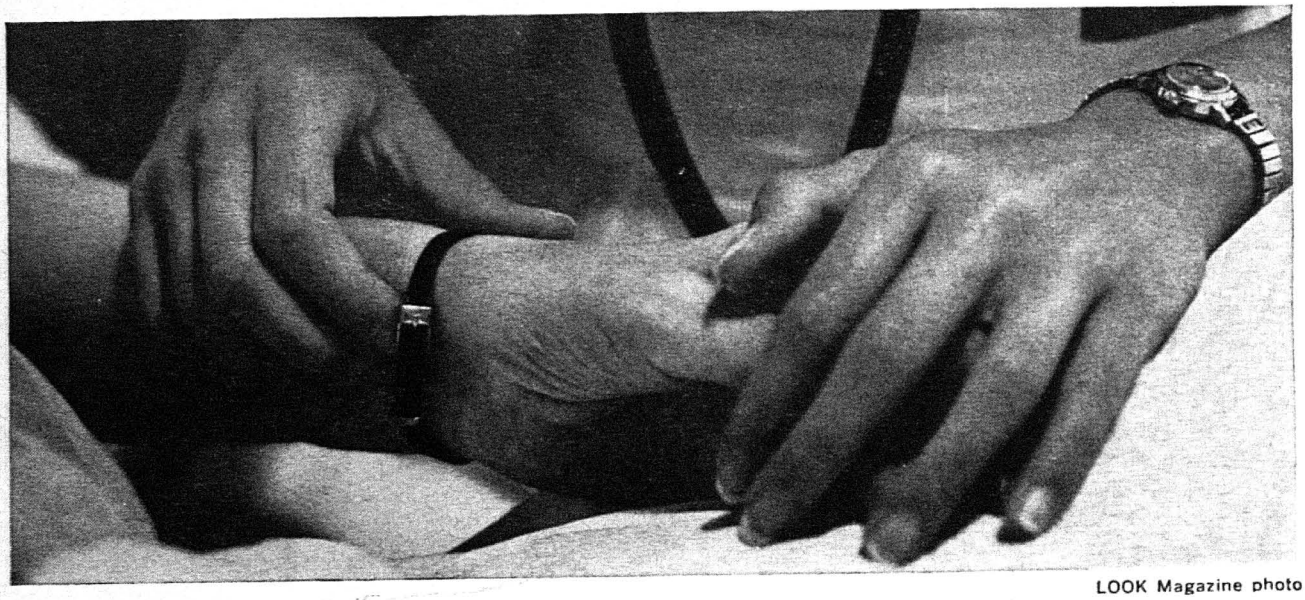
THE HELPING ART OF NURSING



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"Nursing is a helping art—a deliberate blending of thoughts, feelings, and overt actions. It is practiced in relation to an individual who is in need of help, is triggered by a behavioral stimulus from that individual, is rooted in an explicit philosophy, and is directed toward fulfillment of a specific purpose," says this nurse-philosopher. Here she relates her basic philosophy to the work of the ward.

HAVE YOU ever tried to take stock of the thoughts you think and the feelings you feel as you go about your nursing?

Thoughts and feelings, including reactions, are integral parts not only of what we do or say but also of how we do it. In nursing, in which action is directed toward achievement of a specific purpose, thoughts and feelings have a disciplined role to play. They need to be recognized, respected, and directed toward the goal the nurse is trying to reach. If the nurse's goal is to help a particular patient, then her thoughts and feelings will need to be directed to the complex process of deciding whether the patient needs help; what help he needs; and how she may provide it in a way that will be helpful to him. The overt acts which the nurse carries out in response to each of these questions are the apparent parts of nursing on which results depend. The thoughts and feelings that precede and accompany each act are the less apparent parts of nursing; yet, because they set direction for each act, they are the real determiners of the results the nurse achieves.

To take stock of thoughts and feelings is, first of all, to recognize their reality and their relationship to each other; next, it is to ascertain whether they are founded on assumption or on fact; and, finally, it is to appraise their usefulness as contributors to the fulfillment of the nurse's purpose of nursing.

To cite a not uncommon nursing situation:

The light over the door of Room 10 on the medical unit went on for the sixth time in the space of about one hour. When the nurse, rushing down the corridor to give an injection to a patient, saw it, she groaned and thought, "That Mrs. Bradley! Does she think I have nothing to do except to take care of her?"

As soon as the nurse had given the injection, she went to Room 10 and, in a slightly edgy tone asked, "What would you like now, Mrs. Bradley?"

Plaintively the answer came, "I can't sleep."

"Perhaps a sleeping pill will help," the nurse responded and added, "The doctor left an order for one in case you needed it."

