

Fourth ⁴ Edition

Interpersonal Relationships

*Professional Communication
Skills for Nurses*

Elizabeth Arnold

Kathleen Underman Boggs

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Interpersonal Relationships

Professional Communication Skills for Nurses

Fourth Edition

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Dedication

To my beloved husband, George B. Arnold

Elizabeth Arnold

To my family, immediate and professional
(students and clients)

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The material also reflects the perspectives of communication in interpersonal relationships derived from the professional reflections of leaders in the field of communication and nursing. Hildegard Peplau's classic work on interpersonal relationships in professional nursing practice provides the nursing framework for this text. We would like to acknowledge past contributors, Kristin Lynn Bussell, MS, RN, CS-P; Ann O'Mara, PhD, RN, AOCN; and Shirley A. Smoyak, RN, PhD, FAAN, for their commitment to previous editions of this text. Contributors from outside the realm of nursing provide a broader understanding of the

communication process to guide therapeutic conversations with clients and professionals involved with their care.

The editorial staff at Elsevier deserves special acknowledgment for their commitment to the preparation of this book. We owe a special debt of thanks to Terri Wood, Senior Editor, for her encouragement and consistent support in developing the text. Her quick and ready response to issues that arose during the development of the text kept us on track with a tight publication schedule. We also wish to acknowledge the careful attention to detail and the strong working relationship that Catherine Ott, Senior Editorial Assistant, provided throughout the process. We feel most fortunate to have had the competent services of Jill Riggin, Associate Developmental Editor, for the text and instructor's manual. Her clarity of thinking, sensitive understanding of the material, revision of the glossary, and suggestions related to editorial revisions were exceptional and deeply appreciated.

Finally, we need to acknowledge the loving support of our families. We are particularly grateful to our spouses, George B. Arnold and Michael J. Boggs, for their unflagging encouragement and support.

*Elizabeth Arnold
Kathleen Underman Boggs*

Preface

The authentic experience of life begins with communication. Those of us who accept the responsibility of professional nursing as a life commitment are most fortunate because we can constantly learn and grow professionally and personally from our interpersonal encounters with the clients we serve. Ask almost any nurse: These encounters are what make nursing special and replenish our resolve. Some encounters with clients are remembered with joy and satisfaction; others with pain at the missed opportunity to be fully present or to have that “encounter with presence” experienced by a client. But with each interpersonal encounter, the nurse has yet another chance to appreciate the richness of human experience, the magnificence of the human being, and the many different opportunities for fulfilling human potential through the medium of relationship.

As nurses we are answerable to our clients, our profession, and ourselves to communicate with clients in a special therapeutic way, regardless of what nursing intervention is employed. Despite the technological advances in diagnosis and treatments available to clients and their families, communication still remains the single most important, and sometimes underrated, dimension of nursing practice. We believe that the fourth edition of *Interpersonal Relationships: Professional Communication Skills for Nurses* will serve as a primary reference source for nurses seeking to improve their communication skills in a variety of health care settings with clients and patients of all ages and in all health-related circumstances.

The fourth edition provides a theory and practice basis for interactions among nurse, client, and health care system related to each client's health and well-being. As the health care

system changes, so does the context of our communication with clients and other professionals. This edition has been revised to reflect current trends in health care, specifically shorter encounters, communication technology, a greater focus on health promotion, the need for cultural competence, and the increasing ethical dilemmas in nursing practice.

This edition presents updated information on the application of communication concepts in a changing health care arena emphasizing quality care and cost containment, as well as updated references and revised exercises. A wealth of experiential exercises offers you, as nurse and student, the opportunity to practice, observe, and critically evaluate your own communication skills and those of others. Case examples provide a basis for discussion by helping students to understand and appreciate clients' perspectives and needs. Communication principles assist the student to think through and experiment with alternative approaches to “human encounter with presence” in the daily care of clients and families.

