

# Instructor's Manual for English for Nursing, Academic Skills

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MICHIGAN SERIES IN ENGLISH FOR  
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## Unit 1: Reading Skills for Nursing

In this unit, students work on reading and vocabulary strategies and skills, while exploring the profession of nursing.

### Pre-Reading Strategies (page 2)

While students may already have an idea about the profession of nursing from personal experiences, quite often their understanding of nursing is limited to those experiences. Watching a video about nursing can provoke discussion that goes beyond what students already know and can expand their knowledge and understanding about what it means to be a nurse.

#### Activity: Watching a Video about Nursing

Many academic libraries have videos about the profession of nursing. One video that is especially informative is *Real Nurses* (Gerber, 1993). The film, which is 60 minutes long, follows eight nurses in various specialties or positions of responsibility.

#### Discussion Questions

After the video, lead students in a discussion of the questions.

1. Did anything surprise you in the video *Real Nurses*? If so, what and why?
2. Review the chart you filled out from the movie. What are some of the responsibilities, challenges, and rewards of nursing for each specialty?
3. Review the definition of nursing that you wrote at the beginning of this chapter. Would you add or change anything after seeing the video? If so, what?
4. Review the list of essential qualities or skills in a nurse. Would you add or change anything after seeing the video? If so, what?

**Note-Taking**

As students watch the video, they should practice listening skills by filling in this chart with the responsibilities, challenges, and rewards of each nurse specialty. This information can be used for the writing assignment at the end of the unit.

Nursing Specialty	Responsibilities	Challenges	Rewards
<b>Surgical Nurse</b>			
<b>Labor and Delivery Nurse</b>			
<b>Psychiatric Nurse</b>			
<b>Nurse Anesthetist</b>			
<b>Charge Nurse</b>			
<b>General Medical Nurse</b>			
<b>Nursing Instructor</b>			

## Previewing a Reading (page 2)

### Activity: Previewing an Introductory Chapter from Nursing Textbook

“Historical and Contemporary Nursing Practice” is the title of the first chapter of a widely used nursing textbook called: *Fundamentals of Nursing—Concepts, Process, and Practice* by Kozier, Erb, Berman, and Snyder (2004b). The chapter provides an introduction to the profession of nursing, as well as a means to practice skimming to get an overview of a reading.

Due to space and permission limitations, the entire chapter could not be reproduced in this textbook as Reading 1.1. However, *Fundamentals of Nursing* should be available in your college or university library or could be borrowed from another library through Interlibrary Loan. Otherwise, you could substitute a similar chapter, most likely the first chapter, from the textbook that is used in the Introduction to Nursing course at your institution.

### Activity: Scanning for Specific Information

Once you obtain the Kozier et al. (2004b) textbook from the library, ask them to look at the **Review Questions** at the end of “Historical and Contemporary Nursing Practice.” They should determine where they think the answers could be found in the reading. They do not need to answer the questions, *just locate where the answers might be*. Give the students these guidelines.

- a. Identify and underline what you think is the **key word or phrase** in the question.
- b. Skim through the headings and subheadings in the chapter to determine where the answer might be located.
- c. Scan for a word or phrase in sections of the reading that are similar to or the same as the key word or phrase you identified in the review question.
- d. Write the page number and subheading of the section where you think the answer is located.

### Example

Question #1: “Which recipient of nursing is perceived as a person who accepts responsibility for their health?”

- a. The key word or phrase in this question is: recipient of nursing. Underline it.
- b. Skim through the headings and subheadings.
- c. Scan for the key phrase “recipient of nursing.”
- d. The section Recipients of Nursing is on page 7, located under “Contemporary Nursing Practice.” Question 1 is probably answered in this section.

### Review Questions for Full Kozier et al. Chapter

1. Which recipient of nursing is perceived as a person who accepts responsibility for their health?
2. Which activity is an example of health promotion by the nurse?  
Scope of Nursing, under Contemporary Nursing Practice (p. 7)
3. Which of the following nurses usually provides primary ambulatory care?  
Box 1-2, Selected Expanded Career Roles for Nurses (p. 12)
4. According to Benner's states of nursing expertise, a nurse with 2 or 3 years of experience who can coordinate multiple complex nursing care demands is at which stage?  
Box 1-3, Benner's Stages of Nursing Expertise (p. 13)
5. Which professional organization developed a code for nursing students?  
Box 1-4, National Student Nurses' Association, Inc., Code of Academic and Clinical Conduct (p. 14)
6. Which of the following social forces will impact the future supply and demand for nurses?  
Box 1-5, Factors Affecting the Nursing Shortage (p. 16)

### Review Questions for Full Kozier et al. Chapter

## Taking Tests: Understanding and Applying Information

The quiz that follows is based on supplementary material that is available online for the textbook *Fundamentals of Nursing—Concepts, Process, and Practice* (Kozier et al., 2004b).

The quiz is typical of nursing tests in several ways. First, it is multiple choice, the most common format used for assessing nursing knowledge. Second, it does not test just at the level of basic comprehension; rather, it tests the ability to apply information in new ways, including evaluating, assessing, and prioritizing information—all critical-thinking skills that nursing programs hope to develop in their students. Such questions are also typical of the nursing board exam (NCLEX).

## Quiz on “Historical and Contemporary Nursing Practice”

1. Which factor had the most significant influence on the expansion of nursing practice?
  - a. societal attitudes toward the image of nursing
  - b. traditional female roles of nurturing others
  - c. nursing's commitment to religious values
  - d. nursing leadership's ability to influence others
2. What is the most important way Florence Nightingale used to raise the status of nursing?
  - a. her contribution to nursing education
  - b. her use of political pressure
  - c. her implementation of public health policies
  - d. her vision of the health promotion role of nurses
3. Which demographic change most affects a nurse working in an adolescent psychiatric unit?
  - a. more babies born to young mothers
  - b. increased problems due to obesity
  - c. a population shift from rural to urban settings
  - d. an increased proportion of elderly people in the population
4. Which type of nurse works with a multidisciplinary health care team to monitor the outcomes of individual clients?
  - a. nurse researcher
  - b. nursing leader
  - c. case manager
  - d. nurse educator
5. Which area of nursing practice involves administering medications, taking vital signs, consulting with others about client problems, and teaching exercises to a client?
  - a. preventing illness
  - b. promotion of wellness
  - c. restoration of health
  - d. care of the dying
6. Which characteristic distinguishes a profession from other kinds of occupations?
  - a. short, quick training to acquire a body of knowledge
  - b. individualism without commitment to an organization
  - c. overall knowledge of many areas
  - d. ongoing research
7. What is the most effective way for nurses to govern their practice?
  - a. work with their professional organization
  - b. be in a position of authority
  - c. monitor the professional behavior of others
  - d. establish a conceptual framework

8. How will the change in emphasis from inpatient to outpatient care in the health care industry affect nursing?
  - a. an increased emphasis on consumer education
  - b. a decrease in health care costs
  - c. an increased need for community-based nurses
  - d. a decrease in emphasis on baccalaureate education
9. Which intervention is likely to help decrease the shortage of nurses?
  - a. recruit younger people into nursing
  - b. reduce hospital stays to reduce the need for nurses
  - c. decrease nursing workloads to increase retention
  - d. reduce the requirements for college admission
10. Which of the following is an important issue in nursing because of the use of telehealth in the health care system?
  - a. an increase in phone rates for long distance communication
  - b. licensure issues for nurses providing telehealth
  - c. an increased need for the Patient Self-Determination Act
  - d. decreased reliability of website information

## Answers to Quiz

The correct answers are provided, as well as a brief explanation or location of the correct answer in Kozier et al., 2004b. Key words or clues in the stem are also in bold. Page numbers refer to the full chapter of the actual textbook, not Reading 1.1.

1. Which factor had the most significant influence on the **expansion** of nursing practice?  
**d. Nursing leadership's ability to influence others.** The first three answers all relate to the beginning and early development of nursing. The discussion of leaders in the history of nursing, beginning with Florence Nightingale on pages 5–6, focuses on how nursing has since expanded to include “public health and health promotion roles for nurses” (page 6), “women’s health care” (page 7), and “midwifery” (page 7).
2. What is the **most** important way Florence Nightingale used to raise the **status** of nursing?  
**a. Her contribution to nursing education.** See page 7, Paragraph 5.
3. Which demographic change **most** affects a nurse working in an **adolescent** psychiatric unit?  
**a. More babies born to young mothers.** Only the first response relates to adolescents.
4. Which type of nurse works with a **multidisciplinary health care team** to monitor the outcomes of individual clients?  
**c. Case manager.** See page 11, Paragraph 4.
5. Which area of **nursing practice** involves **administering medications, taking vital signs, consulting with others about client problems, and teaching exercises to a client**?  
**c. Restoration of health.** See page 8, Paragraph 13.
6. Which characteristic distinguishes a **profession** from other kinds of occupations?  
**d. Ongoing research.** See page 11, Paragraph 13.
7. What is the **most** effective way for nurses to **govern** their practice?  
**a. Work with their professional organization.** See page 12, Paragraph 6.
8. How will the change in emphasis from inpatient to **outpatient care** in the health care industry affect nursing?  
**c. An increased need for community-based nurses.** See page 15, Paragraph 1.
9. Which intervention is likely to help **decrease** the shortage of nurses?  
**a. Recruit younger people into nursing.** See page 16, Paragraph 7.
10. Which of the following is an important issue in nursing because of the use of **telehealth** in the health care system?  
**b. Licensure issues for nurses providing telehealth.** See page 16, Paragraph 1.

## Reviewing Tests

It is important for students to understand their mistakes, why they made them, and how they can avoid similar mistakes in the future.

For each item wrong on the quiz, ask students to think about these questions.

1. Why did you select the answer option you did?
2. What is the correct answer? Locate the answer in the textbook, and write the page number where you found it.
3. Re-read the test question and the correct answer. Does the correct answer make sense to you now? Why or why not?
4. For those items that still do not make sense, ask your instructor for clarification.

## Vocabulary Strategies and Skills (page 24)

Students should be encouraged to take a medical terminology course before they begin their nursing program. This prevents students from having to learn medical terminology at the same time they are learning the content of nursing courses, an important consideration for students who are non-native speakers of English.

## Analyzing Words

Students at a high-intermediate to advanced level of proficiency may benefit from the activities using context clues to understand the meaning of new words. Meanwhile, students who are at a low-intermediate to intermediate level of proficiency may benefit from working on vocabulary skills (analyzing word parts like prefixes, suffixes, and roots), dictionary skills (choosing specialized versus general definitions of words), and understanding parts of speech.

If your students are having trouble with vocabulary from the readings, a review of prefixes may help. Ask students to look up words in a medical English dictionary that begin with each of the prefixes on the chart on the next page, and then using the definitions of those words, figure out the meaning of the prefixes. Students should write two examples of words that begin with each prefix, as shown with *anti-*.

