

## LONGING TO MAKE A DIFFERENCE: PSYCHIATRIC NURSES' EXPERIENCE

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**Purpose:** The purpose of the study was to investigate the phenomenal world of the psychiatric nurse. In an earlier study of the phenomenal world of hospitalized psychiatric patients (Thomas, Shattell, & Martin, 2002), participants expressed a yearning for deeper connections with staff and more insight-oriented therapies. These findings, coupled with the striking absence of any meaningful interactions between psychiatric patients and nurses, indicated the need to interview the nurses on this same psychiatric inpatient unit.

**Method:** The study was approved by the university IRB. Nine psychiatric nurses (ages 25 to 57) participated in phenomenological interviews about their experience of the inpatient environment. Five of the RNs held a BSN degree, while two had ADN's and two had diplomas in nursing. The mean years of nursing experience was 12.8. Interviews and analyzes were conducted according to the tenets of existential phenomenology, as elucidated by Thomas & Pollio (2002). Procedural elements included bracketing, identification of meaning units and themes, and development of a thematic structure of the nurses' experience. Several interviews were read aloud and thematized in an interdisciplinary phenomenology research group.

**Findings:** Prominent aspects of nurses' experience were three interrelated themes: longing to make a difference, barriers to making a difference, and painful disconnections. Nurses perceived patients' readmission to the unit as confirmation that they had failed to make a difference. The recidivism associated with chronicity was described as a "revolving door" that existed because something hadn't been "done right the first time." Both interpersonal and organizational barriers were described. The 3 figural themes must be seen within the context of a depressing physical environment, which the RNs described as "dirty," "nasty," and "crowded."

**Discussion:** Mirroring the patients' yearning for deeper connection with staff that we found in our previous study, nurses longed for more rewarding connections with their patients. However, the nurses in this study did not seem to know how to make such connections. They seemed to have an impoverished view of their personal efficacy and did not know how to surmount the barriers that prevented effective practice. Nurses must come to see chronic patients differently and rekindle a sense of hope about their work, so that they can plant seeds of hope and possibility in patients who long for their care.