

The use of Balint methodology to explore how nurses process the sensitive sexual health issues arising from working in the clinical area.

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Background

- The researchers experience in sexual health highlighted nursing care which did not address patient's sexuality causing mismanagement.
- There is little research on how nurses process the emotional impact of their work, and how these unconscious emotions effect nursing care.
- This paper explores how teachers can develop nurses who meet the NMC'S expectations of non-judgmentally in relation to sexuality and the impact on nursing care. (NMC.2018).

Method

- Participants were recruited from the second-year undergraduate nursing degree.
- A two-week module on sexuality and nursing was developed and implemented for this undergraduate year.
- This module comprised two taught days of theory and discussion, online reading and multiple-choice assessment.
- The aim of the teaching in the module was to increase awareness in nursing students of the importance of patient's sexuality on their emotional and physical health and encourage discussion on nurses' anxieties surrounding the subject area.
- In this study participants were asked to join an online discussion group during the teaching, and then complete a digital diary whilst in clinical placement. On completion of the digital diary participants were offered a one to one interview.

Aim to this research

- To explore how the nursing curriculum facilitates the NMC standard in the development of nurses who are non-judgemental.
- To explore student nurses' understanding of non-judgmentality using sexuality as an exemplar.
- To investigate the factors which enable or constrain student nurses' ability to be non-judgemental and tolerant of the diversity in sexuality and nursing

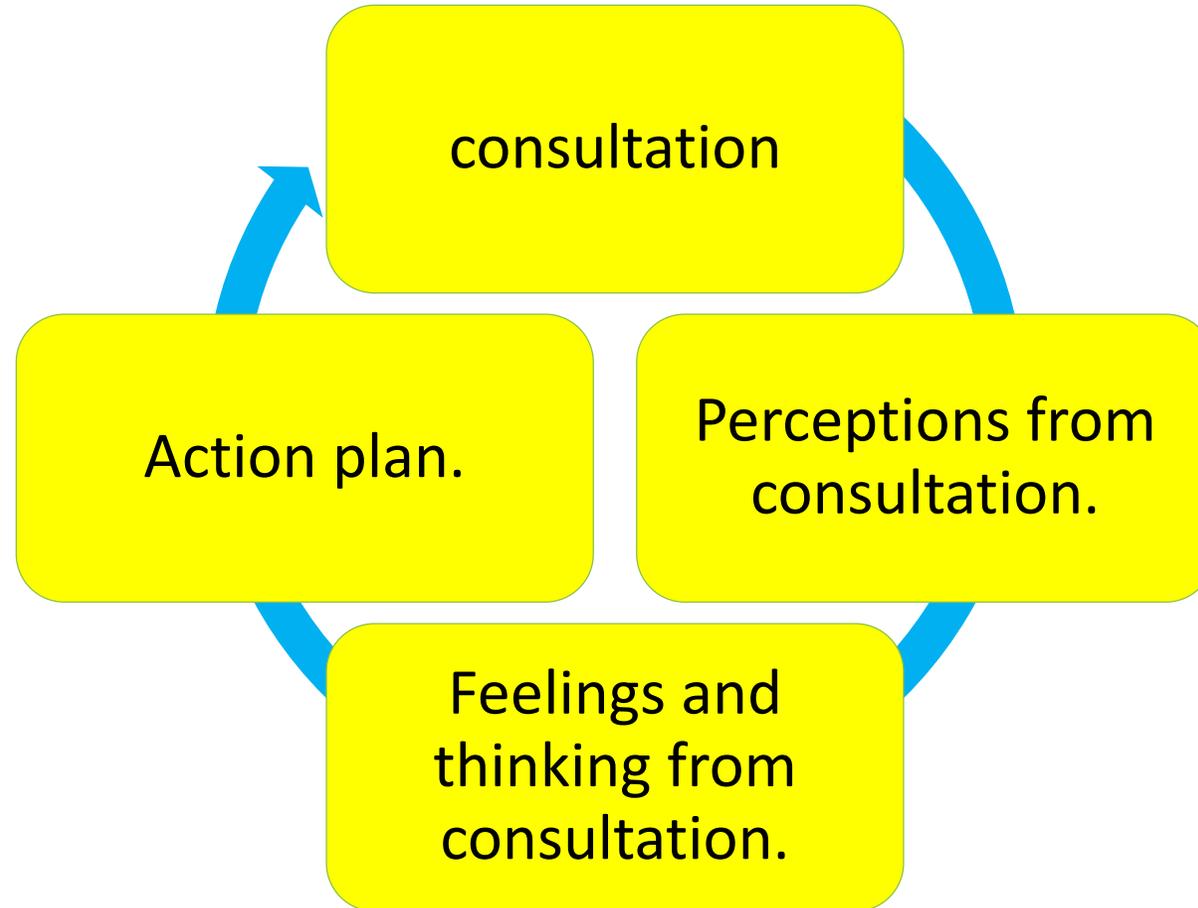
Method

- In total 27 students were recruited as participants,
- 3 groups participated in online discussion; comprised of
 - group 2 included 2 participants
 - group 3 included 5 participants,
 - group 5 no participants participated.
- 8 digital diaries have been completed
- 3 interviews completed.

