

# NURSING CLIENTS TOWARD HEALTH: AN ANALYSIS OF NURSING INTERVENTIONS

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For the past several years, the School of Nursing at McGill University, has been involved in the development of a model for practice in which health promotion is one of its salient features. This model has been referred to as Situation-Responsive nursing (Allen, 1977). Several nursing demonstrations were established in the 1970's for the purpose of implementing the model of situation-responsive nursing and further describing its characteristics<sup>1</sup>. One such characteristic has been the identification of the types of interventions nurses use in working with clients on health-related situations<sup>2</sup>. This paper will briefly discuss the work that has been done on identifying those interventions associated with health-related issues.

The first headway made in the area of interventions was the development of a classification system of nursing strategies identified from nurses in three family practice settings. This system was developed as part of a larger project which evaluated this model of nursing in one demonstration setting and compared this model of nursing to the nursing taking place in two comparable settings (Allen, Smith and Gottlieb, 1980). Nineteen major types of interventions, along with their sub-types were identified and subsequently used to differentiate between interventions that were associated with health, as opposed to illness-related concerns. Further work on interventions was derived from analysis of data collected on the practices of nurses at the second demonstration known as The Workshop — A Health Resource<sup>3</sup>. The Workshop, as it became known, was an autonomous nursing service established in a middle-class suburb of Montreal. The reason for establishing this service outside the existing health care system was to give nurses an opportunity to more fully explore their role as facilitators and promoters of health (Allen & Warner, 1978).

Since the first eighteen months of this project were classified as a

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1 These innovative-type services to demonstrate a new approach to health care delivery were supported by the Research Directorate of Health and Welfare, Canada. Project Nos. 605-1234-46 and 605-1300-42.

2 Health-related situations refers to those situations of daily living and are found in the classification system of health-related situations developed by Gottlieb (Allen, Smith and Gottlieb, 1980).

3 Project 605-1300-42, Research Directorate Health and Welfare, Canada.

developing phase for establishing a prototype service in community nursing, an exploratory study was designed to identify key nursing approach variables that could be used in the subsequent evaluation phase<sup>4</sup>. This paper is based on an analysis of data collected on client-nurse interactions and interviews with nurses about their practice. In analysing these data, the constant comparative approach to qualitative analysis as described by Glaser and Strauss (1967) was employed. It was found that nurses varied in their approaches to practice in working with clients toward health (Gottlieb, 1979). One approach in particular embodied many of the characteristics of the model and is referred to as Style A.

Style A, nursing for health using a learning framework, was found to be contingent upon structuring goal-oriented learning experiences directed toward meeting the unique needs and problem-solving styles of the client<sup>5</sup>. The selection of interventions was directed toward changing or strengthening the client's way of dealing with health-related situations. Within this framework, the client and nurse became collaborators, the client taking an active role in his learning experience.

The approach to nursing was examined within each of the phases of the nursing process, that is, assessment, planning, implementation, and evaluation (Gottlieb, 1979). Within each of these phases, the content on which the nurse focused along with her framework and the strategies that she employed were identified. Although each phase of the nursing process was found to be overlapping, interactive, and contingent on the other, nonetheless, each stage had its own distinct properties. In Style A, the nurse focused on assessing the client's perception of his concern, finding out more about his level of motivation as well as his readiness to engage in 'health-work'. In planning care, the emphasis was on negotiating a plan of care tailored to the client's learning characteristics and situation as in the assessment phase. The implementation stage focused on the development, elaboration, and working out of health issues. The nursing strategies associated with this phase will now be described.

### *NURSING INTERVENTIONS USED IN THE IMPLEMENTATION PHASE*

Figure 1 summarizes the interaction between the client's stage in the problem-solving process and the different strategies or roles the nurse used with each task. Each of these stages was worked on sequentially or independently, depending upon the assessment of the situation.

