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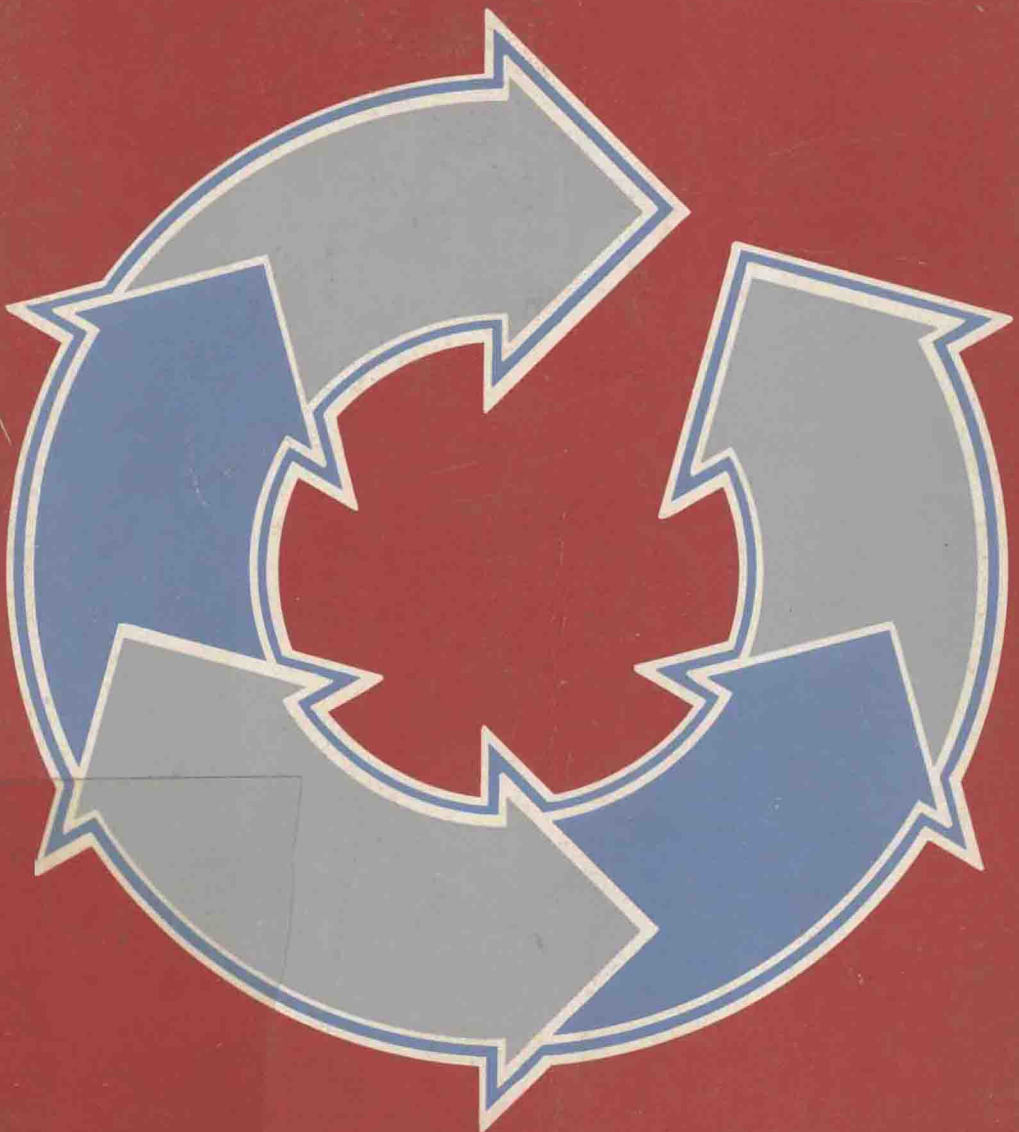

BEHAVIORAL CONCEPTS AND THE NURSING PROCESS

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PREFACE

Behavioral Concepts and the Nursing Process grew out of our interwoven experiences with theory and practice in understanding and responding to human behavior. Our graduation from baccalaureate schools was followed by staff nursing in inpatient psychiatric settings. This experience generated an interest in learning more and developing expanded skills. For both of us, the completion of graduate programs was followed by employment as clinical specialists in psychiatric nursing in outpatient settings. Succeeding experiences were in teaching and the independent practice of psychiatric–mental health nursing.

