

The theory of protective empowering as a lens for health, healing and hope with individuals in acute psychiatric-mental health settings

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Hope, Health and Healing: Mental Health Nursing Around the Corner and Around the World. Canadian Federation of Mental Health Nurses National Conference, Halifax, Nova Scotia (October 21-23, 2009)

Main Objective

- To discuss a new person-centred approach of empowerment called protective empowering in which nurses help individuals participate in activities contributing to their:
 - ◆ Convalescence
 - ◆ Health
 - ◆ Quality of life

Theory of Protective Empowering

- A lens to guide health, healing and hope with individuals and families through the seamless interplay between protective and empowering actions.



Theory of Protective Empowering

- The interplay between protective and empowering actions in the theory of protective empowering is an approach, in which:
 1. Safety and choices are addressed simultaneously.
 2. The possibility of health is sought in illness.
 3. The individuals' views and participation are invited.

BACKGROUND

Longstanding challenges in acute psychiatric hospital settings

Kavanagh, 1988

“On-going intra-staff debate over [nurses’] levels of control versus patients’ rights and self-care”

(p. 244)

Fisher, 1995

“A tension between their [nurses] desire to give patients latitude to manage their own behaviours and their simultaneous responsibility for maintaining unit safety”

(p. 199)

Chiovitti, 2008

“Problem associated with nurses’ simultaneous responsibility for ensuring patient safety and choice”

(p. 210)

**A grounded theory study of
caring with Registered Nurses
in acute care psychiatric
settings in three hospitals**

PURPOSE

Theory Generation

- Theory of Protective Empowering was developed with Registered Nurses to describe:
 1. What nurses do on a day to day basis in their caring with patients.
 2. Actual experiences nurses have had in their day to day work with patients that represent how nurses accomplish caring with their patients.
 3. The outcomes or consequences of caring.

METHODS

Theory Generation

- Grounded theory methodology was used (Strauss & Corbin, 1990)
- Concurrent data collection and analysis
- Categories and descriptors of the theory were verified with nurse participants

METHODS

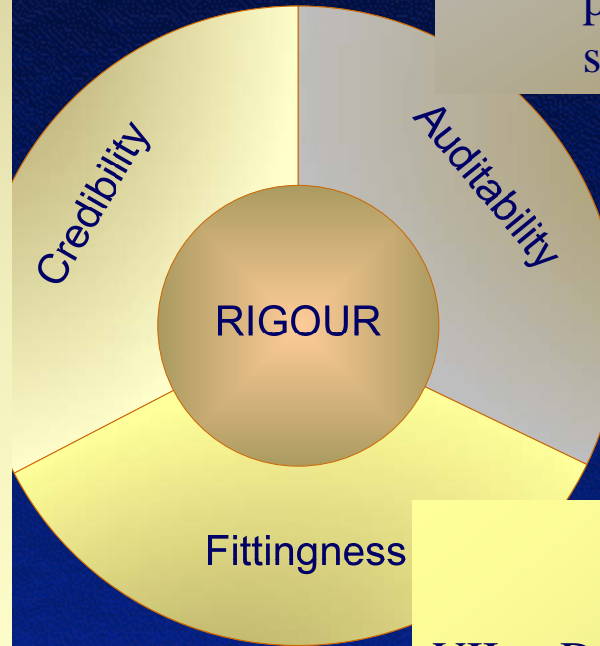
Theory Generation

- Validity and reliability were established through the qualitative principles of conducting repeated interviews with nurses and constant comparative analysis.
- Sampling ceased when no new descriptors of caring emerged.
- Saturation of data was achieved at 17 nurses.
- Consent was obtained.