The book is divided into five parts, using a format similar to that in previous editions of presenting the basic concepts of the chapter subject followed by clinical applications. **Part I, Conceptual Foundations of Nurse-Client Relationships**, provides a theoretical framework and professional guides to practice. **Part II, The Nurse-Client Relationship**, explores the essential components of this relationship. **Part III, Therapeutic Communication**, examines communication skills related to the needs of population groups. This material has been updated to reflect a greater emphasis on the client as a partner in health care. **Part IV, Responding to Special Needs**, addresses life span issues in com-

munication as well as those with clients who require specific adaptations. Finally, **Part V, Professional Issues**, discusses issues pertaining to communication and documentation with other health care providers on delegation strategies and use of technology.

As in previous editions, the fourth edition of *Interpersonal Relationships: Professional Communication Skills for Nurses* has been designed for use as individual teaching modules or as a communication resource integrated across the curriculum.

Chapter 3, *Clinical Judgment: Applying Critical Thinking and Ethical Decision Making*, broadens the therapeutic application of the communication process in contemporary health care. A new feature for this fourth edition is the addition of ethical dilemma boxes to each chapter, containing scenarios often drawn from the authors' own nursing experiences. Chapter 3 describes the steps of the ethical reasoning process. The ethical dilemma boxes allow nurses the opportunity to practice use of a logical, systematic, principle-based reasoning process. This practice should help prepare nurses for future confrontation with ethical dilemmas in clinical situations, thus avoiding the emotion-based responses of some nurses.

The goal of the experiential format is to enable the student to learn, grow, and develop new insights about communication and relationship concepts brought to life through active involvement in the process. The exercises are

designed to foster self-awareness and to provide an opportunity for students to practice communication skills in a safe learning environment with constructive feedback to encourage analysis and synthesis of content. Through collegial sharing of experiences with students and faculty, students are better able to integrate theory with practice applications. It becomes easier to generalize the classroom experience of communication skills to the larger world of professional nursing.

Additional experiential exercises can be found in the accompanying *Instructor's Manual*, along with strategies for teaching and learning and brief chapter summaries with teaching tips. The test bank in the *Instructor's Manual* has been expanded and completely revised to reflect the content of the fourth edition of the text.

Our hope is that *Interpersonal Relationships: Professional Communication Skills for Nurses* will serve as a conceptual "staging area" for reflective communication, offering encouragement to launch and refine interpersonal relationships in professional practice. We encourage students and faculty to "prepare the passage for the future" via ever-renewed interpretations of the type of behavioral responses that calm, educate, and promote the healing process of our client and compel reasoned action through communication in the service of the client, the family, and the profession.

Elizabeth Arnold
Kathleen Underman Boggs

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Conceptual Foundations of Nurse-Client Relationships

Chapter 1

Theoretical Perspectives and Contemporary Issues

Elizabeth Arnold

OUTLINE

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Nursing Knowledge

Patterns of Knowing

Applications

Nursing Theory in the Nurse-Client Relationship

Hildegard Peplau

Developmental Phases

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Linear Theory

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Therapeutic Communication

Contemporary Issues

Demographic Changes

Technology

Positioning Nursing as a Key Player

Summary

OBJECTIVES

At the end of the chapter, the reader will be able to:

1. Describe the nature and purpose of nursing theory.
2. Identify the historical development of nursing theory.
3. Compare and contrast different levels of nursing knowledge.
4. Describe the implications of Peplau's nursing theory for the nurse-client relationship.
5. Analyze psychological models relevant to nurse-client relationships.
6. Specify the use of communication theory in nursing practice.

The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will, or knowledge, and to do this in such a way as to help him gain independence as rapidly as possible. This part of her function she initiates and controls, of this she is master.

Henderson (1966)



Nurses see clients at their most vulnerable in health situations. (Courtesy University of Maryland School of Nursing.)

