

Nursing Model on Education2: “Sharing Facts and their Implications with the patient” and “Tailored Nursing Knowledge and Skills on Diseases and Treatments”

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[Objective] The Patient Education Research Group has developed a “Nursing Model on Education”, which is composed of five concepts. Among these concepts, “sharing facts and their implications with the patient” and “tailored nursing knowledge and skills on diseases and treatments” were identified. The definitions and characteristics of these two concepts are described.

[Methods] Since 1994, 164 patient education cases have been analyzed by the research group of on average 14 nursing researchers and expert nurses held once a month. The inductive method was used in analysis. From the cases, the scenes in which patient’s behavioral modification occurred were extracted, the contents were described, and the concepts were identified.

[Results] From the analyses of cases concerning the educational roles of nurses which led to changes in the patients, we extracted “sharing facts and their implications with the patient” and “tailored nursing knowledge and skills on diseases and treatments”.

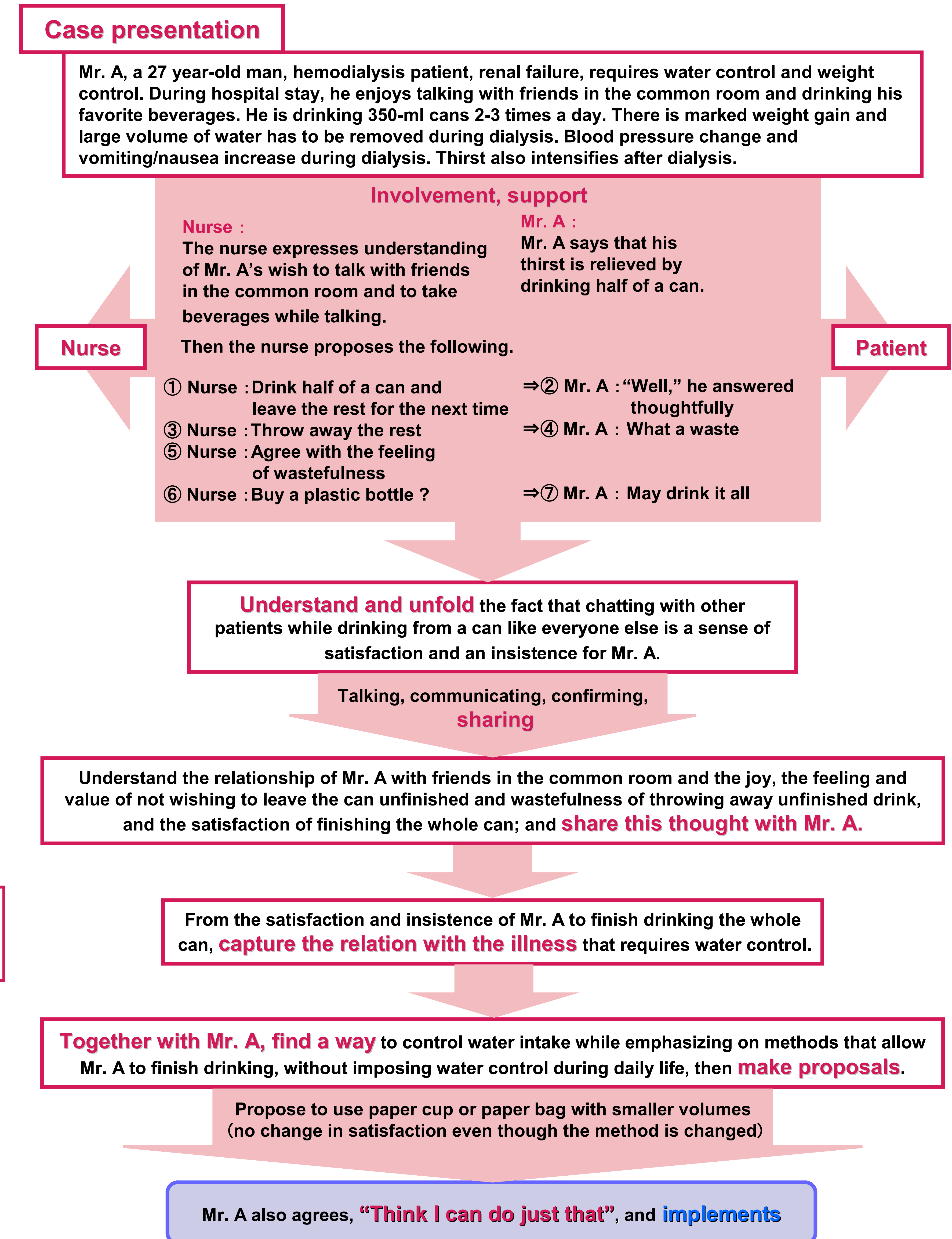
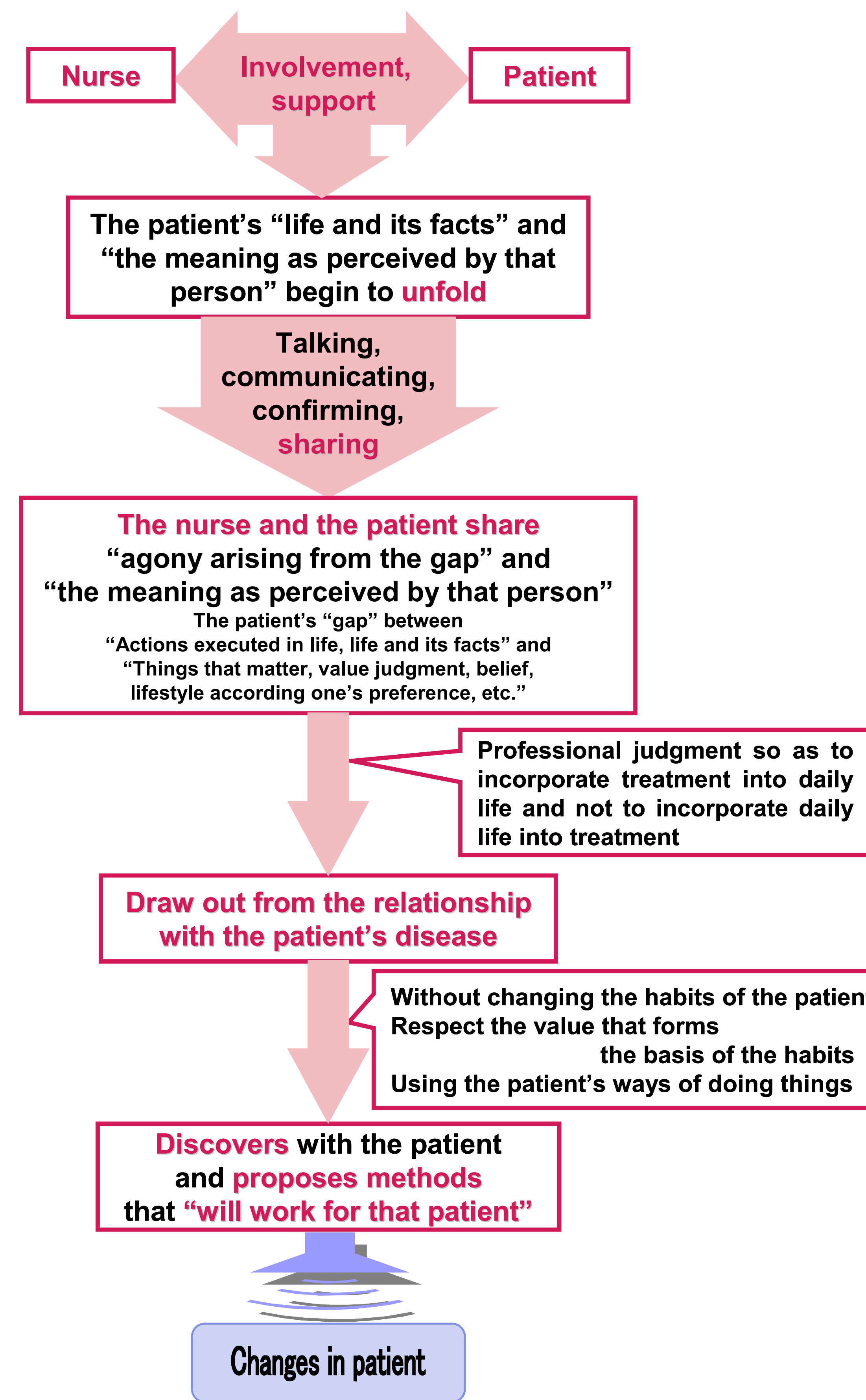
Sharing facts and their implications with the patient: nursing personnel, through interacting with the patient, captures and understands how the patient perceives and feels about diseases and life events, and shares this information with the patient through talking, communication and mutually confirmation.

Tailored nursing knowledge and skills on diseases and treatments: the nursing personnel tailors the content of knowledge and skill according to the symptoms, recognition and living of the patient, which strikes a good balance with the patient.

[Discussion]

If life and its meaning as perceived by the patient are revealed, the nursing personnel can see what the patient is suffering and becomes possible to develop care needed for the patient. Even the aim and the act remain the same, the meaning of the aim, the way of involvement and the implication begin to differ, and this allow the execution of nursing practice that values the quality of the person.

In addition, from the patient’s life and its meaning, the nursing personnel draws out the relationship with the patient’s disease, and makes professional judgment so as to incorporate treatment into daily life and not to incorporate daily life into treatment.



Without changing the habits of the patient but respecting the value that forms the base of the habits, the nurse discovers and proposes methods that “will work for that patient” using the patient’s ways of doing things.

Consequently, the nursing practice can lead to the patient’s behavioral modification.