Methods of rigour used in the development of the Theory of Protective Empowering

Credibility

- I. Let the participants guide the inquiry process
- II. Check the generated theoretical construction against participants' meanings of the phenomenon
- III. Use participants' actual words in the theory
- IV. Articulate the researcher's personal views and insights regarding the phenomenon explored



Auditability

- V. Specify the criteria built into the researcher's thinking
- VI. Specify 'how' and 'why' participants in the study were selected

Fittingness

- VII. Delineate the parameters of the research in terms of the sample, setting, and the level of the theory generated
- VIII. Describe the literature pertaining to each category which emerged in the theory

SAMPLE

Theory Generation

Sample				
	Setting 1	Setting 2	Setting 3	Total
Number of Participants	7	5	5	17
Employment Status				
Full Time	6	4	4	14
Part Time	1	1	1	3
Experience in Psychiatric Nursing (Years)*				
1 to 9	3	2	2	7
10 to 19	2	2	2	6
≥ 20	2	1	1	4
Experience in Nursing (Years)**				
1 to 9	3	2	2	7
10 to 19	2	2	2	6
≥ 20	2	1	1	4

* 10/17 nurses had ≥ 10 years experience in psychiatric nursing

** 10/17 nurses had ≥ 10 years experience in general nursing

(Chiovitti, 2008)

SAMPLE

Theory Generation

Sample				
	Setting 1	Setting 2	Setting 3	Total
Education				
Diploma	3	1	4	8
Degree	4	4	1	9
Gender				
Female	7	5	4	16
Male	0	0	1	1
Cultural Group				
Black	0	1	0	1
Caucasian	6	4	5	15
Oriental	1	0	0	1
Age (Years)				
24 to 34	3	3	1	7
35 to 59	3	1	3	7
≥ 60	1	1	1	3

SETTING

Characteristics of Settings			
	Setting 1	Setting 2	Setting 3
Teaching Hospital	Yes	Yes	Yes
General Hospital	No	Yes	Yes
Psychiatric Hospital	Yes	No	No
Psychiatric Unit	Acute Care	Acute Care	Acute Care
Psychiatric Patient Population	Non-Specific	Non-Specific	Non-Specific
Number of Beds	35	15	24
Full-Time R.N.'s	12	9	15
Part-time R.N.'s	3	7	5
Average Length of Stay (Days)	35	30	30
Nursing Approach	Primary Nursing with a Multidisciplinary Team		
Theoretical Model	Pluralism	Roy Adaptation Model	Pluralism
Urban/Rural	Urban	Urban	Urban

Psychiatric Patient Population

Nurse reported
acute and co-
morbid patient
health conditions
across 3
hospitals in 3
acute psychiatric
settings

Acute patient health conditions

major affective and mood

psychosis and paranoia

anxiety

organic mental

dissociative identity

sexual

Sleep disturbance

Co-morbid patient health conditions

diabetes

addictions

hypertension, angina pectoris, hypotension

asthma and other pulmonary conditions

dementia, seizures, paraplegia

auditory and visual conditions

cancer, gastric conditions

urinary tract infection

antenatal and postpartum

orthopaedic injuries, disability

wounds and burns

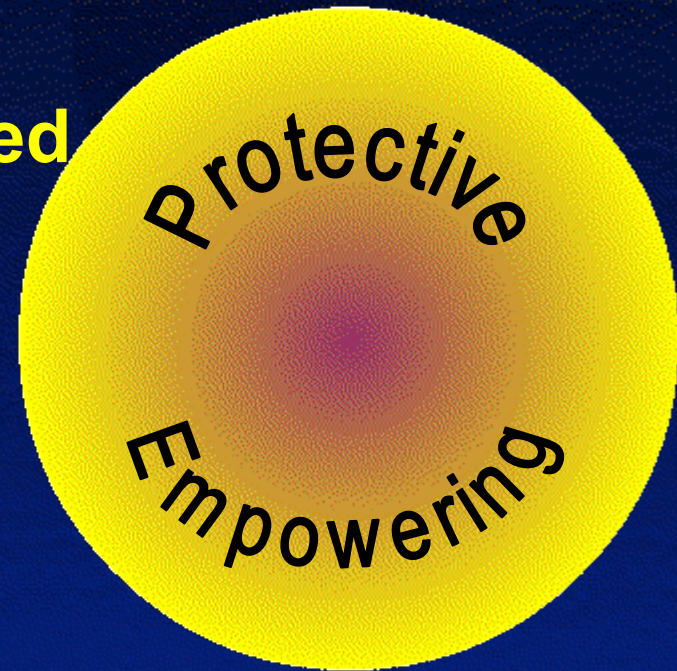
FINDINGS

● Theory of protective empowering is accomplished by:

