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ABSTRACT

Noting that older patients are often vulnerable in the hospital setting because they may not comply with the nursing staff's instructions, this paper offers a systematic method for teaching nurses how to evaluate older patients in a sympathetic manner and to focus on the patient's norms of behavior rather than those of the hospital. The paper proposes a course that could be used for inservice training or as a component of a communication course in nurses training. The proposed course would use Mark Knapp's "Social Intercourse" as a textbook and would consist of ten one-hour sessions. A course outline, containing descriptions of the topics and activities of each session, is included. (FL)

THE CHRONIC, NON-COMPLIANT, OLDER PATIENT: A Method For Teaching Norm Sensitivity For Nurses

by

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ABSTRACT

The old[illegible] patient is often vulnerable in the hospital setting because he/she may not comply with the nursing staff's instructions. The staff may assume that the reason the older patient does not comply is because of confused rationality. This paper posits that non-compliance may arise from the failure on the part of the nurse to identify the patient's salient norm constructs. A method for teaching norm sensitivity is proposed.

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The nurse often plays the role of teacher as she/he performs professional duties and interacts with patients. Some of the nurse's informal and formal teaching tasks include: instructing newly diagnosed diabetics about techniques of self-injection, suggesting dietary and exercise regimens for myocardial infarction victims, introducing patients to pre-surgical routines, demonstrating the maintenance of a prosthesis, and alerting patients to drug side-effects.

In these teaching encounters, a majority of patients expect little more from the nurse than a simple transmission of information. One group of patients, however, presents a special challenge to the nurse's role of teacher: the chronic, older patient. While most patients are acquiescent during hospitalization and receptive during instruction sessions, the chronic, older patient appears to behave differently. This type of patient may be hospitalized several times during the year for treatment of a chronic condition. Since this type of patient frequently has wide experience with a large variety of medications, he/she may argue with the nurse about the advantages or disadvantages of one drug over against another when the nurse attempts to explain a medication regimen. Through repeated hospitalizations, this patient may know personnel and staff in numerous departments of the hospital. Thus when the nurse begins an instruction session, the patient may claim that "The people in physical therapy don't do it that way . . . you'd better check with them first, dearie." Thus the nurse's credibility may be eroded. This patient is frequently hospitalized for circulatory complications which may result in amputations in the case of diabetes, or in lengthy drug treatments, in the case of phlebitis. The patient is in high pain in both cases. When a nurse attempts an instruction session the patient may

complain about the pain so violently that little effective teaching can be accomplished.

How can the nurse deal effectively with this type of patient in a teaching situation? This paper will suggest a systematic method for teaching nurses how to evaluate this type of older patient in a sympathetic manner. This method teaches the nurse how to focus on the patient's norms rather than the hospital's norms of behavior.

In a normal patient teaching situation, the nurse may assume that a norm of patient obedience is operative. In this norm, the nurse is a giver of information; the patient is a receiver of information. In this norm, Bowers[1] assumes that if information is presented clearly enough, the patient will overcome reluctance to comply by the sheer weight of logical and rational evidence. Bille[2] and Huckabay[3] echo this norm by adding that verbal instructions should be reinforced with written instructions to insure compliance. By increasing the channels by which the patient receives the information, the nurse increases compliance.

The nurse who engages in patient teaching using such a norm makes certain assumptions about the patient's rational capacity. The nurse may assume that rational patients would be willing to comply with instructions. The patient who does not comply may be "irrational,"[4] "distorting reality,"[5] acting in a "spoiled" manner because he/she cannot submurge his/her individual wishes to the larger constraints of the institution,[6] or is a difficult opinion deviate deserving of the streotypic label of "crock."[7] Thus the older patient who does not comply with the norms of expected behavior which the nurse brings to the teaching situation is vulnerable to suspicions about his/her rational capabilities. In most cases the nurse expects the patient to be a willing recipient of health information.

A few studies have asked what expectations the older patient may bring to the teaching encounter. Schwartz and White[8] found that patients complied better in a clinic setting when a patient advocate sat with them during the physician's examination, and explained medical jargon and procedures in a warm, supportive manner. The patients expected supportive understanding of their condition in addition to a simple exchange of information. Grimes and Stamps[9] discovered that older patients did not want information about their condition as much as they wanted reassurance that what they were experiencing was normal for a person their age. In that study, the patients appeared to want to hear ways in which they could retain control over their own health regimen. When the patients were given assurances of self-control, they increased their compliance rate with suggested regimens in the clinic.

