

Aspects of Patient Conducting in Nursing

Kornelia Helembai PhD

University of Szeged, Faculty of Health Sciences and Social Studies

Department of Nursing

e-mail: helembai@etszk.u-szeged.hu

Key words: patient conducting, aspects of patient conducting

Aim: The aim of this study is to introduce and offer aspects for patient conduction and its education for a better and safer nursing care.

Method and sample: The aspects focusing on the patient's losses, coping strategies, emotional status and on the attitude toward their sickness/nursing situation were defined by a qualitative research approach based on the results of the students' written work for practical exams (N=627), collected during the last decade.

Results: The aspects of patient conducting can be adopted effectively in education so that students are able to apply it consciously and in a right way in order to involve their patients.

Conclusion: Using the offered aspects of the conducting aspects, student can be prepared for the high quality and safe nursing care without which the cost effectiveness of the health care can hardly be achieved.

Recommendation: The nursing education and its contents need an urgent revision. Delaying innovation means postponing the improvement of nursing culture anticipated for the 3rd millennium.

Introduction

“Everyone has a role in making health care safe. That includes doctors, health care executives, nurses and many health care technicians. Health care organizations all across the country are working to make health care safe. As a patient, you can make your care safer by being an active, involved and informed member of your health care team.” The Joint Commission (JC), the largest health care accrediting body in the United States aims at the promotion of the quality and safety of health care organizations and patients as well. JC devotes a great attention to the prevention of health care errors, encouraging and expecting people's participation needed these services. The declared goal of the Speak Up™ program sponsored by JC is to help patients and their advocates become more informed and involved in their health care, giving advice on how health care mistakes can be avoided or the risk of them reduced:

“Speak up if you have questions or concerns. If you still do not understand, ask again. It is your body and you have a right to know. Pay attention to the care you get. Always make sure you are getting the right treatments and medicines by the right health care professionals. Do not assume anything. Educate yourself about your illness. Learn about the medical tests you get, and your treatment plan. Ask a

trusted family member or friend to be your advocate (advisor or supporter). Know what medicines you take and why you take them. Medicine errors are the most common health care mistakes. Use a hospital, clinic, surgery centre, or other type of health care organization that has been carefully checked out. For example, The Joint Commission visits hospitals to see if they are meeting The Joint Commission's quality standards. Participate in all decisions about your treatment. You are the centre of the health care team.”⁴

The realization of the involvement of patients into their caring process has several interacting factors. “Poor health literacy among the public is the kind of weak link that can undermine even the best health care system. Health literacy is a particularly low among the poor and uneducated. But it is not simply an issue of reading ability, nor is it necessarily based on a person's IQ. Research shows there are people from all ages and backgrounds — and all income and education levels — who run into problems because they're unable to understand their own medical information.”⁵

Recently other three causes were identified as dangerous influencing factors of getting appropriate treatment for the patient in time: “delays caused by lack of recognition of symptoms or not dealing with symptoms immediately, secondary delays caused by initial contact with nonemergency services, and

tertiary delays in which health service providers did not interpret the patients' presenting symptoms as suggestive of stroke."⁷

Approaching the problem of participation and involvement of the patients in their health care process and treatment from the other (professional) side, some questions emerge spontaneously: who urges the professionals for a more effective patient care, what are the indicators of the so called "appropriate communication"; how the professional education contributes to the elaboration of the professionals' right attitude to build up and work together effectively with the patients in the frame of a partnership; what contents and/or teaching methods are needed to answer the problem of safe patient care indicated by the Speak Up program and by the different research results? The aim of this study is to offer some thoughts for further thinking with special regard to the field of nursing and safe patient care, where the patient and the nurse work together for success.

Theoretical considerations

Among its declared missions, nursing is devoted for the promotion of individuals, families, groups, communities, the disabled, sick and dying people by nursing care. Nursing offers therapeutic relationship to patients/clients and it must be maintained by conveying an acceptance, concern, and trust. The nurse must encourage the patient to recognise and explore feelings, thoughts, emotions, and behaviours by providing a non judgmental atmosphere and therapeutic emotional climate.