- ◆ 6 Main Nurse Actions
- ◆ 27 Sub-actions

● Consequence of protective empowering:

- ◆ Patient participates, resumes or sustains activities of daily life contributing to:
 - Convalescence
 - Health
 - Quality of life



FINDINGS

● Theory of protective empowering represents how nurses:

1. Address safety and choices simultaneously
2. Seek the possibility of health within illness
3. Invite individual's views and participation



FINDINGS

Protective Actions

Nurse described their caring as protective in nature because patients admitted to hospital are assessed as:

- ◆ Being a harm to themselves or others

OR/

- ◆ Too ill to be capable of performing their own activities of daily life

(Chiovitti, 2008, p. 210)

Protective

FINDINGS

Protective

Protective Actions

The following nurse excerpt illustrates the protective nature of caring:

Nurse excerpt

I protect them to a certain degree, because the patient is in a vulnerable position. In being ill their level of responsibility for themselves might be dampened or might not be realized to a full extent by the patient” (002)

(Chiovitti, 2008, p. 210)

FINDINGS

Empowering Actions

Although nurses described a protective component to caring, the focus was to empower patients to resume activities of daily life.



Empowering

FINDINGS



Empowering Actions

The following nurse excerpt illustrates the predominant empowering nature of caring:



Nurse excerpt

Even if the patient is disorganized they will be given two choices or the choices will be very limited, but they are still allowed to make the choice if they want to...the patient decision or choice could be as simple as deciding to put on one sock or two or whether he is to go to a second level lodging home versus an independent living place ” (017)

FINDINGS

Overall Process of Protective Empowering



**Protective
Actions**

**Harmonious
& Seamless
Interplay**

“Protective Empowering emerged as a consistent pattern where a discussion of one (protecting or empowering) would incorporate the other...”


**Empowering
Actions**

FINDINGS

Overall Process of Protective Empowering

“Protective Empowering emerged as a consistent pattern where a discussion of one (protecting or empowering) would incorporate the other...”

