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How Expert Home Care Nurses Recognize Early Client Status Changes

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Abstract

This qualitative study examined the characteristics of early recognition of client status changes by expert home care nurses. A text comprised of transcribed interviews with expert nurses about their early recognition experiences was analyzed using a Phenomenological approach. A model of early recognition and three distinct themes are discussed: building a therapeutic relationship, knowing/sensing the moment of early recognition, and the temporal dimension of knowing. Implications for home care nursing practice and education are highlighted.

Early recognition and response to impending client problems is an essential skill for home care nurses. If nurses fail to recognize early signals of changing health, clients can develop complications and their healing can be delayed. Nurses adept at sensing client status changes provide exceptional quality of care, promote positive patient outcomes, and prevent the need for emergent care and hospitalizations.

Literature Review

The scope of investigation into the phenomenon of early recognition of client status changes is limited.

[Pyles and Stern 1983](#) described a decision-making process called "nursing gestalt" that uses a combination of logic and intuition involving conceptual and sensory acts. They defined nursing decisions as "...matrix operations whereby nurses link together basic knowledge, past experiences, identifying cues presented by patients, and sensory cues including what nurses call gut feelings" (p. 54).

[Benner \(1984, 1985\)](#) described advanced recognitional ability common to the practice of expert or experienced nurses (nurses with approximately 5 or more years of practical experience in similar clinical settings) noting that one of the hallmarks of clinical nursing expertise is a finely tuned ability to recognize subtle changes, discriminate the need for intervention, and respond appropriately. This is also referred to as "connoisseurship" by [Polanyi 1958](#).

[Minnick's](#) research (1996) demonstrated that an involved nurse has heightened perceptive and assessment skills enabling the nurse to recognize patient problems early in their manifestation.

[Peden-McAlpine 2000](#) evolved a model of knowing called "thinking-in-action" that demonstrates how nurses construct meaningful, temporal pictures of patients' situations in which past and present understanding enables the projection of appropriate possibilities for future action.

Model of Early Recognition

The study presents the model formulated by the investigators and describes the process of early recognition of client status changes used by expert home care nurses who were interviewed for this study. The model of early recognition will be presented first. The model of early recognition is comprised of three interrelating themes. The three supporting themes will then be described in detail and illustrated by excerpts from the interview text.

The study findings illustrate that early recognition is a construct with many elements. Developing a client-nurse relationship based on trust, facilitating and empowering change or improvement in health, and a willingness to suspend the normal definition of time prepare an environment conducive to moments of early recognition (Figure 1 illustrates the context of early recognition).

