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Re: Letter to the Editor entitled “Decline of the American Psychiatric Nursing Profession”

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Dear Dr. Pearson:

As you may know, suicide is the tenth leading cause of death in the United States. Dr. Spadoni and I applaud the APNA’s Task Force efforts to address the education and training of psychiatric nurses along with the development of standards of care on suicide risk assessment, prevention, and intervention. However, in inpatient units where nurses are trained and have experience in suicide assessment, prevention, and intervention, there are other system factors outside the nurses’ control that impede the nurses’ ability to provide proper care. These system factors are challenging to research due to the unpredictability of suicide, legal, and political influences. As nurses, we need to remember the historical foundation and the public expectations of our profession when considering our current challenges. Please consider a quote from Florence Nightingale, *Notes on Nursing: What it is, and What it is Not like*,

“...what nursing has to do in either case, is to put the patient in the best condition for nature to act upon him.”

A mental health patient committed suicide three days after being discharged from a psychiatric unit in a large medical system. This information was not revealed to or covered in the media. While it is true that suicides are unpredictable, we will never know if there was an interaction with the psychiatric nurses on the unit that would have been able to prevent this tragic death ...or how many of these suicides are occurring. Nurses are NOT to blame, rather there is a loss of the use of therapeutic milieu or therapeutic use of self in some large healthcare systems. Milieu interventions are a basic-level function of psychiatric-mental health nurses as noted in the American Nurses Association Scope and Standards of Psychiatric-Mental Health Nursing Practice (2014). Milieu nursing interventions include the use of time and self in individual and/or group patient interaction that focuses on caring, safety, mutual respect, positivity, resiliency in an optimal healing environment.

So, what are nurses doing with their time? Studies performed in a health system during the mid-1990s found that nurses in general provided only 1 hour of direct patient care during their 12-hour shift (Ball, Weaver & Abbott, 2003). Although more studies are needed, we hypothesize the time nurses now spend with patients are even less. As termed by Abraham Verghese (2011), the iPatient, or the electronic chart, monopolizes time of all healthcare providers, not just nurses. Indeed, a study (Block et al., 2013) of medicine interns at John's Hopkins and the University of Maryland found that medicine interns were only spending 12% of their time with the patient and 40% of their time with the iPatient. Nevertheless, the lack of the nurse patient interaction maybe felt most acutely in the inpatient psychiatric unit with the result being a direct loss of life.

Nurses are known to be the most trusted profession in America providing compassionate care to their patients. Yet, changes in our healthcare system are transitioning nurses away from a therapeutic relationship. Specifically, organizational mandates through policies, procedures, and electronic charting (usually containing unnecessary repetition) take time away from caring therapeutic patient interactions. Nurses are also experiencing increases in patient acuity and staffing ratios, further limiting individual interaction and therapeutic communication. With these time constraints, nurses are left to complete scripted tasks. Should nursing then be considered a job instead of a profession?

As we advance in our healthcare system, we cannot lose sight of the proven strategies of the past and public expectations of our nursing profession. Nursing is not a job. Nursing is a trusted, irreplaceable profession. Nurses, especially psychiatric nurses, need time to be therapeutic. We are firm in exhibiting caring as set forth by Florence Nightingale, and if not, let's remember, one or more suicides have already occurred.

We appreciate your consideration of this letter to the editor. Psychiatric nurses are inundated with electronic charting and other tasks. It is our hope that this letter to the editor will help give nurses a voice and start a conversation.

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