The tidal model as experienced by patients and nurses in a regional forensic unit

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Introduction

The Tidal Model is a research-based nursing model (Stevenson et al. 2002, Stevenson & Fletcher 2002) introduced at Rangipapa, a Regional Forensic Unit in 2000. Its implementation was consolidated during 2001 when the unit became an acute forensic unit, admitting both men and women (Cook 2001, Cook & Phillips 2003). The nursing team believed an evaluation study was needed to identify the benefits within this particular New Zealand forensic setting.

The philosophical underpinnings of the Tidal Model draws upon the work of interpersonal relations theorists (e.g. Peplau), a theory of psychiatric/mental health nursing developed from the ‘need for psychiatric nursing’ study by Barker and colleagues (Jackson & Stevenson 2000, Barker et al. 1999a,b), and theories of empowerment in interpersonal and educational contexts (Barker 2000). The Tidal Model guides nurses’ practice in order to facilitate a high level of engagement with patients. It incorporates both individual and group processes. A patient’s narrative is

The Tidal Model has been implemented in Rangipapa, a regional secure mental health forensic unit in New Zealand. A phenomenological study was undertaken to obtain reflective description of the nursing care experience from the perspective of four Registered Nurses and four Special Patients. Five major themes were identified that appeared to capture the experiences of the participants. The themes show changes to the unit’s unique culture and values following implementation of the model. These changes engendered a sense of hope, where nurses felt they were making a difference and patients were able to communicate in their own words their feelings of hope and optimism. Levelling was experienced as an effect emerging from individual and group processes whereby a shift in power enhanced a sense of self and connectedness in their relationships. These interpersonal transactions were noted by the special patients as being positive for their recovery. This enabled effective nurse–patient collaboration expressed simply as working together. The participants reported a feeling of humanity, so that there was a human face to a potentially objectifying forensic setting. Implications arising from this study are that the use of the model enables a synergistic interpersonal process wherein nurses are professionally satisfied and patients are validated in their experience supporting their recovery.

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central to assessments, care planning and documentation, enabling the nurse to personalize care.

The Model’s development is relatively recent, and published evaluations (Stevenson et al. 2002, Stevenson & Fletcher 2002) of its clinical effectiveness remain limited. The purpose of this study was to explore the experience of the Tidal Model by eliciting viewpoints from the two groups who directly experience the model: the Registered Nurses (RN) who used this model in their practice, and the Special Patients’ who had experienced the nursing care delivered using this model. Of further interest the study sought to investigate if Special Patients or RNs had noted problematic issues. Given that the Tidal Model was developed within the United Kingdom (UK), we also wanted to find out if there were issues that may be particular to a New Zealand context.

Methodology

The methodology for this study is informed by Van Manen (1990) hermeneutic phenomenology which seeks to describe the lived experience of social phenomena acknowledging the values and meanings that people attribute to their own existence. Van Manen set out four processes: firstly, the researcher turns to the nature of the lived experience and orients to the phenomenon; then investigates the experience as it is lived; followed by a thematic analysis and finally, reflection upon essential themes. The art of writing and rewriting refines the phenomenon to be identified and articulated. Given the rich and detailed data obtained through this approach, we limited the number of participants to four RNs, who chose the pseudonyms of Connor, Vanessa, Muffy and Bridget and four Special Patients, who chose Jane, Ruth, Max and Bernie. The interview process honoured the participatory objectives of the Tidal Model by providing the option for participants to write their own responses or have one of the researchers take summary notes. Interviews were semi-structured and nurses and patients responded to the same topics.

To interpret the data we analysed the interview notes individually, then met, brainstorming, questioning, and considering the issues from many different perspective’s eventually identifying five key themes. We wrote these up in summary form returning these to the participants for verification and comment. With agreement from the participants we finally wrote detailed descriptions of each theme.

