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CREATING A VOICE FOR PSYCHOLOGICAL PAIN IN HEALTHCARE SETTINGS: IMPLICATIONS FOR NURSING

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Abstract

This article attempts to lay down current knowledge and approaches to psychological pain in the context of nursing. Nurses, being the frontliners in several healthcare settings, can have a major role in formulating future interventions and innovations in addressing psychological pain and mental health, as a whole. This paper aims to provide a picture of what psychological pain can look and feel like and how it impacts the individual's overall health status across various dimensions and the healthcare system in general. A proposed model of nursing care that outlines direct, indirect, and collaborative nursing approaches is presented in this article. To further understand pain, cases based on real-life situations with proposed theoretical guiding frameworks are included. Reasons why a bold focus is recommended and needed for psychological pain are presented. Finally, challenges and future directions for nursing education, practice, and research are discussed.

Keywords: Psychological pain, nursing care for psychological pain, nursing, healthcare

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Psychological pain refers to the subjective mental or emotional discomfort, distress, or suffering that an individual experiences as a result of internal psychological struggles and conflicts, such as trauma, loss, or social isolation [1]. It is also referred to as "emotional pain", "inner pain", or "mental pain", which encapsulates a vast array of mental and emotional types of distress. It is complex and multifaceted, and within the context of modern nursing and psychological research, it can manifest in a wide range of symptoms, including anxiety [2], depression [3], shame and guilt [4], low self-esteem [5], loneliness [6], and emptiness and suicide ideation [7]. Psychological pain can be caused by a variety of issues, including traumatic experiences, relationship problems, mental health conditions, and life transitions [8].

Psychological pain has also been linked with physiological changes in the brain. It was found that areas of the brain involved in emotional processing and pain perception were activated when individuals experienced psychological pain [9]. Additionally, research by Galbally and colleagues [10] suggests that psychological pain can lead to changes in the expression of genes related to inflammation and immune function, potentially contributing to the development of various health conditions. In a meta-analysis, it was found that high psychological pain levels are associated with suicide ideation and acts [11] and are even considered as the core of suicidality [12]. Considering its health impacts, it is important to seek professional help if psychological pain persists and interferes with daily functioning. Currently, psychological pain assessments and interventions are provided by psychologists, psychotherapists, counselors, and very rarely, nurses [13], [14], [15].

This paper presents theoretical underpinnings, real-life cases of psychological pain, a proposed nursing care model for psychological pain, challenges in addressing psychological pain, as well as implications for

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nursing education, research, and practice. This article is an initial attempt to draw attention toward the roles of nurses, as primary healthcare frontliners, in the assessment and management of psychological pain.

2. Theoretical Underpinnings

Psychological pain can stem from a range of factors, including mental health disorders, such as depression and anxiety, past traumas, and stressful life experiences. Understanding the complexity of psychological pain is crucial in providing meaningful care to patients. Nursing theories have been instrumental in providing a framework to understand the nature of psychological pain and manage patient outcomes. A number of nursing theories have emerged to help nurses understand psychological pain on a deeper level, including Roy adaptation model, self-care requisites theory, theory of human caring, holistic and integrative nursing, and the transtheoretical (Stages of change) model.

The Roy Adaptation Model was developed by Sr. Callista Roy in the 1970s. The model stipulates that patients are dynamic beings that interact with their environment [16]. This approach encourages nurses to observe and identify factors that contribute to a patient's psychological pain while assessing patients within the context of their environment. Self-care theory is focused on helping nurses understand how a patient's self-care habits affect their health outcomes [17]. Nurses using the self-care requisites theory must prioritize patient education and teach patients how to take care of themselves physically and mentally [18].

The theory of Human Caring emerged from nursing theorist and philosopher, Jean Watson. The theory prioritizes the nurse's ability to connect with a patient on a personal level [19]. In the context of psychological pain, the theory of Human Caring approaches patients with empathy and love. This is especially important when caring for patients who have experienced past traumas, as the approach ensures the patient feels supported and valued, which can improve their psychological well-being.

In these contemporary times, the role of nurses in addressing psychological pain is further supported by a rising trend in Holistic and Integrative Nursing [20]. Since the 1700s, nursing has incorporated healing and natural therapies such as herbal oils, herbs, and teas [20], [21]. The foundation of nursing education has always been about the whole person addressing physical, psychological, emotional, cognitive, sociological, and spiritual aspects of the human being. Florence Nightingale, the founder of modern nursing, exemplified the holistic principles in her practice and teachings by emphasizing the role of clean air, clean water, and a safe and comfortable environment in optimizing health work as healthcare front liners, spending the majority of their time with patients in the provision of care [22].

