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# Psychiatrists' and Psychiatric APRNs' Views of the Adolescent Mental Health Nurse's Role In the Inpatient Setting

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Psychiatrists' and Psychiatric APRNs' Views  
of the  
Adolescent Mental Health Nurse's  
Role In the Inpatient Setting

by

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A Thesis Paper

Submitted in Partial Fulfillment of the

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**ABSTRACT**

Current perceptions about nurses' roles and responsibilities are examined in this study, specifically relating to adolescent inpatient MHNs. Psychiatrists and psychiatric advanced practice registered nurses (APRNs), who work with MHNs and have also published scholarly psychiatric articles, were contacted to request their participation in an anonymous survey hosted by SurveyMonkey.com. This research was conducted to examine the stereotypes that exist against nurses within the health care profession itself, as compared to the pre-existing stereotypes displayed by the media's view of nurses. Due to investigator time constraints, only six subjects participated in the study. Analysis of survey responses revealed four overarching themes. First, MHNs are a critical component of the health care team, emerging as rigorous, independent leaders,

although still classified as female and sociable. Second, MHNs complete a wide range of daily activities, many of which go unnoticed by observers, often resulting in mixed feelings regarding whether MHNs are given the respect and recognition deserved.

Third, MHNs treat each patient as a person with unique thoughts, feelings, and physical make-up. Fourth, MHNs act as a coordinator of care between various health professionals to provide the patient with a holistic approach to healing.

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## TABLE OF CONTENTS

	Page
Chapter I: Introduction.....	7
<i>Background</i> .....	7
<i>Purpose of the Study</i> .....	9
<i>Key Terms</i> .....	10
<i>Definition of Key Terms</i> .....	10
Chapter II: Literature Review.....	13
<i>Media Portrayals of Nursing</i> .....	13
<i>Actual Role of Nurses</i> .....	20
<i>Future Outlook for Nursing</i> .....	22
Chapter III: Methodology.....	24
<i>Sample Selection and Procedure</i> .....	24
<i>Subject Consent and Research Study Approval</i> .....	26
<i>Data Collection and Procedures</i> .....	26
Chapter IV: Results.....	26
<i>Sample</i> .....	27
<i>Initial Thoughts About MHNs and Their Role</i> .....	27
<i>Observed Nursing Interventions</i> .....	27
<i>Collaboration with MHNs</i> .....	28
<i>Unique Attributes</i> .....	28
<i>Areas for Improvement</i> .....	29
<i>Exceeding Requirements</i> .....	29

<i>Changing Needs of the Patient</i> .....	29
<i>Adapting Nursing Interventions</i> .....	30
<i>Nurse-Patient Relationship and Communication</i> .....	30
<i>Important Aspects of the Role</i> .....	31
<i>Patient Advocacy and MHNs' Expressed Concerns</i> .....	31
<i>Image of MHNs</i> .....	31
<i>Concluding Thoughts</i> .....	32
Chapter V: Discussion.....	32
<i>Sample</i> .....	32
<i>Initial Thoughts About MHNs and Their Role</i> .....	33
<i>Daily Activities MHNs Complete</i> .....	35
<i>Perceived Extent of Therapeutic Communication</i> .....	37
<i>Contribution to the Hospital Unit Milieu</i> .....	40
<i>Limitations</i> .....	44
<i>Implications for Nursing Practice, Education, and Research</i> .....	45
<i>Conclusion</i> .....	47
<i>Recommendations</i> .....	47
References.....	48
Appendix A: Survey Instrument.....	51
Appendix B: Recruitment Email.....	54
Appendix C: Participant Responses.....	55

## Chapter I: Introduction

This chapter provides the study's background, purpose, key terms, and definition of key terms.

### *Background*

Stereotypes, presented by the media, have existed against nurses since at least the 19th century (Kalisch & Kalisch, 1982, p. 5). Kalisch and Kalisch explain the significant effect labels and popular key terms have on the actual day-to-day experiences of nurses:

The media have an enormous impact on the formation of images. Kenneth Boulding names the basis for human behavior the 'image' in order to emphasize that it is a subjective knowledge structure, not necessarily reflecting actuality in all of its components. Images are mental representations that influence how people see all aspects of life, including nurses and nursing; they help people in achieving tangible goals, making judgments, and expressing themselves. Public images are the basic bond of any society and are produced by sharing messages. Persons exchange images between each other by using symbols in both interpersonal and mass communication. According to Boulding, behavior depends on the image; and in his view, messages change images, which in turn count for changes in individual behavior patterns. (p. 4)

Nurses and physicians have been compared with distinct characteristics and contradicting personalities - on television, in books, and in public dialogue. Many times MHNs are seen as the quiet, yet caring follower, while the physician is seen as the dominant, all-knowing leader. Do similar labels exist today in the 21st Century? More

uniquely, do these beliefs exist among members of the health care profession themselves? These labels and descriptions, while not necessarily true, may guide future judgments, interactions, and mainstream beliefs of society about nurses and the essence of nursing. Gegaris (2007) provides relevant advice about advancing the MHN-physician relationship:

Understanding the perspectives of others is critical to developing good relationships. Nurses are socialized to reach consensus, which may make them appear tentative, while physicians focus on issues of justice, ruling, and alternatives. It only takes one difficult personality to create an environment of negativity or distraction that defeats collaborative efforts. How do we begin to heal the relationship? Developing emotional intelligence and mastering one's own emotions and understanding those of others are key to developing a collaborative relationship. Improving skill sets and ensuring staff competency influence collaborative nurse/physician cohesiveness, as does re-establishing their common purpose and motivation. Strategies to combat fatigue and burnout help prevent negative states that tear down effective collaboration. 'Collaboration requires intentional team-building, and we must balance the playing field'. (p. 45)

Reflection about one's own thoughts appears to be an initial step in developing better dialogue and team building. Furthermore, defining one's roles and responsibilities, and how one fits into the larger picture of the health care environment, can only improve teamwork. Bridging the gap between physicians and nurses involves examining existing perceptions about the nursing role. Mental health nursing is one area in which the role of nurses is sometimes misunderstood. In this section of health care,

mental health workers, who usually have a high-school level of education, are dealing directly with patients and influencing their level of care. It may be possible that these mental health workers spend more time with patients than the assigned physicians or MHNs, due to heavy patient staffing ratios or a sudden increase in the acuity of the unit. Do the mental health workers fully understand the role of MHNs, and their goals regarding patient care? Furthermore, do individuals with more extensive qualifications, such as psychiatrists and psychiatric APRNs, truly understand the role of MHNs?

### *Purpose of the Study*

The intent of this study is to compare perceptions of the nursing role, specifically of adolescent inpatient MHNs. The online survey website of SurveyMonkey.com was used to examine standard themes or ideas that exist within the health care field. This research studies practitioners who have published scholarly articles regarding pediatric mental health nursing. Psychiatric nursing was chosen because this area typically involves MHNs working in collaboration with other personnel, both licensed and unlicensed. Perceptions and understanding of MHNs' role are likely to be misconstrued, or inaccurately conveyed to patients. If these unlicensed co-workers do not fully understand the role of MHNs, it is possible that other co-workers, such as licensed personnel, also do not understand MHNs' role. This study aims to examine mental health professionals with the highest level of education, psychiatrists and psychiatric APRNs, to see if misconceptions about MHNs also exist among this group. Goals will be to examine perceptions of MHNs' involvement in patient care as part of the health care team, daily nursing activities completed, extent of therapeutic communication, and contribution to the hospital unit milieu.

### *Key Terms*

Psychiatrist, Psychiatric APRN, MHNs, Mental Health Worker, Nursing, Stereotype, Images, Media

### *Definition of Key Terms*

*Psychiatrist.* The American Academy of Child and Adolescent Psychiatry (AACAP, 2009) discusses the role of the psychiatrist:

These points include at least the: Initial triage of patients presenting with symptoms of psychiatric illness. This should be done either by a psychiatrist or by a trained, experienced mental health professional working under the direct supervision of a psychiatrist. Subsequent assessment of patients with complex biopsychosocial diagnostic issues. Assessment and treatment of patients who may benefit from psychotropic medication. Decision to admit to all levels of treatment more intense than outpatient therapy. (p. 1)

AACAP (2009) goes on to describe the credentials needed for a psychiatrist working in a hospital (inpatient) setting:

In the case of children 14 years of age and younger, the appropriate individual is a physician fully qualified as a child and adolescent psychiatrist, i.e. one who has completed training in both general psychiatry and child and adolescent psychiatry in programs accredited by the Accreditation Council on Graduate Medical Education. The special training of fully-qualified child and adolescent psychiatrists equips them to provide the most effective comprehensive assessment, management and treatment for adolescents through age 18. (p. 1)

*Psychiatric APRN.* The American Psychiatric Nurses Association (n.d.) defines the structure of nurses:

The clinical practice of psychiatric-mental health nursing occurs at two levels, basic and advanced...Advanced practice registered nurses (APRN) earn master's degrees in psychiatric-mental health nursing and assume the role of either Clinical Nurse Specialist or Nurse Practitioner. Psychiatric mental health nursing (PMHN) is considered a specialty in nursing. In addition to the functions performed at the basic level, APRNs assess, diagnose, and treat individuals or families with psychiatric problems/disorders or the potential for such disorders. APRNs also earn doctoral degrees (PhD, DNSc, and EdD) and they are often professors, researchers or hospital, agency or graduate program administrators.

