

The tidal model: use in nursing



“ Tidal model’ is designed by Dr. Phil Barker and Poppy Buchanan-Barker to improve mental health nursing and benefit both the healthcare workers and the ones being cared for. It is a way to the discovery of mental health, aiming on helping people to achieve control over their own lives by first grasping what actually happened, namely, their own story. (Barker and Buchanan-barker, 2005) In this article, we will be looking at how it applies to the four metaparadigms, namely the Health, Person, Environment and Nursing.

Application of the theory into the four meta-paradigms of nursing

Health

According to Limon (2007), “ health is the degree of wellness or well-being that the client experiences”. Tidal Model believes that nothing is permanent, situations change, patient’s mental state changes, just as a problem faced by the patient will either get worse or gets better, thus a healthcare worker should not expect the patient to be well everyday and take it that they are throwing tantrums or trying to create trouble by telling you that the voices are taunting them again. The healthcare worker should on the other hand, create awareness in the patient that change is constant, to prepare them to be able to manage their situation so as not to be crippled by the problems. (Whitehill, 2001)

It is said that the effects of mental problem is much more devastating when compared to that of a physical one. It hits right to the core, the very basis of a person, the innermost sense of self, causing a loss of identity, low self-

esteem among many others, resulting in a serious crisis in one's health.

(Person-Centred & Collaborative Mental Health Care, 2008)

Person

Limon, (2007), refers to person or client as the recipient of the nursing care which includes the patients themselves, their families, and communities.

Tidal emphasizes on person-centered care and empowering the patients who have been disempowered with the experiences of mental distress and mental health services. (Barker, 2001) The model sees people as individuals, rather than just focusing on their symptoms, or on statistical populations or diseases. It is a solution-focused rather than a problem-focused approach to care. It therefore contributes a different and refreshing view of the person and the person's difficulties. (Person-Centred & Collaborative Mental Health Care, 2008)

' Self', the first domain of Tidal Model refers to what a person believe, values and feels. It could be what a person is feeling right now that is causing him or her distress or it could be the belief or religion that a person will rely on to give him or her strength to carry on. (Recovery Devon, n. d.) In the Ten Commitments of Tidal, it is believed that the experience of oneself is special, and another party can never really understands this person's experience, be it joy, pain or mental distress. (Tidal Model: Theory, 2000) As a nurse, we should always consider why our patients behave this way or experiencing this particular crisis at this moment, how they view their current state or problems and what they think might help them overcome this crisis or improve the circumstances. Listen, and be the apprentice rather than the advisor, like what the Ten Commitments is saying. As the person who

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experience it knows it best, what a nurse can do to help is to document patient's verbatim as accurate as possible, not to sum it up in our own words and thereby drowning out the patient's voice.)

Environment

Environment refers to the internal and external surroundings which includes families, friends and significant others, that affect the client. (Limon, 2007) In 'World', the second domain of Tidal, the person shares his or her thoughts and feelings and whatever that has happened, from their viewpoint. For example, they could be sharing on how supportive they think their families have been in times of need. This domain addresses issues like present fears and concerns or future plans. 'Others', the last domain of Tidal refers to the organization and society, the support network that the patient has or need, who can help the patient to cope, in time of distress, through the recovery route and to be able to re-step into the in community. (Recover Devon, n. d.) A patient's recovery and subsequent succession to reintegrate into the community depends a lot on the environment as well. Cultivating a supportive environment in the ward is crucial to the patient's well-being, so are adequate family and community support which the patients will need for them to have the courage to take the first step. Tidal emphasize on listening to your patients, engaging them in their own treatment plans and goals, being there to support them, promoting group works among patients, which in turn helps in creating a therapeutic environment that decreases chance of crisis and violent outbreak during hospitalization, reduces length of stay in hospital as well. (Cook, Phillips and Sadler, 2005)

Nursing

Limon (2007), states that nursing, one of the four metaparadigms, refers to the attributes, characteristics and the actions of the nurse providing care. A nurse does not give medical diagnosis, instead a nurse uses her nursing knowledge and experience, draft out a set of nursing diagnoses and individualized plan of care for each patient. (Perry, 2001, p. 91)

According to Tidal, in order to help a patient, a staff must not impose her ideas, opinions and advices on the patient, rather, forget that you obligations, your occupation, see your patient or client as a person who is in distress, be there for him or her, to listen to what your patient is really saying, not with your nursing knowledge but with your heart, to care with, not care for. (Nursing Times, 2007) The impact from simple understanding, care and encouragement cannot be taken too lightly. Each interaction with another person can either help repair, or damage further, the person's vulnerable sense of self. Thus building a therapeutic relationship between the nurse and the patient is crucial. (Cook, Phillips and Sadler, 2005) To further nurture that relationship, patients should be allowed a chance to tell their story and have it listened to, be understood and valued. Only then, will they receive the personal acceptance and nurturing which they desperately need in order to progress towards recovery. (Clan Unity, 2000)

The healthcare personnel possess the power to contribute positively or negatively to their recovery and Tidal urged nurses to simply reach out, care with, and holding hope for someone in crisis instead of alienating people by belittling them, saying negative things about them or stripping the power from them and ignoring their feelings just by the way we treat them even

though we do so in an officially ‘ professional’ manner. (Person-Centred & Collaborative Mental Health Care, 2008)

Conclusion

Tidal Model is a model focusing on person-centered nursing and reclaiming life back, specifically designed for use in mental health nursing. It emphasizes on how patients should be provided a supportive environment, nurses should be active listeners, patients should be included into the planning and discussion of treatment plans and goals, and patients should be updated of their progress and behavior without any withholding of information on the staff’s part so as to foster a therapeutic and nurturing relationship and supportive environment.

Discussion

The writer currently works in Institute of Mental Health, Woodbridge Hospital, at the high dependency psychiatric unit. The unit takes care of patients transferred in from acute psychiatric wards which are extremely disturbed and violent and mostly were retrained physically while in their respective wards. The writer feels that the Tidal model would be extremely useful in the setting she is working in. In fact some of what the staffs are doing are actually quite similar to the Tidal Model. For example, when the patient first arrives into the ward, sufficient orientation to the surrounding, introduction to the ward staffs and explanation were given before each procedure help a lot in preventing agitation or violence from the patient due to fear and confusion. And while the doctors are stabilizing patients by chemical means, the rest of the multidisciplinary staff continue to help and support the patient by spending a lot of time to listen to what the patient has to say, supporting

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them and their families through the difficult times, before passing over the care back to the staffs of the original ward when they are more stabilized. But the writer thinks that to implement the Tidal Model to the rest of the wards in the hospital presently might be a problem as currently ratio of staffs to patients is about 1: 10, it is quite impossible to provide sufficient time for staff to be with each patient. The heavy workload might already have emotionally drained and stress the staffs thus they might not have the capacity to support and implement the Tidal Model. But it might be feasible in near future when the hospital beef up the staff quota and send staffs for training on Tidal Model.