

Evidence-Based Practices in Mental Health and Psychiatric Nursing

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ABSTRACT

Institutional barriers to evidence-based practice stem from the lack of a culture that encourages practice with the support of administrative management. The purpose of this review is to evaluate the effectiveness of studies with high level of evidence used in psychiatric nursing. Nursing researchers have found that facilitating and complicating evidence-based practices are affected by two factors, individual and institutional. At the individual level, the most common obstacles arise from nurses' lack of time and resources for evidence-based practice, and the lack of knowledge and skills to reach the best evidence.

Keywords: Mental Health, Nursing, Evidence-based, Practice

INTRODUCTION

In recent years, developments in the field of technology and medicine; Evidence-based practice is defined as a problem-solving approach to healthcare delivery that includes the best available evidence, the clinician's expertise, and patient values and preferences (Meleynk et al. 2014) [1]. Nursing research and development studies; Emphasizes the importance and value of evidence-based practices over the years (Koota et al. 2021) [2]. The reasons such as increased cost of patient care, evidence-based only a small part of care, inconsistencies in health care, conventional and traditional care approaches, anxiety of patients, increase in patients' requests for information. Therefore, it requires nursing practices to be based on the best evidence (Yurtsever and Altınok 2006) [3]. Evidence-based nursing practices are important in terms of improving the quality of care and care outcomes, making a difference in clinical practices and patient care outcomes, standardizing care, and increasing patient and nurse satisfaction (Kocaman 2003 [4]). Despite this, most nurses cannot systematically apply evidence-based practices or are not committed to evidence-based practice (Lunden et al. 2021) [5]. Nursing researchers have found that the facilitating and complicating factors of evidence-based practices are affected by two factors, individual and institutional. The institutional barriers in front of the practices stem

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from the lack of a culture that encourages practices with the support of administrative management (Berthelsen and Holge-Hazelton 2021; Clavijo-Chamorro et al. 2020) [6,7]. The purpose of this review is to evaluate the effectiveness of studies with a high level of evidence used in psychiatric nursing.

IMPLEMENTING EVIDENCE-BASED CARE IN PSYCHIATRIC NURSING

It is an important requirement for psychiatric nurses to perform their nursing practices according to the best evidence based on research results for the development of psychiatric nursing and to increase the quality of care for patients. For this reason, realizing the best evidence obtained by the scientific method, with the experiences and patient preferences, depends on the nurses gaining the habit of using evidence in their practices, establishing a culture of basing their practices on scientific knowledge, and developing the skills of critically evaluating research (Baran et al. 2020) [8]. Priority of psychiatric nurses; to establish standards of care with up-to-date evidence (Rice, 2008) [9].

Psychiatric nurses need to ask three questions when transitioning to evidence-based practice?

1. Do psychiatric nurses know the effectiveness of their interventions or treatments?
2. Do they practice evidence-based psychiatric nursing?
3. Do psychiatric nurses document the outcomes and characteristics of the care they provide?

Answering these questions will be important in shaping nurses' contributions to mental health care, their current and future roles (Stuart, 2005) [10].

EFFECTIVENESS OF EVIDENCE-BASED PRACTICES IN MENTAL HEALTH AND PSYCHIATRIC NURSING

In 2012, the International Union of Nurses (ICN) emphasized the importance of evidence-based practice in all kinds of care and determined the theme of the year as "Filling the gap – From evidence to action" (Öztürk Çopur, Kuru, & Canbolat Seyman, 2015) [11]. Nurses are obliged to fulfill their responsibilities in accordance with the regulations and laws, especially the nursing law. According to the official newspaper article 8.3.2010-27515, nurses; "Plans, implements, evaluates and supervises nursing care based on evidence within the framework of nursing diagnosis

and determining the health-related needs of the individual, family and society that can meet nursing interventions." (Official Gazette, 2010) [12] According to this law, nurses are responsible for basing their practices on evidence.

The most important point that nurses should pay attention to while researching evidence-based practices is that there may be studies that support the information examined as well as studies that oppose it. For this reason, basing the practice on a single research can lead to dangerous results. Before using the research results in practice, that research should be evaluated meticulously (Youngblut and Brooten 2001) [13]. Under this title, we have compiled nursing care practices with a high level of evidence that can be used in mental health and psychiatric nursing.