Common Prefixes in Medical/Nursing Terminology

<p><i>anti-</i>  <b>Definition:</b> <i>against</i>  <b>Examples:</b> <i>antibiotic, antibody</i></p>	<p><i>auto-</i>  <b>Definition:</b>  <b>Examples:</b></p>
<p><i>bi-</i>  <b>Definition:</b>  <b>Examples:</b></p>	<p><i>bio-</i>  <b>Definition:</b>  <b>Examples:</b></p>
<p><i>contra-</i>  <b>Definition:</b>  <b>Examples:</b></p>	<p><i>hetero-</i>  <b>Definition:</b>  <b>Examples:</b></p>
<p><i>homo-</i>  <b>Definition:</b>  <b>Examples:</b></p>	<p><i>hyper-</i>  <b>Definition:</b>  <b>Examples:</b></p>
<p><i>in-</i> (opposite)  <b>Definition:</b>  <b>Examples:</b></p>	<p><i>in-</i> (internal)  <b>Definition:</b>  <b>Examples:</b></p>
<p><i>inter-</i>  <b>Definition:</b>  <b>Examples:</b></p>	<p><i>intra-</i>  <b>Definition:</b>  <b>Examples:</b></p>
<p><i>mal-</i>  <b>Definition:</b>  <b>Examples:</b></p>	<p><i>multi-</i>  <b>Definition:</b>  <b>Examples:</b></p>
<p><i>pre-</i>  <b>Definition:</b>  <b>Examples:</b></p>	<p><i>pro-</i>  <b>Definition:</b>  <b>Examples:</b></p>

## Answers

<p><i>anti-</i>  <b>Definition:</b> <i>against</i>  <b>Examples:</b> <i>antibiotic, antibody</i></p>	<p><i>auto-</i>  <b>Definition:</b> self  <b>Examples:</b> autoimmunity, autonomic</p>
<p><i>bi-</i>  <b>Definition:</b> two  <b>Examples:</b> bifocals, bifurcate</p>	<p><i>bio-</i>  <b>Definition:</b> referring to living organisms  <b>Examples:</b> biologist, biogenesis</p>
<p><i>contra-</i>  <b>Definition:</b> against  <b>Examples:</b> contraceptive, contraindication</p>	<p><i>hetero-</i>  <b>Definition:</b> different  <b>Examples:</b> heterogeneous, heteropia</p>
<p><i>homo-</i>  <b>Definition:</b> same  <b>Examples:</b> homolateral, homothermal</p>	<p><i>hyper-</i>  <b>Definition:</b> above or more than normal  <b>Examples:</b> hyperactivity, hypertoxicity</p>
<p><i>in-</i> (opposite)  <b>Definition:</b> not  <b>Examples:</b> incontinence, incompetent</p>	<p><i>in-</i> (internal)  <b>Definition:</b> in, into  <b>Examples:</b> incision, inject</p>
<p><i>inter-</i>  <b>Definition:</b> between  <b>Examples:</b> interchondral, intercostal</p>	<p><i>intra-</i>  <b>Definition:</b> within  <b>Examples:</b> intralumbar, intraspinal</p>
<p><i>mal-</i>  <b>Definition:</b> bad  <b>Examples:</b> malodorous, malabsorption</p>	<p><i>multi-</i>  <b>Definition:</b> many  <b>Examples:</b> multiparous, multiglandular</p>
<p><i>pre-</i>  <b>Definition:</b> before  <b>Examples:</b> premature, preanesthetic</p>	<p><i>pro-</i>  <b>Definition:</b> in front of  <b>Examples:</b> prodromal, prognosis</p>

A review of roots may also be helpful. Ask students to look up words in a medical English dictionary that include each of the roots and then, using the definitions of those words, figure out the meaning of the roots. Students should write two examples of words that include each root, as shown on the next page with *cardi*.

## Common Roots in Medical/Nursing Terminology

*cardi-***Definition:** *referring to the heart***Examples:** *cardiology, cardiogram**cerebr-***Definition:****Examples:***hem-***Definition:****Examples:***neuro-***Definition:****Examples:***onco-***Definition:****Examples:***pedi-***Definition:****Examples:***psych-***Definition:****Examples:***scler-***Definition:****Examples:***thrombo-***Definition:****Examples:***vene-***Definition:****Examples:**

## Answers

*cardi-*

**Definition:** *referring to the heart*

**Examples:** *cardiology, cardiogram*

*cerebr-*

**Definition:** part of the brain

**Examples:** cerebrum, cerebrospinal

*hem-*

**Definition:** blood

**Examples:** hemangioblast, hemarthrosis

*neuro-*

**Definition:** nerves

**Examples:** neurologist, neuroplasty

*onco-*

**Definition:** mass, tumor

**Examples:** oncology, oncologist

*pedi-*

**Definition:** child

**Examples:** pediatrician, pediatrics

*psych-*

**Definition:** mind

**Examples:** psychology, psychiatrist

*scler-*

**Definition:** hard

**Examples:** angiosclerosis, atherosclerosis

*thrombo-*

**Definition:** blood clot

**Examples:** thrombocytes, thrombosis

*veni-*

**Definition:** vein

**Examples:** venipuncture, venous

A review of suffixes may also help. Ask students to look up words in a medical English dictionary that end with each of the suffixes and then, using the definitions of those words, figure out the meaning of the suffixes. Students should write two examples of words that end with each suffix, as shown in this chart with *-ectomy*.

Common Suffixes in Medical/Nursing Terminology

<p><b>-ectomy</b>  <b>Definition:</b> <i>excision or removal</i>  <b>Examples:</b> <i>appendectomy, hysterectomy</i></p>	<p><b>-gram</b>  <b>Definition:</b>  <b>Examples:</b></p>
<p><b>-graph</b>  <b>Definition:</b>  <b>Examples:</b></p>	<p><b>-graphy</b>  <b>Definition:</b>  <b>Examples:</b></p>
<p><b>-iatic</b>  <b>Definition:</b>  <b>Examples:</b></p>	<p><b>-itis</b>  <b>Definition:</b>  <b>Examples:</b></p>
<p><b>-osis</b>  <b>Definition:</b>  <b>Examples:</b></p>	<p><b>-tomy</b>  <b>Definition:</b>  <b>Examples:</b></p>

## Answers

<p><b>-ectomy</b>  <b>Definition:</b> <i>excision or removal</i>  <b>Examples:</b> <i>appendectomy, hysterectomy</i></p>	<p><b>-gram</b>  <b>Definition:</b> picture  <b>Examples:</b> electrocardiogram, tomogram</p>
<p><b>-graph</b>  <b>Definition:</b> instrument used to record data  <b>Examples:</b> tomograph, radiograph</p>	<p><b>-graphy</b>  <b>Definition:</b> process of making a recording  <b>Examples:</b> radiography, electrocardiography</p>
<p><b>-iatic</b>  <b>Definition:</b> pertaining to a medical professional or physician  <b>Examples:</b> psychiatric, podiatric</p>	<p><b>-itis</b>  <b>Definition:</b> inflammation  <b>Examples:</b> dermatitis, rhinitis</p>
<p><b>-osis</b>  <b>Definition:</b> condition  <b>Examples:</b> thrombosis, cyanosis</p>	<p><b>-tomy</b>  <b>Definition:</b> incision into  <b>Examples:</b> duodenotomy, tympanotomy</p>

Since the nursing/medical field uses many abbreviations and acronyms, ask students to look up the acronyms in a medical English dictionary and write what they refer to, as shown with CT in the chart on the next page.

Common Acronyms in Medical/Nursing Terminology

*CT* = computerized tomography

*DOA* =

*DNR* =

*EKG* =

*ENT* =

*HIV/AIDS* =

*ICU* =

*IV* =

*MRI* =

*PA* =

*PMS* =

*PTA* =

*STD* =

*TB* =

## Answers

*CT* = computerized tomography

*DOA* = dead on arrival

*DNR* = do not resuscitate

*EKG* = electrocardiogram

*ENT* = ear, nose, throat

*HIV/AIDS* = human immunodeficiency virus/acquired immune deficiency syndrome

*ICU* = intensive care unit

*IV* = intravenous

*MRI* = magnetic resonance imaging

*PA* = physician's assistant

*PMS* = premenstrual syndrome

*PTA* = physical therapy assistant

*STD* = sexually transmitted disease

*TB* = tuberculosis

## Parts of Speech (page 30)

A word often has different forms or parts of speech. When students select a definition, they should make sure they select the definition for the same part of speech or form of the word in the reading. Sometimes, there may not be a listing for the part of speech used in the reading. Students may benefit from working on identifying parts of speech and selecting the corresponding definition from the dictionary, e.g., recognizing that a word is used as a noun and selecting the definition for the word as a noun from the dictionary.

For example, the first vocabulary word highlighted in Unit 1, Reading 1.2 (see page 18) is *pediatric*. That word is an adjective, derived from the noun form, *pediatrics*. When students look up *pediatric* in the dictionary, they should look for the definition of the word as an adjective, not a noun. If they can't find the word listed as an adjective, they should use the definition given for another part of speech and then adjust it accordingly, based on their understanding of the function of parts of speech. For example, since adjectives describe nouns, then *pediatric* is being used to describe a noun, in this case, an intensive care unit.

## Checking Definitions (page 32)

When students have selected a definition for a word, they should always check it using the original context of the word. One strategy is to reread the sentence or paragraph in which the word occurred, but substitute the definition instead of the original word. Does it make sense?

## Unit 2: Thinking Critically about Nursing

In this unit, students work on critical reading skills and understanding figures, while exploring contemporary issues in nursing. Discussions of nursing today should consider the enormous changes in the health care system that have taken place the last 30 years or so, in the move from fee-for-service insurance policies that allowed subscribers freedom of choice to a system based on cost containment and managed care. Gordon (1997) in her article “What Nurses Stand For” discusses some of the ways in which a “for-profit, market-driven system” have affected the profession of nursing, for example, in the elimination of nursing positions and their replacement with lower-paid, less-skilled workers. Try to get a copy of this article from your library to help prepare you for the discussion. In her opinion, discussed in greater detail in Reading 2.2 (“Nurse Interrupted”), the current nursing shortage was precipitated by such short-sighted efforts on the part of health care administrators in the past, which drove nurses from the profession and turned others away from even considering the profession as a viable career choice. Gordon is a journalist specializing in health care who has written several books and articles about nursing for the average person. Her views contrast with that of the medical profession, presented in Reading 2.3 (“Nursing in the Crossfire”), an article written by a medical doctor and published in the *New England Journal of Medicine*.

