

Nurse-client interaction

**Implementing
the nursing process**

Sundeen • Stuart • Rankin • Cohen

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"Man's inner nature is the key to human joy, happiness and fulfillment. In interpersonal experience it is expressed in warmth, empathy, cognition, acceptance, tenderness and love. Respect for man's essential creativity is the declaration of each man's true worth, of his uniqueness as a human being, unmatched, unparalleled and unmeasured; the proclamation of the dignity of the individual and the incommensurable nature of his existence."

Clark Moustakas
*The Self**

*From Moustakas, C.: *The self: explorations in personal growth*, New York, 1956, Harper & Row, Publishers, p. 283.

Foreword

Any book that helps to bridge the gap between the dualism usually seen and the holism usually sought in nursing literature is a welcome aid to faculty, students, and practitioners of nursing. This book is a major contribution toward that end. The transition from dualistic models to holistic models is essential to nursing for many reasons. First, the pivotal consumers of nursing are demanding care that treats people as whole entities. Other health care givers, both in the curing and in the caring fields, fracture the patient into bits and pieces. Most care givers treat the patient's disease or provide the client with dental care, physical therapy, occupational therapy, respiratory care, and other specialized bits and pieces. Physicians treat patients through highly refined specializations. The care givers in these specializations, including nurse specialists, do provide expert care to clients. However, nurses, of all the care givers, have the unique role of caring about the person as that person really exists, as a whole entity, integrally a part of his family, community, and environment. Nurses care for humans in their ecological systems. This book depicts this unique role of nursing and moves nursing farther along the continuum toward a literature that is holistic. Nursing must develop a literature that reflects the true nature of its unique services if it is to assume an autonomous role and develop its own unique contribution to the health care system.

This book contains some of the essential pervasive concepts that appear in most nursing models constructed to reflect the holistic nature of man and the organismic

nature of nursing responses to man's needs. These concepts seek to reunite what is known of man's parts into man's reality. Man's reality is organismic—a united whole whose parts are not equal to or greater than the whole but entirely different from the whole. Nurses seek a theory and practice model that reestablishes the integrity of man's nature and his interdependence on his environment—a model that affirms man's unity and accounts for his responses as a total being—a holistic model that will enable nursing care to be given in a way that consistently facilitates health, wholeness, growth, and self-actualization.

Nursing's search for such a model takes it from dualism through integration to holism. *Dualism* served science well, for it helped increase the store of knowledge about the work and gave a system to the study of life; it helped create the infinite specializations that have opened doors and solved mysteries; and in health, it led to preventive measures and cures that other methodologies may have missed. In nursing, however, dualism only imposes a schizophrenia unnatural to life. *Integrated models* bring together man's components in a meaningful way. Those models interweave concepts, fields of study, and ideas from the dualistic model throughout the whole so as to induce the nurse, or the learner, to envision how the parts are distinct and how they interrelate. In the integrated model, the parts are clearly identifiable; they retain their separate characteristics while demonstrating that all parts influence each other. *Holistic* models envision a melding of the parts so that the

components become one. Holism provides new categories; new ways of thinking about facts, concepts, and principles; and new ways of using those principles in the creative act of giving nursing care.

The newly emerging nursing models have some common characteristics. Almost all of them categorize nursing activities in ways that bring together the basic processes of life instead of categorizing the various biological, psychological, and social systems. These processes are labeled in a variety of ways, but their basic form is the same. Some of them are: the analytical process, the nursing process, the communication process, the adaptation process, the maturation process, the learning process, and the organizational change process. Many subprocesses are derived from these basic ones. Regardless of how they are or-

ganized or how they are used, the planks in the bridge toward holistic models are increasingly similar.

This book addresses several of the common processes recurring in most current nursing models: self-awareness, the nursing process, communications, maturation, and adaptation.