Ethical approval

Approval for this study was obtained from Capital Coast District Health Board and the Wellington Regional Ethics Committee. The Kaumātua (Māori Elder) and the Consumer Adviser provided support for this study. Particular care was taken by the researchers to ensure that the Special Patients were not obligated to participate. The nature of the rich descriptive data used in this study and the study location being known the possibility of identification and the means to protect identities was explicitly discussed with all participants. Consequently, care has been taken to use pseudonyms and exclude or omit identifying data.

Themes

The analytical process identified five key themes common to both RNs and Special Patients: hope, levelling, relationships, working together and human face. Descriptions of each theme draw on responses from both groups of participants.

Consistent with Van Manen’s hermeneutic phenomenology, these themes are dynamic, interdependent, and contextual.

Hope

Hope gives a view of the future that creates optimism and an expectation of positive outcomes. Hope is a belief that life has a purpose and a meaning. Watson (1979) has stated that nurses demonstrate caring when they instil faith and hope in patients to supplant discouragement and despair. An instillation of hope is the first and most important factor for those experiencing mental illness; as Shives (1994) puts it: ‘It gives people the belief they can find help and support that is realistic and within time their problems will be resolved’ (p. 156).

For Jane, the model’s emphasis on personal change maintained her hope as a Special Patient. Similarly, Bernie, found that hope was engendered by feeling involved in the process of getting well, while Max described the Tidal Model process as really neat, it was important for me to participate in what was going on.

The Tidal Model also provided hope for the nurses.

The Tidal Model supported me as a professional. (Connor)

It gives the patient an opportunity to say to the nurse you are getting it right. (Vanessa)

The quality and enjoyment of my work was positively affected by the model. (Muffy)

Through the Tidal Model, a relationship is developed that mobilizes hope for the nurse as well as the patient.

The title ‘Special Patient’ was the preferred choice of all four patients rather than other titles. This is the term that has been used within this report.
Levelling

Levelling is about experiencing a change in interpersonal power and control. Both Special Patients and RNs commented upon the issue of power within nurse–patient relationships. The term levelling was used to describe a profound, real, and positive change, from one in which nurses maintained boundaries of separateness and control, to one in which patients are accepted by RNs as active participants in their own recovery process. One change identified by patients is that RNs are seen to let go of a certain degree of distance.

The one thing I like is that it involves nurses talking about themselves. It can be a levelling exercise. (Max)

This is a shift from nurses ‘being on the other side of the fence, . . . divided’ (Max), to one in which the relationship is reciprocated. Nurses could be ‘quite personal’ (Ruth) and were seen to be ‘side to side with us, rather than being on the other side’ (Ruth).

[Levelling] involves nurses talking about themselves . . . so we can see that we have a lot in common; likes, dislikes, funny things that have happened. (Max)

The Special Patients felt the Tidal Model empowered them to speak directly to the health care team whereas nurses’ were previously gate-keepers, mediating communication between patients and the team. The four RNs similarly noted a corresponding de-emphasis of positional power and greater use of a facilitative approach to nursing care. Vanessa observed that using the Tidal Model was more ‘collaborative and not prescriptive’. Bridget observed that previously it was the illness that was the focus of her nursing intervention whereas the focus was now upon the person. The four RNs also reported that the use of narrative and collaborative writing processes in the Tidal Model approach to documentation was a strong influence in this regard. Connor summed this up, saying that

It empowers the patient when they are writing for the Tidal Model. It tells them we care about what they are saying [and that] we are interested.

Relationships

Relationships are about the way people deal with one another. When we judge the nature of relationships we are describing how well the social needs of inclusion, control and affection are met (Benner & Wrubel 1989). The Tidal Model was reported by both RNs and Special Patients to have influenced their relationships with each other.

Relationships were valued by the patients in multiple ways:

by reiterating points made, I am affirming to the other person I understand them, I am cementing it in my own mind and able to practice what I have learnt [from the Tidal Model] to aid my relationships. (Ruth)

For Bernie, the Tidal Model provided:

more personal interaction. It is nice to have someone ask about my needs.