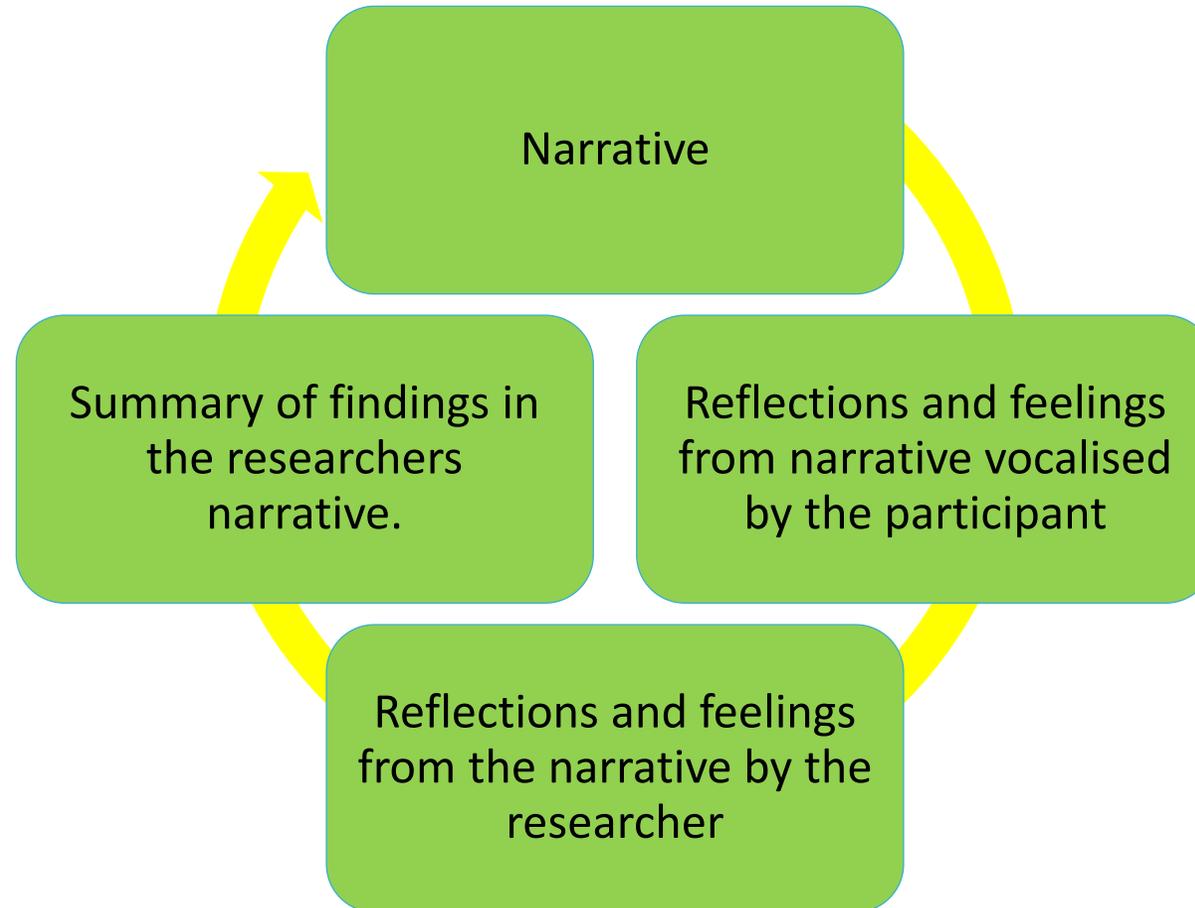
Balint psychodynamic theory

- Pioneered by Michael Balint and Tom Main 1957
- Balint's consultation model evolves around telling the story of the patient and the consultation usually within a training group (Montford and Skrine, 1993).
- The act of telling the story encourages nurses to think about what is going on in the consultation, this also creates a psychological distance which helps reflection on the relationship.
- This relationship is referred to as the nurse/patient relationship (Montford and Skrine, 1993). Balint's psychodynamic theory brings understanding to the unconscious feelings experienced in nursing care (Montford and Skrine, 1993).
- This distance encourages the nurse to think about the feelings they experienced. Skrine outlines "the process is one constant change between two positions as the act of pulling back to think can allow more feeling to follow, and as more is felt there is more to think about" (Skrine, 1997.p223).