(p. 1)

The American Psychiatric Nurses Association (n.d.) describes the qualifications Psychiatric MHNs with Advanced Practice must maintain: "Certification for PMHNs at all levels is provided by the American Nurses Credentialing Center (ANCC)" (p. 1). Also, the role distinction between the Psychiatric APRN and other mental health professionals is described below, as stated by the American Psychiatric Nurses Association:

PMHNs have degrees in nursing. At times, the role of an APRN with a master's degree may overlap with those of a psychologist, social worker and psychiatrist. For example, all usually do psychotherapy. APRNs and psychiatrists can prescribe, whereas psychologists and social workers cannot. Psychologists are

trained to do psychological testing. Members of the other three disciplines are not trained in this way. All of these different psychiatric providers can practice independently, but are also subject to state laws governing practice and scope of practice (what each is allowed to do). (p. 1)

*Mental health nurse.* The American Psychiatric Nurses Association (n.d.) defines the MHNs. “At the basic level, registered nurses work with individuals, families, groups and communities, assessing mental health needs, and developing a nursing diagnosis and a plan of nursing care, implementing the plan and finally evaluating the nursing care” (p. 1).

*Mental health worker.* No national description of the mental health worker exists, and neither is there an association that represents their interests. However, the Florida Area Health Education (AHEC) Network (2007) describes the integral role of the mental health worker:

Mental health technicians/aides work with emotionally disturbed or mentally impaired individuals, usually in psychiatric hospitals or mental health clinics. They work as members of interdisciplinary teams of mental health professionals such as psychiatrists, psychologists, registered nurses, and others. In general, mental health aides help patients with personal grooming and participation in educational, recreational, and therapeutic activities. They may interact with patients and spend more times with patients than any other team member. (p. 1)

The Florida AHEC Network (2007) also describes the credentials needed to become a mental health worker:

High school courses that would be helpful for this occupation include psychology, social science, hygiene, art, and music. Post secondary education is needed to work as a technician and can be obtained in vocational technical centers and community colleges. The program includes courses in mental health/illness theory, communication skills, crisis intervention, psychotropic medications, substance abuse, and employment skills. The training programs may be one year or more. Mental health aides must acquire 450 hours of on-the-job training. (p. 2)

In summary, this chapter provided the study's background, purpose, key terms, and definition of key terms.

## Chapter II: Literature Review

This chapter compares and contrasts media portrayals of nursing with actual nursing roles, and discusses the future outlook for portrayals of nursing.

### *Media Portrayals of Nursing*

Previous studies have explored the general public's perception of the nursing role. Generalizations from the media often minimize credentials of nurses and downplay their involvement in patient care. Nursing articles focusing on the media's portrayal of nurses are first examined. Kaler, Levy, and Schall (1989) conducted a study in which random participants in a public setting were asked to characterize nurses:

Subjects approached in a shopping mall ( $n = 110$ ) were asked to rate the degree to which 12 characteristics typify individuals in 14 professions. The results indicate that the public image of the nurse continues to turn on feminine and nurturant characteristics. The need for increased public awareness that nurses are scholars

and leaders is underscored. Asserting the right to practice may produce a new stereotype of the nurse as intelligent and autonomous. (Kaler, Levy, & Schall, p. 1)

There is a predominance of women in nursing, and nurses, indeed, must care for their patients. However, nursing is more than just holding a patient's hand or getting a warm blanket. With the changing times, nurses have become more assertive in the work environment and are given increasingly more responsibility with the rising levels of patient acuity. Required nursing school courses include chemistry, biology, anatomy and physiology, psychology, philosophy, microbiology, nursing research, ethics, nursing leadership, as well as courses specific to certain patient age-groups, and specific health conditions. Nurses must complete head-to-toe patient assessments, sometimes hourly depending on the seriousness of the patient's condition. They must be alert to slight changes in patient status, as even subtle alterations - such as increasing irritability or diminished urine output - can be warning signs of impending deterioration. Nurses play a critical role in evaluating the patient and consulting other members of the health care team as needed. Often, it is the MHNs who coordinate all patient care and facilitate communication between different parties. Nursing is both a scientific and caring profession, in which a holistic approach is maintained. Kalisch and Kalisch (1982) mention the specific qualities attributed to nurses in various books:

In this aspect of our study of the image of the nurse, 207 novels were analyzed. As was true of the nurses on television and in motion pictures, nurses in novels were almost always female (99 percent), single (71 percent), childless (92 percent), under 35 years of age (69 percent), and white (97 percent). Nurses have almost always been depicted in novels as women, and this has led to an emphasis on the

traditional female biological roles in relation to nursing: wife, mistress, mother. As a result, nurse stereotypes usually fall into three general categories: the nurse as a man's companion, the nurse as man's destroyer, and the nurse as the man's mother or the mother of his children. Very frequently the 'man' in these novels is a physician. Over and over again the characteristic image of the nurse in novels has been of a young woman looking for romance and adventure who is carrying out the often unpleasant but essential job of supporting the magnificent work of physicians. (p. 1220)

Nurses are often portrayed as working "under" physicians, implying that they are of secondary importance in the health care environment, and less than deserving of respect as unique professionals. Nurses work in collaboration with physicians, as well as other health practitioners. Often physicians prescribe medical treatments for patients (as do APRNs), much of which they prescribe as nursing tasks. However, nurses must still think independently. They must ascertain if each prescription (especially in regard to medication) is appropriate for that patient and his or her diagnosis. Nurses must take action, advocating for their patients and alerting the physician if they suspect something is wrong or the patient's condition has changed. Neither physicians nor nurses alone can effectively manage the care of patients. Rather, it is through team collaboration, group rounding, and discussing the priority goals for an effective care plan, that each patient is able to receive the highest level of care. Kalisch and Kalisch (1989) also classify nursing descriptions by time period, in order to get a sense of the changing image of MHNs:

Tracking the sometimes fugitive mass media products of the past century and a half that pertain to nursing yielded evidence from the print media 200 novels, 143 magazine short stories, poems, and articles, and 20,000 (newspaper clippings) as well as the newer non-print media (204 motion pictures, 122 radio programs, and 320 television episodes). Both quantitative and qualitative methods were employed in a content analysis of the data which facilitated the reduction of this evidence into five successive periods of types that are fundamentally characteristic of the five successive periods of time - (1) the Angel of Mercy [1854-1919], (2) the Girl Friday [1920-1929], (3) the Heroine [1930-1945], (4) the Mother [1946-1965], and (5) the Sex Object [1966-1982]. These images epitomize the mode of thought and feeling about nurses that was inherent in the prevailing mass media entertainment and information messages of the day and as such constitute the nurse stereotypes fundamentally characteristic of their particular periods. (p. 5)

Nurses have been identified by key terms at different periods in time. Various media bodies emphasize the above five roles. The following descriptions are explained by Kalisch and Kalisch (1989). The "Angel of Mercy" depicts nurses as a caring and compassionate figure in the midst of war, providing relief for the soldiers in battle. This image describes the caring element of nursing, but also alludes to the idea that the role of women is to serve men (nurses being all female and the soldiers being all male). Also, nursing was not described in other means besides caring, subservience, and loyalty; intelligence and skill were not mentioned.

*Girl Friday.* This image describes nurses as a subservient, young, attractive females, whose sole purpose of work is to answer to men with their charming beauty and obedient actions. Nursing is not depicted as a career, but rather a way of life until marriage takes place, at which point the woman will remain faithful to her husband. Nurses are not capable of making independent choices, nor of having a professional occupation. The nurse image here is of a “good girl” acting as a doctor’s second-hand, assisting where needed.

*Heroine.* This was a change in the image of nursing as a whole. Nurses flew on planes and cared for wounded soldiers in mid-air. They daringly stood by patients and physicians in the battlefield, often getting injured themselves. The image of nurses as a dedicated, hard-working, strong-willed character emerged.

*Mother.* However, with the next image of the “Mother,” the autonomy of nursing took a step backwards. Despite education and goals of having a nursing profession, it was deemed more acceptable in the 1950s to stay home and raise a family, as well as cook and clean for one’s husband. The idea of nursing as a significant career diminished.

*Sex object.* Finally, this image of nursing brought about further deterioration, as nurses were not acknowledged as professionals, but rather seductive females who wear revealing clothing and have little intelligence compared with their male health team counterparts. While images of nursing, as depicted by the media, are changing over the years, there is still a need to educate society about the facts regarding the nursing role. Much of this misrepresentation circles back to the inter-professional relationships within

the health care system, and how members of other health care professions describe nursing.

