Nursing Model on Education1: “Lead/cue words or behaviors and their intuitional interpretation”

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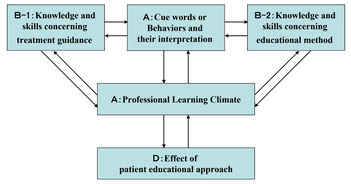
[Objective] To improve the nurses’ practical capability in patient education, we focused on high-level nursing competence that results in many patients modifying their behaviors toward self-management and putting high confidence on the nurses. By recording the nurses’ “techniques”, extracting the elements, and analyzing the relation between elements, a “Nursing Model on Education” (so-called TK Model) was developed. This report describes the process of model development and “lead/cue words or behaviors and their intuitional interpretation” that trigger changes in behavior and relationship.

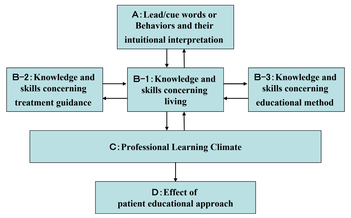
[Methods] Since 1994, 164 patient education cases have been analyzed by our research group of on average 14 nursing researchers and expert nurses with master degrees (total 52; currently 23 members in the group) held once a month. The inductive method was used in analysis. From the cases, the scenes in which patient’s behavioral modification occurred were extracted, the contents were described, and the concepts were identified.



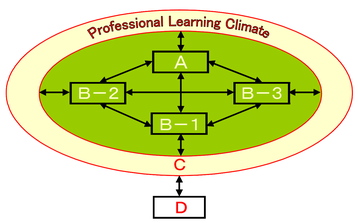
“Nursing Practice Model Ver. 1” on Patient Education

[Results and Discussion] 1. Process of Model Development

First, we provisionally named patients’ and nurses’ words/actions that trigger the patients’ behavioral modification as “cue words or behaviors”, and started the analysis. As a result, we found that the “cue words or behaviors” are interpreted, and we identified a process while exploring the factors likely to contribute to the patients’ words or behaviors. During this analytical process, we also extracted many words/actions and attitudes of medical personnel, which do not appreciate the patients’ efforts of self-management. This fixed idea results in an authoritative atmosphere that hinders the precious motivation of the patient. We named the atmosphere that a nurse brings on as “Professional Learning Climate”. During the process of examining the four elements: “cue words or behaviors and their interpretation”, “knowledge and skills concerning treatment content”, “knowledge and skills concerning patient education” and “Professional Learning Climate”, we began to discuss the interrelationship between the elements and constructed the “Nursing Practice Model on Patient Education ver. 1”.

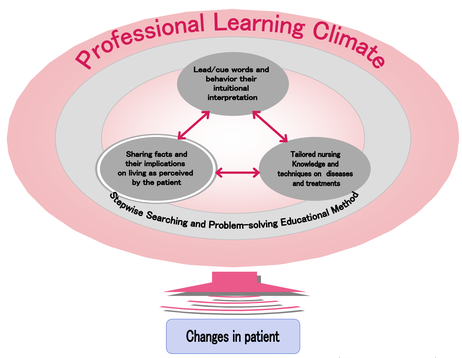


“Nursing Practice Model Ver. 2” on Patient Education



“Nursing Practice Model Ver. 3” on Patient Education

Next, we examined the issue of “living” as a special nursing discipline. In cases leading to behavioral modification, nurses advised the patients on life during treatment taking into consideration the patients’ lifestyle and their value. Therefore, we added the element “knowledge and skills concerning living” to the original model to obtain the modified “Nursing Practice Model ver. 2”. By analyzing the interrelation between concepts in the model, we concluded that Professional Learning Climate encompasses the whole model while exerting strong influences on other concepts. We therefore revised the schematic model into a ring form (Nursing Practice Model ver. 3).



Nursing Model on Education Ver. 5（TK Model）

Subsequently, we conducted four open seminars with the objective to refine the model. As a result of discussions with many clinical nurses and researchers, the name of the model was changed to “Nursing Model on Education ver. 4.0. The constituting concepts were also renamed as “sharing facts and their implications on living as perceived by the patient”, “stepwise searching and problem-solving educational method”, and “tailored nursing knowledge and techniques on diseases and treatments”.