Balint consultation model.



Researcher modified Balint consultation model used for analysis



Participant 3 diary

- Participant 3 diary is spoken directly to me and revolves around her placement on a renal ward and a male patient who is a diabetic amputee who has abused children.
 - *“a patient who had a history of um child abuse actually sexually abusing a child actually I’m very sure his name is on the register or something because it’s on his erm history because ever staff seemed to know that this man has a sexual abuse.... em doing handover”*
- She sounds hesitant and nervous, and my heart leaps at the anxiety I hear, I feel worried for participant 3 from the outset. She describes how during the handover she is told that two nurses should always look after this patient and sounds embarrassed talking about this and his sexual abuse history.

Participant 3 diary

- *“I think he’s scared he suffers a bit cos of time and staff members not wanting to help him on their own even in the open bit because there is an open bit ward where we have patients there staff moving up and down we still find staff not wanting to assist him on their own even though he is in an open place that it is most unlikely that he could abuse anyone in that part”*
- Participant 3 talks about the problems encountered when she is allocated the patient; describing how difficult it is to find another member of the nursing team who is willing to help her with him. She sounds angry as she describes these difficulties as she feels that the patient is so ill that he poses little risk to staff particularly on a public ward. She mentions how the patient refers to her as love and darling, and that he talks a lot indicating that he may be embarrassed. From participant 3’s diary it sounds like she feels that nursing staff are avoiding caring for the patient

Participant 3 diary

- As a listener I feel angry at the wards registered nurses I think it is unfair to allocate a second-year student a patient labelled a child abuser without support. I feel ashamed of the qualified nurse's avoidance of looking after the patient and their lack of professionalism, but I also suspect that this is down to lack of knowledge and training. Whilst participant 3 sounds ashamed and embarrassed by the reaction of the nursing staff and their discrimination of the patient she also avoids continuing to criticise them by discussing positive professionalism.
- *"I think the nurse should try and assess the situation and assess the environment if it's not it's not maybe a closed environment I can say ok we can wait for one person for two people but it was in an open bit you don't expect him to do anything in an open bit when he is being transferred from a wheel chair to the bed".*

Participant 3 diary

- I felt participant 3 showed signs of professionalism in the care and discrimination of the patient, felt guilty for speaking out against the ward staff and so found a scenario that redeemed them. She then discusses how discrete and professional they are administering controlled medication for erectile dysfunction to patients, quietly and respectfully speaking about the medication's usage. She shows pride in the nursing staff, possibly because she can see that the qualified nurses can act sensitively, and the story of the amputee is told against this observation. Her feelings tell her that she has been unwillingly forced to be part of unjust or discriminating practice.
- *“I find that quite nice actually cos confidentiality was maintained on that bit it was on the other patient that I wasn't quite comfortable because um I think it was blown out of proportion and it affected the patient care a little bit thank you very much”.*

Participant 3 diary

- However, she finishes with her embarrassment in the neglect of the first patient and this story revolves around him and his neglect. I feel ashamed and angry at the lack of support and found myself shouting “where is the mentor” there is no mention of any support!
- So, this is a story about the student who is being exposed to value judgements in case decisions. Her discomfort is not in relation to caring for a patient who is known as a perpetrator, rather her discomfort is with the value judgement that brings about discriminatory practice that in turn places the student in a position of powerlessness.
- Maybe lecturers need to support students in how to respond when they are confronted with care decisions made on value judgements.

Findings of participant 3

- The anger and powerlessness of participant 3 at the discriminatory practice of her nursing colleagues is strong throughout this narrative. This scenario illustrates the complexity of whistleblowing in patient care, the team-based approach makes it difficult to criticise colleagues.
- The discriminatory practice by the nurses illustrates Stockwell's "unpopular patient" is alive and well and shows how nurses avoid patients they find difficult (Stockwell. 1972). Participant 3 has learnt from this exposure to discriminatory practice to not speak up and stay quiet, but still understands that this is poor nursing practice.
- Participant 3 shows emotional intelligence through her understanding that she needs to put her personal view of the patient to one side and has weighed up the risks to herself and seen this as reduced in an open plan area.
- Participant's 3 exposure to this incident has encouraged her to reflect on the situation and helped her in journey towards non-judgmentality.

Findings

- This research reveals the challenges of diverse student emotional meanings and how student nurses learn to work with trained healthcare professional valued judgements.
- How student nurses navigate nursing care and the emotional labour required of them.
- This research reveals the journey student nurses make to become non-judgemental and the factors that constrain and enable this.

References

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