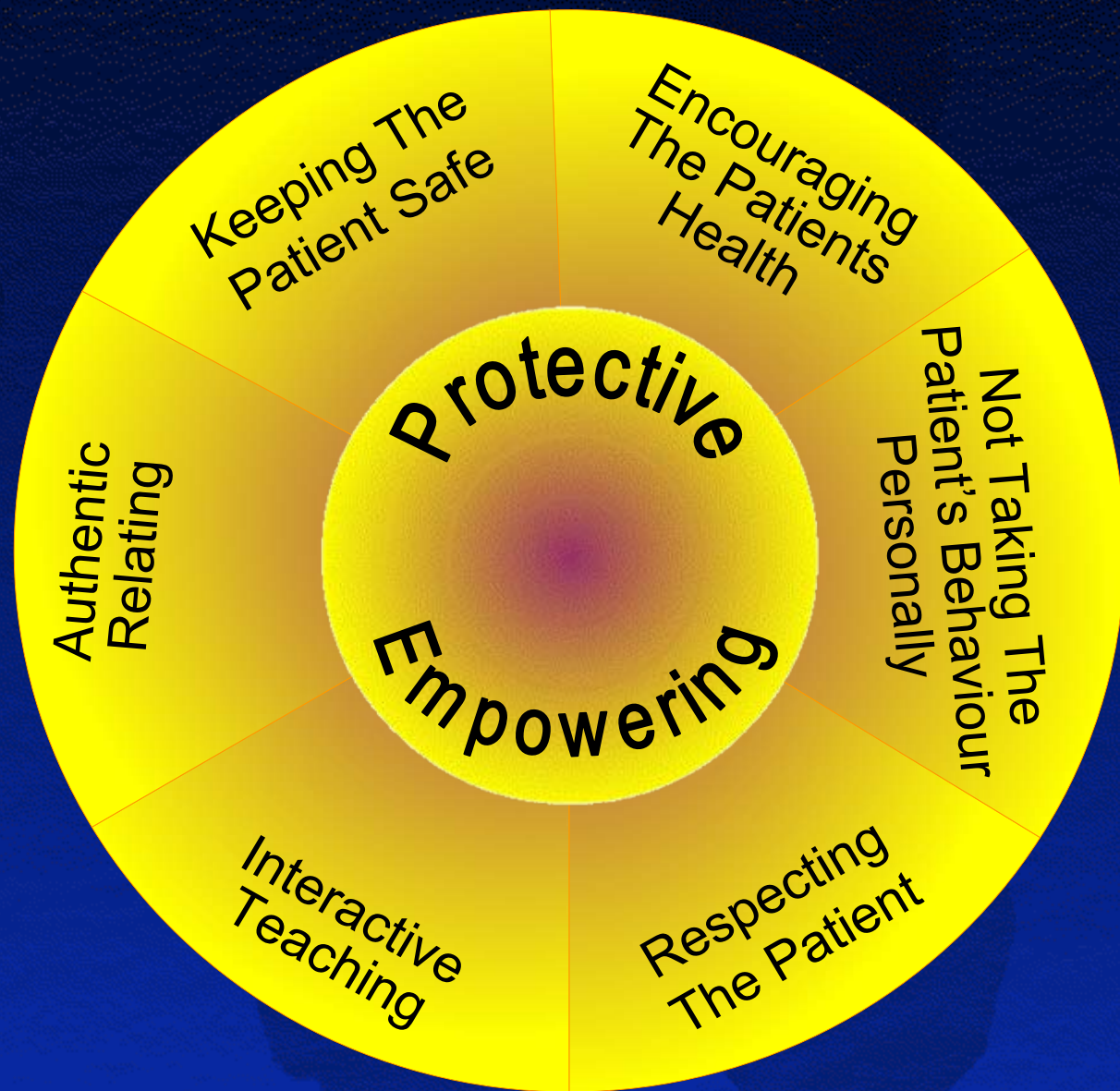
Nurse excerpt



“You are always ensuring safety in the hospital, but I think empowering starts right from the minute the patient walks in the door. Even for somebody who has very little control because they are psychotic. There are small ways you empower them by giving them choices or two choices. For example, if they are out of control you can give them a choice between taking medication liquid or injection. I think that is empowering them because it gives them a choice” (004)

FINDINGS

SIX MAIN NURSE ACTIONS OF PROTECTIVE EMPOWERING



FINDINGS

Relationships between the six actions of protective empowering

Features of Protective Empowering

Antecedent and sustaining values & actions necessary for protective empowering to occur

Actions, interactions, & contexts through which protective empowering occurs and changes

Nursing Actions of Protective Empowering

Respecting the patient

Not taking the patient's behaviour personally

Encouraging the patient's health

Authentic relating

Interactive teaching

Keeping the patient safe

Consequences of Protective Empowering

Consequence of protective empowering is for patients to participate, resume or sustain activities of daily life contributing to:

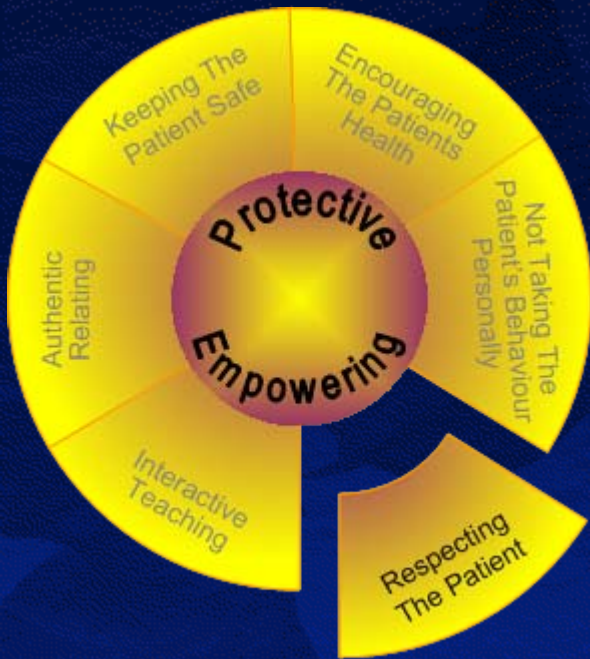
- Convalescence
- Health
- Quality of life

