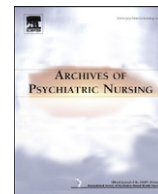




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Content Validity of a Psychotherapeutic Intervention Model in Nursing: A Modified e-Delphi Study[☆]

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ABSTRACT

Aim: To estimate the content validity of a psychotherapeutic intervention model in nursing.

Background: Mental health nurses encounter great extrinsic difficulties when it comes to providing psychotherapeutic interventions due to the fact that they are not allowed to perform such practice in some countries. In this light, the pursuit of a psychotherapeutic intervention model in nursing seems germane to guide the professionals' psychotherapeutic practice, contributing hereof to increase mental health nurses' professional autonomy.

Design: Modified e-Delphi.

Methods: Data were collected from October 2015 to January 2016 by means of three rounds of online questionnaires. The initial questionnaire was structured into five sections: general structure of the model, patients' exclusion criteria, assessment framework, nursing diagnoses, and nursing psychotherapeutic interventions. From the 42 experts invited, at least twenty (20) participated in each round.

Results: The experts achieved consensus with regard to the conclusion that nursing psychotherapeutic interventions should always seek to address a nursing diagnosis. These defined furthermore that a psychotherapeutic intervention model in nursing should be exercised by means of 3 to 12 sessions using Nursing Interventions Classification (NIC) as a resource. Finally, experts deemed that the model should follow the principles of integrative psychotherapy, so that techniques from different schools of psychotherapy could therefore be used in conjunction to promote the resolution of a nursing diagnosis.

Conclusion: Achieving consensus about the structure of a psychotherapeutic intervention model in nursing is imperative to guide nurses in the provision of nursing psychotherapeutic interventions and to enable an effective evaluation of the health gains associated with its implementation.

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Fostered by the position paper emanated by Horatio: European Psychiatric Nurses (2012), the discussion about mental health nurses' training and capability to provide psychotherapeutic interventions has been widely spread in the last few years, which substantiates the need for this study.

There are indeed some European countries where only psychiatrists and psychologists are allowed to provide psychotherapeutic interventions (Ward, 2015), which runs against the advice of relevant international associations such as the European Association for Psychotherapy

(2009) and the World Council for Psychotherapy (2012). That is even more grievous if we consider that it runs against all the evidence of the contrary. An example is, Gournay, Denford, Parr, and Newell (2000), who undertook a 25-year follow up of nurses working in behavioral psychotherapeutic intervention in the UK, which enabled them to prove that these nurses had made considerable contribution to mental health service provision, specifically in primary health care, by means of brief and short-term psychotherapeutic interventions.

On the other hand, some European countries bring forth a more inclusive regulation related to the psychotherapeutic intervention (Horatio: European Psychiatric Nurses, 2012). One instance is the Portuguese case, where Regulation No 129/2011 states that providing psychotherapeutic, sociotherapeutic, psychosocial and psychoeducational care is one of the four major specific competences of mental health nurses. However, even in this case, the "Ordem dos Enfermeiros" (the public competent authority, representative of the nursing and

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midwifery practice in Portugal), corporate author of that regulation, does not specify what kind of psychotherapeutic interventions mental health nurses can perform. In Portugal the discussion is even more profound, as the denominations ‘psychotherapy’ and ‘psychotherapeutic intervention’ do not have an equal meaning. A technique performed in psychotherapy is thus considered a psychotherapeutic intervention. Some examples are to be found in Nursing Interventions Classification (Bulechek, Butcher, Dochterman, & Wagner, 2012), such as cognitive restructuring and impulse control training, among others. A major problem appears to be related to the lack of specific psychotherapeutic intervention models in nursing to account for the standardization of the content as well as for the relevant steps featuring a nursing intervention in order for it to be considered psychotherapeutic. As a result, there are empirical findings around the considerable differences among the performance of this kind of intervention by nurses, which hampers the effective assessment of its impact on people’s health and appears to reduce its social acceptance. In this study, based on a definition presented by Norcross (1990), we acknowledge psychotherapeutic intervention as the informed and intentional application of psychotherapy techniques for the purpose of assisting people in the adjustment of their behaviors, cognitions, emotions, and/or other personal features in routes they deem desirable.

Background

Having this reality in mind and the extrinsic difficulties encountered by mental health nurses in some countries to be allowed to provide psychotherapeutic interventions (Horatio: European Psychiatric Nurses, 2012), we deemed the search of a psychotherapeutic intervention model relevant to lead the nurses’ psychotherapeutic practice. We believe that the existence of such a model could be of the utmost importance for the statement of nursing psychotherapeutic interventions as autonomous nursing interventions, since we consider that a nursing intervention can only be considered autonomous when it results from nursing research and, consequently, when it is based on the nursing’s body of knowledge. In fact, only few mental health nursing models (e.g. “The Tidal Model” (Barker & Buchanan-Barker, 2005) and “The Relationship-Based Model for Psychiatric Nursing Practice” (Wheeler, 2011)) are to be found in literature and although all of them seem to be models related to caring in psychiatric nursing, they do not aim specifically to guide nursing psychotherapeutic interventions in the clinical practice.