The ability to think critically is an important skill in nursing. Although Readings 2.2 and 2.3 are both about the nursing shortage, they are very different in content and tone, giving students the opportunity to realize the importance of the author’s perspective. Students are asked to evaluate the sources of these two readings and consider the differences in the tone and content. Related to the authors’ differing perspectives on the topic are their different purposes in writing and the different audiences they are writing for. In the process of recognizing the role of author, purpose, and audience in determining tone and content, students learn to think critically about information in the readings. For the writing assignment at the end of the unit, students write an essay, synthesizing and applying information from Readings 2.1, 2.2, and 2.3, analyzing reasons for the nursing shortage, discussing its effects on nursing, and/or proposing possible solutions.

In addition to developing critical-thinking skills, Unit 2 also focuses on understanding figures, in particular the organization of figures, interpreting information from figures, and understanding the relationship between written text and visual information provided in figures. (*Note:* Unit 5 looks at understanding tables.)

### Additional Reading

Students should be encouraged to follow discussions in the news that affect the profession of nursing. Articles in the local paper can be brought in and analyzed from a critical perspective, in particular, who has been interviewed

for the article, other sources of information that have been used to write the article, the intended audience, the purpose of the article, the author's perspective on the topic, the tone of the article, etc.

Of considerable interest to prospective nurses is the degree to which the perspective of nurses is often missing from articles and reports in the news about nursing. Doctors and administrators are often called upon to discuss issues that more directly affect nurses and the profession of nursing. Ask students to locate an article in the local newspaper about a health care topic. Who was interviewed for the article? Are the voices/perspectives of nurses included?

In addition, a number of books have been written in recent years about the experiences of nurses; see the list that follows. Students could be asked to read and report on one of these books for an oral presentation assignment.

## Additional Reading: Books about Nursing

- Finkelstein, B. (1997). *My first year as a nurse: Real-world stories from America's nurses*. New York: Penguin.
- Gordon, S. (1997). *Life support: Three nurses on the front lines*. Boston: Little, Brown.
- Gordon, S. (2005). *Nursing against the odds: How health care cost cutting, media stereotypes, and medical hubris undermine nurses and patient care*. Ithaca, NY: ILR, Cornell University Press.
- Henry, L. G., & Henry, J. D. (2004). *The soul of the caring nurse: Stories and resources for revitalizing professional passion*. Washington, DC: Nursesbooks.org.
- Hudacek, S. (2004). *Making a difference: Stories from the point of care*. Indianapolis, IN: Sigma Theta Tau International.
- Kane, J., & Warner, C. G. (1999). *Touched by a nurse: Special moments that transform lives*. Philadelphia: Lippincott.
- Shalof, T. (2005). *A nurse's story*. Toronto: McClelland & Stewart.
- Smeltzer, C. H., & Vlasses, F. R. (2003). *Ordinary people, extraordinary lives: Stories of nurses*. Indianapolis, IN: Sigma Theta Tau International.
- Tucker-Allen, S., & Long, E. G. (1999). *Recruitment & retention of minority nursing students: Stories of success*. Lisle, IL: Tucker Publications.

## Unit 3: Writing about Culture in Nursing

In this unit, students work on research skills and research-based writing skills, while exploring the topic of culture and nursing.

### Integrating Information from Outside Sources (page 88)

#### Grammar Point: Understanding Noun Clauses

Students sometimes have difficulty with the grammar of sentences that integrate information from outside sources, in particular, sentences that include noun clauses. They may find it helpful to look more closely at the structure of sentences with noun clauses.

Two main groups of verbs are often used in writing to integrate outside sources of information: verbs of indirect speech and verbs of mental activity. These verbs are usually followed by noun clauses. Noun clauses most often begin with the word *that*, but they can also begin with question words such as *what*, *why*, *where*, *whether*, or *how*, and include both a subject and verb. They function as nouns and can, therefore, fill any slot in the sentence that is usually filled by a noun, most often the direct object.

In the examples that follow, verbs of indirect speech and mental activity are the **main verbs**, followed by noun clauses.

#### Verbs of indirect speech

1. In the article “Fright Illness in Hmong Children” by Lisa Capps (1999), the author believes that children in the Hmong community experience health problems due to fright illness.
2. In “Changing Womanhood: Perimenopause among Filipina-Americans,” Mary Ann Hautman (1996) describes what Filipina-Americans in perimenopause generally experience.

#### Verbs of mental activity

3. Calvillo and Flaskerud (1991) claim that many Hispanics believe “one’s fate is to suffer in this world” (p. 113).
4. The author Judy Mill (2001) of the article “I’m Not a ‘Basabasa’ Woman: An Explanatory Model of HIV Illness in Ghanaian Women” explores what Ghanaians believe about HIV illness and the problems that HIV patients encounter.

### Activity: Identifying Noun Clauses

Ask students to identify the main verb and the noun clause in Examples 1–4.

1. In the article “Fright Illness in Hmong Children” by Lisa Capps (1999), the author believes that children in the Hmong community experience health problems due to fright illness.
  - The main verb is: \_\_\_\_\_.
  - The noun clause is: \_\_\_\_\_ . It begins with: \_\_\_\_\_.
  
2. In “Changing Womanhood: Perimenopause among Filipina-Americans” Mary Ann Hautman (1996) describes what Filipina-Americans in perimenopause generally experience.
  - The main verb is: \_\_\_\_\_.
  - The noun clause is: \_\_\_\_\_ . It begins with: \_\_\_\_\_.
  
3. Calvillo and Flaskerud (1991) claim that many Hispanics believe “one’s fate is to suffer in this world” (p. 113).
  - The main verb is: \_\_\_\_\_.
  - The noun clause is: \_\_\_\_\_ . It begins with: \_\_\_\_\_.
  
4. The author, Judy Mill (2001), of the article “I’m Not a ‘Basabasa’ Woman: An Explanatory Model of HIV Illness in Ghanaian Women” explores what Ghanaians believe about HIV illness and the problems that HIV patients encounter.
  - The main verb is \_\_\_\_\_.
  - The noun clause is: \_\_\_\_\_ . It begins with: \_\_\_\_\_.

## Answers to Identifying Noun Clauses

1. main verb = *believes*; noun clause = *that children in the Hmong community experience health problems due to fright illness*; noun clause begins with *that*
2. main verb = *describes*; noun clause = *what Filipina-Americans in perimenopause generally experience*; noun clause begins with *what*
3. main verb = *claim*; noun clause = *that many Hispanics believe ‘one’s fate is to suffer in this world’*; noun clause begins with *that*
4. main verb = *explores*; noun clause = *what Ghanaians believe about HIV illness and the problems that HIV patients encounter*; noun clause begins with *what*

## Understanding Noun Phrases and Noun Clauses

Certain verbs require a **noun phrase** before the noun clause. A phrase is a group of words that goes together. A noun phrase, which is a group of words that goes together, usually consists of a head noun and either an article or determiner, but it can also include one or more adjectives. In the examples that follow, the verbs of indirect speech and mental activity are the **main verbs**, followed by noun phrases and noun clauses.

### Noun phrase followed by noun clause

5. In the article “Contraceptive Dynamics in Guatemala,” Jane Bertrand, Eric Seiber, and Gabriela Escudero (2001) discuss the fact that various determinants affect the use of contraceptives between two main ethnic groups in Guatemala.
6. In the article “Somali Refugee Women’s Experiences of Maternity Care in West London: A Case Study,” Kate Bulmann and Christine McCourt (2002) challenge the claim that Somali women receive culturally competent maternity care.

### Activity: Identifying Noun Phrases and Noun Clauses

Ask students to identify the main verb, the noun phrase, and the noun clause in Examples 5 and 6.

5. In the article "Contraceptive Dynamics in Guatemala," Jane Bertrand, Eric Seiber, and Gabriela Escudero (2001) discuss the fact that various determinants affect the use of contraceptives between two main ethnic groups in Guatemala.
  - What is the main verb? \_\_\_\_\_
  - What is the noun phrase that follows the main verb? \_\_\_\_\_  
\_\_\_\_\_
  - What is the noun clause that follows the noun phrase? \_\_\_\_\_
6. In the article "Somali Refugee Women's Experiences of Maternity Care in West London: A Case Study," Kate Bulmann and Christine McCourt (2002) challenge the claim that Somali women receive culturally competent maternity care.
  - What is the main verb? \_\_\_\_\_
  - What is the noun phrase that follows the main verb? \_\_\_\_\_  
\_\_\_\_\_
  - What is the noun clause that follows the noun phrase? \_\_\_\_\_

## Answers to Identifying Noun Phrases and Noun Clauses

5. main verb = *discuss*; noun phrase = *the fact*; noun clause = *that various determinants affect the use of contraceptives between two main ethnic groups in Guatemala*
6. main verb = *challenge*; noun phrase = *the claim*; noun clause = *that Somai women receive culturally competent maternity care*

## Choosing Verb Tenses

Ask students about the verb tense of the main verb in Examples 1–6.

For all of these examples, the present tense was used for both the main verb and the verb in the noun clause.

The **simple present** is generally used to refer to or report ideas in print or quotations. Even though the articles referred to in the preceding examples were written and published in the past, the writers used the present tense to refer to them in their own writing.

## Giving Effective Feedback

When students give feedback to peers, they need to be kind, but also helpful. It may be kind, but it's not particularly helpful to read a classmate's draft and then provide no specific suggestions for ways to improve it. General comments or suggestions are not very helpful; likewise, brief comments do not say very much. Most helpful are comments that are thorough and specific. It is also not helpful if students find nothing of value in a classmate's draft. There is always something positive that can be said about a draft, even if the focus of these comments is on its potential rather than its realization. Some students are unsure of how to proceed with an assignment; sometimes all they need is to talk through their ideas. Most colleges and universities have writing centers where students can get help from peer tutors on brainstorming ideas for their first draft. It may also be helpful for students to discuss ideas for a paper with classmates, who are more familiar with the assignment than peer tutors. In sum, students need both to acknowledge what is interesting and effective in a classmate's paper, as well as suggest specific ways to improve it.

Students also need to prioritize their comments, focusing on the content and organization of the paper rather than on the grammar. Grammatical errors can wait until after the writer has revised for content and organization; otherwise, the writer may focus too soon on editing and forget what is most important in writing—the communication of ideas and information to an audience.

Ask students to use the **reader response form** on the next page to help them focus their feedback on the communication of ideas and on the specific objectives of an assignment.

## Guidelines for Giving Effective Feedback

These suggestions should guide students in giving effective feedback to their peers:

1. Show respect to your peers by reading their drafts carefully.
2. Begin by commenting orally on what you liked about their paper.
3. Ask about anything you did not understand. Asking questions signals to the writer what was not clear in the paper. It also indicates to you, the reader, what you need to write down as suggestions for improving the paper.
4. Provide thoughtful and thorough responses to all questions on the reader response form.
5. Provide specific suggestions for ways to improve the paper.
6. Ask the writer if you can mark directly on his or her paper. Then, mark places where you have provided specific suggestions for improvements.
7. Go over your responses with the writer, talking through your points.

