

How nurses and psychologists can work together to improve outcomes

Nicola and Simon's story



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Aims

The provision of integrated, coordinated care is a core aspect of NHS Scotland mental-health policy¹. In practice, this means an increased focus on multi-disciplinary community services; in the psychological professions it is increasingly recognised that multiple designations have key roles to play². However, it is also natural that practitioners will identify strongly and perhaps defensively with their professional identities ... and, in doing so, may in fact diminish the roles of other clinicians³. Beginning with our shared philosophical and theoretical interests in Mindfulness, we – Simon, a Clinical Psychologist, and Nicola, a CBT and EMDR-trained Senior Charge Nurse – began to discuss

all of this openly in our shared office. We realised that not only was the other much more than our stereotypical assumption might have it (“entitled, know-it-all psychologist; chippy nurse”) but that we could each provide useful new perspective on the other’s work. For example, Nicola’s nursing approach utilises a wide scope of activity and is rooted in a helping, actively supporting role; for Simon, functional analysis of behaviour in context – especially relational – is key. We began actively aiming to use this shared perspective in our day-to-day work, for example augmenting our individual understanding of a complex case or complex context by approaching it with a second professional lens.

Methods

This poster offers a naturalistic exploration of a positive working relationship in a busy multidisciplinary NHS Psychological Therapies Team, ahead of a planned journal article (McLean & Stuart, in preparation). Below are four examples of the kind of clinical conversations that we have begun – usually in an informal setting, sometimes followed up with a brief meeting. We then consider how this joint-working approach maps onto the collaborative values of NHS Scotland⁴.

“Can I pick your brain for a moment? This person is describing some unusual symptoms and I’d like to get your nursing perspective.”

“I’m wondering if there’s something happening with this person’s memory. Can we talk about cognitive testing?”

“I’ve been reading this new research article on trauma-informed care and I think you’d be interested too. What might it mean for our work?”

“I need to speak to our Social Work colleagues about this case – there’s so much going on. It’d be good to think about all the different relationships. Could we make time for a chat about this?”

Outcomes

We propose that, through our deliberately mindful, values-aware, ongoing professional dialogue, we are embodying the spirit of working together to deliver improved outcomes for everyone who is referred to the Clydesdale Psychological Therapies Team. This can be illustrated further via the shared values of NHS Scotland⁴.

Care and compassion

Care and compassion are fundamentals of the nursing code, and compassion is an increasing focus for applied psychology⁵. Nevertheless, this cannot be taken for granted in practice. A deliberately dialectical approach within systems therefore maintains practitioners’ focus on these facets of care; balances responsibility; and helps avoid a sense of fatigue or burnout⁶. This dialectic is exactly what we are trying to embody in our regular discussions together.

Dignity and respect

Our conversations have increased our sense of respect for each other as fellow professionals with shared skills – for example assessment and formulation – as well as specific ones. However, in keeping with the concept of dialectical perspective-taking, they similarly maintain a focus on respect for the people with whom we are working. For Simon, an appreciation of the nurse’s role as an advocate for their patients has been particularly enlightening.

Openness, honesty and responsibility

We argue that we are modelling a reflective openness in keeping with core clinical governance concepts of candour and accountability. We are also building a shared sense of responsibility: not just “my patients on my caseload” but “our patients with our team”. By moving away from professional preciousness, and being willing to recognise that there is much to learn from others, we are improving our own skills and the overall quality of the service being offered.

Quality and teamwork

Psychologists have long argued for the importance of integration within multidisciplinary teams as a way to improve quality and psychological awareness⁷. Welcoming the other professional’s friendly, constructive eye upon our work helps us each maintain quality and remind ourselves that there might always be a useful question we can ask in the spirit of improving what we are doing.

Conclusions

The lightbulb moment

As healthcare in Scotland looks towards a challenging future⁸, it is more important than ever for staff to set aside differences and work together to ensure continued quality of care, striving to improve where possible. The key thing we – Nicola and Simon – have learned is that there is more that unites our professions than divides us. If we can recognise and be honest with each other about difficulties and frustrations, we can begin to overcome unhelpful professional barriers and become a more effective force working together compassionately for all our patients. The Clydesdale team is now offering consultation clinics to other mental-health staff. It is hoped that health and social care integration will allow for further opportunities to collaborate with, and learn from, our new colleagues.

References

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