



The value of physical examination in mental health nursing



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ABSTRACT

This article explores the use of a physical examination assignment in a mental health general nursing clinical placement course that addresses the poor physical health of people with mental illness and the barriers traditionally impeding health care provision for this population. A descriptive qualitative approach utilizes inductive content analysis to investigate 145 student survey responses. The assignment assists student nurses in understanding that physical and mental well-being are intrinsically linked. Students report increased comfort performing a physical examination on patients with mental illness post assignment. Students' initial bias towards this population was minimized post the clinical assignment. Poor physical health is common among people with mental health problems. Many view the provision of care as a major public health issue. Nurses are the front line caregivers of mental health service consumers and are well positioned to assess their physical needs. Their assessment may be the first step in recognizing health care issues in this population.

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Background

One quarter of adults living in the United States are diagnosed with one or more mental disorders each year (National Institute of Mental Health, n. d.). Although health care providers are highly cognizant of the poor physical health of inpatients and community-based mental health consumers they neglect the physical health of people with mental illness (Muir-Cochrane, 2006; Lawrence and Stephen, 2010). Few mental health workers in outpatient settings perform physical examinations (an evaluation of the body using inspection, palpation, percussion, and auscultation) on their patients as part of their routine assessment (Puskar, 1996). Sometimes the psychiatric symptoms are so overwhelming that medical staff overlook the physical problems. Impacting this issue is that many people with severe mental illness only access the healthcare system in the form of an inpatient psychiatric unit and this may be their only chance to receive care for physical conditions (Frost, 2006). Many have recommended improved monitoring of physical health in the inpatient unit (Frost, 2006; Happell et al., 2010).

Mental health nurses, especially in countries where they have post graduate psychiatric training, play a key role in meeting these unmet needs particularly during hospital admissions (Happell

et al., 2013). It is important to point out that many countries train RNs as generalist nurses. Even with a broader versus a specialization training, a holistic-based approach when caring for mental health consumers is needed. Assessment is widely regarded as the first step in addressing physical health in vulnerable populations (Tranter et al., 2012). Nurses working in acute psychiatric care settings play an important role in assessing patients' physical need (Blythe and White, 2012; Howard and Gamble, 2011; Sutherland and Davis, 2010).

It is well documented that physical illnesses are more common in people with mental disorders. Research demonstrates that the physical health of those with mental illness is generally considered poor compared to the general population (Chadwick et al., 2012; Colton and Mandersheid, 2006; De Hert et al., 2011; Scott and Happell, 2011). Mental, physical, and social health is interdependent and poor physical health affects mental well-being while mental illness increases mortality and morbidity (World Health Organization, 2010; World Federation for Mental Health, 2004). As a result of mental illness, the U.S. spends billions of dollars in direct and indirect costs due to decreased productivity, absenteeism, lost jobs and wages, untold pain and suffering, and suicide (Borckardt et al., 2011). There is an urgent need for integration of physical and psychosocial health care to improve service delivery (Clark, 2009).

Resources or organizational issues often limit the implementation of physical health care programs. Barriers to effective health-care for people with mental illness can be divided into general areas

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of focus: systemic (state and health care institutions/funding), provider (physicians, nurses), and/or patient-related issues (patient, family, caregiver) (Druss, 2007). Systemic issues include the separation of physical and mental healthcare agencies, and lack of clarity as to who is responsible for the physical health of patients (Druss, 2007). At the provider level there are limitations of time and resources, unclear role delineations, the possibility of considering physical complaints as psychosomatic symptoms, and stigma considerations (Happell et al., 2010; Leucht et al., 2007). Patient-related issues include risk factors such as obesity, substance abuse, socio-economic factors, and side effects of psychiatric medications (Compton et al., 2006; Sokal et al., 2004). People with mental illness may not maintain optimal physical health due to cognitive impairment, social isolation, and lack of social support (Lawrence and Stephen, 2010). These barriers, while not comprehensive, demonstrate the depth of the problem that contributes to lack of maintaining optimal physical and mental health for those with mental illness.

