Abstract

This dissertation has emerged from an involvement in the controversial topic of what constitutes the distinctive character of nursing in general and psychiatric nursing in particular. In the Scandinavian countries there is a widespread notion that nursing can and should be characterised as altruistic actions of care and value-conscious services provided in the best interest of others. Do the experiences of patients and nurses reflect this notion of care? Does this represent an appropriate professional self-conception for the individual nurse as well as for nursing as a profession? These questions are at the core of the empirical studies conducted for this dissertation and for the discussions of principles of care.

The studies have been conducted in two locked wards in acute psychiatric departments in two hospitals. The focus for the collection of empirical material has been placed on the content of the interaction between the patients and the psychiatric nurses. Participant observation and interviews with patients and nurses have been used as research methods. These methods provide a basis for elucidation of the experiences gathered by both patients and nurses in the interaction between the two groups. In addition, undertaking fieldwork among psychotic patients gave rise to problems of research ethics that needed to be addressed both in principle and in practice. Accordingly, the dissertation includes a published article on challenges associated with obtaining informed consent from the participants in the study.

In addition to this article on research ethics, the dissertation consists of five articles that address various fundamental principles for interaction between psychotic patients and psychiatric nurses. One article thematises compassion – which in 2001 was included in the Norwegian Code of ethics for nurses – and discusses the core narrative of the Good Samaritan in the light of empirical findings on relationships and communication between a nurse and a specific patient. The following three articles are based on a set of specific and instructive guidelines on how psychiatric nurses should relate to patients. Here I investigate and discuss three different, but related, therapeutic principles. In the first of these articles, I investigate how nurses behave and reflect with regard to balancing the needs for proximity and distance, between being a fellow human and a professional, in relation to patients. The subsequent
article shows how nurses practise and describe the requirement of providing the patient with reality orientation in order to help the psychotic person “back to reality”. In the third of these three articles I thematise an imposition of limits, where I elucidate the problems associated with transgressions of the patient’s zone of the untouchable. The most recent article in the dissertation is based on the view that trust is a necessary precondition for the relationship between nurses and patients. A pervasive empirical impression is that distrust is a prominent feature of the relationship between the giver and the recipient of care, and this is documented and discussed in the light of the ideal of trust.

In the introductory discussion in the dissertation I draw parallels and lines between specific empirical findings and the notion of nursing as altruistic care. I present the challenges, difficulties and, to a certain extent, impossibility of complying with the intentions of good psychiatric nursing. I argue that the altruistic notion of care conceals the demanding nature of acute psychiatry, for patients as well as for nurses. Further I discuss how this notion of care may serve to idealise and camouflage the exercise of power and afford immunity to criticism. As a follow-up on this criticism, I ask whether the altruistic notion of care that prevails in the nursing profession ought to be revised. Mature care, as interpreted by C. Gilligan and T. Pettersen, is proposed as a possible alternative. Inherent in the concept of mature care is an idea of the importance of balancing one’s own needs and interests against those of others. By also considering the caregiver’s interest, the idea of mature care provides an opportunity to incorporate perspectives of power in acute psychiatric nursing practices, including the complex interconnections between power and care. I emphasise the importance of increasing the space for critical reflection, with a view to developing concepts of care within the profession. This could have an impact on training and guidance as well as research related to nursing.