Comments and suggestions for improving rough drafts are best communicated orally. However, written responses are also important to help remind the writer at a later time of your conversation and to accurately document the quality of your feedback for your instructor.

## Procedure for Peer Review

When students have written the rough drafts of their paper, divide the class into groups of 2–4 students for the peer review process. Ask students to bring enough copies of their rough draft for their group members and the instructor.

It works best if everyone in a group works on one draft at a time. The writer can either read his or her draft aloud while others follow along on their copy, or everyone can read the draft silently, depending on the size of the classroom and what the group members prefer.

Follow the guidelines for giving effective feedback or modify the guidelines to meet the needs of each group. Some groups may prefer to spend time working on the reader response form first and then share all of their comments orally, so that Step 4 precedes Step 3.

### Activity: Giving Effective Feedback

In small groups, ask students to read the rough drafts of each other's papers and give each other feedback, both orally and in writing, using the reader response form.

## Reader Response Form

### Cultural Influences on Nursing Practice

Feedback for: \_\_\_\_\_ (Writer) from: \_\_\_\_\_ (Reader)

To the writer: Before you hand out your paper to your group members, write below a question you would like to ask your readers about your paper. For example, ask a question about some aspect of the paper you had the most difficulty with and would like your readers to concentrate on as they read your rough draft.

1. Writer's Question to Reader(s):
  
2. Has the writer provided a useful **definition of culture** in the introduction? Is the definition **quoted or paraphrased**? Has the writer provided an **in-text citation**? Does it follow **APA format**? If not, what corrections are necessary?
3. Comment about the writer's discussion of the importance of **cultural competence** in nursing. Is the discussion convincing?
4. Has the writer discussed at least **three ways** in which **culture influences nursing**? Does the writer support each way with **specific examples**?
5. Has the writer discussed how his or her own **cultural background** may (or may not) influence him or her (positively or negatively) as a nurse in the United States or as a U.S.-trained nurse in his or her home country? Does the writer provide **specific examples**?
6. Has the writer effectively integrated material from **4–5 written outside sources**? Do the **in-text citations** follow **APA guidelines**? Is the **reference list complete and accurate**, according to APA guidelines? If not, what corrections are necessary?
7. Comment on the effectiveness of the **conclusion**. Does it provide a clear connection between the two parts of the paper, specifically the discussion of how culture influences nursing and how the writer's cultural background may or may not influence him or her as a nurse? If not, what suggestions do you have?
8. In addition to your suggestions above, what else do you think could be improved upon? Be specific.

## Unit 4: Developing Note-Taking Skills for Nursing

In this unit, students work on their listening and note-taking skills, while exploring the topic of mental health and illness. Mental health and illness is a topic that international and immigrant students may have difficulty with. It is a taboo topic in many cultures or is understood and responded to in ways that are very different from the United States. Early exposure to this and other culturally sensitive topics included in this textbook (e.g., sexuality, female circumcision, and death and dying) allows students to become comfortable with the content and begin to think about these topics from multiple perspectives before they encounter the material in their nursing programs.

### Pre-Listening Activity (page 124)

To prepare for the lecture on mental health and illness, students engage in pre-listening activities. Because mental illness is often such a difficult topic for students, watching a video about it is an excellent way to begin breaking down the stereotypes and misunderstandings about mental illness that students may bring to this topic.

#### Activity: Watching a Video about Mental Illness

Many libraries have videos about mental illness. One video that is especially informative is: *Back from Madness: The Struggle for Sanity* (Rosenberg, 1996), produced by Films for the Humanities. The film, which lasts 53 minutes, follows four psychiatric patients for one to two years. Each of these patients suffers from a different mental illness or disorder. Watch the video before showing it to the class.

#### Note-Taking

Students should watch the video to gain a general understanding about mental illness. In addition, they could listen for specific information as they watch the video by filling in the chart on the next page with this information: characteristics of each patient, symptoms of their illness, treatment, and results of treatment.

#### Discussion Questions

After the video, students can discuss in small groups their answers to these questions.

1. Did anything surprise you in the video? If so, what surprised you, and why?
2. What are some similarities between the four patients? Differences?
3. Was the video representative of people in the United States? Why or why not?
4. Did the video leave you with any unanswered questions? If so, write them down.

## Back from Madness: The Struggle for Sanity

	Patient #1	Patient #2	Patient #3	Patient #4
<b>Name</b>				
<b>Age</b>				
<b>Sex</b>				
<b>Race/Ethnicity</b>				
<b>Education</b>				
<b>Occupation</b>				
<b>Family Status</b>				
<b>Illness</b>				
<b>Symptoms</b>				
<b>Treatment</b>				
<b>Results of Treatment</b>				

## Vocabulary Note: Opposites

There are several pairs or sets of opposites in Reading 4.1. Some opposites are signaled by a prefix that means *not*, as in the words *impossible* and *incorrect*. Some students may have difficulty seeing prefixes of words when they read for meaning. It may be helpful for them to practice seeing prefixes that negate the meaning of words, an important skill in test-taking.

### Activity: Understanding Opposites:

Ask students to scan the vocabulary words that have been highlighted in Reading 4.1 and find two sets of opposites, one of which begins with a prefix that means *not*. Ask students to write them and circle the prefix in each word that means “opposite.” Then, ask students to write out what each word means.

**Set #1:** compatible (p. 133) and incompatible (p. 129)

**Definitions:** capable of existing together in harmony; incapable of existing together in harmony

**Set #2:** compliance (p. 133) and noncompliance (p. 133)

**Definitions:** the agreement of a patient to cooperate with a treatment; the refusal of a patient to cooperate with a treatment

Ask students to locate other words in Reading 4.1 that begin with negative prefixes.

Other words that begin with negative prefixes in Reading 4.1:

- imbalanced (p. 126)
- inefficient (p. 130)
- incompatibility (p. 130)
- unconscious (p. 131)
- unwillingness (p. 131)
- inability (p. 131)
- intolerable (p. 131)
- unwittingly (p. 131)
- untangle (p. 132)

## Vocabulary Note: Quotation Marks

There are numerous words in Reading 4.1 that have been put inside quotation marks. Sometimes these words have been coined or created by the authors, as in “pseudofamilies” (page 128). In other instances, the words are being singled out and used in a special or ironic way, as in “counselor” on page 131. Other times, quotation marks are used to simply emphasize important terms, as in “mental health” and “mental illness” on page 131. Students may need help in understanding the various ways in which quotation marks add to the meaning of certain words and phrases.

### Activity: Understanding Use of Quotation Marks with Vocabulary

Ask students to scan Reading 4.1 and find two additional examples of words or phrases that have been put inside quotation marks. Ask them to write them and then explain what they mean and why they have been put inside quotation marks.

**Example 1:** new economic zone (p. 126)

**Definition:** an area set aside for economic development

**Reason for quotation marks:** The term was used by the Communist authorities in Vietnam to refer to areas in the country set aside for economic development after the end of the war. These areas may also have been used, like the re-education camps, to punish those affiliated with or sympathetic to the previous government by subjecting them to hard manual labor and harsh living conditions in remote areas. The term is put inside quotation marks because the author suspects the “new economic zones” were used like the re-education camps, to punish people, rather than for the official purpose stated by the authorities.

**Example 2:** provider and recipient (p. 128)

**Definition:** one who supplies means of support; one that receives means of support

**Reason for quotation marks:** Those who provide support for the family and those who receive support from others in the family have changed to some degree in most Vietnamese families who have resettled in the United States. The roles of provider and recipient are put inside quotation marks because they identify the family roles that have been reversed.

Other possible examples:

**Example 3:** “academic superstars” (p. 129)

**Definition:** students who excel academically way beyond the majority of students

**Reason for quotation marks:** The word “superstar” usually refers to very popular and successful performers and athletes. “Academic superstars” refers to students who gain notoriety because of their academic accomplishments. In this article, it is used to refer to Asian-American refugees who have been very successful academically in the United States.

**Example 4:** “conspiracy of silence” (p. 131)

**Definition:** This expression refers to a plan to keep quiet about something.

**Reason for quotation marks:** Conspiracies are usually planned between two or more people who share a common goal. In this case, the silence is unintended, at least in part, by the professionals. It is the result of misunderstandings and attempts to avoid embarrassment or confrontation. The goal of silence is certainly not the intended outcome of professional treatment though for various reasons the refugees may prefer silence. Therefore, because the meaning is different from the traditional sense, the expression is put inside quotation marks.

**Example 5:** “the Asian worldview” (p. 132)

**Definition:** beliefs about life that are characteristic of Asian cultures

**Reason for quotation marks:** Asian refugees encounter a great deal of culture shock when they first arrive in the United States because of cultural differences between the United States and their native countries. The author refers to characteristics of Asian cultures that are distinctive from American culture, putting the expression inside quotation marks as a way of naming it.

## Listening to Lectures and Taking Notes (page 145)

Ask students to listen to the lecture on mental health and illness and take notes as best they can. After the lecture is over, ask students to review their notes, filling in missing information by checking with you or their classmates. Alternatively, they can look at the outline of the lecture (see pages 35–36 here), and fill it in with supporting information as they listen to the lecture.

Note: Students will listen again to the lecture after practicing various note-taking skills and reading about note-taking systems.

The lecture is about 47 minutes long. You may decide to break it up for students. You may also want to obtain some visual images like those described on pages 45 and 46 here.

