

Evaluation of a Nursing Model: The Tidal Model in the context of a Regional Forensic Psychiatric Unit

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Rangipapa is a Regional Secure Forensic Unit at Ratonga Rua O Porirua. It is an admission unit that takes in all of the women admissions and some of the men who are undergoing legal processes as well as having complex mental health needs. The service also has a male only admission unit.

The Tidal Model is a research-based nursing model (Barker, 2000) which has been in use since the unit opened in July 2001. Prior to that time it had been implemented in an interim all male unit. Other members of the MDT continue to implement their own models to guide their work.

Based on the earlier studies of the need for psychiatric nursing, the Tidal Model develops a framework for nursing practice that seeks to engage with the person rather than the disorder. This approach does not dismiss or discount the disorder but rather, seeks to understand the present situation in the context of the person's experience of distress and what this might mean in terms of what is needed by the person. The assessment and care planning focuses upon the narrative of the patient so that their experience of distress can be addressed in the nurse's responses.

The title of the model is a metaphor, which emphasises the fluid nature of human experience. This is a view of human experience as being characterised by ongoing change and unpredictability where change, growth and development occur through small changes. As a practice model, the Tidal Model focuses on co-creating the type of support patients will require to work toward recovery.

The current research project focused on the lived experience of four forensic psychiatric inpatients that have received nursing care using the Tidal Model, as well as that of four Registered Nurses.

Semi-structured interviews were used to obtain reflective description of the nursing care experience from the different perspectives of patients and nurses. The method used was intended to replicate the Tidal Model processes for individual nursing practice where the nursing assessment and care plans are completed with the

patient using the patients own narrative. The actual words are written either by the patient themselves or they can choose to have them written by the nurse.

The methodology and analysis used in the research is Max Van Manen's (1990) Hermeneutic Phenomenological Human Science. Van Manen describes doing phenomenology is a matter of questioning the way that we experience the world, bound through the research project to the world in a particular perspective.

Each researcher individually analysed the participants responses then came together as a team to group their findings onto a whiteboard and collectively identify the initial themes. Following the identification of the initial themes and the clustering of data a feedback session for verification of findings was established with participants. Each participant was written a letter by the lead investigator

asking the participant if they would like to meet with two of the investigators for a feedback meeting. They had the option of meeting with the two researchers who facilitated the interviews or with any two. One participant was unable to meet and the discussion was carried out by telephone.

The analysis identified five themes from the participants responses which reflected their attached meaning to the events of receiving and providing care, their reactions and integration of this Tidal Model approach. The responses also showed that the participants were in a process of analysis and synthesis of their lived experiences either as a nurse or as a patient. Themes were identified from the interview transcripts in the context of receiving or providing nursing care: My colleagues will present these results.

The Themes

1. Relationships

Relationships are about the way people engage with one another. When we judge the nature of relationships we are describing how well the social needs of inclusion, control and affection are met. Peplau viewed nursing as an interpersonal process because it involves interaction between two or more individuals with a common purpose.

The Tidal Model was reported by both the nurses and the patients to have influenced their relationships. The need to be involved in communicating was valued by the patients. One patient stated *"There is an expectation from the staff that I need to talk"*. The individual work with their nurse was seen by patients as a critical part of the process and an increase on previous experiences. For Bernie *"The Tidal model provided more personal interaction"*. Jane in discussing what was helpful for her reported that the amount of one to one reinforces strengths *"rather than coming away feeling I'm just another client you feel as though you matter."* This one to one time also helped the patient to gain a sense of control. Jane commented *"The nurse being available to talk dealt with the feelings of being vulnerable"*. Ruth identified that *"Much of the emotional learning and growth takes place in the way the nurse responds to the client"*

The Tidal Model groups also had a supportive impact upon relationships. The groups developed trust through sharing. Bernie thought that *"The recovery group was a highlight. Recovery group is about opening up and being light-hearted, a bit of a laugh, and it is good to have positive feedback from the nurses"*.