Finally, the Transtheoretical Model (TTM) also known as Stages of Change can be a useful guide in nursing practice for addressing psychological pain [23]. Racal and colleagues [24], proposed nursing approaches for patients with mental health challenges according to TTM in order to provide interventions depending on the need and ‘readiness to change’ of the individual.

Nurses may use multiple nursing theories, such as the above, in their approach to delivering care while considering the complexity of psychological pain. This approach will ensure that patients with psychological pain receive the best possible care.

3. The Faces of Psychological Pain and Potential Theoretical Guiding Frameworks

CASE 1: The conflicted gender

James, 25 years old, has been on and off with antidepressant medications that he started taking three years ago. His depression and anxiety symptoms started when he got married three years ago. In the nurse’s conversation and assessment with James, it was revealed that he had been suffering emotionally for years because of something he could not really pinpoint until he got married. Being gay, realizing this has led him to feel depressed for years. He has also attempted suicide twice.

He fears coming out and revealing his preferred sensual preference since his very conservative family may not accept him.

Growing up a very religious man, he may no longer be accepted by his church once he comes out as gay. On top of this, he is currently married, and divorce is illegal in the country. While married, James got involved in an affair with another man. James has verbalized how he has suffered psychologically for years in regard to his situation. He has been and is in deep pain about his situation, and it is ruining his mental health and the life that he knows.

CASE 2: The 'empty-nest' syndrome

Mrs. Smith, 67 years old, is a mother of four children. Mrs. Smith lost her husband five years ago, and since then, she has lived alone at her home. Her children are currently working abroad and are busy with their families and personal lives. Mrs. Smith admits to feeling extremely lonely. In her loneliness, she found a boyfriend who is 30 years younger than her, and it appears he wants her money more than the relationship itself. Mrs. Smith is aware of this, however, having this man is her way to relieve emotional pain. After a year in this relationship, her son lost his job so he decided to stay with her. Mrs. Smith decided to cut the relationship with this man and focus more on her son. Her son, however, has been verbally and physically abusive to her which resulted in bringing her more emotional suffering. Two years later, Mrs. Smith was admitted to a hospital due to chest pain, loss of appetite, cold clammy skin, and weakness. Upon admission, it was found that Mrs. Smith suffered from a heart attack. When the nurse asked her perception of the cause of this condition, Mrs. Smith, without a doubt replied, "I am sad, I am hurt…I have suffered all my life. I cry every day. My life is so hard."

CASE 3: The traumatic childhood experience

Janice, 37 years old, has been in and out of relationships. She badly wanted to get into a healthy relationship, get married, and have a family of her own. She does not understand why her previous relationships did not work. She swings from being too needy to totally avoiding one. She does not understand why it is so hard for her to trust someone in a relationship. When she is heartbroken, which sadly happens often, she would sleep with different men to relieve her pain. Janice went to a psychotherapist, and in one of the sessions, it was revealed that Janice had been sexually abused as a child by her own father. Her mother knew about it, but she stayed silent to keep the family intact. Janice has repressed these horrible memories, and she has realized how painfully traumatic her childhood experience was, which is possibly affecting her current relationships.

In the real-life cases presented above, it can be inferred that psychological pain caused by different life events is related to and may lead to mental health problems, such as depression and suicide ideation (case 1), physical illness (case 2), and psychological trauma (case 3). The following paragraphs present potential theories that can serve as guiding frameworks in addressing the cases presented above.

For case 1, one of the theories appropriate to apply in nursing care for someone experiencing psychological pain due to gender conflict and confusion is Jean Watson's Theory of Human Caring [25]. Firstly, Watson's theory underlines the critical essence of a caring relationship that is built on mutual respect and empathy [25]. Nurses must understand the unique experiences of individual grappling with gender identity issues by actively listening to their concerns and validating their emotions. An environment of trust can foster open dialogue about their feelings and concerns, allowing for appropriate and tailored care interventions. Secondly, the theory highlights the importance of nurturing individual beliefs and practice of caring-healing, which would involve aligning care strategies with patients' needs and their perspective of health [25]. For instance, simply asking patients about their preferred gender pronouns and adequately addressing them as such can validate their identity and minimize feelings of isolation and anxiety [26].