“KEEPING THE PATIENT SAFE” ACTION



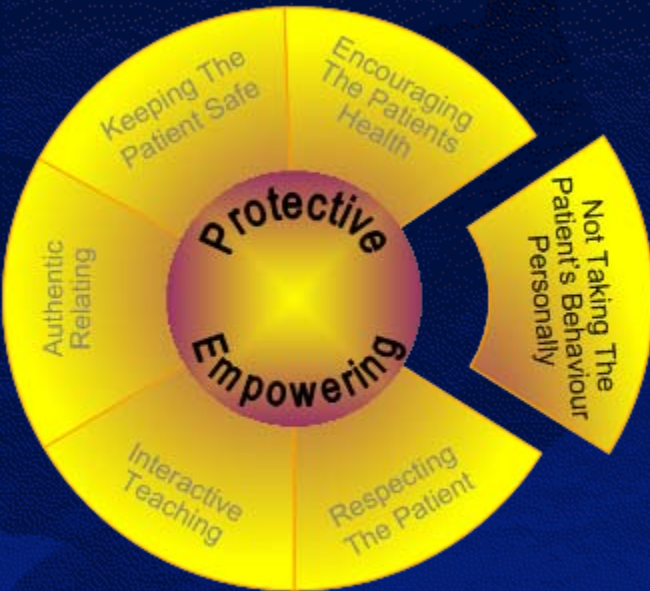
- **Advocating for the patient to the team and patient (about patient preferences, concerns & criteria for health)**
- **Providing reassurance to the patient (orienting the patient)**
- **Attending to, and helping with patient's health condition, self-care, and treatment**
- **Providing the patient with information and choices**

“RESPECTING THE PATIENT” ACTION



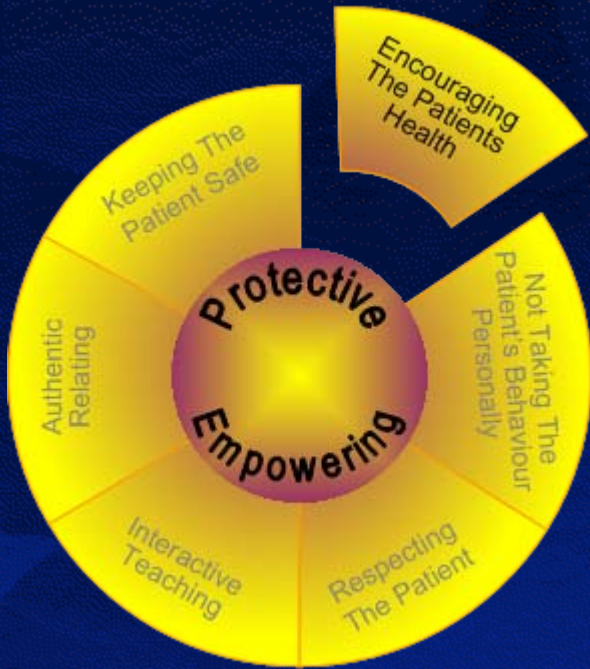
- Acknowledging the patient’s suffering and distress (showing concern)
- Being non-judgmental of the patient
- Not power-tripping over the patient (not taking over)
- Viewing the patient as knowledgeable