The text is clear, simple, and explanatory in nature. It imparts a wonder for life, a respect for people, and a move toward the dream of holistic nursing. It is sensitively written. For instance, the authors speak of "the mothering one" not "the mother," assigning a role, not tying that role to gender. The book has a wholesome frankness. For instance, the authors call lust, "lust" not "love."

This book is a contribution to the ever-growing body of holistic nursing literature.

Em Olivia Bevis

Preface

The education of professional nurses must meet quality standards. To accomplish this, it is necessary to balance clinical skills and theoretical information. In searching the literature, we have found that a variety of fields, such as psychology, anthropology, cybernetics, humanities, and sociology, contribute to the theoretical basis for the behavioral component of nursing education. However, this information, other than that in reference to psychiatric settings, does not apply explicitly to the nursing process. In addition, the models used to present theoretical information vary greatly among disciplines and among theorists within a discipline. Other sources provide fragments of the necessary theoretical materials. The student must therefore independently absorb a wealth of information from a variety of sources, select salient aspects of the theories, and appropriately apply them to the nursing process. We believe that it is advantageous to have one text as a compilation of basic resources with the incorporation of recent research.

When the communication process in a human-to-human relationship is viewed as the vehicle through which nursing is accomplished, it becomes necessary to incorporate psychodynamic and sociological information into the nursing process. This trend toward integration requires psychiatric nursing, the therapeutic use of self, to move from behind the locked doors of an institution into the total and varied dimensions of nursing education and practice.

This book is an integrated compilation of psychodynamic principles presented as a single source, synthesizing nursing content

based on a broad background of information from primary theorists and research. Since nursing education is steadily moving toward an integration of basic concepts, this text provides a resource for nursing programs and the practicing nurse clinician.

Understanding the behavioral aspects of the nursing process requires an analysis of self, communication, and interpersonal relationships. Chapter 1 of the text presents a brief overview of the phases of the nursing process. Chapters 2 and 3 present theory relative to the development of a self-concept and the growth of self-awareness. Chapters 4, 5, and 6 examine the concepts and phases of the nurse-client relationship, as well as the behavioral manifestations of those concepts and phases—communication. All of the preceding aspects of the nursing process deal with the nurse's ability to help clients move toward their maximum potential. Chapter 7 presents theory that enables the nurse to analyze the stress states of oneself and the client, as well as the coping and adaptation mechanisms used by each to deal with the stress of daily existence. Chapter 8, in essence, is a summary and practical application of the theory presented throughout the book. It should help the reader understand the reciprocal nature of the concepts presented and discussed.

The ideas within the book arose from our combined thinking and mutual planning. All of us collaborated in the review and revision of each other's work in an attempt to interrelate the ideas and content of the text.

Throughout the text an attempt has been made to avoid pronouns that express

bias and to give recognition and support to the commitment of both men and women to the nursing profession. However, this has not always been possible. Therefore, for expediency and clarity, the nurse is often referred to in the third person, feminine gender, and the client in the third person, masculine gender. It should also be noted that "Ms." is used in lieu of "Miss" or "Mrs.," based on our personal preferences. Finally, because the focus of the book is on wellness, growth, and health, the term "client" is used to describe the individual, family, or group interacting with the nurse throughout the health-illness continuum.

We would like to express our sincere

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chapter 1

The nursing process

Gail W. Stuart and Sandra J. Sundeen

What is the thing called health? Simply a state in which the individual happens transiently to be perfectly adapted to his environment. Obviously, such states cannot be common, for the environment is in constant flux.

H. L. Mencken
American Mercury

The person—a philosophical statement

One's view of the individual will influence one's perception of the nature of nursing, as well as of the nurse's role and function. A discussion of nursing and the nursing process, therefore, should begin with a statement of belief regarding the nature of the individual. In this text the person is believed to be an integrated whole with biological, psychological, sociocultural, philosophical, and intellectual components. Inately, the individual is neither good nor bad; his values and characteristics arise from his interaction with the social and physical world. These interactions occur within himself, with significant others, and with the environment. Thus, the person exists in a world of changing experiences of which he is the center, and his interaction with the world is based on his own personal dynamics. In addition, as the person grows to a fuller realization of his potential, each of these changing experiences and perceptions combine in such a way that they have meaning beyond the moment.