The relational system in the nursing profession is basically regulated by the rights and duties belonging to the vocational roles. Thus the role partners expect certain behaviour of the other individual. The expectations must obviously correspond with each other, so that the normative feature is consequently manifested (see Figure 1).

During the nurse-patient interactions both the nurse and the patient present the already developed and normatively regulated roles according to their individual interpretations. Therefore the result is influenced by the behaviour of the role partners. However it is always desirable that this has to be manifested in an adequate way from the part of the professional.

The nurse, medical and other therapists have to establish a permissive relationship in which the clients feel free to discuss their problems and to obtain insight in them. In this approach the

collaborative caring process in nursing can be interpreted as a conductive relationship during which the nurse causes or produces an atmosphere that is providing to the nursing process - with the help of which the patient will be able to manage his internal power to get the best possible health status and quality of life for himself. In this sense next to the outstanding technical skills nurses have to be familiarized in the knowledge of patient conducting at a high quality level to fulfil the requirements of the professional competence.

The nursing process is a way of gathering information and process in relation to nursing care⁶. Patient conducting can be held as a medium through which the values and interventions of nursing care are offered and transmitted to patients to use it independently to keep or regain their best possible health status at the highest life quality. The patient conducting process itself in fact, is a way of paramedical counselling with the help of which the nurse provides patients by giving information, advice, helping individuals or groups with elaboration of information by therapeutic discussion to help people in need with decision making, facilitating individuals and groups for concentration and for using their own potentials and strength during the nursing process and after it in their daily life as well.

The nurse-patient partnership has a key role by giving a frame for the interaction which serves for mediation and processing of information. Thus, the professionally suitable and essential information has a key role from the view of the patient conducting. The responsibility of the professionals for the valid patient assessment is a core element of the patient centred nursing care performed by paramedical counselling.

The main characteristics of the manifested actual behaviour of the patient

"The health promotion based on the nature of the health need, the individual's expressed wishes and is developed with the individual not for the individual." (pp. 52).⁶ Patients are expected to be an active participant of their health improvement provided by different professionals. As health promotion nursing also offers a program for patients in special settings, in which 'want and need relation' has an essential meaning from the view of patient conduction. Focusing on clients' wants is more useful than focusing on clients' needs.⁸ The concept of want is defined by the patient himself according to his personal values and preferences. The concept of need is identified by

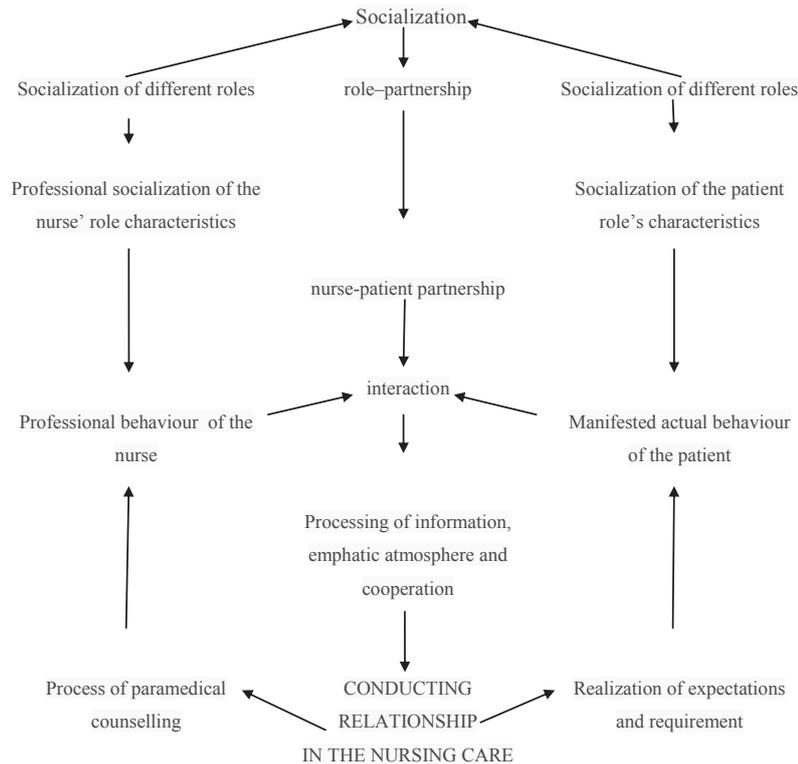


Figure 1: Influencing factors of patient conducting process in nursing

the nursing assessment. The cooperative behaviour usually seems to be unproblematic, because the patient follows instructions, keeps the written and unwritten rules of the socially expected behaviour which may be able to cover the patient inactivity successfully as well.