Chapter 1 focuses on selected theoretical perspectives and contemporary issues surrounding the professional nurse-client relationship in nursing practice. Included in the chapter are the structural components of nursing knowledge and a brief, eclectic overview of theoretical perspectives drawn from nursing and other disciplines related to the nurse-client relationship. Nurses often question the relevance of nursing theory for professional practice (Kim, 1994). Nursing theory seems abstract and far removed from what nurses do every day. And yet without a body of knowledge to characterize the nature of professional nursing and to describe its distinctive elements, registered nurses have no independent identity as a profession. For example, how is the nursing role different from the medical or the social work role, or distinct from paraprofessional roles in health care? McKenna (1993) argues that nursing theory provides nurses with a distinct health care identity in collaborating with other members of the interdisciplinary health care team.

Society recognizes the expertise of the professional nurse as being distinct from that of other health care professionals. State boards of nursing and the American Nurses Association have developed performance standards and scope of practice guidelines to help ensure the quality of professional nursing care. The profession of nursing has a written Code of Ethics, and the profession exercises the legal ability to control admission to the profession through professional licensing examinations.

Although nursing knowledge makes use of concepts and theories from many different disciplines (e.g., medicine, social work, law, sociology, and psychology), it has its own distinct body of information. Clark (1998) noted that nursing knowledge is “unique not in its elements but in the way they are mixed to create something special” (p. 40).

BASIC CONCEPTS

Theory as a Guide to Practice

Johnson and Webber (2002) propose “Each health related discipline has specific theory that supports its ability to answer questions, solve problems, and describe and explain phenomena unique to its practice” (p. 182). Nursing theory informs nursing practice by furnishing a distinct body of nursing knowledge that nurses universally can recognize as being unique to their discipline. Nursing theories provide professional nurses with a systematic way to view client situations and a logical way to organize and interpret health data (Raudonis & Acton, 1997). In all nursing theory frameworks, the client is the central focus, and the goal of nursing is to promote and maintain the health and well-being of individuals, families, and communities (Doheny, Cook, & Stopper, 1997).

General theories of nursing lay out the domain of the profession, establish the boundaries of professional nursing, provide a basis for research, and serve as a guide for curriculum development and clinical practice. **Theory-based applications of the nurse-client relationship** are valuable testimonials to the key role of professional nursing in today's health care arena. Theory helps provide a framework for understanding the science of nursing, while patterns of knowing provide a methodology for individualizing care for the client and articulating the art of nursing. In practice, they are inseparable components of quality nursing care. Peplau (1997) observed:

The *artistic aspect* includes, but is not limited to, tender care, attentive compassion and concern, advocacy and various hands-on practices to enhance the comfort and well-being of sick people. The developing *scientific component* of nursing includes knowledge applied for understanding of a broad range of human problems and psychosocial difficulties, as well as for health restoration and maintenance (p. 162).

To sustain critical membership as part of the interdisciplinary health care team, nurses need to view their nursing practice as a practice arena for new theory development as well as for applying nursing knowledge (Reed, 1997). Nursing theory models provide a framework for discussion, research, and the development of new thinking about the profession.

Definition of Theory

Theory comes from the Greek word *theoria*, meaning "a viewing." The American Heritage Dictionary (2000) defines theory as "A set of statements or principles devised to explain a group of facts or phenomena, especially one that has been repeatedly tested or is widely accepted and can be used to make predictions about natural phenomena." A theory represents a theorist's thoughtful examination of a phenomenon, defined as a concrete situation, event, circumstance, or condition of interest. In nursing, theory represents a structuring of ideas that provides a well-defined view of professional nursing,

differentiating its focus and activities from those of other professions (Chinn & Kramer, 1995).

Theoretical models are subject to change and adaptation as new information develops. For example, early nursing theorists viewed health as the absence of disease, and focused on body systems or physical interventions as a way of describing the activities of professional nursing. Modern nursing theories have broadened the definition of health to focus on well-being as the desired health outcome, with a strong emphasis on disease prevention and health promotion.

A theory defines the relationships among concepts, assumptions, and propositions in a nursing model. For example, Rogers's model proposes, "the continuous mutual flow of energy of human beings and their environments creates constant changes in the life process" (George, 1995, p. 18). This theoretical statement demonstrates the connection between person and environment by taking the position that human beings continuously affect and are affected by their environment in ways that influence their health and well-being. Figure 1-1 provides a diagram of the hierarchy of nursing knowledge.