Within a nurturing environment the goal of the person is one of growth, autonomy, and self-actualization. In an environment

of respect and acceptance the individual directs his energies toward self-definition, constructive relationships with others, and positive control over his life and destiny.

The individual has one basic tendency and striving—to actualize, maintain, and enhance the experiencing organism. . . . The organism moves through struggle and pain toward enhancement and growth.*

In this movement the person reacts to the environment as a whole being, combining the biopsychosocial components of his behaviors. These behaviors arise from personal needs and goals and can only be understood from the individual's internal frame of reference. Also basic to this philosophy is the belief that the individual is autonomous, free to make decisions regarding his own goals and responsible for the consequences of his own actions. Exploring the nature of the individual and stating some basic assumptions help to facilitate the formulation of a definition of nursing and a description of nursing functions.

*From *Client-Centered Therapy*, by Carl R. Rogers. Copyright © 1951 by Carl R. Rogers. Used by permission of Houghton Mifflin Co.

Nursing—a philosophical statement

Nursing is a client-oriented profession that effects changes in the client's biopsychosocial environment to promote health, learning, and growth. The nurse is supportive and therapeutic, interacting with the client to explore his needs, feelings, and goals. The nurse facilitates the client's positive adaptation as a unique individual to the stress he is experiencing. Nursing care can be given in any setting, and the goal of this care is to maximize the person's positive interactions with his environment, his level of wellness, and his degree of self-actualization.

Nursing is an interdependent profession that has both dependent and independent functions. As a nurse, one is involved with all of the components of a person in dynamic interaction. The focus of nursing is the diagnosis and treatment of nursing problems. These are areas in which the client's health may be promoted or in which the client needs help in his biopsychosocial adaptation to stress. The helping relationship is the vehicle through which the nurse interacts with the client and promotes his health. The nurse engages the client as a partner in health care, using an assessment based on his total life structure. She does not separate and treat the biological or psychosocial components in isolation but focuses on their interplay and their effect on the client's total life process. The nurse evokes the client's perception of his experiences and together they attempt to find solutions to his health problems. Nursing helps identify and express client needs and incorporates experiences into the person's life situation. Nursing actions are directed toward finding meaning in the client's coping responses, maximizing strengths and maintaining integrity.

In the implementation of these actions, additional aspects of nursing emerge. One of these aspects concerns the intensity of the nurse-client relationship over time. The nurse is the health professional who has

the most contact with the client throughout the day, as well as over a period of time. Another aspect concerns the continuity of care that can be provided by the nurse as the primary care giver. She may be the most accessible and open professional to the client regardless of the setting or time of day. These aspects describe the uniqueness of the nurse as a health team member sharing and coordinating the health care and growth of clients with her colleagues—the physician, social worker, psychologist, and so on.

From this description of nursing arises the nurse's need for self-awareness, observational skills, facilitative communication, and interpersonal competence. The nurse must continuously clarify with the client the meaning of his behavior and the nature of his present needs and goals. The actions implemented and the nursing role assumed will depend in part on the time, place, and people involved. However, professional nursing actions, whether dependent or independent, are ultimately decided on by the nurse, based on her diagnosis of the client and her appraisal of her own potential. The nature of nursing, then, requires that the nurse be assertive in giving care to the client. The nurse must actively define her own functions and be prepared to challenge the existing practice, structure, and power relationships. The purpose is quality nursing care of the client, and the nurse is responsible to the client for providing this care.