Each experience with the teaching-learning process has broadened our theoretical base to provide for greater understanding of human behavior and possibly helpful responses to this range of behavior. Each clinical experience has sharpened our skills in understanding and responding to people. From clinical experience has come the opportunity to apply what was learned in theory as well as the impetus to learn more. The cycle of theory, practice, theory, practice evolved as a natural progression, with each greatly enhancing the other.

When we first began writing, it was to convey information, ideas, and possibilities to our students. In the process of writing, we realized that we also wrote for ourselves. The extensive reading and discussion necessary to write each chapter has stimulated our growth. Writing this book has been the next progression of focus on theory. From it, our clinical practice has again improved as we implemented our learning.

We believe, then, that nursing practice must be based on sound theoretical principles. Nurses must also be able to implement and evaluate their nursing using clear objectives and behavioral language.

This book was written for use by nurses and nursing students in two- and four-year nursing programs as well as graduate nurses.

The first three chapters provide information fundamental to nursing practice. The first chapter begins with a description of the nurse as a

person. It discusses the significance of self-awareness and the impact this awareness has on nurse-patient relationships. Various means for nurses to achieve self-awareness are suggested.

The second chapter focuses on nurse-patient relationships, including discussion of the reciprocal quality of nurse-patient roles. Therapeutic nurse-patient relationships are described, and the verbal and nonverbal communication techniques that are useful in this relationship are discussed.

Chapter 3 begins with a definition of the nursing process and a description of its significance. Major theories and the use of theory in the nursing process are explained, followed by a description of the steps in the nursing process.

The following six chapters cover specific behavioral concepts within the framework of the nursing process. Each chapter discusses the theoretical base of a specific behavioral concept and the application of this theory in the nursing process.

The specific concepts described are stress, separation, dependency, depression, aggression, and ambivalence and conflict. Each of these chapters concludes with a summary and a detailed case example that utilizes the theories presented and the nursing process. Behavioral descriptions and clinical examples provide the reader with the opportunity to learn assessment of behavior, nursing diagnosis, planning and intervention, and evaluation of intervention. We realize the limitations of presenting completed case illustrations. It is our hope that these examples will provide a framework for readers to work with actual patients.

A stumbling block continually encountered in writing this book was the lack of a pronoun that signifies both genders. We have used "she" when referring to the nurse and "he" to distinguish the patient. This is not intended to imply bias in either case.

Sylvia Jasmin
Louise N. Trygstad

CONTENTS

Chapter 1

THE NURSING PERSON

Every nurse is a unique person. No matter where she is or what she is doing, she maintains her individuality. This is true whether she is a student studying nursing or a nurse giving nursing care, doing administrative work, or teaching. This is also true while she is skiing, cuddling a child, training a dog, or walking on a beach. A nurse brings her uniqueness to all her activities, professional and social.

As a nurse's roles and activities change in the course of a day, her performance in each setting will be individualized by her knowledge, beliefs, values, attitudes, feelings, skills, and past experience. These characteristics are dynamic, continuously evolving. Because of this, it is important for nurses to be aware of how and in what ways their unique characteristics affect nursing care.

This chapter will discuss the meaning and significance of self-awareness, the impact of self-awareness on nurse-patient relationships, and some means of achieving greater self-awareness.

SIGNIFICANCE OF SELF-AWARENESS

Definition

Self-awareness is being in touch with oneself and one's surroundings in the present. It is knowing what one is thinking, feeling, and doing at this moment in time. It includes a person's knowing where he is in his life and how he feels about it. Self-awareness is experiencing and perceiving through current personal encounters and activities. This is in contrast to experiencing and perceiving in the ways a person learned to experience and perceive ("shoulds" and "should nots"). It is also in contrast to being preoccupied with thoughts, feelings, and behaviors of the past or the future. Self-awareness implies an openness to acknowledging one's genuine response to what is happening.

Self-awareness also implies a knowledge of oneself and those factors which influence who one is. Knowing oneself includes being aware of one's ideas and expectations of self. Learning about self-concept, body

image, self-ideal, and self-esteem facilitates this knowing. Factors that influence who a person is include level of maturity, personal health, cultural background, physical environment, and interpersonal relationships. Knowledge of these fosters self-awareness.

Self-awareness is an ongoing process. There is no such achievement as full awareness as a finished process. To think that a person has achieved self-awareness is to deny the process of becoming. Even though one can never achieve full awareness, there are levels of increasing awareness. One of the joys of living can be the experiencing of these increasing levels of awareness.