While this model was developed to improve the practical educational capability of nursing personnel, the model shown in Ver. 5 does not directly connect the nurse’s actions to patient’s changes. Through the interaction between the nurse and the patient, “patient’s changes” occur in a form of resonance. While conventional patient educational approaches focus on the patient’s awareness and actions, the characteristic of this model is that it focuses on the nurse’s value, attitude (thinking) and action.

2. Definition of “Lead/cue words or behaviors and their intuitional interpretation”

“Lead/cue words or behaviors and their intuitional interpretation” is the entry point related to successful patient education that leads to behavioral modification, and involves a series of processes from when the nursing personnel catch some clue actions or words of the patient to the nurse’s intuitive interpretation of the association of the words or actions. In other words, “lead/cue words or behaviors and their intuitional interpretation” is defined as the process as follows: “In the presence of an environment that recognizes the importance of intuition, the nurse spontaneously senses particular words, behaviors or mood of the patient, which produce synergy with the nurse’s own knowledge, skills and experience, and intuitionally interprets the real appeal of the patient, which he/she has never spoken” (Figure 1). This concept is explained by the case below.

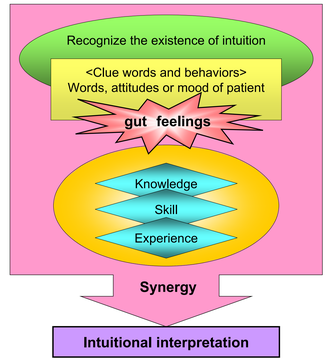


Figure 1. Concept diagram of “Lead/cue words or behaviors and their intuitional interpretation”

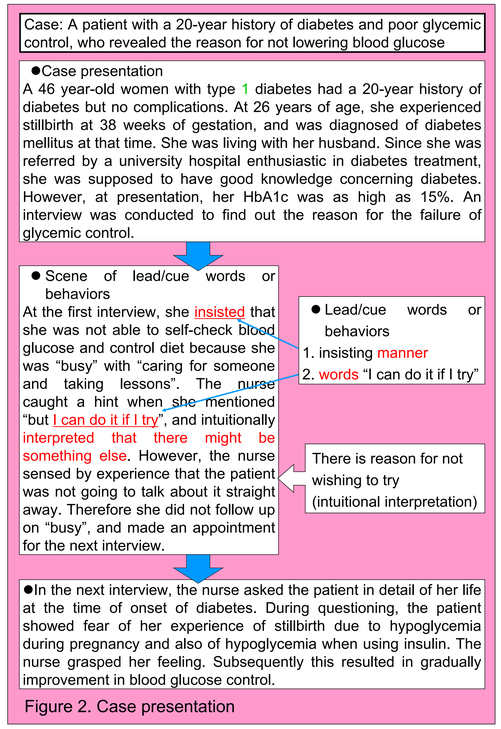


Figure 2. Case presentation

3. A case of “Lead/cue words or behaviors and their intuitional interpretation”

The case is summarized in Figure 2. The nurse caught a clue when the patient showed an insisting attitude that she was busy and had no time to control blood glucose. Then when the nurse heard the expression that “I can do it if I try”, he/she intuitively knew “that is it”, as shown in Figure 1. At that instant, the nurse intuitively interpreted that there was some reason for not trying. The events up to here are the serial process of this concept. During the next interview, the nurse found out the patient’s fear for hypoglycemia and accepted her feeling. As a result of applying other concepts of our models, the patient gradually achieved improvement in blood glucose control. Therefore, as shown in TK model, in “lead/cue words or behaviors and their intuitional interpretation”, catching the clue words or behavior and instantaneously interpreting it opens the door for the next approach and contributes to patient education associated with behavioral modification. Thus this element can be considered to be the entry point of patient education.

