

STRENGTH BASED NURSING

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Strength-based Nursing: The Story of Emma Gee

Meet Emma Gee

Emma Gee was diagnosed with arteriovenous malformation (AVM) at the age of 24 after six months of pain, numbness, and debilitating clumsiness. The doctor who discovered the disorder informed her that the condition was congenital and required emergency surgery for its resection. After the procedure, Emma did not recover fully from her earlier symptoms. Instead, she developed complications since the resection did not go as planned. The neurosurgeon did the procedure in two stages. In the first stage, he removed the lesion but failed to resect all the AVM. In the second operation, he managed to remove all the AVM, but the adjacent areas bled profusely. Consequently, Emma suffered a hemorrhagic shock that changed her life forever (Gee, 2017, 78). She went to the ICU after the surgery where she experienced all sorts of nightmares. Her body became immobile and could communicate neither with her family nor the medical staff. She eventually woke up from the coma and went to the general ward. The stroke left her paralysed and had to attend physiotherapy sessions to restore her motor functions. A previously occupational therapist becomes a patient who has to benefit from the services she offered to her clients a few months ago.

This discussion explores Emma's story as a patient and looks into how strength-based nursing can help patients recover from their conditions. The focus of Emma's medical journey is the preoperative encounter with her parents. A day before the surgery, Emma arrives in the company of her father, mother, and twin sister. She undergoes a 3D CT scan to aid doctors during the operation the following day. The lead surgeon opts to give her a relaxant that puts her to sleep until the following day. In the morning, her family arrives and shares with her a valuable moment before the nurses wheel her to the theatre. The interaction between Emma and her

family at this point proves that the latter is a source of solid support that a patient requires to overcome traumatic experiences. The discussion will, therefore, proceed to the strategies for family inclusion in patient care. It will specifically focus on relationships between the patient and the family as well between the nurse and the members of the interdisciplinary team. Finally, a strength-based nursing care plan will show how patients can benefit from this model of care and achieve better outcomes in the hospital.

Think Family

Emma's family is already supportive of her interests. When she decided to pursue occupational therapy at the University, her parents were there to offer the required assistance. They are also supportive of her other decisions. After college, Emma's parents wanted her to go for a holiday in another place rather than Africa (Gee, 2017, 10). Emma was already settled for Tanzania since this could fulfil her dreams of working in a developing country. None of the parents opposed this desire. The reader can discern the strength of the bonds that hold Emma and her immediate family together. In her sickness, they could become more involved in ensuring her quick recovery.

Strength-based nursing emphasizes the family system theory (Govern, 2015, 411). It calls for the enactment of we-ness, where disease in one family member becomes a burden for everyone. The "family care partnerships reflect these losses and often compensate for them with the emergence of we-ness" (Govern, 2015, 411). This concept entails the creation of a common purpose that can lead to long-standing intimate relations. In other words, the family should embrace their sick kin and take upon themselves the duty of promoting recovery. Emma's family could achieve we-ness by developing an even stronger relationship with her. After she explained her symptoms to her parents, the latter acted fast to seek help for one of them. His father was especially supportive.

He sought the most reputable neurosurgeon and booked for his daughter's admission to one of the best hospitals in the country. However, there was still a chance for more involvement in Emma's affairs. While the father was looking for the consultants, her mother could be mobilizing financial resources from the extended family. Bec, Emma's twin sister, could also get more involved in Emma's wellbeing in the preoperative phase. She could, for instance, rally the support of his sister's close friends and perhaps invite them to visit her before she goes to the theatre.

Relative involvement in healthcare is a growing field of interest in nursing (Wiig et al., 2020). Patients have reaped benefits from this approach (Wiig et al., 2020, 7). Families are sources of information, which helps in making the patient's diagnosis. Additionally, the family helps the medical care team to deliver justice to the patient (Wiig et al., 2020, 7). While family members accompany their kin to the hospital, the two can share emotions and take part in reconciliatory efforts (Wiig et al., 2015, 8). Family involvement entails providing the patient and their family information about the health status and inviting the contribution in the recovery process (Prior & Campbell, 2018). Patients and families who receive health information from the medical team report improvements in the quality of life as compared to those without this privilege (Prior & Campbell). In light of these family involvement concepts, the clinical team at Dalcross hospital could have involved Emma's parents better than they did. For example, Emma goes into the CT scan room alone and reads the images without the company of her parents and twin sister (Gee, 2017, 65). As seen from Emma's reaction, seeing these images was a terrifying encounter that could have been improved by the presence of her family. In the recovery room, a nurse "whisks Bec Away," as she tries to converse with Emma (Gee, 2017, 94). This instance is one among many where the reader can detect the lack of active patient involvement in caring for Emma.