## Outline of Lecture on Mental Health and Illness

### I. Mental health

- A. Characteristics of mental health. The person:
1. Takes responsibility for actions
  2. Able to think clearly, use good judgment, solve problems
  3. Aware of emotional and physical states
  4. Copes effectively with daily tension and stress
  5. Functions well in groups, family, society
  6. Accepted in groups, family, culture
  7. Satisfied with and enjoys life
  8. Fulfills capacity for love and work
- B. Factors influencing mental health
1. Inherited characteristics
  2. Nurturing during childhood
  3. Life circumstances
- C. Maslow's Hierarchy of Needs
- D. Ways to maintain mental health

### II. Mental illness

- A. Mental disorder: Definition of mental disorder: clinically significant behavior and/or psychological syndromes or patterns that are associated with distress or disability. Distress refers to any symptom that causes psychic or physical pain; disability refers to impairment in one or more areas of functioning. (APA, 2000).
- B. Characteristics of mental illness. Person is unable to:
1. Fulfill functions of daily living
  2. View self clearly or has distorted view of self
  3. Maintain satisfying relationships
  4. Adapt to environment
- C. Causes of mental illness (as accepted by Western medicine)
- Chemical imbalances
  - Organic changes
- D. Influenced by:
- Inherited characteristics
  - Childhood experiences
  - Life circumstances
  - Culture

### III. Culture:

- A. Definition of culture: "set of shared beliefs, values, behavioral norms and practices that are common to a group of people [with] a common identity and language" (Shives & Isaacs, 2002, p. 44).
- B. Cultural perceptions about mental illness
1. Mental illness as spiritual concern
  2. Mental illness as spell or hex
  3. Mental illness as imbalance or disharmony in nature
- C. Seeking mental health care
1. Traditional healers
  2. Interpreters
  3. Stigma of mental illness
  4. Family support

### IV. Psychiatric disorders

- A. Types of psychiatric disorders
1. Mood disorders
    - a. Depression
    - b. Bipolar disorder
  2. Suicide

3. Anxiety disorders
  - a. General anxiety disorder
  - b. Obsessive-compulsive disorder (OCD)
  - c. Post-traumatic stress disorder (PTSD)
4. Thought disorders
  - a. Schizophrenia
5. Substance dependency disorder
6. Eating disorders
7. Personality disorders
- B. Treatment of psychiatric disorders in the U.S.
  1. "Talk" Therapy
  2. Psychotropic medications
  3. Seclusion and restraints
  4. Electroconvulsive Therapy (ECT)
- V. Psychiatric/Mental health nursing in the U.S.
  - A. Continuum of care
    1. Hospitalization
    2. Subacute facility
    3. Community mental health
  - B. Roles of the Psychiatric Nurse
    1. Provider of direct nursing care
    2. Manager of the environment (therapeutic milieu)
    3. Teacher
    4. Coordinator of care
    5. Advocate
    6. Champion of preventive care
    7. Collaborator
    8. Researcher
  - C. What do psychiatric nurses do?
    1. Build therapeutic relationships
    2. Conduct physical and psychiatric assessments
    3. Have 1-to-1 interactions
    4. Perform group therapy
    5. Administer medications/monitor for side-effects
  - D. Legal issues
    1. 72-hour holds
    2. Court commitment
    3. Mentally ill persons and the police

## Transcript for Lecture on Mental Health and Illness

The topic of today's lecture is mental health and illness.

First, let's talk about some of the myths and misconceptions that have traditionally surrounded the condition of mental illness. Throughout history, people with mental illness have been considered strange and different, yet people with mental illness are often more like the rest of us than different. Behavior that is different and strange is not necessarily abnormal. Furthermore, what is considered acceptable and unacceptable behavior differs from one culture to another and even changes over time within a culture. A common misconception is that people with mental illness are prone to violent behavior and are, therefore, dangerous. Generally speaking, the public fears what it doesn't understand. If a mental illness causes a person to behave in bizarre or strange ways, people become afraid of, or at least uncomfortable around, people who are mentally ill. Some people fear violent behavior, but it is often the "abnormal" behavior that a person with mental illness exhibits that provokes fear.

As a result of myths and misconceptions, there is a great deal of stigma attached to mental illness. A stigma is a negative perception of someone or something. Stigma can sometimes be openly exhibited; at other times, it is expressed in subtle ways. Regardless, a stigma is associated with shame or ridicule within a society. When someone is stigmatized, he or she is made to feel unaccepted and devalued and is often isolated from and shunned by the larger society.

Before we talk further about mental illness, it is important to consider the condition of mental health. After that, we'll talk about mental illness, a broad term that encompasses a wide spectrum or continuum of psychiatric disorders, ranging from less disabling to more severe in intensity. Last, we will discuss the roles and activities of the psychiatric nurse in providing care for clients with mental illness.

Mental health is a positive state. When we say that someone is mentally healthy, it means that he or she meets certain conditions. According to *Foundations of Psychiatric Mental Health Nursing*, people who are mentally healthy take responsibility for their own actions. They are able to think clearly, use good judgment, and solve problems. Mentally healthy people are aware of their emotional and physical states. They cope effectively with the tensions and stresses of daily living and are able to handle or manage challenges. Mentally healthy people function well in groups, in a family, and in society in general, and they tend to be accepted within those groups. They tend to be satisfied with their lives; they enjoy life and have the ability to find pleasure in living. And, they typically fulfill the capacity for love and work.

Many factors influence one's mental health. First, we inherit characteristics, or genes, from our parents. Our genetic make-up influences how we cope with life. Our temperament and cognitive abilities are both affected by our genetic make-up and influence how we cope with life. Do you know someone who is always upbeat and positive, someone who has a

very positive view of life? That is someone who has a very positive temperament. On the other hand, do you know someone who is negative all the time? The negative person will see a glass that is partially filled with water as half empty, whereas the positive person will see it as half full. Temperament relates to both our general outlook on life and the development of our personality.

In addition to temperament, our cognitive abilities also influence our mental health, and again, these are partially determined by our genes. *Cognitive* here means our thinking abilities—processing information, knowing, learning, understanding, and making judgments—all of which influence how mentally healthy we are.

Besides inherited characteristics, the nurturing received during childhood influences one's mental health. We know from many scientific studies that those first few days, weeks, and years of life are very important. The infant needs to bond with the mother and father; this is very important. We also know that the interactions children have with family members as they grow and develop are critical in terms of mental health.

The influence of support by an extended family can also be a factor in one's mental health. In some cultures, the extended family lives together or they live near each other. In some cases having extended family members around can have a positive influence on a person's mental health, and in times of stress, extended family members can provide support for one another. However, in other cultures, such as the American culture, grandparents and other relatives may live in other states and may not be able to easily provide support. Americans without family members near them may rely on friends or professionals for support instead.

The last factor that influences mental health is basic life circumstances. Both positive and negative life events can impact or influence our mental health. Witnessing traumatic events, such as tragedies during war, or having to leave one's home because of war, as in the case of refugees, can have a negative impact on one's mental health.

Something that can help you better understand mental health is the perspective of human needs. Abraham Maslow was an American psychologist whose most noted contribution to psychology was his "Hierarchy of Needs." This hierarchy provides a good model for understanding the role of needs in the development and maintenance of mental health. When individuals are able to get these needs met, they are more likely to be mentally healthy. Likewise, mentally healthy individuals are more likely to be able to get their needs met.

Maslow's hierarchy represents human needs in the shape of a pyramid. At the bottom of the pyramid are *physiologic* needs, the most basic level of human needs. What are the absolute necessities that we need for life to continue? First, we need oxygen. We have to have oxygen to breathe. Then we need food and water. Once we have our most basic survival needs met, then we need to feel safe.

The next level of need is *safety and security*. We need to be free of danger, free of harm; we need shelter. Think about refugees in relation to this

level. They flee their homeland because their safety and security needs are not being met.

The next level is *love*, or the need for love and belonging. These needs are harder to determine; they are not like food and water. We have a need for affection and for a feeling of belonging. We fulfill these needs through our relationships with family and others.

Going higher on the pyramid, the next level is *self-esteem*. Self-esteem is an individual's feeling regarding his or her value and worth as a human being. It is the need to feel that we are loved, that we are important to others, that we are well thought of by others, that we have something to offer. These last two levels of the hierarchy—the need for love and belonging and self-esteem—frequently go unmet for people with mental illness. The more basic needs—physiological and safety-security—are the strongest ones and must be satisfied before a person can fulfill higher-level needs. As a result, persons with mental illness are often unable to get all of their needs met, which can make the illness worse. Likewise, when individuals are not able to get their needs met, they may be at greater risk than the average person for developing a mental illness. The very tip of the pyramid is *self-actualization* or need to reach our full potential and be self-fulfilled. According to Maslow, few human beings reach this level. Only people who have reached their highest human potential achieve self-actualization.

So, how do individuals maintain their mental health? Or using Maslow's Hierarchy of Needs, how do individuals make sure their needs are met? There are many ways. One way is through our relationships with other people. Interpersonal relationships, as well as our communication skills with others, are important. People who are mentally healthy usually have healthy relationships, and they communicate effectively with others. From my practice in nursing, I know that people with mental illness often have difficulties communicating or relating effectively with others. The symptoms of mental illness interfere with the development of healthy interpersonal relationships. For example, in individuals who suffer from depression, feelings of worthlessness and guilt are pervasive. As a result, these individuals tend to withdraw and isolate themselves, avoiding contact with others.

Having a strong support system is also very important to mental health. Support systems may include family and friends, people who can help when a challenge or difficulty arises. Other support systems can include school counselors or spiritual advisors in churches, mosques, temples, or synagogues. Psychiatrists, psychiatric nurses, and other health care providers can also be important resources in a person's support system. The larger the support system, the more likely the client will receive adequate mental health care.

Another key to maintaining mental health is to have our own strategies for coping with stress in daily life. One strategy is exercise. How does exercise keep us healthy? It keeps us physically healthy, but how does it relate to our mental health? When we exercise, endorphins, which are a certain chemical in our bodies, are activated. Endorphins make us feel better; they

help decrease depression or negative feelings, and we often feel good about ourselves for actually taking the time to exercise. Exercise also helps to relieve stress. A healthy diet can also help maintain mental health, as can stress management techniques, relaxation, and getting enough sleep.

Other ways of coping that help us stay mentally healthy include prayer and meditation and complimentary therapies. Complimentary therapies are health care strategies that are not usually prescribed by a doctor—such as massage, acupuncture, use of herbs—that can help us maintain balance in our lives. Also effective is putting one's feelings on paper by writing in a diary or journal.

Now that we've looked at mental health, let's look more closely at mental illness. The term *mental illness* is often used interchangeably in the literature with mental disorder. However, mental illness is used more often in the general sense and mental disorder to refer to specific illnesses. The term *disorder* is also used in the classification of mental illnesses in the *Diagnostic and Statistical Manual of Mental Disorders* (also referred to as the DSM-IV), the standard reference for information about mental illness.

Mental disorders are defined in *Foundations of Psychiatric Mental Health Nursing* as clinically significant behavioral or psychological syndromes or patterns that are associated with distress or disability. Distress refers to any symptom that causes psychic or physical pain; disability refers to impairment in one or more areas of functioning.

Mental disorders are characterized by some form of dysfunction or deficit in the functioning of the individual, whether behavioral, psychological, or biological. A deficit means the person has problems participating or fulfilling activities or functions of daily living: difficulties with work, either holding a job or keeping a job; deficits or difficulties with relationships or with family or a support system; or problems functioning at school. Individuals with mental illness have trouble facing and maintaining their current living situation. Sometimes working is not possible because functioning in a healthy, effective way is impaired.

We know that people with mental illness are often unable to view themselves clearly or even rationally. They may have very poor self-esteem, and they may have difficulty determining where they fit into the general scheme of life and family. As mentioned earlier, people with mental illness have difficulty maintaining their relationships and relating to others in a healthy way. Some of that is related to their disease, which damages their perception or view of things. They also have trouble or an inability to adapt to their environment. We all have to face changes as we grow and develop, but people with mental illness have difficulty dealing with change in life. They may also have trouble adapting to the work environment.