In discussing what was helpful for her about the changed relationship, Jane reported that:

rather than coming away feeling I am just another client, you feel as though you matter.

Nurses identified important qualities to their relationships with Special Patients such as respect, empathy, being open, energized and being available.

A client was very guarded in everything. After putting the tidal model to her she became very open. It empowered her and she became easier to work with. (Vanessa)

The are changes in the nurses using the Tidal Model. We all tend to show a much more holistic approach. (Connor)

Participants identified the individual work they did together as a critical part of the process and an enhancement on their previous experiences. Similarly, the Tidal Model group work was also reported as having a supportive impact upon nurse–patient relationships from a holistic viewpoint.

Working together

The theme of working together captures the investment of self in the shared endeavour of individual and group work co-creating assessments, goals, plans and potential solutions. Many patients experience their illness and hospitalization as a time when they are in serious trouble and are burdened by personal crisis. Their experience of nursing care is influential for recovery. Each of the Special Patients was able to compare previous experiences where the Tidal Model was not used, for instance:

the tidal model process provides a safe environment to discuss my identity and needs. (Ruth)

Ruth also put ‘working together’ into the longer-term context of a forensic unit:

we all need to feel as though we are working in a communal situation for our own gain. (Ruth)

Jane seemed to capture the significance and relational nature of this theme saying that she thought the ‘amount of one to one’ was indeed helpful and that the patient experience of the Tidal Model was:

a real intangible . . . Difficult to describe . . . Is a way of modelling ‘hey you too could be involved’, [that it was] an approach to nursing that is qualitatively different. (Jane)

The positive views of Patients about working together were similarly voiced by the RNs. Vanessa states that using the Tidal Model there is
a lot more collaboration with the client. Client care is easier because it is client led.

The Tidal Model also provided RNs a fresh look at their way of practising:
the model makes you look at the client’s needs differently . . . the purpose of the Tidal Model is to work alongside with the client telling what care they need. (Bridget)

Muffy also states that the Tidal Model allows you:
to work with the patient on how they see their problems, and work with patients, not always on illness, but on the positive things they have at times of crisis. (Muffy)

The theme of working together came through in the level and quality of participation in decision making. This has been described by Benner & Wrubel (1989) as presenting; to be with someone in a way that acknowledges or participates in the person’s experience.

**Human face**

The human face of nursing is acknowledged when the nurse does not stand outside the patients’ realm of experience; instead, they are seen standing alongside the patient. This is the ability to present oneself; to be with the patient in a way that acknowledges our shared humanity as the basis of nursing as a caring practice. (Benner & Wrubel 1989). Even though nursing intervention is frequently spoken of as caring, nursing can only be caring if it is experienced that way. This is the quintessence of the human face that Jane, one of the Special Patients, spoke of when discussing her experiences of care.

Yes. It has been a positive experience. Forensic psychiatry has a human face to it.

All four patient-participants appreciated the Tidal Model group work. Jane particularly noted the enthusiasm exhibited by the nurses in groups:
the nurses bring their own interests and personalities, which widen my thoughts.

Max also found that ‘the staff joked with the patients more; there was not such a divide’. He also valued ‘getting to know the staff better and seeing we are not so different after all’.

The nurses using the Tidal Model all had knowledge of the patient’s world and their issues. They expressed a strong belief that they were better able to work with Special Patients genuinely and empathically.

Previously you nursed the illness, with the Tidal Model it is focused on the person, it is more individual. (Bridget)

It feels like I am doing with, not doing to. I feel a lot more comfortable. (Vanessa).

Muffy stated that she liked hearing about the problems of Special Patients in their own words, listening to how it was for them. She viewed this as an ‘empathic approach’. This is different to listening for symptoms, but rather, hearing the person in a reciprocal process (Noddings 1984).