*Media depictions of health care and nursing.* Darbyshire and Gordon (2005) point out the danger of obtaining health care information from fictional television shows:

According to a 1997 study cosponsored by the National Health Council and PBS's Health Week, most Americans get most of their information about health care from the media. 'More people turn to television (40 percent) as their primary source of health care information than they do to physicians (36 percent)' (Starch, 1997, cited in Buresh & Gordon, 2000). A study conducted last year by the Kaiser Family Foundation found that regular ER viewers learn about health-related subjects from the show and some consult their doctors because of what they have seen. An earlier study found that children's strongest impressions of various medical professions were primarily derived from ER and other television dramas (Boodman, 2003, p. HE01). Delacour (1991) makes the important point that often it is not only the ways in which nursing is portrayed but, more that that, it is nursing is 'symbolically annihilated by the mass media' (p. 418) and virtually ignored. (p. 82)

Television is a fast and effective means of communicating with large numbers of people in a relatively short period of time. The problem arises when the majority of society relies on less-than-accurate sources for their main database of healthcare education. It is easy to adopt these labels of physicians and nurses when people enjoy watching these popular dramas, and find the plot entertaining. Ferri (2006) explains the efforts needed to change the stigmas that exist within the media:

One of the most harmful media portrayals of nursing is the invisible nurse - where important nursing work is not mentioned, or credit is given to physician characters. One way we can resolve this is by educating the media as to the role nurses really play. In our recent 2005 *Today* show campaign, more than 3500 nurses and supporters wrote to NBC to object to a piece on quick clinics that suggested nurse practitioners were subcompetent, despite all the research showing that the care provided by nurse practitioners is at least good as that provided by physicians. (p. 2)

It is through factual communication, that messages can be delivered to society, and mainstream beliefs can be adjusted. Nurses need to have a voice of their own - not being intimidated to make suggestions to physicians or even challenge an order if it does not seem appropriate. The purpose of this is not to raise nurses on a pedestal, but rather, to open the door for better communication and more holistic care, which is the goal of health care. Ferri (2006) emphasizes the importance of recognizing entities that accurately depict nursing:

The Golden Lamp Awards recognize good and bad media treatment of nursing that we have seen over the previous year. We honor the 10 best media portrayals of nurses and also give out many honorable mention awards, because we think it's important to encourage good media depictions so we'll get more in the future. It also helps to educate our readers as to what we think "good" is, which may not always be obvious. For example, we think angel images, which many people point as good depictions, can actually be quite damaging. Those images may imply that nurses are noble, spiritual beings who don't need lunch or

bathroom breaks; can take care of 15 or 20 patients without a hitch; and don't need decent wages or working conditions. (p. 3)

For the image of MHNs to change, it is important that nursing advocacy centers accurately present the role and real-life qualities of nurses to the media. Today, the profession of nursing is vastly different from the 1800s, where nurses indeed appeared as angels, dressed in white from head to toe, and nursing the near-dead back to life. Now, in the 21st Century, nursing has maintained its quality of caring, but also become a powerful profession of its own, offering high salaries, state-of-the-art medical facilities to practice in, and increasing support and respect within the health care system. Still, nurses must continue to educate the public and refine the roles and responsibilities of nurses, as it appears to the media.

### *Actual Role of Nurses*

A second focus of research was on the actual role of MHNs, without biased stereotypes. Gordon (2005) points out the rationale behind seemingly simple interventions:

Being a nurse is about saving patients' lives. Being a nurse is about making sure a patient doesn't develop a fatal complication after surgery. It's about paying attention to the smallest but most significant details. Like smoothing out the wrinkles on a sheet so a patient doesn't develop an excruciating and costly bedsore. Sometimes by sitting and talking to someone, I find out the most important things, like whether patients understand how to take their medications, whether they have support at home, and whether they are frightened and anxious. (p. 31)

Nurses have multiple roles and responsibilities - many of which may not be seen by a passerby, or even a patient. For example, when a nurse greets the patient at the beginning of shift, he or she is not just saying hello. MHNs are assessing that the patient is stable, prioritizing which patient needs medications first, and observing any critical details that need immediate attention, e.g., that the oxygen has come disconnected, there is a Foley bag that needs emptying, or the patient has a hemorrhage that would require an immediate intervention.

The World Health Organization (n.d.) describes the multitasking character MHNs embody:

There are many roles in nursing. The nurse cares for the patient, carry out procedures ordered by the doctor and, in collaboration with the doctor and other team members, assess the patient and treat his or her problems. The nurse coordinates the work of others involved in caring for the patient, including the patient's family, who may do a lot of the caring for the patient. The nurse also protects the patient, working to prevent infection and ensure a safe, healthy environment in the hospital. Finally, the nurse teaches the patient and family about health-related matters and promotes patients' well-being in all situations, speaking for them (advocating), if necessary. (p. 1)

The nursing role encompasses several physical tasks, such as administering medications, or assessing a wound and changing a dressing. It also includes the mental health component, such as helping patients to cope with their hospitalization, and allowing patients to verbalize concerns that may impede the healing process if not communicated. Furthermore, nurses must coordinate activities between other

departments e.g., physical/occupational therapy, neurology, social workers, family, and others.

### *Future Outlook for Nursing*

A third focus of literature research was on the effect these mainstream beliefs have on the future nursing profession and nursing recruitment. Gordon (2005) describes the gender percentages in nursing and why there is still a predominance of women:

Nursing has remained stubbornly female, inching down from 97 percent to the 95 percent mark but never attracting a significant influx of men. Medicine, on the other hand, is now more than 50 percent female. This certainly has to do with money and status. But it may also have to do with the fact that nursing consistently presents itself in terms that reproduce gender stereotypes that would not appeal to many men - or to modern women for that matter. (p. 30)

Although nursing has slowly been appealing to more men, the majority of nurses is still women. Nursing history has indeed embedded images of feminine qualities into the profession, such as nurturant, motherly care, as discussed previously. However, with the changing times of nurses asserting themselves and challenging various decisions, perhaps this career will appeal to both men and women alike. Kalisch and Kalisch (1989) present a suggestion for more current nursing images, still applicable today:

What is needed now is to create a new ideal nurse image for the 1980s and 1990s - the Careerist - an intelligent, logical, progressive, sophisticated, empathetic, and assertive woman or man who is committed to attaining higher and higher standards of health care for the American public. (p. 20)

Nurses of the 21st century have different roles than nurses of the 1800s. There is new technology that nurses must work with to provide the highest level of patient care. There are ever-changing evidence based practice guidelines that nurses must adopt in their practice. More males are coming into the nursing profession than in previous years. The field of nursing is opening up, becoming more challenging, and more respected.

Darbyshire and Gordon (2005) mention the various ways in which the nursing profession may be harmed, if nurses do not verbalize their concerns:

The unfortunate fact is that public belief of the importance of nursing are shaped by the images people see - as patients, family members, members of a community, and consumers of the media - from journalistic to the entertainment. If nurses are silent - or visible only in particular ways - in public debates about the status and future of health care systems, the running of their institutions, and the journalistic depiction of health care work, they risk being marginalized and neglected when it comes to decisions about everything from the allocation of resources to how health care is portrayed in the morning newspaper. This will have an impact on nurses' salaries, working conditions, relationships with other members of the health care team and - most important - on their ability to protect their patients and deliver high quality nursing care. (p. 70)

If nurses do not voice their thoughts, there may be detrimental repercussions. Not only will stigma cause feelings of frustration, but patient-centered care will be affected as well. Nurses are masters at communicating with patients. It seems only logical that

they communicate with other parties as well, specifically those from which poor images of nurses and nursing originate.

These examples show the stigmas that exist about nursing with the media versus the health care profession. This study examines the perception of nurses' roles within the health field, specifically surveying those professionals who maintain sufficient contact with adolescent inpatient MHNs.

This chapter compared and contrasted media portrayals of nursing with actual nursing roles, and discussed the future outlook for portrayals of nursing.

### Chapter III: Methodology

This chapter will describe sample selection, study procedures, informed consent, research study approval, and data analysis.

#### *Sample Selection and Procedure*

Various journals related to the topic of interest (the nursing role in adolescent mental health care) were reviewed for psychiatrist and psychiatric APRN contacts, including the Journal of Child and Adolescent Psychiatric Nursing, and the Journal of the American Academy of Child and Adolescent Psychiatry. Databases searched involved PubMed, CINAHL, and EBSCO Host. These online research collections were a starting point to obtain contact names and email addresses of participants to answer later online survey questions.

Screening involved an initial assessment to ascertain the participants had credentials of a Doctor of Medicine, MD, or Advanced Practice Nurse Practitioner, APRN title. This was done by researching various online journal articles for the author's recognition in clinical practice, or involvement in published scholarly articles. The

potential candidate was only selected if there was also an email address to contact this individual. Each participant had to be at least 18 years old, as well.

Additional websites were viewed as selected participants declined participation and further subject recruitment was necessary. With each participant selected, invitations were sent to recruit subjects and ask them to join the study. (Only those that met the set standards were chosen.)

The recruitment email introduced the research study, the principal and student investigators, as well as briefly explain how participants' contact information was obtained, and what each participant's purpose would be in answering the anonymous online survey.

If the potential participant agreed to join the study, he or she was told to reply to the invitation email with a "yes" in the subject box.