While Senft R, et al. (1995) [14] conducted a short 18-minute motivational interview with heavily alcoholic individuals, Rollnick S, et al. (1999) [15] applied a 5-10 minute smoking cessation session. It was stated that the motivational interview session that Karatay (2007) [16] applied at home to quit smoking in pregnant women lasted 40-60 minutes. In a meta-analysis, it is stated that motivational interviewing is effective even with short 15-minute interviews (Rubak et al. 2005) [17]. Efficiency mostly depends on the quality of the communication between the counselor and the client and the proficiency of the counselor in the motivational interview technique (Martino et al.2008) [18].

Controlled studies have shown that cognitive behavioral therapy (CBT) and antidepressant drugs are equally effective in the treatment of panic disorder. As a result of the meta-analysis of 11 studies comparing CBT and antidepressants, it was found that both treatments provided similar response rates and improvement in anxiety/depression symptoms, and they were not superior to each other (Çitak 2018) [19].

As a result of a study in which 110 patients with generalized anxiety disorder were randomly assigned to CBT, psychodynamic therapy or anxiety management training, it was found that patients in all three groups showed improvement, and the improvement in the CBT group was more pronounced than in the psychodynamic therapy group (Çitak 2018) [19].

As a result of a study in which 91 patients with panic disorder or agoraphobia were randomized to CBT or interpersonal relationship psychotherapy (IPT), it was determined that

CBT was superior to IPT in terms of panic attack frequency, agoraphobic avoidance and agoraphobic complaints (Çitak 2018) [19].

Donker T, et al. (2009) [20] draw attention to the importance of the quality of psychoeducational interventions in their meta-analysis study and state that passive psychoeducational interventions are effective in reducing the symptoms of depression and distress. Gümüş AB. (2006) [21] draws attention to the effectiveness of psychoeducational interventions for schizophrenia patients and their families in our country, and states that psychoeducation creates positive results in improving the quality of life of patients and their families, increasing their problem-solving skills, reducing the risk of recurrence of the disease, and improving family functions.

Music therapy applied to Alzheimer's patients by Guetin S, et al. (2009) [22] reported a decrease in the symptoms of anxiety and depression in the experimental group. It was found that individuals felt good during and after the application and were successful in preserving and transferring information in short-term memory to long-term memory (Lök and Bademli 2016) [23].

Ploukou and Panagopoulou S, et al. (2018) [24] investigated the effect of operant music therapy on nurses' psychological well-being and psychosomatic symptoms in a randomized controlled study that they conducted by having nurses working in oncology services play a percussion musical instrument for 1 hour a week for a month, instead of listening to music. In this study, it was determined that the nurses in the intervention group had lower levels of anxiety and depression compared to the nurses in the control group, and psychosomatic symptoms were less common.

In a study conducted by Pawlow LA, et al. (2002) [25] with university students, students in the intervention group were given progressive relaxation exercises (PGE) lasting 20 minutes, 2 times in a week, in a laboratory environment. Afterwards, audio recordings were given to be repeated at home every day for two weeks. 33 The students in the control group were asked to sit quietly for 20 minutes, 2 times in total, with an interval of one week. Before and after the intervention, saliva samples were taken from the students in both groups and the effects of PGE on stress were examined by evaluating their perception of stress. As

a result, the perceived stress, anxiety, and salivary cortisol levels of students who applied PGE were lower than those who did not, while their expression of relaxation was higher.

Campbell-Gillies L. (2008) [26] used positive mental images with music in patients diagnosed with breast cancer and found that the participants experienced less stress, anxiety and depressive symptoms during the 6-session chemotherapy period. Watanabeve E, et al. (2006) [27] found that the imagery attempt using positive mental images together with relaxation exercises in healthy individuals affected the salivary cortisol levels and thus the decrease in stress levels, increase in positive mood, and decrease in negative mood in healthy individuals.

CONCLUSION AND RECOMMENDATIONS

Before starting the evidence-based practice, psychiatric nurses should update their knowledge on how to use, access and interpret research results, and research in the field should be increased. It may be recommended to establish units in institutions where psychiatric nurses can follow evidence-based practices and guides, and to develop practice guides specific to psychiatric nursing together with researcher and practitioner nurses.

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