So what causes mental illness? First, let's answer this question from the perspective of the American culture and health care system. Chemical imbalance is the first cause; this has been the focus of a lot of recent scientific research. We know that in the brain there are neurotransmitters, chemical messengers that help the brain function in healthy ways. We know that people with mental disorders often have deficits or problems in the

way their brain functions. In some disorders, there are not enough neurotransmitters; in other disorders, there are too many neurotransmitters. So we know that there is an imbalance or incorrect functioning involving neurotransmitters in the brains of individuals suffering from mental disorders.

The more scientists learn about mental illness, the more likely they are going to find that there are organic causes. What are organic causes? *Organic* means pertaining to an organ, in this case, the brain. It is something within the brain that is changing or malfunctioning or is not typical that is creating the symptoms of mental illness. Organic causes or changes in the brain mean that the brain looks different or functions differently when the person suffers from a mental illness.

Mental illness is also influenced by hereditary factors, the inherited characteristics discussed earlier. We know that certain disorders are passed on through the generations. A well-known inherited mental disorder is bipolar disorder. It is a common mood disorder. Scientific research has recently discovered the exact genes and chromosomes implicated in this disease. This information about causation helps people suffering from this disorder know that it is not their fault, that they or their actions are not the cause of their mental illness. Instead, causation is due to their genetic make-up.

Childhood experiences are also very important in the development of mental disorders, especially for children who have lived in an environment where there has been a lot of abuse or trauma. Such experiences will negatively affect these children as they develop. Life circumstances, such as homelessness, can also lead to or factor into the development of a mental illness.

Culture plays a major role in the perception of and response to mental illness. First of all, let's define what is meant by culture. *Culture* is defined in *Basic Concepts of Psychiatric-Mental Health Nursing* as a set of shared beliefs, values, behavioral norms, and practices that are common to a group of people with a common identity and language. Cultural as well as religious beliefs inform people's knowledge about and attitude toward mental illness.

Cultures differ in their understanding of mental illness and in their beliefs regarding its origins. Based on these different beliefs, cultures also differ in their responses to mental illness. Some cultures view mental illness as a spiritual concern or a supernatural event. In some Asian cultures, such as the Hmong, people believe mental illness is caused by spirits who have been offended or by the loss of one's soul. In these cultures, the remedy is to bring in a Shaman, or healer, or a religious leader to appease or calm the spirits that have been offended.

Some African cultures and some African Americans view mental illness as a spell or a hex that has been used against a person that leads to the development of his or her mental illness. In some Hispanic cultures, particularly in Central and South America, mental illness is viewed as a punishment from God for bad behavior or as caused by evil spirits. People rely heavily on their Christian or Roman Catholic beliefs for treatment. Treatment

through Western medicine is sought, but prayer, confession, and praying the rosary are also used. Catholic rituals are sometimes used to help a person get better, as well.

Many Muslims believe in Jinn, the invisible spiritual beings that are the forces of good and evil. As an example, a few years ago, a young Somali man with a mental illness was killed by the police in Minneapolis. Spiritual leaders in the Somali culture, who are called *Imams*, were called in to broker or negotiate between the community and the officials. The Imams were quoted in a newspaper article saying that this man had received some hospital treatment for his mental illness as well as medication, but he had also received some spiritual treatment, which involved having the Qur'an, or the Muslim Holy Book, recited over him. The Imams believed that by reading the Qur'an to him, the evil Jinn could be driven away.

Another perception of mental illness that is culturally influenced is mental illness as an imbalance or disharmony in nature. Many Native Americans view illness as intricately tied to the natural world. In some Asian cultures, such as the Chinese culture, mental illness is viewed as the result of an imbalance of some sort. The Chinese culture believes in something called *Qi*. Qi is the all-pervasive life force that flows in our bodies that keeps us balanced, and any kind of blockage to Qi or to this life force can cause pain and disease. If you look at the yin-yang symbol in Chinese culture, there are two parts, one black and the other white; they are in perfect balance. The yin is the black part and represents the female, cold, and darkness; the yang, which is white, represents the male, warmth, and light. I once heard about a Laotian immigrant who refused to take red and yellow pills because she believed that her disease was caused by too much heat in her body, so she wanted a blue pill because blue has a cooling effect. This woman was trying to restore balance in her body.

In most cultures, families try traditional healers first to treat mental illness; they do not seek out Western medical care right away. This makes sense because traditional healers will speak the family's language and will come into their homes. Physicians won't come into homes in America; some nurses do, but doctors don't. Coming to a home is important for families in non-Western cultures. Healers are often less expensive than medical doctors, which is an important concern in the United States, since medical care is so expensive. When someone who doesn't speak English seeks out Western medicine or health care in the United States, interpreters are needed. Communication is vital when it comes to providing effective psychiatric services. But, sometimes in translating from English to the native language, there are just no words in a particular language that can be substituted. One example is the word *schizophrenia*. There is no such word in the Hmong language to describe schizophrenia. As a result, sometimes translation is very difficult, which impairs or becomes a problem in communication. Often children in the family are relied on to translate, but that can create all sorts of problematic situations around privacy and confidentiality, which are really important issues in nursing and health care.

No matter what culture a person comes from, the individual seeking mental health care will certainly face challenges. A stigma against mental illness is still common in American culture, as in many traditional cultures. This stigma against mental illness is still prevalent in American culture. This stigma can be very destructive to someone who has just been diagnosed with a mental illness. Families can also suffer from the stigma that is attached to a family member being diagnosed with a mental disorder. Although families can play a very important and supportive role for family members needing or seeking mental health care, they can also be a detriment, especially if they refuse to get the counseling that has been recommended for family members.

There are many types of psychiatric disorders that you will learn about as part of your nursing education. One type is *mood disorders*. *Mood* is defined in *Foundations of Psychiatric Mental Health Nursing* as a pervasive and sustained emotion that can influence the way an individual perceives the world. One type of mood disorder is *depression* or *major depressive disorder*, which is characterized by a depressed mood most of the day, nearly every day. Other symptoms include: the inability to experience pleasure, significant weight loss or gain, inability to sleep or sleeping too much, decreased motor activity, loss of energy, feelings of worthlessness, decreased concentration, and recurrent thoughts of death. *Bipolar disorder*, another type of mood disorder, refers to a client having both depression and mania. Depression we have defined, but what is mania? According to *Foundations of Psychiatric Mental Health Nursing*, mania is an elevated mood that is characterized by delusion and poor judgment. A person with mania usually thinks, talks, and moves quickly and often engages in high-risk behavior,

*Suicide* is another area of psychiatric nursing that you will become familiar with in nursing education. Suicide is a behavior, not a disorder. Nevertheless, it is relevant to psychiatric nursing, and nurses must continually assess for suicidal thinking and suicidal behavior to keep clients safe. Suicidal thinking very often occurs when individuals are suffering from major depressive disorder.

Cultures have different views on the issue of suicide and how best to respond to it. For example, a student from Ethiopia once approached me after a lecture on suicide and informed me that asking someone if he or she is thinking of committing suicide is unacceptable in his culture. I explained to him that in the nursing profession in the United States, nurses are legally obligated to specifically ask people at risk of committing suicide whether they want to kill themselves, and we have to document it in the charts. It is part of our standard of practice of being a psychiatric nurse in the United States. While all nursing students may find it difficult to ask such questions, some nursing students come from cultures where asking personal questions of this nature is unacceptable. For these students, having a firm understanding of the standards of psychiatric nursing care that guide our practice, legally and ethically, may help in overcoming cultural barriers in addressing these issues with clients. Maintaining client

safety is always the top priority in U.S. nursing care, particularly when suicide is a possibility, and somehow must supersede any cultural concerns.

In addition to mood disorders, there are several types of *anxiety disorders*. *Anxiety* is a general feeling of uncertainty or dread. The source of anxiety is either unknown or unrecognized. Anxiety is a normal response to threatening situations; however, it can become a problem when it interferes with normal everyday functioning in one's personal, social, or professional life. Anxiety disorders include: general anxiety disorder, obsessive-compulsive disorder, and post-traumatic stress disorder. *General anxiety disorder* is defined in *Foundations of Psychiatric Mental Health Nursing* as excessive anxiety or worry about numerous things that lasts for six months or longer. *Obsessive-compulsive disorder* is characterized by both obsessions and compulsions. *Obsessions* are thoughts, impulses, or recurring images that cannot be dismissed from the mind. *Compulsions* are ritualistic behaviors that an individual feels compelled to perform in an attempt to reduce anxiety. Because these behaviors only temporarily reduce anxiety, the individual needs to repeat the act over and over again. Although some compulsions may be considered normal or even valued, such as timeliness, orderliness, and reliability in American culture, such compulsive behavior becomes pathological if it interferes with normal routines of everyday life, as well as social activities and relationships with others. *Post-traumatic stress disorder*, or PTSD, involves the re-experience of highly traumatic events for an individual. Such recurring experiences, called *flashbacks*, can interfere with sleep, the person's ability to work, and often leads to high levels of anxiety.

*Thought disorders* are characterized by alterations or changes in thinking. *Schizophrenia* is a type of thought disorder; it is characterized by severe disturbance of thought and loosely connected ideas, an inability to distinguish reality from delusions, and limited or impaired ability to interact with others. Individuals with schizophrenia may exhibit rather bizarre behavior related to thinking that is not based in reality. They have delusions or hear voices that others don't hear, and they may respond to those voices. There has been a lot of media attention in recent years on schizophrenia that has resulted in some people, including nursing students, feeling uncomfortable with or frightened by this group of clients.

Another type of psychiatric disorder is *substance dependency disorder*. In psychiatric nursing we talk a lot about *chemical dependency*, about alcoholism and drug abuse. In American culture and health care today, we consider substance dependency to be a psychiatric disorder. *Eating disorders* are yet another disorder; however, they are not considered to be specific diseases, but *syndromes* because of the cluster or pattern of symptoms they present. Eating disorders are disturbances in eating behavior characterized by voluntary starvation, binge eating, and/or purging. They have been most frequently seen in Western, industrialized cultures. However, there has been a recent increase in eating disorders in non-Western cultures due to media influence. Likewise, eating disorders can affect people from different cultures living in the United States. For example, a Hmong student informed

me that if she were to go back to the refugee camps in Thailand, she would be envied because of her size because it would signify that she now has enough to eat. However, in American culture she perceives herself as being overweight. Although she did not seem overweight, she was bigger than she used to be in the refugee camp, and as a young woman trying to fit into American culture, she had become very aware of and overly critical of her body size and shape.

Another group of mental disorders is personality disorders. A *personality disorder* is defined in *Foundations of Psychiatric Mental Health Nursing* as an enduring pattern of inner experience and behavior that deviates markedly from the expectation of the individual's culture. This behavior is long-term and inflexible, begins in adolescence or early adulthood, is stable over time, and usually leads to an inability to establish intimate relationships with others. There are many different types of personality disorders, but basically people with personality disorders have personalities that set them apart from the majority of individuals in their culture by causing difficulties in loving and working. Examples of personality disorders are: antisocial personality disorder, narcissistic personality disorder, and obsessive-compulsive personality disorder. Many people with personality disorders have a history of abuse or trauma.