Without waiting for a reply, the nurse left, returned in a few minutes with the sedative, and gave it to Mrs.

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Bradley. Then she left to care for another patient down the hall.

Ten minutes later, the light over the door of Room 10 went on again. The nurse, with mounting resentment, responded to the signal, and then returned to other responsibilities only to be interrupted after a short interval by another flash of the light over the door of Room 10.

This nurse wanted to help Mrs. Bradley. Again and again she responded to her signal light, asked what she wanted, and provided what she thought was needed. It is doubtful, however, that the result she achieved through her nursing, was the one for which she hoped.

What would have happened, one may wonder, if the nurse had taken stock of her thoughts and her feelings when the signal light went on the second, the third, or fourth time?

Would she have recognized the reality of those thoughts and feelings and their relationship to each other? Awareness that she had both thoughts and feelings would perhaps have brought awareness of their interrelatedness. For instance, just as she recognized the light over the door as a signal to her to investigate the reason for its appearance, so she might have been helped to recognize the heightened feelings that she felt as a signal to her to investigage the reason for their occurrence. The light appeared because Mrs. Bradley flicked the switch. The heightened feelings, however, occurred because of the nurse's interpretation of the meaning of the repeated reappearance of the light. To investigate the reason for her heightened feelings thus, the nurse would need to try to establish the cause of the thoughts that made up the interpretation.

Would the nurse have recognized that her thoughts were founded not on fact, but on an assumption based on her interpretation of Mrs. Bradley's motive for repeated turning on her signal light? It is possible, of course, that Mrs. Bradley actually believed that the nurse had nothing to do except to care for her. The nurse, however, made no effort to verify this assumption. Instead, she suppressed her thought and let edginess creep into her voice. On the other hand, had she expressed the question in her mind and asked Mrs. Bradley to help her understand why she was repeatedly calling her, not only might Mrs. Bradley have felt encouraged to reveal what was troubling her, but the nurse, in all probability, would have felt her own resentment gradually subside.

Would the nurse have appraised her thoughts and feelings as useful contributors to the fulfillment of her purpose of nursing? In all probability, yes—provided, of course, that she was clear about her purpose. Without clarity about her purpose, the nurse lacks a beacon toward which to direct her nursing acts and runs the danger of dissipating her energies by responding aimlessly to a patient's numerous spot requests. Had the nurse, alerted by her feelings, tried to verify the assumption on which her thoughts were based, she might have been able to identify Mrs. Bradley's problem, and then, with purpose as her guide, directed her action toward its effective resolution.

Articulating a Philosophy

Philosophy may be thought of as an aggregate of personal beliefs, reflecting one's attitude toward life or reality. These beliefs stem from each individual's culture and subculture and are an integral part of him. It is a useful exercise to try to articulate one's basic beliefs, for only through awareness of them, can the individual make effective use of them in his daily living. A philosophy of nursing, I believe, is part of the nurse's philosophy of life, narrowed, possibly, to beliefs she holds in relation to the gift of life, to the patient under her care, and to herself as a responsible member of the nursing profession.

Philosophy underlies purpose, and purpose reflects philosophy. The purpose of nursing, which stems in part from such a philosophy, is what the nurse strives to accomplish in relation to every individual under her care. I have conceptualized this purpose to be: *to facilitate the efforts of the individual to overcome the obstacles which currently interfere with his ability to respond capably to demands made of him by his condition, environment, situation, and time.*

Paraphrased, it may be expressed as: to meet the need the individual is experiencing as a need-for-help.

Every condition or situation which may befall an individual has as its counterpart the way the individual understands, thinks, and feels about it. The counterpart, though frequently disregarded, is significant because it is the propelling force behind motivation. The condition may influence the individual's capacity to function; but his perception of it influences his will to function. The condition itself and the person's perception of it thus may represent two distinct, though related, areas of responsibility.

The doctor's primary responsibility is recognized to be the patient's condition. He diagnoses it, searches for its cause, and may initiate action not only to cure or control it, but to prevent its recurrence as well. The nurse's primary responsibility, although seldom specifically defined, is, I think, the patient's perception of his condition. She has the opportunity, by virtue of her close and continuous association with her patient, to detect how he is experiencing his condition and why he experiences it as he does. She can initiate action to enhance his motivation to cope with his condition in his situation and to make the best use of measures designed—and recommended—to give him immediate and lasting relief.

Fulfillment of the purpose involves essentially three major units of nursing practice: (1) identification of the individual's need for help, (2) ministration of help needed, and (3) validation that the help given was indeed the help needed. To pull these units out of the myriad moves the nurse makes as she cares for patients each day is no easy task. Seldom do they appear as distinct entities as they are here described, nor do they always follow in logical sequence. One or two of them may be there by implication only. To gain clearer understanding, however, not only of exactly what the nurse may do, but of how she may go about doing it, each unit needs to be set apart, looked at closely, and broken down into its elements.