For case 2, The Roy Adaptation Model (RAM) is a useful theoretical framework for assessing and supporting individuals undergoing psychological pain due to psychosomatic illness brought on by stressful family environments and the loneliness associated with losing a spouse. This model proposes that health is reached through positive responses to environmental changes or stressors [16]. Firstly, RAM dictates the assessment of behavior in four modes: physiological, self-

concept, role function, and interdependence [27]. This assessment includes identifying the internal and external stimuli affecting the patient, such as losing a spouse or living in a stressful family environment. Understanding their effects on the patient's psychosomatic symptoms would provide insights into adaptive responses necessary to restore balance [28]. In terms of self-concept mode, the loss of a spouse could lead to a change in the person's identity and feelings of worthlessness and loneliness. Nursing interventions should aim to rebuild the patient's self-concept, perhaps through therapies that encourage self-expression and validation of the patient's feelings. The role function mode emphasizes the individual's social roles and can be negatively impacted by social isolation after losing a spouse and stressful family dynamics. Adaptive strategies here may include social support groups or family therapy allowing for expression of feelings and understanding of each person's role in the family dynamic. In the interdependence mode, the focus is on the importance of relationships and support systems. Nurses could encourage maintaining relationships with supporting and caring individuals and participating in grief counseling.

For case 3, Sigmund Freud's psychoanalytic theory and trauma theory are typically used as frameworks in understanding and treating the psychological impacts of childhood sexual abuse leading to relationship and sex addictions [29]. Psychoanalytic theory suggests that traumatic experiences like childhood sexual abuse can profoundly impact a person's mental state, often leading to manifestations like addictions. Applying psychoanalytic theory, a nurse may, for instance, explore the patient's unconscious thoughts and feelings that originated from past abuse, thereby assisting in bringing to light potential psychological conflicts affecting their current behaviors. Trauma theory also supplements psychoanalytic theory in this context. Childhood sexual abuse is a critical traumatic event causing dysfunction in numerous realms, including relationships and sex addictions [30]. Nurses may use interventions based on this model like Trauma-focused Cognitive Behavioral Therapy, which helps recognize unhealthy behaviors and develop more adaptive responses, and Eye Movement Desensitization and Reprocessing Therapy in the holistic treatment planning [31]. Ultimately, nursing care using these theories should involve a non-judgmental and empathetic stance, and provide a safe environment aiming at the healing, acceptance, and empowerment of the individual.

In addition to the real-life cases and potential use of theories presented above, the next section presents a proposed guide of nursing care for psychological pain based on existing and current nursing practice (figure 1). Nursing care recommendations for psychological pain can be divided into three categories: direct, indirect, and collaborative (figure 1).

Direct nursing care involves the utilization of core concepts in nursing including, but not limited to, the use of the nursing process which includes assessment, diagnosis, planning, intervention, and evaluation, can be effectively used to manage psychological pain. Initially, nurses conduct comprehensive assessments to recognize the signs and symptoms of psychological pain, fetching information about the patient's perception of pain, history, physical and mental health symptoms, and coping mechanisms. Nurses can use standard screening tools or clinical interviews to determine potential mental health issues. Based on the gathered information, they formulate a nursing diagnosis identifying the patient's specific mental health needs. Subsequently, nurses develop individualized care plans detailing interventions tailor-fit to the patient’s unique condition. These interventions could include therapeutic communication, counseling, cognitive-behavioral techniques, psychoeducation, or referral to psychiatric professionals [32]. Finally, by continually evaluating the patient's response to interventions, nurses can adjust the care plan as required to ensure optimal outcomes [33].