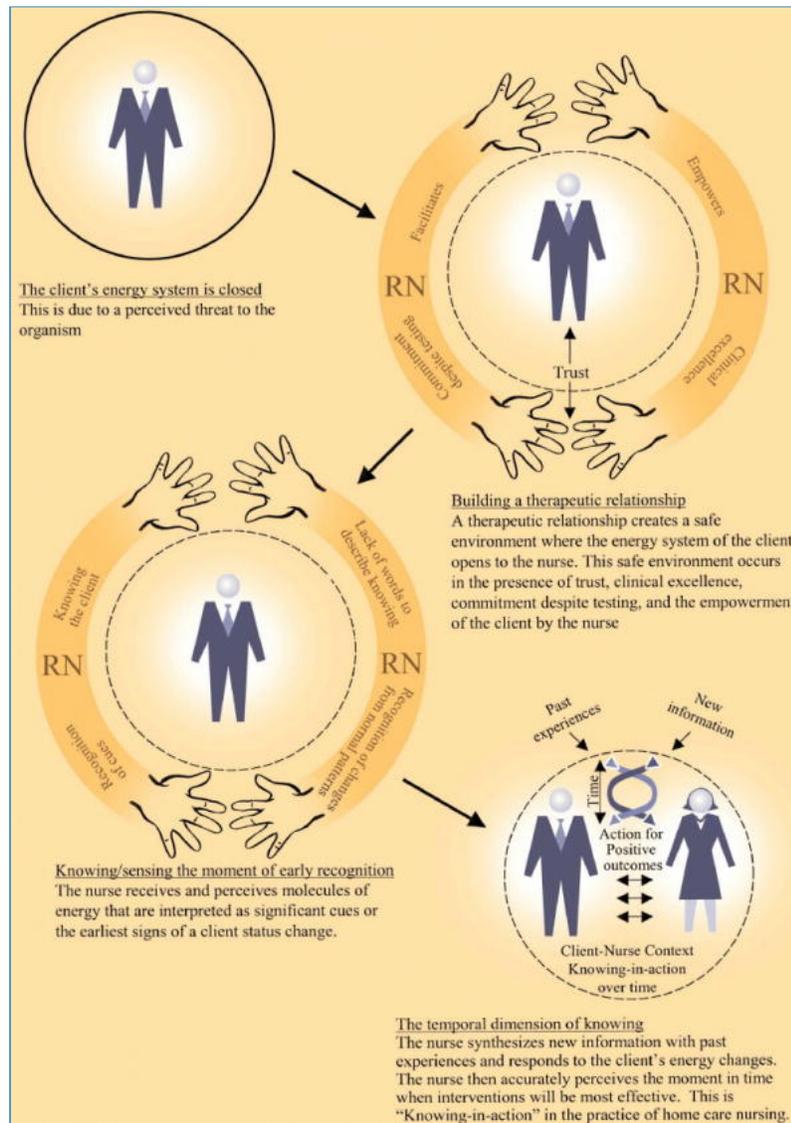


Figure 1. The Context of Early Recognition.

All humans exist in an energy system within their environment. The degree to which each individual's system is open or closed to other individuals depends on several factors, primarily the degree of trust sensed toward the other person. Nursing's concept of therapeutic use of the self creates a safe environment for clients, thus enabling them to remain open with the nurse. This safe environment is nurtured through:

- * the development of trust on the client's behalf and the nurse's clinical expertise,
- * commitment to the nurse-client relationship, and
- * quest toward empowerment of the client.

Once a trusting environment is established, the nurse enters into a timeless relationship of true presence or open partnership with the client. The client's sense of trust toward the nurse enables the nurse to become part of the client's energy system, further enabling the nurse to sense the earliest patterns of change in the client's condition. The nurse readily and appropriately responds to create a positive outcome for the client. Nursing interventions and responses seem to flow effortlessly from the expert nurse without apparent conscious thought. The knowing and

response are so tightly interconnected that [Schon 1983](#) calls this, "knowing in action." The researchers call this a moment of early recognition.

Supporting Themes

An important precursor to application of this model is a clear understanding of the three main components or themes in the early recognition experience:

- * Building the Therapeutic Relationship.
- * Knowing/Sensing the Moment of Early Recognition.
- * The Temporal Dimension of Knowing.

Each theme will be described and excerpts from the interview text will be provided to illustrate the context of the nurses' experiences.

Building the Therapeutic Relationship

The depth of the nurse-client relationship affects early recognition experiences more than the length of the relationship. Some nurses are able to have experiences of early recognition on the very first visit. However, these experiences usually occurred in established relationships.

A primary requisite for these therapeutic relationships is trust. Once trust is established, moments of early recognition are promoted. Excellence in clinical practice facilitates the development of trust. One of the most effective ways of building trust is to pay attention to the present moment of the client's situation and environment. When the client senses that the nurse is attentive, the nurse is better able to detect the subtle cues of the early recognition moment. A hospice nurse recalls this incident where building trust is shown:

I had to accept totally where she was when we met...This meant not talking about death, only talking about wanting to live. Wherever people are, is where you are with them. It is not necessarily subscribing to their beliefs, but intense listening to their non-verbal cues. Trust was established because I paid attention to where she really was, not where I might have gone or could have been.

