



- Oslo University Hospital
- Örebro University
- Dalarna University

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*Martin Salzmänn-Erikson,
R.N., MHN, MSc, PhD-candidate in caring sciences*

Head supervisor:

- *Henrik Eriksson*, assistant professor, Mälardalens University, Sweden

Co-supervisors:

- *Kim Lützén*, professor, Karolinska Institutet, Stockholm, Sweden
- *Ann-Britt Ivarsson*, assistant professor, Örebro University, Sweden

Presentation about a *psychiatric intensive care units* – a safe institution

Psychiatric Intensive Care Units (PICU) – safe care, safe workplace and safe society!



PICU population

- Schizophrenia, mania, personal disorders
- Younger (about 30 y.o.)
- Majority of men
- Alcohol and substance
- Presence of violence
- Singles
- Unemployment
- Earlier admitted to PICU

Characteristic themes for a psychiatric intensive care unit

- The dramatic admission
- Protests and refusal
- Escalating behaviours
- Temporary coercive measure

(Salzmann-Erikson et al., 2008)

AIM

...TO DESCRIBE CULTURAL KNOWLEDGE
EXPRESSED IN NURSING CARE IN PSYCHIATRIC
INTENSIVE CARE UNITS.

METHOD

- Spradley's ethnographic method:

12-step Development Research Sequence (DRS)

“KNOWLEDGE THAT IS LEARNED AND SHARED AND THAT PEOPLE USE TO GENERATE BEHAVIOR AND INTERPRET EXPERIENCE.” (Spradley, 2005, p5)

FIELD WORK

- Participant observer
- Become one of the group
- Informal interviews
- Formal interviews
- Taking notes

FIELD WORK

- PHYSICAL PLACES, what is happening here?
- ACTORS, who does what?
- ACTIVITIES, sets of related acts people do.
- GOALS, things people are trying to accomplish.
- FEELINGS, the emotions that people feel and express.

The overall goals in the culture of stability?

- Create stability
- Preserve stability
- Restore stability when turbulence occur

PICU – a culture of stability!

Stability:

- Peace and quiet
- Patient with capability to sit still and talk quietly
- No running, no loud voices.
- Patients who improved
- Atmosphere mirror the patients mental condition

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Turbulence:

- Patients with disruptive behavior
- Newly admitted patients
- Patients who deteriorated
- Anxiety
- Abberation
- Aggression
- Irritation

Stability is achieved through nursing care...

- ...providing surveillance
- ...soothing
- ...being present
- ...trading information
- ...maintaining security
- ...reducing

Nursing care:

PROVIDING SURVEILLANCE

- PICU-supervision
- WHY? Collect important information about patients way of being, identifying changes, ensuring stability
- HOW? Listening, observing, remain close or keep distance
- Based on observations, the staff could assess whether the patient's expressions were positive or negative.

Nursing care: SOOTHING

- Making it possible to have a dialogue.
- Stabilizing the patient's welfare.
- Preventing further turbulence on the ward.
- Constantly balanced a dialectic relationship between power and resistance.

Nursing care: **BEING PRESENT**

- Maintaining stability
- Safety- and caring aspects
- Letting be: not being intrusive or disrespectful
- Waiting for the patients to initiate contact
- Implying that the patients govern the degree to which the staffs are present

Nursing care:

TRADING INFORMATION

- Exchanging verbal and non-verbal information for example by gestures or mimicry.
- Patients' behaviors, improvements, and deterioration as well as the staffs' own feelings.
- Learning from each other and developing manageable techniques for approaching certain patients and dealing with particular situations.
- Use the bits of information to construct a complete picture of the patients.

Nursing care: **MAINTAINING SECURITY**

- Constantly ready to take action
- Backing up both colleagues and patients to safeguard the stability of the unit.
- Important not to be left alone in the picu.
- Gives the staff a sense of trust and feeling of security when caring for potentially and risky patients.