Today we have more information than ever before about psychiatric disorders, thanks to the many discoveries that have been made since the 1990s. Thanks to new technology, we can actually see what is happening in the brain of someone who is mentally healthy versus someone who struggles with mental illness.

For example, in the brain of a depressed person, there is a decrease in the number of certain neurotransmitters, so the brain doesn't function right. On a P.E.T. (or Positron Emission Tomography) scan, the depressed brain looks much darker because neurotransmitters are not firing correctly. In a person who is not depressed, the neurotransmitters work, or fire, correctly, so on a scan the brain shows up as much brighter. So we can actually see on a brain scan the difference between someone who is depressed and someone who is not.

We can also see differences in brain scans of people with and without schizophrenia. In a set of images of identical twins, one who has schizophrenia and one who does not, it's possible to see differences especially in the frontal lobe of the brains. In the twin who has schizophrenia, the frontal lobe looks different compared to the scan of the unaffected twin. It shows up as a darker area. In the brain of the twin who does not have schizophrenia, brighter colors appear in the frontal lobe area, indicating greater activity and functioning.

You can also actually see differences in the size and volume of the brain: bigger openings and spaces appear in the brain of the twin with schizophrenia, so we can tell from a brain scan that people with schizophrenia have lost some of the volume of their brain. What we're not sure of is if the schizophrenia caused that loss of volume or whether the loss of volume caused the schizophrenia. That's the piece we don't yet know.

To sum up, in talking about the causation of psychiatric disorders, there seems to be an interaction between genetics and the environment. You can't say that there's just one single cause for the development of a mental illness; it's just too complex.

There are various treatments that are used to control the symptoms of mental disorders. Some of the treatments in the United States rely a lot on talk therapy. In American society, it is believed that people will get better from their mental illness if they talk about it. They are encouraged to talk about their feelings, concerns, and issues, either individually or in group or family therapy. This belief in talk therapies is not widely held outside the United States; many cultures do not regard this as a way for a mentally ill person to get better. It is very important to respect these differences of opinion based on culture in the treatment of clients.

There are many types of psychotropic medications that are used to treat psychiatric disorders. *Psychotropic* is a term that is used to refer to medications that have an effect on brain function, behavior, and experience. They include anti-depressants, or medications that treat people who are suffering from various kinds of depression. Mood stabilizers are another. There are also anti-psychotic drugs that are used to treat people with schizophrenia and anti-anxiety drugs to treat people suffering from anxiety disorders.

Sometimes behavior becomes unsafe on a psychiatric unit, and we need to seclude persons by putting them in a room by themselves, so that they can try to calm down. Or in very severe and rare cases, we actually have to restrain them to the bed because they are a danger either to themselves or to other people. These measures cause a lot of discomfort for people, but are sometimes necessary.

Electroconvulsive therapy or ECT is another treatment that many hospitals use. *ECT* sends an electrical current into the patient's body through electrodes that are applied to the temples on either side of the patient's head. The current causes a seizure in the body. To minimize seizure activity and prevent damage to bones and vertebrae, a muscle relaxant is given to the patient before ECT. How ECT works is not completely understood, but its effectiveness in the treatment of depression has been well substantiated.

So, now that we have looked at mental health and various mental disorders, let's talk about the role of psychiatric nurses. Psychiatric nursing is a specialty area within the profession of nursing; the role of psychiatric nurses is providing care for people with mental illness. When we talk about psychiatric nursing care, we talk about providing care along the mental health/mental illness continuum that was previously mentioned. We provide care for people at one end of the continuum who are suffering from severe mental illness and those at the other end of the continuum, people who are suffering from mental illness that is chronic, but not so severe that it affects their functioning.

Psychiatric nurses operate in a variety of settings, providing care for clients in various conditions along this continuum. When someone is very

sick with a psychiatric disorder, he or she is often hospitalized and, in many hospitals, that means the person is admitted to a “locked unit.” For clients, that means there is no coming and going. This is done because of safety reasons for clients and others. As symptoms improve, the client may be moved to a sub-acute or care facility in the community where there is more freedom. As the person improves even more, there are rehabilitation services that can be received either in the hospital or in the broader community.

Sometimes diseases, such as schizophrenia, can be very chronic; people live with the disease the rest of their lives, and so even as they function to their highest ability, they may still need community mental health services from a nurse. Psychiatric nurses work in home care programs; they work in day-treatment programs; they work in residential programs, such as a large apartment building, which can house many people with chronic mental illnesses. Psychiatric nurses are also involved in providing after-care and rehabilitation services.

In addition to operating in different settings, psychiatric nurses also perform a variety of roles in caring for clients. These roles are very typical of those that nurses provide in any area of nursing. First, nurses provide direct care to clients; they do both physical and psychiatric assessments; and they administer and provide education about medications. Psychiatric nurses use communication as a therapeutic tool in providing client care. Psychiatric nurses also manage the milieu. The milieu refers to the environment of the psychiatric facility—the layout of the unit, the way the furniture is arranged and the colors are used, the schedule of events and activities on the unit, etc. The environment is deliberately planned to be therapeutic; the nurse is very involved in milieu planning and management.

Nurses also frequently assume the role of educator and teach about disease management, health promotion, and preventative care. They teach clients about their disorders, about medications, including side-effects to watch for, and about dealing with emergencies and crises. In coordinating the care in hospital settings, nurses are the only professionals that staff units 24 hours a day. Other members of the health care team are there during the day, but nursing is there throughout the day and night.

Nurses also act as advocates for clients and the clients’ families; they advocate for clients’ legal rights and refer them to appropriate services in the community. Nurses also collaborate with other health care professionals, such as physicians, social workers, occupational therapists, counselors, and chaplains or other religious or spiritual counselors. Nurses are active members of the health care team. And, finally, nurses are involved in research. They utilize research findings to improve the care they give, often participating in the research process itself.

What specifically do psychiatric nurses do in providing care to clients with mental illness? As nurses, we use communication to build therapeutic relationships with our clients. While all areas of nursing strive to build relationships with clients, it is especially important for psychiatric nurses to build trust with clients to help them cope more effectively with their illness.

Psychiatric nurses perform both physical and psychiatric assessments on clients. Psychiatric assessments involve assessing the client's mood, thoughts, and behaviors that may relate to the client's particular psychiatric disorder.

One-to-one interactions are another important part of a psychiatric nurse's duties. This is when a nurse sits down with a client to form and develop a therapeutic relationship. While she or he is talking with the client, the nurse is assessing the client's psycho-social status, picking up on symptoms of the mental disorder that become obvious during the conversation. Having one-to-one interactions also helps the nurse assess how well the client is coping or improving. It is also during one-to-one interactions that nurses can provide education, advocacy, and referrals.

Psychiatric nurses also perform group therapy; a nursing activity involving facilitation of a group of clients who come together to talk and support one another. During group therapy the nurse often provides education.

One of the most important activities of the psychiatric nurse is administering medication. It is very important for nurses in this specialty field to be very well informed about medications and their side-effects. Many of the medications that are used to treat mental illness have very uncomfortable side-effects. Psychiatric nurses constantly monitor the extent of these side-effects so they can intervene promptly when they interfere with overall health.

Psychiatric nurses also need to be aware of laws and regulations in the state where they practice that may affect the treatment of persons with mental disorders. One such law is the 72-hour hold. This is an emergency measure used to hold individuals in a locked psychiatric unit for 72 hours if they exhibit very specific criteria. The most basic of these criteria is that the person is determined to be a danger to him- or herself or to others. This determination is usually made by a psychiatrist. During the 72-hour hold, the staff on the locked unit can further assess the person and provide psychiatric treatment.

If a person continues to struggle with the mental disorder for long periods of time, psychiatric treatment may be mandated through a court commitment. Sometimes such a commitment means that the person stays in a hospital setting. Other times he or she may still be affected by the court commitment, but they may reside in the community, living in an apartment or at home. The commitment process mandates that a health care team monitor the client to be sure he or she is taking the medication and complying with treatment. A court commitment usually lasts for up to six months.

In recent years, there has been a lot of media attention around police and the manner in which they deal with situations in the community involving people with mental illness. Historically police have received very little training in dealing with people who have mental illness, particularly if the mentally ill are from other cultures. However, recently there has been more emphasis on training police officers on how to deal more effectively

with cases involving people with mental illness, providing officers with strategies to help diffuse and decrease the danger of the situation without resorting to force. These strategies often involve ways of talking to and calming the individual and getting him or her to a place where the medical care that is needed can be obtained.

In conclusion, psychiatric nursing is a very interesting specialty area of nursing. It's a specialty area that I find fascinating because of the many ways in which illness can change behavior so much. Even after being a psychiatric nurse for many years, I still feel energized when I think about working with mentally ill people. However, psychiatric nursing is an area of nursing practice that is often misunderstood. I have colleagues who tell me outright that they could never be a psychiatric nurse. But I know that I could never be a pediatric nurse because I'd have trouble caring for children who are ill. That's the beauty of nursing: there are so many areas in which you can practice. There are going to be areas that you are going to be uncomfortable with, that you know you would have a hard time working in. But, then there are other areas that you are going to feel really comfortable with, and you'll say to yourself: "Oh, this feels right for me." So, keep your minds open about all the experiences you'll have in your nursing program, including experiences with mentally ill clients. Who knows, maybe psychiatric nursing will be what feels right for you.

### Activity: Understanding and Applying Information

Ask students to take the quiz that follows on the lecture and readings on mental health and illness to check their understanding of and ability to apply information in new ways.

### Activity: Identifying Key Words in Quiz

First ask students to circle all the words in the directions or in the questions that give you specific information about what is being asked or how to answer a particular question.

## Identifying Key Words in Quiz

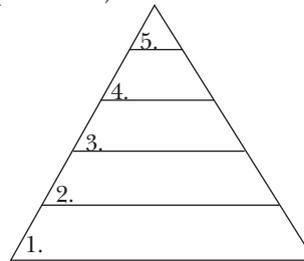
1. healthy, four
2. causes, two
3. influences, four
4. first, circle, two, most challenged
5. match
6. list, explain, three
7. define, why
8. why, why
9. overlap, two

## Quiz on Mental Health and Illness

Directions: Answer the questions, using information from the lecture or specified reading. Briefly respond to the question or circle the correct response. (1 pt. each unless otherwise specified)

1. State four characteristics of a person who is mentally healthy (from a “Western” perspective). (4 pts.)
2. State two causes of mental illness (as accepted by “Western” medicine). (2 pts.)
3. State four things that influence mental illness (as accepted by “Western” medicine). (4 pts.)
4. First, fill in the blanks with the letter of the corresponding need in the triangular-shaped diagram that follows of Maslow’s hierarchy of needs. (5 pts.) Then, circle the two needs that mentally ill persons are most challenged by. (Circle both; 1 pt. each.)