From the nurses perspective relationships were influenced by the model. Vanessa thought it developed *"A much more adult to adult relationship, which feels a lot more comfortable"*. Connor commented that *"there are changes in the nurses using the Tidal Model. We all tend to show a more holistic approach. I see a lot of changes it empowers the patients they feel safe and think we are really interested in what they have to say therefore are more open and we are interested in what they have to say"*.

Nurses identified that qualities such as respect, empathy being open, energised and available were important. Vanessa stated *"Clients feel respected and valued and there is a whole culture in the ward, a sense of community which is"*

engendered by people having a part of what is happening to them and everyone else". The nurses saw an empathic approach through the Models use of narrative. One nurse thought "patients problems in their own words using the patients' narrative means that we are looking at what's personally important for them". Another nurse found the use of narrative central to the interpersonal relationship "writing it down the client becomes more enthusiastic as they are a part of it".

2. Hope:

Hope gives a view of the future that creates optimism. Hope is a belief that life has a purpose and a meaning. It gives confidence in the future, a reason to keep on living.

One patient described the tidal model as a way of showing hope. An approach to nursing that is qualitatively different. An instillation of hope is the first and most important factor for those experiencing mental illness. It gives people the belief they can find help and support that is realistic and within time their problems will be resolved. For Bernie the tidal model helped him to feel involved in the process of getting well and in his treatment and care. For Max it was important to be able to participate in what was going on for him.

For both Bernie and Max being able to communicate in their own words through the tidal model assessment gave hope. For Bernie it meant whoever was reading his file he was communicating directly to them. Max described the tidal model assessment as really neat. You get to put down comments about yourself and what is going on for you. It is something that is in your own words. He too felt he would be communicating directly with whoever read his file. .

For Ruth the tidal model provided a safe environment in which to discuss her identity. She found the group sessions pivotal to her forward movement. Jane found the groups supported individuals really well. *“These are spaces that create a sense of fun or hard therapeutic work”*. She added *“and you are not alone you have the support of others in the unit.”*

One nurse summed up the tidal models contribution to recovery as giving the patients a sense of control when often they have little control over other circumstances. For Vanessa the use of the tidal model made *“the patients feel respected and valued and this is the whole culture of the ward. With a culture of respect and valuing, people do move forward”*. Another nurse commented *“the tidal model gets to the crux of the matter, what people think is worrying them or perceive to be their problem. They are individuals with their own hopes, dreams, goals and understandings. By using the tidal model assessment they are able to tell us this straight away”*.

The tidal model provided hope to the nurses. Connor stated *“the tidal model supports me as a professional, I feel I can give my clients the care they want and need and this empowers me as a nurse”*. Another nurse commented *“It offers an opportunity for the patient to say you are getting it right”*. As a registered nurse Muffy felt *“the quality and enjoyment of her work is very much positively affected by the tidal model and she personally enjoyed it”*. Patricia Benner wrote when nurses think their interventions make a difference in patient progress this is a healing relationship. It is a relationship that mobilises hope for the nurse as well as the patient.

3. Human Face:

According to Jane the tidal model comes from a humanistic framework, *“rather than coming away feeling as if you are just another client you feel as if you matter”*. Bernie adds his support to this he feels *“acknowledged and respected, it is good to have someone ask you about your needs and put it out with you”*. This demonstrates the nurse patient relationship defined as humanistic when the relationship is based on the human to human encounter. The patient’s experience is seen as important; hope is seen as central to that experience. Ruth told us of her helpful experience with a nurse who was able to ask her thought provoking questions; this nurse was *“clever enough to engage me in a non threatening challenging way”*.

All the patient participants appreciated and valued the group work. Janes experience was that of *“enthusiasm by the nurses in groups, the nurses bring their own interests and personalities which widen my thoughts”*. Max found the staff joked with patients more, it was less formal there was not such a divide between patients and staff and this benefited him. Max liked *“getting to know the staff better, seeing we are not so different after all”*.