The interdisciplinary team for the care of Emma comprised of nursing staff, speech therapist, music therapist, occupational therapist, and physiotherapist. All these professionals worked together to restore Emma to her former shape. Obviously, they communicated using professional language while executing their duties. Certainly, communication enhances interdisciplinary collaboration. Besides improving communication skills among members of the staff body, planning training and workshop for employees to interact will promote collaboration that proves important in emergencies and other situations that call for diverse services (Ponte et al, 2020, 171).

Focus on Relationships

Forming a therapeutic relationship is a core-nursing concept (Mirhagi et al., 2017). It is one of the main tenets of humanistic nursing theory (Wolf & Bailey, 2013, 63). Therefore, the nurse must establish an authentic presence and originality while caring for the patient. Connecting with Emma should begin with establishing epistemic trust. Fonagy and Allison (2014, 372) define epistemic trust as belief in the “interpersonally transmitted information.” This means that for the patient and the nurse to converse productively, there must be trust between the two parties. Indeed, any insecurity that exists in such a relationship undermines effective communication (Moreno-Poyato et al., 2016, 1). The concept of therapeutic relationship varies across nursing groups. For example, Australian nurses believe that a therapeutic relationship should exhibit authenticity, self-knowledge, respect, and understanding. The patient should also benefit from this relationship through quality care and comfort (Moreno-Poyato et al., 2016, 8). Some barriers to forming effective therapeutic relations are negative personal attributes, burnout, and lack of skills (Pazargadi et al., 2015, 553). Emma could benefit from a working therapeutic relationship after creating trust with the nurses taking care of her. As seen in the text, nurses tasked with

preparing her for the theatre were not willing to form this relationship. For example, the nurse who brought hospital garments for her to wear just left the clothes for her to change when she was ready (Gee, 2017, 66). This nurse should have taken time to explain to the patient the need for these clothes and perhaps mention what should have followed later.

Strength-Based Nursing Care Plan

People possess inner strengths that can help their recovery from illnesses (Xie, 2013, 5). The strength of the character enhances quick recovery from a disease. The application of strength-based nursing in mental health is well documented. In this discipline, mental health patients are considered as consumers of nursing services. When applied in the context of mental illness recovery, a patient's belief in their abilities to overcome a health challenge results in better outcomes. Nurses implementing strength-based care plans pay attention to what the patient can do and not what they ought to do. This approach also pays close attention to their abilities rather than their inadequacies (Xie, 2013, 6). Family engagement is also critical in strength-based nursing (Xie, 2013, 7). In situations that transform life like dementia and stroke, strength-based nursing focuses on what the patient retains rather than what is lost (Govern, 2015, 413). A typical nursing care plan under this approach entails patient/family meetings, social support groups, and therapeutic relationships (Xie 2013, 8).

Emma Gee's case is a perfect example of a strength-based care plan. After surviving from a stroke, she became a motivational speaker and a published author. She spent many days in cognitive, speech, and motor rehabilitation under the care of nurses and various therapists. Being in the company of other patients was encouraging enough. In this period, nursing care was not as much as rehabilitative therapy. However, a strength-based nursing plan was necessary particularly for mental and emotional support. The nurses should have organized a round table

discussion and let the patients share experiences and their journeys of recovery. Calling Emma “Lamana Banana” was not a kind gesture. Georgie, the physiotherapist, should have noted that this name reminded Emma of her past and the events that led to this body curvature. Since strength-based care is about forgetting what is lost, finding a better nickname would create more hope for the patient and allow her to focus on the future rather than the past.

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