maintain social relationships, address growth and developmental tasks, and pursue a productive and gratifying life. Patterns of interaction within the person and among the person, the person’s family, and the community significantly influence the development and maintenance of mental illness.

**Nursing:**

The American Nurses Association (ANA) defines nursing as the diagnosis and treatment of human responses to actual or potential health problems (ANA, 1980). Human responses are the synthesis of physical, cognitive, affective, behavioral, and social dimensions of the person expressed in interaction with the environment. Nursing for the purposes of this text, is defined as a goal-directed process that promotes functional patterns of interaction between client and environment. “Functional patterns of interaction” is synonymous with health; therefore, nursing is a goal-directed process that promotes health.

ANA has defined psychiatric and mental health nursing as a specialized area of nursing practice that employs theories of human behavior as its science and purposeful use for self as its art (ANA, 1976). It is directed toward both preventive and corrective effects upon mental disorders and their sequelae and is concerned with the promotion of optimal mental health for society, the community and individuals (ANA, 1976).
Figure 1-1 The nursing process:
The Nursing Process:

The nursing process in other areas of practice is also used in psychiatric – mental health nursing. It is composed of assessment, nursing diagnosis, client outcomes, nursing interventions, and evaluation of outcomes. The process is ongoing, an evaluation is part of the assessment once the process is established.
Collaboration with other disciplines:

Nursing practice can be thought of as occurring in two contexts: within particular settings, and within a multidisciplinary team.

Mental Health Disciplines:
The four mental health disciplines that have traditionally provide services to psychiatric clients are nursing medicine, social work, and psychology. In addition to the four traditional disciplines, occupational therapy and therapeutic recreation are offered in almost every inpatient unit. Disciplines to whom referrals for psychiatric clients are made include dietary, physical therapy, biofeedback, chaplaincy, pharmacy, and others.

Teamwork:

Working together is a challenge for my two people, no matter what the task. Increasing the number of people with different educational backgrounds, vocabulary, priorities, methods of problem solving goals, and communication styles adds to the challenge of working together. The multidisciplinary team comes together for a common purpose: planning and evaluating the treatment of individuals clients. The client is considered a member of the team. Each person on the team is treated with mutual respect, because everyone on the team has a vital contribution to make. Thought team members may overlap in some areas of knowledge and responsibility, each team member also has a unique contribution to make that must be communicated for effective treatment planning to occur. Decision making usually occurs by consensus, and all members specify the activities they will pursue. Any team member could coordinated the client’s care, but the nurse usually provides this service because members of the nursing staff are always present in the inpatient environment.

Inherent in this view of teamwork are several principles.

1. Teamwork focuses on client outcomes to which all team members make a contribution.
2. The client is a member of the team, creating a climate of cooperation among all members.
3. Each mental health discipline makes a unique contribution, and there is overlapping among disciplines as well.