Some theories are more useful in certain nursing situations than others. For example, Peplau's (1952, 1997) theory of interpersonal relationships is particularly useful as a framework for nurses working in psychiatric and long-term settings, but much less so to nurses working with comatose clients or critically ill newborns.

Nursing theories can be tested empirically. Although it is beyond the scope of this text to detail nursing knowledge other than in the nurse-client relationship, regular reading of professional journals provides nurses with explanations of nursing theory in professional nursing practice, its use, and related clinical research.

Nursing Theory Development

Theory development in nursing began with Florence Nightingale and her classic work *Notes on Nursing*, first published in 1859. Nightingale believed that nurses could create environments

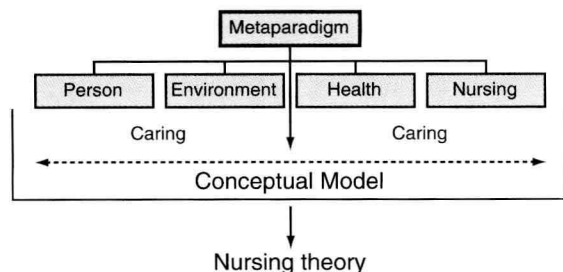


Figure 1-1. Nursing's metaparadigm in the hierarchy of nursing knowledge.

beneficial to the restoration and preservation of health, within which the client would begin to heal. She painstakingly described nursing activities in the first narratives about professional nursing practice. The validity of her ideas is represented in the timelessness of their applicability.

The primary impetus for the development of a body of knowledge distinctively described as professional nursing came in the 1950s from universities where nursing leaders found themselves coping unsuccessfully with confusion and ambiguity about the role of nurses, particularly those with higher degrees. That “a nurse is a nurse is a nurse,” regardless of educational preparation, was hard to dispute without a specific body of knowledge labeled professional nursing and descriptive of its nature. At about the same time, nursing education in college settings began to emerge as the preferred educational route for registered nurses, and the hospital-based diploma training of nurses, was replaced with associate degree and baccalaureate education.

Nursing leaders in higher education began to insist on defining the domain of professional nursing practice. Theory development would provide a common framework for describing practice, enriching communication within and outside the profession, and integrating research with practice (Fawcett, 2000). Nursing leaders saw theory development as being critical to the acceptance of nursing as a professional discipline. Since that time, nursing leaders such as Virginia Henderson, Myra Levine, Martha Rogers, Imogene King, Sister Callista Roy, Madeline

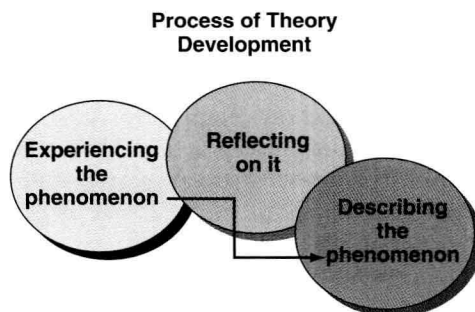


Figure 1-2. Process of theory development.

Leininger, Dorothea Orem, Jean Watson, Dorothy Johnson, Patricia Benner, Margaret Newman, Betty Neuman, and Rosemarie Parse have devoted their professional lifetimes to developing theories about the body of knowledge unique to professional nursing (Fawcett, 2000). Today, in the twenty-first century, there is a noticeable shift from discovering new theory to validating theory. Linking nursing theory to expertise found in evidence-based nursing practice (Youngblut & Brooten, 2001) will become increasingly important as health care turns its attention to measurement of clinical outcomes.

Nursing theory continues to be relevant as curricular and practice threads for all levels of nursing. The scholarly thinking of graduate nursing students also helped to further nursing theory development. Graduate nursing students have provided ideas, struggled to understand the language and meaning of concepts, critiqued ideas, and developed important research studies to support the validity of nursing theory (Figure 1-2). Thus, the nursing theories that guide professional practice today have a richness evolving from scholarly inquiry, as well as an integrity springing from the commitment of its primary and contributing authors to explaining the phenomenon of professional nursing. Table 1-1 provides an introduction to terminology used in nursing theory.