Before beginning examination of the units of nursing practice, one may well ask, "What is meant by 'need,' and what is meant by 'help'?"

For the purpose of this discussion, a need is thought of as anything the individual requires to maintain

or sustain himself in his situation; help is thought of as any measure or action that enables the individual to overcome whatever interferes with his ability to function capably in relation to his situation. A need-for-help, then, is any measure or action required and desired by the individual that has potential for restoring or extending his ability to cope with the demands implicit in his situation.

Functional ability, or ability to cope, is an intrinsic quality of the individual. It is something he must develop within himself; no one can give it to him or develop it in him or for him. By the same token, help to be helpful must be used by the individual and succeed in enhancing or extending his capability.

A helping measure such as a medication, a treatment, advice or information, may be offered to an individual, but unless he accepts it and allows it to fulfill its intent, its effectiveness may be minimized or destroyed. The actual use the individual may make of any helping act or measure is under control of his entire nervous system, and because he is a physically-physiologically-psychologically reacting being, his response to the act may be voluntary or involuntary. The regulatory mechanism of the individual's nervous system may be attenuated by traumatic environmental factors or by emotional conflicts. When this occurs, the individual's ability to respond capably to demands made of him may be impaired as long as the causative factors or emotional conflicts remain. Such interference with his coping ability usually causes the individual to feel distress, which he is apt to manifest through his behavior.

Identifying the Need-for-Help

Crucial to the helping art of nursing is identification of the individual's need for help. To take help-intentioned action without first finding out what is interfering with the individual's ability to meet his own need, whether he wants help, what help he can use, and how he will be able to use it, is to court defeat. As in the instance of the nurse and Mrs. Bradley, nursing action may not have the desired results.

To identify an individual's need-for-help involves four distinct steps.

The first is the nurse's use of her powers of observation. This means that she does not just look and listen, but that she looks and listens for inconsistencies between what her patient says and the way he looks as he says it; between the way he looks and the way she expected him to look; between what he says and what she expected him to say; or between what she hears him say or sees him do, and her concept of what he might say or do if he were comfortable, or capable, in his present situation.

Think back to Mrs. Bradley's repeatedly turning on her signal light. Her action was inconsistent with the nurse's expectation as a result of the help she thought she had given and with her concept of how Mrs. Bradley would act were she comfortable or capable of making use of the intended helping measure. These inconsistencies, of which the nurse may have been aware but apparently did not recognize as significant, might have served as clues that Mrs. Bradley was experiencing distress.

Recognition of inconsistencies does not mean that the need-for-help has been revealed. It merely alerts the nurse to the possible presence of a need-for-help.

A second step is to gain understanding of how the patient means the cue—the word, look, manner, or gesture that triggered the nurse's recognition of an inconsistency. For instance, a nurse saw a mother sitting in bed, weight shifted to one side, lips tight and brow furrowed. To her question, "How are you this morning?" the mother answered, without looking at the nurse, "Fine." The nurse then queried, "How do you mean, fine? You look to me as though you felt anything but fine." And the mother answered, this time looking at the nurse, "I wasn't sure you really wanted to know. It's my stitches. They hurt!" The meaning of this mother's ambiguous behavior could not be determined until she, herself, clarified it.

Clarification of what a patient may mean by his behavior may be gained in a variety of ways. One that has been found effective is to describe, in a wondering kind of way, the inconsistencies the nurse may have observed in the individual's behavior and ask him to help her understand how he means them. Another is to let the patient know how the nurse is interpreting his behavior and to ask him if that is how he means it. A third is to admit to the patient that the nurse does not understand how he means a phrase she heard him use, a look she noticed on his face, or a special gesture she observed, and ask him for clarification.

In identifying an individual's need-for-help **a third step is to determine the cause of the discomfort** which the nurse has ascertained the patient is experiencing. Had the nurse found out from Mrs. Bradley, for instance, why she was unable to sleep, before giving her the sedative, she might have learned that Mrs. Bradley's need was for something other than a pill. The cause of her wakefulness may have been worry about her children at home, a concern which a telephone call to the family might have relieved. It may have been a fear of being alone, a concern that might have been allayed by leaving the door ajar and giving assurance that the nurse was near. Or it may have been any one of a dozen other conditions or situations. Without knowing the cause of the individual's discomfort or incapability, the problem, and the need to which it gives rise, cannot, with assurance, be resolved.