After consent was obtained, the participants in agreement were sent a link to the online survey website of SurveyMonkey.com, which each participant was able to complete in privacy and at his or her own rate. No survey questions were returned through private email correspondences. The survey was composed of 21 questions. The format consisted of multiple choice, open-ended, and yes/no questions. Broad, "grand tour" questions were asked initially, later progressing to more specific and detailed survey questions. Initial questions were also asked regarding each participant's professional title (MD or APRN) and the amount of exposure (number of hours per week) in the adolescent inpatient mental health setting. The bulk of questions focused on perceived roles and responsibilities of MHNs and their significance to the health care team as a whole. Time required to complete the survey was estimated to take

approximately 20 minutes. See Appendix A for a copy of the complete survey instrument, Appendix B for the recruitment email, and Appendix C for participant responses.

#### *Subject Consent and Research Study Approval*

This research study was approved by the University of Connecticut Institutional Review Board prior to contacting participants. This study was minimal risk since an anonymous online survey was used. Consent was obtained individually from each participant through voluntary agreement. Participants were allowed as much time as needed to make a decision whether to take part in the study. In the introductory recruitment email, participants were told that participation was completely voluntary and they could opt out at any time or leave a question blank if they did not feel comfortable answering that question. Results did not link participant names to survey responses in any way. By responding with a “yes” in the subject box, participants gave their informed consent to join the survey. Written/signed consent was not necessary with this non-experimental study.

#### *Data Collection Procedures*

Responses were collected and analyzed anonymously via the SurveyMonkey.com website. Additional analysis was conducted using Harold Lasswell’s method of content and narrative analysis. Four themes were identified regarding the perceived role of the adolescent inpatient MHNs.

In summary, this chapter described sample selection, study procedure, informed consent, research study approval, and data analysis.

This chapter will describe the sample and results obtained in this study.

### *Sample*

Six participants took part in this study, completing an anonymous survey about their views of adolescent inpatient MHNs.

At least 20% ( $n=1$ ) were Psychiatrists and at least 40% ( $n=2$ ) were Psychiatric Nurse Practitioners. (Some questions were not completed by every participant, as participants were free to skip questions if they did not feel comfortable answering them, as stated by the introductory recruitment email.)

All six participants stated that they spent less than 24 hours per week physically on an inpatient mental health unit.

Two-thirds ( $n=4$ ) of the respondents said they came in contact and communicated with MHNs three or more times a week, with 75% ( $n=3$ ) of that group involved with MHNs daily.

### *Initial Thoughts About MHNs and Their Role*

Participants were asked to describe their initial thoughts of MHNs and MHNs' role in the adolescent inpatient health care setting. One respondent stated: "Nurses are essential players on the inpatient unit and generally assist in management of the adolescent inpatient. They must negotiate relationships with a host of people, including patients, families, staff, physicians, and administration." Another responded: "Without them, patients die. They are much underutilized. One must wonder if the recidivism rate would be less if there were more RN's on the units."

### *Observed Nursing Interventions*

Participants were then asked what nursing interventions they directly observe MHNs doing. One answer was: "In the past I have seen them doing direct management of patients via individual therapy and groups. They indirectly manage via supervision of staff and collaborate in treatment team meetings." Another commented: "They run into problems when they have to delegate to underprepared psych techs who really play pseudo psycho therapists."

#### *Collaboration with MHNs*

Individuals were asked what types of tasks they collaborate on with MHNs. One participant said: "I have provided supervision in the past to MHNs on an inpatient unit. Also, I did a variety of training around nursing management. On inpatient units the tasks are sometimes blurred and the nurse is left to carving out her/his own role in the milieu." A second responded: "Occasionally on patient-related matters, clinical emergencies, & on staff/RA issues." Yet a third response was as follows: "Patient assessment, medication administration, treatment planning, leadership."

Half ( $n=3$ ) of the participants felt that collaboration between the themselves and MHNs was excellent with no improvement needed. An additional third ( $n=2$ ) felt that it was mostly effective, with some areas needing improvement. One-sixth ( $n=1$ ) felt that collaboration was poor, with improvement needed.

#### *Unique Attributes*

When asked what unique attributes MHNs offer to the adolescent unit milieu respondents stated: "An ability to communicate in lateral and horizontal ways with all the individuals in the milieu." Another said: "Her general medical training is invaluable to our unit - is able to handle questions that arise in the context of our treatment outcome work

that she has seen in other settings (e.g., seizure issues, diabetes crises in our MH patients).” A third response was: “Holistic approach to care.”

### *Areas for Improvement*

Half of the respondents ( $n=3$ ) felt that no areas were needed for improvement among MHNs. In each of the following three areas, one-third ( $n=2$ ) of the participants felt that MHNs needed improvement: standard tasks (e.g., giving medications, admitting/discharging patients, writing nursing notes), the caring element of nursing, and lastly, individualizing patient care plans to make interventions appropriate for each adolescent. Only one-sixth ( $n=1$ ) felt that MHNs needed improvement in the area of providing patient safety.

### *Exceeding Requirements*

Individuals were asked the ways in which they notice MHNs exceeding basic nursing requirements to go above and beyond, for the patient’s benefit. A participant responded: “Takes the time to ask, & to listen carefully to the answers; goes beyond in that she's evaluating multi-systemically even when the occasion is more specific (e.g., evaluation of patient progress in an outcome study). An invaluable resource who is readily available & cost effective to have on board.” Another mentioned: “Don't know of any.” Still, another stated: “In establishing a therapeutic relationship.”

### *Changing Needs of the Patient*

When asked how often the participant views MHNs re-evaluate a patient’s condition and revise care plans to fit the changing needs of the patient, two-thirds ( $n=4$ ) said that they see MHNs do these tasks often, or re-evaluating for critical patients only. One-sixth ( $n=1$ ) stated that MHNs re-evaluate all the time, or with each patient’s

changing needs. One-sixth ( $n=1$ ) also responded that MHNs re-evaluate sometimes, or for some patients when time allows. No respondents said they never saw MHNs evaluating, or where the original care plan remained unchanged throughout the hospital stay, regardless of needed revisions.

### *Adapting Nursing Interventions*

Participants were asked to describe how they observe MHNs adapt nursing interventions and patient teaching to the pediatric population. Responses included: “They have to be developmentally focused, not in terms of years/age but in terms of capabilities.” “Needs specialized age-based competencies.” “Uses understanding of normal developmental milestones.”

### *Nurse-Patient Relationship and Communication*

All ( $n=6$ ) of the respondents said “yes,” the MHN-patient relationship contributes to the overall improvement in patient well-being.

Two-thirds ( $n=4$ ) of participants rated the extent of therapeutic communication between MHNs and the patient, involving a patient-focused discussion, caring attitude, and age-appropriate setting as “excellent”. The remaining one-third ( $n=2$ ) said this communication rated as “good”. No respondents rated the above as “average” or “poor”.

When asked how well patients respond to nursing interventions as initiated by MHNs, three-fifths ( $n=3$ ) of respondents said the response was “very well, with a clear distinction before and after the interventions”. The remaining two-fifths ( $n=2$ ) said the response was “somewhat well, depending on the patient’s mental status and health condition”. No participants thought “no change is noted after the interventions are initiated”.

### *Important Aspects of the Role*

Five-sixths ( $n=5$ ) of participants believed that “statement of goals and plans during stay at hospital and after discharge” was the most important aspect of the MHN-patient relationship. Half of the respondents ( $n=3$ ) also thought that “allowing the patient to feel safe and secure in his/her environment” was significant. Also, one-third ( $n=2$ ) stated that both “discussion of feelings and self-esteem in the present and past” as well as “using play and creative activities to work through difficult past situations” were important in MHN-patient relationship.

### *Patient Advocacy and MHNs' Expressed Concerns*

Subjects were asked how they see MHNs advocate for their patients. For example, are adolescents involved in decision making, or how is the patient respected or cared for as an individual? One respondent stated: “They participate in the team process and offer a unique perspective on the patient and the patient's needs.” Another remarked: “Sometimes MHNs know the inpatients better than other members of the treatment team, and can represent patients' perspective in team meetings.” A third commented: “Treating them as individuals and not illnesses.” Participants were asked what concerns or inquires MHNs present regarding patient care, physician orders, staffing ratios, or other topics. One answer was: “They want to know if the unit is safe, if the relationship with the physician is respectful and collaborative, and if the patients they treat are getting the best care.” A second stated: “More holistic [approach] consistent with Nursing view.”

### *Image of MHNs*

Participants were then asked to select the first word or phrase that came to their minds when thinking about the image of MHNs, out of a list of two-word descriptions. Three-fifths ( $n=4$ ) selected female over male. Two-thirds ( $n=4$ ) selected rigorous over easygoing. Five-sixths ( $n=5$ ) selected leader over follower. Two-thirds ( $n=4$ ) selected independent over dependent. Five-sixths ( $n=5$ ) also selected sociable over scholarly.

The participants responded equally “yes” ( $n=3$ ) and “no” ( $n=3$ ) when asked if MHNs are given the recognition and respect they deserve as members of the health care team.

### *Concluding Thoughts*

When asked about concluding thoughts on the role of adolescent inpatient MHNs, individuals stated: “We need more advanced practice nurses in the inpatient unit.” “Frequently it is MHNs who provides stability and continuity on the unit, while other staff seem to come and go.”

In summary, this chapter described the sample and results obtained in this study.