In the daily nursing practice nurses may several times face uncooperative, unmotivated, perhaps rejecting what is more impolite patients' behaviour as well. Taking into account that basically the human being exists on the principle of hedonism it can be assumed that behind the unhelpful patient behaviour the presence and effectiveness of the irrational elements can be discovered.¹⁰ As it is well known in the helping professions they are feelings and thoughts rising inside the patient that may be quite contrary to what they want to feel and think. According to Orlando's theory (1961) the nursing situation is initiated by a patient's verbal or non verbal behaviour. Both verbal and non verbal behaviours are useful throughout the validation of the precise nature of the patient needs and of the effectiveness and appropriateness of nursing actions to meet these needs. "The presenting behaviour of the patient, regardless of the form in which it appears, may represent a plea for help." (pp. 127)³

The realization of the irrational elements together with empathy enhances the capacity of nurses to understand and accept their clients. Identifying

the real causes behind the behavioural problem communicated by patient on different ways is particularly important, because the most motivating personal factor is if the patient communicates his/her wants and wishes to solve the problem.

Aspects of patient conducting in nursing

The data assessments and analysis have two categories important at the same level and have the same weight as the subjective and objective data. It is easy to understand that if somebody has fear or cannot see any perspective for himself, and his self-concept and image have collapsed, this situation usually is not the best facilitating condition for the interaction even if it is an offered partnership. Thus to understand the patient behaviour professionals have to have a 'compass' with the help of which they will be able to identify the covered problems.

Take your palm and see it: the lines are well visible on it. Now take your palm and slowly and smoothly put it on your nose - may be the lines become dim, because they are too close to you to see them clearly.

Similarly to the physical assessment, first it is suggested to have a general inspection to assess: (1) what kind of attitude, (2) status of emotion,

(3) losses and (4) coping strategies the patient has in general to establish an appropriate condition in which the person can be helped with prevision to their problem and the alternatives of solutions.

627 students' work of the last decade was evaluated based on a given short description of patients' behaviour, and it was completed by discussion about their experiences during their site practices. The results show clearly that the model construction for the aspects of patient conduction listed below serves effectively the understanding of the patient's manifested behaviour and the nurses' responsibility in the patient conducting.

The aspects of patient conducting - drawn from different sciences and approved by the effectiveness of the students' work and reflexions can be sorted into four sections:

1. The patient's basic attitude toward his/her sickness and/or nursing situation can be held for a predisposition toward a particular (cognitive, emotional, or behavioral) reaction, which has some leading types and characteristics:

a) Adequate: the patient accepts the rules and obligations related to his/her health problem and uses his power for the aim in the possible measure.

b) Aversive: the patient isn't ready or isn't able to face his sickness. The types of the behavior may refer to this reaction:

- Indifferent attitude – he looks as if he was not interested in his own health status and his chance/prospect. The problem touches the personality in deep thus he is not able to face the problem adequately.

- Belittling the meaning of the health problem – the patient plays down the importance of the health problem, treatments, hospitalization, medication.

- Denying the fact of the health problem – the patient doesn't deal with his/her illness, flatly deny the existing health problem.

c) Adience: patient' behavior tends to move toward the feelings of a possible illness.

- Patient has a continuous fear from a possible sickness. The root of this feeling and behavior can usually be found somewhere in the early childhood and that is why it is not easy to influence this attitude.

- Patient insists on sickness without any sign of a possible physiological disorder. Realization this problem is essential for getting suitable help for the patient from a psychiatry expert.