Nursing care: Reducing

Limiting:

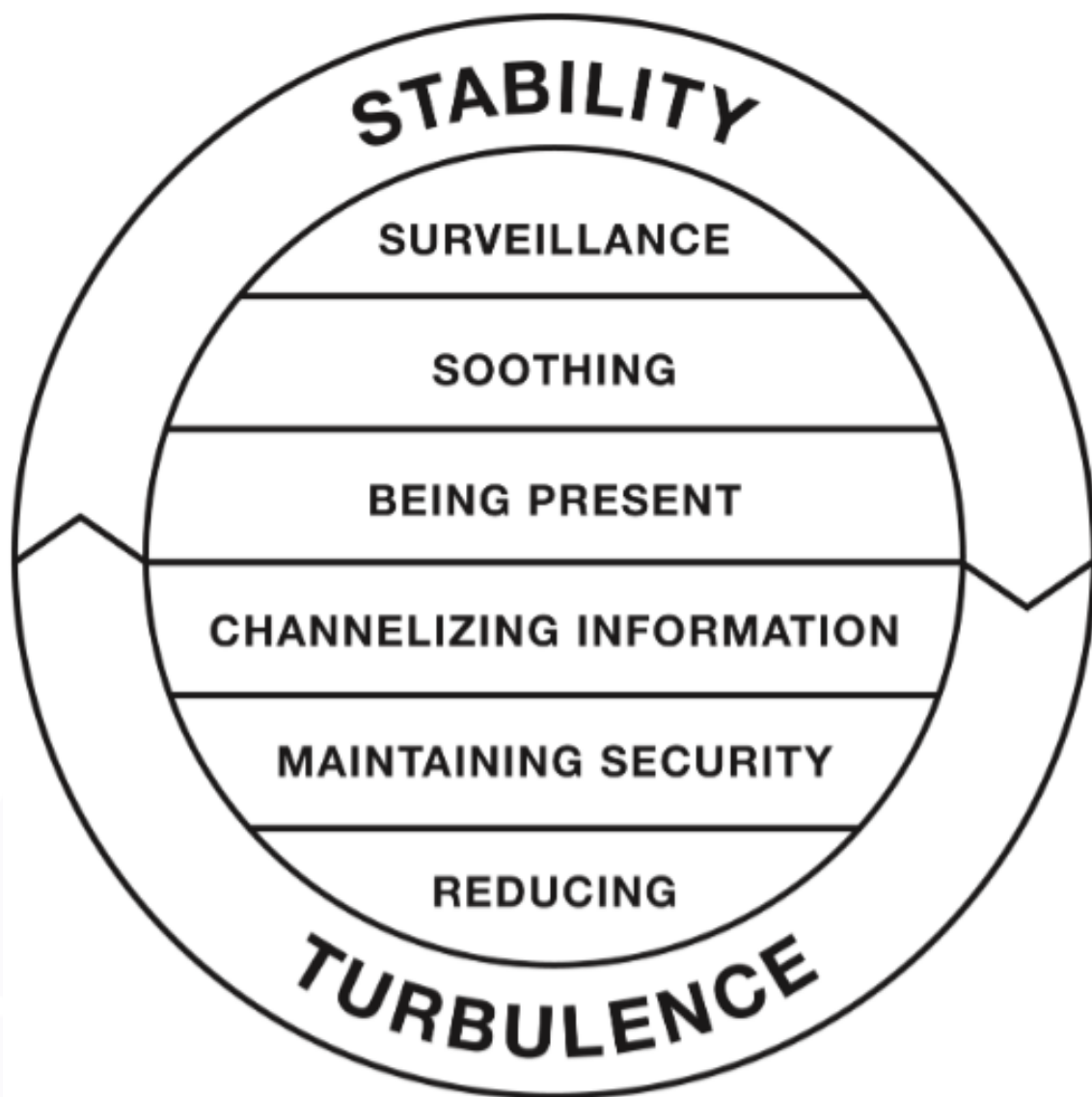
Different degrees of limiting, from mechanical restrained to be granted permission home.

Modifying the environment:

Objects that could be used to harm patients or others.
Modifying of impressions in the environment

Minimizing:

Not highlight religious or political beliefs
Avoiding unnecessary polemic and sensitive topics of conversation



References

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- Salzmänn-Erikson, M., Lützn, K., Ivarsson, A-B., Eriksson, H. (2011). Achieving equilibrium in a culture of stability – cultural knowing in nursing on psychiatric intensive care units. *Issues in Mental Health Nursing*, 32(3), 255-265.

mse@du.se