To determine the cause of the individual's discomfort, one or several detecting measures, in addition to observation and direct questioning, may need to be applied. Included among them might be inspection, palpation, and taking the patient's temperature, pulse, and respirations. Such a search for the cause may lead the nurse to the patient's problem and thus to the need he is experiencing. It does not tell her, however, whether the need is a need-for-help.

A fourth step is to establish whether the individual is able to meet his need himself or whether he requires help to do so. The nurse may find this out by asking the patient; or she may do so by offering a suggestion of what to do and noting whether he seems willing to act on her suggestion.

To determine whether the help the nurse may intend to give is acceptable to the individual, the nurse again will need to use her powers of observation. This time she will look and listen for consistencies between the

patient's behavioral response to her suggestion and her concept of a positive response. She will also make sure that her interpretation of the patient's response is as the patient meant it. If she is convinced that the intended helping measure is acceptable, she is ready to carry it out. If, on the other hand, she finds that the patient seems to resist the help she planned to provide, she will find out from the patient why he resists her offer of help. If his reason seems to have validity, she may modify or even abandon her plan. There was the nurse, for instance, who was caring for Mr. Green.

Mr. Green refused to get out of bed and into a wheel chair for the first time following his operation. With encouragement from the nurse, he reluctantly admitted that he feared she would not be strong enough to help him safely into it. The nurse could understand the basis of his fear and sought the aid of another nurse to help her give him the support he felt he needed.

If, however, the patient's reason for resisting seems to be based on only partial understanding of the situation, then the nurse may need to broaden his base of understanding before attempting to carry out her plan. Mrs. Smith's nurse provides an example.

Mrs. Smith vociferously objected to having an enema following her admission to the hospital's labor ward. She disliked them, she explained, she was having painful contractions, she had had no food for six hours, and she had had a satisfactory bowel movement just before coming to the hospital. The nurse expressed her understanding of Mrs. Smith's feelings and reasons, but then helped her to recognize that there were factors of which Mrs. Smith might not be aware. One was the doctor's reason for wanting her to have an enema; the other, the way the nurse planned to administer it. This added information helped Mrs. Smith to overcome her strong resistance to the enema and to accept it without further protest.

Ministration of Help

Once the patient's need-for-help has been identified, the nurse is ready to provide the help that is needed. In this unit of nursing practice, the nurse may call on the full range of resources to which she has access, and the greater her stock of resources, the greater her potential for effective service. Included in the range would be her own beliefs, values, knowledge, and skills, especially those of communication and of carrying out procedures of various kinds; other individuals, like the doctor or social worker, whom she may wish to consult or to whom the patient may wish to be referred; and facilities of the community and beyond.

In ministering to her patient, be it in the form of giving advice or information, of making a referral, of applying a comfort measure or of carrying out a therapeutic procedure, the nurse will need to assure herself of the individual's acceptance of the "resource" throughout its administration. Should the patient become uncomfortable with what is being done, the nurse will need to identify the cause and, if necessary, make an adjustment in her plan of action.

Again her powers of observation came into play—to assure herself that the patient's progressive behavioral response to her ministrations is consistent with her expectation of it. And again she finds out whether her interpretation of the patient's behavior it what the patient means.

Validating the Measure

Validation that the help given was indeed the help needed is to find evidence that the desired results were achieved and the purpose of nursing fulfilled. This evidence may be obtainable immediately, or it may take minutes, hours, or even days. Until the nurse gains evidence from the patient, however, that the intent of her ministration was achieved, she cannot be sure that her nursing had the desired results.

Evidence must come from the patient, and it is his behavior that provides the clue. Had Mrs. Bradley, for instance, stopped flashing her light after administration of the medication, the nurse would have suspected that the sedative had had the desired effect. To be certain that this was so, however, she would need to convince herself that Mrs. Bradley was asleep. Again she would observe, noting consistencies between her patient's behavior and her own expectation. Under some circumstances she might also determine from the patient that her interpretation of his behavior was the same as his.

Should the nurse's search for evidence reveal that the desired results were not obtained, she may need to re-examine what she did by asking herself, "Did I really identify the need for help the patient was experiencing?" and "Did I provide the help he needed in a way that was acceptable to him?" The answer may direct her to a new starting point.

The secret of the helping art of nursing lies in the importance the nurse attaches to her thoughts and feelings and the deliberate use she makes of them as she observes her patient, identifies his need for help, ministers to his need, and validates that the help she gave was helpful. If she recognizes her thoughts and feelings, respects their importance, and disciplines herself to harness them to her purpose and her philosophy, not only will she enrich her nursing practice, but she will in all probability experience enduring satisfaction from the helping service she has rendered.

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