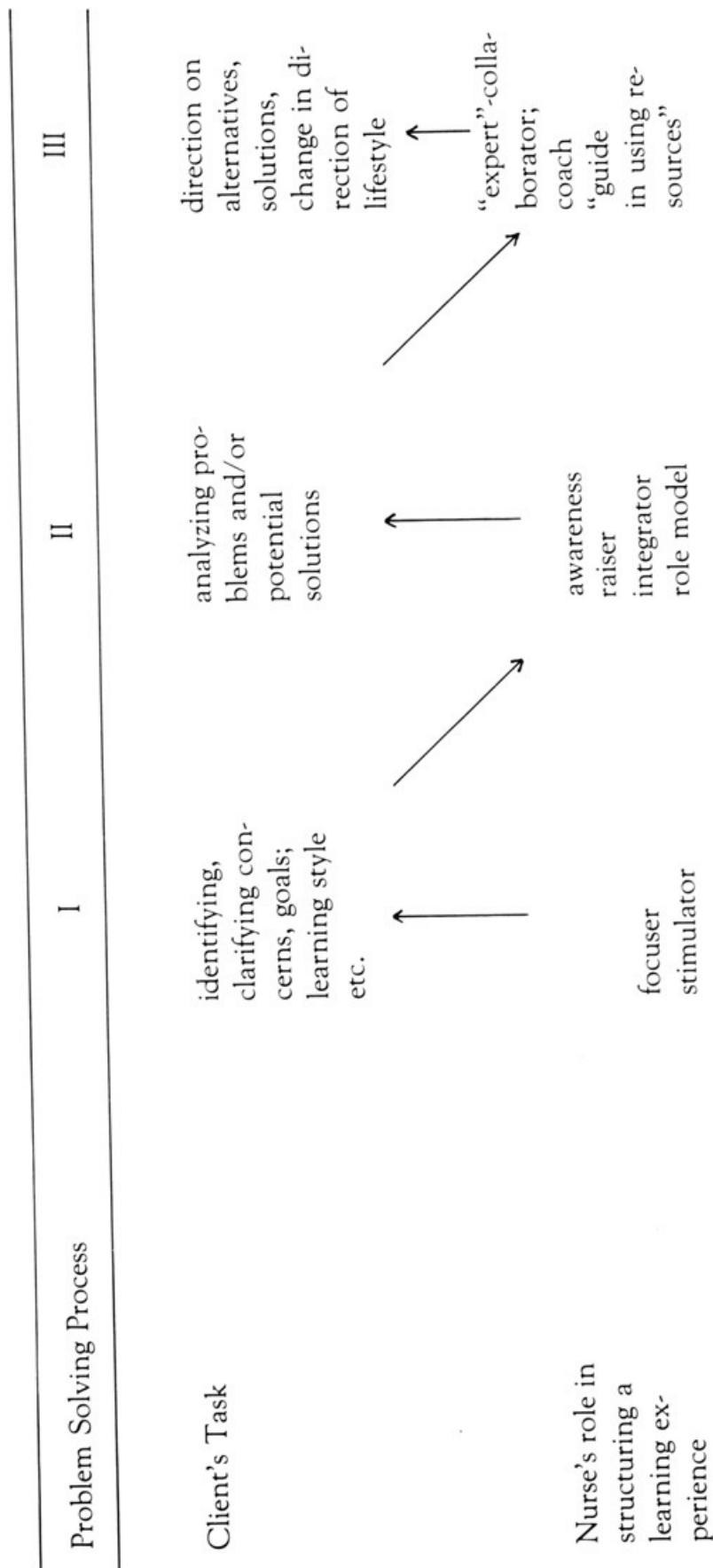
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4 Dr. Charles Bourgeois was the project director of this phase of the research. Under his direction data were collected by Adele Carrier and Kent Farrell.