It was the intent of the authors of this paper to focus on the expectations that older patients bring to the hospital setting in an effort to design a methodology which would increase the nurse's sensitivity to patient norms. The researchers gathered a description of these norms and expectations from interviews with fifty-three nurses[10] ranging in professional competence from LPN's to a Dean of a school of nursing. The instrument for gathering the data was an individual interview with the open-ended question: "Please describe your most difficult older chronic patient and describe what you think she/he wanted from you." The data of the interviews were subjected to content analysis. The researchers found four types of non-compliant patients in this population of older patients:

THE DEMANDING PATIENT. This patient asked for excessive amounts of detailed physical care from the nurse. Medication must be administered on schedule and at specified times with little tolerated variance permitted. Dressings must be

applied in a specific manner with exacting technique. This patient tended to be highly possessive about personal artifact: clothing must be folded and inventoried, purses and billfolds must be locked in a safe place and checked periodically, glasses and hearing aids must be placed in a specific position in the night stand for easy retrieval during the night or when the patient might be transported to another wing of the hospital for tests. This patient complained about the quality of food served, used the call light frequently, and often interrogated the nurse about her/his medical credentials: "Are you sure you know how to change my bandages . . . what if I get an infection from you?"

THE MANIPULATIVE PATIENT. This patient often misrepresented information given to the patient by floor nurses: "Nurse Jones said I couldn't have any more pain pills, ever." This patient often told supervisors that medication schedules had been neglected by the floor nurses. This patient often compared the quality of the nursing staff to other hospitals: "When I was at the Cleveland Clinic, the nurses there were nice . . . they didn't treat me like a number." This patient often reported instances of abuse to family members who in turn confronted the nursing supervisor: "Mom tells me that the nurses are laughing behind her back about her style of nightgown -- what's going on here?" If this patient sees another patient being given an unusual medical test or new medication, he/she will inquire about its purpose and then "develop" symptoms which would require the same test to be administered to him/her.

THE REBELLIOUS PATIENT. This type of patient often used abusive language on the staff. She/he may become violent when a new treatment is proposed and may threaten violence to self or others. This patient may not bother with the call light but would scream for the nurse's attention when she/he passed the door to

the patient's room. This patient appears to distrust hospital medications and may bring a large cache of drugs to the hospital with him/her. This patient will then insist on taking the medication along with the hospital's prescribed regimen. Sometimes this patient tells ribald jokes and makes sexual innuendo to the staff in the hall -- usually within earshot of visitors.

THE WITHDRAWING PATIENT. This patient does not want to talk about his condition with the staff. He/she objects because the nurse asks too many questions, may feign sleep to prevent the nurse from talking to him/her, does not want people near his/her bedside, and has marginal commitment to treatment regimens.

If behavior arises from the images and expectations which both communicators bring to the scene,[11] then effective medical discourse will depend in part, on how effectively the nurse is able to describe the expectations the patient brings to the hospital encounter. The nurse can describe these expectations in terms of the norms by which the patient views the nurse's behavior.[12] If the nurse complies with the patient's norms, then she/he can expect a reasonable chance of patient compliance. If, however, the nurse violates the patient's norms, then she/he can expect a reasonable degree of non-compliance.

Consider the following norms and their routine violations in the hospital setting. (1) When communicators are physically close, the listener expects more personal messages. The nurse habitually sends loud public messages when asking for intimate activity from the patient: "Can you urinate in this cup, Marvin?" (2) When the relationship is intimate, the listener expects more affectionate messages. A patient who has submitted to an amputation expects a deeper relationship from the staff than would be conveyed in: "Move your stump a bit so I can get

the tape under it." (3)When the listener perceives the speaker as higher in status than the listener, the listener expects dignity messages. The nurse frequently addresses the patient by his first name even though vast expanses of age separate nurse from patient. (4) When the speaker perceives the listener as highly ego-involved in the topic, more respect messages are expected: [nurse looking through night stand drawer for a patient's dentures] "I know I put your choppers in here somewhere." (5) When the listener's attitude is salient to the situation, more serious messages are expected: [nurse to eighty-year-old man]: You're scheduled for surgery tomorrow. We'll start pestering you at 7 A.M. So be a good boy and get some sleep now." (6) When the speaker's role is clearly defined, the listener expects messages consistent with the role. The hospital staff members are viewed as mercy-giving technicians, yet many nurses adopt a mode of behavior reflecting cool "professionality" toward the patient. Mark Knapp[13] summarizes these norms as arising from six perceptual constructs: formality, warmth, privacy, familiarity, constraint, and distance. In a teaching encounter, these constructs will powerfully mold the nurse/patient relationship [14] to the extent that the patient who feels psychological threat arising from norm violation[15] will be less likely to comply with the content of the instructions.