2. The emotional status also appears during the interaction so it is also worth the observation.

a) Anxiety: feeling of threat or danger to self arising from an unidentifiable source. The defining characteristics are: autonomic hyperactivity; shortness of breath; palpitations or tachycardia; sweating; cold hands; nausea, diarrhea; difficulty swallowing; muscle tension, trembling; restlessness. fatigued; difficulty concentrating; insomnia; irritability.

b) Hopelessness: subjective state in which an individual sees few or no available alternatives or personal choices and cannot mobilize energy on own behalf.

defining characteristics are: decreased involvement in care, appetite, verbalization; increased sleep; nonverbal cues: minimal eye contact; shrugging in response to question; turning away from speaker; frequent hopeless responses („What's the use")

c) Low self-esteem is a negative self-evaluation of feelings about self that develop in response to a loss or change in an individual who previously had positive self evaluation.

Defining characteristics are: difficulty making decision; episodic occurrence of negative self-appraisal; evaluation of self as unable to handle situational events; verbalization of negative feelings about self (helplessness, uselessness).

3. 4. The coping strategies need also particular attention for the assessment of patient conducting. A patient facing a health problem is under stress. The stress is the process of adjusting to circumstances that disrupt, or threaten to disrupt, a person's equilibrium (Selye, 1984). The influencing factors of interaction between people and stressors are the predictability and the control about the inside and external events. They have extremely high importance for all of human being. Predictable stressors have less impact than those that are unpredictable, and the stressors have usually less impact if people can exert some control of them. The major psychological stressors are: frustrating situation; pressure situation, boredom, trauma, conflict and change.¹ The influencing factors of interaction between people and stressors initiate the coping mechanisms:

a) The problem centered strategy helps people to focus on the problem-solution, take into account the helping factors and, initiate changes in their internal and external environment. into account the helping factors and, initiate changes in their internal and external environment.

b) The emotion focused strategies: The focus is on the patients' feeling rather than on the problem-solving.

- Using the rumination as coping strategy, people are sorry about themselves, they are thinking about their bad circumstances they have had in the past, about their present hard situations and, have the feeling of uncertainty related their future meanwhile they fail to start dealing with their possible problem solving. The only helping feature is that they keep their problems in mind.

- Distraction strategy makes the situation easier for the people by starting and dealing with pleasant activities. The risky feature is that they may be forgetting to return to their problem and solving it.

- The impolite and disturbing or the irresponsible behavior during the treatment several times refers to the negative avoiding strategy which is the most risky way of overcoming the emerged health problems.

4. The loss is a general yet it is a unique human experience deriving from maturation and situation or from both.^{2,9} The types of losses from objective view are:

- a) External objects and resources.
- b) Habituated environment (including e.g. intensive care unit)
- c) Important persons (including pats).
- d) Important elements of the self immanent system existence.
- e) Own or significant persons' life.

A practical example for understanding the importance of patient conducting

The meetings and communication in the nursing care have to be aimed at the assessment of the patient's manifested behaviour, assigning the main vulnerable points for the patient conducting to built up a trustful partnership with the patient. First, the questions has to be answered: How is the patient thinking about his health situation in general and about his problems? Potentially is he involved in his caring process? How is the patient touched emotionally by this situation? Does he have enough power inside him and self-awareness to use it? What kind of losses can he identify? Are they adequate for the treatment process? What kind of coping mechanism can he use without any provision? Does it help him with the problem solution?

32 yrs old male patient:

The patient presents to hospital because of tingling and numbness in his legs. He says that there is no reason for all these examinations because these little tingling and numbness in his legs should reside with time. The family and the stuff here shouldn't deal with so much such a looser one as he is.

He has forgotten to take his special cup with him although it would be better to drink the 'obligatory thousand litres' tea per days and his dog also is not here.

But, he also says, finally the life isn't the worst here (at the ward), as because he has met a person and now they are very good friends. They talk about different interesting things, play cards and on this way the time is quite running.

Unfortunately his childhood friend isn't able to visit him, additionally has to give up his hobby the forest walking, because his previous good condition never will return.

The results of the comprehensive inspection for patient conducting:

1. The patient turns aversively toward his problem and his attitude is not helping the recovering process because he tries to belittle his own internal pressure:

"These little tingling and numbness in his legs should reside with time."

2. His emotional status shows a low self-esteem.

"The family and the stuff here shouldn't deal with so much such a looser one as he is."

3. Our patient uses an emotional centred distraction strategy which is quite probabilistic from the view of the success of his problem solving.