4. Proposed Guide of Nursing Care for Psychological Pain

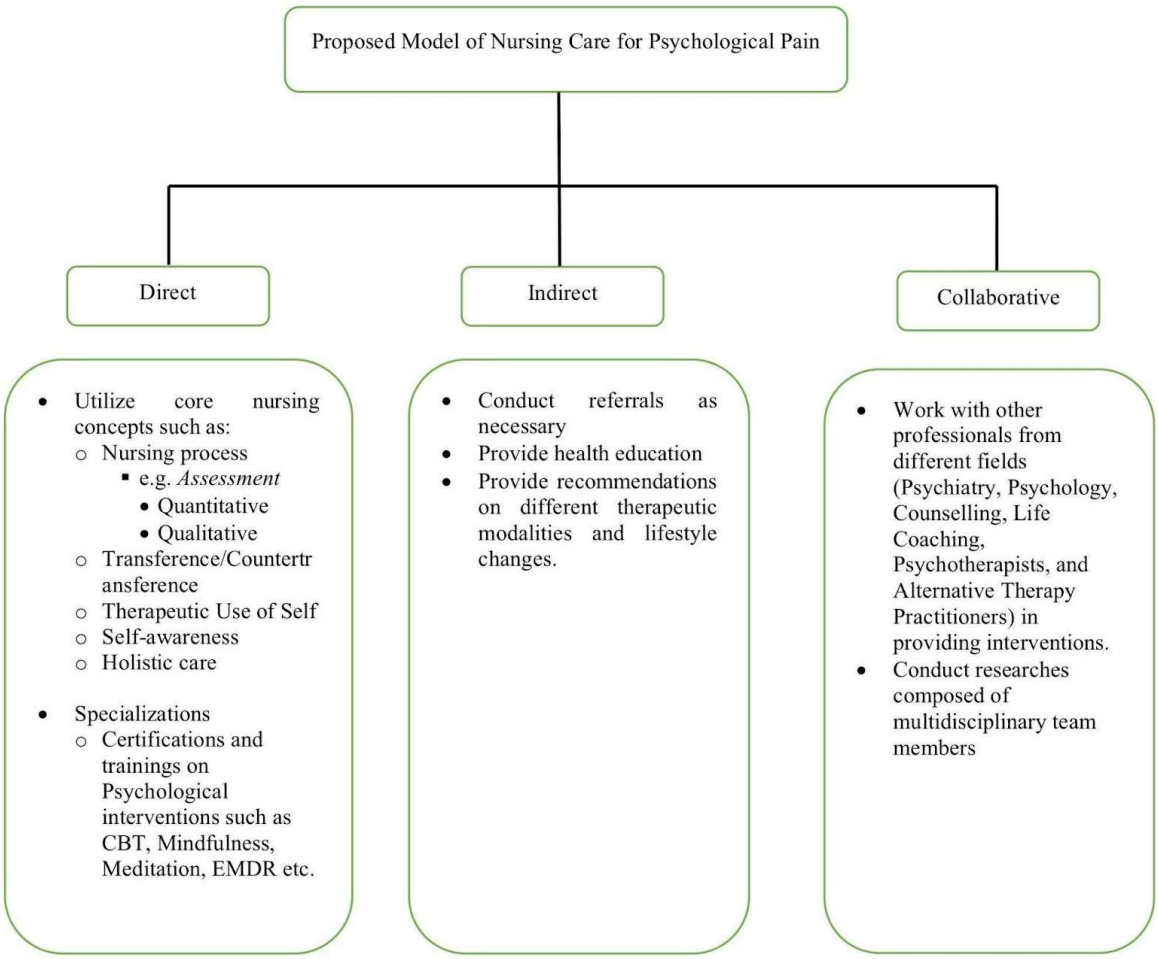

Figure 1. Proposed Model of Nursing Care for Psychological Pain

Under the assessment process, individuals with psychological pain can benefit from both quantitative and qualitative pain assessment. Several instruments can be used in quantitative psychological pain assessment which can be adopted from existing physiologic pain assessment tools. For instance, the common tools used for symptom assessment of physiologic pain are 1**.** (OLD CARTS)- Onset, Location, Duration. Characteristics, Aggravating factors, Relieving factors, Treatments (and response), and Severity; and 2**.** The Pain, Enjoyment of Life, and General Activity (PEG) Scale [34**]**. These tools can be adjusted for use in psychological pain assessment.

As for the qualitative assessment of psychological pain, this can be more difficult since the process can be abstract. It can range from identifying how the psychological pain can look and feel to empathetically tuning in to how the individual feels. For the latter, a core skill and role that the nurse needs to develop is "holding space". "Holding space" means being physically, mentally, and emotionally present for someone. It means putting your focus on someone to support them as they feel their feelings [35**]**. In nursing, holding space is under the umbrella of the term "Therapeutic Use of Self". The caveat of this process, however, is that this may trigger transference and countertransference in both the nurse and the individual. This transference and countertransference elicited reactions may aggravate the psychological pain experience, such as when a catharsis occurs. In such cases, self-awareness

is of primary importance. Self-awareness does not only include 'understanding the self', but also processing one's own psychological pain experiences [36].