How can the nurse be taught to recognize the norms which the patient may bring to the hospital scene? The authors suggest a course of study to gain this end. This course may be used as a seminar for in-service training, or as a component of a communication course in nurses' training. The course has ten one-hour sessions. Mark Knapp's Social Intercourse would be used as a text.

SESSION I: The concept of norms would be introduced by lecture technique. Specific norms and patterns of discourse which accompany these norms would be

included in this lecture. Primary focus would be given to the norms mentioned above The verbatim technique of data gathering would be introduced.

SESSION II: Students would be asked to identify which of the norms above are frequently broken in staff discourse at the hospital. Students would be instructed in the use of video recording equipment and would set up a camera at the nurses' station counter in the hospital to record the busiest part of the morning shift: 10:30 A.M. to 2:00 P.M.

SESSION III: The nurses would play back the video tape and would be asked to identify the violated norms they detected in their own interactions with supervisors, physicians, visitors, etc

SESSION IV: The nurses would be introduced to a method of probes which both reduce defensiveness and increase the interviewer's data base about the expectations which the patient may have. Here the Gibb model for supportive discourse would be used.[16]

SESSION V: Each nurse in the class would be assigned to a seat outside an older patient's room in the hospital. There the nurse would record by verbatim technique the norm violations or compliances that were overheard when staff members interact with the patient within the room.

SESSION VI: The nurse would return to the classroom and would practice probes on the violated norms they overheard with the elderly patients in order to construct supportive, instead of defensive, messages.

SESSION VII: The nurses would practice the probes on volunteer "patients" who have agreed to serve in the classroom setting for this purpose. The authors suggest that these patients be persons with some counseling experience who are accustomed to the role play technique. High school teachers, ministers, and

professional counselors would make excellent "patients."

SESSION VIII: The nurses would be asked to identify a chronic older patient on his/her shift. The nurse would search the patient's records for clues as to what expectations the patient might bring to the hospital setting. Further, the nurse would interview a member of the patient's family with an open-ended question: "I know this hospitalization has been difficult for Mr. Smith. So that I can meet his needs better, can you fill me in on what he's like at home when he's feeling good?" During the interview, the nurse will be alert for evidence of the psychological constructs mentioned above as they are operationalized by: status, work satisfaction, affiliate relationships, tolerance toward ambiguity, attitude toward authority, and salient cultural topics (school bussing, taxes, public morals, etc.). At the completion of the record search and the interview, the nurse would write a norm profile of the patient. The nurse will focus the profile with the question: "What will this patient be expecting of me?" The profile will contain a strategy for effective discourse with the patient that would include three topics that the nurse predicts will begin to establish supportive discourse with the patient. For example if the record search and interview reveal that the patient is an avid sports fan, the nurse might predict the following topics: (1) Probes about sports in general, (2) Probes about the patient's past participation in sports as an athlete, (3) Probes about his admiration of sport heroes of the past.

SESSION IX: The nurses would share their profiles with their peers in class and accept suggestions as to effective interaction with the patient. The nurses then rehearse before the class, the next teaching encounter they are likely to have with each of their identified patients.

SESSION X: The nurses interact with their identified patients in a teaching

encounter using the norm profile and strategy they have created. When all the nurses in the class have attempted an encounter with their patients, the students return to the classroom setting and report on the progress they have gained with the patient.

The class of nurses would not be disbanded at the completion of this series of exercises but would become a permanent forum where nurses might systematically evaluate patient expectations. Skills and techniques learned by teaching the older patient would certainly apply to other patients the nurse might encounter in her/his practice.

> As every good teacher knows, the business of teaching is not that of penetrating the student's defenses with the violence or loudness of the teacher's messages. It is, rather, that of co-operating with the student's own inward teacher whereby the student's image may grow in conformity with that of his outward teacher.[17]

END NOTES

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