Another prerequisite for early recognition is facilitating change and empowering the client, both of which require that the nurse have a keen knowledge of the client and has secured the client's trust.

* **Facilitating change** is a process whereby the nurse holistically assesses the client, the environment, and the barriers to health. The nurse then uses teaching, advocacy, referrals to appropriate resources, and other measures to create a setting for change.

* **Empowering** is the activity of helping the client recognize his or her own intrinsic power to make changes. It involves a process of convincing each client that he or she is the one with the power to make transformational choices.

Nurses who develop this depth of knowledge about their clients are able to assist clients in recognizing patterns in their lives and, because of this, choices become more obvious. The nurse uses knowledge of the client and early recognition of pertinent cues to elicit patterns of meaning from client experiences.

The following story demonstrates how a home care nurse used her in-depth knowledge of a Native American client to help him develop a personal sense of control. The client was on a very complex medication regime for AIDS. However, he was considering suspending the medications because he felt as though the constant focus on biomedicine was impairing his quality of life:

He was so frustrated with all the pills. I said to him, "You don't have to have your pills in a pillbox that looks like western medicine. Ritualize your use of medicines. Put them in a bowl, have a candle by it, have your crow feathers placed around the bowl. Make this different." The client did reframe his regime. His medications sat in a special bowl in the center of his dining room table with important healing symbols surrounding the bowl. When he took the medications, he made it a sacred time. By making these changes and taking control over the medications,

he was able to continue on the regime.

Knowing/Sensing the Moment of Early Recognition

There are several subthemes within the knowing/sensing constituent. These include: inability to explain rationale behind nursing actions, lack of words to describe the process of knowing, awareness of cues or “different looks,” and the use of reflective thinking.

Nurses appear to react *prereflectively* in moments of early recognition. However, this doesn't mean they are unaware of these moments; it is their actions and reactions that are unplanned. Some nurses cannot describe a predetermined course of action or list a “cookbook” type rationale for choices they make. The nurses' actions flow spontaneously from within, with no question or pause. The following story from a hospice nurse illustrates this intuitive skill:

I said, “Your nausea is controlled and you're ambulatory. You're eating and going to the bathroom. Your pain is fairly well controlled. At the present moment you are on a plateau. I don't know how long you will be on that plateau but you've been here for 10 days or 2 weeks and I expect it to continue.” The client said, “Well, isn't there anything else?” It came out of God knows where in my head, but I said, “Do you want to end it all?” I don't know what made me say it. It came out of some other place. Then she opened up and said, “Today I made two attempts to kill myself.”

The above example demonstrates the nurse's ability to be aware of subtle cues and shifts in the client's energy or condition. This process of knowing is not strictly cognitive. It has a strong sensory base. Cues perceived by the nurses are pattern disruptions, or changes in the client's energy that are so subtle that they fall below the radar of our other five senses. The assessment skills of the expert nurse are so finely tuned that it is possible to detect what remains unknown to others.

Nurses who report moments of early recognition are frequently very aware when they are in the midst of them, even though they may be unable to fully articulate the process. Nurses who are in this state of early recognition may be aware of the “intuitive moment,” indicating a more active versus passive role on the nurse's behalf.

The Temporal Dimension of Knowing

Changes in the patients' energy patterns over time are tightly connected to early recognition. Expert nurses are not only skilled at pattern recognition, they also have a keen eye for the uniqueness of each moment. They appear to have the ability to hold in their awareness concurrently the similarities and the differences each experience has with one another. In the process of early recognition, the situation, not the clock, holds the meaning. This philosophy leaves a door open for the unexpected. By definition, early recognition is detection of subtle differences over time.

In Eastern and holistic health systems, energy is most likely “felt” in the gut. This would explain the nurses' frequently used phrase “I had a gut feeling” during the early recognition “moment.” The nurse's “gut feelings” represent the recognition of a difference in the client's status perceived over time.