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Nursing Model on Education2: “Sharing Facts and their Implications with the patient” and “Tailored Nursing Knowledge and Skills on Diseases and Treatments”

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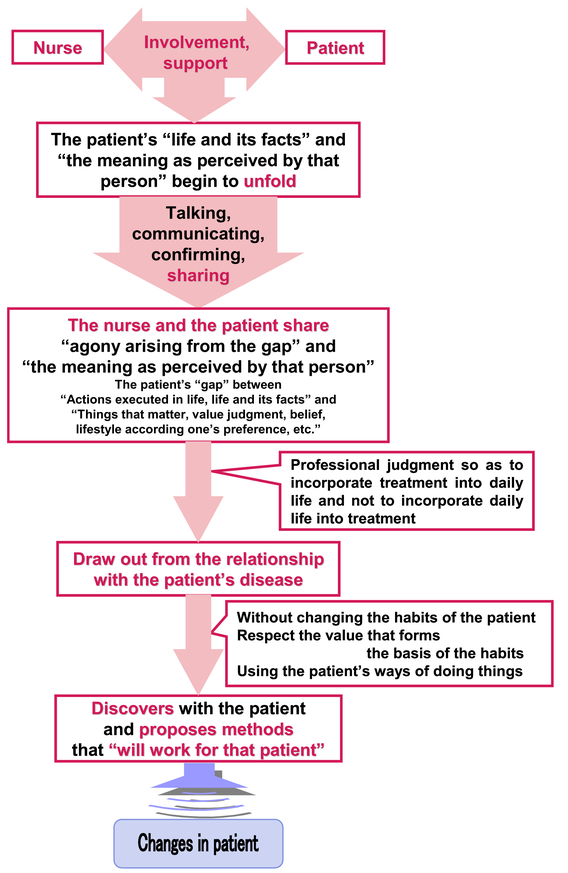
[Objective] The Patient Education Research Group has developed a “Nursing Model on Education”, which is composed of five concepts. Among these concepts, “sharing facts and their implications with the patient” and “tailored nursing knowledge and skills on diseases and treatments” were identified. The definitions and characteristics of these two concepts are described.

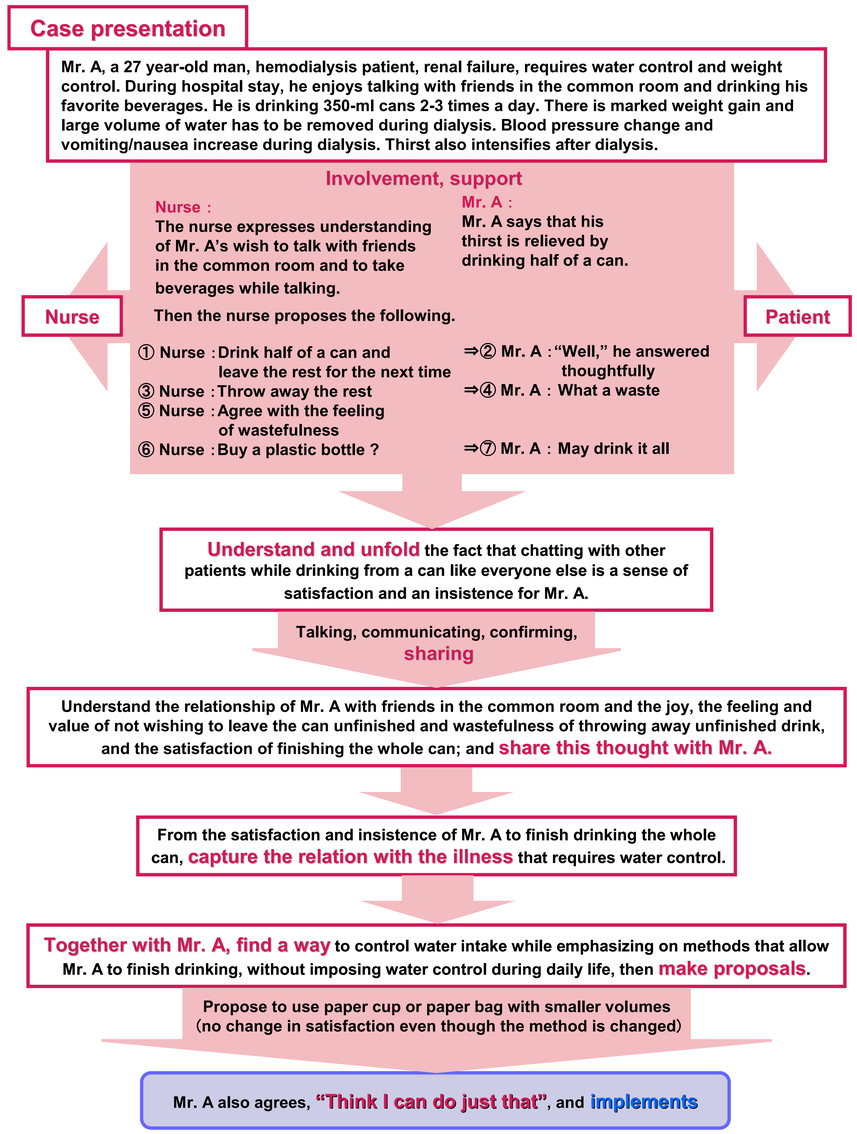
[Methods] Since 1994, 164 patient education cases have been analyzed by the research group of on average 14 nursing researchers and expert nurses held once a month. The inductive method was used in analysis. From the cases, the scenes in which patient’s behavioral modification occurred were extracted, the contents were described, and the concepts were identified.