5 Client refers to the individual as well as to the family unit.

FIGURE 1

# Interaction between the client's stage of the problem-solving process and the role of the nurse



The first task of the client was that of identifying, clarifying and/or enlarging his perspective from which to view his concern. The nurse was found to play a variety of roles to accomplish this objective. One such role was that of *focuser*. In this role the nurse devised projects for the client that facilitated his approach to gathering information and/or which stimulated introspection. These projects were found to take a variety of forms such as structuring meaningful observational periods in which the client had the opportunity to observe his own or other family members' behaviors.

The following example illustrates this technique:

EXAMPLE: (mother having difficulty with her child's behavior)  
Nurse: (I would like her) to do some homework to take some time to really observe her little boy and step out of the situation with him and observe his behavior, particularly around certain circumstances that irritate and frustrate her... to get her to actually observe what he does and the circumstances around his temper tantrums.

Another role that the nurse played was stimulator. By asking provocative questions that could not be immediately answered or by giving material to reframe a situation, the nurse attempted to help the client to consider the situation in a new light. These two strategies were used to help the client discover aspects of the situation of which he had not been previously aware.

A second task in the client's process of problem-solving was learning how to analyze the situation. To foster analytical skills the nurse acted as *awareness raiser*, *integrator*, and *role model*. As an awareness raiser, the nurse attempted to bring that which had been learned from an intuitive level of functioning to a level wherein the client became conscious about what had taken place. Examples of strategies employed in this role were those of summarizing for the client what had taken place; pointing out indicators of progress towards achieving a goal, reviewing preceding events that appeared associated with the situation.

EXAMPLE: (The client discusses with the nurse the feeling of fatigue that she has associated with stressful situations).

Nurse: ...little discoveries you've mentioned (that the client has mentioned to cope with stress) like physical exercise, periodic relief from routine. Build those in, work those discoveries into your routine.

Analytical skills were also fostered when the nurse acted as a *role model*. In this role she demonstrated an approach to analysis. Her behavior

often served as a frame of reference for the client to later imitate. She was active in this role not only by demonstrating a method of analyzing a situation, but also by explaining what she had done, with the underlying rationale to her approach.

Nurse: Well, you've done your homework in the past week and so have I. I have summarized one problem or concern you have brought since October. In October you were talking about feelings of fatigue and feeling faint and the lack of serenity in your life. There is also a problem of management of time, in dealing with things that you have done. This is how you were explaining this. These were the problems you were experiencing and this is the explanation you were attaching to them...What you have done is jump from here to here (show the client her analysis of the situation and explain this analysis.) In October the focus of your tension was on finding time to rest. Over the winter your fatigue persisted and your feeling of being down and blue, but the explanation seems to have opened up. Anxiety makes you feel fatigue...These are the things you are experiencing as problems, fatigue, feeling of weakness. Lack of serenity and these were the possible reasons. First was the problem in managing time and over the winter you became concerned with your diet. It probably isn't your diet that is related to fatigue and physical weakness.

When the nurse worked with the client on finding a solution to his concerns, the emphasis continued to be on both the process of finding the solution(s) as well as providing the needed knowledge and skills to enlarge the client's options (see phase III in Figure 2).

The process of decision-making required an active examination of possible solutions. The nurses' role was one of eliciting from the client the available alternatives open to him. Through discussion, questioning and mutual exploration, the client was assisted to consider and to weigh the feasibility of each option. The nurse participated in highlighting the factors that the client could consider in coming to his decision. This process is illustrated in the following nurse-client interaction:

Client: What do you think of my mother moving in with us?  
I know we'll eventually have to make our own decision. But do we have an option?

Nurse: I think space is the first factor you'd have to take into account. Is there enough room in which to live your own lives?

- Client: We'd have to build an addition to our house.
- Nurse: The second thing is that you'd have to canvas the opinions of everyone in the family, since it's a situation with which everyone has to cope...You'd also have to check to make sure there are no other facilities nearby that would better suit your purpose, a nursing home and the like...
- Client: I realize it is not quite fair asking you that question!
- Nurse: I am just trying to highlight some of the considerations that would go into my answer.