In addition to these core nursing concepts, nurses can also go for further studies, and achieve specializations whereby they can provide direct interventions to individuals with psychological pain. Courses and certifications on modalities that have been found in several studies to be efficient in alleviating psychological pain can be a good addition to the existing nursing license. This includes, but not limited to, Cognitive Behavioral Therapy (CBT) [37], Yoga with meditation [38], Acceptance and Commitment Therapy (ACT) [39], and integrative nursing [40].

Indirect nursing care does not involve direct intervention from nurses. This rather includes referrals, providing health education and options, and recommendations to individuals who seek relief from psychological pain. Nurses can also act as consultants and healthcare managers as they oversee the entire therapeutic regimen for the client. The documentation, advocacy, and care coordination may help individuals suffering from psychological pain by developing a therapeutic environment that aids patient recovery. Detailed and accurate documentation can ensure that the healthcare team fully comprehends the patient's condition and mental health needs. Advocacy can ensure that patients can access the necessary resources, while care coordination can assure a seamless continuum of interventions tailored to patients' unique mental health needs.

In collaborative nursing care, nurses can work with other disciplines to address the holistic needs of the client in relation to the psychological pain experience. Nurses can collaboratively prepare a plan of care, and hold educational seminars, workshops and research with a multidisciplinary team. It involves the combined efforts of a diverse team of healthcare professionals. This approach allows for a comprehensive understanding of a patient's psychological pain and the development of a multifaceted care plan that addresses physical, psychological, and psychosocial facets of recovery [41].

5. Challenges in Addressing Psychological Pain

Challenges in addressing psychological pain include, but is not limited to, a) limited time: nurses often have tight schedules that require them to attend to several patients simultaneously, limiting the time they have to address psychological pain; b) limited training: though significant strides have been made in nursing education, some programs do not prepare nurses extensively to handle psychological pain; c) social stigma: patients may feel reluctant to talk about their psychological pain because they fear that the nursing staff may judge them negatively or label them as weak or unworthy; d) communication barriers: nurses may have trouble assessing a patient's psychological pain if the patient speaks a different language or has hearing or speech impairments; e) lack of resources: nurses may be unable to provide comprehensive psychological care due to limited resources, such as mental health professionals, medications, or facilities; and f) countertransference: consoling patients who experience severe loss can test the nurses' emotional fortitude, particularly when countertransference occurs. Addressing psychological pain is a challenge for nurses because it requires them to be compassionate, patient, and emotionally stable while keeping up with other essential care duties.

6. Future Directions for Nursing Education, Nursing Practice and Nursing Research

One change that can be made in nursing education, practice, and research is to address psychological pain in patients by incorporating modules on the assessment and management of psychological pain in the curriculum. In terms of nursing practice, one change can be made by creating a standardized nursing practice guideline, such as in Figure **1**, and formulating standardized assessment and screening tools for psychological pain that nurses can use in all healthcare settings. In addition, nurses can also focus on increasing the use of non-pharmacological interventions for psychological pain management. Non-pharmacological interventions, such as music therapy and mindfulness-based interventions, can be effective in reducing psychological and physiological pain in patients. Implementing these interventions in practice can lead to better pain management outcomes and an overall improvement in patient well-being [42].

7. Summary and Conclusion

Psychological pain, also called emotional pain, is the type of pain that affects one's mental, emotional, and even physical well-being. It can be caused by a variety of reasons, including trauma, grief, anxiety, and depression. As nurses, it is important to recognize and understand psychological pain and to provide the best care possible for patients.

One of the biggest challenges of treating psychological pain is that its symptoms are often not visible or measurable. Unlike physical pain, which can be quantified through medical tests, psychological pain must be identified through communication and observation. Nurses must develop skills in active listening and empathy, as well as effective communication strategies to help their patients identify and express their emotional struggles.

A crucial element in helping patients manage psychological pain is to provide a safe and supportive environment. Nurses must offer reassurance, validation, and empathy to patients, as well as create a space where patients feel comfortable and heard. This may involve listening to patients' stories, creating opportunities for patients to express their emotions, or simply being present with patients in their pain.