[Results]
From the analyses of cases concerning the educational roles of nurses which led to changes in the patients, we extracted “sharing facts and their implications with the patient” and “tailored nursing knowledge and skills on diseases and treatments”.

Sharing facts and their implications with the patient：nursing personnel, through interacting with the patient, captures and understands how the patient perceives and feels about diseases and life events, and shares this information with the patient through talking, communication and mutually confirmation.

Tailored nursing knowledge and skills on diseases and treatments：the nursing personnel tailors the content of knowledge and skill according to the symptoms, recognition and living of the patient, which strikes a good balance with the patient.





[Discussion]

If life and its meaning as perceived by the patient are revealed, the nursing personnel can see what the patient is suffering and becomes possible to develop care needed for the patient. Even the aim and the act remain the same, the meaning of the aim, the way of involvement and the implication begin to differ, and this allow the execution of nursing practice that values the quality of the person.

In addition, from the patient’s life and its meaning, the nursing personnel draws out the relationship with the patient’s disease, and makes professional judgment so as to incorporate treatment into daily life and not to incorporate daily life into treatment.

Without changing the habits of the patient but respecting the value that forms the base of the habits, the nurse discovers and proposes methods that “will work for that patient” using the patient’s ways of doing things.

Consequently, the nursing practice can lead to the patient’s behavioral modification.

Nursing Model on Education 3: “Professional Learning Climate as a Patient Education Expert” and “Stepwise Searching and Problem-solving Educational Method ”

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[Objective]

The Patient Education Research Group has developed a “Nursing Model on Education”, which is composed of five elements. Among these elements, “Professional learning climate as a patient education expert (PLC)” and “Stepwise searching and problem-solving educational method (SPEM)” were identified. We report on the definitions and characteristics of these two elements.

[Methods]

Since 1994, 164 patient education cases have been analyzed in monthly meetings by the research group consisting of 14 nursing researchers and expert nurses. The inductive method was used in analysis. From the cases, the scenes in which patient’s behavioral modification occurred were extracted, the contents were described, and the elements were identified.

[Result and Discussion]

1) Definition of PLC

PLC is defined as “the behavior or mood of the nursing personnel backed up by professional knowledge and experience”. Moreover, PLC assumes three philosophical bases: 1) is patient-centered, 2) patients are different from one to another, and 3) patients do not change in the way that the nurse would like them to change. The present study extracted the following 10 elements of PLC: 1. show concern, 2. respect, 3. believe, 4. be modest in attitude, 5. create a relaxing ambiance, 6. show an attitude to listen, 7. talk with personal feeling, 8. show an attitude of moving ahead together, 9. show enthusiasm, and 10. humor and wit.

2) Definition of SPEM

SPEM is defined as “knowledge and skills of nursing personnel to solve problem with an open mind, through repeated confirmation according to the state of readiness in learning of patient”. The following four steps have been identified.