The nurses using the tidal model all had knowledge of the patients world and its issues. They were better able to work with the patient genuinely and empathically. Brigit stated *“previously you nursed the illness, with the tidal model it is focussed on the person, it is more individual”*. Vanessa commented *“it feels like I am doing with not doing to. Feels the right way to do it, I feel a lot more comfortable”*. What Muffy liked best was *“the patients problems in their own words, how it is for them. Using the patients narrative means we are not looking so much at the illness but what is important for them personally”*. Muffy went on to say *“I really love working with the tidal model it makes the ward a more positive place and the job more enjoyable”*. A patient participant captured the essence when she talked of the tidal

model. She said *yes it has been a positive experience forensic psychiatry has a human face to it*".

The human face of nursing is acknowledged when the nurse does not stand outside the patients' realm of experience; instead they are seen standing alongside the patient. This is the ability to presence oneself, to be with the patient in a way that acknowledges your shared humanity, is the base of nursing as a caring practice (Benner & Wrubel 1989). This is the humane model Jane spoke of. Noddings (1984) describes this as caring; it is a reciprocal process between the 'one caring' and the 'cared for'.

4. Levelling:

Levelling is experienced as a shift in the power and structure of the Registered Nurse – Patient relationship.

"The one thing I like is that it involves nurses talking about themselves. It can be a levelling exercise" (Max)

Levelling describes a strong shift in perception about the nature of the nurse-patient relationship. From the experiences of our research participants, this has had a real and positive impact on the therapeutic relationship between nurses and patients. Both nurses and patients clearly related this to a shift in power using both the words "power" and "empower" in their narratives. This seemed to be a profound, real, and positive shift in the relationship from both perspectives. Max saw this as a shift from patients and nurses divided and in opposition, to one of a shared aim: "As opposed to being on the other side of the fence... divided."

From the patients' experiences, of the Tidal Model there was a perceptible shift to now being able to participate in their own care. There were some areas that they contrasted this participation, being around certain aspects of mandated care. Nonetheless, they clearly distinguished a levelling of the relationship. Examples they recollected were of nurses being "quite personal at times" and "being on the same side". For Max this, "involves nurses talking about themselves... so we can see that we have a lot in common; likes, dislikes, funny things that have happened."

For the Registered Nurses, Vanessa observed that the Tidal Model enabled a more collaborative approach than in her previous nursing care. She stated that the Tidal Model was more "collaborative and not prescriptive", finding that she uses "presence and personality" more than she previously did. The Registered Nurses confirmed the reality of this power shift, and reported that using the Tidal Model made the rhetoric of "doing-with" rather than "doing-to" a lived reality. Brigit defined this in her observation that previously it was the illness that was the focus of her nursing whereas the focus was now upon the person.

The nurses also observed that a key change to practice was the patients being able to write in their own records. Again, the shift in power was observed by both nurses and patients. And indeed Jane noted that custodial care and differences in power were still there but attributed this to "being within the forensic unit". From the perspective of Connor; she stated:

"It empowers the patient when they are writing for the Tidal Model. It tells them we care about what they are saying [and] we are interested."

The nurses commented on an enhanced sense of ethical practice through the "honesty" engendered from patients writing in their own records and reaching agreement on the actual language in assessments. They noted that this seemed to have a "strong influence"; Vanessa said that "for the first time ever, can get

constructive criticism from the client”.

5. Working together:

The nurse and the patient are involved in working together as they share time and energy with each other in individual and group work. As a theme, “working together” is a real investment of self rather than simply rhetoric. Of this, one of the special patients, Bernie, stated that “There are personal moments in the groups” while Ruth said “we all need to feel as though we are working in a communal situation for our own gain”. Jane also thought that the “amount of one to one” was helpful and that the experience of the Tidal Model was:

“A real intangible. Difficult to describe... In a way of modelling 'hey you could be involved'. An approach to nursing that is qualitatively different.”