"They talk about different interesting things, play cards and on this way the time is quite running."

4. Finally the patient complains about some losses. They are important for the patient, but in fact they are in a quite indirect relationship with his present caring process and treatment. Paying personal attention and acceptance to the patient losses may serve as indirect motivating factors for mobilizing his inside power.

External object – his cup; important persons: his childhood friend and his pet.

There is a further communicated loss. It is his weakness and it can be realized that it is the only one communicated fact which refers directly to his real health status offering a starting point for initiating the patient conducting process at this case.

His previous good condition never will return-important element of self;

He has to give up his hobby the forest walking – resource for recreation

Behind the described patient's behaviour, the professionals identify certain illness(es). The patient's manifested reactions may be different and they do not provide the suggested treatment(s). Thus in the frame of the nurse-patient partnership it is strongly suggested to have a mutual overview of the whole problem field together with the patient, which will create a suitable base or start point for the identification of the needs and wants for the patient conducting process.

As a first step the patient has to be helped by the therapeutic counselling with realization of the helping and the hindering external/inside factors to establish a frame for the conducting process. The respectful interactions and acknowledgements of the patient's effort is the best motivating factors, furthermore this setting is the only way of providing patients the ability to preserve their human dignity and identity, and their right of self-determination and to have their all other rights unimpaired.

Conclusion

Analyzing the text content it is obviously that the patient is not able to face his health problem, because it is "too close to him". The responsibility of the professionals is to help people to see the problems clearly and the possible solutions in a mutually respected collaboration. Returning to Orlando's theory: the nursing situation is initiated by a patient's verbal or non verbal behaviour.

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Both verbal and non verbal behaviours are useful throughout the validation of the precise nature of the patient needs and of the effectiveness and appropriateness of nursing actions to meet these needs. "The presenting behaviour of the patient, regardless of the form in which it appears, my represent a plea for help." (pp. 127)³

The carefully discussed and identified losses and coping strategies ensure the conditions for the elaboration of a comprehensive plan together with the nurse-patient partnership with the active participation of the patient based on his own decision. Using the offered aspects the students have to be helped to realize the helping and the hindering external/inside factors and to establish a frame for an effective, conscious conducting process in the nursing practice.

Recommendation

The nursing education and its contents need an urgent revision. Delay it means firstly the postponing of the innovation of the nursing culture anticipated for the 3rd millennium. Secondly, delaying innovation hinders the cost effectiveness of the health care services because the patients are not ready to use the health care services effectively and they return for a further treatment when they are more sick and hopeless. Thirdly, it must not be forgotten that in countries where nursing is not developed, the health condition of the inhabitants does not reflect the level of the development of medicine.

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A betegvezetés aspektusai az ápolásban

Helembai Kornélia

Szegedi Tudományegyetem Egészségtudományi és Szociális Képzési Kar, Áplási Tanszék
e-mail: helembai@etszk.u-szeged.hu

Kulcsszavak: betegvezetés, betegvezetés aspektusai

Cél: A tanulmány célja betegvezetési szempontok bemutatása és ajánlása az ápolásoktatás számára egy jobb és biztonságosabb ápolás érdekében.

Módszer: A betegek veszteségeire, megküzdési stratégiáira, érzelmi státuszára, valamint a betegséghez/ápolási szituációhoz való viszonyulására fókuszáló aspektusokat kvalitatív kutatási megközelítésben, a hallgatók által az eltelt évtized során készített írásbeli gyakorlati vizsgadolgozatok (N=627) eredményeinek alapján határoztuk meg.

Eredmények: A betegvezetési szempontok hatékonyan alkalmazhatók az oktatásban, amelyeket a hallgatók tudatosan és helyesen képesek alkalmazni a betegek bevonása érdekében.

Következtetés: A betegvezetés aspektusainak alkalmazásával a hallgatók felkészíthetők a magas minőségi szintű és biztonságos ápolásra, amely nélkül az egészségügyi ellátás költséghatékonysága nehezen valósítható meg.

Ajánlások: Az ápolásoktatás és annak tartalmi revíziója sürgető. Az innováció késlekedése a harmadik évezredre visionált ápolási kultúra fejlesztésének elhalasztását jelenti.