## Chapter V: Discussion

This chapter will provide a discussion of the results from this study categorized into four main groups: initial thoughts about MHNs and their role, daily activities MHNs complete, perceived extent of therapeutic communication, and contributions to the hospital unit milieu.

### *Sample*

Three initial background questions were asked of the respondents to determine if the participant was a psychiatrist, psychiatric APRN, or “other” (which included those who chose not to specify MD or APRN), how many hours they work on an inpatient

mental health unit, and how often they come in contact with a MHN. The population consisted of two APRNs, one MD, and three “other” participants. Responses were analyzed narratively, discussing the most and least frequently chosen answer selections, as well as presenting patterns and trends seen by grouping all APRN responses in comparison to MD responses, in comparison to “other” category responses.

### *Initial Thoughts About MHNs and Their Role*

*Observed nursing interventions.* MHNs must organize patient care among all health care professionals interacting with the patient. Nursing is dynamic in that it encompasses many distinct health disciplines that are required for the patient. For example, the physician may prescribe a therapy, the pharmacist may fill a medication, the social worker may discuss the home environment and child care, and the unlicensed mental health worker may clean the patient and help with meals. Where do MHNs stand in this mixture of roles? MHNs are responsible for each of these areas - in carrying out the treatment prescribed by the physician, in double-checking the medication type and dose sent to the unit by pharmacy prior to administering the drug, in developing good trust and rapport with the patient so that communication with the social worker and other parties may take place, and in assessing the patient’s skin and eating habits when performing activities of daily living with the unlicensed mental health workers. A physician also explained how he works with MHNs to discuss potential and actual patient problems, and what the best solution may be for each issue. In addition to a patient’s daily plan of care, MHNs must be equipped to deal with emergency situations

on the unit, and communicate clearly with other staff as needed. It may be necessary to intervene immediately in these crisis situations, to avoid the problem from escalating.

*Collaboration with MHNs.* Responses seemed to indicate that participants were aware of the collaborative aspect of the MHN role, as a coordinator of care. For each of the health care disciplines to be effective, one needs to manage the different areas, and understand the impact it will have on the patient when combined. The World Health Organization (n.d.) described the variety of tasks and collaboration aspects of nursing, as stated in the literature review. Participants in this study responded with similar thought patterns, describing MHN's role as a collection of several entities, all in the best interest of the patient. Other responses mentioned the importance of patient teaching, and yet again, managing. The variety of responsibilities MHNs carry out must be patient-specific, and can only occur after thorough patient assessment. Finally, the importance of nurses' involvement in patient care, in the mental health setting, was emphasized. Some believed that there are not enough MHNs present and that directly influences the level of care the patients receive. Further, some believed that it is possible that the rate of patient readmissions to the hospital would decrease if more MHNs were available on the unit at any given time. As Kalisch and Kalisch (1989) remarked, the view of nurses today is extremely different from the view of the 1800s. Participants mentioned the shortage of nurses, in that MHNs are a critical component of the health care team, and an invaluable resource, in which patients could not do without.

Participants were next asked to describe how well they felt collaboration between MHNs and other staff was carried out. APRNs and MDs were again more critical in this

response, with answers ranging from “poor” to “mostly effective,” while all participants in the other group ( $n=3$ ) said the collaboration was “excellent.” It appears that some room is always needed for improvement, as MHNs continue to alter methods of communication with patients and analyze how each patient-nurse relationship aides in the milieu as a whole.

### *Daily Activities MHNs Complete*

*Unique attributes.* Participants were asked to describe the unique attributes MHNs offer to the adolescent unit milieu. An APRN explained how MHNs communicate across several levels of ranking in the hospital, collaborating with aides, supervisors, and any discipline that may be involved with the patient. Communication, in both verbal and nonverbal ways, is a key component of MHNs’ role. The APRN describes how MHNs must dialogue up and down the chain of command - involving a nursing supervisor or hospital unit manager as appropriate, and delegating to assistants if needed - and also collaborating horizontally, to other MHNs and staff involved in patient care, such as in daily rounds reports or throughout the shift as questions arise. A respondent from the “other” category described MHNs as knowledgeable and critical to the success of the unit, carrying with them a database of information that has been picked up from various health categories. MHNs are described as someone who cannot be replaced. MHNs are viewed as knowledgeable and experienced. MHNs spend many hours with each patient, developing a working collection of information that helps MHNs to see the larger picture. Another individual from the “other” category described: “Clinical assessment of mental status, medical assessment, knowledge of medication treatment.” Again, the concept of “knowing” is brought up. MHNs must understand each course of treatment and agree

that it is applicable for their patient, prior to carrying out the task, as prescribed by the physician. Still, another person from that category added: “Holistic approach to care.” This concept has also been seen in several responses, as the MHNs are described as professionals who connect each component of care for the patient.

*Areas for improvement.* Both the APRN and MD groups agreed that the “caring element of nursing,” and “individualizing patient care plans to make interventions more appropriate for each adolescent,” were significant areas where MHNs need improvement. Others noted that “standard tasks, such as giving medications, admitting or discharging patients, and charting and writing nursing notes, for example,” needed improvement. Finally, some indicated that providing patient safety was another area needed for improvement. Perhaps, MHNs need to hone the aforementioned activities. Alternatively, MHNs may need more team collaboration with other health professionals to recognize interventions completed that may not be directly observed.

*Exceeding requirements.* Participants were also asked to state examples of MHNs exceeding basic nursing requirements, for the patient’s benefit. In adolescent mental health, especially, the family must be involved and educated about their child’s condition. MHNs must also monitor patients’ reactions to each other, as one child’s response can often trigger a positive or negative reaction from other patients. Others highlighted the importance of communication with children and adolescents to involve them in their treatment regime. Nurses must not focus on just one aspect of the patient (e.g., the vital signs), but rather evaluate the client as a whole. Some emphasized that for any intervention to be successful, MHNs must first establish a trusting relationship with the patient. As patients become more comfortable in expressing their thoughts,

MHNs will be able to obtain a more detailed health history and better understanding of the current situation.

### *Perceived Extent of Therapeutic Communication*

*Changing needs of the patient.* Participants were asked how often they see MHNs re-evaluate a patient's condition and revise care plans to fit the changing needs of that patient. Two-thirds ( $n=4$ ) stated that MHNs often re-evaluates, in that they re-evaluate for critical patients only. This category was chosen among the APRNs, the MD, and the "other" participants, to display a similar thought trend across the three participant categories. None of the respondents said MHNs never re-evaluate. It may not seem clear to a co-worker or passerby exactly when a MHN is assessing a patient's condition, or evaluating a response to treatment. Often these appraisals go unnoticed, but this does not mean they do not occur. MHNs may make countless observations and assessments of the patient throughout the shift, taking into account the subtle changes in a patient's mood and affect, and all nonverbal behavior that may indicate potential danger as well. The only response "all the time re-evaluates" was chosen by an APRN. Furthermore, the only response "sometimes re-evaluates" was chosen by a participant in the "other" category. Nurse practitioners may more closely understand the role of MHNs since many APRNs were likely to have practiced as MHNs prior to obtaining their advanced practice license.

*Adapting nursing interventions.* Participants were next asked how MHNs adapt nursing interventions and patient teaching to the pediatric population. Children may respond to treatment options more or less effectively depending upon their stage in life and previous experiences. For example, if a child is diagnosed with an attention deficit

disorder, he or she may not be able to sit still and color to describe thoughts and feelings. Rather, that child may enjoy acting out a skit to describe what is going on in his or her life. MHNs must adapt interventions to meet each child's situation. Children and adolescents may have a variety of illnesses, body types, various home backgrounds, and other factors that may alter their condition. There is no one intervention that will cure all 14 year old males, or all children with depression. In regard to medication, for example, each patient requires different medication types, based on the health condition and allergies, different medication doses, based on the patient's weight and severity of the illness, different frequency of medication, based on the use of alternative therapies in addition to pharmacological interventions, and different combinations of medications, based on patient-specific side effects or tolerance over time. Indeed, MHNs must be aware of developmental behavioral norms, to understand typical age-related responses in comparison to abnormal manners. For example, an adolescent who challenges authority and wishes to communicate only with peers may be demonstrating Erikson's normal developmental stage of identity vs. role confusion (Harder, 2002, p. 4). Likewise, an adolescent who displays an aversion towards all peers, and wishes to remain in solitude may indicate to MHNs signs of a mood or anxiety disorder, which MHNs must communicate to other members of the health care team.

The concept of team management appeared in several responses. MHNs must, indeed, direct the care of patients and initiate patient-specific interventions, together with the entire health care team. A MHN's list of daily activities is never fixed. Patients' conditions are likely to change, unforeseen interventions may have to rapidly take place, and one patient may consume a large portion of a MHN's time. Ferri (2006) stated the

danger in the media portrayal of the “invisible nurse.” Participant responses in this study show recognition that not all nursing actions can be easily observed. MHNs must evaluate patient situations, make critical decisions as to the care they must receive, and intervene when appropriate. Others noted that, at times, MHNs may have to delegate tasks to unlicensed assistive personnel, who may not understand the intended goals and outcomes MHNs planned. When patient are in a sensitive or vulnerable state, a wrong comment from anyone, even if not intended to be critical or belittling, can grossly affect patients, even possibly trigger a panic attack, a surge of anger, or other counteractive behavior. MHNs are licensed and educated regarding how to talk to patients, how to respond if the patient reacts a certain way, or when to call for more help. It is vitally important that all care providers for the patient be on the same page, in continuous collaboration activity by activity.

