Exploration of How Strengths-Based Nursing Changes Culture and Practice through Collaboration

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Outline

- Lots of questions
- Intro
- Activity
- Gaze
- 4 types and resources
- How are strengths used:
  - Identifying strengths – providing feedback
  - Developing strengths
  - Calling forth strengths
- Six strengths based principles
“It is often thought that medicine is the curative process. It is no such thing; medicine is the surgery of functions, as surgery proper is that of limbs and organs. Neither can do anything but remove obstructions; neither can cure; nature alone cures. And what nursing has to do in either case is to put the patient in the best condition for nature to act upon him”

Florence Nightingale, *Notes on Nursing*, 1860, p. 133
Introduction to Strengths-Based Nursing Care

- Focusing on person, family & community strengths important value since Nightingale
- Focusing on strengths brings hope, engenders in people sense of empowerment
- Finding right balance between focusing on strengths while dealing with problems and deficits
- Strengths approach reveals as much about nurse *herself* and how chooses to express *herself* humanity – what you see in the work is the person *herself*
We believe

- All people and families possess strengths, potentials, and resources
- When nurse focuses on strengths changes own perception of person
Activity – How does it feel?

• Take 3 minutes and list problems/deficits
  – Now on a scale of 0 to 10 where 0 is none at all and 10 is the most possible, rate your self esteem

• Take 3 minutes and list strengths
  – Now on a scale of 0 to 10 where 0 is none at all and 10 is the most possible, rate your self esteem

➤ How does it feel?
What is Strength Based Nursing?

- A radical shift in thinking & doing from illness & problems to health & coping
- From practitioner focus to person & personhood – considers whole person
- Capitalizes on strengths to support health – What is working and functioning well?
- Recognizes the person is responsible for own health - what person does best, what resources person has available to deal more effectively with life?
- Nurses support what is working well, help to cope, develop, grow, thrive and transform - Focus on person’s/family’s capacities, competencies and resources
“Doing” and “Being” Dimensions

• Nursing uses both
• “Being” is how nurse engages, interacts, connects with the person, giving other voice
• “Being” transforms nursing from a technical trade to a relational profession... often rendered invisible
• Nurse engages in “being” while “doing”

Koerner, 2011
In order to know another’s strengths we need to be able to identify our own strengths. How do we go about identifying our own strengths?

Strengths may be biological, intrapersonal, interpersonal and social
Gaze

- Gaze: the way in which one person looks on another and how the other person looks back
- Professional gaze both literal and metaphorical
  - Literal: observe, look at, inspect, assess, analyze, interpret
  - Metaphorical: broader, more intangible – connections made, meanings created
- Ways of knowing and perceiving; particular stance toward the world
Medical Gaze

Medical:

Foucault – detached, objectifying precludes meeting and acknowledging person; focus on understanding medical condition to arrive at Dx, and prescribing effective course of treatment – dissects, segments, disassembles
• Nursing gaze: about understanding uniqueness, wholeness, strengths — involves knowing person, family, community, their strengths and what defines their uniqueness

• Know person & family, their history, circumstances, & situation — hopes, dreams, goals plus physical & emotional responses to condition and treatment

• “a tapestry that comprises many threads of knowledge & technical skills woven together & applied with compassion & commitment to caring & moral being”

• Shaped by nursing orientation and clinical experience
Transforming to SBN

- Brain is neuroplastic & can change both structure & function (Doidge, 2007)
- Nurse requires mindset of openness, objectivity & observation - reorientation
- Nurse - reorients to focus on and assess what is working, functioning, what person/pt/client/family does best in addition to what is not working
We can change

We know now that the plasticity of our brain can change to be more resilient. If we build our strengths, recognize our automatic thinking, develop a positive brain, and call in support, our ability to bounce back increases. Build your strengths; strengths means we recognize what we are good at, such as if we like to learn new things, mentor others, or compete. Rather than focus on our weaknesses – what we can`t do, what we don`t know – we think of these things: `What am I good at?` `When have I felt strong?` `What gives me energy?` Start there.

Gennevevieve Chandler, RN; PhD
Four Types/Categories of Strengths Required for Health and Healing

- **Traits**: reside within person & family – e.g. Optimism, resilience, openness, flexibility
- **Assets**: reside within person(e.g. intact immune system) or are available to person (finances, supportive relationships)
- **Abilities, capabilities, competencies, skills**: can develop through experience, acquiring information, learning, practice (e.g. Solution searching & Problem-solving skills)
- **Transient quality**: functions as strength, varies in intensity depending on situation & circumstance – (e.g. motivation)
How Are Strengths Used in Nursing?