In addition to offering emotional support, nurses can also utilize a range of interventions to help manage psychological pain. These may include cognitive-behavioral therapy, relaxation techniques, mindfulness practices, and medication management. Nurses may work closely with mental health professionals to create individualized treatment plans and provide ongoing support and guidance.

Nurses may also play a role in helping patients build resilience and cope with psychological pain in a healthy way. This may involve education in stress management, lifestyle changes, and self-care techniques. Nurses can also help patients identify their strengths and build a sense of purpose and meaning in their lives, which can be powerful tools for overcoming emotional struggles.

In conclusion, psychological pain is a complex and challenging issue that affects millions of people worldwide. As nurses, it is critical that we understand the causes and symptoms of psychological pain, as well as the most effective interventions and strategies for managing it. By offering compassionate care and support, utilizing evidence-based practices, and helping patients build resilience, nurses can make a meaningful impact in the lives of those struggling with emotional pain.

Conflict of Interest

The author has no conflict of interest.

References

[1] P. Medeiros *et al.*, "Physical, emotional, and social pain during COVID-19 pandemic-related social isolation," *Trends in Psychology*, Mar. 01, 2022. http://dx.doi.org/10.1007/s43076-022-00149-8 (accessed Mar. 16, 2023).

[2] R. L. Woodgate, P. Tennent, S. Barriage, and N. Legras, "The lived experience of anxiety and the many facets of pain: A qualitative, arts-based approach," *Canadian Journal of Pain*, vol.4, no. 3, pp. 6–18, Sep. 2020, doi: 10.1080/24740527.2020.1720501.

[3] M. Cepoiu-Martin, H. Tam-Tham, S. Patten, C. J. Maxwell, and D. B. Hogan, "Predictors of long-term care placement in persons with dementia: a systematic review and meta-analysis," *International Journal of Geriatric Psychiatry*, vol. 31, no. 11, pp. 1151–1171, Apr. 2016, doi: 10.1002/gps.4449.

[4] M. Wyder *et al.*, "Nurses experiences of delivering care in acute inpatient mental health settings: A narrative synthesis of the literature," *International Journal of Mental Health Nursing*, vol. 26, no. 6, pp. 527–540, doi: https://doi.org/10.1111/inm.12315.

[5] Y. Budiarto and A. F. Helmi, "Shame and self-esteem: A meta-analysis," *Europe's Journal of Psychology*, vol. 17, no. 2, pp. 131–145, May 2021, doi: 10.5964/ejop.2115.

[6] J. Domènech-Abella *et al.*, "Loneliness and depression in the elderly: the role of social network," *Social Psychiatry and Psychiatric Epidemiology*, vol. 52, no. 4, pp. 381–390, Feb. 2017, doi: 10.1007/s00127-017-1339-3.

[7] X. Li *et al.*, "A longitudinal study testing the role of psychache in the association between emotional abuse and suicidal ideation," *Journal of Clinical Psychology*, vol. 75, no. 12, pp.

2284–2292, Aug. 2019, doi: 10.1002/jclp.22847.

[8] H. Comtesse, V. Ertl, S. M. C. Hengst, R. Rosner, and G. E. Smid, "Ecological grief as a response to environmental change: A mental health risk or functional response?," *International Journal of Environmental Research and Public Health*, vol. 18, no. 2, p. 734, Jan. 2021, doi: 10.3390/ijerph18020734.

[9] L. Cordier, X. Fuchs, S. Herpertz, J. Trojan, and M. Diers, "Synchronous stimulation with light and heat induces body ownership and reduces pain perception," *The Journal of Pain*, vol. 21, no. 5–6, pp. 700–707, May 2020, doi: 10.1016/j.jpain.2019.10.009.

[10] M. Galbally *et al.*, "Maternal perinatal depression, circulating oxytocin levels and childhood emotional disorders at 4 years of age: The importance of psychosocial context," *Journal of Psychiatric Research*, Nov. 2020. http://dx.doi.org/10.1016/j.jpsychires.2020.07.010 (accessed Mar. 16, 2023).

[11] D. Ducasse *et al.*, "Psychological pain in suicidality: A meta-analysis," *The Journal of Clinical Psychiatry*, vol. 78, no. 3, Aug. 2017, doi: 10.4088/JCP.16r10732.

