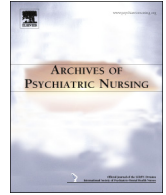




Contents lists available at ScienceDirect

Archives of Psychiatric Nursing

journal homepage: www.elsevier.com/locate/apnu

The Effect of the Psychiatric Nursing Approach Based on the Tidal Model on Coping and Self-esteem in People with Alcohol Dependency: A Randomized Trial

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ARTICLE INFO

Article history:

Received 12 July 2016
 Revised 26 October 2016
 Accepted 3 January 2017
 Available online xxxx

KEYWORDS:

The Tidal Model
 Coping
 Self-esteem
 Alcohol dependency

ABSTRACT

INTRODUCTION: People with alcohol dependency have lower self-esteem than controls and when their alcohol use increases, their self-esteem decreases. Coping skills in alcohol related issues are predicted to reduce vulnerability to relapse. It is important to adapt care to individual needs so as to prevent a return to the cycle of alcohol use. The Tidal Model focuses on providing support and services to people who need to live a constructive life.

AIM: The aim of the randomized study was to determine the effect of the psychiatric nursing approach based on the Tidal Model on coping and self-esteem in people with alcohol dependency.

METHOD: The study was semi-experimental in design with a control group, and was conducted on 36 individuals (18 experimental, 18 control). An experimental and a control group were formed by assigning persons to each group using the stratified randomization technique in the order in which they were admitted to hospital. The Coping Inventory (COPE) and the Coopersmith Self-Esteem Inventory (CSEI) were used as measurement instruments. The measurement instruments were applied before the application and three months after the application. In addition to routine treatment and follow-up, the psychiatric nursing approach based on the Tidal Model was applied to the experimental group in the One-to-One Sessions.

RESULTS: The psychiatric nursing approach based on the Tidal Model is an approach which is effective in increasing the scores of people with alcohol dependency in positive reinterpretation and growth, active coping, restraint, emotional social support and planning and reducing their scores in behavioral disengagement. It was seen that self-esteem rose, but the difference from the control group did not reach significance.

DISCUSSION: The psychiatric nursing approach based on the Tidal Model has an effect on people with alcohol dependency in maintaining their abstinence.

IMPLICATIONS FOR PRACTICE: The results of the study may provide practices on a theoretical basis for improving coping behaviors and self-esteem and facilitating the recovery process of alcohol dependents with implications for mental health nursing.

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INTRODUCTION

The issue of recovery from mental illness has received increasing attention recently (Schrank and Slade, 2007). Recovery is defined as the process of personally overcoming the negative effects of a diagnosed illness or discomfort even if the problem continues to exist. It is a way of living a fulfilling, hopeful and productive life within the limits of the illness (Slade and Hayward, 2007).

The Tidal Model is a recovery model developed by nurses, and is based on research in the mid-1990s on why persons feel the need for nurses, what individuals and their families value in nursing, and what nurses do to make a difference (Buchanan-Barker and Barker, 2008). The Tidal Model is a pragmatic philosophy of practice, in the form of thoughts about what needs to be done to ease the recovery process

(Barker and Buchanan-Barker, 2010). It focuses on what an individual needs in order to adapt to or overcome the problems which he or she faces, and emphasizes the close and empowering relationship formed by nurses when they work together with individuals (Lafferty and Davidson, 2006).

The Tidal Model focuses on providing support and services to people who need to live a constructive life. It invites practitioners to answer this question (Barker, 2003, s.684): How do we tailor care to fit the specific needs of the person and the person's story and unique lived experience, so that the person might begin, or advance further on the voyage of recovery?

Examining studies that have been conducted on the Tidal Model in various countries, it is seen that assessment has been performed in the clinics where the model is practiced (Stevenson, Barker, and Fletcher, 2002), and research has been conducted on evaluating personal satisfaction with the services offered, the views of the health workers (Berger, 2006; Cook, Phillips, and Sadler, 2005; O'Donovan, 2007), the

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frequency of critical unexpected events (Gordon, Morton, and Brooks, 2005), and the length of stay in the clinic (Fletcher and Stevenson, 2001). Considering the process of psychiatric nursing, it becomes clear that it is necessary to work with the *One-to-One Sessions* in which the *Tidal care continuum*, the *Tidal Commitments* and the *Tidal Competencies* are used (Barker, 2001; Buchanan-Barker and Barker, 2008), as well as to assess the results of individuals. Thus individualized care is provided for an individual's problems and needs. No studies were encountered in which the Tidal Model was used in Turkey. This model, which is a model based on practice, will be important in Turkey in giving a theoretical basis to psychiatric nursing practice, and enabling psychiatric nurses to have a role in advanced mental health nursing.

Alcohol dependence is a disorder with relapses and remissions causing a wide range of medical, psychological, social, personal, and economic problems (Grant et al., 2004; Kalyoncu, Mirsal, Pektaş, et al., 2001). It is defined as a chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal, and is characterized by continuous or periodic impaired control over drinking (Stephen, 2005). In addition, it is associated with poor decision-making as reflected by continued alcohol use even when problems directly linked to drinking habits are encountered (Brevers et al., 2014). Treatments for alcohol dependence are pharmacotherapies, brief interventions, self-help groups (Alcoholics Anonymous), and counseling techniques (relapse prevention) (Stephen, 2005). The rate of alcohol dependence in Turkey is 8.2% (total), 23.3% (males) and 1.8% (females) (Ekuklu et al., 2004; WHO, 2004). Nursing research on alcohol dependence in Turkey is descriptive by a majority (B-Yıldırım, Engin, and S-Yıldırım, 2011; Engin and Savaşan, 2012; Türkmen, Özdemir, and Akyol, 2015).