Working together showed up as a characteristic of the Tidal Model in such things as the co-creation of the assessments, care goals, and plans. Working together involved patients in a way that was perceived as collaboration. Another special patient, Max stated that, “The Tidal Model gives you the opportunity to be involved in your care”. Bernie had similar views: “The model motivates us to make a contribution.”

Working together was demonstrated by staff listening to patients’ needs:

“When we couldn’t get out at first something evolved in recognition of this as a constraint. A sense of being caged. OT and nursing staff (have) gone beyond (what was) established in establishing yoga and dance.” (Jane)

And later she says: “It’s about being collaborative and taking time; it creates a sense of control, more of a sense of control for me and freedom”.

Working together can also be defined by the level of participation in decision-making. This is also clear in patients' comments. Max informed us that, "The nurses are involved in our process of getting well, they participate and share of themselves, we also have some fun". Bernie supported this view, "Good to see the nurses get involved and participate though sharing and openness. Max also commented on the level of participation by nurses in their recovery process: "The nurses work with us and our family so we feel involved in the process of getting well, in treatment and care".

The reality of participation in decision-making for patients was clearly stated by Jane in her comments on what questions nurses put to her in the assessment process: "what are your priorities? What's happening at this point? Key Issues? [It was about being] collaborative and taking time." Finally, Bernie saw the nurses as "trying to motivate us to socialise, motivate and feel confident in a group situation. For us to make a contribution".

The views of the patients were emphatically supported by the nurses we interviewed. Vanessa reported that, with the Tidal Model, she found there is "a lot more collaboration with the client. A lot more client-led in terms of the problem client care is easier because it is client led". Brigit identified that the tidal model gave her a fresh look, "The model makes you look at it the clients need differently". She goes on to say that "The purpose of the Tidal Model is to work alongside with the client telling what care they need". Vanessa thought the Tidal Model approach increases the willingness of nurses to listen and the patients to share: "It tells them we care about what they are saying we are interested". Muffy considered that the model allows you, "to work with the patient on how they see there problems and work with patients not always on illness but on the positive things they have at times of crisis".

Vanessa commented that the model also changes the way she practices:

“The key-worker nurse makes a specific commitment to nursing with the patient. One of the things is it is collaborative and not prescriptive because of that spend a lot of time face to face and one to one. Need a fair level of collaboration to move forward. I think you are using presence and personality in the way you operate a lot more.”

The comments from the nurses support the view that working together helps to ensure the nurse and the patient have compatible goals at each point in the treatment. It minimises patient resistance that arises when nurses dominate the goals and intervention process. Considering this, one of the Registered Nurses, Brigit, stated that the Tidal Model approach **prevented** misunderstandings:

“When working through the client goals I have found what I think is most distressing for them, is not the same as what the client will identify, however they do tie in are related”

Conclusion:

From our interviews, it seems clear to us that the Tidal Model pilot has been successful. Both Registered Nurses and the Special Patients we interviewed stated quite clearly that they not only **liked** the Tidal Model, but from their different perspectives, were able to articulate the differences it made to them.

For nurses, using the Tidal Model made a positive difference to their practice, particularly in terms of a therapeutic engagement with clients. This is significant because:

The ANZCMHN (2002) advanced practice competencies which states that the

“the core of psychiatric mental health nursing is the ability to engage in

relationships at a meaningful level” (p. 6).

For Special Patients, the experience of the Tidal Model gave them a tangible beneficial impact on the opportunity for recovery. As mentioned earlier, the Tidal Model didn't change their custodial arrangements, but it did make for a more human face to it.

And finally, the pilot phase is completed, and the intention is to explore a wider implementation; and in doing so, institute a comprehensive evaluation of outcomes