The second area in helping the client arrive at a solution was by expanding the client's repertoire of functioning. The nurse played an instrumental role in facilitating this kind of growth. As an 'expert' in health-related matters she possessed knowledge and skills from which the client could benefit. The manner in which information and suggestions were imparted was in keeping with the collaborative feature of this style of nursing. The client not only was encouraged to participate in sharing information but also was taught skills of acquiring needed information. Other skills that were developed within the client included those of assessment; technical skills related to the handling of equipment or the administration of treatment; the discovery and utilization of resources within himself, his family and his community.

The role of the nurse was not confined to the demonstration of these skills but she also helped the client employ these skills at the appropriate time. Successful incorporation and utilization of these skills, so that they became part of his pattern of behavior, were largely dependent on the nurses' method of demonstration and on the follow-up support that she provided. One such form of support was being available when the need to use the skill arose. By having watched the client practice the skill and having provided the needed reinforcement, meaningful learning experiences took place.

EXAMPLE: (The nurse discusses helping the family manage a child experiencing an asthmatic attack at home.)

And I got them to do things while I was doing things. I got them involved. And then gradually, I did a fair amount of coaching over the phone, so that after a while I wasn't going over as often... They would go and do something and report back to me that things were improving.

Another form of skill learning was helping the client learn how to use resources, be they people, community facilities and/or family members. Again the nurse and client had active roles to play. One such nursing role



was informing the client about available resources while at the same time assisting the client to acquire skills for conducting further research into the resource and later, to initiate contact. Another purposeful nursing strategy was structuring experiential kinds of learning such as arranging for field visits to explore facilities or to learn about new approaches in dealing with a concern. Follow-up on these experiences took the form of reviewing with the client what had happened and/or assisting the client to apply what had been observed.

Further work on developing resourcefulness in the client was done by identifying with the client potential sources of support that had not as yet been considered. For example, interest shown by neighbours or family members was mobilized and these people were used in new and useful ways.

## SUMMARY

The focus of the implementation phase was on structuring learning experiences to affect the client's approach to problem-solving. In developing and strengthening these abilities, knowledge and skills are acquired as part of this process. This approach to working with clients necessitates active involvement on the part of the nurse and the client: the client learned how to effectively deal with situations; and the nurse provided the conditions and the structure in which learning could best take place. The variety of roles that the nurse assumed was in response to his needs, based on an assessment of the client's learning style and his approach to problem solving. By focusing on the process of problem-solving rather than just on the content of the solution, the potential for changing the client's approach to dealing with a situation was felt to be enhanced. Thus, learning between situations could take place.

The strategies that have been described in this paper and the way they were used indicates how the nurse conceptualizes health. By using a learning framework, health takes on a dynamic quality. It is a concept acquired over time through active involvement in learning. The explication of a model can come about through several approaches, one being the study of nursing intervention. By examining the types of interventions, how they were selected, their aptness to the nursing process structure, the underlying framework guiding the nurse's choices of strategies, key elements of our model of nursing have begun to be fleshed out.

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## RESUME

### Guider le bénéficiaire vers la santé: Une analyse d'interventions en matière de pratique infirmière

Le but de l'article consiste à décrire les interventions propres à un style particulier de pratique infirmière faisant appel à un schème de référence sur l'apprentissage. Cette modalité de pratique des soins vise à travailler sur certains faits importants qui influencent l'état de santé. Ce type de soins infirmiers nommé Style A incarne bon nombre des caractéristiques d'un modèle de pratique infirmière en voie d'élaboration à l'Université McGill.

Le Style A dépend de la structuration d'expériences d'apprentissage ayant pour but de répondre aux besoins spécifiques du bénéficiaire ainsi que de tenir compte de ses façons personnelles de résoudre des problèmes. Pour atteindre ce but, l'auteur décrit les divers rôles que joue l'infirmière durant la phase de mise en application du modèle de soins alors qu'elle structure des expériences d'apprentissage pertinentes.