Importance to the nurse

Self-awareness is important to the nurse because each nurse is also a person. She is a blend of body, mind, and spirit, with each aspect affecting the others. She is intrinsically complex and unique, with dignity and worth. The nurse has an individual, personal perception of reality that has as great an influence on her as consensually valid reality. Each nurse has an inherent capacity for growth, the capability of being more than she already is.

Expanding awareness is a way for the nurse to learn about herself. As she learns more about herself, she will have greater skill in recognizing and accepting the components of herself and integrating these. Awareness of who she is and how she behaves allows the nurse to make choices about who she wants to be and how she wants to behave. Awareness of feelings and behaviors increases the nurse's understanding of what she may know intellectually. This understanding further increases her choices. With awareness and choices about her behavior and the direction of her life, she will be more comfortable in being responsible and accountable for her personal behavior.

Expanding awareness and self-discovery may or may not be a comfortable process. A nurse can decide to engage in the process of self-discovery and make it a positive process by adopting certain attitudes about self-discovery. Attitudes of understanding and acceptance are helpful. It is not helpful for a nurse to judge or blame as she discovers a new aspect of herself. If she discovers and negatively evaluates at the same time, she will soon lose interest in self-awareness. It is not helpful to try to explain each new discovery. It is helpful for the nurse to see each new discovery as valuable information about herself.

Just as every nurse is a unique person, so every patient is a unique person. Who he is—his beliefs, values, and patterns of behavior—results from prior experiences. These characteristics determine how he behaves, and, consequently, they affect his relationship with the nurse.

There is rarely an occasion when a perfect fit exists between a nurse and patient's beliefs, values, and behaviors. Therefore nurses must learn to be aware of themselves so that they can work helpfully and effectively with persons differing from themselves.

In every interaction between patient and nurse, the nurse acts as a participant-observer. Her participation in the interaction influences patient behavior. The nurse is similarly affected by the patient's behavior. She needs to be observant of her own and the patient's behavior.

The nurse may or may not be aware of her beliefs, values, and behavior. With or without awareness, her beliefs and values speak through her behavior. Even if she is an aware nurse who is in touch with her beliefs and values, she will find them influencing what she does. In situations in which the nurse's beliefs and values are in conflict with the situation, she may decide, with limitations, how her beliefs and values will affect her behavior. She can never control the effect entirely. There is always a residual influence of beliefs and values. Even the attempt to control them is an effect.

If the nurse is unaware of her beliefs and values in a given situation, she is necessarily heavily influenced by them. She is unable to decide the degree of this influence because of her lack of self-awareness. Whatever the beliefs and values, it is important to acknowledge and accept them. Attempts to deny or fantasize them away will prove fruitless and, in the end, only complicate the issue.

IMPACT OF SELF-AWARENESS ON NURSE-PATIENT RELATIONSHIPS

The degree of self-awareness that the nurse brings to her interactions with the patient influences the entire nursing process. The nurse's ability to assess, collect data, synthesize, analyze, diagnose, plan intervention, implement a plan, and evaluate the results is directly related to her level of self-awareness.

For example, if a nurse knows that her response to a dying child is extreme sadness and frequent crying, she will realize that working with a dying child and his family will be particularly difficult for her. She may choose to work with the child and his family if she knows that she can be helpful, or she may choose not to work with them if she has determined that she cannot be effective. An unaware nurse is limited in this situation by her lack of self-awareness, which is then apparent in her response to the patient and his family. She might ignore or prevent any discussion of sadness or fear; she might avoid the family or restrict family participation. These are only a few of the many possible responses.

When a nurse is aware of what she thinks, believes, and feels in a

particular situation, she can determine more accurately how her thoughts and feelings will influence her patient care. If a nurse believes that patients who complain of chronic low back pain are malingerers, she will probably have a difficult time being empathetic. Choices for nursing action are based on what the nurse is open to and capable of seeing in herself.

AREAS FOR AWARENESS

Self-awareness was earlier defined as awareness of thoughts, feelings, behaviors, and the situation of the moment. A nurse's self-awareness within a given moment will be enhanced and facilitated by knowing and understanding her ongoing sense of self and the major factors that influence this sense of self.

Aspects of self and factors that influence a sense of self will be briefly described. These descriptions are followed by questions and activities to stimulate self-awareness in these areas.