[12] J. L. Ordóñez-Carrasco, I. C. Guirado, and A. J. Rojas-Tejada, "Entrapment and psychological pain as proximal variables of suicidal ideation: Study of moderation," *unknown*, Oct. 18, 2020 https://www.researchgate.net/publication/344728716_Entrapment_and_Psychological_Pain_as_Proximal_Variables_of_Suicidal_Ideation_Study_of_Moderation

[13] K. C. Lewis, E. W. Good, J. G. Tillman, and C. J. Hopwood, "Assessment of psychological pain in clinical and non-clinical samples: A preliminary investigation using the psychic pain scale," *Archives of Suicide Research*, vol. 25, no. 3, pp. 552–569, Feb. 2020, doi: 10.1080/13811118.2020.1729914.

[14] J. Yager, "Addressing patients' psychic pain," *American Psychiatric Publishing*, Oct. 01, 2015. https://www.researchgate.net/publication/282425693_Addressing_Patients%27_Psychic_Pain

[15] E. L. Meerwijk and S. J. Weiss, "Utility of a time frame in assessing psychological pain and suicide ideation," *unknown*, Jun. 22, 2017. https://www.researchgate.net/publication/317818776_Utility_of_a_time_frame_in_assessing_psychological_pain_and_suicide_ideation

[16] A. Tk and S. Chandran, *Callista roy: Adaptation theory*. Jaypee Brothers Medical Publishers (P) Ltd., 2017, pp. 108–108. Accessed: Mar. 16, 2023. [Online]. Available: http://dx.doi.org/10.5005/jp/books/13072_12

[17] B. Basavanthappa, *Orem's self-care theory*. Jaypee Brothers Medical Publishers (P) Ltd.,2007, pp. 72–72. Accessed: Mar. 16, 2023. [Online]. Available: http://dx.doi.org/10.5005/jp/books/10558_5

[18] A. Younas, "A foundational analysis of dorothea orem's self-care theory and evaluation of its significance for nursing practice and research," *Creative Nursing*, vol. 23, no. 1, pp. 13 -23, 2017, doi: 10.1891/1078-4535.23.1.13.

[19] *Overview of watson's theory (10 caritas processes®)*. New York, NY: Springer Publishing Company, 2018. Accessed: Mar. 16, 2023. [Online]. Available: http://dx.doi.org/10.1891/9780826135568.0002

[20] L. Thornton, "A brief history and over view of holistic nursing," *Integrative Medicine: A Clinician's Journal*, vol. 18, no. 4, Aug. 2019.

[21] N. C. Frisch and D. Rabinowitsch, "What 's in a definition? Holistic nursing, integrative health care, and integrative nursing: Report of an integrated literature review - PubMed," *Journal of holistic nursing : official journal of the American Holistic Nurses' Association*, vol. 37, no. 3, Sep. 2019, doi: 10.1177/0898010119860685.

[22] *Florence Nightingale and her Times (1820–1910)*. Routledge, 2017, pp. 1–23. Accessed: Mar. 16, 2023. [Online]. Available: http://dx.doi.org/10.4324/9781315255194-1

[23] J. O. Prochaska and C. C. DiClemente, *The Transtheoretical Approach*. Oxford University Press, 2019, pp. 161–183. Accessed: Mar. 17, 2023. [Online]. Available:

http://dx.doi.org/10.1093/med-psych/9780190690465.003.0008

[24] S. J. Racal, B. Hengnalen, and O. Ketphan, "Transtheoretical Model (Stages of Change) and Its Potential Applications to Psychiatric and Mental Health Nursing Practice," *International Journal of Public Health and Health Sciences*, vol. 4, no. 2, pp. 1–8, Jun. 2022, doi: https://he01.tci-thaijo.org/index.php/ijphs/article/view/255223/173294.

[25] J. Watson, M. C. Smith, and W. R. Cowling III, "Unitary Caring Science: Disciplinary Evolution of Nursing," in *A Handbook for Caring Science*, New York, NY: Springer Publishing Company, 2018. Accessed: Jan. 12, 2024. [Online]. Available: http://dx.doi.org/10.1891/9780826133892.0002

[26] M. G. Gartland *et al.*, "Forensic Medical Evaluation of Children Seeking Asylum: A Guide for Pediatricians," *Pediatric Annals*, vol. 49, no. 5, May 2020, doi: 10.3928/19382359-20200421-01.