*Nurse-patient relationship and communication.* Participants were also asked whether the MHN-patient relationship directly contributes to the overall improvement in patient well-being. All ( $n=6$ ) participants were in agreement that MHNs’ actions and interventions have a beneficial influence on patients. Respondents in each of the APRN, MD, and “other” categories acknowledged MHNs’ role in context of the adolescent inpatient setting, and that there is a direct correlation between efforts of MHNs and patient outcomes. In the literature review, Gordon (2005) remarked upon the frequent downplaying of MHNs’ role in the eyes of the media. Participants in this study also agreed that nursing interventions play a significant role in patient healing, and are often more critical than they appear to be. A seemingly small action, such as saying hello to a patient at the beginning of shift, conveys to MHNs significant information - whether the

patient is alert and oriented, if the patient has any concerns, or whether the patient is in a crisis situation, in need of immediate assistance.

These participants were asked to rate the extent of therapeutic communication between MHNs and the patient, involving a patient-focused discussion, a caring attitude, and an age-appropriate setting. All answers ranged from “good” to “excellent” with one APRN and one MD each stating “good” and a second APRN stating “excellent,” as well as the three “other” participants stating “excellent” for the extent of therapeutic communication observed. No respondents classified the therapeutic communication level as “average” or “poor.” Therapeutic communication appears to be an area where MHNs excel. In mental health nursing, especially, discussion between the patient and nurse is of utmost importance.

Participants were asked to rate how well patients respond to nursing interventions. Responses varied from “somewhat well, depending on the patient’s mental status and health condition” to “very well, with a clear distinction before and after the interventions,” across each APRN, MD, and “other” category. APRNs responded “somewhat well” and “very well.” The MD responded “very well.” The “other” category included responses of “somewhat well,” and “very well.” No individual selected “no change is noted after the interventions are initiated.” One participant chose not to answer this question. This is a positive response, as 60% ( $n=3$ ) agreed that patients respond very well to nursing interventions, with a remarkable change in patient condition prior to and then after nurses intervene. Nursing interventions make a difference in patient outcomes, and in their quality of life both during and after hospitalization.

*Contributions to the Hospital Unit Milieu*

*Important aspects of the role.* Respondents were next asked which aspects of the MHN-patient relationship they believed to be most important. “Statement of goals and plans during stay at the hospital and after discharge” was a common selection, stated by four different participants, including responses in each of the APRN, MD, and “other” groups. This is a concrete intervention that is likely to be observed with each patient, as hospitals often require a care plan in the patient’s chart in which goals and the plan of care must be stated. The next most frequent answer was “allowing the patient to feel safe and secure in his/her environment,” stated by one APRN and one “other” participant. This is a less-concrete intervention, but indeed necessary in an inpatient mental health unit, as many patients are often admitted to the unit exhibiting unsafe behaviors and verbalizing their lack of security. Both “discussion of feelings and self-esteem” and “using play and creative activities to work through difficult past situations” received one selection, as chosen by an APRN.

*Patient advocacy and MHNs’ expressed concerns.* MHNs may discover distinct patient habits or thought-processes that other health care professionals may miss if only visiting with the patient for a limited period. MHNs maintain contact with the patient throughout the shift, and are able to see trends in behaviors over time. MHNs must speak for their patients when patients cannot speak for themselves, always treating patients as unique persons with individual needs. Again, MHNs are described as having a vitally significant role: nurses must piece together patient assessments with the stated diagnosis, to promote the use of high quality interventions. A physician also commented on the significance of MHNs treating patients as entire people, rather than identifying them by their diagnosed condition. The essence of humanity is embodied in nursing, as

nurses look beyond physical ailments to communicate with the person inside. In mental health nursing, this component is critical to successful patient outcomes. Yet again, the role of nursing encompasses treating patients as human beings in need of care. Nurses must think independently to assess each situation and provide the highest level of care possible.

Individuals were also asked about the concerns or inquires MHNs present regarding patient care, physician orders, staffing ratios, or other topics. One APRN mentioned safety, purposeful inter-professional collaboration and that patients receive quality help and support needed. Certainly, for MHNs to effectively contribute to the milieu, they must feel in control of where patients are located, what the patient diagnoses consist of and how serious each may be, and what to do when a crisis occurs on the unit. Also, they must be comfortable with discussing various topics with other staff, and know where to turn if they have questions, need additional resources for their patients, or need a second opinion on some matter. A second APRN mentions how MHNs would like to see more comprehensive care given by other health professionals, more in-sync with nursing theories. Again, this idea of holistic care is mentioned, with the patient treated as a valuable entity, rather than a collection of body systems “worked on” by various staff. The role of the milieu environment develops as each care-giver leaves impressions with the patients. All staff must work together (e.g., patients cannot be allowed to manipulate staff against each other, openly favor different nurses, or use any lack of communication between staff to their advantage).

*Image of MHNs.* Next, participants were given a list of contradictory word pairs, and asked to select the first word or phrase that came to their mind when thinking about

the image of MHNs. Out of the first pair, male vs. female, the option “female” was chosen by four-fifths ( $n=4$ ) of the respondents. “Female” was selected in each of the categories: APRN, MD, and “other.” In the second pair, easygoing vs. rigorous, “rigorous” was selected two-thirds ( $n=4$ ) of the time. “Rigorous” was chosen by the two APRNs, and two of the “other” participants.” A physician and one “other” participant stated that MHNs were “easygoing.” The third word pair, leader vs. follower, resulted with five-sixths ( $n=5$ ) selecting “leader.” The one “follower” response was chosen by a participant from the “other” category. The fourth pair, independent vs. dependent, resulted in two-thirds ( $n=4$ ) selecting independent. The two “dependent” answers were chosen by one APRN and one individual in the “other” category. Finally, in the last word pair of sociable vs. scholarly, “sociable” was selected by five-sixths ( $n=5$ ) of the participants. Only one participant, who was in the “other” category, responded that nurses are “scholarly.” The labels that emerge of MHNs today are: female, rigorous, leader, independent, and sociable. Females do tend to dominate the nursing staff, but this is slowly changing as more males enter the field. “Rigorous”, “leader”, and “independent” are new age terms to describe nurses, as more individuals are gaining higher levels of education, and are willing to voice their opinions in order to advocate for patients or needed change in the health care system. “Sociable” can be viewed as a positive or negative trait. Sociable would be a positive description if alluding to the idea that nurses communicate freely with their patients, and allow patients to discuss their concerns while listening attentively. This term may also have a negative connotation if understood as *only* sociable, and not intelligent, analytical, or professional. In comparison, Kaler and colleagues (1989) found similar research findings of individuals

classifying MHNs as female and in need of more recognition as scholarly professionals. However, the participants in this study described nurses as rigorous, independent, leaders, not as simply “nurturant” beings, as described in the literature review. Also, another study by Kalisch and Kalisch (1989) mentioned the images of the “Angel of Mercy,” the “Girl Friday,” the “Heroine,” the “Mother,” and the “Sex Object.” Participant answers contrasted with these stereotypes in the areas of the “Girl Friday” and “Sex Object.” Nurses are no longer seen as subservient, non-questioning assistants, nor are they non-professional, seductive images. Stereotypes may still persist to some degree in relation to the “Angel of Mercy,” “Heroine,” and “Mother,” as the caring element of nursing still is may be associated with these labels.

Each participant was also asked if MHNs are given the recognition and respect they deserve as a member of the health care team. Interestingly, all of the APRNs ( $n=2$ ) responded “no,” while participants in both the MD and “other” categories ( $n=4$ ) answered “yes.”

*Concluding thoughts.* Participants were asked to describe any concluding thoughts on the role of adolescent inpatient MHNs. A physician explained how MHNs provide patients with a sense of consistency, always available to communicate with the patient, which is not as common with other health professionals. This thought summarizes the daily activities of MHNs, as a critical component of the health care team. MHNs develop a patient-centered approach to care, involving various health professionals and constantly re-working the framework of hospitalization.

### *Limitations*

Study constraints involve the small sample of participants. The six individuals that agreed to take part in the study consisted of two APRNs, one MD, and three participants from the “other” category. Also, all six participants responded that they had less than 24 hours of total work on an inpatient mental health unit per week. Another limitation was the specifications required for each participant. Participants were required to be at least 18 years of age, have professional qualifications as a Psychiatrist or Psychiatric APRN, have published scholarly psychiatric articles that could be accessed via online journals, and also have experience with adolescent, inpatient mental health. This would have excluded many practitioners who have not published in online journals.

Each potential participant was required to have an available email address listed online, in order that they could be contacted for possible participation in the research study. Those without available email addresses were excluded.

Time was also a constraint, as subjects could only be contacted after IRB approval from the University of Connecticut, which took a longer period of time than expected. After IRB approval, the investigators had to wait for a confirmation from the selected individuals, stating that they would indeed take part in the study. Next, investigators had to wait for survey completion by each of the participants. The time length for survey completion may have also been a deterrent, as there were 21 questions, some of which required open-ended responses.