The range of nursing functions may be further described and analyzed. The concepts of primary prevention, secondary prevention, and tertiary prevention provide a framework for discussing nursing activities throughout the health-illness continuum. Primary prevention is a community concept that involves lowering the incidence of illness in a community by counteracting the causative factors before they have had a chance to do harm. It includes health promotion and illness prevention. Within this area lie many of nursing's independent functions. It might include screening

an adult population for high blood pressure or school age children for vision impairments. Epidemiological case finding might prompt the nurse's curiosity regarding the gastrointestinal complaints of the residents of a nursing home. In assessing the health problem, the nurse might track down a faulty meat refrigerator that has been a good environment for growing bacteria. Providing for the disposal of the meat and the repair of the refrigerator are nursing actions that will prevent future problems from occurring. Consumer education is another nursing function in this area and is demonstrated by the nurse who warns clients about the harmful effects of vaginal sprays and perfumed tampons. This same nurse would also engage in health teaching by explaining the importance of self-breast examinations to a client, demonstrating the technique, and evaluating the client's level of learning. Another nurse, working in a clinic, might note the increasing incidence of venereal disease. Evaluating the community statistics might lead to the creation of an educational program regarding venereal disease that could be incorporated into the high school curriculum.

Primary prevention by the nurse also includes consultation with community care givers. An example of this function is provided by the nurse who is a consultant to elementary schools. At a school the nurse spends time talking with the teachers and administrators, reviewing the principles of promoting health and exploring the problems or questions they might have regarding student behavior, classroom programs, staff relationships, or curriculum policies. This nurse might also function in a counseling role by meeting with the parents of some of the schoolchildren and reviewing with them growth and development milestones, family developmental tasks, or child management techniques. Finally, the area of political involvement is also a concern of primary prevention nursing intervention, whether the nurse is lobbying for insurance coverage of nurses rendering long-term

care of the chronically ill or lobbying for federal funding of community day care centers for the working mother.

Secondary prevention involves the reduction of actual illness by lowering the prevalence of the problem in the community. This can be accomplished in two ways: either by lowering the factors that led to the illness or by shortening the duration of existing problems by early diagnosis and effective treatment. Secondary prevention specifically refers to the latter method, since the first method describes primary prevention. It is important to remember, therefore, that secondary prevention nursing activities include primary prevention functions as well as some additional ones. One of these additional functions of the nurse is the coordination of the care that the ill client receives. A dependent function would be to administer medical treatments and medications. An independent function would be to engage the client as a partner in his health care treatment and formulate a nursing diagnosis regarding his experience of illness. The nurse would identify nursing problems, evolve a treatment plan, and be responsible for its implementation and evaluation. The nurse would also facilitate the client's relationships with his family or significant others, including them in the nursing care plan and goals. In the area of secondary prevention the nurse would also help the terminal client die with dignity and support the family during the mourning process.

Tertiary prevention involves reducing the residual impairment resulting from illness, such as the lowered capacity to contribute to the occupational and social life of the community. Once again, tertiary prevention nursing includes primary and secondary prevention nursing functions. Specifically, tertiary prevention activities focus on the client's habilitation or rehabilitation. Habilitation involves the nurse helping the client attain a new level of functioning that is a higher level than he has previously had. An example of this is the help given to a withdrawn, suspicious teen-

age boy who dropped out of high school because of feelings of inadequacy. The community nurse working with his family spent time talking with the boy and exploring his feelings. Her intervention motivated him to pass his high school equivalency exam and later attend college. Rehabilitation involves the nurse helping the client achieve a level of functioning less than or equal to his previous level. This is evident in the nurse's rehabilitative efforts to maximize the functioning level of a client who has experienced a stroke. In habilitation or rehabilitation the nursing care plan is subject to continued evaluation and modification based on changing biopsychosocial problems and the formulation of new goals. In rehabilitation activities the nurse also strives to prevent recurrence of the problem. For instance, the nurse might help plan and reinforce an appropriate exercise program for the client who has had a heart attack.