Repeatedly, expert home care nurses who participated in this study viewed time as flexible, not static. For them, time was a useful tool versus a constricting element. These nurses were able to perceive and use time in an effective way when intervening to create positive client outcomes. Time was perceived by these nurses in terms of meaningful encounters with their clients. Time perception was altered and time appeared suspended during meaningful moments in client care. The following text reflects the nurses' **perception of time**.

There is an intensity to some of the exchanges and relationships that you have in this kind of work where time seems to stand still. Sometimes when truths are being exchanged for the first time—or there is very difficult communication between family members—and death is close at hand or very present, time seems to be suspended. Time goes very slowly when you're in an intense relationship and you're talking about the process and you're meeting their [patients'] needs. You don't measure your days in 1-hr increments. You do it in terms of comfort achieved, information understood, and those kinds of things. It could be that you spend 15 minutes very, very effectively in a very important sharing moment that would actually be worth an hour in some ways because of its intensity.

Expert nurses are able to read and assimilate patterns within the context of the patient situation over time. The following story illustrates this point.

I don't have words to describe it, but sometimes I just know when people are starting to take the turn. They don't even have to be physically failing yet. I'm not seeing changes in symptoms or labs. When people start to round the corner, they just start to look different. I saw one of my clients out in public and his partner pointed to me. When he saw me, his face just glowed. I thought, "Oh my gosh, he's starting to change." Over the course of the next few weeks, he started to ask more questions about death and dying even though he really didn't physically have a lot of shifts or changes. I'd ask him "How do you think you're doing with your illness?" and he'd respond, "I'm okay, things are good." Physically, outwardly there weren't a lot of changes. I knew, however, that his energy was changing. He died 1 month later.

Expert nurses are also aware of an energy drain to their systems after they act upon a moment of early recognition. One nurse referred to herself as a conduit. The nurses appear to feel an exchange of energy or a giving of energy to the situation. Another home care nurse described her experience of seeing or feeling a shift in energy in her client.

The Chinese talk about "Chi," or the life force. When I visited my client, I could see that it was gone. It wasn't there. All of us have a light, which comes from our eyes and our skin. Her eyes were focused at a middle distance, they were in some other place. You often see that in people wh[o]...are close to death. They don't look at people, they look above their head or they look almost through others. These clients also appear less elastic. They appear more two-dimensional than three-dimensional and they have an aura that appears black. I helped her say goodbye to her sister and in doing that she also said goodbye to the fight that she had.

Once again, the expert nurses can recognize both "normal" or expected patterns and patterns that are indicative of abnormal developments. This moment of knowing produces a "feeling" or "sense" of early recognition. The nurses are seeing or feeling something but our language is unable to clarify or describe the event.

Discussion and Implications for Home Care and Hospice Nursing

Implications for Nursing Practice

The value of client-nurse relationships nurtured over time became quite evident after analysis of the material shared by the expert nurses. Nothing should severely limit the number of allowable visits and the time spent with clients in the home. Developing a trusting relationship requires time. Clients' needs, concerns, and changes are only realized in the context of trust. Continuity of care is also important in the ability to discriminate changes over time. Knowing the client over time enables early recognition of problems by the nurse, leading to decreased client morbidity and mortality and an eventual reduction in healthcare costs.

Implications for Nursing Education

Information obtained by this study offers tremendous challenges and implications for nursing education. The curriculum of many nursing programs is built around acute care experiences. Students preplan their care and interventions without being taught an awareness of the moment or unique client cues. The therapeutic relationship frequently takes second place to textbook knowledge and high-tech skills. Faculty in nursing schools need to encourage students to secure trusting relationships with clients over time and to extend their assessment skills beyond data collected with the five senses. Faculty can encourage students to sense energy changes in their clients, detect patterns, and describe these experiences in postclinical reflection.

Specific Suggestions That Flow From the Research

The study findings have important implications for assisting practicing nurses to acquire and/or refine skills in early recognition of client changes. Attention to the following practices may be helpful to both novice and experienced home care nurses in enhancing their abilities to detect important cues indicative of client status changes:

* Developing and maintaining therapeutic relationships with clients and families is imperative to early recognition of client status changes.