Self-concept

The concept of self is a generalized formulation, impression, or abstraction that a person has about himself. It includes ideas about who a person is and how he evaluates himself. This self-conception includes feelings, values, beliefs, and perceptions about the totality of one's being. It is a person's statement about his identity, ability, and worth. The self-concept is dynamic; it is constantly changing. It develops in response to one's growing and changing body and increased knowledge, understanding, and awareness; to intrapsychic and interpersonal experiences; to feedback received from the environment; and to social and cultural expectations.

This dynamic, evolving conception of self is frequently called *self-image*. One's self-image does have a degree of consistency over time and is embodied in the description of "I." Components of the self-concept include body image, self-ideal, and self-esteem.

Questions and activities

1. Describe yourself using "I" statements.
2. What are your most prominent strengths? Your most notable limitations?
3. What do you value? What do you believe in?

Body image. Body image is a person's idea of his physical appearance and physical capabilities. It includes attitudes, perceptions and feelings about the body, its size, functions, and potential. Like self-image, body image is a dynamic concept that necessarily changes with growth, illness, or trauma. The image is shaped by past and present perceptions.

Body image is unique to each person. Different parts of the body are valued differently by different people. Everyone has his own ideas, meanings, and feelings about his body parts. Knowing this, one can easily understand that trauma to a specific area of the body will be responded to differently by each individual. How persons feel about their body influences how they feel about themselves. In general, the higher the level of satisfaction with one's body, the more positive the self-concept.

Questions and activities

1. Draw a picture of yourself.
2. Was this difficult?
3. Was one area more difficult to draw than another?
4. Did you emphasize one body part over another?
5. Did you struggle to make it perfect, or was a rough outline sufficient?
6. What did you learn about your body by drawing yourself?
7. Did it make you think of your body in a new way?
8. Are there parts of your body that you don't like?
9. Are there parts of your body that you like or value more than others?
10. Are there parts of your body that are more important than other parts?

Self-ideal. Self-ideal is a person's idea of who he wants to be. It includes biopsychosocial aspirations. One's self-ideal is based partly on learned standards and partly on societal norms. The person establishes his own rules of what should be or ought to be by comparing his perception of what he is to what he wants to be.

Questions and activities

1. How do you want your body to be?
2. What are your hopes in relationship to others?
3. How do you want to be seen by others and yourself?
4. What would you like to be doing?
5. What should you be doing right now?
6. From the past week, can you recall when you have not met some expectations of your own? When you have met your own expectations?
7. What personal rules do you have for yourself? What are your "shoulds" and "should nots"?

Self-esteem. Self-esteem is an individual's evaluation of his worth. It is a person's judgment of how well he complies with his own rules. A person does this by measuring himself against his own standards and by comparing himself to others. If an unacceptable discrepancy exists between the person's ideal self and his perception of himself at that moment, his self-

esteem will be lowered. If the two aspects are congruent or moving closer together, the person will feel self-esteem. If others say that he is not living up to their expectations and this person shares these expectations, he will feel badly about himself. However, if a person does not share these expectations, his level of self-esteem will not be affected.

Questions and activities

1. Are you satisfied with your performance at work and school?
2. Think about the last time you felt badly about yourself. What was your behavior and what were your expectations?
3. How are you feeling about your relationships with those people who are closest to you?
4. Do you generally feel good about yourself and hopeful about your future? What expectations are you meeting at these times?

Influencing factors

Developmental level, health status, culture, physical environment, and interpersonal situations affect a person's sense of who he is. These areas affect the experiences that occur and the learning which results from these experiences. In this way, these influencing factors affect the development of self-concept. An understanding of these factors enhances self-awareness. As in the preceding section, descriptions of influencing factors are followed by questions and activities to stimulate self-discovery.

Developmental level. Developmental level refers to personality and psychosocial development rather than chronological age. Usually personality and psychosocial development correspond to increasing age. This, however, is not always the case; thus persons may be described as being "more mature than their years."

An individual's developmental level affects the experiences that occur, the perception of these experiences, and responses to these experiences. A person struggling to establish identity seeks experiences to "try on" roles and behaviors. One's perception of important identities determines which roles are selected for this practice and which are eventually chosen.

Several theories have been proposed about the stages of development. Sullivan, Piaget, and Erikson are the foremost among these theorists. Each describes important developmental tasks. The tasks at each stage must be completed for continuing successful development. Some regression of maturity level is expected with illness.