[27] Z. Farsi and S. Azarmi, "Effect of Roy's Adaptation Model-Guided Education on Coping Strategies of the Veterans with Lower Extremities Amputation: A Double-Blind Randomized Controlled Clinical Trial," *International journal of community based nursing and midwifery*, vol. 4, no. 2, pp. 127–36, Apr. 2016.

[28] M. J. S. FAAN PhD, RN, P. R. L. RN PhD, and R. D. C. CNE PhD, RN, NE-BC, *Middle Range Theory for Nursing*. Springer Publishing Company, 2023.

[29] J. Fuchshuber and H. F. Unterrainer, "Childhood Trauma, Personality, and Substance Use Disorder: The Development of a Neuropsychoanalytic Addiction Model," *Frontiers in psychiatry*, vol. 11, p. 531, Jun. 2020, doi: 10.3389/fpsyt.2020.00531.

[30] M. Cloitre, "The 'one size fits all' approach to trauma treatment: should we be satisfied?," *European Journal of Psychotraumatology*, vol. 6, no. 1, May 2015, doi: 10.3402/ejpt.v6.27344.

[31] A. Hudays, R. Gallagher, A. Hazazi, A. Arishi, and G. Bahari, "Eye Movement Desensitization and Reprocessing versus Cognitive Behavior Therapy for Treating Post-Traumatic Stress Disorder: A Systematic Review and Meta-Analysis," *International journal of environmental research and public health*, vol. 19, no. 24, p. 16836, Dec. 2022, doi: 10.3390/ijerph192416836.

[32] M. A. B. Helming, D. A. Shields, K. M. Avino, and W. E. Rosa, *Dossey & Keegan's Holistic Nursing: A Handbook for Practice*. Jones & Bartlett Learning, 2020.

[33] L. J. Carpenito, *Handbook of Nursing Diagnosis: Application to Clinical Practice*. LWW, 2016.

[34] A. M. Dydyk and S. Grandhe, "Pain assessment," *NCBI Bookshelf*, Jan. 29, 2023. https://www.ncbi.nlm.nih.gov/books/NBK556098/

[35] C. He, "The challenge of 'holding space' while holding the pager," *Current Psychiatry*, vol. 20, no. 7, Jul. 2021, doi: 10.12788/cp.0150.

[36] S. P. Rasheed, A. Younas, and A. Sundus, "Self-awareness in nursing: A scoping review," *Journal of Clinical Nursing*, vol. 28, no. 5–6, pp. 762–774, Oct. 2018, doi: 10.1111/jocn.14708.

[37] S. G. Hofmann, A. Asnaani, I. J. J. Vonk, A. T. Sawyer, and A. Fang, "The Efficacy of Cognitive Behavioral Therapy: A Review of Meta-analyses," *Cognitive Therapy and Research*, vol. 36, no. 5, pp. 427–440, Jul. 2012, doi: 10.1007/s10608-012-9476-1.

[38] M. C. Pascoe, D. R. Thompson, Z. M. Jenkins, and C. F. Ski, "Mindfulness mediates the physiological markers of stress: Systematic review and meta-analysis," *Journal of Psychiatric Research*, vol. 95, pp. 156–178, Dec. 2017, doi: 10.1016/j.jpsychires.2017.08.004.

[39] J. Swain, K. Hancock, A. Dixon, S. Koo, and J. Bowman, "Acceptance and Commitment Therapy for anxious children and adolescents: study protocol for a randomized controlled

trial," *Trials*, vol. 14, no. 1, p. 140, 2013, doi: 10.1186/1745-6215-14-140.

[40] M. J. Kreitzer, A. Weil, and M. Koithan, *Integrative Nursing*. Weil Integrative Medicine Libr, 2018.

[41] R. Jalil and G. L. Dickens, "Systematic review of studies of mental health nurses' experience of anger and of its relationships with their attitudes and practice," *Journal of Psychiatric and Mental Health Nursing*, vol. 25, no. 3, pp. 201–213, Feb. 2018, doi: 10.1111/jpm.12450.

[42] "American holistic nurses association," *American Holistic Nurses Association*, 2023. https://www.ahna.org/AmericanHolisticNursesAssociation/gclid/CjwKCAjw_MqgBhAGEiwAnYOAejgANemPG9qs9_0tx6DYhHCICGT4dDij7B3seIoSseWseiSe0HhhoCfjgQAvD_\BwE (accessed Mar. 16, 2023).