#### *Implications for Nursing Practice, Education, & Research*

This research provides information for nursing practice in that patient care may improve as nurses are accurately portrayed as significant members of the health care team. If nurses can easily communicate with physicians, supervisors, and other staff

regarding matters with patient treatment plans, constructive and therapeutic activities, and coordination of a variety of specialists, then more favorable interventions and results can take place. This study also promotes nursing advocacy in defining and examining views of the nursing role. It raises awareness about the multifaceted job description of nursing - not what is written in practice standards and human resource guidelines - but what each nurse does to uniquely contribute to the milieu. In many ways this study may be an eye-opener into the intimate description of nursing - who and what nurses are, and how the nursing role is perceived.

Nursing education is advanced through this study in that the roles and responsibilities of MHNs, in context of the larger health team and environment, are broken down and explained through perceptions of APRNs, physicians, and standard profile descriptions. It teaches society about the images and views that exist about nurses currently, and how these differ from previous time periods. Also, this study may encourage more men to enter the nursing profession, as former negative stereotypes of nurses are fading, and new educated and respected views of nurses are emerging.

Nursing research may also extend from this study, as initial grounds for understanding perceptions about nurses were explored. Researchers may focus on other professionals' views of nurses, survey a larger population, or investigate further, to determine the actual effects of stigmas in the workplace. Also further research could focus on which types of health facilities present these stigmas to greater or lesser degrees. Another standpoint could be to survey physicians, to determine if this profession feels stereotypes against as well. There are a variety of research studies that may stem from this inquiry about perceptions of adolescent inpatient MHNs.

### *Conclusions*

Based on this small sample research study, the image of MHNs, specifically adolescent, inpatient MHNs, is changing from previously stated perceptions. Inter-professional views of MHNs involve acknowledgement of MHNs' dedication to patient well-being as unique individuals, care for patients according to age-appropriate guidelines, patient-advocacy and collaboration among the broad range of health care professionals for the child, and serving as a meaningful, stable contact for the patient, providing quality continuity of care.

### *Recommendations*

For future research, this study may benefit if the participant qualifications were expanded to other health professionals, such as psychologists, social workers, nursing educators, and other mental health individuals with at least a bachelor's degree of education. Another idea would be to survey mental health workers, including technicians, aides, and all unlicensed assistive personnel, to understand stigmas that exist within this level. To obtain greater numbers of participants in future research, the time length for collecting participant responses could be increased. Also, for participants who do not respond to the initial email, a second invitation email can be sent as a reminder. Certainly, different approaches can be used to recruit subjects, such as visiting various hospitals and distributing paper surveys to be completed anonymously by staff. There are a multitude of ways in which future research regarding nursing images can be conducted. It is likely that the image of MHNs will continue to expand in the future. It is through frequent and effective communication that stigmas can be eliminated, replaced with the truth and reality of nursing.

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## Appendix A: Survey Instrument

**1. The Mental Health Nurse (MHN) Role****1. Which title best describes you?**

- Psychiatrist (MD)
- Psychiatric Nurse Practitioner (APRN)
- Other

**2. On average, how many hours per week do you work on an inpatient mental health unit?**

- Less than 24 hours
- 24 hours
- 32 hours
- 40 hours
- More than 40 hours

**3. How often do you come in contact and communicate with a MHN?**

- Daily
- Often (3 or more times a week)
- Sometimes (2 or less times a week)
- Rarely

**4. Please describe your initial thoughts of the Mental Health Nurse (MHN) and his/her role in the adolescent inpatient health care setting.**

**5. As a health professional, what nursing interventions do you directly observe the MHN carrying out?**

**6. On what types of tasks do you and the MHN collaborate on?**

**7. How well do you feel this collaboration is carried out?**

- Excellent, no improvement needed
- Mostly effective, some areas need improvement
- Poor, needs improvement

**8. What unique attributes does the MHN offer to the adolescent unit milieu?**

**9. In which area(s) do mental health nurses need improvement?**

- Standard tasks; ie. giving medications, admitting/discharging patients, charting & writing nursing notes, etc.
- The caring element of nursing
- Individualizing patient care plans to make interventions appropriate for each adolescent
- Providing patient safety
- No areas needed for improvement

**10. In what ways do you notice the MHN exceeding basic nursing requirements to go above and beyond, for the patient's benefit?****11. How often do you see the MHN re-evaluate a patient's condition and revise care plans to fit the changing needs of the patient?**

- All the time (re-evaluates with each patient's changing needs)
- Often (re-evaluates for critical patients only)
- Sometimes (re-evaluates for some patients when time allows)
- Never (original care plan remains unchanged throughout the hospital stay, regardless of needed revisions)

**12. How does the MHN adapt nursing interventions and patient teaching to the pediatric population?****13. Does the nurse-patient relationship directly contribute to the overall improvement in patient well-being?**

- Yes
- No

**14. How would you rate the extent of therapeutic communication between the MHN and the patient, involving a patient-focused discussion, a caring attitude, and an age-appropriate setting.**

- Excellent
- Good
- Average
- Poor

**15. On average, how do patients respond to these nursing interventions?**

- Very well; there is a clear distinction before and after the interventions
- Somewhat well, depending on the patient's mental status and health condition
- No change is noted after the interventions are initiated

**16. Which aspects of the MHN-patient relationship do you believe to be most important?**

- Discussion of feelings and self-esteem (experienced presently and in the past)
- Statement of goals and plans during stay at hospital and after discharge
- Allowing the patient to feel safe and secure in his/her environment
- Using play and creative activities to work through difficult past situations

**17. In what ways does the MHN advocate for his/her patients? ie. Are adolescents involved in decision making? How is the patient respected or cared for as an individual?**

**18. What are some concerns or inquiries the MHN presents regarding patient care, physician orders, staffing ratios or other topics?**

**19. For the following phrases, please select the first word or phrase that comes to your mind when thinking about the image of a MHN:**

	A	B
(A)Male OR (B) Female	<input type="radio"/>	<input type="radio"/>
(A)Easygoing OR (B) Rigorous	<input type="radio"/>	<input type="radio"/>
(A)Leader OR (B)Follower	<input type="radio"/>	<input type="radio"/>
(A)Independent OR (B) Dependent	<input type="radio"/>	<input type="radio"/>
(A)Sociable OR (B) Scholarly	<input type="radio"/>	<input type="radio"/>

**20. In your opinion, is the MHN given the recognition and respect he/she deserves as a member of the health care team?**

- Yes
- No

**21. Please describe any additional concluding thoughts on the role of the adolescent inpatient MHN.**

## Appendix B: Recruitment Email

### Undergraduate Honors Survey Invitation

Dear Participant,

I am a senior nursing student at the University of Connecticut conducting honors research with psychiatric professionals holding an MD or APRN title. The purpose of this research is to compare views of the adolescent inpatient mental health nursing role. You are invited to participate in a brief, online survey hosted by SurveyMonkey.com. The survey is anonymous. Your name will not be linked to your survey response in any way.

I decided to contact you, after reading your published online material regarding child and adolescent psychiatry and mental health. I believe you will be an asset to the study based on your knowledge of this topic. I am contacting approximately 20 individuals with a relevant published article from a professional online journal. I have obtained your contact information from your published articles online, specifically “*(Article Title)*” from *(Journal)*.

If you agree to take part in this research study, please email me back with a YES in the subject box. I will then email you a link to the online survey website, SurveyMonkey.com, so you can complete the survey at your own convenience.

If you have further questions regarding the study, please contact me, the Student Investigator via email: [danalehner@gmail.com](mailto:danalehner@gmail.com) or [dana.lehner@uconn.edu](mailto:dana.lehner@uconn.edu), or you may contact the Principal Investigator, Dr. Art Engler, at [arthur.engler@uconn.edu](mailto:arthur.engler@uconn.edu).

Thank you for your support! It is greatly appreciated.

### Appendix C: Participant Responses

Psychiatrists and Psychiatric APRNs' Views of Adolescent Inpatient MHNs' Role		
1. Which title best describes you?		
Answer Options	Response Frequency	Response Count
Other	40.0%	2
Psychiatric Nurse Practitioner (APRN)	40.0%	2
Psychiatrist (MD)	20.0%	1
answered question		5
skipped question		1
3. How often do you come in contact and communicate with MHNs?		
Answer Options	Response Frequency	Response Count
Daily	50.0%	3
Often (3 or more times a week)	16.7%	1
Sometimes (2 or less times a week)	16.7%	1
Rarely	16.7%	1
answered question		6
skipped question		0
4. Please describe your initial thoughts of MHNs and their role in the adolescent inpatient health care setting.		
Answer Options	Response Count	
	6	

answered question	6
skipped question	0

#### Responses to Item 4

1. This is a critical role for adolescents with mental health problems due to the ability of MHNs to approach the patient holistically.
2. Without them, patients die. They are very underutilized. One must wonder if the recidivism rate would be less if there were more RN's on the units.
3. I'm a little unsure what you mean by MHN. Is it a nurse with advanced trained and certification, such as a psychiatric nurse practitioner? Or is it an RN with additional training and experience working on an inpatient unit. I will assume you mean the latter. With that in mind, I consider MHNs very important on an adolescent inpatient unit.
4. Vitally important role including psychoeducation, program oversight, treatment planning, patient assessment.
5. Excellent, very experienced, well trained, & knowledgeable.
6. Nurses are essential players on the inpatient unit and generally assist in management of the adolescent inpatient. They must negotiate relationships with a host of people, including patients, families, staff, physicians, and administration.