* Attention to the use of well-developed therapeutic communication skills that facilitate deep trusting relationships with clients must be carefully practiced.

* Home care and hospice nurses must focus on the present moment of the client situation and the environment to detect subtle cues indicative of changes.

* In-depth baseline knowledge of *who* the client is facilitates recognition of these cues.

* Acceptance of the client at any given moment assists in recognizing changes and in determining appropriate intervention.

* Creating a safe environment for the relationship also facilitates the recognition of meaningful cues and assessment of change.

* The use of holistic assessment enables the nurse to use teaching, advocacy, and resource referral to create a setting for positive change for clients.

* Nurses also need to help clients recognize their potential for change. Knowledge of clients gained by nurses who facilitate change and empowerment promotes moments of early recognition because clients can then more easily recognize patterns and choices for change that were not previously obvious.

Recognize That the Early Recognition Process Is Prereflective and Unconscious

It is important to recognize and accept that nursing does not have the language to communicate many important aspects of nursing practice such as knowing and sensing changes that are not concrete and observable. These **intuitive aspects of nursing practice must be valued** as much as the more concrete aspects of knowing. **Developing an awareness** of tuning into "gut feelings" and trusting those feelings enough to pursue a comprehensive assessment is an important practice. **Consciously reflecting** on the client situation in light of a gut feeling that something has changed may provide an initial cue of a status change.

Pay Attention to Changes or Disruptions in Client Energy Patterns Over Time

Continuity of care is essential to early recognition of client status changes. Time is a useful tool in assessing changes in client situations. **Caring for the same client over time** allows for the development of strong baseline information gleaned from a deep therapeutic relationship. Subtle changes or disruptions in energy patterns are more apt to be detected by nurses who have in-depth understanding of their clients. **Conscious reflection on past knowledge of the client, in light of present information** allows for the discrimination of energy changes and early recognition of changes.

Need for Further Research

This study describes a method for capturing and analyzing the experience of early recognition of client status changes in home care nursing. The findings offer information relevant to how home care nurses can enhance their abilities in early recognition. Future research in this area could expand the study findings by collecting and analyzing additional narratives on early recognition experiences of home care nurses. Home care nursing practice is diverse and offers a large arena of narrative information for future research on this topic.

How the Study Was Conducted

This study investigated the phenomenon of early recognition of client status changes in the practice of home care nurses. The researchers used a qualitative study approach to capture details of the home care nurse's lived experience of early recognition. A qualitative approach is the preferred research method for studying human experiences that are not clearly understood (interpretive method of phenomenology). Phenomenology focuses on understanding meaningful experiences rather than studying isolated variables drawn from theories with the aim of generalizing findings to large populations.

Phenomenological research includes the use of in-depth interviews and reflective analysis. The researcher can then determine the themes and examine the relationship among them, making conclusions about the meaning of the experience. The aim of this study was to uncover relevant meanings of the early recognition experience of a group of expert home care nurses.

Nurses who had at least 5 years of clinical practice in the specialty field, had a minimum of a baccalaureate degree in nursing, demonstrated effective decision-making skills, and had recent experiences with early recognition of client problems were asked to participate in this study. They were interviewed twice. Interviews were tape recorded and transcribed for analysis. Relational themes were identified and synthesized into a model of early

recognition by adapting a five-step process described by Giorgi (1970). Informed consent was obtained from each participant and the study was approved by appropriate Human Subject Protection Programs, to safeguard participant confidentiality.