Nursing theories are classified as grand theory and mid-range theory. *Grand theories* encompass thinking about nursing as a whole and are

Table 1-1 THE LANGUAGE OF THEORY

Terminology	Example
Phenomena: Connections or relationships between two or more observable events, objects, or ideas (central building block of nursing theory)	The individual is an irreducible energy field integrally connected with the environment, an irreducible pandimensional field of energy.
Concepts: The words or phrases that capture the essence of a phenomena, create a structure for the phenomena, and define its meaning	Energy field is defined as the fundamental unity of all things, living and non-living.
Assumptions: Personal beliefs that have the potential to influence propositions and hypotheses; influence may or may not be recognized	Human beings are unitary beings and irreducible wholes.
Propositions: Statements that express the relationship between two or more concepts	"The nature of nursing is one of responding to the wholeness of human experience."
Hypothesis: Formal statements describing the expected relationship between concepts (essential for research testing of theoretical concepts); hypotheses are written in such a way that they can be accepted or rejected	Healing depends "on establishing, achieving, or regaining a sense of cohesion" among the parts.
Model: A visual conceptual diagram used to describe concepts and their relationship to one another in ways that reflect the philosophical approach, distinctive language, and cognitive orientation of the theorist	Martha Rogers's Science of Unitary Beings
Theory: Most discrete form of nursing knowledge that provides operational definitions of concepts and hypotheses that can be tested empirically	Energy fields are the "fundamental unit of the living and nonliving." Each environmental field is integral to its human field.

the most abstract of theoretical knowledge. Examples include Martha Rogers's theory of unitary beings and Dorothea Orem's self-care model. *Mid-range theories* cover more discrete aspects of a phenomenon specific to professional nursing, exploring them in depth rather than exploring the full phenomena of nursing (Meleis, 1997). To be classified as a mid-range theory, the concepts must be applicable to many nursing situations, easily recognized and operationalized in nursing practice, and the basic assumptions must fit the theory (Whall, 1996). Hildegard Peplau's theory of interpersonal relationships in nursing is an example of a mid-range theory (Armstrong & Kelly, 1995). Other illustrations include comfort, resilience, social support, quality of life, and empowerment. The source of a mid-range theory can be a grand theory; for example, Orem's self-

care deficit theory, which is part of her Self-Care Model. It also can take form from concept analysis or grounded theory methodologies (McKenna, 1997; Meleis, 1997). Exercise 1-1 provides an opportunity for students to critique an article using nursing theory in clinical practice.

NURSING KNOWLEDGE

Webster's Dictionary (1988) defines **paradigm** as "an overall concept accepted by most people in an intellectual community, as a science, because of its effectiveness in explaining a complex process, idea, or set of data." Nursing's metaparadigm or worldview distinguishes the nursing profession from other disciplines and makes its functions unique (Fawcett, 1996; Monti & Tingen, 1999). Nursing's professional metaparadigm consists of

Exercise 1-1 Critiquing a Nursing Theory Article

Purpose: To provide the student with an opportunity to understand the connection of nursing theory to clinical practice.

Procedure:

1. Select an article from a professional journal that describes the use of nursing theory or nursing concepts. Suggestions for journals include *Nursing Science Quarterly*, *Journal of Advanced Nursing*, *Journal of Professional Nursing*, *Advances in Nursing Science*.
2. Read the article carefully and critique the article to include: (1) how the author applied the theory or concept; (2) relevance of the concept or theory for nursing practice; (3) how you could use the concept in your own clinical practice; and (4) what you learned from reading the article.

Discussion: In your class group, share some of the insights you obtained from the article and engage in a general discussion about the relevance of nursing theory for the professional nursing role.

four elements: person, environment, health, and nursing. Although each theorist speaks to the concepts of nursing's metaparadigm in a different way, exploring the relationships between and among the concepts of person, health, nurse, and environment is common to all theories of professional nursing (Frisch, 2001).