Sullivan's theory[1] emphasizes the significance of the interpersonal transaction between parents and children. It also emphasizes the significance of the social system on the developing child. Essentially the child seeks satisfaction, physical and psychological, to feel secure. Situa-

tions that threaten this security result in anxiety. Anxiety is the fear of disapproval and loss of security. Sullivan conceptualizes growth and development to be the orderly maturing of capabilities. This maturational process is influenced by those persons in the environment who stimulate feelings of security or anxiety.

Piaget's theory[2] is based on the child's cognitive development. The process of cognitive development is seen as an active process in which the child is continuously attempting to incorporate new experiences within the limits of present capabilities. Piaget divides cognitive development into four major periods. The first, the *sensorimotor period,* lasts from birth through 18 to 24 months of age. This covers preverbal intellectual development of first movements to simple problem solving. The second period, known as the *preoperational period,* lasts until the child enters school. During this stage, the child becomes capable of using symbols and language. The period of *concrete operations* lasts approximately from the time the child enters school to puberty. The child acquires a cognitive system capable of understanding and having an effect on his world. The fourth period is referred to as the stage of *formal operations*. This begins in early adolescence when the individual becomes capable of conceptualizing, thinking propositionally, and using hypotheses.

Erikson's theory[3] emphasizes a child's psychosocial development in which critical tasks must be completed during specific phases. Erikson identified eight stages of psychosocial development, each with its own specific developmental tasks. The tasks of each preceding stage must be accomplished before development can progress fully.

The following questions, based on Erikson's stages of development, may be helpful in assessing your developmental level.

Questions and activities

1. *Basic trust versus basic mistrust.* Do you have a sense of basic trust in others and yourself? Do you believe your needs can and will be met? Or do you feel basically mistrustful of yourself and others?
2. *Autonomy versus shame and doubt.* Do you feel comfortable with yourself and your ability to manage your life without needing to control everything? Or do you feel self-conscious and doubtful in most situations? Are you able to give and take and discriminate between the spirit and letter of the law, rules, and guidelines?
3. *Initiative versus guilt.* Do you initiate goals for yourself, plan how to reach them, and follow through with action? Are you comfortable with this, or do you feel you should not or cannot plan and adequately carry out goals? Are you fearful of failure in your attempts to succeed?
4. *Industry versus inferiority.* Are you able to work with others for the completion of a task? Is the completion of the task your only goal,

or do you value working with others also? Have you developed within yourself technical and interpersonal skills? Or do you feel inferior to others and incapable at technical or interpersonal performance?

5. *Identity versus role confusion.* Do you have a firm sense of who you are? Is this congruent with whom others believe you to be? What is it that you like about yourself? What is it that others like about you? Or do you often feel confused about your sexual identity and other roles?
6. *Intimacy versus isolation.* Are you able to make commitments to others and to live up to these commitments? Are you able to select a partner with whom to share an intimate relationship? Or do you feel a loss of sense of self with commitments and intimacy? Do you prefer to be alone? Are you absorbed within yourself?
7. *Generativity versus stagnation.* Do you have an interest in producing, guiding, and laying the foundations for the next generation? Or are you preoccupied with yourself or self-indulgent?
8. *Ego integrity versus despair.* Do you accept yourself and your life cycle? Do you feel a kinship to distant times and pursuits? Are you unafraid of death? Are you fearful of death, despairing that the time left for living is too short?

Health status. As with developmental level, health status affects the experiences that a person has and his perception and response to these experiences. Prevention, maintenance, and restoration of health can require a great deal of time and energy. It can become the focus of a person's life. Preserving or improving one's health status can, on the other hand, become a natural part of everyday life, although not occupying a central position. Even during an episode of illness it is possible to attend to necessary health care while continuing involvement in other activities and interests. Health care problems need not in many cases become all consuming.

Attitudes, values, beliefs, and opinions regarding health and illness significantly influence behavior. Daily activities can either contribute to greater health or illness. For example, if a person believes that smoking increases the likelihood of lung cancer and does not wish to have lung cancer, he is less likely to smoke.

The nurse's attitudes, values, beliefs, and opinions regarding health and illness affect the way she interacts with her patients. If the nurse places a high value on health, she will find it frustrating and difficult to understand those patients who continuously refuse to follow prescribed medical and nursing treatment plans.

Factors such as health and illness patterns, stress, nutrition, exercise,