- Identifying strengths and providing feedback
- Developing strengths
- Calling forth strengths
How do we identify strengths in others?
How do we identify strengths?

- Ask person about his/her own strengths and resources - “what do you do well?” “what do people tell you that you are good at?”
- Observe person’s behaviour, identify strengths and share observations with person; listen for strengths
- Once identified - be specific and descriptive when commenting on strengths and/or providing feedback that is accurate and authentic.
We do clients a disservice when we insist that they have a problem for us to pay any attention to them. Our first question to a person who comes to us for help should not be … “what problems bring you here today?” But rather … “you’ve lived life thus far … tell me how you’ve done it.”
How would we collaborate to develop strengths?
Developing strengths

In order to facilitate coping, development, change to meet goals or solve problems

1. Help person/family to transfer use of strength from one experience/context to another

2. Help person/family to develop strengths thru cognitive reframing (turn deficit into strength)

3. Help person/family to develop knowledge or competencies

Feeley & Gottlieb, 2000
Calling forth strengths

• Nurse recognizes and uses strengths and potentials for planning care (Allen, 1977)
• Nurse considers how person/pt/client/family strengths could be used to achieve goals or solve problems
So in SBN we:

- Turn potentials into strengths
- Turn a deficit or weakness into strength
- Minimize or contain a weakness to allow strength to shine through
How could we make space for Strength Based Care/Nursing?????
Choosing Strengths

"You can live each day in a world filled with "problems," or rise each morning and embrace a world filled with unseen solutions... eager for you to find them. The decision is yours...both worlds exist. The one you choose is the one you will create."

-Michael McMillan
Six Principles of Strength-Based Helping

• The initial focus of the helping process is on the strengths, interests, abilities, knowledge, and capabilities of each person, not on their diagnoses, deficits, symptoms, and weaknesses.

• The helping relationship becomes one of collaboration, mutuality, and partnership – power with another, not power over another.

• Each person is responsible for hir own recovery. The participant is the director of the helping efforts. We serve as caring community living consultants.
Six Strength Based Principles con’t

• All human beings have the inherent capacity to learn, grow, and change.

• A strength-based, person-centered approach encourages helping activities in naturally occurring settings in the community

• The entire community is viewed as an oasis of potential resources to enlist on behalf of service participants. Naturally occurring resources are considered first, before segregated or formally constituted mental health or social services.

(Kisthardt, 2002, p.165-172)
Questions

Blessed are the skilled questioners,
For they shall be given mountains of words to ascend.

Blessed are the wise questioners,
For they shall unlock hidden corridors of knowledge.

Blessed are the listening questioners,
For they shall gain perspective.

(Patton, 2007).
Contact Information

“Strength is the capacity to break a Hershey bar into four pieces with your bare hands - and then eat just one of the pieces.”

Judith Viorst, Love & Guilt & the Meaning of Life

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Weekly Ways reflections on self-care

Today you are you that is truer than true.
There is no one alive that is yourer than you.

-J. Dr. Seuss

self-careacademy.com
Key Characteristics

- Strengths are developing entities
- Strengths can be learned
- Strengths coexist with weaknesses and vulnerabilities
- Strengths are related to goals
- Strengths are defined by context and circumstance
- Strengths are multidimensional
- Strengths can be depleted and replenished
- Strengths are transferable
- Strengths are personal constructions
Approaches to Mobilizing and Capitalizing on Essential Strengths

- Approaches for working with existing strengths:
  - Making a list or inventory of existing strengths
  - Sharing observations of strengths with person
  - Teach person how to discover own strengths
  - Avoid using diagnostic labels to describe person
  - Giving commendations and praise
  - Focus on finding solutions vs. dwelling on problems
  - Finding opportunities to convey hope
Using strengths - Focus on:

- Knowing person, what is important and meaningful to them, what they want to achieve
- Observing for and ask about what is working, what they do best
- Understanding that strengths can come in many forms and in part define person’s uniqueness
- Understanding person has potentials, strengths, resources, resiliencies, weaknesses and vulnerabilities
Using strengths - focus on con`t:

- Appreciating strengths are key to person`s health, recovery and healing
- Helping person recognize have power to heal themselves when respect & honour own strengths & weaknesses and when understand when and how best to use strengths & to compensate for or minimize weaknesses, taking in to account condition, circumstance & context
- Understanding that nurses need to have or develop personal strengths in order to practice SBC