The following example is given to show how nursing actions can be described using the primary prevention, secondary prevention, and tertiary prevention model:

Ms. L. is a nurse working in the pediatric clinic of a community hospital. In her work she has identified that a number of children are referred to the clinic because of problems in school. Most of these children are sent by the county schools because of their disruptive behavior and inability to learn. Ms. L. recognizes that prepubescent children who are behavior problems in the classroom often have learning disabilities. From her epidemiological case finding she realizes the need for health teaching of parents and consultation to the county schools. Ms. L. visits the schools and discusses the diagnosis and treatment of children with learning disabilities with the teachers and the school nurse. She finds that the schools do not have sufficient funds for special education classes and that there is only one resource teacher within the three schools to provide the individual attention needed for these children. Ms. L. becomes politically involved, campaigning for additional educational funds and the reallocation of existing funds to form special education classes. She meets with parent groups to teach them regarding behaviors

that are characteristic of learning disabilities, and she also works with the one available special education teacher to establish an ongoing workshop for teachers to increase their skills in teaching the child with a learning disability. These nursing actions describe her role in primary prevention of learning disabilities.

In the area of secondary prevention, Ms. L. supervises the administration of drugs to children diagnosed as having a learning disability. She works with the school nurse to set up a parents' group for the families of children with learning disabilities so that they can share their experiences, help each other solve problems, and identify agencies within the community that may help to alleviate the problem. In addition, she refers children who are having adjustment problems because of their inability to learn to the mental health department.

Her functions in tertiary prevention revolve around working with the families and teachers of children with learning disabilities to maximize the children's potential and decrease possible adverse psychological effects from their poor interpersonal relationships and slow learning. Her goal is not only to help these children reach a higher level of functioning (habilitation) but also to assist those who have already lost interest in school to return to their former level of social development (rehabilitation).

All of these nursing functions are actions for which the nurse is directly responsible. They are carried out whether or not the client is under medical care and in any setting agreed on by the nurse and the client. Use of the nursing process aids in analyzing the nursing problem, planning the appropriate actions, organizing their implementation, and evaluating the nursing care.

Nursing process

Many nursing scholars, such as Johnson, King, Neuman, Orem, Orlando, Riehl, Rogers, and Roy, are formulating conceptual models for nursing. These models are outlines or frameworks designed for use in nursing education, practice, and research. From these models are developed nursing theories or principles for practice. In pre-

senting the content of this book, we will make no attempt to endorse or further develop one particular model of nursing. Rather, the focus will be on the implementation of the nursing process and its behavioral manifestations.

The nursing process is an interactive, problem-solving process used by the nurse as a systematic and individualized way to fulfill the goal of nursing care. It is a deliberate and organized approach requiring thought, knowledge, and experience. The nursing process acknowledges the autonomy of the individual and his freedom to make decisions regarding his own goals and be involved in his own care. Together, the nurse and client emerge as partners in a relationship built on trust and directed toward maximizing the client's strengths and maintaining his integrity.

The problem-solving process is a scientific way of thinking and dealing with problems, and its principles are included in the nursing process. The steps in problem-solving include:

1. Observation and recognition of the problem
2. Definition of the problem
3. Formulation of hypotheses or possible solutions to the problem
4. Implementation of the hypotheses or possible solutions
5. Formulation of conclusions

The phases of the nursing process include:

1. Data collection
2. Formulation of the nursing diagnosis
3. Planning of nursing care
4. Implementation of nursing actions
5. Evaluation of nursing assessment, care plan, and actions

Many disciplines incorporate aspects of the problem-solving process. The nursing process, however, is distinguished from the problem-solving process in its purpose and method. The purpose of the problem-solving process is the development of new knowledge. The purpose of the nursing process is to maximize a client's positive interactions with his environment, his level

of wellness, and his degree of self-actualization. The methods also differ. With the scientific process one can problem-solve in isolation, manipulating objects and ideas without interacting with other people. The nursing process, however, is founded on the helping, interpersonal relationship; the nurse interacts with a client to analyze and meet his biopsychosocial needs.