Lack of holistic care leads to poor quality of life for those with serious mental illness (World Federation of Mental Health, 2004). To improve the physical health of this vulnerable population mental health nurses must become aware of the problem and be willing to find solutions. Studies suggest that conducting a physical examination has the potential to enable nurses to identify threats to the physical well-being in this population (Tranter et al., 2012). A physical examination, for the purpose of this article, is defined as an evaluation of the body using inspection, palpation, percussion, and auscultation. A complete physical examination includes gathering information related to a person's medical history, which includes lifestyle data and laboratory/screening test.

Physical examination must become part of usual care; while organizational, personal, and other barriers need to be overcome. Mental health nurses are positioned to support and monitor the physical health of people with mental illness (Gray et al., 2009; Happell et al., 2010). Nurses need to combat the problem of limited access to service for those with mental illness by utilizing their under-used nursing skills on psychiatric inpatient units. There is scant research that investigates the level of physical examination that is being performed in acute mental health inpatient care settings and even less research evaluating what occurs once the physical examination is performed.

Mental health nursing curriculum

Nurse educators are challenged to prepare new graduates entering practice who work in a variety of clinical placement agencies. To become a registered nurse, a person must be able to assess and plan the holistic care of patients (American Colleges of Nursing, 2008). Generalist graduates must have the knowledge and skill to integrate their patients' physical and mental health care needs and be prepared to conduct a comprehensive and focused physical assessment (American Colleges of Nursing, 2008).

Nursing programs teach physical examination in much greater depth than what is used in clinical practice (Giddens, 2007). It is necessary to vary the assessments used given the population served and it is important to be aware that most skills can be applied to all populations in all settings (Giddens, 2007). Although physical examination is a basic skill necessary for nursing practice, it is left to the faculty teaching the course to determine specific content. Many nursing programs have a stand-alone course on physical examination, but it is not clear if the skill is integrated throughout all clinical placement settings.

Nursing educators must graduate students who understand the value of a holistic approach to patient care. Often students report a

disconnection between their mental health clinical practice and other clinical practice experiences. Many do not see the importance of a mental health rotation and frequently miss important physical details in the assessment of their patients. Not unlike society in general, students report biases towards those with mental illness. Clinical practice experiences help students make the connection between mental and physical health that contributes to the delivery of holistic care and a more favorable view of those with mental health problems (Faight et al., 2013). Having a physical examination assignment in the mental health clinical placement course may assist students with making the mind-body connection and increase the students' awareness of the poor physical health of people with mental illness and the challenges faced in delivering both mental and physical health care in the mental health setting. It may also assist the student with developing a positive view of people with mental illness.

The purpose

The purpose of this study is to investigate the use of a physical examination assignment in a mental health nurse clinical placement course. The objective of the proposal is to: a) to describe the student's perceptions of mental illness at the start and end of the course; b) to better understand the student's comfort level with mental health patients pre and post a physical examination assignment; and c) to determine if the assignment assists the students in understanding the connection between physical and mental health.

The assignment

The students, while in their mental health clinical placement, conduct a comprehensive, focused, bedside physical assessment of the following components: skin, neurological, respiratory, abdominal, genitourinary, cardiac, and pain. Students are prepared for the assignment by completing a health assessment theory and laboratory course prior to taking a mental health nursing theory and clinical placement course.

The student, under the direct supervision of a mental health clinical nursing instructor, with the consent of the patient, completes a physical examination on a patient in an acute mental health setting. The student conducts the physical examination in a private examining room or in the patient's room, depending on availability. Patients are dressed in street clothes, standard in mental health facilities, which are loosened to assist with the examination. The procedure is explained in detail to the patient and they are informed that they can decline to participate at any point in the examination. See Table 1 for details of the assignment.

If a patient refused any part of the physical examination, it was not held against the student's grade. Students were encouraged to do a physical examination with a different patient, if the patient changed their mind and refused to participate in most of the examination.

Performing a physical examination in this population requires increased sensitivity to patient response and customization based on patient behavior (Davis, 2004). It is common for patients to refuse a physical examination in a mental health environment where patients may have a history of sexual assault or abuse, are experiencing thought disorders, or have impaired information processing or concentration. Faculty assist students with patient selection, deferring a physical examination for patients with symptoms of paranoia and delusions or potentially unpredictable patients. Paramount is the comfort and safety of the patient and the student.

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