- a. Physiologic
- b. Love
- c. Self-actualization
- d. Self-esteem
- e. Security and safety



5. Directions: Match the cultural group with the cultural belief about the origin of mental illness. Write the letter in the blank provided. (1 pt. each)

**Cultural Group****Origin of Mental Illness**

- |                     |   |
|---------------------|---|
| a. African American | 1. _____ blockage of <i>Qi</i> (pronounced “chi”) or life force in body |
| b. Latino American  | 2. _____ a “hex” or evil curse  |
| c. Hmong American   | 3. _____ imbalance in Nature  |
| d. Chinese American | 4. _____ punishment from God  |
| e. Native American  | 5. _____ the soul that has left the body                                |
6. What do psychiatric nurses do? List and explain three ways psychiatric nurses work with mentally ill clients. (3 pts.)
7. Define somatization. (2 pts.) According to the article “Mental Health and Illness in Vietnamese Refugees,” why is somatization so common in Southeast Asian communities?
8. According to the article “Mental Health and Illness in Vietnamese Refugees,” why is the general question *How do you feel?* meaningless to Vietnamese patients who need treatment for mental illness? (1 pt.) Why is the question *How do you hurt?* or *Where does it hurt?* preferable? (1 pt.)
9. At the end of the article “West African Beliefs about Mental Illness,” the author discusses ways in which Liberian beliefs/practices and Western theory about mental illness overlap, providing important ways in which Liberian beliefs can be incorporated into Western psychiatric nursing course content. State two similarities between the Liberian and Western understanding of mental illness. (2 pts.)

## Answers to Quiz on Mental Health and Illness

1. taken responsibility for actions  
 able to think clearly, use good judgment, solve problems  
 aware of emotional and physical states  
 copes effectively with daily tension and stress  
 functions well in groups, family, society  
 accepted in groups, family, culture  
 satisfied with and enjoys life  
 fulfills capacity for love and work
2. chemical imbalances  
 organic changes
3. inherited characteristics  
 childhood experiences  
 life circumstances  
 culture
4. 5. Self-actualization  
 4. Self-esteem  
 3. Love  
 2. Security and safety  
 1. Physiologic needs
5. 1. blockage of Qi or life force in body (Chinese American)  
 2. a "hex" or evil curse (African American)  
 3. imbalance with Nature (Native American)  
 4. punishment from God (Latino American)  
 5. the soul that has left the body (Hmong American)
6. Build therapeutic relationships  
 Conduct physical and psychiatric assessments  
 Have 1-to-1 interactions  
 Perform group therapy  
 Administer medications/monitor for side-effects
7. Somatization is the manifestation of emotional problems or mental health concerns through physical symptoms. Somatization is very common in Vietnamese communities as a means of avoiding the stigma of having mental health problems.
8. Because mental illness is highly stigmatized in the Vietnamese community, Vietnamese patients are embarrassed by mental health concerns and reluctant to talk about them. General questions allow patients the option of pretending nothing is wrong, whereas direct, specific questions about symptoms encourage them to talk.

9. Liberian belief/practice	Western theory/treatment
Spirit's response to wrongdoing Confessing to a zoe Trust in the zoe  Visiting a zoe Talking with a zoe, who then determines source of anxiety Women who have recently given birth carry a penknife to keep spirits away Taking someone's clothes away from them when they are in the bush "Down the line" mental illness	Guilt about one's wrongdoing Talking about one's feelings with a therapist Trust in the nurse and belief in the therapeutic process The therapeutic process Nursing goal of helping client to examine sources of his or her own anxiety Postpartum depression and postpartum psychosis Safety precaution for individuals who are suicidal Genetic predisposition and family history of mental illness
<b>Symptom of mental illness, recognized in both Liberian and Western cultures</b>	<b>Type of mental illness, identified in Western medicine</b>
Withdrawal from social relationships Singing loudly while pacing the floor Wearing dirty and torn clothes	Schizophrenia Major depressive disorder mania; depression Psychosis

## Unit 5: Understanding Quantitative and Qualitative Research in Nursing

In this unit, students work on reading research and understanding tables, while exploring the culturally sensitive topic of sexuality in nursing.

### Grammar Point: Understanding the Use of the Passive Voice

In scientific English, the passive voice of verbs is often used because what the researcher does (the action) is more important than who does it (the agent). The passive is used because the action is put in subject position, not the agent.

#### Activity: Understanding the Use of the Passive Voice

Ask students to read the excerpt from Unit 5, Reading 5.1, on the calculation of PRACTICE scores and complete the following tasks.

#### Answers to Understanding the Use of the Passive Voice

1. Using these sentences, locate and underline the verbs that are in the passive.

Since practice area was coded on relevancy of sexuality in that area, it was hypothesized that the PRACTICE score would differ by practice area. In addition, it was thought that these scores might also depend on practice position. . . . The PRACTICE scores were, therefore, calculated separately for staff nurses in each practice area.

2. Who or what is the understood agent of these verbs? the researchers
3. On a separate sheet of paper, rewrite these sentences, putting them in the active voice. Add the agent in subject position. For example, for the first verb in the passive, “was coded,” add the understood agent “the researchers” in subject position: “Since the researchers coded the practice areas based on the relevancy of sexuality. . . .”

Since the researchers coded the practice area on relevancy of sexuality in that area, the researchers hypothesized that the PRACTICE score would differ by practice area. In addition, the researchers thought that these scores might also depend on practice position . . . The researchers, therefore, calculated the PRACTICE scores separately for staff nurses in each practice area.

4. Do you prefer active or passive verbs in this excerpt? Passive is preferable because it is more concise. Also, it is clearer how the calculation was done. Why? Since the focus is on the calculation of the PRACTICE score, the repetition of “the researchers” is both unnecessary and distracting.
5. Why do you think the passive voice is preferred in scientific writing? The focus of scientific writing is on the the scientific process (action), not the researcher (agent).

## Quiz on Sexuality in Nursing

**Directions:** Answer the questions, using information from the specified reading. Briefly respond to the question or circle the correct response. (1 pt. each unless otherwise specified)

**According to Reading 5.1, “Current Nursing Practice Related to Sexuality”:**

1. What do each of the levels in the P-LI-SS-IT model stand for? Also, explain each one. (2 pts. each)
  - P =
  - LI =
  - SS =
  - IT =
2. Which levels of the PLISSIT model should all nurses be competent in providing?
3. What was the primary purpose of the study in this article?
  - a. to determine nurses' attitudes toward sexuality
  - b. to identify the influence of education on sexuality-related nursing practice
  - c. to determine the effect of patients' sexual practices on their health
  - d. to identify how often nurses discuss sexual concerns with their patients
4. What were the results of the study in this article?
  - a. Most nurses addressed sexuality with their clients.
  - b. One-third of nurses never assessed sexual health or discussed sexuality with clients.
  - c. The majority of nurses made referrals and used nursing diagnoses for their clients' sexuality-related issues.
  - d. Practice area and place of employment were not significant predictors of sexuality-related nursing practice.

**According to Reading 5.2, “Nurses' Perceptions of Sexuality Relating to Patient Care”:**

5. How was data collected for the study in this article?
  - a. interviews
  - b. document analysis
  - c. questionnaires
  - d. observation
6. Who does the patient want to initiate discussion about sexual concerns?  
Circle one: patient or nurse
7. Who does the nurse think should initiate discussion about sexual concerns?  
Circle one: patient or nurse
8. State one reason why sexual harassment of nurses occurs. (2 pts.)
9. What is the most common way for nurses to deal with embarrassment over sexuality?
  - a. use humor
  - b. minimize the situation
  - c. avoid the situation
  - d. confront the patient
10. State one recommendation for improving nursing care related to sexuality.

## Answers to Quiz on Sexuality in Nursing

1. P = permission; the nurse conveys to the patient that sexuality is a suitable subject for discussion and provides assurance that concerns or practices are normal.  
 LI = limited information; the nurse gives factual information relevant to the client's concern or problem. General sexual concerns, questions, myths, and misconceptions are also addressed.  
 SS = specific suggestions; the nurse gives specific suggestions about sexual concerns and dysfunctions.  
 IT = intensive therapy; a trained professional provides sexual counseling
2. permission and limited information
3. d
4. b
5. a
6. nurse
7. patient
8. Stereotypes of female nurses as sex objects  
 Stereotypes of male patients  
 Male patients respond to demeaning experiences, such as having to expose taboo parts of their bodies, by demeaning the female nurse in return  
 Male patients misinterpret the nurse-patient relationship  
 Male patients view touch by a nurse (procedural touch) as sexual  
 Male patients view male-female interaction in a sexual way  
 Female nurses appear to accept harassment, as long as it wasn't too serious
9. c
10. Nurses should examine their attitudes and gain insight into their own behavior  
 Put pressure on media to stop reinforcing stereotypes of nurses  
 Hospital policies regarding sexual harassment should be openly displayed and made available to nurses  
 Assertiveness training should be offered to nurses who need it  
 Sexuality education should be included in nursing curriculum, as well as communication skills necessary to operationalize that knowledge  
 Private areas need to be set aside where nurses and patients can discuss sexuality without fear of being interrupted or overheard

## Unit 6: Ethical Dilemmas in Nursing

In this chapter, students integrate their critical reading, writing, and discussion skills, while exploring ethical issues raised by certain cultural practices, specifically female circumcision and death and dying. Because of increased immigration from countries where female circumcision is practiced, female circumcision is an important issue for nursing students to understand, not only from a health care perspective, but also from a cultural and ethical one. Not only do nurses provide health care for circumcised women and girls, but they may be from countries where female circumcision is widely practiced. In addition, different cultural perspectives about end-of-life issues also raise ethical dilemmas for nurses. Early exposure to these topics allows students to think about these issues from multiple perspectives and become more comfortable talking about them before they encounter them in their nursing program.

### Reading 6.1: Female Circumcision (page 200)

To read about female circumcision, locate this article in your university or college library:

Gibeau, A. M. (1998). Female genital mutilation: When a cultural practice generates clinical and ethical dilemmas. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 27, 85–91.

### Reading 6.2: End-of-Life Issues (page 204)

To read about end-of-life issues from a cross-cultural perspective, locate the following article in your university or college library:

Lapine, A., Wang-Cheng, R., Goldstein, M., Nooney, A., Lamb, G., & Derse, A. R. (2001). When cultures clash: Physician, patient, and family wishes in truth disclosure for dying patients. *Journal of Palliative Medicine*, 4, 475–480.

## Additional Readings

Additional readings on these topics include the following:

Barnes, D. M., Davis, A. J., Moran, T., Portillo, C. J., & Koenig, B. A. (1998).

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