<b>5. As a health professional, what nursing interventions do you directly observe MHNs carrying out?</b>	
<b>Answer Options</b>	<b>Response Count</b>
	6
answered question	6

<b>skipped question</b>	<b>0</b>
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### Responses to Item 5

1. Administration of medication, individual counseling when issues arise during the day, and group therapy.
2. Assessment of physical and emotional well-being Identification of appropriate interventions Assessment of pharmacotherapeutic effectiveness.
3. In the past I have seen them doing direct management of patients via individual therapy and groups. They indirectly manage via supervision of staff and collaborate in treatment team meetings.
4. patient assessment, medication administration, treatment planning, leadership
5. Patient interviews, management of study RAs (BA level), interactions at supervision meetings.
6. See ANA scope of Practice for RN PMH They run into problems when they have to delegate to underprepared psych techs. Who really play pseudo psycho therapists.

<b>6. On what types of tasks do you and MHNs collaborate on?</b>	
<b>Answer Options</b>	<b>Response Count</b>
	6
<b>answered question</b>	<b>6</b>
<b>skipped question</b>	<b>0</b>

### Responses to Item 6

1. All
2. As above.

3. I do not work routinely on an inpatient unit, but sometimes cover on evenings and weekends. I would collaborate on dealing with issues (and crises) as they arise, and sometimes doing group therapy.

4. I have provided supervision in the past to MHN on an inpatient unit. Also, I did a variety of training around nursing management. On inpatient units the tasks are sometimes blurred and the nurse is left to carving out her/his own role in the milieu.

5. Occasionally on patient-related matters, clinical emergencies, & on staff/RA issues.

6. Pt. assessment.

<b>7. How well do you feel this collaboration is carried out?</b>		
<b>Answer Options</b>	<b>Response Frequency</b>	<b>Response Count</b>
Excellent, no improvement needed	50.0%	3
Mostly effective, some areas need improvement	33.3%	2
Poor, needs improvement	16.7%	1
answered question		6
skipped question		0
<b>8. What unique attributes do MHNs offer to the adolescent unit milieu?</b>		
<b>Answer Options</b>	<b>Response Count</b>	
	6	
answered question		6
skipped question		0

**Responses to Item 8**

1. An ability to communicate in lateral and horizontal ways with all the individuals in the milieu.
2. Clinical assessment of mental status, medical assessment, knowledge of medication treatment.
3. Fairly detailed knowledge of the patients' backgrounds, problems, and functioning on the unit.
4. Her general medical training is invaluable to our unit - is able to handle questions that arise in the context of our treatment outcome work that she has seen in other settings (e.g., seizure issues, diabetes crises in our MH patients).
5. Holistic approach to care.
6. Knowledge base and practiced skills.

<b>9. In which area(s) do MHNs need improvement?</b>		
<b>Answer Options</b>	<b>Response Frequency</b>	<b>Response Count</b>
Standard tasks; ie. giving medications, admitting/discharging patients, charting & writing nursing notes, etc.	33.3%	2
The caring element of nursing	33.3%	2
Individualizing patient care plans to make interventions appropriate for each adolescent	33.3%	2
Providing patient safety	16.7%	1
No areas needed for improvement	50.0%	3
<b>answered question</b>		<b>6</b>
<b>skipped question</b>		<b>0</b>
<b>10. In what ways do you notice MHNs exceeding basic nursing requirements to go above and beyond, for the patient's benefit?</b>		

Answer Options	Response Count
	6
answered question	6
skipped question	0

### Responses to Item 10

1. Don't know of any.
2. In emergencies, they save lives.
3. In establishing a therapeutic relationship.
4. I see them doing this with their commitment to patients and families and to running an effective milieu.
5. Some MHNs are clearly more motivated and more talented in dealing with patients who are upset or oppositional.
6. Takes the time to ask, & to listen carefully to the answers; goes beyond in that she's evaluating multi-systemically even when the occasion is more specific (e.g., evaluation of patient progress in an outcome study). An invaluable resource who is readily available & cost effective to have on board.

<b>11. How often do you see MHNs re-evaluate a patient's condition and revise care plans to fit the changing needs of the patient?</b>		
Answer Options	Response Frequency	Response Count
All the time (re-evaluates with each patient's changing needs)	16.7%	1
Often (re-evaluates for critical patients only)	66.7%	4
Sometimes (re-evaluates for some patients when time allows)	16.7%	1

Never (original care plan remains unchanged throughout the hospital stay, regardless of needed revisions)	0.0%	0
<b>answered question</b>		<b>6</b>
<b>skipped question</b>		<b>0</b>

**12. How do MHNs adapt nursing interventions and patient teaching to the pediatric population?**

<b>Answer Options</b>	<b>Response Count</b>
	6
<b>answered question</b>	<b>6</b>
<b>skipped question</b>	<b>0</b>

**Responses to Item 12**

1. Increases level of observation as needed. Notes side effects or other problems with meds, tells physician. Notes patient having problems with peers, staff, or family, and tells treatment team.
2. N/A - primarily this RN works with our adult population.
3. Needs specialized age-based competencies.
4. Not sure what is meant by this question.
5. They have to be developmentally focused, not in terms of years/age but in terms of capabilities.
6. Uses understanding of normal developmental milestones.

<b>13. Does the MHN-patient relationship directly contribute to the overall improvement in patient well-being?</b>		
<b>Answer Options</b>	<b>Response Frequency</b>	<b>Response Count</b>
Yes	100.0%	6

No	0.0%	0
<b>answered question</b>		<b>6</b>
<b>skipped question</b>		<b>0</b>

**14. How would you rate the extent of therapeutic communication between MHNs and the patient, involving a patient-focused discussion, a caring attitude, and an age-appropriate setting.**

<b>Answer Options</b>	<b>Response Frequency</b>	<b>Response Count</b>
Excellent	66.7%	4
Good	33.3%	2
Average	0.0%	0
Poor	0.0%	0
<b>answered question</b>		<b>6</b>
<b>skipped question</b>		<b>0</b>

**15. On average, how do patients respond to these nursing interventions?**

<b>Answer Options</b>	<b>Response Frequency</b>	<b>Response Count</b>
Very well; there is a clear distinction before and after the interventions	60.0%	3
Somewhat well, depending on the patient's mental status and health condition	40.0%	2
No change is noted after the interventions are initiated	0.0%	0
<b>answered question</b>		<b>5</b>
<b>skipped question</b>		<b>1</b>

skipped question		0
<b>17. In what ways do MHNs advocate for their patients? i.e. Are adolescents involved in decision making? How is the patient respected or cared for as an individual?</b>		
<b>Answer Options</b>	<b>Response Count</b>	
	5	
answered question	5	
skipped question	1	

### Responses to Item 17

1. The MHN respects human dignity and developing autonomy in making decisions.
2. Treating them as individuals and not illnesses.
3. Sometimes the MHN knows the inpatients better than other members of the treatment team, and can represent patients' perspective in team meetings.
4. Participation in treatment team discussion.
5. They participate in the team process and offer a unique perspective on the patient and the patient's needs.

<b>18. What are some concerns or inquiries MHNs present regarding patient care, physician orders, staffing ratios or other topics?</b>		
<b>Answer Options</b>	<b>Response Count</b>	
	4	
answered question	4	
skipped question	2	

### Responses to Item 18

1. More holistic consistent with Nursing view.
2. Not sure about this.

3. None.

4. They want to know if the unit is safe, if the relationship with the physician is respectful and collaborative, and if the patients they treat are getting the best care.

<b>19. For the following phrases, please select the first word or phrase that comes to your mind when thinking about the image of MHNs:</b>			
<b>Answer Options</b>	<b>A</b>	<b>B</b>	<b>Response Count</b>
(A)Male OR (B) Female	1	4	5
(A)Easygoing OR (B)Rigorous	2	4	6
(A)Leader OR (B)Follower	5	1	6
(A)Independent OR (B)Dependent	4	2	6
(A)Sociable OR (B)Scholarly	5	1	6
<b>answered question</b>			<b>6</b>
<b>skipped question</b>			<b>0</b>

<b>20. In your opinion, are MHNs given the recognition and respect they deserve as a member of the health care team?</b>		
<b>Answer Options</b>	<b>Response Frequency</b>	<b>Response Count</b>
Yes	50.0%	3
No	50.0%	3
<b>answered question</b>		<b>6</b>
<b>skipped question</b>		<b>0</b>

**21. Please describe any additional concluding thoughts on the role of adolescent inpatient MHNs.**

<b>Answer Options</b>	<b>Response Count</b>
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	3
answered question	3
skipped question	3

**Responses to Item 21**

1. Frequently it is the MHN who provides stability and continuity on the unit, while other staff seem to come and go.
2. None.
3. We need more advanced practice nurses in the inpatient unit.