Ineffective coping and disturbed self-esteem/self-concept are the issues which most often need to be focused on in alcohol dependence (Carpenito-Moyet, 2005; Çam, Dülgerler, and Engin, 2006; Şimşek, 2010; Townsend, 2002; Viiedebeck, 2003). Ineffective coping means the inability of a person to manage internal or environmental stressors arising from the inadequacy of physical, psychological, behavioral and cognitive resources, or the condition of a person who carries this risk (Carpenito-Moyet, 2005). The use of coping behaviors is associated with decreased likelihood of relapse in alcohol use (Gustafson et al., 2011). It has been shown that there is a correlation in the number of relapses and the number of applied coping techniques (Sjöberg and Samsonowitz, 1985) and that coping skills in alcohol related issues are predicted to reduce vulnerability to relapse (Brown, Vik, Patterson, Grant, and Schuckit, 1995). Also, coping skills training is recommended as a treatment element for alcohol therapy (Monti, Kadden, Rohsenow, Cooney, and Abrams, 2002). Disturbed self-esteem/self-concept indicates the condition of an individual who experiences or carries the risk of a negative change in thoughts or feelings about him/herself (Carpenito-Moyet, 2005). Patients with alcohol use disorders have lowered self-esteem compared to controls (Silverstone and Salsali, 2003) and when alcohol use increases, their self-esteem decreases (Sevi, Genç, Odabaşoğlu, Soykal, and Öztürk, 2014). Therefore, it is important for people with alcohol dependency to adapt to or overcome their problems related to coping and self-esteem in order to facilitate their recovery process. The Tidal Model does not involve treatment or therapeutic interventions in the traditional sense. According to the model, mental health nursing must involve the provision of the necessary conditions for the promotion of growth and development (Barker and Buchanan-Barker, 2011).

In helping those who are dependent on alcohol to reduce the harm associated with alcohol use and growing with the current circumstances, it is important to adapt care to individual needs so as to prevent a return to the cycle of alcohol use. Thus, the Tidal Model gives an idea of what needs to be done to ease the process of recovery while emphasizing the fluid nature of human experience, which is always in a state of change. It is therefore suitable for providing individualized care to people with alcohol dependency. This is the first study to examine the

potential impact of the Tidal Model on alcohol related outcomes. The aim of this study was to determine the effect of the psychiatric nursing approach based on the Tidal Model (PNATMA) on coping and self-esteem in people with alcohol dependency.

METHODOLOGY

TRIAL DESIGN

This was a randomized controlled trial with a semi-structured semi-experimental design to investigate the effect of the psychiatric nursing approach based on the Tidal Model (PNATMA) on coping and self-esteem in people with alcohol dependency. The Trial Registration number is NCT02604758.

PARTICIPANTS

The research population consisted of the alcohol-dependent individuals who were admitted for treatment to the Alcohol and Substance Addiction Treatment clinic of Izmir Katip Çelebi University Atatürk Education and Research Hospital. The research sample was formed from individuals with alcohol dependency who were undergoing treatment as in-patients at the clinic and who met the sampling criteria.

People with alcohol dependency were included in the study who were between 30 and 50 years of age and who scored 2 or more on the Addiction Profile Index (medium and high dependence) (Ögel, Evren, Karadağ, and Tamar, 2012). Individuals aged 30–50 were included in the study to narrow and to homogenize the sample.

People with alcohol dependency who were severely depressed with a Beck Depression score of 41 or more and those with severe anxiety (a Beck Anxiety score of 26 or more) were not included in the study.

People with alcohol dependency who had co-morbid diseases were not included in the study.

INTERVENTIONS

With the experimental group, routine treatment and follow-up was carried out in the Alcohol and Substance Addiction Treatment Clinic, and in addition the psychiatric nursing approach based on the Tidal Model (PNATMA) was applied, with approximately ten individual interviews. The control group received only routine treatment and follow-up in the Alcohol and Substance Addiction Treatment Clinic. 'Routine treatment' includes detoxification, medication, therapeutic milieu (staff-led community meetings) and education about addiction (alcohol and its effects and the definition of addiction). Neither the experimental nor the control group took part in Alcoholics Anonymous or any similar intervention.

One-to-One Sessions were initiated in order to provide individualized care for members of the experimental group (Fig. 1). Interventions were performed in line with the goals of the persons and the aims of the research to adapt to or overcome the problems related to coping and self-esteem for facilitating the recovery process of alcohol dependents. The interventions were selected from interventions relating to coping and self-esteem in the Nursing Interventions Classification (NIC) system (Anger control assistance, Assertiveness training, Socialization enhancement, Coping enhancement, Self-esteem enhancement, Progressive muscle relaxation, Support system enhancement, etc.) The interventions were performed face to face by a psychiatric nurse who was one of the researchers. In order to evaluate the effectiveness of the nursing interventions, the Nursing Outcomes Classification (NOC) System was used (Bulechek, Butcher, and McCloskey, 2008; Carpenito-Moyet, 2005; Çam et al., 2006; Moorhead, Johnson, Maas, and Swanson, 2008).

Individual interviews in the Tidal Model are known as the One-to-One Sessions. The One-to-One Sessions help the person to recognize change, and focus the person on achievement and goals. The One-to-One Sessions are recorded on a special care plan form with the

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