Refining Early Recognition Abilities

- * Care for the same clients over time
- * Develop trusting therapeutic relationships with all clients
- * Facilitate client changes through a holistic approach to assessment and intervention
- * Empower clients to recognize their own potential for change
- * Appreciate that “intuitive” knowledge is a valuable asset in your practice
- * Learn to trust your “gut feelings” that something is changing and look further for additional cues
- * Reflect on past knowledge of the client in light of present energy patterns to interpret significant cues of a client status change
- * Base interventions on past knowledge of the client in light of present client energy changes

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REFERENCES

1. Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley. [\[Context Link\]](#)
2. Benner, P. (1985). The oncology clinical nurse specialist: An expert coach. *Oncology Nursing Forum*, 12 (1), 40-44. [Bibliographic Links](#) | [\[Context Link\]](#)
3. Giorgi, A. (1970). *Psychology as a human science: A phenomenologically based approach*. New York: Harper & Row. [\[Context Link\]](#)
4. Minnick, P. (1995). The power of human caring: Early recognition of patient problems. *Scholarly Inquiry for Nursing Practice*, 9 (4), 303-317.
5. Peden-McAlpine, C. (2000). Early recognition of patient problems: A hermeneutic journey into expert thinking in nursing practice. *Scholarly Inquiry for Nursing Practice: An International Journal*, 14 (3), 181-222. [\[Context Link\]](#)
6. Polanyi, M. (1958). *Personal knowledge*. London: Routledge & Kegan Paul. [\[Context Link\]](#)
7. Pyles, H. H., Stern, P. N. (1983). Discovery of nursing gestalt in critical care nursing the importance of the gray gorilla syndrome. *IMAGE: The Journal of Nursing Scholarship*, 15 (2), 51-57. [Bibliographic Links](#) | [\[Context Link\]](#)
8. Schon, D. (1983). *The reflective practitioner*. New York: Basic Books. [\[Context Link\]](#)

Train the Trainer Program Is New From HPNA

The Hospice and Palliative Nurses Association (HPNA) will inaugurate a new Train the Trainer program in March, which will educate nurses in a variety of clinical settings about end-of-life care.

The 1-day workshop will offer participants HPNA's new standardized Core Curriculum of Hospice and Palliative care, which they can use in their own practice settings and communities and share with colleagues. The curriculum is formatted to serve a variety of purposes, from an introduction to end-of-life care for new staff, to a review of the subject for those nurses preparing for the certification exam in hospice and palliative nursing.

To attend, candidates must complete an application and pay a \$150 registration fee (which includes all the curriculum materials). The first Train the Trainer session is scheduled for March 20, 2002 at the Hyatt Regency Hotel, New Orleans, LA. It will be held in conjunction with the Joint Clinical Conference in Hospice and Palliative Care, of which HPNA is a sponsoring organization. Subsequent sessions in 2002 include Denver CO in June, and Pittsburgh PA in October.

The Train the Trainer program replaces HPNA's Practice Review classes, which have been offered for several years nation-wide as preparation for the certification exam in hospice and palliative nursing. Those classes will be discontinued following the March 2002 administration of the exam.

Those who complete the Train the Trainer curriculum will be eligible to take the materials, which are the property of HPNA, and create end-of-life nursing care courses in their own practice settings and regions of the country. The hope is to bring a standard of end-of-life care to nurses in long-term, home health, hospice, and acute care settings in much the same way the End-of-Life Nursing Education Curriculum program is standardizing the teaching of palliative care in academic nursing education.

TABLE

Workshop Date and City	Application Deadline
March 20, New Orleans	January 23
June 29, Denver	April 17
October 5, Pittsburgh	August 5

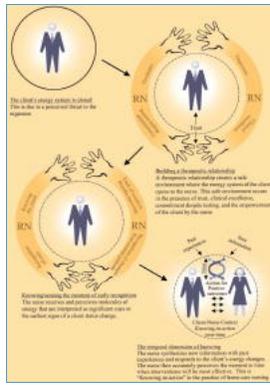
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Persons interested in attending the conferences should contact HPNA at (412) 787-9301 for more information or visit www.hpna.org.

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Workshop Date and City	Application Deadline
March 20, New Orleans	January 23
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Figure 1

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