Following this analysis, the existence of a void in mental health nursing’s body of knowledge seems evident and finding studies which relate nursing diagnoses and the effectiveness of nursing psychotherapeutic interventions is a difficult task. On the other hand, studies tend to analyze the effectiveness of nursing psychotherapeutic interventions in response to psychiatric diagnoses, which stresses the need to develop a psychotherapeutic intervention model in nursing. Filling that void could help transforming the current reality: on the one hand, if nurses are vetoed providing psychotherapeutic interventions, their arguments for the demand of that possibility would be strengthened; on the other hand, if nurses are already allowed to provide psychotherapeutic interventions, the development of a psychotherapeutic intervention model in nursing could help guide their practice and shift it onto a stronger evidence-based one.

Taking into account these data, we have decided to develop and evaluate a psychotherapeutic intervention model in nursing, mainly based on nursing theories, following the guidelines for the development and evaluation of complex interventions (Richards & Hallberg, 2015). The first step toward the development of a model was conducting a narrative review on the subject to summarize current knowledge about nursing psychotherapeutic interventions in adults (Sampaio, Sequeira, & Lluh Canut, 2015). Afterwards, a focus group study was carried out to explore what aspects, according to nurses, should integrate a minimum features set of a psychotherapeutic intervention model in nursing.

Materials and methods

Aim

After crossing data from the narrative review and the focus group study, we developed a draft version of the psychotherapeutic intervention model in nursing. In this fashion, the present study aims at estimating the content validity of that draft version by seeking consensus from a panel of experts, in order to materialize the final version of the psychotherapeutic intervention model in nursing.

Design

The descriptive design used a modified e-Delphi method. The option for an e-Delphi instead of a classical Delphi can be explained by three reasons: 1) convenience for both the e-Delphi administrator and the research participants; 2) time and cost savings; 3) data management easiness (Donohoe, Stellefson, & Tennant, 2012).

In a classical Delphi, round 1 starts with an open-ended set of questions, thus allowing the panel members freedom in their responses (Keeney, Hasson, & McKenna, 2001); however, in this case, as a narrative review and a focus group study had previously been conducted, we used a structured questionnaire in the modified Delphi round 1. Kerlinger (1973) noted that the use of a modified Delphi process is appropriate if basic information concerning the target issue is available.

Participants

There is no consensus about the ideal sample size for Delphi studies, as it is determined by the purpose of the project, selected design and time frame for data collection (Goodman, 1987; Green, Jones, & Hughes, 1999; McKenna, 1994). The aim of this study was thus to achieve at least 20 panel members in each round. On the other hand, literature tends to consider that a heterogeneous sample is critical to ensure that the entire spectrum of opinion is determined (Moore, 1987). Thereby, sample selection took place supported by the premise of Murphy et al. (1998), according to which the diversity of the expert panel allows for the consideration of different perspectives and a wider range of alternatives.

It is becoming increasingly frequent for Delphi researchers to employ clear inclusion criteria so as to create boundaries around their expert panel (Keeney, Hasson, & McKenna, 2006; Keeney et al., 2001). All participants had therefore to be specialized in mental health nursing. A purposive non-probability sample was recruited from across Portugal using as selection criteria (at least, two out of three in each category had to be fulfilled): 1) for registered nurses, working in inpatient or outpatient settings: a) having MSc or PhD academic degree; b) working in mental health settings for, at least, five years; c) having conducted fieldwork (with scientific publication) in the area of psychotherapy and/or psychotherapeutic intervention; 2) for nursing professors: a) having MSc or PhD academic degree; b) possessing training in some type of psychotherapy; c) having taught contents related to psychotherapy and/or psychotherapeutic intervention.

The experts were invited to participate in the study at first hand. Oversampling was performed to compensate for expected attrition. To reduce response bias due to high attrition, the minimum recommended Delphi response rate for each round is 40–50% (Atkinson & Gold, 2001).

Data Collection

Data were collected from October 2015 to January 2016 using online questionnaires. It was envisioned that no more than three rounds of consultation would be required, as no change in opinion usually occurs after the third round (Hasson, Keeney, & McKenna, 2000; Keeney et al., 2006; Rowe & Wright, 1999). If eligibility criteria were met, panelists received an email including a link to the URL for the first questionnaire. A

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