**Discussion**

**Participation and collaboration**

Our analysis showed that our participants found the Tidal Model enhances participation and collaboration within relationships. This supports the contentions of Barker (2000) who have argued that empowering interactions, in which the person is genuinely regarded as an expert in their own lives, enhances therapeutic outcomes. The Special Patients reported being involved in their own recovery processes whereby they could access their own resources, including the involvement of family (whanau), in their journey. The experience of collaboration as being genuine was clearly expressed through the themes of levelling, relationships and working together.

Nonetheless, there is a continuing potential for tensions to arise between a nursing model premised on collaboration and empowerment within a forensic setting. Participants however, expressed the engendering of hope and a human face within a potentially objectifying forensic setting and attributed this to changes brought about by the use of the Tidal Model.

The collaborative activity whereby nurses and patients together uncover the person’s story through the use of narrative was appreciated as a very personal and consequently, a validating process. Being able to write in their assessments and plans, holding copies of this documentation provided an experience of real control and freedom with greater levels of engagement. The process enabled Special Patients to choose and own their goals for recovery, increasing the possibility of their achievement.

**Implications for nursing practice and research**

Moyle (2003) has argued that enacting effective therapeutic relationships requires deliberate thought and activity on behalf of mental health nurses. Her study challenges the assumption that the facilitation of therapeutic relationships can be taken as automatic or a given in mental health nursing practice and calls for the exploration of new practice models to address this need. This view is supported by Geanellos (2002) who argues that relationships experienced as therapeutic may be deeper and more complex than what might be thought to constitute a ‘professional’ relationship.

The results from this study suggest that the Tidal Model can meet this challenge through an explicit relationship-building and values-based approach. The RN-participants
report that the Tidal Model has supported their nursing practice in a way that facilitates the development of effective therapeutic relationships. Furthermore, they believe that their practice was validated and supported in a way that was professionally satisfying. It is likely that a model of practice in which professionals feel satisfied will be sustainable in ‘real world’ practice.

As an explicitly values-based model, it is plausible that the adoption of the Tidal Model has caused wider changes to the forensic unit’s unique culture and values. The positive findings of this study may therefore be dependent on a shift in the milieu of the unit.

A unique aspect of our study was to adopt the collaborative writing approach in the research interviews that both the RN and Patient-participants were already familiar with through the Tidal Model. Such an approach to interview and note-taking style maintained congruency with the philosophical underpinning of the Tidal Model. It was a readily accepted choice for our research methodology as it immediately built in a familiar process of informant data checking. Our research approach also offered the opportunity for both RNs and Special Patients to respond to the same topics using the same interview style. This was viewed by the researchers as a unique opportunity. An unanticipated outcome for us as researchers was the exciting realization that our analysis showed that both groups of participants were consistent about the impact of the Tidal Model within the forensic context in which it was implemented.

Conclusion

This study contributes to the emerging international evaluation of the Tidal Model by addressing how the model is experienced within a forensic New Zealand context. Published UK studies have tended to focus on measurable outcomes rather than the reported experience of those that it most directly impacts upon: nurses and patients. While of small scale and context-specific, this study is nonetheless significant in that related benefits were experienced by our participants, who work and recover in a different context to that of earlier UK studies (Stevenson et al. 2002, Stevenson & Fletcher 2002).

The results of this phenomenological study show that the four RNs and four Special Patient’s report that they had gained various positive benefits from their experiences of working with the Tidal Model. This study describes the experiences of RNs working with the Tidal Model and the lived experience of nursing care reported by Special Patients in a forensic unit. These patients considered that their experiences of Tidal Model nursing care assisted them to make steps towards recovery and supported the involvement of their family/whanau. The nurses also reported that the Tidal Model supported their nursing practice in a way that improved their professional satisfaction. This is supported by Benner (1984) who says that when nurses think their interventions make a difference in patient progress it is a healing relationship.

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