“NOT TAKING THE PATIENT’S BEHAVIOUR PERSONALLY” ACTION



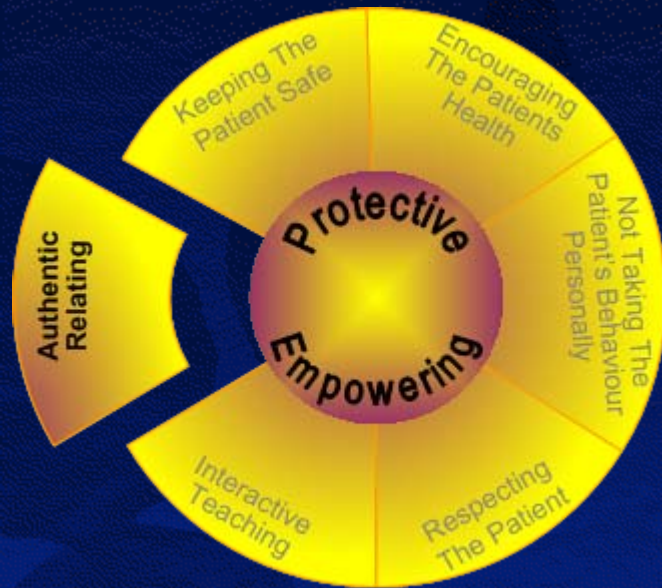
- Know yourself as nurse (opinions, needs, judgments, & wishes)
- Knowing the patient (opinions, needs, judgments, & wishes)
- Consulting with other nurses, the health care team, the patient, and the literature
- Viewing each situation as a learning experience
- Imagining patient’s situation
- Taking a break

“ENCOURAGING THE PATIENT’S HEALTH” ACTION



- Promoting patient responsibilities in increments (building confidence / instill hope)
- Inviting patient’s participation in activities of daily life
- Bringing any changes to the patient’s attention
- Praising and cheerleading the patient’s efforts
- Drawing out the health already there in the patient

“AUTHENTIC RELATING” ACTION



- **Being consistent (trust building)**
- **Being available & responsive to the patient's concerns of daily life (reliability)**
- **Matching the nurse's interactions with patient's receptivity and capabilities (listening)**

“INTERACTIVE TEACHING” ACTION



- **Showing the patient through the nurse's example in interactions**
- **Building on the patient's interests, needs, and knowledge**
- **Providing the patient with feedback**
- **Pointing out expectations, alternatives, and life patterns**
- **Helping the patient anticipate how they will manage in the community**

IMPLICATIONS

- Theory of protective empowering serves as a guide to:
 - ◆ Nurse self-awareness, reflective practice, and person-centered care, in which:
 - Safety and choices are addressed simultaneously.
 - The possibility of health is sought in illness.
 - The individuals' views and participation are invited.

IMPLICATIONS

“The simultaneous interplay between attending to the patient (protective features) while promoting growth and development (empowering features) is the essence of the theory of protective empowering” (Chiovitti, 2008, p. 219)

Corresponds to:



Themes in literature about hope, health, & healing

IMPLICATIONS

Similar to the process of protective empowering and its six main actions and 27 sub-actions, the literature surveyed on hope :



- Is associated with creating a sense of possibility.
- Builds on clients' level of control, strengths, and resources.
- Enables meaning and personal growth in illness, health, and healing.

(Morse & Doberneck, 1995; Chochinov, 2006; Smith & Kautz, 2007; Burger & Goddard, 2009, p. 257; Hall, Grypma, & Pesut, 2009, p. 438; Yancey & Hunter, 2009, p. 457)

IMPLICATIONS

Similar to the process of protective empowering and its six main actions and 27 sub-actions, the literature surveyed on health:



- There are multiple definitions of health, healing and quality of life.
- The existence of health within illness (i.e., people with disease, illness, disability or nearing death could be considered healthy).
- A positive concept emphasizing aspirations, satisfying needs, social and personal resources, as well as, physical capacities.

IMPLICATIONS

Similar to the process of protective empowering and its six main actions and 27 sub-actions, the literature surveyed on healing:



- There are different kinds of healing (i.e., primary, secondary, tertiary)
- Pertains to convalescence and restoration of health

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Dialogue