One uses the nursing process with an individual client, as well as with a family or group, at any point on the health-illness continuum. The setting and the client's needs will determine whether this process is directed toward primary, secondary, or tertiary prevention. The nursing process is the basic framework for nursing, and it is utilized to provide quality, professional care. It requires that the nurse has a substantial knowledge base, can communicate effectively and think logically, is technically efficient, and is receptive to internal and external evaluation. Because it is a disciplined approach to care of the client, the nurse must be able to demonstrate flexibility, openness, creativity, and leadership in directing change.

The phases of the nursing process—data collection, diagnosis, planning, implementation, and evaluation—are reflected in the American Nurses Association Standards of Nursing Practice.* The standards strive to improve the practice of nursing, which occurs in a variety of settings. The standards for the nursing profession are defined as follows:

Data collection: The collection of data about the health status of the client is systematic and continuous. The data are accessible, communicated, and recorded.

*Many references pertaining to the nursing process combine the initial two phases of data collection and nursing diagnosis into one phase and label it assessment. We believe this term to be too global to have real value in analyzing the nursing process. Therefore, we have divided assessment into two distinct phases—data collection and formulation of the nursing diagnosis.

Diagnosis: Nursing diagnoses are derived from health status data.

Planning: The plan of nursing care includes goals derived from the nursing diagnosis. It also includes priorities and the prescribed nursing approaches or measures to achieve these goals derived from the nursing diagnosis.

Implementation: Nursing actions provide for client participation in health promotion, maintenance, and restoration. They help the client maximize his health capabilities.

Evaluation: The client's progress or lack of progress toward goal achievement is determined by the client and the nurse. This progress or lack of progress toward goal achievement directs the reassessment, reordering of priorities, new goal setting, and revision of the nursing care plan.¹

The nursing process, however, does not consist of separate, discrete phases followed in strict sequence. Rather, they are continuous and interdependent. All five phases may overlap or occur simultaneously. For example, when collecting data from an elderly woman who has recently suffered a stroke, the nurse diagnoses the problem of impaired mobility and implements a regimen of muscle exercises to increase joint mobility and muscle strength. Each day, while assisting the client with exercises, the nurse also evaluates the client's progress and

devises new goals and actions. Thus, the nursing process is dynamic and dependent on ongoing validation and evaluation (Fig. 1-1).

For the purpose of studying the process, however, it is beneficial to temporarily separate the phases and examine each one. This provides for increased understanding of the elements of each phase and the relationship of each phase to the others.

Data collection

The first phase of the nursing process marks the beginning of the nurse-client relationship and consists of the collection of data about the client. To accomplish the tasks of this phase, one needs certain knowledge and skills. Basic to these is the need for self-awareness. The nurse needs to know herself and feel satisfied with herself before she will be able to reach out to the client and actively listen to his verbal and nonverbal communication. The nurse must be able to separate her own feelings from those of the client and identify her own needs and personal and professional goals. It is also necessary for the nurse to objectively analyze how she affects the client. Clients should not be stereotyped but should be respected as individuals. If this is done, then the client's communication can be viewed as his perception of the situation, and his behavior can be seen as his coping response. The nurse needs accurate observation and communication skills to

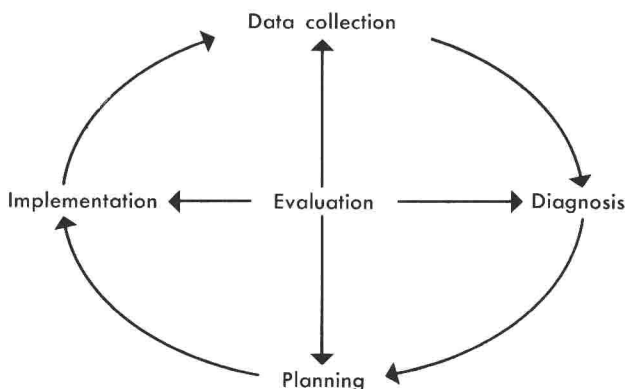


Fig. 1-1. Phases of the nursing process.