FEUER NURSING REVIEW

PSYCHIATRIC NURSING STUDY BOOK

NCLEX®-RN/LPN

2023 EDITION

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I TEST TAKING STRATEGIES

Test Taking Tips

1. No alcohol or medications that impair cognition before the exam.
2. Create a stress-free exam day.
    - Try out directions to test site ahead.
    - Have money available for tolls, transportation, food and phone a day ahead.
    - Set alarm 30 minutes ahead.
    - Wear comfortable loose fitting clothes.
    - Prepare for morning the night before.
    - Do not get on scale before leaving house.
    - Maintain usual caffeine intake.
    - Don't make any major decisions the night before.
    - Avoid fights the night before and the morning of exam.
    - Don't get a haircut or dye your hair the day before.

3. Do not discuss the test during lunch break.
4. Believe in yourself – you are smart enough to pass.
5. Accept getting less than 100% is still passing.
6. You know more than you realize.
7. You have ample information to pass this test.
8. Mild anxiety will help you get through.
9. Always look for answers that reduce anxiety and increase communication.
10. Identify who the question addresses as the priority i.e. staff, patient, family.
11. Read all choices thoroughly.
12. Toss out those answers that you know immediately are incorrect.
13. Remember, when faced with a question with no right answers to choose from, it's probably a poor test question! The question is terrible, not you! Don't let it shake your confidence.

1 NURSE-PATIENT RELATIONSHIP

The Nurse/Patient Relationship:

Defined as an interaction between two people, the patient and the nurse, in which both parties contribute to the process of healing, growth promotion and/or prevention of illness.

Conditions essential to development of a Therapeutic Relationship:

- Rapport
- Trust
- Respect
- Genuineness
- Empathy

Four Phases of the Nurse-Patient Relationship

1. **Pre-interaction Phase**
   - Gathering information about the patient
   - Reflecting on one's own feelings/reactions to patient
   - Awareness of preconceptions and effect on care to be delivered

2. **Orientation (Introductory) Phase**
   - Introduction and role definition.
   - Develop rapport and trust over time.
   - Clarifies therapeutic parameters of relationship.
   - Brief frequent interactions.
   - Assessment completed with mutually accepted goals defined.
   - Identify patient's strengths and limitations
   - Establish discharge plans.
   - Admission assessment completed within 24 hours of admission.

Example:

The nurse introduces herself to the patient and explains that their relationship will be very different from a friendship

3. **Working Phase**

- Promotes problem-solving skills.
- Teaches new coping strategies.
- Evaluate and redefine problems and goals.
- Aware of Transference – patient's behavior and feelings toward nurse
- Aware of Countertransference- nurse's behavior and feelings toward patient

Example:
The nurse and patient meet for 15 minutes to change the nursing care plan.

4. **Termination Phase**
   - Solidification of separation.
   - Review accomplishments and regrets.
   - Transfer dependency needs to outside sources.
   - Final and ongoing maintenance of therapeutic parameters.

Example:
The nurse announces in the community meeting which patients will be discharged that week.

Nurse Patient Relationships: Parameters and Boundaries

AREA	SOCIAL & NON-THERAPEUTIC RELATIONSHIPS	PROFESSIONAL & THERAPEUTIC RELATIONSHIPS
1. Purpose	1. Personal needs met	1. Patient needs met
2. Establishment of relationship	2. Informal, casual	2. Formal & defined roles
3. Duration of interaction	3. No limitations	3. Clear limitations
4. Focus	4. Personal needs met	4. Patient goals & wellness
5. Confidentiality	5. Secrets accepted	5. No secrets
6. Personal information	6. Trust with sharing	6. Very limited sharing
7. Personal feelings	7. Free to express	7. Do not take personally
8. Physical touch	8. Free to express	8. Very limited with verbal exploration & permission
9. Gift giving	9. Free to express	9. Verbal expressions

COMMUNICATION

Nurse/Patient Communication

Communication – an interactive process where information is exchanged between two or more people.

Communication is influenced by several pre-existing factors such as:

- Values
- Attitudes
- Culture (example: use of personal space)
- Knowledge
- Religion
- Gender
- Age
- Social Status

Verbal – Content – actual words spoken. The "What" is being said

Non-Verbal – Process – The "How" it is said, the feeling tone expressed through physical movement or lack of movement conveying true emotional experience. Can be confusing when verbal and non-verbal do not match the words and behaviors.

Example:
Patient tearfully states as she stares at the floor, "I had a great pass with my husband."

Therapeutic versus Non-Therapeutic Communication

Therapeutic Communication	Non-Therapeutic Communication
Progresses communication. Allows the patient to tell their story and to be clearly understood. Focuses on the patient's needs with goal of healing and change.	Stops the flow. Prevents the exchange of clear information or feelings to be expressed. Focuses on needs of caregiver

Sympathy

To feel or commiserate with another person's feelings.

Bad

Example:
"Oh, I know just how you feel! That happened to me too!

Empathy

To appreciate or understand from another person's perspective.

Good

Example:
"It must have been very hard for you to tell your husband you wanted a divorce."

Transference: Patient	**Countertransference: Staff**
The experiencing of thoughts and feelings and behaviors toward a person (usually to a caregiver) that unconsciously belong to a significant person in one's past.	The staff's experiencing thoughts and feelings and behaviors (toward a patient) that unconsciously belong to a significant person in one's past.

Non-Therapeutic Communication:

1. **Reassuring**: Suggesting there is nothing to worry about.

Bad

Nurse: "Stay here. There is nothing to worry about."
Patient: "Everyone here wants to see me dead."
Nurse: "This is a hospital. The staff is here to help you and protect you from all harm."
Patient: "I see my doctor every day. How can you help me to get my memory back?"
Nurse: "I understand exactly what you are feeling. You'll find that our talks will help you."
Patient: "I refuse to take these psychological exams. Why should I anyway."
Nurse: "It will help you to get better and you will be able to go home sooner."

2. **Giving Approval**: Agreeing without exploring.

Nurse: "Oh you look beautiful. I like your new dress. I'm pleased that you decided to go to O.T." "You have done a good job."

3. **Rejecting**: Refusing to consider something, or showing no concern for patient's behavior or ideas.

Patient: (Crying) "I do not think my husband loves me anymore."
Nurse: "Of course he does. Don't even think about that."
Patient: "But I'm very upset."
Nurse: "I'll leave you alone for a while until you're in a better mood to talk."