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Draft outline of proposal for psychology course in Bedford College/  
Middlesex Hospital nursing degree.

The course is half a unit, i.e. two hours a week for ten weeks. It is to be taught on the second year of the course in January to April 1983.

Aims

The course will try to introduce student nurses to psychological theories as they can apply to the everyday experiences of nursing. In this way, it is hoped, that the nurses' understanding of their patients' behaviour and its' effects both on the individual nurse and the nursing staff, will be increased. The nurses should then be enabled to develop more professional ways of managing those in their care, their own reactions to patients and their illnesses.

Nurses will be encouraged in the course of this unit's seminars to see how pathological behaviour may be comprehensible in the crisis of hospitalisation. For example, going into hospital will produce anxieties and ways of coping with them, that can be seen as functional in a stressful and often life-threatening situation. Hence a patient's regression, confusion, demandingness or even very compliant unquestioning behaviour, can be seen as a response to the hospital situation. The response will vary depending on the individual patient, the dynamics of their family and the meaning of their illness to their particular social and cultural group, as well as depending on the biological state of the patient. The nurses' own responses will be shown to also depend on such variables and their implicit views about what is "normal" for people of varying ages, sex and cultures.

Objectives

This course would try to provide the nurses with intellectual equipment that enables them to locate their patients and understand their observations of them (and of themselves). Clearly ten weeks is not long enough for an exhaustive study of psychology, so it is proposed that the focus of the work be issues likely to be of relevance to nursing practice by taking a developmental psychological view of the human life cycle.

(See Erikson diagram attached).

It is proposed that there are three aspects of the teaching which would try:-

1. to give the students some historical account of the development of the modern study of psychology (over the last century).
2. to discuss in detail stages of the life cycle from infancy to old age.
3. to use both the above sorts of information in discussing ways of nursing three distinct groups of patients - the psychiatric, subnormal and disabled, and those having surgery.

Further details of the proposed contents of the course are set out below.

#### Method

It is proposed that one lecturer attend seminars with the students throughout the term of two hour seminars, to provide continuity.

#### Hour One

In addition visitors will be invited weekly to speak on their special area of work as outlined below.

#### Hour Two

To be devoted to fuller discussion of each week's topic with the students who will be asked to use the concepts of the previous hour's lecture in discussing nursing experience they have had with the relevant patient populations. In this way it is hoped that their learning of psychological theory will be connected to their practice.

#### Course contents

Week 1. Two lectures on the history of the study of psychology contrasting the developments in America and Europe, and tracing the development of both the tradition of measurement and psychological testing and of psychodynamic, interpretive psychology based on Freud's work.

Week 2. Infancy and the observation of babies.

This discussion would explore primitive anxieties as observed in infants, and

in adults under stress, and would discuss their management and containment. Dependency.

Week 3. Childhood.

Showing of one of the Robertson's films about a child going into hospital and its impact on their functioning. Raises issues for nurses, e.g. of how to care for young children who are separated from their families.

Week 4. Adolescence.

The central conflicts and developmental changes of puberty will be discussed; issues of crisis of identity, both sexual and socio-cultural are relevant as is discussion of the likelihood of rebellions or violent acting out and the particular impact on nursing staff of working with this age group.

Week 5.

How hospitalisation of one member affects family life? Ways of understanding a family as a system will be discussed and cultural variations in both the definition of illness and the family will be explored.

Week 6. Pregnancy and maternity.

Understanding the conflicts of identity and sexuality women have in pregnancy and early motherhood can help hospital staff to make this event a positive developmental experience and to foster the attachment between mother and child. Ways in which hospital and nursing practices may reinforce or undermine the woman's confidence in her mothering can be discussed. The role of the father, a much neglected topic, should also be discussed here.

Week 7. Middle and Old Age.

Discussion should include the effects on men and women of ageing and failing health (loss of memory, loss of fertility, impaired efficiency at work or retirement, inability to look after self, etc.). The reproductive phase of family life ends and faces all members with constructing new roles which can also cause a sense of transitional or permanent dislocation and loss of identity.

Week 8. Loss and dying.

The processes of mourning (whether loss of life or limb) can be described by psychologists and are likely to form a major part of the experience of nurses coping with the injured, disabled or dying and the effects of these

events on others on their wards.

Weeks 9 and 10.

Discussion, in light of the above, of the particular skills needed in psychiatric nursing, in work with subnormals and in preparation and after-care of patients having major surgery. To include outline of psychologists' diagnostic categories for these groups.

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Reading list - to be developed - offering range of classical texts, relevant case studies and experimental literature and some novels and plays dealing with themes of the course.

Visiting speakers - I have a provisional list of mostly London-based clinicians in mind - needs further discussion depending on reception of proposals and final form of the course.

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