Step IV: Support for maintenance and habitualization of motivation and action
Objective: To ensure that the necessary self-management actions are continued long-term
Category: 1. Technique of feedback for the treatment actions implemented
2. Technique concerning specific methods for the maintenance and habitualization of the treatment actions

Step III: Support for solving difficulties encountered in treatment
Objective: Aiming to resolve the difficulties that the patient perceives, propose actions while listening to the patient’s opinions in a way that the patient can self-determine a method that suits him/herself.
Category: 1. Technique to increase patient’s awareness
2. technique to propose treatment method 3. technique to promote self-determination

Step II: Explore difficulties with treatment
Objective: Prime the patient to talk about his/her disease and daily life, and based on this information to explore the patient’s difficulty of incorporating self-management in daily life and the reason
Category: 1. Technique of asking question 2. Technique of listening to the patient
3. Technique of exploring difficulties 4. Technique of confirming difficulties

Step I: Building mutual trust relationship
Objective: Shorten the psychological distance with the patient to effectively promote patient education approach

Category	Subcategory
1. Technique of nurse to open up the patient	① greeting ②self-introduction ③ do not intimidate the existence of the patient
2. Technique of sharing psychological and physical grounds with the patient	① acknowledge the feeling of the patient ② wait for the person to be ready to talk
3. Technique of priming the patient to talk	① nurse asks question with concern, ② accepts the patient’s actions so far, ③ communicates own thinking as a nurse
4. Technique to provide chances for the patient to express him/herself	① respect patient’s wishes and values

3) Case Demonstrating the Relationship between PLC and SPEM

In the case of Mr. A who refused insulin treatment, the nurse respected the attitude of Mr. A for trying despite poor health and believed that the patient had the strength to recognize that his own condition required the initiation of insulin. Therefore the nurse took actions of “asking question with concern”, “accepting the patient’s actions so far”, and “communicating his/her own thinking as a nurse”. The nurse’s thinking was expressed in his/her attitude and mood, together with actions. The change in Mr. A to a positive attitude of measuring blood sugar was perceived as attributed to the complementary effect of PLC and SPEM.

Scene of finding out the patient’s thinking concerning hospitalization for the purpose of insulin initiation

Step I
Building mutual trust relationship
— Priming technique—

Nurse’s thinking (PLC)	Nurse’s words/action(SPEM)	Mr. A’s response
I wonder what Mr. A is thinking. First of all, I wish to know her feeling. (respect, show attitude of willing to listen)	① Doctor recommends to start insulin. Mr. A would you mind telling me what you wish to do in the future? (ask question with concern)	② I don’t like insulin and going into hospital. I mean, if I start, then I have to continue forever….
Although the blood glucose has gone up, Mr. A has been trying hard. (believe, respect)	③ Up to now, you have not drunk alcohol; you have paid attention to your diet and even worked hard with the exercises. (accepts the patient’s actions so far)	④ Yes, I have been trying
It’s a worry that the data have not improved despite all the efforts (show concern, talk with personal feeling)	⑤ Despite your efforts, HbA1c is not getting any lower. I think that this may mean we have come to the limit of oral medication. What do you think? (communicating his/her own thinking as a nurse)	⑥ May be.
Since Mr. A has made many efforts so far, he can make it. He is someone who has the strength to be aware of his own condition. Let’s find a solution together. (believe, show attitude of moving ahead together)	⑦) In that case, would you like to test by yourself and see how high your blood glucose is? Would you like to look at the results and then think about what to do in the future? (give patient a chance to express him/herself)	⑧ Oh right, I have not measured my blood sugar these days. May be I shall measure it after quite a long while.

4) Relation between PLC and SPEM

In the broad sense, “PLC” and “SPEM” are both skills of experienced nurses. However, PLC is an art that is the consolidated strength supported by the nurse’s philosophy and belief; while SPEM is the techniques that are “tools” translated from concepts.

“PLC” and “SPEM” have a complementary relationship. The nurse’s philosophy and belief that form the background of PLC determines the will to be involved with the patient. A nurse who possesses PLC not only can talk to the patient more easily, but also sets his/her “will to be involved with the patient” into action by actively applying the SPEM that he/she possesses and trying to solve the patient’s difficulties together. Depending on the situation of the patient, behavioral modification may be achieved even though the PLS is weak or the SPEM is immature. However, in difficult cases such as when the patient has negative sentiments toward treatment or health personnel, without both “PLC” and “SPEM”, a good relationship with the patient cannot be built and behavioral modification is commonly not possible.

In Japan, many patients find difficulties in communicating verbally of their own thinking. In addition, many patients do not think it proper to talk to health personnel about their own troubles and difficulties they have in daily living. For health personnel without PLC, there may be a cultural characteristic that a dialogue with the patient is difficult to establish. For this reason, in the training of a patient education specialist, in addition to achieving “SPEM”, education to acquire a high level of “PLC” is indispensable.