Concept of person. Person, defined as the recipient of nursing care, can include individuals, families, and communities. The holism of person is key to effective nursing practice. Nursing begins with the understanding of each individual client as a unique human being even before considering the specific health care problem. The concept of person helps the nurse understand what makes an individual human regardless of whether the person is a contributing member of society, a critically ill newborn, a comatose client, or a mentally ill individual. Nurses usually are the health professionals most intimately involved in supporting the human integrity of the person in pursuit of health and well-being. They are instrumental in preventing further injury and in providing practical interventions, as well as educational and emotional support, to clients, families, and communities on health-related matters. Preserving and protecting the client's basic integrity and health rights as a unique indi-

vidual is an ethical responsibility of nurse to client.

Concept of environment. Environment refers to both the internal and external context of the client in the health care situation. Here the nurse considers the cultural, developmental, physical, and psychosocial conditions that influence the client's perception, behaviors, growth, and development. Just as plant growth cannot be fully understood without an analysis of its environment (e.g., the soil and the balance between sun and shade required for each plant's development), persons cannot be fully understood without an understanding of the contextual environment that supports or compromises each client's health and well-being. The concept of environment includes specific variables such as religious beliefs, the nature of the community a person lives or works in, family strengths and structure, and access to resources.

Concept of health. The word *health* derives from the word *whole*. Creasia (2001) defines **health** as "a state of being well and using one's powers to the fullest" (p. 121), whereas the World Health Organization (WHO, 1987) identifies health as a positive concept emphasizing social and personal resources, as well as physical capacities (p. iii). Health is a dynamic

Exercise 1-2

Understanding the Meaning of Health as a Nursing Concept

Purpose: To help students understand the dimensions of health as a nursing concept.

Procedure:

1. Write a one- or two-page essay on the characteristics of a healthy person that you know.
2. In small groups of three or four, read your stories to each other. As you listen to other students' stories, write down themes that you note.
3. Compare themes, paying attention to similarities and differences and developing a group definition of health derived from the students' stories.
4. In a larger group, share your definitions of health and defining characteristics of a healthy person.

Discussion:

1. Is it possible to have a chronic disability and still be healthy?
2. How is health determined?
3. In what ways can the nurse support the health of a client?

process existing on a continuum that includes optimal wellness, illness, and peaceful death. Nurses provide health care for individuals, families, and communities at all points along the health-illness continuum. Society today has largely abandoned the idea that health is simply the absence of disease, and has adopted a broader perspective emphasizing personal responsibility and quality of life (Harvey, 1998).

The concept of health is multidimensional with physical, psychological, sociocultural, developmental, and spiritual elements. The spiritual domain of health emphasizes a personal relationship with a higher power and recognition of a person's mortality. There is little question that this dimension of health often sustains people when physical or emotional assaults threaten to overcome a person's sense of self. Exercise 1-2 provides an opportunity to explore the multidimensional meaning of health.

The concept of health in the twenty-first century includes prevention and health promotion goals (Smith, 1990). Health promotion, or emphasizing factors that influence healthy lifestyle behaviors, has become a natural part of nursing intervention regardless of personal clinical

diagnosis (Antrobus, 1997; Polk, 1997). Meleis (1990) further proposes that health is an even broader concept than a purely personal one. She believes health should be considered as a social concern, particularly for people who do not have personal control over their health or the necessary resources to enhance their health status.

Health promotion, as an emphasis in health care, is a relatively new phenomena. The term was introduced in 1974 with the publication by the Lalonde Report in Canada (Morgan & Marsh, 1998). This document, which held that a person's health is influenced by lifestyle and the environment as well as by more traditional biological factors, is credited with motivating the World Health Organization to issue a series of initiatives specifically related to health promotion. Although the personal meaning of health promotion activities varies, most people engage in physical health-seeking behaviors (e.g., exercise, diet, rest, and leisure activities) that help them feel healthier and better able to cope (Frean & Malin, 1998).

Healthy People 2010, the Nation's Health Agenda for the next decade, considers *quality of life* as an important outcome of health